

# YALE NURSING

MATTERS

**THE WORLD  
IS CALLING.**

**WE ANSWER.**

**WE ARE**

Yale nurses responded to the COVID-19 pandemic in a variety of settings, delivering skilled and compassionate care. In this issue, we explore how YSN nurses are working with communities on the front lines, conducting essential research, and acknowledging racism and health disparities.



# NURSE SCIENTISTS ANSWER THE CALL

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## MESSAGE FROM THE DEAN

Friends,

During this Year of the Nurse & Midwife, our profession has been called to respond against the backdrop of a racial justice reckoning and an accelerating planetary health emergency. The COVID-19 global pandemic reached the United States during the spring semester, and as you will read in these pages, many community members served, and continue to work, on the front lines of care. Chief Nursing Executive for Yale New Haven Health System Dr. Beth Beckman DNSc, FAAN, Associate Dean for Clinical Partnerships at YSN, describes the compassionate and dignified care nurses provide to their patients. Dr. Laura Kierol Andrews, PhD, APRN, ACNP-BC, an ICU nurse with three decades of experience, details the emotional and logistical challenges of caring for the sickest patients of her career.

This novel coronavirus has laid bare longstanding health inequities and gaping social injustices. I recognize that YSN is not blameless in this national moment. Readers of our Fall 2018 issue of *Yale Nursing Matters* know that members of our community have a history of advocacy. The cover shows students simultaneously celebrating Commencement and demanding better support for minority nurses. Racism in all its forms is violence, to the spirit as well as to the mind and body. YSN must be committed to anti-racism work in our own school as well as across the health professions and health systems. We know that faculty, students, staff, and alumni are all stakeholders in this work. With that in mind, in June we shared the school's Initial Anti-Racism Action Plan. It is important to note that this work is dynamic and is being updated with the perspectives of Black students, faculty, and staff.

As nurses, we see firsthand how the climate crisis and other planetary health stresses inequitably harm our patients. Dr. Ronica Mukerjee, '17 DNP, MSN, FNP-BC, MsA, LAc, AAHIVS was already treating asylum seekers and refugees in Tijuana, Mexico before she settled in to address the first wave of COVID-19 patients. She speaks eloquently about how many of the people she treats are fleeing starvation, exclusion, and climate change. Dr. Sascha James-Conterelli DNP, CNM, LM, FACNM, an expert on the shameful maternal mortality rates facing Black women in America, is using her platform as a policy expert and member of Governor Andrew Cuomo's New York maternity task force to advocate for midwifery care to meet the needs of Black women.

During the darkness of these multiple crises, there have been moments of brightness. The Yale College Class of 1980 was inspired by the work of the school to include YSN in its 40th Reunion giving, a unique partnership spearheaded by members of the Dean's Leadership Council. And our new class of students has shown how lucky Yale is to include advocates, allies and future APRNs, scientists, faculty and leaders in our community. Together, we will continue to serve our patients and communities under all circumstances.

Be safe, well, and in touch,



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

ON  
CALL  
FOR  
THE  
WORLD



## Fall 2020

volume 20, number 2

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Yale Nursing Matters is published twice a year (spring and fall) by the Yale School of Nursing.

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Photos always welcome!

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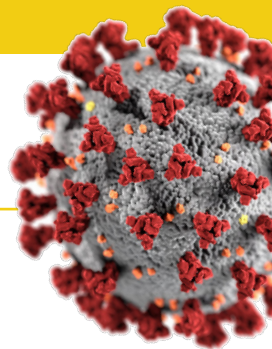
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## WELCOME NEW STAFF

Gina Della Porta, DHSc, MHS  
Director of Research

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Dean Ann Kurth and YSPH investigator Anne Wyllie are co-PI's on a new research study measuring SARS-CoV-2 viral and antibody rates in the School of Nursing population, and contributing to validation of the SalivaDirect™ SARS-CoV-2 test. The study enrolled students, staff, and faculty in late September and early October, collected their first saliva specimens then, and collected second saliva specimens from all participants at the end of the semester.



Dr. Ronica Mukerjee (far right) conducts a patient interview in Tijuana, Mexico. Mukerjee works with the Refugee Health Alliance, a collectively run medical organization that she co-founded and currently co-directs. Many of her patients are seeking asylum or refugee status.

**FUN  
FACT**

This font is called Greta Thunberg, named for the teen environmental activist committed to raising awareness about the perils of climate change.

# PLANETARY HEALTH

*and* **HUMAN HEALTH**

*meet in Mexico*

**A**bout two years ago, Yale School of Nursing lecturer in nursing Dr. Ronica Mukerjee '17 DNP, FNP-BC, MsA, LAc, AAHIVS learned that caravans of migrant workers were being detained or turned away in Tijuana, Mexico. Mukerjee took only enough time to fundraise for medications before booking a flight.

“I didn’t know anybody there, but I just felt like I could show up and there would be people to take care of, and there was,” she said. Once in Mexico, Mukerjee met other like-minded providers and now works with the Refugee Health Alliance, a collectively run medical organization that Mukerjee co-founded and currently co-directs.

*“I’m very passionate about the idea that people who do migrant labor and are from war-torn or cartel-torn or environmentally degraded countries deserve to have the same access to resources that the rest of the world has,” Mukerjee said.*

Mukerjee sees a strong correlation between planetary health and human health.

“This is about the way we devalue the labor and resources of communities of color all over the world and feel comfortable bleeding dry the resources of other countries,” Mukerjee said. “Many people at the border are environmental refugees of starvation or exclusion, and it’s not just Latin Americans seeking asylum or refugee status in Tijuana. There are many Cameroonians, Haitians, people from Russia, Syrians, and Lebanese people, as well as other people from Western Asia. There is a variety of people seeking refuge because of current administration policies, but also the overconsumption problem in the US is one of the biggest risks to health.”

“When I’m there, and I hear people’s stories of rivers drying up, so there’s no more water, so now they can’t grow food on their land, or corporations taking over ancestral lands, it feels like a very direct hit to the environment as well as human rights,” she said.

Mukerjee operates out of two clinics in the Zona Norte (North Zone), treating patients across the entire lifespan.

In addition to wound care and other standard services at one of the clinics, the Transgender Law Center also supports transgender care such as free hormones and lab testing. About 10% to 15% of the clinic’s patient population is LGBTQ.

The second clinic provides prenatal care and the birthing center welcomes 30 to 40 babies each month. An associated birthing house is run through an indigenous midwifery model.

“Our aim is to support the existing health system in Tijuana, not replace it,” Mukerjee said. “We work in collaboration with community organizations, 33 homeless shelters in the city, and many harm-reduction organizations. We take care of anyone and everyone who needs medical care who comes to us.”

The clinics also provide hot meals four days a week, and Mukerjee is excited about the new potable water fountain that will soon be in place.

“This work in particular makes me think about the social determinants of health. Not just food, water, and shelter—although those elements are always a concern—but also police and border violence, discriminatory migration policies, and access to safety,” Mukerjee said. “Providing trans-affirming and LGBTQ-affirming healthcare is also absolutely integral to refugee healthcare and a crucial element of any inclusive clinic.”

As the tentacles of the COVID-19 pandemic reached and tightened around the world, Mukerjee got back on a plane for Tijuana. She was there in early March and worked with a team of four other providers to open a new clinic. Soon after, three of the city’s six main hospitals were exclusively treating COVID-19 patients.

Mukerjee spent almost four months in Tijuana in 2019 and six months so far in 2020. She returned to Mexico in October and will spend most of the fall and winter there, teaching YSN classes remotely. And when she returns to the US in 2021, she hopes to have new partnerships, and progress, to share.

Mukerjee is the program coordinator and creator of the Gender and Sexuality Health Justice concentration at YSN, which focuses on the primary care, racial and economic justice, HIV, substance use, and mental health care needs of LGBTQIA people.

In Their Own Words:

***ON THE***

**FRONT LINES**

***OF COVID-19***



**Dr. Allison Cable, '01 MSN, DNP, ACNP, APRN**

Cable has 15 years of experience as an ICU nurse practitioner, caring for patients who have complex, multi-system medical issues such as critical illnesses involving the lungs, liver, and kidneys. During the start of the pandemic, Cable was at Yale New Haven Hospital, a tertiary medical center with more than 1,500 beds. Cable was stationed in the Medical Intensive Care unit at the Smilow Cancer Building.



**Dr. Laura Kierol Andrews, PhD, APRN, ACNP-BC**

Andrews is a senior acute care nurse practitioner at the New Britain campus of the Hospital of Central Connecticut, a 450-bed facility. She treats an adult geriatric population on a mixed medical surgical unit. Their 24 ICU beds were broken into three pods at the start of the pandemic, and COVID-19 patients eventually filled them all.



**Dr. Philip Martinez, '06 MSN, Ed.D, APRN-BC, CCRN-CMC**

Martinez works at Middlesex Hospital, a 207-bed facility in Middletown, Connecticut, as an acute care nurse practitioner. The Critical Care Unit (CCU) is a 12-bed intensive care unit and a 12-bed intermediate care unit together on one floor. The primary service is pulmonary critical care, and the team consists of four physicians and four acute care APRNs.



As with nursing worldwide, many members of the YSN community have served on the front lines of the COVID-19 pandemic. Donning and doffing layers of personal protective equipment (PPE) many times a day, isolating from their own families, and living with a daily uncertainty of how long, how long, how long will this last. Three faculty members share in their own words what it was like during the initial surge and beyond, an experience that continues to shape the way they care for patients and teach the next generation of nurses.

### **A DEVASTATING SICKNESS**

Andrews has cared for critically ill patients throughout her career, but those cases stopped short of the ravages of COVID-19.

“To see how quickly a patient deteriorated, I’ve never seen anything like it,” Andrews said. “You could be talking to them one minute, and they’re a little short of breath, then minutes later they’re gasping, the saturations are plummeting, you have to intubate them. They got sick really quickly.”

Faced with the unique needs of COVID-19 patients and a dearth of resources, Martinez and his team deployed innovative care modalities to rise to the challenge.

“Early on, as admissions and transfers to the unit increased, we realized that patients were requiring increasing amounts of oxygen to breathe appropriately, and a lot of the sicker patients were requiring being intubated and placed on mechanical ventilation. Once intubated however, it was quite difficult to ventilate patients,” Martinez said.

“Novel therapies were employed in an attempt to increase the oxygen levels in the blood and stabilize patients. Patients were being prone, that is, placed on their belly for prolonged periods of time, which helped increase oxygen levels. Other ventilator settings were also employed,

ones which traditionally hadn’t been needed except in the case of severe lung disease,” he said.

### **THE ABSENCE OF FAMILY**

Cable recalled how jarring it was not to see a patient’s loved ones visiting them during their illness.

“The biggest change during COVID-19 was not having family come into the hospital,” she said. “We were having to communicate through the phone, and family members would literally wait by the phone all day for this one call. And these were the most stressful conversations that we were having. Families were panicking because patients were not getting better quickly, and we didn’t have much new to say to them each day.”

As an added complication, many of Cable’s patients were not native English speakers, so they first heard medical information in another language before understanding what was happening.

“A lot of patients I took care of speak Spanish, so I was working with an interpreter who had to deliver bad news, repeatedly,” Cable said.

Martinez pointed to a lack of familial presence as a tough burden for the patients, families, and providers.

“The absolute hardest part of being a provider during the first wave of COVID-19 was the inability of patients to see their family during their critical illness,” he said. “Intensive care nursing and medicine both recognize the importance of family during the acute phase illness and healing process, and we strive to have families at the bedside as often as possible. We implemented things like Zoom calls, and when possible offered compassionate visits, but nothing replaces having family with you when you aren’t feeling well.”

### **CARING FOR THE CAREGIVERS**

Nurses are used to 12-hour shifts but maintaining such a high level of care to critically ill patients during a global pandemic for so long takes an emotional and physical toll. Throughout COVID-19, a constellation of supporters did their best to buttress the providers with means available to them.

