

# Yale Nursing Matters

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THE MAKING OF TODAY'S YALE NURSE



*School of Nursing*



# Yale Nursing Matters



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



This issue of *Yale Nursing Matters* covers the events that took place from summer 2006 through autumn 2006.



This issue focuses on the making of today's Yale Nurse. We follow the trajectory of Yale Nurses from student to graduate. Those profiled demonstrate the characteristics that define Yale Nurses.

While we receive hundreds of applications each year, the hardest task is to choose those who have what it takes to be a Yale Nurse. All are highly intelligent and motivated, but what separates them is their uncommon social conscience. They want to change the world, and they want to assure that all have access to high quality health care. They are unafraid of challenging the status quo, of questioning "why," and of creating new models of care improving the health of their patients and families. They come to Yale because they know that they will graduate prepared to navigate complex systems of care, to care for individuals and families, and to advocate for their patients and communities.

I recently spoke with an alumna who related an experience she had a number of years ago. She was the nurse in charge of staffing in a large urban clinic. During a particularly busy clinical day, they were short-staffed and one of the clinicians impatiently requested additional nurses. The clinician added, "...and get me a *Yale Nurse*."

To provide the best in education for our students requires commitment, vision, and resources to assure that the educational experience is excellent. That is why YSN is an active participant in the University's \$3 billion campaign, *Yale >> tomorrow*. The *Nursing >> tomorrow* campaign seeks to raise \$20 million to strengthen and build on our programs to maintain excellence. Chief among our goals is to increase financial aid to our students and provide support for our new PhD program. Secondly, continued investment is needed in our faculty and their research to recruit and retain the profession's leading scholars in this era of a looming faculty shortage. Lastly, we will invest in new and diverse technologies to enhance our ability to prepare future leaders. I look forward to reporting to you on our progress during the five years of the campaign.

There will always be a need for good nurses. But there will be a *demand* for Yale Nurses so that we hear the call from all corners of the globe... "Get me a Yale Nurse!"

A handwritten signature in cursive script that reads "Margaret Grey".

Margaret Grey, DrPH, RN, FAAN  
Dean and Annie Goodrich Professor of Nursing Research

## YSN Dean chairs CANS State of the Science Congress

Dean Margaret Grey served as Program Chair of the 2006 State of the Science Congress, held in Washington, DC. This meeting, focusing on the theme of “Nursing Research-Improving Life: Development and Dissemination of Nursing Innovation,” provided a forum for communicating emerging innovations in nursing science and an opportunity for nurse scientists to discuss current research. Several YSN faculty joined Dean Grey at the congress, including Barbara Guthrie, Martha Swartz, Lois Sadler '79, Marjorie Funk '84, Robin Whittemore, Meg Bourbonniere and Angela Crowley.

## 9th Annual Convocation hosted by ECIC center



The Center for Excellence in Chronic Illness Care hosted its 9th Annual Convocation on February 26. Lesley Degner, PhD from the University of Manitoba, delivered the keynote address: “Bringing evidence into practice: Can theory help in promoting knowledge uptake?” Dr. Degner is an internationally recognized scholar and researcher in patient involvement in medical decision making.

Dr. Degner began by asking, “Who says that research is all planned and linear? In my experience, some of the most important things happen by chance and by social networking.” She then described how she and her colleagues began with the understanding that uptake of evidence into practice is a function of the interplay of evidence, context, and facilitation. According to Dr. Degner, while most of the previous work on knowledge transfer in nursing has focused on evidence, her research examined the importance of understanding the factors of context and facilitation to accomplish lasting change.

She described how she utilized Contextualized Feedback Intervention Theory (CFIT) as

an approach to harness professionals’ commitment to a higher goal to persuade themselves to pursue that goal. She explained how she brought together nurses who would not normally interact, extending their social networks. She also introduced staff who used an understanding of context and facilitation strategies to help the nurses become better able to use knowledge in practice.

In the course of her research, Dr. Degner also examined the role of “mind lines” which she described as collectively reinforced, internalized, tacit guidelines. She encouraged others to explore translation questions using such theories, exclaiming “You may be surprised at what you find. I certainly was!”

More information about the ECIC center can be found at: <http://nursing.yale.edu/Centers/ECIC/>

## Professor Gail Melkus gathers diabetes experts for journal issue

As guest editor of the December issue of Nursing Clinics of North America, YSN’s Dr. Melkus brought together the country’s leading experts in diabetes to contribute material. YSN faculty members writing for this issue were Deborah Chyun '82, Geri Spollett, Andrea Urban, Robin Whittemore and Margaret Grey '76. In addition, the list of contributors includes former YSN faculty members James Fain and Diane Berry, and Yale School of Medicine’s Larry Young.

## YSN and Child Study Center research contributes to FDA approval of Autism treatment

The U.S. Food and Drug Administration announced in October its approval of the antipsychotic drug risperidone for use in children and adolescents to relieve signs of autism such as tantrums, aggression and self-injurious behavior. The approval was based on the results of a multi-site study conducted by the NIMH-funded Research Units of Pediatric Psychopharmacology (RUPP) Autism Network at five academic centers: Johns Hopkins, Indiana University, Ohio State University, UCLA and Yale. YSN’s acting associate dean for scholarly affairs, Lawrence Scahill '89, who was one of the principal investigators for the study remarked, “This approval is a welcomed translation of clinical research to policy.”

## Articles top list of most accessed in the Journal of Child and Adolescent Psychiatric Nursing

Three articles by YSN faculty and alumna ranked in the Journal of Child and Adolescent Psychiatric Nursing’s Top Article Access List for 2006. The #1 article was “Decreasing the Risk of Complicated Bereavement and Future Psychiatric Disorders in Children” by YSN Assistant Professor Vanya Hamrin and Kathleen Kirwin '02. After ranking at the top of this list for 2005, “The Use of Selective Serotonin Reuptake Inhibitors in Children and Adolescents with Major Depression” by Lawrence Scahill '88, Acting Associate Dean for Scholarly Affairs, with Ms. Hamrin and Mary Ellen Pachler '03, continued to be accessed frequently, coming in at #3 this year. Rounding out the rankings for YSN was the #8 article, “Psychopharmacology Notes: Nonstimulant Medications for the Treatment of ADHD” by Adrienne Rains '03 and Dr. Scahill.

## YSN student receives caregiving scholarship

YSN doctoral student Christine Ceccarelli has been awarded a Mattie J.T. Stepanek Intergenerational Caregiving Scholarship by The Rosalynn Carter Institute for Caregiving. Christine’s doctoral dissertation is focused on the study of factors that help or hinder development of state policies to support home caregiving. She was one of only four outstanding individuals nationwide selected for this award. She is pictured below with former First Lady Rosalynn Carter.



## Research funded

Assistant Professor Meg Bourbonniere, PhD, GNP, has been awarded a grant from the Commonwealth Fund to support her work on the use of voice mail to improve transfer of information from hospital to nursing home. This study builds on a pilot grant Dr. Bourbonniere conducted, funded by YSN's Center for Self and Family Management of Vulnerable Populations.

## Publication on enhancing adherence to HIV treatment

YSN's Dr. Ann Williams and Dr. Gerald Friedland of the Yale School of Medicine edited a supplement published by the Journal of Acquired Immune Deficiency Syndromes (JAIDS) on December 1, 2006. With the theme "Enhancing Adherence," the articles in this special supplement reflect the presentations and debates that took place at the "State of the Science Meeting on Intervention Research to Improve ARV Adherence" which took place in November 2005 at Yale. This scientific meeting brought together an array of biomedical, behavioral and social scientists. According to Drs. Williams and Friedland (pictured below), "We are in the midst of a major expansion of antiretroviral treatment into communities of vulnerable populations, including drug users, around the globe. The need to establish the scientific basis for interventions to improve adherence in these populations is urgent."



## Center for International Nursing Scholarship and Education activities

The Center for International Nursing Scholarship and Education, in conjunction with the Connecticut AIDS Education and Training Center (CAETC) at YSN, recently sponsored a presentation and panel discussion on the topic of the AIDS epidemic in South Africa. Guest speakers were Ronald Bayer, PhD, and Gerald Oppenheimer, PhD, MPH, authors of the forthcoming book "Shattered Dreams?: An Oral History of the

South African AIDS Epidemic."

YSN has been actively engaged in the clinical response to the South African AIDS epidemic since 2002 through the Sizongoba project at Church of Scotland Hospital (COSH), Tugela Ferry, Kwa Zulu Natal and collaborations with the Nelson R Mandela School of Medicine in Durban. Gerald Friedland, MD, Professor of Medicine and Epidemiology and Public Health at Yale and principal investigator of the Sizongoba project along with Terri Clark, PhD, Lecturer at YSN, who leads clinical midwifery experiences at COSH, participated in a panel discussion following the presentation.



Drs. Oppenheimer, Bayer, Clark and Friedland engaged in a lively discussion with an interested audience.

## Visitor from South Africa discusses community outreach

YSN faculty member Sarabeth Gottlieb hosted Mary Mabogoane, a visitor to Yale from South Africa, in November 2006. The two met while Ms. Gottlieb was in Tugela Ferry during YSN's 2006 midwifery clinical rotation.

Ms. Mabogoane is in charge of the community outreach programs of Philanjalo, an NGO based in the town of Tugela Ferry, KwaZulu Natal, South Africa. Philanjalo works to provide a comprehensive array of programs to serve the needs of people who are HIV infected and affected in the region. This is an area that suffers from widespread poverty and diseases such as HIV and extreme drug-resistant TB (XDR TB).

Ms. Mabogoane gave an inspiring and engaging presentation about her community outreach programs while dressed in traditional Zulu garb. While in New Haven, her other community health-related visits included the AIDS

clinic at Yale New Haven Hospital, the Community Health Care Van, AIDS Interfaith Agency, and Fair Haven Community Health Clinic. She also addressed the Yale African Studies department.



Mary Mabogoane reconnects with two of the midwifery students she met in Tugela Ferry; Maria Avellino (left) and Rebecca Van DeWater (right).

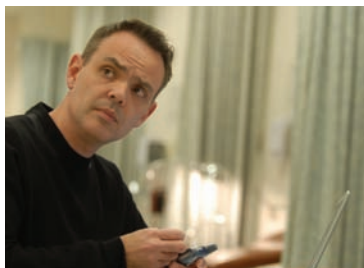
# Bringing a **philosophical perspective** to palliative care

A Pakistani woman is admitted to a New Haven hospital for cancer care. She is frightened and appears confused, which may be why she lapses into Urdu periodically as the medical team asks her questions. Her voice rises along with her anxiety.

