

Yale Nursing Matters

SPRING 2011 VOLUME 11 NUMBER 2





Yale Nursing Matters

Yale Nursing Matters is a
publication of Yale University
School of Nursing and
Yale University School of
Nursing Alumnae/i Association.

Dean: Margaret Grey '76
Editor: John Powers
Associate Editor:
Zoe Keller
Spring 2011
Yale Nursing Matters

Editorial Board:
Karla A. Knight '77
Sherrie Page Najarian '94
Martha K. Swartz
Steve Varley

Contributing Writers:
Ashley Benisatto
Christina Casinelli
Ryan Drozd
Margaret Flinter '80
Meghan Murphy
Luc R. Pelletier '82
Jessica Pettigrew '09

Photography:
Michael Marsland
Zoe Keller
YSN Faculty, Staff,
Students,
and Alumnae/i
Design:
Gregg Chase



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Yale University School of Nursing
 100 Church Street South
 Post Office Box 9740
 New Haven, Connecticut
 06536-0740
 203-785-2393
 nursing.yale.edu

This issue of *Yale Nursing Matters*
 covers the events that took place
 from fall 2010 through spring 2011.



Cover: YSN Associate Professor Alison Moriarty Daley (left) coordinates the school-based health center at Hill Regional Career High School in New Haven, where Michael Ceraso (right) is principal.

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.



I am often asked why clinical practice plays such a prominent role in a research 1 university. The most important reason is that nursing is a practice discipline. Like physicians, lawyers, and business professionals, professional nurses practice. At YSN, the faculty has long been committed to the integration of education, research, and policy in service of improving practice. Practice at YSN includes the direct delivery of care as a nurse practitioner, the involvement in policy at multiple levels, consultation about improving care, and scholarship derived from practice to inform others. Most importantly, our practice efforts should enhance our educational programs, influence the study of important clinical questions, and lead to “better health care for all people.”

Because nursing is a practice discipline, and the majority of our students are studying clinical specialties, it is critical that the faculty have requisite up-to-date clinical knowledge. Faculty who bring today’s clinical problems into the classroom have more credibility and are more likely to engage students in real-world problem solving. In addition, practicing faculty serve as preceptors in the clinical setting and model effective practice for these new practitioners. The work of Jessica Coviello and Vanya Hamrin, featured in this issue of *Yale Nursing Matters*, provide examples.

The purpose of nursing research is to provide evidence to guide practice. The best clinical research flows directly from clinical practice, as former YSN Dean Donna Diers has so eloquently written about in past issues. But, this statement does not mean that each of our faculty needs to be practicing in the clinic. It does mean that practicing faculty and researching faculty need to develop strong partnerships that ultimately lead to high-quality, clinically relevant research. Clinician-researcher partnerships allow each member of that team to contribute significantly to the evidence that supports practice. Solutions are practice-centered and feasible for implementation in the real-world setting. Alison Moriarty Daley illustrates this model in a story on page 7.

YSN has long been known for the belief that practice generates knowledge the same way that traditional empirical research generates knowledge. The generation of knowledge from practice is the definition of clinical scholarship at YSN. This knowledge is more than summaries of what is known about a problem; it is the use of clinical practice to develop new ideas about practice. Ivy Alexander’s work with postmenopausal women, featured on page 10, is a wonderful example. This expertise allows her to provide expert consultation to other clinicians. Further, such knowledge can be used to change practice via policy as well as through practice change. Margaret Flinter’s “Truth of the Matter” column demonstrates how clinical experience and knowledge can lead to real practice innovation.

All of these efforts are in service to the School as well as the profession. Importantly in this era of limited resources, clinical practice represents an important revenue stream. As with some other areas, such as the endowment, clinical income has declined substantially over the past ten years due to several factors. As the faculty and staff undertake a new strategic plan this year, how to develop innovative practice models is an important part of the conversation. If you have thoughts about what we might do, I hope you will let me know.

A handwritten signature in black ink that reads "Margaret Grey". The signature is written in a cursive, flowing style.

Margaret Grey, DrPH, RN, FAAN
Dean and Annie Goodrich Professor

YSN in Top Seven in Two Recent Rankings



The PhD Program in Nursing at Yale University is ranked in the top five in the nation among doctoral programs in nursing, according to ratings released by the National Research Council (NRC). Rankings were based on awards per faculty member, percentage of faculty with grants, time to achieve degree, students' average GRE scores, and several other related areas.

In related news, YSN is tied for seventh overall in the 2011 *US News and World Report* rankings of graduate schools of nursing. This review covers over 1,000 graduate schools across the United

States. In addition, several YSN master's programs were ranked in the top ten. The Psychiatric-Mental Health clinical nurse specialist was tied for first, the Pediatric Nurse Practitioner specialty was second, Nurse-Midwifery was tied for fifth, the Family Nurse Practitioner was tied for seventh, and the Adult Nurse Practitioner was ninth.

"For a new PhD program, the NRC ranking is amazing. It puts us with the best PhD programs in Nursing in the country. We are all gratified by the positive regard for several of our master's programs as well. Together, these rankings affirm our reputation as a top tier school," commented YSN Dean Margaret Grey.

Child Safety Report Leads to Increased Funding



A report co-authored by YSN Associate Professor Angela Crowley, PhD, APRN, PNP-BC, FAAN, and Yale School of Medicine researcher Marjorie S. Rosenthal, MD, has led to a one-time Federal allocation to increase state funding to strengthen safety measures in Connecticut child care programs, specifically to address playground and medication administration safety. The study analyzed 1,400 reports of unannounced inspections of licensed child care facilities and found that 48 percent of child care centers had hazardous playgrounds. In response, the CT Department of Social Services allocated \$1 million to hire inspectors and provide grants for safety enhancements. In addition, Crowley reported, "We found that most child care centers were administering medication. However, four out of ten centers did not have trained providers, and one out of three medications were not labeled appropriately." As a result, the state allocated \$35,000 for the development and dissemination of a medication administration curriculum for nurse trainers and is currently exploring additional funding to develop a system of oversight, training, and monitoring.

Grant to Diversify Scholarship in AIDS Research



A new research education institute has received a \$1.3 million grant to address the documented shortage of HIV/AIDS researchers from underrepresented groups. Developed by faculty members Barbara Guthrie, PhD, RN, FAAN (at left); Jean Schensul, PhD; and Merrill Singer, PhD, the new Research Education Institute for Diverse Scholars (REIDS) is a partnership between their respective institutions—YSN, the Institute for Community Research, and the UCONN Center for Health, Intervention, and Prevention. The program aims to prepare scholars from underrepresented racial, ethnic, disabled, and economic groups with the skills and experience needed to become successful HIV researchers. The Institute, funded with a grant from the National Institute of Mental Health, will be housed at the Center for Interdisciplinary Research on AIDS (CIRA) at Yale. "There is a compelling need to close the existing gaps in mentoring and theory-driven research education for new investigators in these specific groups," said Dr. Guthrie, Associate Dean for Academic Affairs at YSN.

Disparities Grant from Susan G. Komen for the Cure



YSN Professor Tish Knobf, PhD, RN, FAAN, AOCN (at left), and Lyndsay Harris, MD, Associate Professor of Medical Oncology at Yale School of Medicine, have been awarded a \$180,000 grant from Susan G. Komen for the Cure. Both members of Yale Cancer Center, Drs. Knobf and Harris are actively engaged in research that targets disparities in breast cancer. "African American women with breast cancer have poorer clinical outcomes compared with white women," Dr. Knobf stated. This training grant is designed to attract students to participate in research to better understand and eliminate disparate cancer outcomes.

Steve Varley Appointed YSN Director of Development



Steve Varley has been appointed Director of Development and Alumnae/i Affairs at YSN. He has an extensive background in development and alumni relations and supports the engagement of alumnae/i and friends in the work of advancing YSN. "I don't want any person who could enroll at YSN, and later become a nurse-leader for the next generation, to be deterred by the cost," stated Varley. "Financial aid is a huge part of the enrollment equation." He can be reached at steve.varley@yale.edu.

Congresswoman Rosa DeLauro Reviews Budget Cuts' Impact on Future Research

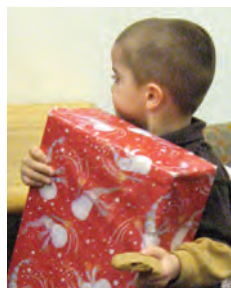
Dean Grey joined Congresswoman Rosa DeLauro at a Yale press conference to support continued NIH funding. DeLauro toured Yale on February 28 to get a firsthand look at how proposed federal budget cuts would impact the extensive, cutting-edge, and life-saving scientific research going on at Yale—and, by extension, at academic research centers all over the country. These grants affect not just basic science but its translation into medicines that help cure human disease.

“These cuts will be absolutely devastating to the National Institute of Nursing Research,” Dean Grey said. Read more and see video at



YSN Hosts Holiday Party for Local Children

YSN hosted a holiday party for the children of the Church Street South (CSS) apartments, located across the street from the school. The party invited 51 children and their families to the school for presents, cookies, and cocoa. Santa Claus was seated among piles of gifts wrapped in colorful paper, and he called out the children’s names as elves handed him boxes. One by one, the children came forward to give Santa a hug and gather their gifts. Santa’s helpers included YSN faculty, students, and staff, who each sponsored a specific child. Each child filled out a request with one “need” and one “want,” and more than 100 presents were given.



DONNA DIERS, PHD, RN, FAAN, ANNIE W. GOODRICH PROFESSOR EMERITUS OF NURSING, was named a 2010 Living Legend by the American Academy of Nursing (AAN). The ceremony for this year’s honorees was held on November 11, 2010, in Washington, DC, in conjunction with the AAN Annual Conference and Meeting. The AAN’s highest recognition, the Living Legend designation is awarded to distinguished leaders in nursing. Diers was honored for her leadership in the development of clinical nursing research, graduate entry into advanced practice, and the use of data to determine outcomes of nursing care. Dr. Diers is the Annie W. Goodrich Professor Emerita and lecturer in nursing at Yale.