“My family and friends were unbelievably supportive,” Cable said. “They dropped off food. They sent



Firefighters, EMTs, and police offer support to staff at the New Britain campus of the Hospital of Central Connecticut.

cookies. And I always really appreciated getting a quick text just asking how it was going. Food was pouring in at the hospital for the frontliners from so many restaurants in New Haven. It was unbelievable how the local businesses supported us,” Cable said.

“With my colleagues, we were so focused on running in headfirst that we weren’t able to take the time to check in with one another. As we go through this again, I want to make sure I’m reaching out to coworkers and making sure they are okay. No one did that for me, and a little conversation of just two seconds can make such a difference,” Cable said.

Andrews’ hospital set up a serenity room with spa water, comfy chairs, and a lavender oil diffuser. You could even do yoga in there, but you would need the time first. Since bathroom breaks were a luxury, taking time on the mat remained a distant possibility.

Andrews said that while the team didn’t always have time for formal debriefings after particularly rough days or cases, nurses would grab an opportunity for comfort when one presented itself.

“One of our ICU nurses had been taking care of a patient for many weeks, and the patient was doing poorly. There were family meetings to discuss goals of care. And I could see this nurse had a look on her face that she needed a hug,” she said. “And you can’t hug anybody, but I gave her a hug! We’d both been in the same ICU, where it’s impossible to socially distance. We’re both in full PPE and I said, ‘You needed it, and frankly so did I.’”

“The community support we received

was unbelievable,” Andrews continued. “Restaurants were taking collections from customers to send meals to the hospital, patients’ family members sent pizza, radio stations took collections, and the hospital chipped in, too. There was food for every shift, every day, for months.”

Martinez was amazed by the outpouring of support from the local community.

“Middlesex County and the public at large did an absolutely amazing job during the surge carrying us along,” Martinez said. “I will never forget the dozens of red hearts I saw every day on my way to work, and frankly I am tearing up now even thinking about it. My neighbors would sometimes stand at their houses when I would leave for work, and the kids would clap and cheer.”

“Someone even delivered a bottle of Lysol spray to my house to make sure I had something to clean my shoes with when I got home from work. And I would be remiss if I didn’t mention the hundreds of social media well wishes I got every day and still get. There is no way I could have worked as much as I did without all of the amazing people who carried me along,” he said.

“And the food deliveries, oh my goodness all the food deliveries!” Martinez exclaimed. “A local pizza restaurant delivered dozens of pizzas a day to us, every day, every shift, to make sure we were fed. The desserts. The snacks. It was an amazing show of love and support.”

#### **MOMENTS OF BRIGHTNESS**

Keen observers by profession, these

providers were quick to notice moments of brightness in the dark weeks and months of the pandemic.

“One day there was a socially distant gathering outside with the local fire department, EMS, and police, who all came over to say hello. One of them held a sign that said, ‘Our heroes wear scrubs!’ I walk by a photo of that every day,” Andrews said.

Andrews remarked that during the once-in-a-lifetime crisis, team members squared their shoulders and forged ahead with their best efforts.

“I tell my students I can’t do my job without a good nurse at the bedside, and I saw the best of the best during COVID-19. Our respiratory therapists were in and out constantly, putting everything on and taking everything off in a systematic way to avoid contamination. They might visit a room six or seven times in an hour. And every time, everyone stepped up to the plate,” she said.

Martinez shared that sometimes respite and rescue came from unexpected avenues.

“A local tattoo artist who had heard we were taking donations was making face shields at his house with a 3D printer. He donated 100 of them to us by delivering them in person in the middle of the surge, just when we needed them most.”

“Local musicians who could no longer play in person were playing online concerts while sending love and shoutouts to those of us in healthcare. It was seeing the best of everyone for sure,” Martinez said.

To hear more nursing stories from YSN students, faculty, and alumni on the front lines of the COVID pandemic, visit [nursing.yale.edu](https://nursing.yale.edu).



## THE LASTING EFFECTS

With just a little bit of distance after the first wave of COVID-19, YSN faculty reflect on how the novel coronavirus has altered health care.

Cable summed up her impressions succinctly.

*“Not much has changed, and yet so much has changed. Patients were critically ill before COVID-19, so taking care of patients on ventilators was very routine for us. I’m not scared of COVID-19 patients anymore. It doesn’t scare me to put on all that PPE and go do what I need to do for that patient. I’m desensitized to it now, but in the beginning, it was terrifying,” Cable said.*

“I’m fortunate that I worked in a facility that was very proactive, and from a systems perspective, was well

prepared. I felt very safe and felt like we were going to get through this,” she said.

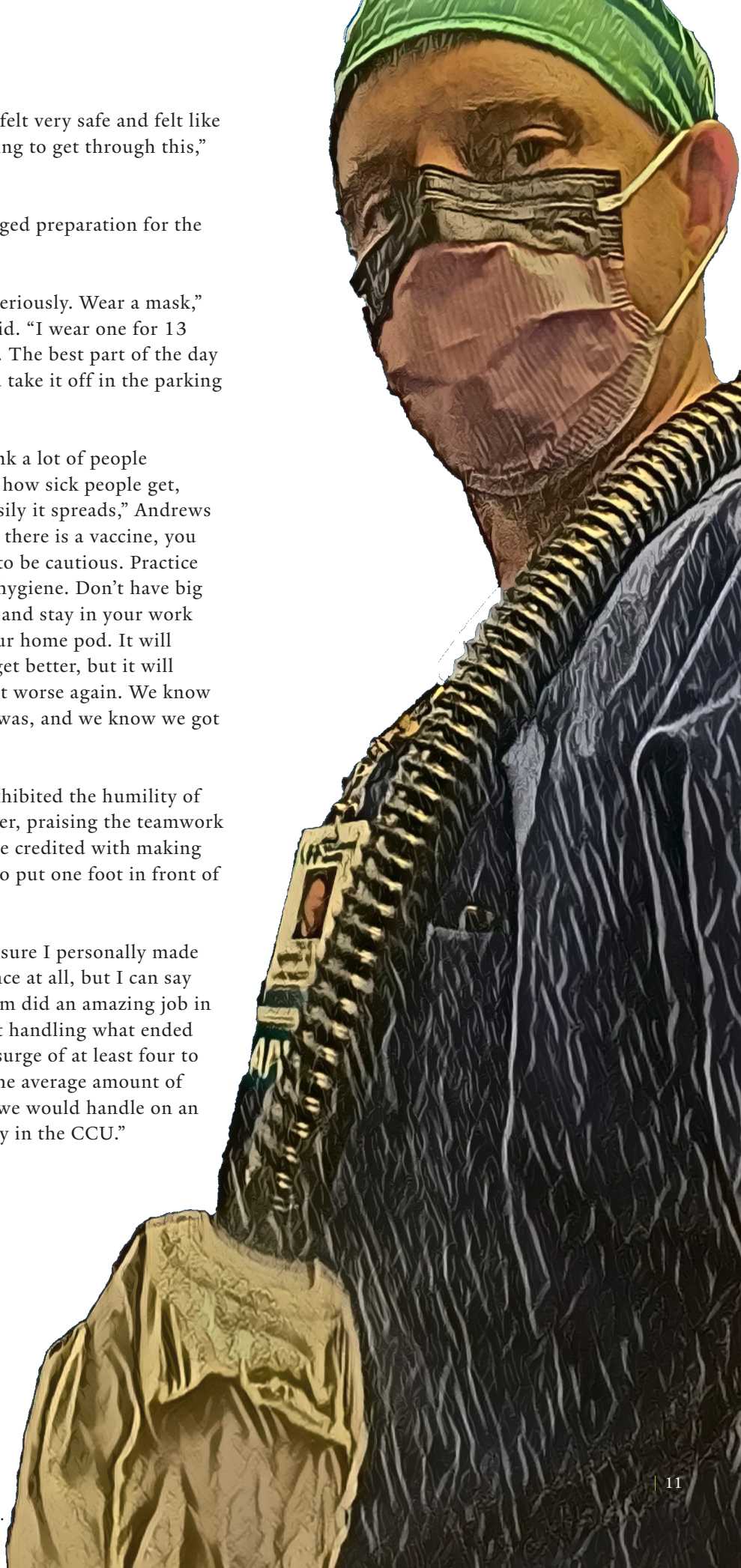
Andrews urged preparation for the next wave.

“Take this seriously. Wear a mask,” Andrews said. “I wear one for 13 hours a day. The best part of the day is when you take it off in the parking garage.”

“I don’t think a lot of people understand how sick people get, and how easily it spreads,” Andrews said. “Until there is a vaccine, you really have to be cautious. Practice good hand hygiene. Don’t have big gatherings, and stay in your work pod and your home pod. It will eventually get better, but it will probably get worse again. We know how bad it was, and we know we got through it.”

Martinez exhibited the humility of each provider, praising the teamwork that all three credited with making it possible to put one foot in front of the other.

“I’m not so sure I personally made any difference at all, but I can say that our team did an amazing job in the moment handling what ended up being a surge of at least four to five times the average amount of ventilators we would handle on an ‘average’ day in the CCU.”



**EDUCATING TO BE**

# ON CALL FOR THE WORLD

## YALE SCHOOL OF NURSING PRECEPTOR PROGRAM

In thinking back on your own YSN experience, perhaps you remember the challenges in obtaining clinical sites. This critical component of your education allowed you to practice and develop your skills. Hopefully, there are preceptors you look back on with gratitude for what they shared with you. The COVID-19 pandemic has had a profound impact on YSN students and their clinical experiences.

YSN depends on the generosity of our alumni to help educate, grow, and diversify the next generation of providers and to foster better health for all people. We cannot do it without your help. If you are able, please consider “paying it forward” by providing a learning opportunity for a current student.

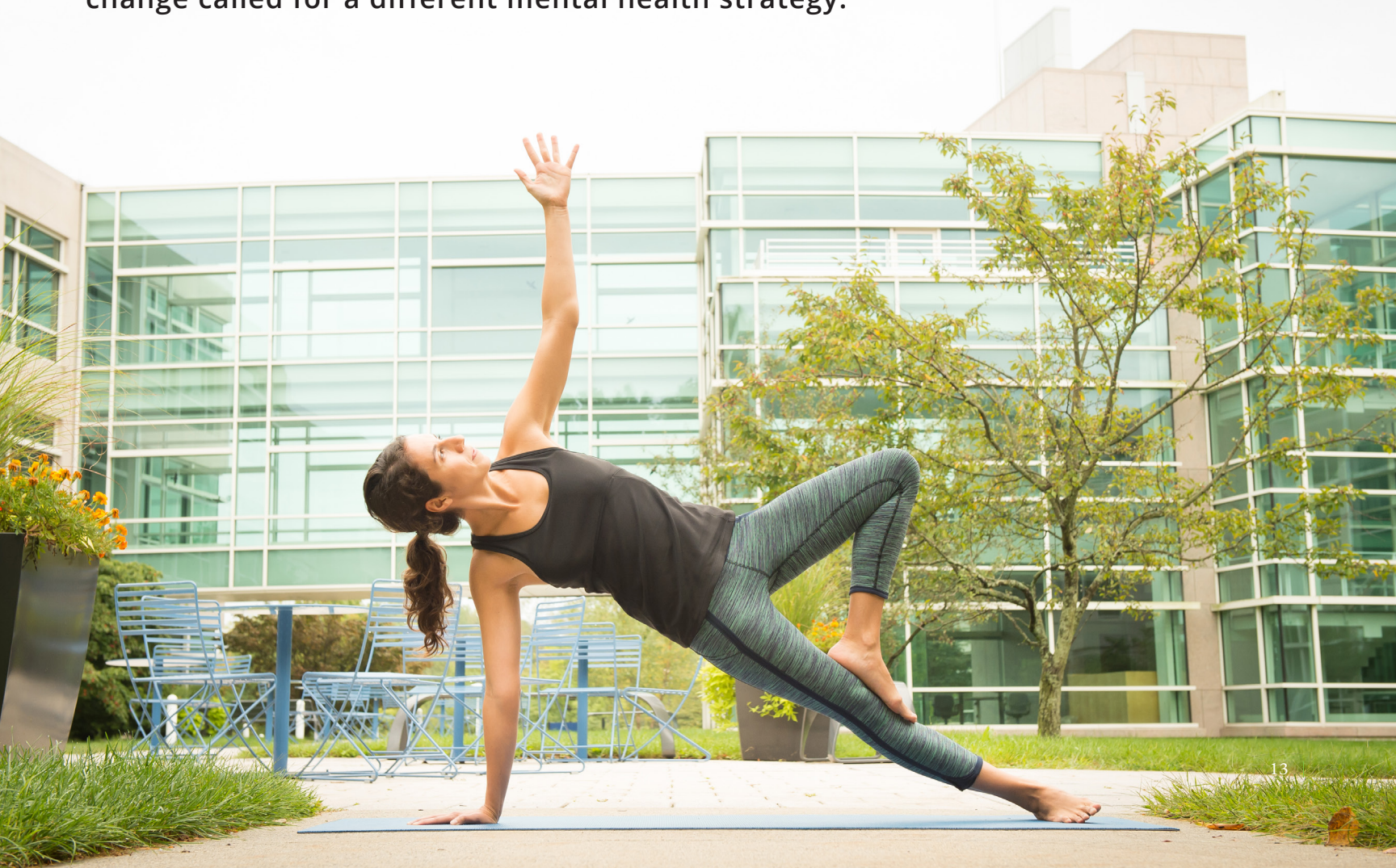
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# Yale Psych NP Offers Mindfulness Strategies During Pandemic

As the COVID-19 pandemic stretched into its fifth month in July, Joanne DeSanto Iennaco, '05 MPhil, '09 PhD, APRN, PMHNP-BC knew it was time to update her view of the problem. Drawing on her clinical and faculty experience as a psychiatric-mental health nurse practitioner and her second lens as an epidemiologist, Iennaco reframed the problem not as a temporary crisis, but as a new normal. And that change called for a different mental health strategy.