Mark Lazenby walks into her room and, recognizing the language she is speaking, he begins to recite the opening words of the Qur'an: Bismillah al-Rahman al-Raheem, an Arabic phrase any Pakistani would recognize. Suddenly the woman becomes quite calm. Lazenby's gesture seems like the kind of expert practice that might develop over years of meeting patient needs. In fact, he is in his first semester at YSN in the Graduate Entry Prespecialty in Nursing (GEPN). A few months ago, he was a professor of philosophy.







**As a philosopher, Lazenby has mused a good bit about the nature of compassion.**

**“If I can preach compassion as an imaginative exercise, then I will have done what I wanted to do.”**

As a philosopher, Lazenby has mused a good bit about the nature of compassion. Those musings took on an urgency when he watched his father die of a neurodegenerative disease and was appalled by the lack of palliative care available. Lazenby came to believe that when compassion is entirely an emotional exercise it becomes easy to bestow it only on “those we know and love.” So he began to think of compassion as an imaginative exercise instead. Admitting that it is impossible to fully know a patient’s suffering, he says imagining that suffering is a constructive step toward better care. When encountering the Pakistani woman who felt such distress, he imagined himself in a hospital in need of care in a strange place where he doesn’t speak the language, perhaps Karachi. What would comfort him? Words from a book that had a deep meaning for him.

His attachment to books is profound. Lazenby grew up in a family that practiced a conservative form of Christianity whose adherents see themselves as separate from mainstream society and do not believe in formal education. His parents sent him to public school only to stay on the right side of the law and were upset by much of what was taught there, particularly evolution. But, encouraged by a high school counselor, Lazenby decided to go on to college and eventually earned his doctorate. “It was rebellious, lonely. Blazing my own path,” he recalls.

He had success, however, on that lonely path. He authored a book, “The Early Wittgenstein on Religion” which was published in 2006, and was granted tenure at a small liberal arts college just as he received his acceptance to YSN. “It’s quite a shift,” he says, going from professor to student. “Novice doesn’t even describe it.”

But the decision was clear: Lazenby was going to come to Yale to become an advanced practice nurse.

“I’m not sure how much of a religious person I am. I’m not going to invoke God,” he says. “But it’s a calling. There is some sort of unction that I just can’t let go of this.”

That calling is drawing him to oncology nursing, where his interests are palliative care and ethical end-of-life issues. By and large, according to Lazenby, theologians and philosophers do not approach palliation and end-of-life with an understanding of the clinical issues involved. Philosophers interested in pain, for example, are interested in it as an example in the great many and difficult issues involved in the philosophy of mind, and theologians are interested in it to settle the issue of the nature of God’s being. “On the other side,” he says, “the medical perspective I’ve read does not always have a good grasp of philosophical and religious issues involved.”

He explains his aim: “I want to bring to my philosophical work on pain not only an awareness of the technical issues in the philosophy of mind, but also everyday clinical realities. And I want to bring to my clinical work the complexity of philosophical and theological argument.” He adds, “I think many philosophers and theologians don’t understand fully the clinical demands of everyday practice.

Lazenby may not spend his whole career in clinical practice, but he believes it is essential that he work for a time as an advanced practice nurse to gain perspective on the ethical issues that fascinate him.

Twice, Lazenby has watched parents die and wished that an APRN had been part of the care team. When his father

had progressive supranuclear palsy, the man lived in a community with no hospice care and so could not die at home. Lazenby was struck by how badly the high tech health care system was designed to offer his father symptom relief and offer support to the family.

During the summer between his acceptance at YSN and the start of his first semester of classes here, his mother was ill with colorectal cancer. When she contracted sepsis and disseminated intravascular coagulation, a clotting disorder, Lazenby had difficulty getting information on these conditions from any of the hospital staff. He placed a long-distance call to YSN Associate Professor Tish Knobf, PhD, RN, FAAN, AOCN, who told him more in a few minutes than he’d been able to glean from any conversations with his mother’s actual caregivers. Knobf advised him to find an APRN at the hospital and get that person involved in his mother’s care. Unfortunately, there were no APRNs at the facility.

The experience of his mother’s death reinforced the conviction that had sprung from his father’s: The health care system must become “one that really is shaped by a model of care and not a model of systems and the science of medicine.”

Lazenby’s seven-year-old son does not understand his father’s new undertaking but simply knows that Dad no longer has the summers off and spends more hours studying than playing. “You should be a professor, again,” the boy insists. But it’s an argument the child will lose—at least for the foreseeable future—as Lazenby has a zeal that he finds himself expressing in the religious terms of his youth.

“If I can preach compassion as an imaginative exercise, then I will have done what I wanted to do,” he says.

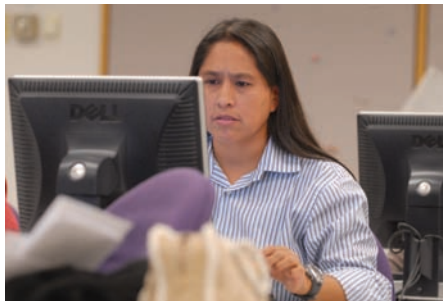


## The ability to respond: portrait of a future gerontological nurse practitioner

A GEPN student looks at Sylvia Parker with the hollow eyes of the weary and moans, "I used to be smart!"

"It gets better," Parker says softly.

Everyone accepted into YSN's Graduate Entry Prespecialty in Nursing (GEPN) is smart. Once they actually matriculate, they take a year off from feeling intelligent. Parker laughs when she remembers last year, the year she stopped being smart. It was the year Parker conquered GEPN, an intensive course of study that turns dancers, biologists and bankers into nurses. Parker, who had gotten her bachelor's degree in fine art, suddenly needed to know volumes about anatomy, physiology, chemistry, biology and nursing theory. And she needed to know it cold, because someday patients' lives would depend on how completely the information in those armloads of books and lecture notes had migrated into her head.



**“Health care providers think that it takes so much time to listen,” Parker says. “It’s the way you listen that’s important.”**

She studied every minute—every minute she wasn’t spending with her two-year-old daughter or at the hospital in her clinical rotation. She and her partner had lived an idyllic life in Vermont, a life Parker disrupted so that she could come to Yale and study to be a nurse practitioner. Now she was never home and was struggling to remember everything there is to know about electrolytes. She felt tired and most certainly not smart. But she also knew that she was doing exactly the right thing. A memory that played over and over in her head assured her of that:

*Parker is sitting next to her uncle, Edgar Monetathchi, Jr., at a powwow. Monetathchi, a medicine man with a master’s in public health from Harvard, has spent much of his career working with the federal Indian Health Services to build bridges between traditional and Western medicine. At the time, Parker is not at all sure how she wants to spend her own life. Looking at the swirl of activity around him, Monetathchi holds forth on his own people and what he sees as their failure to take care of themselves.*

*“Everyone is so afraid of what it means to have a sense of responsibility,” he says. “Do you know what it means?”*

*Parker thinks the answer is fairly obvious, but lets her uncle offer his own definition: “It means you have the ability to respond.”*

For Parker, being able to respond means being a gerontological nurse practitioner.

Growing up in Oklahoma, Parker and her family depended on the federal Indian Health Service for care. According to Parker, because providers tended to stay with IHS for short periods, a parade of different clinicians addressed—or didn’t address—Parker’s asthma. She did not have a consistent primary care provider until she was an adult and had left home.

Parker says many of the doctors and nurses her family saw were not culturally competent. The grandmother who raised her was mis-diagnosed as having Alzheimer’s disease by a doctor who spent a total of four minutes with her. The doctor tried to engage the woman in a discussion about azaleas, a plant Parker suspects her grandmother had never seen. The woman was also deemed to have frequent hallucinations because she spoke to dead relatives. For a Comanche, feeling connected to dead ancestors is perfectly normal. (Parker continues to speak to her uncle and her grandmother, though both have now passed away.) Nevertheless, the diagnosis stuck and rendered any health concern the grandmother had from that point a mere delusion.

Passionate as Parker was about the failings of the system serving Native Americans, health care was not her first career choice. Her family included a number of traditional healers. Healers, however, must be called. One cannot elect independently to become a medicine woman. Nor as a teenager did she have the self-confidence to propose a career

for herself in Western medicine. Her clear talent in and love for visual arts made that an obvious path. She’d been drawing since childhood, even selling pictures for a nickel to classmates in elementary school. Though her work was exhibited and recognized with awards, Parker now talks about painting and photography as a preparation for nursing. “An artist has to really look. And you can get so much information about a patient just by looking and being observant,” she says.

After a brief career as a painter, Parker enrolled in a post-baccalaureate program to prepare herself for medical school. She was going to be a different kind of doctor: holistic, willing to listen and culturally sensitive. While in the pre-med program, she worked as an EKG technician in a hospital where she saw how nurse practitioners dealt with complex medical issues while also taking time to learn about their patients as individuals. Parker realized that the kind of doctor she wants to be is a nurse practitioner.

She will be a nurse practitioner prepared to look and to listen. “With every patient I had, there were moments when I thought, ‘It’s a good thing I’m here with this person,’” Parker says. She listened, and she felt smart again. She had been studying that art since childhood. Her great-grandmother had told her that listening defined a person’s character. And Parker always listened to her great-grandmother. But not everyone wearing a stethoscope was lucky enough to be raised by Parker’s great-grandmother. *(Continued on page 10)*

(Continued from page 9)

"Health care providers think that it takes so much time to listen," she says. "It's the way you listen that's important."

She sees patients, particularly elderly patients, interrupted all the time. "How much more information could you get by uninterrupted listening?"

She wrote a piece about her experiences listening to patients that won a YSN Creative Writing Award (see box, below). Parker is still obviously creative and believes that she'll do visual arts again someday when life affords her more free time. Today much of her creativity goes into forging a role as

the gerontological nurse practitioner she is studying to be.

Doing a clinical rotation with a visiting nurse association was eye opening for her.

"How do elderly people get to their doctors' appointments?" she asks. "I want to come to them and just be in their space."

She also wants to serve Native Americans, which may mean that her office is an RV that travels between powwows. But as a lesbian, she is hesitant to return to Oklahoma. "Being gay in Oklahoma is a lot different from being gay in Vermont," she says, raising the possibility of serving

Native Americans in New York State.

Two years away from graduation, there is still a great deal of information to learn and a great many patients to be listened to. Parker has time to work out the specifics of where and how life will happen, but she is quite clear on what her life will mean:

"I want to be a healer; and I want to be a nurse practitioner; and I want to work with elderly people. All of the challenges that I have faced this year and last year, I'm going to wrap them up with those years of living with my grandmother and wishing I could have helped her. And I'm going to take that to the people I meet."

## From a long line of healers



Sylvia Parker is a graduate of Oklahoma City University with a BFA in Fine Art. She has received a number of recognitions for her painting and photographs. Currently in her second year at YSN studying to become a Gerontological Nurse Practitioner, she merges her art with the science of nursing. The following is Sylvia's winning submission to the 2006 YSN Creative Writing Awards.