MARGARET GREY, DRPH, RN, FAAN, DEAN OF YSN, assumed her position as Steering Committee Chair for the Council for the Advancement of Nursing Science (CANS) at their biennial State of the Science Congress on Nursing Research in Washington, D.C. The Congress is a three-day event focused on highlighting scientific discoveries, identifying emerging innovations, and reexamining the effects of science and research on health outcomes.



NANCY REDEKER, PHD, RN, FAHA, FAAN, YSN ASSOCIATE DEAN FOR SCHOLARLY AFFAIRS, has accepted the position of Editor-in-Chief of *Heart & Lung: The Journal of Acute and Critical Care*. She is the journal’s former Associate Editor and succeeds Kathleen Stone, who served as an esteemed editor for more than 15 years. For more than 20 years, Redeker has researched symptoms and quality of life for cardiac patients. Her most recent studies include the consequences of sleep disorders among patients with cardiovascular disorders.



MARJORIE FUNK, PHD, RN, FAHA, FAAN, PROFESSOR, was selected by the American Association of Critical-Care Nurses (AACN) as the recipient of its 2011 Distinguished Research Lectureship. Funk is the 30th recipient of the prestigious annual award. Established in 1982 and now funded by a grant from Philips Healthcare in Andover, Massachusetts, the award recognizes nurses whose program of research significantly influences high acuity and critical care. Funk’s research focuses on the wise use of technology in the care of critically ill patients with heart disease.

Promoting Research in Clinical Practice Settings

BY **MARTHA K. SWARTZ**, PHD, RN, CPNP, FAAN
PROFESSOR AND ASSOCIATE DEAN FOR CLINICAL
AND COMMUNITY AFFAIRS

Excellence in clinical practice and research conducted in practice settings are ideally linked closely together. As part of the broad National Institutes of Health (NIH) Roadmap program, initiatives are designed to improve patients' access to clinical research at the point of primary care, increase the ethnic and racial diversity of patients in studies, and enhance the translation of research findings into practice. One such initiative is the development of practice-based research networks (PBRNs) as a mechanism for health care practices to affiliate, explore, and study clinical problems common across practice sites. With the added involvement of health research scientists from academic settings, such partnerships have contributed to the practice-relevant research literature and have provided a means to promote the dissemination of research findings into practice.



The NetHaven PBRN, which is composed of health care providers throughout the greater New Haven region, is currently supported by YSN and the Yale Center for Clinical Investigation (YCCI). NetHaven emerged within the past three years from the YSN's original PBRN, the Advanced Practice Registered Nurse Network (APRNet). APRNet was founded in 2000 by YSN Dean Margaret Grey, and was one of the original 19 PBRNs funded by the Agency for Healthcare Research and Quality (AHRQ). It was the first funded PBRN run entirely by nurses, and it consisted of APRNs from southern New England who practiced in hospital-based clinics, community health centers, and privately owned practices.

In 2008, APRNet realized its long-term goal of becoming a larger interdisciplinary PBRN when the YCCI leadership appointed me and Dr. Laurie Bridger, Medical Director for the Fair Haven Community Health Center, to co-chair a task force charged with developing an expanded PBRN for the greater New Haven area based on the APRNet experience. This team grew with the addition of Dr. Nancy Redeker and Dr. Lois Sadler. Additional funding came through an NIH clinical research network feasibility award and continuous expert advice from Dean Grey. In alliance with YCCI, NetHaven's goals are to further develop its organizational infrastructure, expand and diversify its membership, provide training and education for clinician members in community-based research, initiate pilot research studies within the network, and support larger applications for research funding.

Currently, there are approximately 60 members of NetHaven, including advanced practice nurses, physicians, and physician associates in practice, as well as academicians and scientists with an interest in community-based research. Most of the clinicians are practitioners in pediatrics, followed by internal medicine and family practice. The network has collaborated with or has provided pilot funding for studies on the following topics: pediatric obesity, smoking cessation, drinking reduction, primary care of the mentally ill, nurse midwifery care, and sleep disorders.

Growing a PBRN is a bidirectional, iterative process as we work to solicit ideas for research projects from academic scientists and community clinicians. We strive to create partnerships among scientists and clinicians through the conduct of funded research and quality improvement projects. As in other PBRNs, an ongoing challenge is the extensive planning it can take to bring academic scientists and community clinicians together to develop and implement clinical research projects that are meaningful to all involved. Nevertheless, NetHaven provides a means by which clinicians and researchers come together to address areas of common interest, generate relevant research studies, and foster the sharing of knowledge in clinical sites. This is our commitment to the residents of greater New Haven as part of our mission to improve health care.

Learn more at <http://nursing.yale.edu/nethaven>
or call us at 203.737.5700.



A meeting of NetHaven's core leadership.



School-Based Health Center Closes the Gap

BY JOHN POWERS

What does Alison Moriarty Daley see as the most important aspect of the school-based health center she coordinates at Hill Regional in New Haven?

“I encourage all of the high school students I interact with to be active participants in their own health care,” she said. “This means they will build a strong clinical relationship with their health care providers, and this will carry with them for the rest of their lives.” Moriarty Daley, MSN, APRN, PNP-BC, is an Associate Professor at YSN and jointly appointed at the Yale-New Haven Hospital Adolescent Clinic. She is also chair of New Haven Mayor John DeStefano’s Teen Pregnancy Prevention Council and a 2010 recipient of the prestigious Seton Elm-Ivy Award for promoting the “town-gown” relationship between the university and the city. *continued next page*

Through the school-based health center (SBHC) at Hill Regional Career High School, Moriarty Daley provides comprehensive health care to over 55 percent of the 700 students—everything from routine physicals and checkups to treatment of acute illness and injuries. To be part of the school-based clinic program, students only need to be officially enrolled in the school and have a parental permission form on file. They receive services in the clinic with no regard to family income or ability to pay.

“Many of these students have never been to a school that does not have a clinic operating,” Moriarty Daley said. “We are providing them with the tools to be effective consumers of health care, to ask questions, to have a strong and fruitful collaborative relationship with their clinicians. I also emphasize the importance of parental involvement in the health care of their children and strongly encourage their participation.”

Retired YSN Professor Elaine Gustafson '86 documented the benefits of school-based health centers in her 2005 article



Moriarty Daley maintains constant communication with Career High School Principal Michael Ceraso.

“This clinic has a critical impact on our school and its students, parents, and staff. It is an astonishing means of support and assistance for the Career community.”*

—MICHAEL CERASO, CAREER HIGH SCHOOL PRINCIPAL

*Gustafson, E. M. (2005). History and overview of school-based health centers in the U.S. *Nursing Clinics of North America*, 40, 595–606.



YSN Pediatric Nurse Practitioner students Nichole Trumper '12 and Pollee Hruby '12 gain experience at the high school clinic.

in the journal *Nursing Clinics of North America*:

School-based clinics are filling a gap in health care needs for many of our nation’s children. They provide services to an underserved population of children and adolescents, focusing on provision of health services and the promotion of health through population-based education programs. Schools with health clinics are finding that significant physical, mental, and dental health issues are being addressed during the school day, allowing children to remain in school. The mission of school-based health clinics to contribute to the health of children by providing access to primary health care and preventive health care services is being actualized (p. 604).

The school-based clinic at Career High School is fully funded by Yale-New Haven Hospital (YNHH), which operates six school health centers, three of which are in the city. Moriarty Daley works along with the SBHC team that includes administrative assistant Regina Felder and social worker Maria Silva.

“Yale-New Haven Hospital has been operating SBHCs in this community since 1994, and it has had a profound impact on the lives of thousands of children,” stated Patricia DeWitt, MS, MPH, CHES, Director of Ambulatory Services in the Department of Community Health for YNHH. “We are eliminating barriers to health care and addressing the health care disparities of the children and adolescents in our community.”

Moriarty Daley serves at the Career clinic three days a week and precepts YSN students two days a week. YSN student Pollee Hruby '12 is in her first specialty year of the Pediatric Nurse Practitioner program, and just began her rotation at Career’s clinic this spring.

“One thing I have really learned from Alison during my time at the clinic is her dedication to treating the whole patient by really getting to know them and their unique circumstances,” Hruby mentioned. “Adolescents are incred-

ibly complicated individuals, and their backgrounds and home situations really come into play when we have to think about treatment plans. Alison always makes an effort to consider these factors with each patient she sees.”

Connecticut has operated SBHCs for the past 27 years, and with more than 75 SBHCs currently operating in the state, the number keeps growing each year. According to the Connecticut Department of Health website, the centers have become an essential part of the system of care for children and adolescents, currently providing physical, mental, and oral health services to more than 44,000 Connecticut students annually.

“School is where adolescents are spending a huge part of their time, and having a health clinic on site makes a huge difference,” Moriarty Daley added. “Being at school allows us to have lots of opportunity for follow-up with student patients, answering questions, having conversations, and being involved with mutual problem solving.”

Career High School Principal Michael Ceraso expressed his strong support and enthusiasm for the school-based clinic. “This clinic has a critical impact on our school and its students, parents, and staff,” he stated. “It is an astonishing means of support and assistance for the Career community. We have an open, fully communicative relationship with the partners in this clinic, and Alison is the lynchpin of all that the clinic is accomplishing.”

YNHH’s DeWitt emphasized the importance of having the clinic on site. “The clinic in the school provides immediate services to students who may not otherwise receive them,” she added. “It eliminates barriers to health care such as lack of insurance, lack of a medical provider, transportation, and appointment availability, and parents don’t have to take time off from work. These clinics also help them avoid more costly visits to the emergency room. We are providing primary health care and psychosocial services to adolescents right in their neighborhood school.”

And the students at Career High School have a passionate health care advocate managing their school-based clinic.

“Alison is an exceptional nurse practitioner and truly cares about the children she serves,” DeWitt continued. “There is a feeling of trust and caring, students are very comfortable with her, and I have witnessed very positive interactions between Alison and her patients. She employs a philosophy of teaching students to be active participants in their own health care.”

The benefit of the Career High School health clinic goes well beyond the improved physical health of the students involved. Tenee Ricks graduated from Career High in 2006 and describes Moriarty Daley as an important mentor in her life.