“During the different periods of the pandemic we have to constantly readjust how we structure our lives to improve our health and mental health. We need to ask ourselves ‘How does my routine change? What are my support systems and how can I adapt them? Are there ways I can recreate water cooler talk or the social interactions that are part of my normal life?’”

Iennaco points out that attitudes about pre-pandemic life have shifted drastically during periods of COVID-19 lockdown. Perhaps the biggest example is the process of getting to work.

“We don’t have commuting right now,” she said. “Commuting actually helps prepare us for the workday, but it’s very different now because you are immediately immersed in work. Perhaps there are ways to make the space to clear your mind and identify the priorities you will focus on today. A short walk, listening to music or a mindful exercise may be just the thing to help you focus and prepare for the day.”

#### **MINDFULNESS STRATEGIES**

Living with such high levels of change and uncertainty can be a tough challenge, Iennaco says, but mindfulness practices can help calm your body’s response to danger.

“We can take note of things and then let them flow away from us,” she said. “We are not becoming them, we are separate from them.”

Iennaco recommends cutting down on stimulation like scrolling through social media feeds and voraciously consuming the news. A pulled back approach can help calm the body’s alarm structure.

***“Our brains are developed to go to the negative: your limbic system sounds the alarm and alerts you to danger,” Iennaco said. “Worrying about impending threats is how your brain is programmed. But we need to be mindful that not everything is a threat. Right now we need to take actions to bolster ourselves.”***

At a time when brains can be racing a mile a minute to juggle work demands, childcare challenges, and health risk assessments,

Iennaco shares several tips for quieting your mind. Timing is important.

“Evening hours are not our best problem-solving times,” she said. “It’s better to make a plan in the early part of the day and identify one small step toward progress.” Iennaco advises keeping a notebook next to your bed so that you can write down what’s bothering you and then pick it up the next day when you’re refreshed. This can help the issue leave your mind and help the brain focus on sleep instead of a running rumination.

You can also consider altering a few daily habits. For example, if you usually take an afternoon walk and listen to an audio book, try turning off the background noise and just being present in the moment, observing your environment.

Iennaco cautions against answering the siren song of constant productivity. “When we have free time we’re usually thinking ‘What should I be doing?’ Part of quieting our minds is that sometimes we shouldn’t be doing anything.”

Mindfulness strategies aren’t just for the general public, but can be immense benefit to healthcare providers, Iennaco says. “Nurses and healthcare workers are always at risk of secondary trauma, and they tend to have much higher rates of PTSD because those providers see traumatized patients every day. Using mindfulness and relaxation skills to clear your mind and release tension are important. Discussing the difficult patient care experiences we are part of daily with our team members helps to process the work we do.”

#### **LOOKING AHEAD**

Acknowledging that the current moment is a hard time that might include setbacks along the way, Iennaco cautions against despair. “As we live through the next cycle of the pandemic, what we need to remember is that we have the experience of having worked through it once. Maybe it went well or not so well, but we have the experience to know better where to start next time. We can use what we’ve learned to help ourselves feel safe and plan for the future.”

Try one of Dr. Iennaco’s guided meditation exercises by visiting the Jo Iennaco YouTube channel or her blog, *Quieting Minds*, at [quietingminds.blogspot.com](http://quietingminds.blogspot.com).



# Donor Gift Funds Two COVID-19 Pilot Projects

In 2018, YSN Dean's Leadership Council members Thomas '83 and Wendy '83 Naratil endowed The Wendy U. and Thomas C. Naratil Nursing Innovation Fund. This generous gift is now generating the financial resources needed to fully cover pilot grants for two faculty COVID-19 projects this year. YSN is proud to support innovative faculty research in this way, and grateful to the Naratil family for making this possible.


## EXAMINING STRESS BIOMARKERS IN TODDLERS

In an effort to determine the pandemic's influence on health outcomes in young children, Dr. Monica Ordway '97 MSN, '11 PhD, APRN, PNP-BC is building on longitudinal work studying the associations among sleep, stress, and health among socioeconomically marginalized toddlers from ages 12 to 24 months that was completed in October 2019. New data collection with this cohort began in the fall of 2020 with questions specific to COVID-19, providing an opportunity to study the pre- and intra-effects of the pandemic.



Ordway will further explore the intersectional relationships that may contribute to health inequities and identify critical periods for development of interventions to buffer the stress response within children who experience ACEs.

"Without this gift, this unique opportunity to compare the pre-pandemic biomarkers of stress response with intra-pandemic biomarkers in very young children would not be possible," Ordway said. "We are incredibly grateful for this opportunity to further our quest to improve the health and well-being of all young children and their families and identify ways to buffer toxic stress in early childhood."

To learn more about how the YSN community has served in the era of COVID-19, see *In Their Own Words: On the Front Lines of COVID-19* on page 8, *Planetary Health and Human Health Meet in Mexico* on page 6, and *A Health System Responds to COVID-19* on page 26. 

## USING CLINICAL NOTES TO SPOT SYMPTOMS

In her project, Dr. Julie Womack '94 MSN, '08 PhD, CNM, FNP-BC aims to identify COVID-19 symptoms in clinical text notes. Dr. Womack is tailoring an existing natural language processing pipeline and machine learning algorithm that identifies general mental and physical symptoms in text notes to identify symptoms associated with the virus. So far, the work has identified approximately 34,000 VA patients with COVID-19 nationwide and 2.4 million notes. She is now developing the annotation schema and will start annotating notes for the reference standard.



***"Our aim with this project is to use these robust data and machine learning tools to accelerate identification of COVID-19 symptoms among the nation's veterans," Womack said. "Without the funding from this generous gift, it would have been very difficult to move this research forward."***

## A SECOND GIFT

When the SARS-CoV-2 virus first hit the East Coast, the school closed its doors, clinical sites suspended student involvement, and members of the YSN community donned PPE armor for the grueling fight on the front lines. When it was safe to restart, faculty research groups delved into the impacts of telehealth, maternal health, palliative care, and clinical education models to determine the best path forward in the online space. Inspired to help the school meet these myriad challenges, the Naratils made a separate gift that addresses new needs resulting from COVID-19 and future pandemics.

# Confronting Racism During the Pandemic: James-Conterelli Charts Her Course



When asked to describe the early days of the COVID-19 pandemic in New York City, Sascha James-Conterelli, DNP, CNM, LM, FACNM answered in three words: “It was hell.”

Health care professionals went to work without personal protective equipment (PPE) due to lack of

supply, and because of that, many of them became infected, too. “It has not been widely publicized, but health care workers, including nurses, have died as a result of the pandemic,” she said. “Our workforce was decreasing with folks getting sick. We were under-resourced with PPE and testing. We felt helpless. Aren’t we supposed to save folks and save people and have the answers? It was very eye opening in that we are all human. Letters after your name did not protect you from the virus. We are all vulnerable and all in it together,” she said.

James-Conterelli and her colleagues knew they needed to protect the most vulnerable: the elderly, those with comorbidities, and mothers and babies. To decrease the spread of the virus, hospitals limited the amount of people entering the hospital, including initially barring a support person at the bedside for laboring women. James-Conterelli and her colleagues wrote a letter to

Governor Andrew Cuomo, and with many others, they advocated to allow a support person at the bedside. Later, doulas were also allowed. James-Conterelli was soon named to Governor Cuomo’s COVID-19 Maternity Task Force.

Disparities in care became crystal clear during the pandemic. Hospitals in the middle of boroughs, where populations are predominantly non-white, were the last to get PPE and point-of-care testing, but they had the greatest number of people affected by the virus.

“To see those numbers graphed on a daily basis showed the undeniable racial disparities. Pregnant women were dying in those hospitals because there were barriers to being tested and barriers to being protected. Forget not having a partner at the bedside – they couldn’t even get a test or a mask,” James-Conterelli said.

## A GLOBAL ISSUE

James-Conterelli is quick to point out that maternal mortality was a global issue well before COVID-19. The reasons why pregnant and birthing women die are essentially the same across the world, but in the United States, “the issue of racism is even more of a problem,” she said. “When we really look at the bottom line, yes, access to care is an issue. However, a bigger issue is the fact that even when you have a well-educated Black person with access to care and means and money – this population is dying at an even higher rate than less educated, lower income, more marginalized folks.”

In discussing tennis legend Serena Williams, who suffered life-threatening complications after the birth



of her daughter in 2017, James-Conterelli notes that someone like Williams, who is in peak physical condition and has access to the best medical care, still found that her complaints were ignored.

“So, then it leads you to ask what’s really the issue,” she said.

***“It must be racism. There is nothing else, because when you start to drill down and really look at case-by-case scenarios, you see subtle holes in care that if it’s taken in one instance, it may not be anything, but when you line it all up, you will realize there is a huge systemic problem of how people view Black people, regardless of income, education, or socio-economic status.”***

James-Conterelli’s work as co-chair of the Governor’s Task Force on Maternal Mortality and Racial Disparities has helped provide the research and the narratives that demonstrate racism as a public health crisis in this country. According to the CDC<sup>1</sup>, Black infants are more than twice as likely than white infants to die in the United States<sup>2</sup>, and Black women are more than three times as likely to die than white women.

Dr. Howard Zucker, MD, JD, the Commissioner of the New York State Department of Health and co-chair of the task force, held listening sessions across the state where Black patients spoke of assumptions that were made before any questions were asked. If a partner did not attend a prenatal visit, it was because he must be incarcerated, not just at work. It was assumed that patients were on Medicaid, but they were not asked what their insurance plan was. For many, it was assumed that the pregnancy was not wanted.

Two women, one from Brooklyn and one from Buffalo, were invited by Zucker to share their stories with the group. They bluntly told the task force, composed of a diverse group of providers, that they had failed, which James-Conterelli admitted was hard to hear.

“‘All of you failed me,’ they said. It was the most powerful and most hurtful thing that you could hear from people that you set out to help. We all enter this profession to do good; to make positive change. And we were not, collectively,” she said. “It was so eye opening. So, it was up to us to develop ways in which we could help women and birthing folks like those that stood in front of us to never become a statistic. How could we learn from and honor the women that gave their lives, basically, to tell us the story that our system is broken, not just in New York but across this country?”

“We talked about implicit bias at first,” she continued.