*You come from a long line of healers*, my aunt said to me the summer before this—before Yale and med-surg, before cadavers and NCLEX questions. I had to remind myself of this many times throughout the semester. I would remind myself of my uncle and great-grandmother, the ways in which they healed and the people they touched. Maybe I should have been a medicine woman, but you have to be chosen and nobody chose me so here I am at Yale, a wannabe nurse, a wannabe nurse practitioner. I am supposedly someone who is learning to heal. So many times I struggled to grasp the smallest of details, those really important ones that keep you from killing a patient. I want to learn. I keep saying to myself, I want to learn. *You come from a long line of healers*. I remember these words, her embrace and the hopes of my family. So I work, work harder than I ever worked at anything in my life. I remember her words to the class, but it was like she was speaking to me. *You do not help me if you are great with patients and don't know the medicine; you don't help me if you are great with medicine, but terrible with patients. You have to be both.*

*You come from a long line of healers*. So I worked harder than I ever worked in my life. I cried. My heart broke when my daughter cried for me not to leave her in the morning. I begged myself for one less hour of sleep each night. I leaned on those who understood. I resented those who didn't. In the end I sat beside every patient and I listened. Maybe she should have said if you cannot listen you are no good to me. Period. I did what my great-grandmother said white people have a hard time doing. I listened. I heard voices. I heard a voice speak of his wife. He kissed her pillow every night and every morning. I lost her, he said. *How long ago?* I asked. *Eighteen years next month.* A voice of love. I heard a voice of longing. *Is it snowing outside?* she asked. She asked again and again. Ninety-five years of life and she was asking about the snow. *No*, I said. *Not yet*, I said. She'd tell me about the snow under her feet, her mother's hand in hers. The hill they'd slide down each winter. Each time she told me her story I'd ask her a question, *Do you miss your mother, Ann? Do you miss the snow?* *Yes, yes, yes, she'd say.* A voice of longing. I heard a voice speak clearly, although she barely uttered a word. There was the occasional yes, a whisper of a no. Her chart read non-responsive, doesn't communicate. Then why did she speak with her eyes every time we turned her to change the dressing on her stage IV ulcer? Her eyes became her voice to me. A voice of loneliness. I brought her a little stuffed monkey on a Saturday. Ask before you visit a patient, they said. Ask? Why? I wanted to give her time, my time. I was taught to go when your elders called. She called me and I went. We talked, I asked her about cooking and children. She smiled about her cooking. She attempted to speak about her children, but only tears came. So I sang her an Indian song, a prayer of healing and hope. As I kissed her head good-bye, I listened one last time. Don't you ever forget, *You come from a long line of healers*. And I left her holding my heart. I left with a voice of hope.



## To make a difference, **Karen McKeown** goes the distance

**Karen McKeown remembers clearly when, at the age of 10, she decided to become a nurse. “I knew I could make a difference, because I cared,” she says.**

Tyler, Texas is home to everything that makes McKeown care passionately about nursing. There is her 97-year-old grandmother whose struggle to find good pain management both horrified and inspired McKeown. There is East Texas Medical Center where she has had a thousand interactions with cancer patients: a heating pad that makes over-taxed veins more receptive to the chemo needle; a new strategy to help ease a patient’s nausea; a treatment schedule that allows a father to dance at his daughter’s wedding. There were so many opportunities to make that difference.

**Having a supportive family makes it much easier for her to work full-time, study and manage her monthly trips to New Haven**

But there are problems on the unit there that even the best nursing cannot solve. Changes in Medicare reimbursement have caused local oncology clinics to turn some patients away, filling McKeown's unit to capacity and beyond. McKeown wants to take her clinical wisdom to the policy makers who can reform the system to benefit the patients she cares about so deeply. The solution for those patients lies not in Tyler, Texas but in Washington, DC. She discovered that the best preparation she could get to be a policy advocate for her patients was even farther away, in New Haven, Connecticut.

Coming to Yale would help McKeown to someday make a huge difference. But staying in Tyler, she knew she made a difference every day.

Fortunately, McKeown was not confronted with any heart-rending choices. YSN's new master's specialty in Nursing Management, Policy and Leadership (NMPL) uses web-based instruction and intensive monthly weekend workshops to bring the program to students wherever they may live.

NMPL draws on YSN's old Nursing Management and Policy specialty with some of the features that distinguished that offering, including collaboration with other schools in the University. The faculty includes two former YSN deans, Donna Diers and Judith Krauss. The flexibility of an on-line and weekend program allows YSN to recruit leaders in practice to the faculty as well, says Specialty Director Sally Cohen, PhD, RN, FAAN. Of course, that faculty role is very different from what most professors have known. "You go from being a sage on stage to a guide on the side," Cohen says.

One of McKeown's favorite features of the program is Cohen's insistence that students email her weekly. Though the weekly email can be trivial—had the flu; got nothing done this week—



it made her feel connected and on track, she says.

Cohen says that the program provides a wealth of resources aimed at launching students on a more independent style of learning. That learning style is familiar to McKeown, who had been homeschooled until college. "In homeschooling, I learned to study on my own, without constant supervision," McKeown says. "I set my own study schedule and had to be self-motivated. My mother was my primary teacher, and she instilled in me a love of learning which I still have today."

McKeown's life as a graduate student began when she was searching the web casually for oncology master's programs. When she found YSN's NMPL specialty she was struck by the policy component. She describes her family as "very aware." McKeown had seen that organized citizens could make change. In second grade, McKeown had to attend school because her family was living in Nevada where homeschooling was not permitted. Her family was part of a state-wide effort that

succeeded in legalizing homeschooling. Her parents were active on other issues as well, and current events have always been a major topic at the McKeown dinner table. She'd been going to political meetings with her father since childhood. In fact, as a teenager McKeown had been torn between two career paths: politics and nursing. Now it seemed those paths might come together.

She is exactly the kind of student for whom NMPL was designed according to Cohen. "She's going to be a leader," says Cohen. "There's no doubt about it. She's smart, she has vision; she has a sense of where she wants to be."

McKeown's resolve about her future is firmly rooted in her past. She chose nursing as a child when she witnessed her grandmother getting bad care. Osteoporosis had forced Velma Belaustegui into a nursing home. Suffering from a spinal compression fracture, Belaustegui was in debilitating and constant pain. McKeown's mother often went to the nurses' station to ask if the suffering woman could get pain medication a bit early.

**“There’s no doubt about it. She’s smart, she has vision; she has a sense of where she wants to be.”**

—DR. SALLY COHEN

McKeown watched the nurses make her grandmother wait even longer than the prescribed intervals. “They were punishing her,” McKeown says.

Today McKeown’s grandmother is under the care of a pain specialist and living with her family. McKeown, six years out of college, continues to live with her parents and grandmother, as does a younger sister who is also a nurse. Having a supportive family makes it much easier for her to work full-time, study and manage her monthly trips to New Haven, she says.

When she began her career, McKeown set out to provide excellent and compassionate nursing, one patient at a time at East Texas Medical Center. She loves oncology nursing and calls it “a privilege” to be involved in the care of cancer patients.

“Cancer patients are so appreciative of everything you do,” she says.

So much of oncology nursing involves comfort measures that McKeown felt she was fulfilling the vision of skilled and compassionate palliative care that she’d had at her grandmother’s bedside. The satisfaction of direct care is so great that she initially turned down a promotion to management. But the prospect of being able to improve care for more patients eventually swayed her.

“When you are at the bedside, you see problems you want to fix,” she says.

While still providing some bedside nursing, McKeown was able to make large-scale changes as a nurse manager. She’s successfully encouraged many of the nurses on her unit to become certified in oncology and worked with a team to raise patient satisfaction. McKeown also spearheaded a minor change in medication administration records that dramatically improved the consistency in insulin administration for patients with diabetes.

After a semester at YSN, McKeown says the program “has changed the way I look at my practice right now.” The specialty emphasizes quality



Karen McKeown (seated at front) and her classmates in the NMPL program attend a lecture at YSN during one of their recent monthly visits to campus.

improvement and patient safety. As she works on patient safety projects, McKeown is making good use of her education. “I don’t look to assign blame to a person,” she says. “I ask myself how to fix our procedures so that it would be very hard to make this mistake again.”

Her studies are also preparing her to do the kind of advocacy that drew her to Yale. She recalls an assignment to prepare verbal and written testimony on a health policy issue. “I dreaded that project, because I really don’t like writing,” McKeown says. But at least the subject matter interested her. McKeown chose to write about how changes in Medicare reimbursements were affecting oncology patients. Historically Medicare had overpaid for chemotherapy, explains McKeown, but did not pay for associated nursing services. Upon examining costs more closely, Medicare reduced payment for chemo while still excluding nursing services. As a result, the full cost of oncology care is not covered. Some private oncology clinics will not accept Medicare patients, according to McKeown, overburdening hospitals.

More importantly, she fears that some Medicare patients may not be able to access cancer treatment at all because of the changes.

The exercise was more than academic. McKeown has twice met with her U.S. Congressman, Louie Gohmert (R-TX). Armed with the testimony she’d prepared for class, she persuaded Gohmert to sign on, along with other members of Congress, to a letter requesting that Medicare review its payment standards in several areas affecting oncology nursing.

She no longer dreads the idea of writing testimony. In fact, McKeown can see herself working in government, perhaps as a researcher providing information to decision makers. It would be another step away from direct care, of course. But when she met with Gohmert in Washington, McKeown felt strangely close to the bedside. While she was presenting the congressman with a wealth of data and logic, she was also thinking about individual patients—thinking about them and, she hopes, making a difference for them.



Karen McKeown meets with U.S. Congressman Louie Gohmert (R-TX) to advocate for a change to Medicare payments affecting oncology nursing.

## Patients at the end of life: as peaceful as possible



When Karrie Cummings Hendrickson decided to become a nurse, she wasn't drawn to the traditional path of treating patients who after a short hospital stay were going to get better and go home. Hendrickson wanted to help children with terminal illnesses, young patients for whom some measure of peace and a painless death were about the most they could hope for.



**“I love research,  
but I also love being  
at the bedside.  
Patients and families—  
that’s the focus  
of everything we do.  
That’s why we’re in  
health care.”**

Hendrickson, who is a third-year doctoral student at YSN, is doing her dissertation on end-of-life care for children with cancer. “Not every child can be cured,” she says. “For those who can’t, I want to help them have a good death.”

By a “good death,” Hendrickson doesn’t just mean trying to make her patients happy, although certainly that’s important. Hendrickson means doing what’s best for the child in the context of addressing the emotional needs of the whole family. “Families suffer a lot when a child is terminally ill,” she says. “They may want to keep the child alive as long as possible on an ICU ventilator, or they may want to try an experimental procedure that probably won’t work. The patient’s health care team may think the best thing would be to let things happen naturally, to spare the child more pain or stress. The tricky part is managing the best outcome for everyone,” says Hendrickson.