“Alison was and still is always there for me. She is so caring, always helping and comforting, and was always there for students,” added Ricks, who recently graduated from St. Paul’s College in Virginia. “She was such a positive influence on me, especially during my senior year of high school. She helped me focus, maintain my goals, and guide me in the right direction.”



Career High School student Kionna receives primary care through the school-based health center.

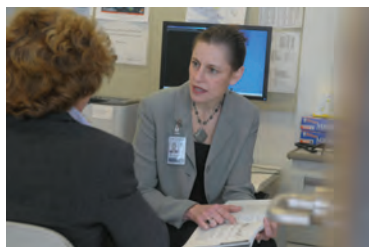
The school-based health center at New Haven’s Hill Regional Career High School provides a wide array of services on site, including:

• Routine checkups and physical exams	• Crisis intervention
• Health education	• Individual, family, and group counseling
• Immunizations	• Prescription and dispensing of medications
• Laboratory testing	• Treatment of acute injuries and illnesses
• Reproductive health care	• Nutrition counseling and weight management
• Mental health services	• Diagnosis and treatment of sexually transmitted diseases

The Menopause Expert is

BY ZOE KELLER

Most women probably don't consider the effects of menopause until they begin to experience its symptoms, and then they may not know where to turn for advice and support. Experts in women's health can be an important resource for this growing population. YSN Professor Ivy Alexander, PHD, APRN, ANP-BC, FAAN, Director of the Adult, Family, Gerontological, and Women's Health Primary Care Specialty, is considered an international leader in the field of menopause, and she has co-authored two books, one about menopause and one about osteoporosis.



Find information about women's health at womenshealth.gov and clinicians specializing in menopause in your area through the North American Menopause Society at www.menopause.org.

100 Questions and Answers About Menopause and *100 Questions and Answers About Osteoporosis and Osteopenia* are published by Jones & Bartlett Learning and available through all major book retailers.



According to the North American Menopause Society, every day, 6,000 U.S. women reach menopause (totaling over two million per year). That number is up from 4,000 per day in 1998. This segment will continue to grow as the Baby Boomer population ages and as Americans continue to live longer.

"Part of the reason I became interested in midlife women's health is because I worked with the same patients for a long time and they were aging," Alexander recalled. "I had some patients who had extraordinary experiences with menopause, and I wanted to learn more."

Alexander's research of the subject began with her PhD dissertation in 2001 about nurse practitioner care. She then conducted a study of black women living in New Haven, Connecticut, and Washington, D.C., experiencing menopause.

"One of the important things that came out of that study is that these women got a lot of their information from the Internet and from television personalities," Alexander said. Patients don't have the same access as clinicians to quality data about how to manage their symptoms. "Celebrities who have no formal education in health care are writing books about menopause. My patients told me, 'Check out these websites.' I was frankly amazed and appalled by what was out there."

Recognizing a critical lack of information available to women, Alexander wrote a book that was based on research data, but intended for patients. Although it is not meant to be a clinical resource, many clinicians reportedly use the book with their patients.

The book, *100 Questions and Answers About Menopause*, has been translated into several other languages and serves as a resource for women around the world. That book and a more recent follow-up, *100 Questions and Answers About*

Osteoporosis and Osteopenia, were both co-authored with YSN alumna Karla Knight '77, who is also a regular contributor to this publication. Both books won awards for excellence from the New England Chapter of the American Medical Writers Association.

As a clinician, Alexander lends her expertise to patients on an individual basis, meeting with women who need help managing their symptoms and helping to prevent related problems like osteoporosis and heart disease. She is available to see patients once a month through a special clinic within Yale Health. As an expert consultant, she provides care to women who have already spoken to a general practitioner or OB/GYN, but need additional help.

Alexander begins each session with an extensive interview to find out what the patient is experiencing, what help she is looking for, and what lifestyle, medication, or nutritional changes she has already tried. Most women are seeking help with symptom management, and they often want alternatives to hormone replacement therapy (HRT), either to avoid medications altogether or to augment the symptom relief.

Alexander takes a detailed medical history, looking at family history and indications of other causes of the woman's symptoms such as thyroid disease and diabetes. She explained that it's not enough for a clinician to conclude that hot flashes are normal for any woman in her late 40s; there may be additional causes for her symptoms. High blood pressure or high blood sugar, for example, can make hot flashes much worse.

She finds that patients may not recognize the interrelationship between their physical symptoms and other factors in their lives. "I think women in this country have

"Celebrities who have no formal education in health care are writing books about menopause. My patients told me, 'Check out these websites.' I was frankly amazed and appalled by what was out there."

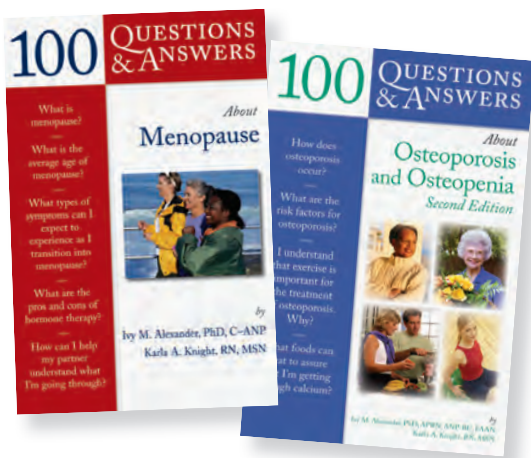
a multitude of problems at midlife: greater responsibility at work, finances, launching children into adulthood, caring for aging parents, the whole laundry list." Many patients open up to Alexander about sexual problems that they are not usually comfortable discussing. "A lot of relationship issues are embedded in sexual problems," she said. "Stress itself is also a huge trigger for menopause-related symptoms."

Alexander asks her patients to keep a journal to track symptoms like hot flashes and mood changes in connection with factors like diet, exercise, and sleep. Sleep disturbance is high on the list of pervasive problems around menopause. When estrogen decreases, it can take much longer for women to fall asleep, and then they do not get the quality of sleep they need. "Deep sleep is needed to form memories and problem solve," Alexander pointed out. "This in itself causes memory problems and cognition effects."

Weight gain is another common difficulty, even if a woman's patterns of diet and exercise have remained steady. "They're adamant and furious," Alexander said. "They're relieved that I believe them when they say, 'I eat the same, exercise the same, and I'm still gaining weight.' I tell them, 'Of course you are!' To make the changes necessary to not only maintain their weight but to lose the extra 15 pounds they just gained can be very daunting."

Complementary alternative medicines and lifestyle changes are sometimes in order, because "sometimes those small changes can make a huge difference," Alexander said. Alternative treatments such as massage, relaxation techniques, and herbal remedies might be appropriate, depending on risk factors. These decisions can depend on the severity of the woman's symptoms. "If she hasn't slept in three days and has four hot flashes during the course of the visit, a prescription might be more necessary," Alexander stated.

Because the solutions to severe symptoms can be what she calls "a difficult algorithm," Alexander bases her recommendations on what the patient wants. "The goal always is to identify what she is looking for," she said. "I ask, 'Why did you want to come talk to me today? How can I help?'"



Helping Children with Mental Illness to Succeed

BY MEGHAN MURPHY



“Ensuring the mental health care of children and adolescents is an area of growing concern in our country. Child and adolescent depression is a serious health concern, as suicide is the third leading cause of death in adolescents.”

Vanya Hamrin, MS, RN, APRN-BC, is Associate Professor who teaches in the Psychiatric-Mental Health Specialty at YSN. Hamrin has spent the past year at the Therapeutic Center for Children and Families in Westport, Connecticut, identifying and treating a wide variety of mental health issues in youth. Her clinical experience keeps her up to date on emerging treatments, which she translates to her teaching

and scholarship. Hamrin first approached Dr. Andrew Lustbader, a Yale School of Medicine faculty member, about including her psychiatric mental health nursing students in a psychopharmacology clinical rotation at the Child Study Center, where Lustbader teaches. After their successful collaboration, Lustbader asked Hamrin to join his clinic at the Therapeutic Center.

“To see the patients use coping strategies to decrease their psychiatric symptoms and meet their goals in life, such as doing well in school, getting along with teachers and friends, and improving their relationships with their parents is without question the most rewarding aspect of this kind of work.”



“After taking two years off from clinical work to focus on a leadership role at YSN, I welcomed the idea of resuming my work providing psychiatric assessment and treatment on a wide variety of mental health problems,” explained Hamrin. “There is such a shortage of providers in this area and in the country, creating long waiting lists for children to be seen for psychiatric issues.”

The Therapeutic Center for Children and Families treats children, youth, and adults suffering from a number of mental health issues, including depression, anxiety, bipolar disorder, family problems, and developmental disorders. Hamrin and Lustbader collaborate at the Therapeutic Center with an advanced practice nurse, two additional psychiatrists, and two social workers.

Hamrin focuses her treatment on children and young adults, assessing and diagnosing various mental health problems. Treatment interventions include parent training and family therapy, medication management, social skills training, problem solving and coping skills strategies, and cognitive behavioral therapy.

Her clinical work often ties into her teaching and scholarship. A number of YSN students from her class also work at the clinic, providing them with hands-on, real-life experiences. Students apply the theoretical knowledge about coping strategies they learn in class to the treatment of current patients.

In the clinic, Hamrin often encounters pediatric bipolar disorder, the topic of her scholarship and writing. Finding the best method of treating the disorder for each individual is vital. “Psychopharmacology is a first-line treatment for bipolar disorder, and our knowledge of effective medication strategies has really grown within the past five years,” Hamrin said.

In treating patients with psychotherapeutic medications, Hamrin has seen extremely successful results—children have been able to improve their relationships with others, complete activities of daily living, and improve their educational experiences.

One of her patients, a young person with bipolar disorder, was on the verge of failing out of school. Hamrin observed that, with the right combination of psychopharmacologic medicines, he is now passing his classes and has improved his relationships with friends and family.