***“Then we realized that this is actual racism, and we had to say the word, be okay with that, and understand that this is the long-standing history of a well-created system that we live and exist in. There are parts of the system that are glaringly in need of change, but overall, the system it is so intricate and there are so many layers to it, that many of us, even Black folks, would not get at first.”***

The group’s first recommendation to the governor was to develop a maternal mortality review board that assessed the entire state. The trends and statistics show that greater than 60% of the women who die, die from preventable reasons. “Bottom line,” James-Conterelli said, “is not valuing birthing people. There is a lack of recognizing the holistic person; mental health issues; resources within the community, and follow-up and

connection from community to provider to hospital to lead to recommendations.”

When there is a lack of Black providers, through both access and sheer numbers, often Black patients will not divulge information about themselves that may be important to their care because they worry they will be judged. “There is evidence to demonstrate that culturally congruent care decreases your rate of maternal mortality,” she said.

The Task Force made 10 recommendations, including reimbursing midwives at the same rate as physicians for the same care. Medicaid reimbursement for midwives in New York is 85% of the rate at which physicians are reimbursed for the same level of care.

Another recommendation was to increase the number of midwifery programs in state universities to provide another point of entry into the health care field that students may not be aware of. “When little kids only know about doctors and nurses, but they don’t know about midwifery, nurse practitioners, social workers, physician assistants, occupational therapists, or physical therapists, that’s a system failure. So, we need to make education more affordable for all,” James-Conterelli said.

Providers must also look at how they train new staff. Do they understand their own biases? Can they recognize them, and be ok? Can they work towards breaking down barriers and stereotypes?

***“You have to change practice from the ground up, while also working from the top down,” James-Conterelli said.***

#### **THE TIP OF THE ICEBERG**

“Maternal mortality is the tip of the iceberg,” James-Conterelli said. “Underneath is the big mountain of morbidity.” James-Conterelli uses University of Michigan professor Arline Geronimus’s theory of “weathering” to explain how the murders of George

Floyd and Breonna Taylor, as well as countless others, affect Black and Brown people on a cellular level.

In an article in the American College of Nurse Midwives’ digital magazine *Quickening*, James-Conterelli writes, “Black and Brown people have a higher risk of comorbid conditions, such as diabetes and hypertension, but this is not because of their race or ethnicity. Rather, it is related to how people react to the color of their skin. Black and Brown people in the United States suffer from the generational effects of institutional racism that have altered their cellular reactions to life stressors such as pregnancy. . . . When a person is exposed day after day to harsh elements, they change, just as a wooden shingle becomes brittle after years of exposure.”

For example, if a pregnant Black woman is afraid every time she is near a police officer, the fear causes the fight-or-flight response, inciting a physiologic response that could potentially divert essential blood flow from the placenta to the mother’s heart, even if only for a brief period. As hormone levels rise, it affects the fetus in utero, increasing the possibility of deprivation of oxygen or the possibility of a greater risk of hypertension in the mother, which can cause an increased risk of intrauterine growth retardation (IUGR).

It is not that the woman had an underlying increased risk of high blood pressure; it is the physiologic response to fear that increases the hormones of reactivity, narrowing the blood vessels and leading to the onset of hypertension or diabetes, creating lasting effects on the unborn child and creating a generational effect. The baby is born “into a world that continues to repeat these effects, and they continue to repeat the cycle over and over again,” James-Conterelli said.

James-Conterelli notes that to begin to dismantle this kind of generational inequality, it must first be recognized and then attributed to racism. After that, you can address it and build solutions, which starts with education. “One of the reasons why I love that I’m in education is because you start with those that are most open to it: students ready and willing to learn that this is a problem,” she said.

In nursing and health care education, students can get

the tools they need to recognize and stop perpetuating racism and gain the understanding that health care looks different for different people. “But it shouldn’t; it should be the same,” she continued.

***“[Health care] can be tailored to the individual, but it must be equitable and treat the human and not the skin.”***

#### **FINDING HER CALLING**

James-Conterelli’s journey to midwifery was not a direct line. “I actually wanted to model and do fashion,” she said with a smile, and did model for a little while before her mother, a physician, suggested she pursue something else as her major as a student at Howard University. James-Conterelli chose nursing and fell in love with it during her junior year. After graduation, she initially worked in oncology, but conversations with her mother and her grandmother, who birthed all eight of her children at home with a midwife, greatly informed her career choice. She also points to a pivotal interaction with a midwifery preceptor at Howard University who spoke about her work in Great Britain.

“I found that midwifery was my calling and what I wanted to do. What I do now feels more like part of my life than a job,” she said.

Earlier this year, James-Conterelli was named the first Black chair of the Graduate Entry Prespecialty in Nursing (GEPN) program at YSN. She serves as Chair-Elect for the 2020-2021 academic year and becomes Chair in the fall of 2021.

In the early stages of applying for the position, James-Conterelli spoke to Dean Ann Kurth ’90 MSN, PhD, CNM, MPH, FAAN. “[Dean Kurth’s] vision aligns with mine,” she said. “We want to move the school forward as a community. How do we better our entire community with the understanding that GEPN is the foundation for

many of us? To me, that entrance is like the front desk staff in an office: it has to be the strongest because that is where folks encounter everything about your practice.”

GEPN students are a diverse, well-rounded group, and many of them worked in other professions before applying to YSN. “It’s not always that we are imparting knowledge,” said James-Conterelli. “We learn a lot from our students, and I hope that continues.”

James-Conterelli wants to help channel the students’ passion for advocacy into their learning by teaching them to be the best providers they can be first, while also learning how advocacy ties into their practice. “They are impatient, and I understand that. But I want them to realize this is a journey. I am impatient, too, but there is something to be learned in taking a deep breath and slowing down.”

She aims to make YSN’s GEPN program the strongest graduate entry program in the country with a student population that reflects the populations they serve.

***“I hope that we have an even more diverse group of students that, when they click on the website and they see GEPN faculty like me and Dilice Robertson and Linda Ghampson, that they feel as though they belong by seeing our faces and reading our bios. I hope they see that they can do it, too,” she said.***

1. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

2. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>



**CORONAVIRUS PANDEMIC**

**U.S. RECORDED 47,913 NEW CASES,  
1,029 RELATED DEATHS ON SATURDAY**

CNN Interviewed David Vlahov about COVID-19 testing on August 16, 2020.

# Yale Nursing Experts in the Media

# CORONAVIRUS PANDEMIC

## GLOBALLY

TOTAL CASES	DEATHS
21,475,017	771,471

## IN THE UNITED STATES

TOTAL CASES	DEATHS
5,361,613	169,489

SOURCE: JOHNS HOPKINS UNIVERSITY

## TONIGHT ON CNN



LIVE

CNN

4:20 AM PT

The World Health Organization published the first global report on the state of nursing in 2020, documenting that 59% of all health workforces are nurses. Despite this, nursing's contributions are not always recognized—and arguably, what cannot be seen cannot be understood or valued. When the “Woodhull Study on Nursing and the Media: Health Care’s Invisible Partner” was published in 1998, it found that nurses were identified as sources in only 4% of quotes or other sourcing in health news stories in leading national and regional newspapers. Nurses were never cited in health news stories on policy. As for the accompanying photos, nurses were rarely identified.

The study was revisited in 2018 with similarly dismal results. Nurses were quoted as sources only 2% of the time, and their voices remained

unheard in health policy pieces. When quoted, nurses mainly commented on the profession itself, not their areas of subject matter expertise. Nurses were identified in 4% of accompanying photographs or other images.

YSN faculty are looking to move those numbers—and the stories of impact that they represent—upward. Over the past six months, YSN nurses have been interviewed and quoted in local and national print and broadcast media for their clinical expertise and awareness of how policy effects patients. YSN faculty have also contributed to the burgeoning area dissecting health disparities.

## FUN FACT

The “Woodhull Study” is named for Nancy Woodhull, a founding editor of USA Today.

## CLINICAL EXPERTISE

[THE WALL STREET JOURNAL](#) discussed prioritizing COVID-19 vaccines for health workers and first responders with **Saad B. Omer**.

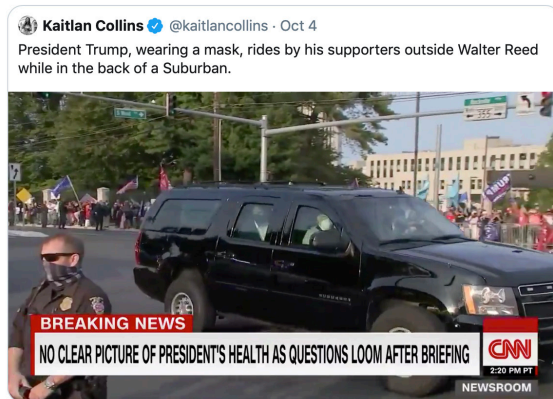
[MOTHER JONES](#) talked to **Saad B. Omer** on the importance of the Biden administration utilizing science communicators.

[THE HILL](#) included a tweet from **Saad B. Omer** about the importance and limitations of masks:



Saad B. Omer  
@SaadOmer3

This is an individual with an active infection in close proximity with two other individuals, in a vehicle with closed windows, performing an optional task (masks help, but they are not an impenetrable force field).



[NBC NEWS](#) discussed potentially unpleasant COVID-19 vaccine side effects with **Saad B. Omer**.

[THE WALL STREET JOURNAL](#) interviewed **Saad B. Omer** about Moderna's COVID-19 vaccine.

[THE BALTIMORE SUN](#) talked to **Saad B. Omer** about Pfizer's vaccine distribution plans.

[NEW YORK DAILY](#) News ran a piece that included comments from **David Vlahov** on why passengers should refrain from talking on the NYC subway.

[NBCNEWS.COM](#) quoted **Saad B. Omer** in a story about why individual states should not vet COVID-19 vaccines themselves.

[RADIO.COM](#) spoke to **Saad B. Omer** about the levels of COVID-19 infection that might result in herd immunity.

[NPR](#) talked to **Michelle Telfer** about post-partum care.

[THE ATLANTIC DAILY](#) newsletter talked to **David Vlahov** about the flu shot.

[THE NEW YORK TIMES](#) wrote a piece about the safety review of AstraZeneca's vaccine trial and spoke with **Saad B. Omer** in his capacity as a vaccine expert.

[THE WALL STREET JOURNAL](#) discussed herd immunity with **Saad B. Omer**.

[THE BALTIMORE SUN](#) quoted **Saad B. Omer's** concerns about coronavirus vaccine makers keeping safety details quiet.

[DISCOVER MAGAZINE](#) talked to **Saad B. Omer** about the logistics of multiple COVID-19 vaccines reaching the marketplace.

[THE WASHINGTON POST](#) talked to **Saad B. Omer** about the high expectations for a COVID-19 vaccine.

[THE ATLANTIC](#) interviewed **David Vlahov** on how winter will impact social distancing and the spread of the virus.

[ONCOLOGY NURSING NEWS](#) discussed immune-related adverse events (irAEs) with **Marianne J. Davies**.

[ONCOLOGY LIVE](#) contacted **Marianne J. Davies** to discuss irAEs.

[THE NEW YORK TIMES](#) tapped **Saad B. Omer** for his expertise on herd immunity.

[THE WALL STREET JOURNAL](#) discussed vaccine hesitancy with **Saad B. Omer**.

[THE NEW YORK TIMES](#) talked to postdoctoral associate **Eileen Condon** about how stressors related to the pandemic disproportionately harm disadvantaged and marginalized families.

[TODAY](#) discussed the safety of outdoor fitness classes with **Saad B. Omer**.

[CNBC](#) spoke to **Saad B. Omer** about the importance of COVID-19 antibody testing.

## HEALTH DISPARITIES

[THE GILDER LEHRMAN CENTER FOR THE STUDY OF SLAVERY, RESISTANCE, AND ABOLITION](#) spoke with **Sascha James-Contereilli** on race, health, and medicine in times of COVID-19.

*“I was just on Governor Cuomo’s COVID-19 Maternal Task Force ... Related to maternity care in New York, especially New York City, we had to make rapid decisions about healthcare and policies and policy changes, sometimes within an hour.”*

[STAT](#) sought **Saad B. Omer**’s expertise on vaccine acceptance in an article about a Black doctors’ group that created its own expert panel to vet COVID-19 vaccines.