Although this work couldn’t be more central to a nurse’s mission, Hendrickson, who has been a staff nurse, head nurse, and nurse manager at Baptist Memorial Hospital in Oxford, Mississippi for five years, has been surprised by how little research there is on the subject. “I really enjoy working with special-needs children. It’s a group that needs our help, but it’s an area where there isn’t a lot of information to draw on,” she says. Hendrickson’s goal is to help fill that void by focusing on her other professional interest—research.

While still an undergraduate at the University of Mississippi, Hendrickson thought she had found her calling when a professor invited her to help him conduct research in his invertebrate taxonomy laboratory. That experience convinced her that she wanted to be a researcher. “I loved it,” she says. “I loved learning new things and sharing my findings.” But Hendrickson had reservations about devoting her life to the study of primitive marine invertebrates. “I missed people. I didn’t think I’d be happy dividing tiny creatures into class and phyla.”

When Hendrickson heard about the nursing program at Vanderbilt University, she thought she’d found what she was looking for—a career that combined her desire to make a difference in people’s lives with her interest in research. After she joined a study of the pediatric population and collaborated on a research proposal for a multi-disciplinary approach to diagnosing bulimia nervosa, she knew she’d made the right choice.

“I’ve always liked old people and very young people,” Says Hendrickson, who is 31. “They demonstrate so much courage. They’re so tough and inspiring. People my age don’t handle things as well.” Hendrickson thinks she’s drawn to these two age groups because of her close relationship with her grandfather and because she had a sister who was stillborn.

At Yale, Hendrickson is continuing her patient-based research. She’s studying end-of-life care for children, focusing on the current practice of administering clinical care until the patient’s outcome is terminal and then switching to palliative care. Rather than making the two disciplines mutually exclusive, Hendrickson wonders if patients should be treated more holistically. “Some oncologists feel uncomfortable talking to patients and families. They just want to pass the patient on to the palliative care team,” she says. “But patients don’t want to suddenly have to get to know somebody new. They want a health care team that’s going to stand by them from the time of diagnosis to the end.”

Hendrickson’s work, which involves data analysis of the Connecticut Tumor Registry and hospital records, also touches on health care policy and insurance coverage. For example, she’d like to explore whether it would be cost effective, in terms of reducing sick days, to cover bereavement counseling for families who lose a child to a terminal illness.

Hendrickson’s research has been aided by her classmates and professors at YSN. “I love Yale. The best thing is the faculty and classmate support,” she says. Hendrickson gets guidance and advice from a range of professors. “There’s no faculty member whose area of interest is the same as mine,” she says, “but everybody’s been very nurturing and helpful.”

Her work at Yale has also been enhanced by her own teaching at Quinnipiac University, and by her clinical

experience. She and her Quinnipiac students spend one day week at a hospital in New Britain, Connecticut where they have clinical contact with children ranging from survivors of serious car accidents to babies who were born with severe genetic abnormalities. “You learn by doing,” she says. “I love research, but I also love being at the bedside. Patients and families—that’s the focus of everything we do. That’s why we’re in health care.”

Hendrickson knows many people wonder why she’s drawn to such a seemingly depressing area of health care. Two anecdotes offer an explanation. The first involves a young woman with terminal colon cancer who Hendrickson was treating. She knew she was terminal, but her husband and son either didn’t understand the severity of her condition or were in denial. When she died they were stunned, and Hendrickson realized the patient’s health care team had failed her. “We should have gently brought them along, so they would have been better able to accept it.”

The second anecdote involves a story she heard told at a conference about a patient who had AIDS and knew he was going to die. He figured his funeral would be fun, and he didn’t want to miss it. So he scheduled it for when he was still alive. “It was a wonderful plan to end a life—with a celebration,” Hendrickson says.

The lesson, as Hendrickson sees it, is that the end of life is an event of primal significance; it can be bad or it can be good or it can be bad. Hendrickson’s mission, with the help of the training she’s getting at YSN, is to make it as peaceful and positive as possible.

“There’s nothing I can think of that I would rather do,” she says.



# Scholarship

July 2005 to June 2006

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#### Saraswathi Vadam

Vadam, S. (in press). Where is the red button? Evidence based intrapartum midwifery management at planned home births. *Journal of Midwifery and Women's Health*.

Vadam, S. (2006). Planned home birth: Safe in selected women. *Journal Watch Women's Health*, 11, 20-21.

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#### Diane Claudette Viens

Viens, D. C. (in press). Headaches. In J. M. Krebs & B. Hackley (Eds.), *Primary care for midwives*. Sudbury, MA: Jones & Bartlett.

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#### Robin Whittlemore

Whittlemore, R. (in press). Behavioral interventions for diabetes self-management. *Nursing Clinics of North America*.

Whittlemore, R. (in press). Rigor in integrative reviews. In B. Roe & C. Webb (Eds.), *Reviewing Research Evidence for Nursing Practice: Systematic Reviews*. London: Blackwell.

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#### Ann B. Williams

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Bova, C. A., Fennie, K. P., Watrous, E., Dieckhaus, K. D. & Williams, A. B. (in press). The Health Care Relationship (HCR) Trust Scale: Development and preliminary psychometric properties. *Research in Nursing & Health*.

Williams, A. B., Fennie, K. P., Bova, C. A., Burgess, J. D., Danvers, K. A. & Dieckhaus, K. D. (in press). Home visits to improve adherence to HAART: A randomized controlled trial. *JAIDS: Journal of Acquired Immune Deficiency Syndromes*.

Williams, A. B., Wang, H., Burgess, J. D., Wu, C. & Gong, Z. (2006). Effectiveness of an HIV/AIDS educational program for Chinese nurses. *Journal of Advanced Nursing*, 53, 710-720.

Huang, J., Bova, C., Fennie, K. P., Rogers, A. & Williams, A. B. (2005). Knowledge, attitudes, behaviors, and perceptions of risk related to HIV/AIDS among Chinese university students in Changsha, China. *AIDS Patient Care and STDs*, 19, 769-777.

Dieckhaus, K. D., Vontell, S., Pfeiffer, C. & Williams, A. B. (2005). The use of standardized patient encounters for evaluation of a clinical education program on the development of HIV/AIDS-related clinical skills. *Journal of HIV/AIDS and Social Services*, 4, 9-26.

Shawn, E. R., Campbell, L., Mnguni, M. B., Defilippi, K. M. & Williams, A. B. (2005). The spectrum of symptoms among rural South Africans with HIV infection. *Journal of the Association of Nurses in AIDS Care*, 16(6), 12-23.

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#### Walter Zawalich

Zawalich, W., Tesz, G. J., Yamazaki, H., Zawalich, K. C. & Philbrick, W. (2006). Dexamethasone suppresses phospholipase C activation and insulin secretion from isolated rat islets. *Metabolism*, 55, 35-42.

Johnson, D., Yamazaki, H., Ward, K., Schmidt, A., Lebel, W., Treadway, J., Gibbs, J., Zawalich, W. & Rollema, H. (2005). Inhibitory effects of antipsychotics on carbachol-enhanced insulin secretion from perfused rat islets. *Diabetes*, 54, 1552-1558.

# Scholarship

July 2005 to June 2006

## Research In Progress

### Funded Research

INCLUDES ONGOING AND COMPLETED DURING PERIOD 7/1/05-6/30/06

**Cohen, S.** (Principal Investigator). A Pilot Study of Nursing's Influence in State Health Policy-making. Funded by Yale University School of Nursing (Intramural Grant), 1/1/05-ongoing, \$2,721

**Connolly, C.** (Principal Investigator). A History of the Tuberculosis Preventorium, 1900-1945. Funded by NIH/NLM (G13LM008515), 9/30/04-ongoing, \$156,073

**Connolly, C.** (Principal Investigator). Pale, Poor, and Pretubercular: Child-Saving and the Antituberculosis Movement, 1894-1943. Funded by Yale University School of Nursing (Intramural Grant), 1/1/05-ongoing, \$4,839

**Dixon, J.** (Principal Investigator), Wargo, J. Measuring People's Engagement in Environmental Health. Funded by NIH/NIEHS (R15ES12396), 9/30/02-9/29/05, \$163,500

**Funk, M.** (Principal Investigator), **Fennie, K., Grey, M., Reynolds, H., Sadler, L.**, Reducing Health Disparities by Self & Family Management. Funded by NIH/NINR (P20NR08349), 9/30/02-ongoing, \$1,210,674

### FUNDED PILOT STUDIES

**Dixon, J.** (Principal Investigator). Particulate Matter Air Pollution in New Haven, 8/1/05-ongoing

**Jenerette, J. (Postdoctoral Fellow)** (Principal Investigator), Lauderdale, G. Successful Aging with Sickle Cell Disease, 1/1/05-ongoing

**Knobf, T.** (Principal Investigator), Green, P., Adderly-Kelly, B. Connecting Sisters: Women of Color with Breast Cancer, 8/1/04-ongoing

**McCorkle, R.** (Principal Investigator), Adderly-Kelly, B., Chappel-Aiken, L. Nursing's Impact on the Quality of Life Outcomes in Minority Family Caregivers, 1/1/05-ongoing

**Scahill, L.** (Principal Investigator). Systematic Examination of Treatment Dissemination Efforts within a Community Mental Health Center, 8/1/05-ongoing

Given, B. (Principal Investigator), Given, C., **McCorkle, R.** Family Home Care for Cancer—A Community Based Model. Funded by NIH/NCI (R01CA079280), 4/1/03-ongoing, \$190,896 (subcontract with Michigan State University)

Given, C. (Principal Investigator), Given, B., **McCorkle, R.** Automated Telephone Monitoring for Symptom Management. Funded by NIH/NCI (R01CA030724), 5/1/03-ongoing, \$206,656 (subcontract with Michigan State University)

**Grey, M.** (Project Director), The Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives. Funded by The Renfield Foundation, 3/1/02-ongoing, \$1,000,000

### FUNDED STUDIES

**Fennie, K.** (Principal Investigator), **Bourbonniere, M., Schwartz, L., Thompson, S.** Translation of a Hospice in Prisons Model to a VA Setting, 4/1/06-ongoing

**Funk, M.** (Principal Investigator). Development of a Computer-Based ECG Monitoring Education Program, 1/1/05-12/31/05

**Funk, M.** (Principal Investigator), **Dixon, J., Drew, B.** Development of a Computer-Based ECG Monitoring Education Program: Phase 3, 1/1/06-ongoing

**Gustafson, E.** (Principal Investigator), Dorsey, K., Mauldon, M., Magraw, R., Becerra-Ortiz, I., Lozado, C. Enhancing Clinical Encounters for Follow-up Visits for PediBridge Participants at FHCHC, 4/1/05-6/30/06

**Knobf, T.** (Principal Investigator). Breast Cancer Survivorship Rehabilitation: Development of an Educational-Support Nursing Intervention, 1/1/04-ongoing