The treatment of bipolar disorder is not the only mental health issue undergoing rapid change; cognitive behavioral therapy (CBT) for depression and anxiety is another cutting-edge treatment. CBT aims to replace a patient’s negative schemas, or thought patterns, with more positive, healthy thoughts. In order to create these positive schemas, Hamrin teaches her patients relaxation therapy and helps



them to identify unconstructive thoughts and replace them with more productive thinking. CBT also engages patients in problem solving and other constructive activities.

Finding support for her treatments in evidence-based strategies, Hamrin is constantly searching for the newest developments in how to treat certain psychological disorders. She regularly uses supplemental materials such as the “Coping Cat” series for CBT for patients. This manual for the treatment of childhood anxiety requires young patients to complete assignments on how to solve difficult situations using a number of different coping methods.

Parent management is another piece of Hamrin’s clinical work. Hamrin uses Russell Barkley’s manual *Defiant Children* for parent management training, teaching communication and problem-solving skills to families. She also teaches a family therapy class and provides therapy to families at the Center. While there, patients learn problem-solving skills and practice solving real-life situations by role-playing different solutions to their problems.

“I find the patients at the clinic incredibly committed to their treatment and motivated to improve their mental health,” Hamrin said.

“To see the patients use coping strategies to decrease their psychiatric symptoms and meet their goals in life, such as doing well in school, getting along with teachers and friends, and improving their relationships with their parents, is without question the most rewarding aspect of this kind of work,” Hamrin concluded.



POSITIVE THINKING + GROUP SUPPORT + LIFESTYLE CHANGE =

A Second Chance at a Healthy Heart

BY RYAN DROZD

Heart disease is the leading cause of death in the United States, according to the American Heart Association. More than 82 million American adults, one-third of the population, are estimated to have one or more types of cardiovascular disease. On average, 2,200 Americans die of cardiovascular disease each and every day.

These sobering statistics are something YSN Assistant Professor Jessica Coviello, MSN '82 deals with on a daily basis with her patients. Practicing with the Connecticut Heart Group, Coviello provides preventative care, in addition to rehabilitation and chronic care management after a heart failure. She helps patients with cardiovascular disease to live active, productive lives while they are both recovering from and working to prevent heart attacks.

Coviello's enthusiasm for her dual career as nurse practitioner and professor is immediately evident, as she calls it "the best of both worlds."

"It allows me to educate others and care for patients at the same time," Coviello said, referring to work in clinical assignments where students become actively involved in patient care. "This is a wonderful asset for students at YSN in allowing faculty the ability to show students how to apply theories and knowledge from the classroom to real-life situations."

One of the more memorable teaching experiences for Coviello came during a clinical assignment with YSN's Graduate Entry Pre-specialty in Nursing (GEPN) program. "We were caring for a patient who spoke Italian primarily," she recalled. "He suddenly developed restlessness, which was a red flag.

"Restlessness always means something, and we watched him progressively over the day. After some time, we were able to point out small changes in the patient's health. Eventually, we were able to figure out what was wrong and ultimately circumvented heart failure for the patient. There is no better lesson than to have students see what is going wrong firsthand before it happens."

Coviello believes a clinical setting teaches "subtle things that are sometimes difficult to explain in a classroom. The ability to notice slight changes in a patient's behavior is a skill that cannot always be obtained by reading a textbook."

While taking action to avert heart failure is very important, primary prevention is the best way to ensure



that a patient will remain healthy and avoid potential complications. Coviello often meets with healthy, younger patients to test cholesterol and triglyceride levels and to set future goals.

“In the old days, we used to sit down and give the patient a program detailing exactly what they had to do,” she stated. “Now, we have a better partnership with patients where we ask them what they enjoy doing and where they want to go in the future from a health standpoint, then help them get there. We are facilitators.” In this way, Coviello encourages her patients to continue focusing on activities they enjoy while improving their overall health outlook.

Coviello also oversees her patients’ rehabilitation process after a heart attack, known as secondary prevention, which closely resembles primary prevention. “When a person experiences something catastrophic like a heart attack, that changes their life. But our approach as facilitators stays the same,” she added.

“We try to help them look at this as a positive thing. The patient gets involved and we get their family involved,” Coviello explained. While it seems contradictory to look at surviving a heart attack as a positive event in one’s life, the flip side is that the patient may have never realized that a lifestyle change was needed. “We want to help the person realize that this is their second chance to do things differently; to change, reevaluate, and improve their life.”

A multidisciplinary team is typically involved in helping to make those lifestyle changes, and the team becomes familiar with all aspects of the patient’s life. This group monitors factors like weight, cholesterol and triglyceride levels, stress levels, and exercise habits. The team then suggests coping strategies for stress and ensures that the family is closely involved in this process. Coviello believes that family plays a vital role in the patient’s rehabilitation, serving as a powerful inspiration for recovery.

Joan, one of Coviello’s longtime patients, has a condition called cardiomyopathy, which causes the heart to become enlarged, making the ventricles in the heart pump less efficiently. If left unchecked, cardiomyopathy allows fluid to back up into the lungs, causing congestive heart failure. Joan was obviously very concerned about this diagnosis.

“I had only been briefly educated about my condition. I was worried about what was happening, and was really afraid I was going to die,” Joan said. She was referred to Coviello after her first visit with a cardiologist, nearly a year after her diagnosis.

“Jessica has now taken care of me for about 13 years,” Joan continued. “She has cared for me with medication therapy and also explained why I am taking a drug.

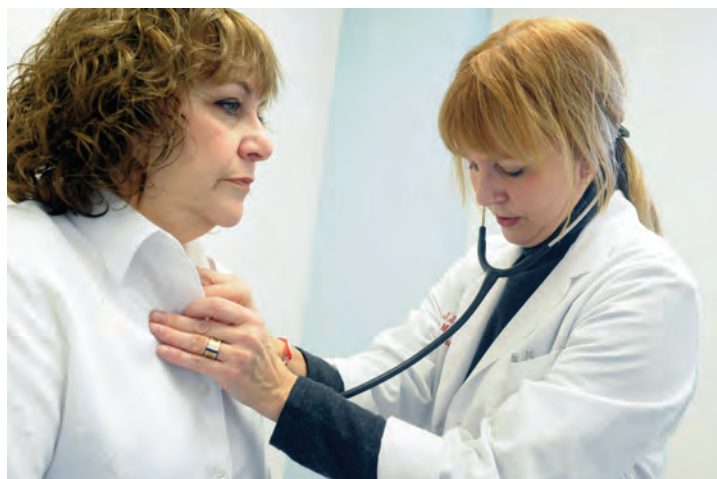


“Now, we have a better partnership with patients where we ask them what they enjoy doing and where they want to go in the future from a health standpoint, then help them get there. We are facilitators.”

More importantly, she has helped educate me about my heart and my condition. She has taken the time through the years to explain to me and my family all of the physiology involved.”

Joan explained that she feels she and Coviello have become a team. “Jessica discusses and educates me about the many aspects of my care,” Joan added. “This allows me to actively participate in my own care.”

It is not unusual for people with congestive heart failure to have episodes that send them to the emergency room for immediate care. Thankfully, this has not been the case for Joan. “With Jessica’s help, care, and information about my condition, I have not been to the ER for congestive heart failure in 13 years. What more can I say? Not only am I no longer afraid of dying, I am also living my life with very few restrictions,” Joan said.



Jill, another patient, looks to Coviello to manage more than just her heart health. “Jessica is like a hub in a web for me,” Jill stated. “She directs me to seek just the right health care for my back issues, eye problems, and cardiac issues, and basically manages all of my issues. She is wonderful, and I trust her completely to offer solutions and options.”

SCHOLARSHIP RECIPIENTS 2010/2011

The following received scholarships, fellowships, and grants for this academic year. We gratefully acknowledge the generosity of the many donors and organizations who have made these scholarships possible.

John Alden Bennett and Dora Gibbs Bennett Scholarship

Kathleen Fentress

Florence G. Blake Scholarship

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Susan Kent Lamar Scholarship

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Teresa Svart

Law Extends IRA Giving Incentives

Congress extended a provision permitting IRA owners age 70.5 and older to make qualified charitable distributions directly from their individual retirement accounts to charities such as Yale, without having to include the distributed amounts as income.

How do I know if a charitable IRA rollover is right for me?

It is especially attractive if

- You are at least age 70.5
- You do not need the additional income generated by your minimum required distributions
- You want to avoid possible double taxation of these assets upon your death
- Your charitable gifts already equal 50% of your adjusted gross income, so you do not benefit from an income tax charitable deduction for additional gifts
- You are subject to limitations on your itemized deductions
- You do not itemize your deductions

How much can I distribute?

A maximum of \$100,000 per taxpayer, per taxable year until December 31, 2011, at which time the provision expires. Note: Spouses can each transfer this amount from their separate IRAs.

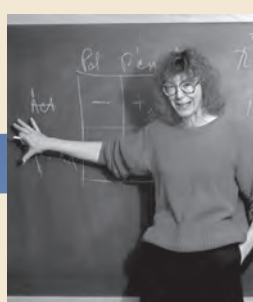
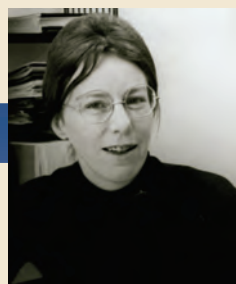
From what accounts can I make distributions?

Distributions must come from your IRA(s) directly to charity. Retirement assets in 401(k), 403(b), SEP, or SIMPLE plans do not qualify, but you may be able to first roll those funds into a new or existing IRA and direct the plan administrator to transfer the funds from the IRA directly to Yale.

What is the procedure to execute a charitable IRA rollover?

You will need to contact your plan administrator for specific details. Please be sure that you also let Yale know when to expect your gift and how you would like it to be designated.

For more information, contact Steve Varley, Director of Development, at steve.varley@yale.edu or 203-785-7920.



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STUDENT AID AND OPPORTUNITY FUND

For more information about contributing to the Fund, contact Steve Varley, Director of Development, at steve.varley@yale.edu or 203-785-7920.