[THE TAMPA BAY TIMES](#) discussed racial health disparities in Florida with **David Vlahov**.

[THE NEW YORK TIMES](#) talked to **Sascha James-Contereilli** about maternal mortality and disparate racial outcomes.

[MEDSCAPE](#) quoted **LaRon E. Nelson** on the topic of equity in COVID-19 recovery.

[THE BODYPRO](#) interviewed **LaRon E. Nelson** on the issue of COVID-19 and HIV disparities and how racism, not race, is the root cause of the inequity.

[THE NEW YORK TIMES](#) spoke to **Eileen Condon** about the possibly lasting effects of the pandemic on Black families and Black children.

Links to the articles can be found at [nursing.yale.edu](https://nursing.yale.edu).



## POLICY DECISIONS

[NEWSWEEK](#) included remarks from **David Vlahov** on how politics should be set aside to limit a second wave of COVID-19.

[CNN](#) interviewed **David Vlahov** about COVID-19 testing.

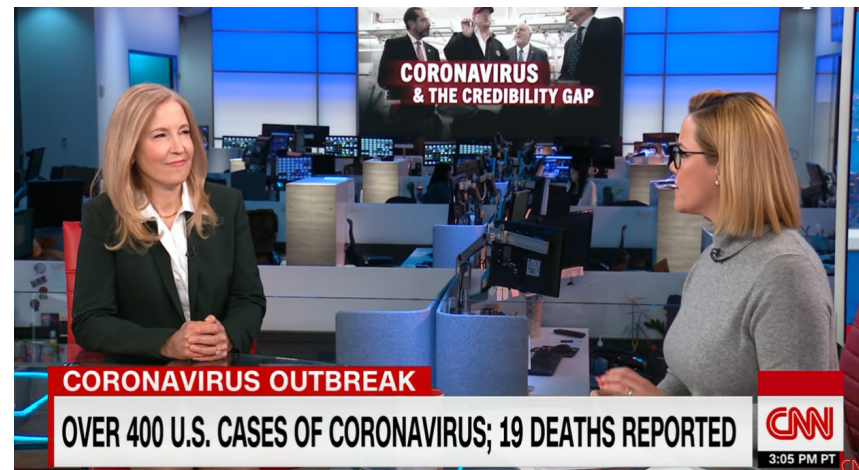
[THE SAN JOSE MERCURY NEWS](#) compared the COVID-19 responses of New York and California with **David Vlahov**.

[THE LANCET](#) published an open letter from **Dean Ann Kurth**, Yale School of Public Health Dean Sten Vermund, and other colleagues decrying US withdrawal from WHO as unlawful and dangerous.

[STAMFORD ADVOCATE](#) talked with **Saad B. Omer** about funding shortages in US public health.

[THE WASHINGTON POST](#) published an op-ed by **Saad B. Omer** about reforming the CDC.

[NATIONALINTEREST.ORG](#) ran a piece from **Saad B. Omer** about the dangers of President Trump’s decision to halt WHO funding.



Dean Kurth appears as a guest on CNN to discuss the novel coronavirus on March 7, 2020.

# The World is Calling

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**Give online at  
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and Alumni Affairs Office  
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**When you support the Annual Fund, you are building resources for diversity, equity, inclusion, belonging, and anti-racism work, scholarships, and unrestricted funds—essential components of a YSN education.**

"I am a nurse resident at Codman Square Community Health Center, a community-based, community-focused, health care and multi-service center in the heart of the Dorchester neighborhood of Boston, Massachusetts. Health centers like Codman Square are the reason why I decided to go into the nursing field in the first place, so I am grateful to have the opportunity to begin working in my own community."

**Nnemdi Azubuko '20 MSN, Family Nurse Practitioner**  
*(pictured above)*

"I hope to use my training to tackle health disparities in the US and be an advocate for broad structural change, starting with dismantling the systems that allow racism to be so rampant in this country. At YSN, I had the blessing of being mentored by smart and caring professors and midwives, and I would not be where I am now without my classmates and professors to guide me and challenge me."

**Diane Kim '20 MSN, Certified Nurse Midwife**

We've made it easier than ever to see if your gift qualifies for company matching. Scan the QR code or visit <http://bit.ly/YSNGiftMatch> to use our matching gift finder.

**[nursing.yale.edu](http://nursing.yale.edu)**





# COVID-19 Toolkit Website Supports Low-Resourced Providers

During the summer, Yale School of Nursing (YSN) worked to identify resources to support providers in lower-resourced settings during the global COVID-19 (coronavirus disease) pandemic. The result of those efforts is the COVID-19 Nursing Toolkit.

“By April, it became clear that we needed to better support healthworkers, particularly nurses, in resource-constrained environments,” said Dean Ann Kurth ’90 MSN, PhD, CNM, MPH, FAAN. “Nurses in low- and middle-income countries were operating under different circumstances than providers in wealthier health systems. One example of this contrast is that while many large American hospital systems focused on maximizing ventilator capacity, low-resource providers around the world were operating in settings that lacked ventilators completely.”

Kurth and Executive Deputy Dean Carmen Portillo, PhD, RN, FAAN assembled an interdisciplinary team to collect pertinent materials from pandemic experts into a single site. Reference librarian Janene Batten, MLS provided sourcing expertise, Simulation Director Virginia “Ginger” Sherrick, MSN, APRN, FNP-BC, RN-BC, CHSE, examined the materials with a clinical eye, and Program Manager Emily Finn, MPH provided a public health perspective and took the lead on coordination among team members and IT services. Patricia Ryan-Krause ’81 MSN, MS, PCPNP-BC and Dr. LaRon E. Nelson, PhD, RN, FNP, FNAP, FAAN also supported the group effort.



The site includes resources that are helpful to both health professionals and to members of the general public, covering topics from protocols for proning (turning patients for better respiration) to ethical frameworks for care decisions, to face mask fabrication, to evidence-based communication to dispel common COVID-19 myths. Many materials are available in a variety of languages.

“This is the first pandemic in our lifetimes that affects everyone, no matter how high- or low-tech the setting,” Sherrick said. “COVID-19 made us fallible, and we hope that these resources will help nurses on the front lines of care.”

New resources will continue to be added to the site as COVID-19 information changes. If there are additional resources you think we should include, please reach out to [ysncovidquestions@yale.edu](mailto:ysncovidquestions@yale.edu).

**View the toolkit  
at [cnt.yale.edu](https://cnt.yale.edu)**



# A Health System Responds to COVID-19

Dr. Beth Beckman DNSc, FAAN is the Chief Nursing Executive for Yale New Haven Health System (YNHHS) and the Associate Dean for Clinical Partnerships at Yale School of Nursing (YSN). Beckman also holds the distinction of being one of the earliest confirmed COVID-19 cases in New Haven in March 2020. But no other COVID-19 case field-marshaled a system-wide pandemic response while personally recovering from that pathogen.

She started with a campaign of transparency and over-communication. That included daily calls with YSN, YNHH, Yale Medicine, and a series of system-wide nursing town halls.

Personal protective equipment (PPE) was a big topic of discussion for the nursing labor pool. “Our real concern was how do we keep our staff safe?” Beckman said. “We’d never had a virus like this, had never tested our PPE supply level to this extent, and had never been required to innovate PPE stewardship that changed our practice almost on a weekly basis to manage the supply and demand quotient,” she said.



Elizabeth Beckman  
Administration  
S-P & OIE

Like the rest of the nation, YNHHS providers followed the CDC's evolving PPE guidance. "Our bedside leaders listened carefully, responded precisely, and kept themselves safe from contracting COVID-19. I am so very proud of how they managed their practice. Not everyone can do what they did – take great care of patients while taking great care of themselves."

The numbers bear that out. As of September 30, the cumulative COVID-19 positivity rate in Connecticut was 10-12%, while the YNHHS employees was 3% and nurses was 2%.

### **INNOVATIVE CARE**

Beckman described an environment of innovation and agility. Nurses used baby monitors to keep audible patient vigil, facilities staff punched holes in patient doors and transformed entire wings into negative-pressure spaces overnight, and the Smilow Cancer Center was picked up and relocated to Saint Raphael's campus within 24 hours.

Operating rooms were converted into ICUs, white boards became patient tracking devices, IT support added video equipment where needed, and "pop-up units" were quickly stood up to manage immediate COVID-19 volume. In Greenwich, conference rooms became holding areas, and even the café was examined for conversion into a clinical space.

***"Everybody stretched in ways they didn't believe possible and faster than they ever dreamed imaginable," Beckman said. "It's amazing what talented people can do when the pressure is on and the stakes are high."***

### **OUTSTANDING BEDSIDE LEADERSHIP**

Beckman often refers to nurses as bedside leaders in an effort to recognize their highest level of care, and the pivot made by a group of pediatric nurses is a strong example.

"As elective surgeries/procedures were being shut

down, we saw the overall pediatric volume dramatically reduced. Moreover, the pediatric population did not appear to be as vulnerable to COVID-19, so we were expecting a surge. In response to this shift, one of the pediatric units volunteered to lend their time and talent to caring for adult COVID-19 patients. This meant moving all personnel to an entirely new unit, adopting a completely new practice, and dealing with death for perhaps the first time in their careers. Within a few short days of moving to this new unit, it was decided that this would be one of the 'comfort measures only' COVID-19 units, and their entire practice was now managing COVID-19 end-of-life-care."

"These pediatric nurses stepped up and put themselves in a place of maximum discomfort for months and just saved the day," Beckman said. "These COVID-19 patients were often so sick that they were total care, and in the absence of family, these pediatric nurses went above and beyond to provide them with dignified and compassionate care."

YNHH allowed one visitor for patients receiving end-of-life care, but families were often too frightened to come in. And so it was the nurses who would FaceTime, holding up an iPad or a smartphone to give every relative the chance to say goodbye.

Beckman recalls one anecdote from a nurse who spent an hour and a half detangling and washing the hair of a female "comfort measures" patient, in preparation for a FaceTime call. Despite everything she was going through, the patient still wanted to look and feel her best when she talked to her family, and the nurse took the time to provide her with that dignity.

In the case of another patient who was constantly losing blood, the nurse hooked up unit after unit of transfusion until every family member had called and connected with the patient. The consensus among the nursing staff was that they'd never seen patients so sick, of such acuity and high volume, with such unpredictable clinical sequelae.

"Care like this happened every day, many times a day," Beckman said. "Our bedside leaders took care of these remarkably ill patients and provided them with selfless, courageous, respectful care."

“This was a once-in-a-lifetime experience that none of us were looking to experience,” Beckman said. “But I could not be more proud of how nurses conducted themselves. Knowing this team as I do, I’m not surprised.”

### THE POWER OF TEAMWORK

As COVID-19 marched from spring into summer and into fall, and information on the virus evolved almost daily, it took a toll on the nurses and the team.

Beckman was reminded that anything was possible in the presence of a strong team.

*“Every day felt like a week, every week like a month, and we would often say every day was Monday,” Beckman said.*

“But the teamwork was just exquisite. This was a high-pressure, fast-moving, difficult circumstance, and the way we worked together was so low-drama that it was just a pleasure. There were no egos. As organizational leaders, we all wanted the same things. We didn’t get upset about what had to change; we just kept our focus on taking great care of patients and employees.”

### LOOKING AHEAD

Beckman is preparing for the next wave that this time may collide with the flu. She says she will draw on many lessons learned from the spring and summer. Heading into another round, YNHHS has a more effective testing paradigm, a roadmap for what it takes to rapidly stand up COVID-19 ready units, and a set of best practices for how to best reallocate the nursing labor pool. To help with the last item, YNHHS has been surveying and recording the clinical backgrounds of its nursing workforce to keep an electronic inventory of a wide range of skillsets.

Additionally, a great deal of time and attention has been devoted to understanding how to best support the stress, and reaction to stress, of the frontline. YNHHS established a program called WELD (Wellness, Engagement, Leadership, Development) for programmatic support to address employee well-being. Beckman stated that “We can never forget those healthcare heroes who selflessly served our community during a once-in-a-lifetime pandemic.”