**Scahill, L.** (Principal Investigator), Koenig, K. Social Skills Development in Children with Autism Spectrum Disorders: Development of a Model Curriculum, 1/1/05-ongoing

**Scahill, L.** (Principal Investigator), Weersing, R., **Ryan-Krause, P., Pachler, M.** Anxiety Disorders in Primary Care: Needs Assessment and Feasibility of Brief CBT, 4/1/06-ongoing

**Swartz, M.** (Principal Investigator), **Meadows-Oliver, M.** Clinical Outcomes of a Pediatric Asthma Outreach Program, 4/1/06-ongoing

**Viens, D.** (Principal Investigator), **Grey, M.** Expansion of the APRNet: Addition of YSN Faculty to Study YSN Faculty Practice Patterns, 1/1/05-ongoing

**Williams, A.** (Principal Investigator), Wagner, K. Demonstration of a Nursing Intervention to Improve the Medication Adherence of Patients with HIV/AIDS, 4/1/06-ongoing

**Grey, M.** (Principal Investigator), Deatrck, J., **Dixon, J., Gallo, A., Knafel, K.** Assessing Family Management of Childhood Chronic Illness. Funded by NIH/NINR (1R01NR08048), 5/1/03-ongoing, \$765,592

**Grey, M.** (Principal Investigator), Brownell, K., Caprio, S., Irwin, M., **Melkus, G.** Preventing Type 2 Diabetes in At-Risk Youth. Funded by NIH/NINR (R01NR08244), 9/1/03-ongoing, \$2,354,827

**Grey, M.** (Principal Investigator), Tamborlane, W. Coping Skills Training for Children with T1D and Parents. Funded by NIH/NINR (R01NR04009), 9/15/03-ongoing, \$2,498,605

**Grey, M.** (Principal Investigator), **Cohen, S., Dixon, J., Funk, M., McCorkle, R., Melkus, G., Sadler, L.** Center for Self and Family Management of Vulnerable Populations. Funded by NIH/NINR (P30NR08999), 9/30/04-6/30/09, \$2,593,104

#### FUNDED PILOT STUDIES

**Ambrosino, J (Postdoctoral Fellow).** (Principal Investigator), **Grey, M.,** Tamborlane, W., Weinzimer, S. Early Identification of Medical Traumatic Distress and its Impact on Children Recently Diagnosed with Type 1 Diabetes and Their Parents, 10/1/05-ongoing

**Bourbonniere, M.** (Principal Investigator). Improving Transfer of Care of Older Adults Between Hospitals and Nursing Homes, 10/1/05-ongoing

**Chyun, D.** (Principal Investigator), **Coviello, J.,** Inzucchi, S., Lee, F., **Melkus, M., Talley, S.,** Wackers, F., Young, L. Asymptomatic Myocardial Ischemia in Type 2 Diabetes, 10/1/04-6/30/06

**Funk, M.** (Principal Investigator), Nystrom, K., Katz, S., Lee, F. Bioimpedance Monitoring in Patients with Chronic Heart Failure, 10/15/02-12/31/05

**Sadler, L.** (Principal Investigator), Mayes, L., Slade, A. Minding the Baby: Home Visiting for Teen Mothers (Pilot Study), 10/1/04-6/30/06

**Schulman-Green, D.** (Principal Investigator), McCorkle, R. Women's Role in the Management of Advanced Ovarian Cancer, 10/1/04-8/31/06

**Whittemore, R.** (Principal Investigator), **Dixon, J.** The Integration and Chronic Illness Questionnaire (ICIQ): Instrument Development, 10/1/05-ongoing

**Jones, K.** (Program Director), **Fennie, K.** Yale Program for the Advancement of Wound Care. Funded by BMS/ConvaTec, 4/1/02-8/31/06, \$1,000,000

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

Knafel, G. (Principal Investigator), **Fennie, K.,** Friedland, G., **Williams, A.** Modeling HIV Subjects' Electronic Monitoring Device Data. Funded by NIH/NIAID (R01AI57043), 9/1/05-ongoing, \$56,493 (subcontract with Oregon Health & Sciences University)

**Knobf, T.** (Principal Investigator). Professorship of Oncology Nursing. Funded by the American Cancer Society, 7/1/05-ongoing, \$70,000

**Knobf, T.** (Principal Investigator). Cognitive Function in Women with Drug or Surgery Induced Menopause. Funded by the Oncology Nursing Society, 10/1/04-ongoing, \$75,000

**McCorkle, R.** (Principal Investigator), **Schulman-Green, D.,** Schwartz, P., Wang, H. Nursing's Impact on QOL Outcomes in Ovarian Cancer. Funded by NIH/NINR (1R01NR07778), 8/1/03-ongoing, \$1,838,906

**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

Piacentini, J. (Principal Investigator), **Scahill, L.** Behavior Therapy for Children with Chronic Tic Disorders. Funded by NIH/NIMH (R01MH070802), 8/5/04-ongoing, \$470,166 (subcontract with Tourette Syndrome Association)

**Sadler, L.** (Principal Investigator), Mayes, L., Slade, A. Home Visiting with High Risk Teens Mothers. Funded by NIH/NICHD, 8/1/05-ongoing, \$373,189

**Santacroce, S.** (Principal Investigator), **Grey, M.,** Kadan-Lottick, N. Managing Uncertainty in Childhood Cancer Survivorship. Funded by NIH/NCI (R21CA016748), 9/1/04-ongoing, \$294,300

**Santacroce, S.** (Principal Investigator), **Grey, M., Knafel, G.** Monitoring Fidelity to Promote Research Integrity. Funded by NIH/NINR (R01NR09357), 9/30/04-ongoing, \$456,165

**Scahill, L.** (Principal Investigator), Anderson, G., Handen, B., Johnson, C., Martin, A. RUPP-PI Program at Yale University. Funded by NIH/NIMH (U10MH66764), 8/21/02-ongoing, \$2,640,005

**Scahill, L.** (Principal Investigator), Sukhodolsky, D. Anger Control Training for Youths with Tourette Syndrome. Funded by NIH/NIMH (R03MH67845), 12/1/03-ongoing, \$100,000

Schilling, L. (Principal Investigator), **Dixon, J.** Measuring Self-Management of Type 1 Diabetes in Youth. Funded by NIH/NINR (R01NR08579), 9/1/05-ongoing, \$80,506 (subcontract with University of Massachusetts)

**Talley, S.** (Principal Investigator). Understanding Changes in Primary Care Practices with Seriously and Persistently Mentally Ill Clients. Funded by Yale University School of Nursing (Intramural Grant), 2001-ongoing, \$3,000

**Whittemore, R.** (Principal Investigator). An Expressive Arts Intervention to Promote Psychosocial Health in Adults with Type 2 Diabetes. Funded by the Yale School of Nursing (Intramural Grant), 1/1/05-ongoing, \$5,000

**Whittemore, R.** (Principal Investigator), **Grey, M., Melkus, G.** A Lifestyle Change Program to Prevent Type 2 Diabetes. Funded by NIH/NIDDK (R34DK070594), 9/15/05-ongoing, \$490,500

**Williams, A.** (Principal Investigator). Adherence Interventions for Drug Users. Funded by NIH/NIDA (R13DA019794), 3/1/05-ongoing, \$54,834

**Zawalich, W.** (Principal Investigator). Phosphoinositide Hydrolysis and Beta Cell Secretion. Funded by NIH/NIDDK (R01DK41230), 7/1/03-ongoing, \$880,003

**Zawalich, W.** (Principal Investigator). Effects of Compounds on Cholinergic Regulation of Insulin Secretion from Isolated Perfused Rat Islets. Funded by Pfizer, Inc., 2/23/05-2/22/06, \$48,909

**Zisk, R (Postdoctoral Fellow)** (Principal Investigator). Parental Postoperative Pain Management. Funded by American Nurses Foundation, 11/14/05-ongoing, \$3,500

#### Funded Training

INCLUDES ONGOING AND COMPLETED DURING PERIOD 7/1/05-6/30/06

**Chyun, D.** (Program Director). Creating Careers in Geriatric Advanced Practice Nursing. Funded by American Association of Colleges of Nursing, 7/1/02-6/30/06, \$60,000

**Cohen, S.** (Program Director), **Krauss, J., & Jones, K.** Nursing Management, Policy and Leadership. Funded by HRSA/Division of Nursing (D09HP05311), 7/1/05-ongoing, \$677,000

**Funk, M.** (Program Director). Yale University School of Nursing Doctoral Program in Nursing. Funded by US Department of Education (P200A060051), 8/14/06-ongoing, \$506,688

**Grey, M.** (Program Director), **McCorkle, R.** Research Training in Self and Family Management. Funded by NIH/NINR (T32NR08346), 4/1/04-ongoing, \$1,790,928

**Grey, M.** (Program Director). Professional Nurse Traineeship. Funded by HRSA/Division of Nursing (6A10HP00224-06-01), 7/1/05-6/30/06, \$109,777

**McCorkle, R.** (Program Director). Interdisciplinary Research Training in Breast Cancer. Funded by the Department of Defense (DAMD17-00-1-0509), 7/1/00-6/30/06, \$749,432

**Williams, A.** (Program Director). Connecticut AIDS Education and Training Center. Funded by New England AIDS Education and Training Center/University of Massachusetts, 7/1/05-6/30/06, \$150,654

#### Funded Doctoral Student Research

INCLUDES ONGOING AND COMPLETED DURING PERIOD 7/1/05-6/30/06

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

**Bakitas, M.** Understanding the Experience of Chemotherapy-Induced Peripheral Neuropathy. Funded by American Cancer Society (DSCN-05-180), 8/1/05-7/31/06, \$15,000

**Davidson, M.** Family Management of Adolescent Obesity. Funded by NIH/NINR (F31NR08082), 9/27/04-ongoing, \$58,695

**Haozous, E.** Understanding the Cancer Pain Experience in Southwestern Native Americans. Funded by American Cancer Society (DSCN-04-164), 8/1/04-ongoing, \$30,000

**Haozous, E.** Exploring Cancer Pain in Southwest American Indians. Funded by NIH/NINR (F31NR09314), 11/16/04-ongoing, \$84,551

**Newlin, K.** Spirituality and Health Factors in Women with Diabetes. Funded by NIH/NINR (F31NR08190), 9/1/02-4/30/06, \$162,412

**Sun, Y.** Disclosure of Breast Symptoms by Chinese Women in the US. Funded by Oncology Nursing Society, 9/15/04-4/30/06, \$10,000

**Womack, J.** Contraception & Metabolic Changes in HIV-positive Women. Funded by NIH/NINR (F31NR009886), 5/1/06-ongoing, \$85,232

**Dear YSN Family and Friends,**

In 2002, I was pleased to be asked to serve on the YSN Alumnae/i Task Force, charged to reexamine the structure and purpose of the Alumnae/i Association and make recommendations to the administration for the future growth of the organization. The Alumnae/i Association had grown tremendously over the years, nurtured by a cadre of dedicated and enthusiastic alumnae/i and was poised to enter a new stage of its development.