Putting the Patient at the Center of Primary Care

BY MARGARET FLINTER '80

SENIOR VICE PRESIDENT AND CLINICAL DIRECTOR, COMMUNITY HEALTH CENTER, INC., MIDDLETOWN, CONNECTICUT

We are in the midst of transforming primary care in the United States—and not a moment too soon. This “we” is an expansive one, extending beyond the traditional primary care providers of nurse practitioners, physician assistants, nurse midwives, and physicians to include everyone on the team who delivers care, organizes it, pays for it, and perhaps most importantly, engages as the patient.

The wave of change accelerates every day, perhaps because, as Winston Churchill famously said, “You can count on the Americans to do the right thing after they have tried everything else.” In this first decade of the 21st century, what we have tried has led us to 40 million uninsured, a shortage of primary care providers, ugly health disparities based on race and income, an America where nearly half of all of us live with a chronic disease that is often unmanaged, and a payment system in which volume trumps value.

Why then, am I so hopeful?

Because across the country, in large systems and small practices, caring people have been driving the revitalization of primary care practice to focus on the person and a continuous relationship, caring for patients with all but the most unusual conditions, integrating and coordinating care, and attending to prevention. For those of us practicing in community health centers, where 20 million Americans receive their care, primary care has always extended one step further. In community-oriented primary care, the relationship goes beyond the individual to embrace the health of the neighborhood in which patients live and the center is situated. But now this focus goes beyond community health centers, or the VA, or a few well-known groups like the Mayo or Geisinger Clinics.

A wave of transformation is sweeping across primary care, driven by primary care providers. We have a new name for a new practice paradigm: the patient-centered medical home (PCMH). Whether you like the name or not (and many don't), it has emerged as an organizing vehicle to describe high-performance health care in which the patient is at the center of care and focus, all the time. A PCMH might be in a health center, a nurse-managed clinic, a large group practice, or a solo nurse practitioner's or physician's office.

Regardless, to be recognized as a PCMH, a practice must consistently achieve these standards. Every patient has a personal relationship with a primary care clinician. Patients can access care at a time and, increasingly, in a manner

convenient to them. This may include electronic access. Care is delivered by a team, with each member playing a specific role to ensure that care is planned and organized for each patient. Care is integrated across settings, sometimes physically, such as with co-location of behavioral health in primary care, including home, hospital, specialists, and others in the “health care neighborhood.” Patient education and self-management are fundamentals, not add-ons. Primary care teams help patients navigate a complex health system when needed. Technology is used to support all of the above, not just through an electronic health record, but through the exchange of information between settings, and for communication between patients, providers, and teams.

This is the primary care that I and my fellow YSN alumni have always aspired to over the years, and I dare say, often have succeeded in delivering. But now we have a set of practice tools, from advanced access scheduling to the chronic care model, and technology tools from electronic records to patient portals and continuous quality data. We have a growing national consensus that this model isn't just for special populations in community health centers, but it is fundamental to revitalizing primary care, satisfying patients, and achieving the triple aim of improving quality, increasing safety, and controlling costs.

What primary care is not is simple. It requires extensive training, not only to the clinical complexities of care, but also to this model of high-performance care in settings where that model is lived. I came to YSN in 1978 because then-dean Donna Diers had written that the mission of the Yale School of Nursing was to radically change the U.S. health care system. At the Community Health Center, Inc., and in similar settings across the country, we are doing just that. We are passionate about training the next generation of health care providers, who will take this work even further, and welcome our current and future cadres of YSN students, postgraduate residents, and ultimately, members of our primary care team. I invite our current and future YSN colleagues to join us in transforming primary care—not a moment too soon.

GRANT AWARDS

Ongoing and completed during period 2/1/10–1/31/11

FUNDED RESEARCH

YSN Investigator(s)	Title of Project	Funding Source	Funding Dates	Total Award
Alonzo, A. (PI)	Acute Coronary Syndrome and Care-Seeking Delay (R01HL085328)	NIH/NHLBI	9/1/07–ongoing	\$833,352
Crowley, A. (PI)	Promoting Healthy Nutrition and Physical Activity (R40MCo8727)	HRSA (subcontract with Univ of North Carolina)	9/1/07–8/31/10	\$179,641
Funk, M. (PI), Fennie, K.	Implementation of Practice Standards of ECG Monitoring (R01HL081642)	NIH/NHLBI	5/15/08–ongoing	\$3,873,393
Grey, M. (PI), Whittemore, R.	Internet CST for Adolescents with Diabetes (R01NR04009)	NIH/NINR	9/17/07–ongoing	\$3,417,079
Grey, M. (PI), Whittemore, R. (PI)	Reducing Obesity and Diabetes in High Risk Youth (RC1NR011594)	NIH/NINR	9/23/09–ongoing	\$991,807
Jaser, S. (PI)	Coping, Parenting, and Maternal-Child Adjustment in Adolescents with Type 1 Diabetes (K23DK088454)	NIH/NIDDK	9/15/09–ongoing	\$632,910
Kennedy, H. (PI)	Promoting Primary Vaginal Birth in Hospital Settings	Transforming Birth Fund	11/1/10–ongoing	\$40,000
Knobf, T. (PI), Fennie, K.	Exercise Intervention to Improve Health in Postmenopausal Cancer Survivors (R01CA122658)	NIH/NCI	9/11/07–ongoing	\$2,189,297
Knobf, T. (PI)	Building a Foundation for Health for Breast Cancer Survivors	Lance Armstrong Foundation	11/1/07–10/31/10	\$100,452
McCorkle, R. (PI)	An Intervention to Improve Outcomes in Patients with Advanced Cancer (R01NR011872)	NIH/NINR	9/29/09–ongoing	\$1,410,399
Moller, M. (PI)	Outcomes of Psychiatric Case Manager Training on Medical Adherence, Progression Through the Four Phases of the MAPP Recovery Model, and QOL in Patients with Schizophrenia	AstraZeneca Pharmaceuticals	9/1/09–ongoing	\$109,587
Pellico, L. (PI), Fennie, K.	Looking Is Not Seeing and Listening Is Not Hearing	Johnson & Johnson/ Society for the Arts in Healthcare	1/1/10–ongoing	\$54,481
Redeker, N. (PI), Dixon, J., Funk, M., Grey, M., Guthrie, B., McCorkle, R., Sadler, L., Whittemore, R.	Center for Self and Family Management of Vulnerable Populations (P30NR08999)	NIH/NINR	9/30/04–08/31/10	\$2,593,104
Redeker, N. (PI)	Cognitive Behavioral Therapy for Insomnia in Stable Heart Failure (R21NR011387)	NIH/NINR	8/13/09–ongoing	\$454,081
Reynolds, N. (PI)	Multi-site Collaborative Study for Adherence, Virologic and Clinical Outcome (R01MHO78773)	NIH/NIMH (subcontract with UCLA)	6/1/07–ongoing	\$112,500
Reynolds, N. (PI)	Smoking Cessation and the Natural History of HIV-Associated Emphysema (R01HLo90313)	NIH/NHLBI (subcontract with Ohio State Univ)	9/28/07–ongoing	\$109,503
Reynolds, N. (PI)	Enhanced Nursing Support to Improve Self-Management Outcomes of ART	AIDS Clinical Trials Group Network	6/1/08–ongoing	\$100,000
Sadler, L. (PI)	Minding the Baby: Home Visiting Program Evaluation (R01HDO57947)	NIH/NICHHD	9/30/09–ongoing	\$3,181,879
Scahill, L. (Site PI)	Behavior Therapy for Children with Chronic Tic Disorders (R01MHO70802)	NIH/NIMH (subcontract with Tourette Syndrome Assoc.)	8/5/04–05/31/10	\$470,166

Scahill, L. (PI)	Behavior Therapy for Adults with Tourette Syndrome (R01MHO69874)	NIH/NIMH	9/22/05–ongoing	\$1,029,750
Scahill, L. (PI)	Behavior Therapy for Adults with Tourette Syndrome (R01MHO69874, Admin Suppl)	NIH/NIMH	7/1/09–06/30/10	\$220,112
Scahill, L. (PI), Bearss, K.	Randomized Trial of Parent Training for Young Children with Autism (R01MHO81148)	NIH/NIMH	1/15/10–ongoing	\$2,202,242
Scahill, L. (PI), Bearss, K.	RUPP Autism Network: Guanfacine for the Treatment of Hyperactivity in PDD (R01MHO83707)	NIH/NIMH	7/1/10–ongoing	\$1,736,069
Schulman-Green, D. (PI)	Testing a Self-Guided Educational Intervention for Women with Cancer	American Cancer Society	7/1/08–ongoing	\$728,000
Taylor, J. (PI)	Early Gene-Environment Risks for High Blood Pressure in African-American Children	Robert Wood Johnson Foundation	9/1/08–ongoing	\$350,000
Whittemore, R. (PI)	A Diabetes Prevention Program in the Community	Robert Wood Johnson Foundation	9/1/09–ongoing	\$300,000
Williams, A., (PI), Fennie, K., Ma, T., Reynolds, N.	Developing an ART Adherence Intervention in South Central China (R34MHO83554)	NIH/NIMH	8/6/09–09/31/10	\$688,105

FUNDED TRAINING

YSN Investigator(s)	Title of Project	Funding Source	Funding Dates	Total Award
Grey, M. (PD)	Professional Nurse Traineeship (A10HP00224)	HRSA/Division of Nursing	7/1/10–ongoing	\$71,458
Grey, M. (PD)	Connecticut AIDS Education and Training Center	New England AIDS Education & Training Center/Univ of Mass	7/1/08–ongoing	\$165,297
Guthrie, B. (PD)	Community-Based HIV Education Research Program for Diverse Racial & Ethnic Groups (R25MHO87217)	NIH/NIMH	9/1/10–ongoing	\$1,283,741
Knobf, M. (PD)	Interdisciplinary Research Training in Breast Cancer Disparities	Susan G. Komen for the Cure	7/1/10–ongoing	\$180,000
Reynolds, N. (PD)	Research Training in Self- and Family Management (T32NR08346)	NIH/NINR	7/1/08–ongoing	\$1,813,273
Reynolds, N. (PD)	Yale University School of Nursing Doctoral Program in Nursing (P200A090149)	US Department of Education	8/15/09–ongoing	\$653,280
Reynolds, N. (PD), Alonzo, A.	Indian Institute for Advanced Nursing	Clinton Foundation	11/1/10–ongoing	\$1,258,864

FUNDED DOCTORAL/POSTDOCTORAL RESEARCH

YSN Investigator(s)	Title of Project	Funding Source	Funding Dates	Total Award
Murphy, M. (Doctoral Student)	Evaluation of Diaper Dermatitis in Pediatric Patients with Cancer (DSCN-09-140)	American Cancer Society	8/1/09–ongoing	\$30,000
Ordway, M. (Doctoral Student)	Parental Reflective Functioning and Child Outcomes (F31NR011263)	NIH/NINR	9/1/09–ongoing	\$123,528
Tocchi, C. (Doctoral Student)	Building Academic Geriatric Nursing Capacity	Hartford Foundation	7/1/09–ongoing	\$100,000
Williams, A-L. (Doctoral Student)	Prevalence and Determinants of Mind-Body Therapies Use (F31A003535)	NIH/NCCAM	9/1/07–09/29/10	\$122,916

“I volunteer because I want to stay connected.”