To learn how three YSN faculty members experienced the pandemic in their clinical settings, see “In Their Own Words: On the Front Lines of COVID-19” on page 8.

Dr. Beth Beckman commended the strong collaboration she saw throughout the COVID-19 units of YNHHS. “Every day felt like a week, every week like a month, and we would often say every day was Monday,” she said. “But the teamwork was just exquisite.”



# YALE SCHOOL OF NURSING'S COMMITMENT TO ANTI-RACISM

## INITIAL ANTI-RACIST ACTION PLAN AT YSN

JUNE 18, 2020



Yale SCHOOL OF NURSING

To see the video of the statement read by Dean Kurth, visit [nursing.yale.edu](https://nursing.yale.edu).



**I**n June 2020, Yale School of Nursing (YSN) released an initial plan to address racism, summarized in abbreviated form below. In October 2020, the President's Committee on Diversity, Equity, Inclusion, and Belonging (DEIB) (on which Dean Kurth and Associate Dean Nelson participated) recommended that all schools and units at Yale create active and ongoing plans to address DEIB at Yale.

The Yale School of Nursing has an inspiring aspiration: to improve health for everyone. The system of racism is an enduring threat to achieving this goal, however, and that system must be defeated. We must begin by recognizing, acknowledging, and combating racism within our own school, even as we endeavor to eradicate it from our broader university, national, and global communities.

*As dean, I apologize for all the times when YSN did not effectively address racism that happened right here in our own environment. Many Black, Indigenous, and People of Color (BIPOC) members of our community were hurt and let down as a result.*

Recent examples, among others, include incidents that occurred at a 2019 town hall with GEPN program faculty and students as well as a 2018 CNM/WHNP town hall meeting. We are committed to learning from these failings, addressing root causes, and becoming better prepared for difficult but important conversations so that harm is not perpetuated. Through YSN's Commitment to Anti-Racism, we will prioritize the implementation of learning experiences that build our capacity to engage in dialogue about racism, decentralization of whiteness, and other crucial issues that impact health equity. We will be intentional and accountable in this area.

To achieve better health for all people, we acknowledge White supremacy as an insidious, toxic, and expansive system that must be renounced, including within our own school. We also acknowledge that race is not a biological category, but rather a socially constructed classification scheme without genetic significance.<sup>1,2,3</sup> We reject the use of race as a proxy to make clinical predictions and support racial terminology in the biological sciences only as a political or socioeconomic category to study racism and the structural inequities that produce health disparities in marginalized, underrepresented, and underserved people.

***Our Commitment to Anti-Racism will help YSN tap into the true ethos of our school: the responsibility to engage and collaborate in intersectional education, practice, and scholarship that addresses the clinical, socioeconomic, and environmental issues – manufactured by racism – plaguing the health of people and the planet.***

This commitment represents a re-planting and re-cultivation of this ethos to help YSN improve across a range of areas related to DEIB. One of the first topics that we will address is structural and institutional anti-Black racism, which we recognize as the most pressing public health issue affecting Black communities in the United States and an inextricable part of all complex social problems (e.g., transphobia, homophobia, misogyny) plaguing American society. To address institutional anti-Black racism, YSN administrators, faculty, and staff must first stand committed in decentralizing White supremacy. We do this by cultivating an environment that is safe, supportive, and equitable for all of our Black community members. We must recognize that without structural and institutional transformation, YSN will continue to perpetuate inequities and miss critical opportunities to fight against the health implications of racism and improve the

health of all marginalized communities in the United States. Everyone in the school has a role and a stake in this work.

Even as we draw on our school's foundations as a source of motivation to achieve excellence in DEIB, we must also look clearly at our history and acknowledge where we were not our best.

***There have been moments in our distant and recent history where the environment at YSN did not support constructive conversations about racism. For these moments, I apologize and express remorse for the ways in which YSN did not live its mission for our learning community and the patient populations we serve in Connecticut and global communities.***

YSN's Commitment to Anti-Racism includes immediate initial actions that are outlined here. These actions are and must continue to be informed by input from YSN students, faculty, staff, and alumni. ....We will take the following initial actions (in non-ranked order) in service of structuring an anti-racism academic learning and working environment at Yale School of Nursing:

**We will take the following **initial** actions (in non-ranked order) in service of structuring an anti-racism academic learning and working environment at Yale School of Nursing:**



1. Perform a curriculum review to ensure that course content is consistent with YSN's stated commitment to anti-racism, the concept of "race" and its accurate use in nursing education at all levels (GEPN, MSN, and doctoral), and integration of an anti-racist perspective across curricula.
2. Develop a plan for anti-racism education and capacity-skills building.
3. Include anti-racism and DEIB metric(s) as evaluation criteria in course, faculty, and preceptor evaluations and as part of performance assessment and feedback for YSN employees.
4. Perform a research portfolio review to ensure that current research conducted at YSN is aligned with the school's stated position on anti-racism above, as well as NIH and other sponsor guidelines.
5. Establish a fundraising priority in the Office of Advancement for further financial resources dedicated to individuals who have demonstrated a commitment to issues facing BIPOC students. Bolster support for the DEI office at YSN in support of building better working partnerships between faculty, students, staff, alumni.
6. Support the Inclusion, Diversity, Equity Action Solution (IDEAS) Council for leadership work/ structural representation and its charge to help YSN promote diversity, equity, inclusion, belonging, and antiracism work at YSN.
7. Identify and implement measures that:
  - a. Improve BIPOC student recruitment and success.
  - b. Enhance BIPOC faculty and staff hiring, retention, and promotion.
  - c. Explore models for career progression at YSN/Yale. Timeline: Ongoing.
8. Contribute to university, local, and national conversations for anti-racism policy change. Timeline: Ongoing.

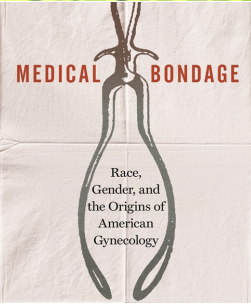
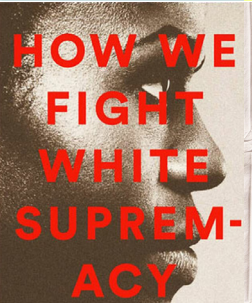
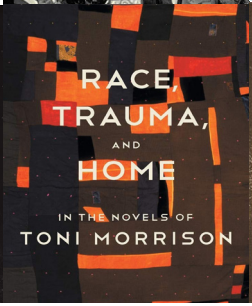
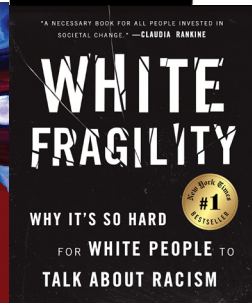
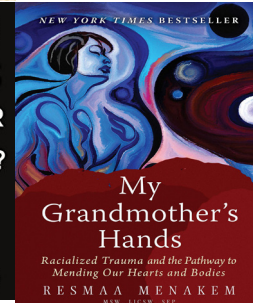
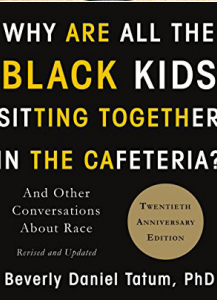
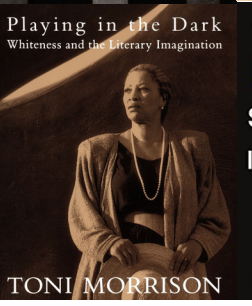
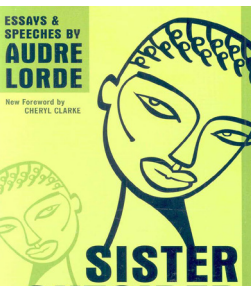
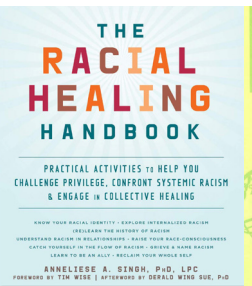
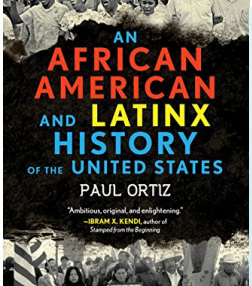
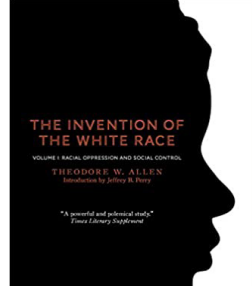
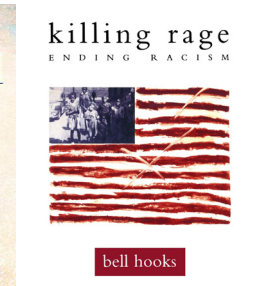
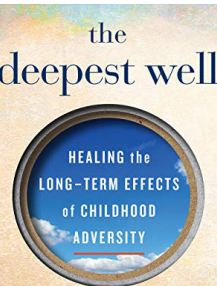
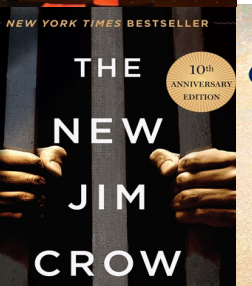
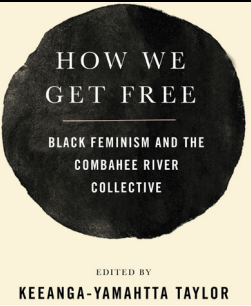
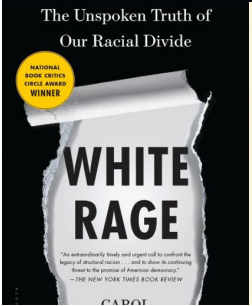
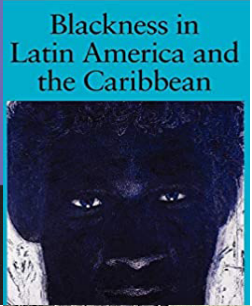
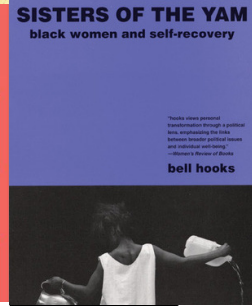
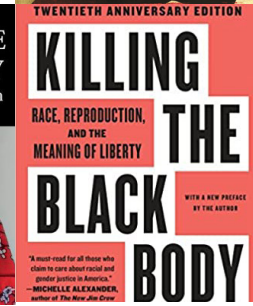
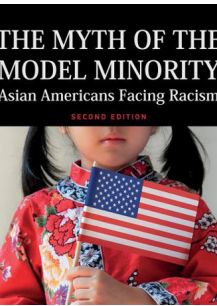
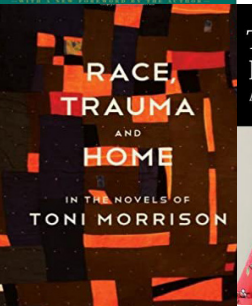
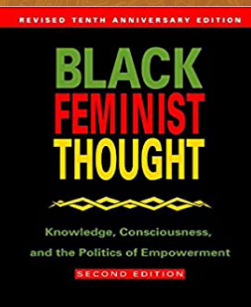
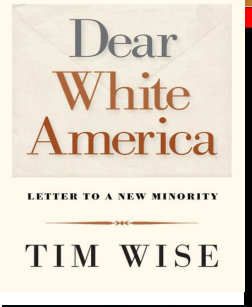
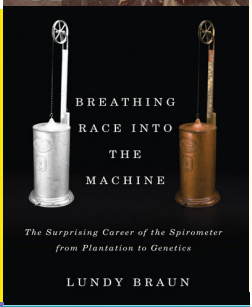
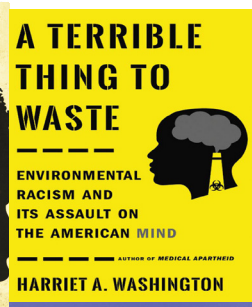
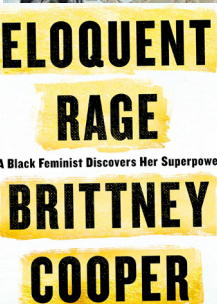
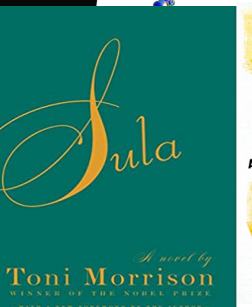
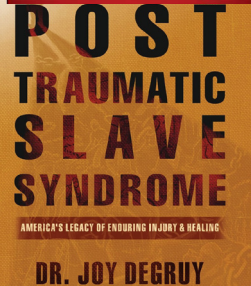
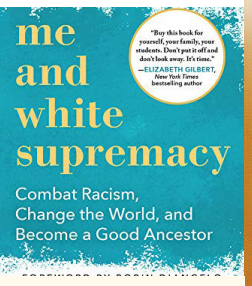
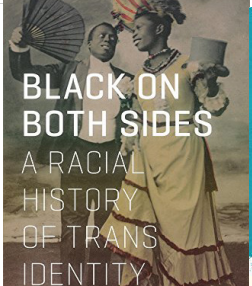
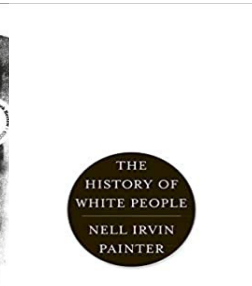
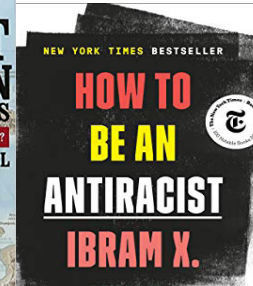
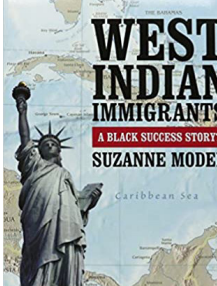
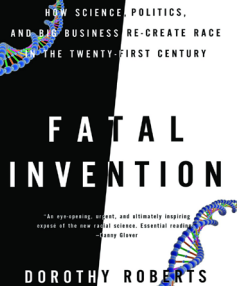
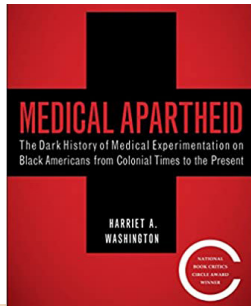
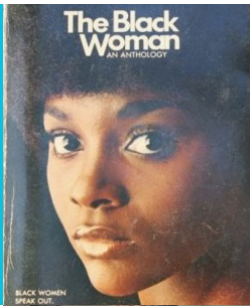
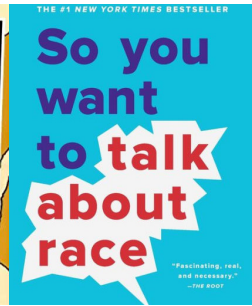
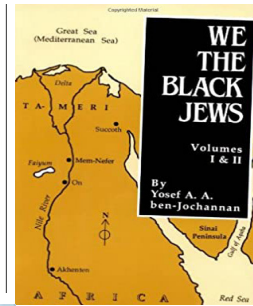
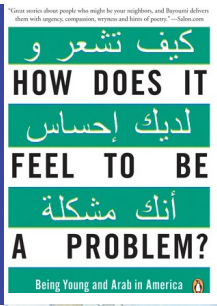
This initial plan was released in Summer 2020. Additional input from Black students at YSN was given at a listening session hosted by Provost Scott Strobel in November. At the session on November 20, Dean Kurth made several announcements:

- YSN will appoint a new and fulltime associate dean for diversity, equity, and inclusion (DEI). This will be an experienced faculty position that will provide expert pedagogical expertise as well as overall support for a full program of work, beyond the initial anti-racism plan of the summer.
- YSN will also hire a fulltime director of DEI.
- Sessions are being held to discuss anti-racism curricular approaches and discrimination procedures and supports at the school. Faculty will be given opportunities for engagement, sharing of concerns, and learning.
- Dean Kurth is committed to strengthening and clarifying YSN's internal processes and procedures for students to bring forward concerns about instances of discrimination and harassment as YSN continues to work with the Office of the Secretary and Vice President for University Life on the development of university-wide procedures.
- A fund has been formed that will help students who have precarious access to food, housing, income, and transportation, allocated through the YSN Financial Aid Office.
- Small group work at YSN will be supported by Dr. Ben Reese, clinical psychologist, national diversity expert, and author of last year's report on Yale University's Institutional Responses and Resources on Racial Discrimination and Harassment.

1. Collins FS, Green ED, Guttmacher AE, Guyer MS. (2003). A vision for the future of genetics research. *Nature*, 422, 835-847.

2. Foster MW, Sharp RR. (2002). Race, ethnicity and genomics: Social classifications as proxies of biological heterogeneity. *Genome Research*, 12, 844-850.

3. Bamshad M, Wooding S, Salisbury BA, Stephens JC. (2004). Deconstructing the relationship between genetics and race. *Nature Reviews Genetics*, 5, 598-609.



# Diversity, Equity, and Inclusion Reading Guide

Nurses are committed lifelong learners. We present here a list of resources, though by no means comprehensive, that will enrich your knowledge and skills as we work to make anti-racism part of the character of our school and broader community.

## LEARNING ABOUT RACISM

- The Racial Healing Handbook by Anneliese A. Singh
- How We Fight White Supremacy by Akiba Solomon and Kenrya Rankin
- How to be an Anti-Racist by Ibram X. Kendi
- Stamped from the Beginning by Ibram X. Kendi
- So You Want to Talk About Race by Ijeoma Oluo
- Me and White Supremacy by Layla F. Saad
- The New Jim Crow by Michelle Alexander
- Why Are All the Black Kids Sitting Together in the Cafeteria? by Beverly Daniel Tatum

## WHITENESS

- White Fragility by Robin DiAngelo
- White Rage by Carol Anderson
- The History of White People by Nell Irvin Painter
- The Invention of The White Race by Theodore W. Allen
- Dear White America: Letter to a New Minority by Tim Wise

## RACISM IN SCIENCE

- Breathing Race into the Machine by Lundy Braun
- Medical Apartheid by Harriet A. Washington
- Fatal Invention by Dorothy Roberts
- Medical Bondage: Race, Gender, and the Origins of Gynecology by Deirdre Cooper Owens
- Killing the Black Body: Race, Reproduction, and the Meaning of Liberty by Dorothy Roberts
- A Terrible Thing to Waste: Environmental Racism and Its Assault on the American Mind by Harriet A. Washington

## RACISM AND PSYCHOLOGY

- The Deepest Well by Nadine Burke Harris
- My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies by Resmaa Menakem
- Post Traumatic Slave Syndrome by Joy DeGrady
- Race, Trauma, and Home in the Novels of Toni Morrison by Evelyn Jaffe Schreiber

## RACE & ETHNICITY

- West Indian Immigrants: A Black Success Story? by Suzanne Model
- An African American and Latinx History of The United States by Paul Ortiz

- Blackness in Latin America & the Caribbean: Social Dynamics and Cultural Transformations (Blacks in the Diaspora) by Arlene Torres and Norman E. Whitten, Jr.
- How Does It Feel To Be A Problem?: Being Young and Arab in America by Moustafa Bayoumi
- We, the Black Jews: Witness to the 'White Jewish Race' Myth, Volumes I & II by Yosef A. ben-Jochannan
- The Myth of the Model Minority: Asian Americans Facing Racism, Second Edition by Rosalind S. Chou

## RACISM & GENDER

- Bad Feminist: Essays by Roxane Gay
- Sula by Toni Morrison
- Sister Outsider by Audre Lorde
- Well Read Black Girl by Glory Edim
- Eloquent Rage by Brittney Cooper
- Sisters of the Yam by bell hooks
- Killing Rage: Ending Racism by bell hooks
- The Black Woman: An Anthology by Toni Cade Bambara
- Black on Both Sides: A Racial History of Trans Identity by C. Riley Snorton
- Playing in The Dark: Whiteness and the Literary Imagination by Toni Morrison
- How We Get Free: Black Feminism and the Combahee River Collective by Keeanga-Yamahtta Taylor
- Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment by Patricia Hill Collins

## HEALTH PROFESSIONS AND RACISM

**AACN DEI Statement**  
<https://bit.ly/3lD2cLF>

**AMA statement**  
<https://bit.ly/3lyV6ry>

**Scientific American: How to study racial disparities**  
<https://bit.ly/3opckJY>

**Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments**  
**Macy Foundation Report**  
*Dean Kurth and Dr. Stephan Davis'16 DNP, committee members*  
<https://bit.ly/33HVVIIF>

# Trailblazers Welcome in New DNP Program

The new Post-Master's Clinical Doctor of Nursing Practice (DNP) program is designed for Advanced Practice Registered Nurses (APRNs) who have graduated from an MSN program and are interested in enhancing their clinical leadership skills and developing a clinical area of expertise in their practice area.

The Clinical DNP is tailored to APRNs working part- or full-time in a clinical role who would like to pursue doctoral education as they develop their clinical knowledge and experience. The Clinical DNP graduate will apply the knowledge gained in their course work and clinical collaborations to develop new clinical practices, processes, and roles that will contribute to better health for all people.

For questions or more information regarding the new Clinical DNP program, please contact the YSN Admissions Office. **The application deadline for Fall 2021 enrollment is January 15, 2021.**

For more on the new Clinical DNP program, see the story on page 51.





## Learn how to lead—and change—health systems at Yale School of Nursing.

Our Health Care Leadership, Systems, and Policy DNP program is for accomplished advanced practice nurses who want to build on their experience and become innovative health leaders.

This DNP course of study is tailored for nurses who have significant professional experience and work commitments. Students collaborate on real-world problems, crafting solutions that span finance, government, clinical practice, evidence and data, and human behavior.

For questions or more information regarding this DNP program, please contact the YSN Admissions Office.

**The application deadline for Fall 2021 enrollment is January 15, 2021.**

[nursing.yale.edu](https://nursing.yale.edu)

# Teaching & Learning Upgrade: Refresh for Fall Semester

**Y**ale School of Nursing's shift to online learning back in the spring was like a mad dash for the finish line without sneakers, a course map, or much experience running. Thankfully, the fall transition arrived with better equipment, more direction, and some valuable logged miles.

On the equipment front, Lecturer and Simulation Director Virginia "Ginger" Sherrick, EdD.(c), MSN, APRN, FNP-BC, RN-BC, CHSE, CNE and members of the Simulation Unit worked with Lecturer Sarah Korpak, MSN, Ed, MS, AG-ACNP-BC, RN-BC, CNE to greet new students with fully loaded nursing kits. The YSN insignia duffel bags included catheters, a blood pressure cuff, demonstration medications, nasal gastric tubes, and assorted dressings and gauzes for wound care practice. In short, everything they would need to ace their lab classes.

*"The response has been amazing," Sherrick said.  
"Students were excited to see what they would be working with right away."*

"These kits allowed us to continue to offer laboratory sessions in an online environment to complement and/replace in person sessions during the pandemic. We are now considering how we can make these kits standard issue beyond the global pandemic to enhance our simulation teaching options."

The Academic Support Unit (ASU) team, led by Ekaterina Ginzburg, Director of Academic Support, Instructional

Technology, and Design, created the Faculty Academy to provide clarity of direction. The completely online, self-paced courses included information for online learning course design and communication, organizing Canvas sites, methods for determining alternative assessments to multiple choice testing, best practices for recording and posting lectures online, and optimizing IT settings. Ginzburg's team also expanded and updated the Teaching from Home course, which focuses on the transitioning of face-to-face courses to remote delivery.

Drop-in sessions were held all summer to offer individual and group instruction, which provided faculty and students with the opportunity to practice Zoom classroom. Faculty also participated in workshops with the Apple Education Team and the Poorvu Center for Teaching and Learning. Faculty who taught spring classes shared their suggestions with colleagues who took up the baton for fall courses.

"The new hybrid modality of offering instruction in person and online at the same time is a challenge, but we have built a solid infrastructure to accommodate the need. We had a smoother start in the fall with online courses since we were able to build on the foundation of what we accomplished and learned in the spring," Ginzburg said.