With the stellar leadership of our Chairperson, Maureen Doran '71, I know those of us on the task force were both humbled and excited by the task at hand, recognizing the hard work of so many over the years. But there were challenges ahead. Through our work, we grew to appreciate that while there were many common themes in receiving a nursing education at Yale, there were differences in that experience over the years as well. While the typical experience of alumnae/i from earlier classes was communal and cohesive, recent generations had fewer opportunities and some obstacles to the development of strong bonds with the School and each other.

One of these periods was vividly described in Brenda Santos' presentation, "The First Revolution of Women at Yale: Nurses' Fight for YSN in 1956" at October's Alumnae/i Reunion Weekend. What I took away from that presentation was a message that transcends the period: Yale Nurses rise to every challenge... and succeed!

Today, the YSN Alumnae/i Association is rising to the challenge of engaging our alumnae/i on three levels: with fellow alumnae/i, with the students and with the School. We are entering the third year of implementing the recommendations of the Task Force and we look forward to making strides in these areas.

On behalf of the YSN Alumnae/i Association Board, I invite you to take a moment to remember and reconnect with your classmates, reach out to a student, and stay in touch with the School and the faculty. I did in 2002 and I am the richer for it.

Sincerely,

*Bonnie Baloga-Altieri*

**Bonnie Baloga-Altieri '89**

bonnie.balogaaltieri@aya.yale.edu

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**YSN ALUMNAE/I ASSOCIATION 2006/2007**
**Officers**

Bonnie Baloga-Altieri '89  
*President*

Judy Lentz '76  
*President Elect*

Karla Knight '77  
*Secretary/Treasurer*

Ramon Lavandero '79  
*Past President*

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Jordan Hampton '97, '98  
Priscilla Kissick '56

**Student Director**

Asefeh Farez '08



## 2006 YSN Reunion draws nursing alums back to campus

More than 165 YSN alumnae/i and family members returned to New Haven on October 6th and 7th to participate in the 2006 YSN Reunion Weekend. With the theme “Modeling Practice, Modeling Research,” the program showcased the cutting-edge work of the school’s alumnae/i and faculty in new forms of practice and new arenas for research.

**Ada Sue Hinshaw '63**, dean emerita and professor of the University of Michigan School of Nursing and the first director of the National Institute for Nursing Research, gave the keynote address. Dr. Hinshaw’s talk focused on the natural partnership between nursing practice and research.

The Reunion program also featured a talk, “The First Revolution of Women at Yale: Nurses’ Fight for YSN in 1956” given by Brenda Santos, a Yale Graduate Student in History. Her presentation captured the Yale of an earlier era and raised questions that are still important about class and gender in higher education in this country. Ms. Santos described how the decision in 1956 to eliminate the YSN basic program happened within a larger context of gender and class conflict at Yale. Her talk traced the actors and actions of that period, using University archives including hitherto unavailable Yale Corporation records.

Ms. Santos’ presentation was followed by lively responses from YSN Deans Donna Diers '64, Judy Krauss '70, Catherine Gilliss, and Margaret Grey '76. In addition, President Levin was on hand to comment on the University’s support of YSN and commitment to its future.

The reunion also celebrated the 50th anniversary of the school’s nurse-midwifery program and the 80th anniversary of YSN’s first graduating class. Portraits and biographical sketches of the nine members of the YSN class of 1926 were displayed as posters at the Reunion.

Finally, Alumnae/i Association President Ramon Lavandero '79 joined Dean Grey in unveiling the official

portrait of former Dean Catherine Gilliss. A gift to the school from the YSN Alumnae/i Association, the portrait was painted by local New Haven artist Tony Falcone (below, with Dean Gilliss).



## Alumnae/i Recognized

YSN alumnae/i are well known for their impressive contributions to the nursing profession, the school and their communities. In addition to the prestigious Distinguished Alumnae/i Award (see page 33 for our 2006 award), the YSN Alumnae/i Association Board of Directors has expanded the opportunities by which it recognizes such contributions. During Alumnae/i Reunion Weekend 2006, outgoing President Ramon Lavandero announced the first of these recognitions:

**Elizabeth Dyer Brewster '51**  
During her “retirement” years, Betty is recognized for her efforts in establishing and leading the Naples, FL chapter of the Hearing Loss Association of America. She herself has had a lifelong hearing impairment.

**Linda P. Vieira '72**  
Linda is recognized as the first certified nurse-midwife to set up her own independent, free-standing private practice with OB/GYN physicians as hired employees.

**Anthony J. Mascia '74**  
Upon retiring after 33 years of devoted service in the Maternal Child Health Unit of the Connecticut Department of Public Health, Anthony is recognized for relentlessly ensuring that families were involved in all policy and program design decisions.

**Vincenta Leigh '75**  
Vincenta is recognized for developing and leading the first Intensive Out-patient Mental Health Program at Kaiser Permanente in Fresno, CA.

**Shirley Samy Childs '96**  
For providing acute care during Operation Desert Storm and currently for an Air Combat Command Unit, Shirley is recognized for her continuing distinguished service to the United States Army Reserve and the Connecticut Air National Guard.

## Class News



In a boat trip down the Elbe Rive in Germany recently, two YSN alumnae were surprised to find they were on the same trip! **Jeanne Amiot Bruce '46W** and **Mary Colwell '50** enjoyed reconnecting and sharing stories. They are pictured above.

From a YSN friend we learn of the death of **Myriam Castro Casteneda '55**. Her colleague Irene della Torre writes, "Myriam passed away September 24 shortly after her 75th birthday. She was diagnosed earlier this year with Amyloidosis and had been in and out of the hospital until finally her body failed. We are starting a scholarship in her name through the ACNM Foundation and also an endowed professorial chair here at the University of Puerto Rico school of public health. Myriam had been honored as a distinguished alumnus of YSN and she was certainly admired and respected for her many contributions as a professional and as a person. We will try our best to continue the work that she has started. Please feel free to share this information with the YSN community. They may write to me at [idelatorre@rcm.upr.edu](mailto:idelatorre@rcm.upr.edu) and I will forward any mail to her family."

**Patricia Becker '55** was featured on the cover of Ederhostel news magazine's April 2006 issue. It sounds like she is enjoying life having retired from University of Wisconsin as Professor of Nursing in 2000. While continuing to contribute to projects in nursing and public health in her community, she is also working with low-income clients at the South Madison Health and Family Center, where she helped to organize a cultural sensitivity training program for staff. According to the

article, Pat "has been a life long learner her entire life, traveling around the world, obtaining several degrees and acquiring knowledge to help her be more fully immersed in the world."

**JoAnn Love '75**, Administrative Nurse Manager at Montefiore Medical Center, has been named by ADVANCE For Nurses as one of its 2006 Best Nurse Leaders. She was named in the "Courage & Respect" category for the Greater New York/New Jersey Metro Area for her efforts to improve both patient care and healthcare practice. JoAnn, who joined Montefiore in 2000, was hired to lead the inpatient psychiatric unit



and to implement newly developed standards of behavioral health nursing. "Doing the right thing is, more often than not, not the easiest option in the short term and often requires more time and energy than doing the easy thing," said JoAnn. "In the long term, of course it's the right decision." William Donoghue, RN, the staff nurse who nominated her for her award, elaborated, "What sets her apart from others is her courage. She has the courage to do the right thing. Managers do things right. Leaders do the right thing. In the end, it's all about courage."

In addition to his work with the New England AIDS Education & Training Center and his primary care practice with a focus on HIV/AIDS, **John Roberts '80** has also taken the role of Clinical Information Specialist for Harbor Health Services in Dorchester, MA. John writes, "I am helping with the development and configuration of our electronic medical record software which we expect to deploy this spring across our five clinical sites. I will be providing

training and technical assistance to the provider staff as well as ongoing refinement of the software." You can write to [john@jroberts@hhsi.us](mailto:john@jroberts@hhsi.us).

**Anne Palmer Graham '86** ran a close race for a seat in Maine's State House of Representatives from the 109th District. Anne writes "I ran because I believe that a PNP as a state legislator would be providing true primary care. I have been working in pediatric neurology for the past 3 years. I miss primary care, the kind of care I learned so well at Yale. I believe nurse practitioners 'get it' and we are leaders in health care."

**Elizabeth Letts '95** has just published her second book of non fiction entitled "Famiy Planning." She currently lives with her husband and four children in southeastern Pennsylvania where she divides her time between writing and working as a midwife in a women's health clinic. For more information you can visit Elizabeth's website at [www.elizabethletts.com](http://www.elizabethletts.com).

**Susan G. Smith '95** and her husband moved to Anadarko, OK, where she is teaching undergrad nursing at Oklahoma University. Susan is a PNP and writes "I am looking to pick up some clinical work as well, as I miss those runny little noses." Susan can be reached at [sgsaprn@msn.com](mailto:sgsaprn@msn.com) or [susan-smith@ouhsc.edu](mailto:susan-smith@ouhsc.edu).

**Elizabeth Lada Morse '96** graduated from the Management and Policy Program. Except for a few years spent in Homecare Management Consulting, Beth has been working here in Connecticut since graduation. She writes, "I am currently the Director for Outpatient Services at Lawrence & Memorial Hospital in New London, CT. Last May I graduated from the Weatherhead School of Management at Case Western Reserve University with an Executive Doctorate in Management degree. My dissertation title was, "A journey with the end in mind: an examination of how advance planning may influence end of life decisions."

From Thailand, **Wantana Limkulpong Maneesriwongul, DNSc '98** writes, "I was awarded the outstanding nurse researcher of the year by

Thailand Nursing Council on the Thai Nurses' Day (21 Oct 2006). I would like to express my deepest thanks to Ann Williams and Margaret Grey for their mentoring and to YSN for giving me strong inspiration to become a leading nurse researcher in my country."

**Deirdre Carroll '00** and Jonathan Erulkar, Yale SOM '01 welcomed a healthy baby boy named Samuel Jonathan. He was born at Yale-New Haven Hospital on October 11, 2005. After nearly 10 years at Yale, Dede, Jonathan and Samuel have now moved to Boston where Deirdre is a doctoral student at the William F. Connell Graduate School of Nursing at Boston College.

**Claire Cassidy Davison '03** and her husband Timothy have also welcomed a new addition to their family. Their son, Liam Andrew, was born February 14, 2006. Claire and her family live in Northbridge, MA.

**Debra Harris '04** recently wrote "I've been at the Scripps Cancer Center in San Diego for a year and a half. It has been a challenging and rewarding position where I am responsible for oncology nursing education and patient care at two hospitals. I am now looking forward to my new, similar position at Salem Hospital in Salem, Oregon. I enjoy helping nurses embrace the oncology specialty."