BY ASHLEY BENISATTO

Nina Relin Adams, RN, MS, MSN '77, remembers a time when Yale School of Nursing was a more intimate environment. Early in its history, before Adams's time, YSN students worked and lived together, maintaining those ties even after graduation. YSN has grown over the years, and with success came more specialty tracks. As classes have become more specialized, alums can lose that close-knit feeling after graduation. Well, not if Nina Adams has anything to say about it.



Nina Adams '77 at YSN Reunion Weekend with, above, Mary Colwell '50 and Tinker Barnett '48, and below, with Beth Cheney '89.



Adams had a 20-year career as an adult nurse practitioner and YSN courtesy faculty member, and most recently retired from Yale University Health Services. Although she is now pursuing an interest in independent film and theater, Adams is Co-Chair of the YSN Class Agents, she actively participates in the annual YSN Creative Writing Awards, and she is an Executive Committee Member of the Board of the Yale University Annual Fund. Her dedication to Yale and to YSN is evident through the time and energy she pours into her alma mater.

“I wanted to remain connected to the Yale School of Nursing. The brilliant education provided the stimulus for my next 20 years of working,” commented Adams. “Even when you go from a job to a career, you never forget your education; Yale means something.”

Dedicated to keeping the YSN connection alive, especially for younger alums, Adams rattled off several available outlets, starting with the YSN website and its online career network.

More and more, alumnae/i are reconnecting locally and regionally through mini-reunions and informal gatherings. Regional alumnae/i groups also host a variety of speakers, including Dean Margaret Grey, other YSN faculty, and experts from different fields.

“The nursing school is such a staple within the community that it is strongly respected. YSN opens doors here at Yale, in New Haven, and in academic and local communities nationally and internationally,” Adams explained. “People recognize the power, strength, and intellect in Yale School of Nursing.”

Adams, in her role as Co-Chair of Class Agents, is hopeful for greater participation from younger alums like Co-Chair Sarah Kleinman '08. “I encourage more recent graduates to maintain their connection and to donate to the annual fund, which is used strictly for student scholarships.”

“During the graduate program, we go through a powerful process of figuring out who we are,” explained Adams, who is known for spreading her enthusiasm for Yale. “I strive to keep that energy alive within every one of my fellow alums.”

Like me, you may enthusiastically await the arrival of *Yale Nursing Matters* so that you can read the Yale Nurse section first. And why do we do that? Let's be honest. It's not that we don't care about what's happening at the Yale School of Nursing. It's that this section keeps our connections with other Yale Nurses alive — the more connected we feel to our classmates, the more we appreciate all that YSN offered us.

In her letter, the Dean challenges us to contribute to the strategic plan by sharing our own ideas for innovative practice models. From the looks of this issue, we'll have plenty to talk to her about!

When a community health center is named for a Yale Nurse, you can be sure the intersection of nursing and community has been especially productive. This honor may be the most tangible of the many bestowed upon Kathy Grimaud '89.

Do you continue to be mentored by someone you met at YSN? Luc Pelletier '82 continues his mentoring series with a story (p. 24) about YSN professors Mikki Meadows-Oliver '98 and Lois Sadler '79, whose 15-year collaboration has helped many vulnerable adolescents.

Has it only been two years since Jessica Pettigrew '09 graduated? In her personal essay (p. 25), she captures the sense of community that epitomizes a culturally sensitive midwifery practice.

Not many of us can say that we've been consistently connected to YSN for almost 35 years. See the Donor Profile (p. 21) for a very familiar face. Nina Relin Adams '77 continues to engage alums of all ages.

And what is "Yale Nurse" without Class News? Turn immediately to page 26 to look for your class, and email katherine.ingram@yale.edu with news for the next issue.

Karla A. Knight '77

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YaleNurse

AN ALUMNAE/I PUBLICATION OF YALE UNIVERSITY SCHOOL OF NURSING



I AM A YALE NURSE

BY CHRISTINA CASINELLI



"I grew up wanting to help others, and I knew I would become either a teacher or a nurse. I ended up being both!" responded Kathleen Grimaud '89 when asked what sparked her interest in the field of nursing. With over 40 years of health care experience, Grimaud has a lot to teach.

While her faculty positions at St. Joseph College, University of Connecticut, Yale University, and Quinnipiac University have all been rewarding, it is her work with the Community Health & Wellness Center of Greater Torrington in Torrington, Connecticut, over the past 14 years that has become Grimaud's prized accomplishment.

Her work with what has become the Kathleen Grimaud Center for Community Health began in

1997 when Grimaud was working as a nurse practitioner at the Community Health Center at Charlotte Hungerford Hospital in Torrington. There she planned and implemented a community plan for the primary care of the uninsured and underinsured community as a department of the hospital. "I always wanted to work in my own community, and my interest has always been working with the underprivileged, so this was really a perfect fit," Grimaud explained. Unfortunately, due to financial difficulties, the center closed in 2001.

For Grimaud and the Torrington community, this was unacceptable. The Center was closed for almost a year while Grimaud worked with state and local leaders and agencies to raise money to reopen it. Meanwhile, the much-needed health care services continued to be provided out of donated space. "When [the Center] was taken away, the community really rallied to get the care they needed," Grimaud said.

In 2004, all that hard work began to pay off. The Center separated from the hospital in October 2004, became a recognized 501(c)3 non-profit, and obtained Federally Qualified Health Center (FQHC) Look Alike Status in November of that year. FQHC Look Alike clinics must meet

“I grew up wanting to help others, and I knew I would become either a teacher or a nurse. I ended up being both!”

all requirements, but do not receive grant support. While these accomplishments were definitely milestones for the Center, they were still operating out of a space that could no longer handle the ever-increasing number of patients utilizing the Center’s services.

In 2007, Grimaud obtained \$1 million in Connecticut state bonding money to construct a new facility. It took almost two years, but in January 2009, construction was completed, and the Center moved from its 2,000-square-foot home that consisted of only two and a half exam rooms to its brand new 10,000-square-foot facility. This gave the Center enough space to provide not only primary care, but dental services as well.

In the span of just five years, the Center has seen a significant increase in patient volume. Between 2005 and 2010, the number of total patients

love working directly with patients,” Grimaud added.

The Center now consists of 12 exam rooms, offices for six providers, and a brand new dental wing, which opened in January. However, Grimaud’s favorite feature of the new space is the location of her office. Located parallel to patient check-in, her new office has a clear view of both her patients and her employees, and the door is rarely closed.

“I can see my patients come in. I can see my nurses come in, and they can see me. My door is always open and everyone knows that they can just come in and we can talk about anything and everything. We’re really a close-knit family here, and I think that translates to our patient care,” Grimaud said.

Joanne Orasatti, one of the nurse practitioners at the Center, explained

center from a small, two-room office and really worked to make this place a reality for the community,” she added.

Grimaud has received recognition of her work and dedication from multiple organizations. Among her awards are the 2010 Connecticut Nurses Association Florence S. Wald Award for Outstanding Contributions to Nursing Practice and the 2009 Connecticut Women’s Hall of Fame A New Century of Women in Health Care award. However, the greatest recognition she received was the renaming of the Community Health and Wellness Center in Torrington as the Kathy Grimaud Community Health and Wellness Center.

“I never, ever expected it,” Grimaud said. “The most amazing thing to me was how appreciative the community was. At the [new Center’s] open house, it was amazing just to see everybody



Kathy Grimaud speaking at the ribbon-cutting ceremony in 2009 for the opening of the Grimaud Center for Community Health.



Grimaud received a visit from Senator Joseph Lieberman.

utilizing the facility increased over 734 percent (613 total patients in 2005, 4,500 total patients in 2010). The success of the Torrington Center has spawned the establishment of the Winsted Satellite Office, which opened in February.

While Grimaud is currently the CEO of the Center, she still makes sure she gives herself one day a week to see patients in a clinical setting. “I wanted to change things and that made me want to be an administrator, but I still

that one of the things she loves about working there is the collaboration among all the employees. “In a private practice, the physician really has control, and that can feel very restrictive,” Orasatti explained. “Kathy makes sure that doesn’t happen here. Everyone’s voice is heard.”

Center Medical Director Dr. Michelle Apiado believes that it is the combination of the staff and Grimaud’s hard work that make the program such a success. “I’m really impressed with Kathy’s vision. She’s built this beautiful

come and be so happy to see what you can do when you decide to come together as a community.”

Grimaud is not comfortable taking all the credit for the Center’s success. She’ll be the first to proclaim that without the help of the community and her staff, the Center would be nowhere near as successful as it is. “It’s not just because of one person. We really all pulled together to make it work; everyone in the community helped us,” Grimaud concluded.