SAVE THE DATE

**2's AND 7's**  
and everyone in between  
**it's your year!**

**2007**  
**Alumnae/i Reunion Weekend**  
**October 12th & 13th**

*Also, your nominations  
for the 2007 Distinguished  
Alumna/us Awards  
are due by June 1, 2007.*

Nomination forms are available  
on the YSN website:  
[nursing.yale.edu/Alum/  
Distinguished/](http://nursing.yale.edu/Alum/Distinguished/)

**SUSAN KENT LAMAR FUND**

*The Susan Kent Lamar Fund has been established by friends and family to provide scholarship assistance to Native Americans enrolled at YSN.*

*Contributions may be sent to: The Susan Kent Lamar Fund, Yale University, The President's Office, 105 Wall St. New Haven, CT 06511*

*William Klausner, BA '50, LLD, '53, MA '55, shared these reflections about Susan Lamar's life and death:*

*"Upon learning the news of Susan's death, the world seemed a much smaller, less vibrant and vital place without her presence. For a moment I imagined the rivers she rafted slowed almost to a halt; the hills and mountains she climbed lost their verdant glow and the sky that sheltered her turned dark. But, then seconds later, I realized that Susan has neither left the world nor left us. Her spirit has now merged with and revitalized the very nature that so enriched and fulfilled her life. Those rivers now flow more swiftly; the mountains appear more majestic and the sky is a brilliant blue. And Susan remains a part of all who are privileged to have known and loved her. I'm pleased to contribute to the Susan Kent Lamar Fund not only to honor her memory but to continue her work on behalf of Native Americans."*

**Portrait of a Yale Nurse: Susan Kent Lamar (1963–2006)**

Many of us are proud to call ourselves "Yale Nurse" but some help define the term. Susan Lamar was one of those—bright, well educated, exquisitely clinically competent, and able to translate thought to action in ways that made a real difference in the lives of those in her care. When Susan died of cancer on June 17, 2006 at Hospice in Albuquerque at the age of 42, her eighteen year career in public sector healthcare as a Family Nurse Practitioner was cut unexpectedly short.

For Susan, the Yale in Yale Nurse ran very deep. Her parents, Howard and Shirley Lamar were already beloved members of the Yale community when Susan was born on September 5th, 1963. As a Yale undergraduate (1984–1988) majoring in History of Science, Susan was introduced to concepts of public health and the seeds of a career in the health care profession were planted. During those years, Susan organized and ran the annual Red Cross Blood Drive for her residential college and was one of the activists of Yale's fledgling recycling program before the idea became popular. Pioneering and feisty, she seemed destined to become a Yale Nurse. Fortunately, YSN had already established its Graduate Entry Program in Nursing and Susan enrolled straight out of Yale College, graduating in 1988 as a Family Nurse Practitioner. In the summer before her final year Susan did an internship on the pediatric unit of the Indian Health Service Hospital at the Sioux Reservation in Rosebud, South Dakota which cemented her commitment to improving healthcare for Native Americans.

She spent four years at the North End Clinic in Boston, MA honing her clinical skills under the wings of an experienced team of clinicians and then she was off to the West and the Native American people and culture she had already come to love—8 years with the US Public Health Service on the Navajo Reservation at Ft. Defiance, AZ and 6 years with the Veterans Administration at the Medical Center in Albuquerque, NM. Patients and professional colleagues remember Susan as approachable, fully engaged in their lives, uniquely capable of helping people manage complex chronic illnesses, interested in the whole person, and always optimistic in spirit. One Navajo elder described her as "The only person who ever took the time to understand my problems." A colleague from the VA described her as "totally engaged with her patients and their families in ways that actually improved lives." Put another way, Susan Lamar was contextual, committed, capable, and caring—forever a Yale Nurse.

**DOROTHY SEXTON SCHOLARSHIP FUND**

*It is rare these days to meet individuals who have dedicated their careers, indeed their lives, to the development of a field and the nurturing of new generations in that field. Dorothy Sexton was such an individual—talented, generous of time, thought and spirit, self-sacrificing, and uniquely honest and forthright in her pursuit of excellence in nursing.*

*There is no greater tribute to the greatness of a teacher than the success of her students in their professional pursuits. Throughout her career Dorothy Sexton, RN, EdD, demonstrated a tireless commitment to her students, nurturing them during their academic nursing careers and beyond*

*Memorial gifts can be sent to the Dorothy Sexton Scholarship Fund at YSN, Attention: Lisa Hottin, Director of External Relations, 100 Church Street South, P.O. Box 9740, New Haven, CT 06536-0740.*

**Dorothy Sexton remembered (1936–2006)**

Dr. Dorothy Sexton, Professor Emeritus and creator of YSN's Medical-Surgical Nursing Program and GEPN, and leader in the development of the school's doctoral program, died on September 29, 2006. She was 69.

She came to YSN in 1974 after conducting research studies on how families cope with chronic illness, particularly pulmonary disease. Within two years, she created a curriculum in medical-surgical nursing for the incoming class in the new master's program for college graduates with no prior experience. This new program paved the way for our Graduate Entry Prespecialty in Nursing (GEPN) program. It was the first program of its kind in the U.S. and has since been

duplicated by other universities. In 1994, she prepared the grant application that allowed YSN to launch its doctoral program. Upon her retirement in 2001, YSN created a scholarship in her name and Delta Mu a mentorship award named for her.

Dorothy's devotion to YSN and to her students and alumnae/i was full and complete and she never wavered in meeting the highest possible standards of excellence in teaching, writing, practice and friendship. She retired a few years ago, and true to her commitment to students, helped the School to raise funds for a scholarship in her name. A dear friend and colleague, a devoted teacher and leader in nursing, she will be dearly missed by her YSN family. We were fortunate to have her in our midst for over 30 years. To read personal reflections on Dorothy's life by her former colleagues Donna Diers and Linda Pellico, please visit the YSN website at: [nursing.yale.edu/News/Press/155/](http://nursing.yale.edu/News/Press/155/)



## NURSING » tomorrow

**The Campaign  
for Yale School of Nursing**

In the next twenty five years, the profession of nursing faces challenge and change on many fronts. Yale School of Nursing has always devoted itself to meeting these challenges—pursuing our mission of better health care for all people—but an even greater commitment is required of us now as we advance our work in education, research and clinical care.

Toward that end, YSN, together with the entire Yale University, embarked on the public phase of a 5-year, \$3 billion capital campaign. This is the total for the entire University, including Yale College, the Graduate and Professional Schools and all departments and divisions. Yale School of Nursing is a critical component of the campaign, as we seek to raise \$20 million in support of three critical areas:

- **\$10 million** to increase student financial aid
- **\$9.5 million** to encourage recruitment and retention of senior faculty through the creation of endowed professorships
- **\$1.5 million** to implement strategic teaching initiatives, including new technologies in the classroom and expanding our international activities

Learn more about our campaign goals and need for support by calling us at 203-785-7920, or visiting the YSN website at: [nursing.yale.edu/Development/](http://nursing.yale.edu/Development/)

## I am a Yale Nurse: Sharon Rising '67

**When Sharon Schindler Rising '67**, was a nursing student at Yale in the mid-1960s, she and her clinical instructor were checking a patient on the post-partum floor of Yale-New Haven Hospital. Rising asked the instructor what the routine was for putting on abdominal binders. When the instructor asked whether the patient needed binders, Rising thought she'd been misunderstood and repeated her question, "What's the routine?" The instructor asked again, this time a little more emphatically: "Do you think the woman needs one?"

That conversation occurred more than forty years ago, but if anything, it's only become more vivid to Rising as she's pursued her career and worked with students herself as a clinical professor at YSN.

"The instructors at Yale challenged us to think about what we were doing and to challenge where our assumptions were coming from," Rising says. "I absolutely credit Yale with teaching me how to think out of the box and be creative."

Rising's early lesson about questioning assumptions and thinking creatively powered her career as a nurse-midwife, teacher, program director and creator of a care model that is used by prenatal clinics around the world. In 2006, she received a Distinguished Alumna Award from YSN for her work, which includes developing and serving as director of Centering Pregnancy, a program that serves as a model for the delivery of group prenatal care.

Rising has been interested in nursing for as long as she can remember. "I think I was as young as four when I began talking about being a nurse," she says. "So it would be accurate to say I've had a long-standing interest in health care."

After graduating from Westmar College, in LeMars, Iowa, with a BA in biology, Rising was looking for a graduate program that would allow her to develop her research skills. She wound up taking a summer elective in nurse midwifery at Johns Hopkins University. "It was a totally transformative experience for me," she recalled. "We visited women in their homes and helped them with breastfeeding. I learned to do births and

helped empower women in the birth experience. This was a time in my life that tapped into a reserve of interest and energy I wasn't aware was there."

That experience opened Rising's eyes to the value of treating patients in groups. "After Hopkins, I wanted to do groups in clinic. I still think it's the best way to do post-partum care—listening to women, sharing experiences, answering questions." Rising's belief in the value of group care ultimately led her to develop Centering Pregnancy, her groundbreaking approach to caring for pregnant women.

The idea for Centering Pregnancy also grew out of Rising's own experience as an expectant mother receiving care at the Childbearing Childrearing Center at the University of Minnesota. During the last trimester of pregnancy, she and other patients with similar due dates met regularly to discuss their pregnancies, ask questions and talk about whatever was on their minds. "We developed a strong support system," Rising says. "I'm still in touch with some of those women and our kids are now in their thirties."

These experiences came together and instilled in Rising a belief that what pregnant women really want and need is to be together. "It just came to me clearly one day. We'd been doing prenatal classes for years, but the care piece was always done individually in exam rooms. There's nothing particularly private about a check-up, so why not do it as a group?"

Rising, who was working as a nurse-midwife after graduating from YSN in 1967, introduced her Centering

**“I absolutely credit Yale with teaching me how to think out of the box and be creative.”**



Pregnancy model at the StayWell Health Center in Waterbury, CT and her timing couldn't have been better. By then stirrups, medication and episiotomies were being used less frequently and fathers were starting to be allowed in the birthing room. “There was a freedom for women to start taking control,” she recalled.

At around the same time, a major public health study—“Caring for our Future”—that looked at prenatal care was launched, but there was almost nothing in it that supported the kind of group care Rising was providing. If her model was going to gain widespread acceptance, Rising knew she needed data to assess its efficacy. So she did her own research with a total of thirteen groups, including three that were made up of teen mothers. The attendance was phenomenal: 92 percent for the teen-mother groups, and around 86 percent for the others.