Long-Term Mentorship Creates Innovations in Adolescent Parenting

LUC R. PELLETIER '82



A mentoring relationship can be time-limited or open-ended. One such open-ended mentorship is between Mikki Meadows-Oliver, MPH, PhD, RN, Assistant Professor, and Lois Sadler, PhD, RN, PNP-BC, FAAN, Associate Professor and Assistant Dean for Academic Affairs. Mikki first met Lois as a graduate student at YSN in 1995. Lois was the PNP specialty director at the time, and she helped Mikki as her thesis adviser and course instructor. She also provided counsel on common areas of clinical interest, since Mikki was drawn to the work that Lois was doing to improve the lives of adolescent mothers and prevent unwanted pregnancies. Mikki capitalized on Lois's work at the Polly T. McCabe Center in New Haven focusing on pregnant teens and parenting. Mikki drew data for her master's thesis from data collected at that site.

While Mikki next pursued her PhD in nursing at UConn, Lois sat on Mikki's dissertation committee and continued to provide mentorship regarding teen parents and pregnancy prevention research. Mikki's doctoral dissertation explored the role of homelessness in adolescent mothers. She transitioned from courtesy faculty to YSN faculty, and Lois continued to provide mentoring, helping her to get settled in academia.

As a junior faculty member at YSN, Mikki has continued to work on Lois's funded research to support programs at Wilbur Cross High School in New Haven, as well as the Minding the Baby study in collaboration with the Yale Child Study Center, the Fair Haven Community Health Center, and the Cornell Scott Hill Health Center. She has received an exceptional introduction as a research associate and has become skilled in data analysis. Mikki has co-authored papers with Lois on topics related to adolescent parenting.

She also has broadened her research interests to include children's environmental health issues such as lead poisoning and asthma. Her current clinical work is with Yale-New Haven Hospital's Pediatric Lead Poisoning Outreach Program.

Lois highlights Mikki's sense of social justice, and notes the international work that she does in annual visits to Nicaragua. There, Mikki accompanies YSN PNP and FNP students in providing well child care and physicals. The students also distribute condoms and conduct reproductive health groups with teens. Lois further describes Mikki as an excellent role model for her students. "She is dedicated to the welfare of children in community-based settings and works with urban families with environmental health problems," said Lois.

Mikki says that her mentor, Lois, is "patient, giving, and has a love of teaching." She continues her clinical work and research with an aim of becoming an expert on vulnerable populations, particularly adolescent mothers. Lois is an exceptional role model in this field of inquiry, and the two women hope to collaborate in research and dissemination of new nursing science through publication in scholarly journals. As for Mikki, Lois believes she "has the capacity to go in any direction."

We look forward to seeing the outcome of their work together, as they continue helping teens gain access to comprehensive reproductive health care and supporting them through the parenting process.

Luc R. Pelletier '82, APRN, PMHCNS-BC, FAAN, is an administrative liaison at Sharp Mesa Vista Hospital and core adjunct faculty with National University in San Diego, California. Has a mentor shaped your nursing career? Send your story to lucpell@cox.net.

IN MEMORIAM *as of February 28, 2011*

Harriet Cressy '37
11/15/10

Elsie Adelson, RN '43
10/16/10

Elizabeth F. Blanchard '47
12/24/10

Ruth K. Fitzpatrick '47
9/23/10

Margaret Pfaff '52
10/30/10

Edwiga R. Pepler '43
11/9/10

Beatrice L. Gelbaum '44
9/27/10

Sylvia D. Paige '47
9/18/10

Lois W. Peyton '47
9/4/10

Finding Community

BY JESSICA PETTIGREW '09



Jessica with newborn baby at Sagua Mañagu Birthing Center, Guam.



YSN Assistant Professor Angelina Chambers visits Jessica in Guam.

I stared straight into her black eyes during life's absolute moment of truth. She writhed in the bed, exhausted. "I can't! I'm too tired. I can't do this."

"You can, Leilani. You are very strong," I said confidently. "Reach down with your hand and feel your baby's head." I guided her hand down to the wrinkled mound of hair that lingered between the baby's world and ours.

"That's it? It feels funny. That's his head?! He's almost out!" With that, the tiny young woman summoned all the strength in her body, gripped her boyfriend's hand on one side, her mother's on the other, and with

In 2009, I graduated from Yale at 26, single and facing a mountain of loans. With nowhere in particular to be, I applied for jobs all over—Newburyport, Chicago, Minneapolis, and Guam. Motivated by a rough winter, I accepted a position on the tiny Pacific island, marked on the map by a dot a few inches west of Hawaii labeled "Guam—Unincorporated US Territory."

That July, landing after 23 hours in flight, I looked out at the tropical island that was my new home. Thick jungle, blue-green waters, white sand, rugged cliff line, and palm trees dotted the landscape.

Now, nearly two years out, I caught baby number 231 and sat dripping chicken sauce over the patient's chart, not feeling a care in the world.

My relationship with Leilani grew from her first visit, when we heard the little flutter of a heartbeat, to the day she appeared small and childlike, teary, frustrated, and overwhelmed at the thought of becoming a mother. With each visit, I met more relatives, and by the end, we had talked about baby names, breastfeeding, college, arguments, and finances.

All of this converged one evening while I was complaining to my mom over the phone about the humidity and the high cost of flying home at Christmas. Hearing the pager, I switched to midwife mode and dug out a clean pair of scrubs. It didn't matter that it was late—she needed me, all of me, at my best.

Arriving at the birthing center, I reviewed the chart



Staff at a holiday breakfast.



Shopping for fresh local produce at the weekend farmers market.



Jessica with staff nurse Gerlie Redelia.

one last silent effort, pushed her son into the world. I placed him on her tummy and dried his dark thick head of hair.

"You look like your dad," she said, and everyone laughed, thinking of the superstition in Guam that a newborn resembles the person who made the mother angry during pregnancy. As Leilani snuggled with her newborn son and family members organized the post-birth feast, I slipped out to log the birth: "231. Leilani Guerrero,* 19 years old, baby boy, 253AM, no complications." He was my 231st birth since becoming a nurse midwife at Sagua Mañagu Birthing Center in Tamuning, Guam, nearly two years ago.

"Hey Doc." I looked up to see Leilani's father. "You did a really good job in there. We're bringing some chicken and red rice. Do you want me to make you a plate?" At 3 AM, a bowl of cereal is more my style, but sharing food is a central part of Chamorro culture, and it was delicious.

* All names and personal identifiers have been changed.

and greeted Leilani, now in the midst of a long and arduous labor, and her exhausted family and friends. Leilani was standing by the bed, rocking side to side in a trance-like state. I whispered, "Leilani, I am so excited to meet your baby. You have worked hard and you are very strong. It is time to push him into the world. We are all here and we all know you can do this."

The next morning, Leilani's little sister and aunt slept sprawled on a futon. Leilani sat nursing her son. "Jessica, I didn't think I could do it. He's so perfect."

Please submit personal essays of 500–750 words to Sherrie Page Najarian '94 at snajarian@verizon.net. Please type "YSN essay query" in the subject heading. There are no rules or preconceived notions of what it means to be a Yale Nurse, only an opportunity to share your experiences.

Class News

Class of 1950 60th Reunion

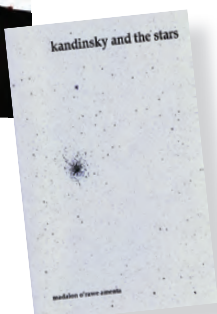
Seven members of the class of 1950 came together at September's YSN reunion. The classmates missed Friday's session when a heavy rainstorm shut down roadways, and instead seized the opportunity to reconnect and share memories. "We waded from our rooms to breakfast and afterward, Mary came to the rescue with a collection of photos and memorabilia that kept us engaged until lunchtime," writes Virginia Brown. "We raised a toast to those no longer with us, and enjoyed the rest of the day." "I surely enjoyed our reunion," said Betty Orser. "So glad I came—such wonderful memories," commented Harriet McConnell. "We had a ball," Evy Anderson added.



Front row: Jean O'Brien Butler, Virginia Brown, Evy Anderson.
Back row: Elizabeth Orser, Mary Colwell, Ruth Shryock, Harriett McConnell.



Madalon O'Rawe Amenta '57 received the Distinguished Alumni Award from the University of Pittsburgh Graduate School of Public Health, as well as the Leading the Way Award from the Hospice and Palliative Nurses Association.



Her poetry chapbook *Kandinsky and the Stars* was published in June 2010.



Jane Ergood '58 co-directs a nonprofit, Honduras Health, serving rural areas. Beginning after Hurricane Mitch in 1998, she and husband Bruce Ergood DIV '58 have trained local community health workers, or *guardianas de salud*, in hygiene, first aid, and inoculations in cooperation with Honduran public health and US Medical Brigade teams. Jane reports one worker commented, "I no longer feel like an isolated island; now I know I'm a link in the chain." Previously, Jane directed rural health projects in Appalachia and Florida.



Class of 1969 members Donna Shields-Poe, Pamela Grosvenor, Sandra Halderman, and Elizabeth Burki had a blast at their mini-reunion in New Mexico in May 2010. They attended lectures and concerts, toured Canyon de Chelly with its ancient petroglyphs and still-occupied homes, marveled at Shiprock floating like a watercolor dream on the horizon, and visited the Navajo tribal lands.



Elizabeth Greig '74 joined the Blum Center for Health in Rye Brook, NY, Westchester's first lifestyle medicine center. Elizabeth practices functional medicine and is Director of Mind.Body.Spirit classes. She writes, "It is immensely gratifying to see people [with chronic conditions] gradually get off of medications and feel so much better by improving their nutritional status, removing toxins, and learning to manage stress." Cooking demonstrations (shown) are part of the holistic approach.



Quincy Garfield '79 works full time as an account executive for Health Integrated Inc., and is planning a small health coaching private practice. He just completed Chronic Care Professional Certification and Well-coaches training. Quincy race-walked three half-marathons in four months, and his first grandchild is expected in September.

Mary Helming '80 became Acting Director of Graduate Nursing at Quinnipiac University, where she has served as FNP Track Coordinator and Associate Professor since 2001. She is active on the board of CTAPRNS.

Donna Haggarty-Robins '83 is on the national Telehealth Project Research Team at the Univ. of Washington School of Nursing. These NIH projects test uses of telehealth technology (e.g. videophones) to help family members caring for loved ones to overcome geographic burdens and isolation.