The Centering Pregnancy care model has another benefit. According to Rising, patients tend to ask the same questions, so meeting in a group saves the health care provider from having to repeat herself, and frees her up to spend more time with the patients. “As providers we were so much happier,” says Rising. “We didn't have to say the same thing over and over again, and we learned so much from listening to our patients.”

“It became very clear to us that this was a better model of prenatal care,” Rising says. Since then, she's traveled around the world giving workshops and helping clinics start similar programs.

About 200 are now in operation. “From young urban professionals in Cambridge, to new immigrants and everyone in between, it's been very well-received,” Rising says. “I really think it's the way we should be doing care.”

In 1998, the Centering Pregnancy model was used to treat women with HIV. Again, it proved successful—a cohort study found that of women who delivered preterm, those in the Centering group were pregnant two weeks longer and the baby was one pound heavier than in the traditional-care group. A subsequent randomized controlled trial found an overall 33 percent reduction in preterm births among women in the Centering group. Work is now underway on another randomized controlled study in fourteen community health centers in New York.

Rising, who no longer does direct clinical work, is devoting her energy to running the non-profit Centering Pregnancy and Parenting Association. She's expanded her original vision into a centering model that extends throughout the lifecycle. Her group had its first national conference last March and plans another in 2008. They've also developed a site approval plan and have started doing site visits.

Rising believes the nation's health care system is broken and that it will take a major paradigm shift to fix it. Her decades of working with women have convinced her that group care is a big part of the solution. “Most of us would be a lot healthier if we just had some more time to connect with other people,” she says.

### **Distinguished Alumna/us Award 2006**

*On October 7, the YSN Alumnae/i Association presented its Distinguished Alumna/us Award to Sharon Schindler Rising for distinguished accomplishments. The following is the citation:*

Clinical scholar, teacher, educational program director, inventor, entrepreneur, politician and most of all, nurse-midwife, this alumna's work has broken important new ground in the provision of high quality, cost effective and more to the point, sensitive prenatal care. Descriptions of her work are replete with language about values: personal growth for both patient and provider; empowerment; the healing potential of being seriously attended to; holding clients and their stories in trust. Her work itself has been her “life journey,” a term she loans to capture the client/provider partnership. Starting small in Minnesota, where she not only created the practice site but also the nurse-midwifery graduate program, her work found another base back in Connecticut; it extends to more than fifty sites in the United States and Canada, and now, Australia. Research including randomized controlled trials supports the efficacy, effectiveness and transformative power of this “disruptive design” of prenatal care that throws away the illness orientation and managing risk view of pregnancy in favor of a dynamic union of clients in a group setting, and facilitative providers. Few in health service delivery can claim to have created a new model of care; this alumna has.

It does honor to the Yale School of Nursing and her alumnae/i association to recognize Sharon Schindler Rising of the Class of 1967 with the Yale School of Nursing Distinguished Alumna Award for 2006.

## I am a Yale Nurse: Tae-Wol Stanley '97



**Tae-Wol Stanley '97**, knows how Hollywood would depict his career. It would show him working tirelessly in an urban health clinic in the Tenderloin district of San Francisco. One day, a man would stagger in, sick, starving and only semi-coherent. Stanley, seeing a flicker of something special in the man, would patiently nurse him back to health.

Sure, there would be some obstacles and setbacks, but in the Capra-esque final scene, we'd see the patient, now a handsome and robust member of society, giving his wife and new baby a jaunty wave as he left for his new job as director of a drug treatment program—in the Tenderloin district. “In real life it doesn't happen that way,” says Stanley, who works in the Housing and Urban Health division of the San Francisco Department of Public Health. “I can't tell one of those stories. The reality of the work I do is that for the most part, my patients seem to get worse.”

That doesn't mean his work isn't important or that Stanley isn't good at it. In fact, Stanley would tell you there are success stories. They may be a little more subtle. For example, Stanley did have one of those clients who stumbled into the clinic, alcoholic, schizophrenic, filled with rage and crawling with lice.

“It was like something biblical,” he recalled, “but we got him on anti-psychotics and he joined the human race.” Just when it seemed as though the man had turned his life around and Hollywood might come knocking, the man found out he had terminal lung cancer. The patient, who lived in one of the single-room-occupancy hotels the city provides for the homeless, chose to end his days, with the help of his health care providers, at the hotel. “We couldn't find any family members. All he had was our care,” Stanley says. “It was an incredible thing to provide somebody.”

A lot of the problems Stanley's patients face, such as drug addiction or mental illness, seem intractable but there are still things Stanley does that make a difference. “Like showing them how to take care of an infection,” he says. “That might seem like a minor thing, but it can be a big help.”

Stanley moved to the United States from Korea when he was six years old. His mother is Korean and his father is American. “I’m Eurasian, so I was different wherever I went,” he says. “Maybe that’s part of why I identify with the marginalized. I was brought up with a strong sense of social justice.”

Stanley, who got his undergraduate degree from SUNY Buffalo, went to San Francisco after college to pursue a PhD in anthropology. He thought he wanted to be an academic or a documentary film maker, but somewhere along the line he realized he was drawn to teaching because he wanted to be with people and help them, not because he liked teaching. He started volunteering once a week, giving massages to HIV patients. This brought him into contact with a variety of health care professionals, which eventually led to his decision to become a nurse practitioner.

Yale turned out to be the ideal environment in which to pursue his interest in providing health to the indigent and alienated. He volunteered at a downtown soup kitchen and at a women’s shelter. During his last two years at YSN, he was involved in community health care, treating a predominantly poor, Spanish-speaking population in Meriden. “Whatever walked in the door you had to deal with,” he says. “That was really helpful to me in terms of figuring out what my interests were.” His classmates at Yale played a role in that as well. “What I loved about Yale, what made it so great, was how bright and diverse the students were,” he says. “Everyone is there because they want to be there; it’s not just preparation to go out and earn a paycheck. They’ve all gone off to different, great things.”

Stanley’s “great thing” is working with homeless people to get them into supportive housing and then arranging for medical care, social work and substance abuse treatment. The clients are placed in special single-room-occupancy hotels. They pay a third of whatever income they have for rent, and they must live by certain rules. Stanley’s

role in this effort is wide-ranging. One day he works in the clinic, and patients come to him. Another day he’ll go to another site to treat undocumented migrant workers. He also spends time at a needle-exchange clinic, makes house calls to the hotels where the formerly homeless live and trains patients in the use of Narcan, an antidote for a heroin overdose.

The clinic has a close-knit staff of nurses, nurse practitioners, internists, doctors and psychiatrists, but Stanley describes it as predominantly a nurse practitioner-run clinic. “Our expertise and abilities are cherished,” he says. “I don’t think I could be any more effective being a doctor. The nurse practitioner role is perfectly suited for this kind of environment, which is not unlike a rural environment in the shortage of services our patients face. We’re like a country practice in the city.”

The tourists, who accidentally wander into the Tenderloin district on their way to their hotel or to the cable cars, may not quite understand, but

Stanley also really enjoys his clients. “I just find them more interesting,” he says. “At the end of the day, I feel more accomplished working with people who don’t have the means to help themselves. It’s more interesting to me than research or working for a big HMO.”

Despite the warm feelings Stanley now has toward his patients, he knows burnout is one of the hazards of his job. He tries to stave it off by celebrating the small victories. “Sometimes one of our patients does get clean. They pass by crack dealers every day and still they stay clean. It’s pretty remarkable,” he says, adding that he finds “a lot more grace in that” than in the Hollywood version.

As he considers his career, Stanley says he can see himself moving in a different direction some day, but it will always be in the same realm and as a nurse practitioner. “It’s just very exciting,” he says. “There’s a certain connection I have with these folks that I appreciate.”



Tae-wol Stanley with his mother. He says, “She’s behind my work one hundred percent! She inspires me without fail and loves to visit San Francisco as much as she can.”



Tae-wol with his partner Jeffrey Ralph, MD on a bike ride to defeat ALS (Amyotrophic Lateral Sclerosis, also known as Lou Gehrig’s Disease).

## Truth of the Matter

Margaret Flinter APRN, MSN '80



“Yale Nurses embrace a worldview in which advocacy, social justice, and radical transformation of what is true today into what we are committed to for tomorrow exist on the same plane with our individual practice.”

I'm honored to have a chance to share some of my thoughts with you. Looking back to when I enrolled at YSN in the fall of 1980, I see how clearly I was inspired by two factors. The first was the (then) relatively new role of nurse practitioners. The second was the statement by Dean Donna Diers that the mission of Yale School of Nursing was to radically transform the health care system.

Funny—almost thirty years later, I am still inspired to plan for the further development of the nurse practitioner movement and I'm still trying to radically transform the health care system! Both are works in progress. This is an excellent time to stop and think about how Yale continues to prepare nurses for careers that are fully satisfying and which contribute meaningfully to our local and global society.

I speak to this from several perspectives. I have been a family nurse practitioner since 1980, have simultaneously been part of the community health center movement as one of the builders/leaders of a successful federally qualified health center and currently serve as President of the Connecticut Nurses Association.

At the CNA, we say that we are about “creating the future nurses want and the public needs.” I'm going to focus on the “public need” element of this mission as it relates to the educational foundation YSN provides to its students and how that contributes to creating a future that is just, healthy and sustainable for all.

I recently wrote a column for the *Connecticut Nursing News* in which I said that nursing should stand up and proudly proclaim that we are the first profession that will make it possible for talented, committed individuals to enter the “pipeline” of nursing at different points along the educational continuum—and to fully support them in mandated progress forward. One of the most profound trends that I have seen in our society over the past quarter century is that of lifelong learning. This trend, coupled with distance and on-line learning, creates opportunities for people to study, learn, advance and grow that were unthinkable in an earlier age.

I take this position in full appreciation of my personal experience that a Yale Nurse's education is the best of all possible paths into the advanced practice of our profession. Whether one enters YSN already prepared and practicing as a nurse, as I was, or through the GEPN program, the Yale Nurse student has made a choice to prepare for a career that transcends the particular specialty practice area that we are drawn to. We have made the commitment to embrace a worldview in which advocacy, social justice, and radical transformation of what is true today into what we are committed to for tomorrow exist on the same plane with our individual practice. We can't do that alone. As Yale Nurses, we don't do it alone. From the day I graduated, I have been supported by the strength of the education, the faculty, and the lifelong friends and colleagues of YSN. As generations of YSN students have come through my organization as part of their graduate education, I have seen this same strength in them.

Reality changes over time. Part of creating that future that we want and the public needs is changing in response. In my own work, I am focused on developing formal post education residency that is based in our service institutions. As good as our YSN education is, I now think it is incomplete without formal post-education residency training. I have been very gratified in finding my YSN colleagues among the first to appreciate this position and provide support for the endeavor. YSN—yesterday, today and tomorrow, committed to radically changing the health care system for the better.

*Margaret Flinter is the Vice President and Clinical Director of Community Health Center, Inc. in Middletown, Connecticut.*





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