Diane L. Kessler '85 retired from the Army Nurse Corps in 1994 and now works in home health care. She created a Return to the Battlefield Tour in honor of her father's WWII infantry division. Nine veterans and their families and friends paid homage to the men who never returned home. They were honored at battle sites in Belgium, Luxembourg, and France.



Rebecca Ullman '88 left her 22-year practice in Oregon for a missionary hospital in Niger. She hopes to see Yalies at the ACNM conference in San Antonio in May and the International Confederation of Midwives in Durban, South Africa, in June.



Wailua Brandman '94 has been in private practice for 11 years and co-founded the Hawaii Association of Professional Nurses in 2007. He received the Sigma Theta Tau International Gamma

Psi Chapter-at-Large 2010 Kuponu Award for his role in making Hawaii the first state to adopt the NCSBN's Model Nurse Practice Act and Administrative Rule.

Kristin Murray-James '97 has two children and has worked in hospital practice, in family planning, in a birth center, and as a partner in her own practice. She is now in her second year at Maine Law School.



Michelle Dynes '00 is a doctoral student in Emory University's Nell Hodgson Woodruff School of Nursing and an MaNHEP consultant. She was awarded a pre-doctoral fellowship to conduct field-work in rural Ethiopia

identifying cultural connections among trust, teamwork, and delivery of maternal and newborn health.



Matthew Browning '01 and wife Phoebe are expecting a second child in October, and son AJ is a healthy little three-year-old. Matthew's site, YourNursesOn.com, was a finalist and presenter at the HiMSS11 healthcare IT conference. He

commented, "Nurse entrepreneurship is a very challenging way to practice nursing but can have some amazing moments." Matthew also organized HealthCampCT, a user-organized "un-conference" brainstorming event hosted by YSN on April 2.

Elizabeth Burke-Roberts '05 and husband Rich welcomed their first child on February 4. Burke Connor Roberts was born a few weeks ahead of schedule, weighing 5 pounds, 14 ounces, and was 19 inches long, and he's doing beautifully. She lives in Glastonbury, Connecticut, and plans to return to Norwich Pediatric Group after maternity leave.

Nicole (Langan) Maciejak '06 married Chris Maciejak in May 2010 on Cape Cod. She recently transitioned from being a pediatric nurse practitioner at Branford Pediatrics and Allergy to working as an APRN at the Norwich Free Academy SBHC. Nicole is an applicant for the National Health Service Corps program.

Michelle (Coutts) Gauthier '09 was married the September after graduation. She works at Griffin Hospital as an Adult Psychiatric Mental Health Nurse Practitioner in the outpatient and intensive outpatient program.

Board News



Dear YSN Alumna/us:

How has Yale changed your life? The answer, while different for each of us, frames our collective experience as Yale nurses. For most, doors have been opened and opportunities presented. For some, words cannot explain YSN's immense impact on us, from lifelong friendships, to the inspiration to serve with purpose and passion.

If Yale has changed your life, then I invite you to "Give a Day. Change a Life." with the Yale Day of Service, a global event on Saturday, May 14, 2011. Find details and register at: www.yaledayofservice.org. Last spring, YSN collaborated on a New Haven community project with YSN's Healthy Neighbors program. No matter where you are in the world, the Yale Day of Service invites you to give back to your local community.

The YSN Alumnae/i Association is bringing together students and alums through two events addressing the transition from graduation to workforce: a career panel in the spring, and the lively Speed Mentoring in the fall. Alums, contact me to learn how students can benefit from your expertise and experience.

Best of all, you don't have to come to New Haven to reconnect. YSN is building on the enthusiastic response to last year's regional events. In 2010, these casual receptions held across the country were well attended and enjoyed by all. Watch for more information about this year's cities and dates.

I thank you for your support and involvement, and look forward to hearing from you.

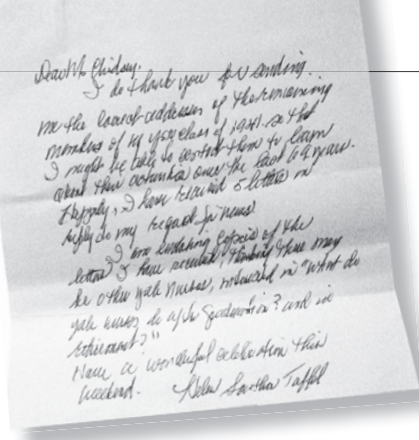
Best wishes,
Asefeh Faraz '08
President, YSN Alumnae/i Association
asefeh.faraz@aya.yale.edu

Class News

The Class of 1941 is celebrating the 70th anniversary of their graduation from YSN.



Commencement, 1941. Back row (l-r): Virginia "Jidge" Howe Chidsey, Phyllis Craig Graves, Marjorie "Marge" Howe Buttholph. Front row: Katherine "Kay" Severance Hart, Althea "Davy" Davis Stadler.



Helen Taffel contacted her nonagenarian classmates for updates. The following are excerpts from their correspondence.

Marguerite "Rita" Winn Currie always valued her excellent YSN education. Rita spent 40 years in the field, and says her challenging work as clinical director and assistant head nurse allowed flexible hours to fit with her family needs. She currently lives near her beloved Rocky Mountains and counts her children as her best friends.

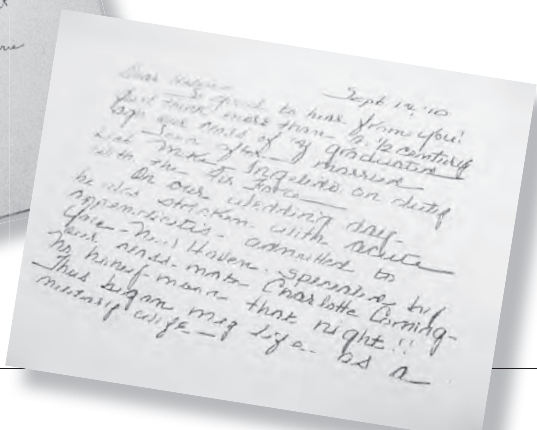
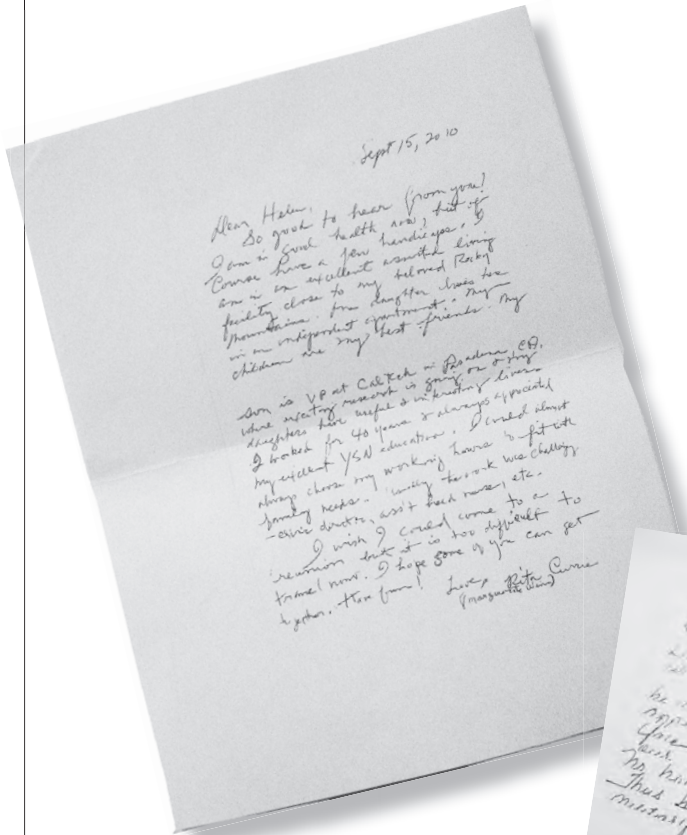
Hertha Flack lives in North Carolina and celebrated her 94th birthday last year. She walks two miles a day to keep her lymph circulating. Hertha is a painter and still sells her works. She enjoys traveling, though no longer independently, rather on one- to two-week group tours.

Phyllis Graves resides in Saint Johnsbury, Vermont. She worked at the hospital in town for nine years before moving to North Carolina in 1970. Now back in Vermont, Phyllis lives close to the town in which she grew up and has many visitors to her home. Recently, she reunited over lunch with classmate Althea Davis Stadler.

Elinor Affinto Ingelido married Lt. Mike Ingelido and for the next 35 years was a military wife, living in various parts of the world. After retirement, she and her husband settled in Colorado Springs, Colorado, and are celebrating their 70th wedding anniversary.

Althea Davis Stadler was director of nursing education in a large state hospital in Minnesota. She also designed curriculum and taught in the Minnesota state junior college system. Later, she was a professor of nursing at St. John College of Cleveland in Ohio. Althea lives in Mansfield, Connecticut, and is curator and conservator for the doll collection at the Lyman Allyn Art Museum.

Helen Southon Taffel served in the South Pacific from 1942 to 1945 with the Yale 39th General Hospital. In 1944, she married Max Taffel, a hospital surgeon. After taking a break to raise her children, Helen returned to work as a regional visiting nurse in Hamden, Connecticut. She lives in her family home and keeps active with visits from her 16 grandchildren and three great grandchildren.



SAVE THE DATE!

YSN ALUMNAE/I REUNION WEEKEND 2011
SEPTEMBER 30 & OCTOBER 1, 2011

The Future of Nursing



All alumnae/i are welcome!

Join our special Reunion Year Classes as they mix and mingle

1936	1951	1966	1981	1996
1941	1956	1971	1986	2001
1946	1961	1976	1991	2006

For more information contact Reunion Chair

Shirley Girouard '77 sgirouard@aol.com or **Katherine Ingram** katherine.ingram@yale.edu

CALL FOR NOMINATIONS

Distinguished Alumna/us Award 2011



Eligibility information and nomination forms available at <http://nursing.yale.edu/Alum/Distinguished>

For more information, contact **Katherine Ingram** at katherine.ingram@yale.edu or 203-737-2137

Deadline June 30, 2011

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