Ginzburg emphasized that the school's current approach is best categorized as emergency remote learning and teaching, not what most folks think of as the completely polished online learning environments that have been refined and tested many times with much larger resources and more time.

Dr. Martha K. Swartz, PhD, RN, CPNP, FAAN Professor of Nursing and Chair of the Master's Program, said that

after overcoming a few early hurdles she was able to really appreciate some of the conveniences to a style of instruction that accommodates both in-person students and classmates who beam in.

“One of the advantages of Zooming has been to be able to prerecord applicable sessions that can be watched ahead of time and then use actual class time to apply case studies or host small group discussions,” Swartz said. “It has pushed us into this more creative way of using class time.”

Swartz also highlighted the massive turn to telehealth as another major shift in care delivery and clinical education due to COVID-19. Clinical faculty and students have already incorporated telehealth in patient care and precepting methods. This approach to delivering care will still be around long after the fall semester breaks the “2020” tape and looks ahead to a new year.



Dr. Martha K. Swartz took advantage of several of the ASU's summer sessions to prepare for teaching her fall courses. Her instruction reaches students in the classroom and via Zoom simultaneously.



During the summer, members of the Simulation Team welcomed new students in controlled groups and fitted them for tailored N95 masks.



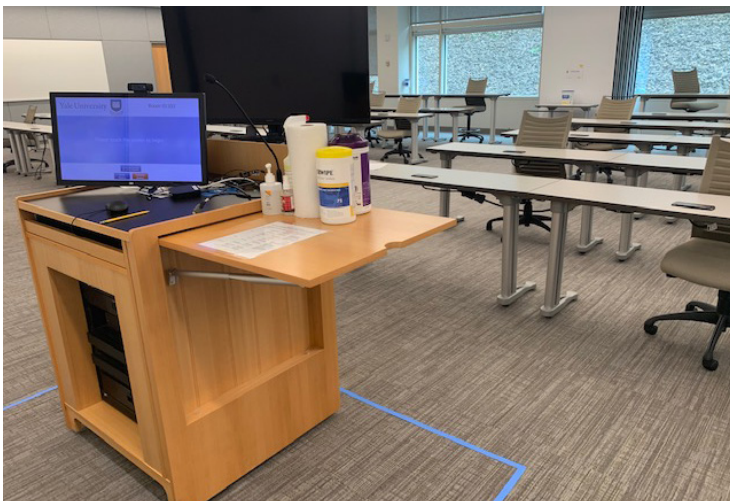
The nursing kits were stocked with a variety of materials, including catheters, a blood pressure cuff, tablet, and assorted dressings and gauzes for wound care practice.





# Team Effort: Preparing the Physical Spaces of YSN in a COVID-19 World

Returning to campus in the COVID-19 era required abiding by a novel set of social norms like wearing masks in public and maintaining six feet of distance between classmates. But when it came to the physical spaces of the school itself, safety protocols were even more extensive.



Marcia Thomas, EDD, MPH, Associate Dean for Finance and Administration, worked sanitized-hand-in-latex-glove with building superintendent Paul Catalano to ensure that YSN’s headquarters at Yale’s West Campus was ready to welcome the community back in person by the time classes resumed on August 31.

“We announced our plan of action on July 1, but the preparation began long before that,” Thomas said. “We have been strategizing how to safely get back into the building ever since we left the building.”

Through a connection made by Yale School of Architecture Associate Dean Phil Bernstein, YSN partnered with Thomas to Apicella + Bunton Architects. The firm worked on occupancy studies pro bono and assembled plans for what the spaces would look like in socially distant arrangements. In addition to architectural recommendations, Thomas and her team juggled guidelines issued by Yale University, the state of Connecticut, and the CDC.

A checklist was created for every space, detailing what needed to be moved in, out, and six feet over. YSN staff oversaw the movement of—literally—hundreds of chairs and other pieces of furniture, ensuring that users can easily maintain a six-foot bubble because a closer seating option doesn’t exist. Furniture pieces that can’t be cleaned easily were moved to storage.

Plexiglass guards were added to contact areas such as reception and the Simulation spaces, water fountains covered, and hand sanitizer stations and disinfecting wipes are always within your line of sight.

Shared items such as magazines were removed; even the dry erase board markers that floated among classrooms were distributed in individual rainbow bundles to each instructor.

Since shared food storage is prohibited, every member of the YSN community received an insulated YSN lunch bag. Tents were erected in the courtyard behind the building to provide shade and a safe place for people to eat outside.

West Campus approved a temporary YSN expansion into

Building 410, an unoccupied building behind YSN. The additional space serves primarily as simulation expansion and decongestion square footage, as well as offering secure rooms for students to study.

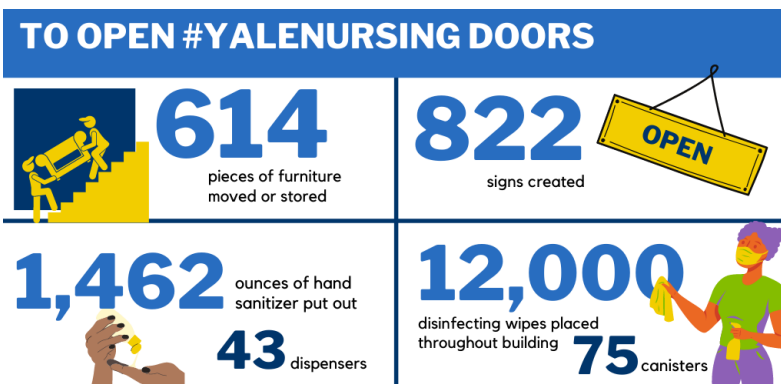
Yale Environmental Health and Safety (EHS) conducted multiple walkthroughs of both buildings, assessing ventilation and air circulation for occupancy and making adjustments as needed to layout and usage of individual areas. EHS also helped ensure that the lighting, security, and plumbing facilities were updated and operational.

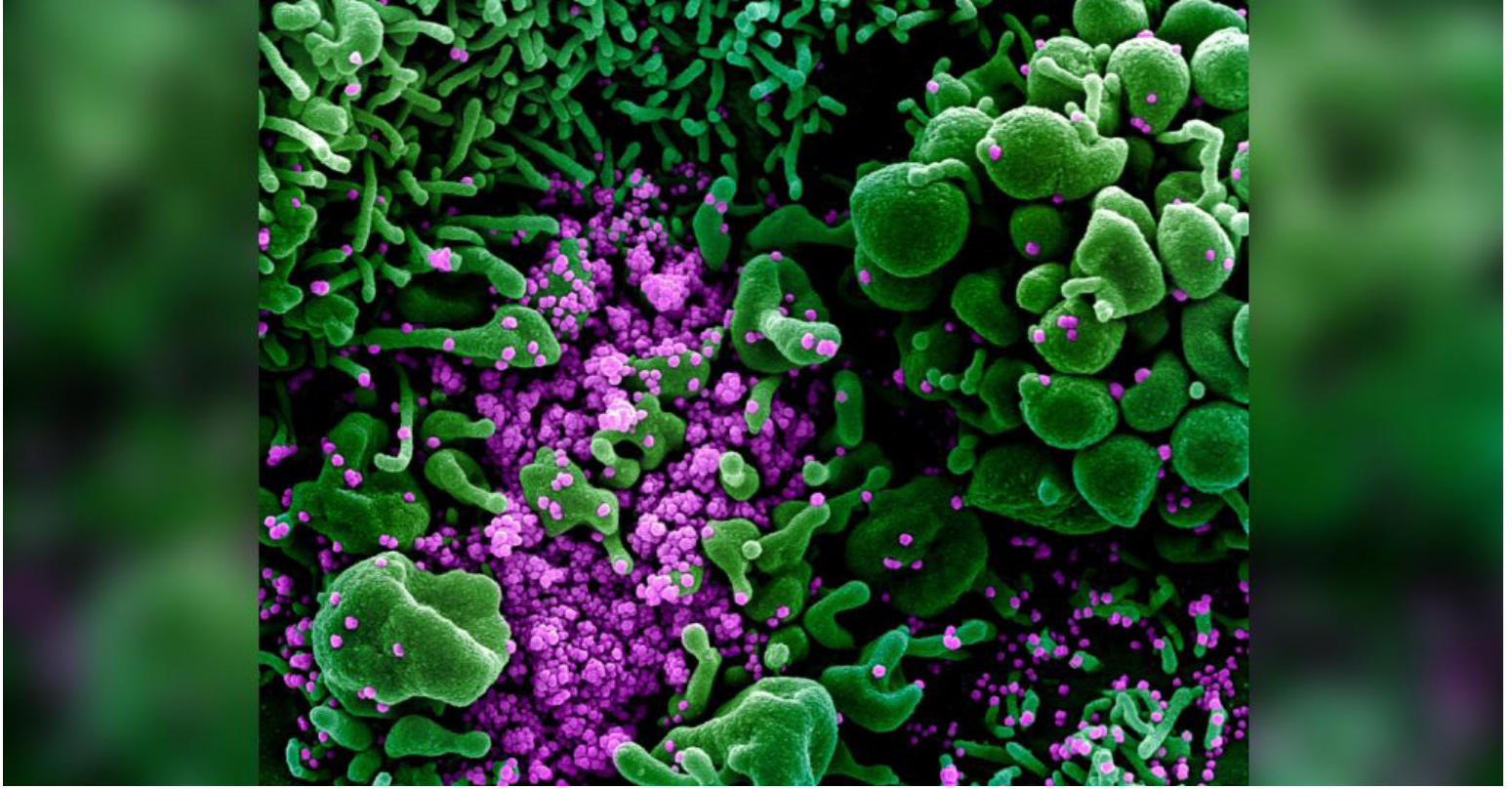
As for the folks who use the buildings, students adhere to the Yale Community Compact, and faculty and staff follow the direction of the Statement of Expectations.

“We want everyone to feel safe here,” Thomas said. “In addition to all the alterations to the physical spaces, our guidelines for the YSN community cover everything from building access to elevator use.”

***“Preparing YSN to open its doors was a true team effort. Staff from across YSN offices offered their help throughout the summer—coming in early mornings, evenings, and weekends to make sure we were ready on August 31.”***

“We will continue to make adjustments as our needs evolve.”





# YSN Faculty Share Talents with CoReCT Team

**I**n addition to the other elements of YSN's COVID-19 portfolio, the school is collaborating with leaders from the School of Medicine, School of Public Health, School of Engineering & Applied Science, and the Faculty of Arts and Sciences to join forces on the COVID-19 Response Coordination Team (CoReCT). Dean Ann Kurth '90 MSN, PhD, MPH, CNM, FAAN and Dr. Saad B. Omer MBBS, MPH, PhD, FIDSA serve as YSN's lead members of CoReCT.

The group provides a coordinated research, clinical, and data driven response to the COVID-19 crisis and shares its findings on a robust website that is both internally facing and available to the public.

The scientific community can learn more about clinical research, trial enrollments, and hospital safety measures. The site also utilizes the Yale Open Data Access project to promote the sharing of clinical trials data and shares articles published on several preprint servers by Yale authors.

Members of the general public will find information on a range of relevant articles including sleep hygiene and stress management. And for a bit of levity, readers can learn more about Dr. Nate Wood, a New Haven doctor who won a special MTV Music Video Award for first responders.



To learn more about CoReCT's efforts and see the latest news on the continuously updated site, visit <https://covid.yale.edu>.

# Beckman, Davies, and Kearney Honored as FAANs



**Y**ale School of Nursing is thrilled to congratulate the new class of distinguished Fellows in the American Academy of Nursing (FAAN). This year's cohort of 230 nurse leaders includes three YSN affiliates: Beth Beckman DNSc, FAAN associate dean for clinical partnerships at YSN; associate professor of nursing Marianne J. Davies, '87 MSN, '00 PMC, DNP, RN, APRN, CNS-BC, ACNP-BC, AOCNP, FAAN; and Joan Kearney, PhD, APRN, FAAN, Chair of the Doctor of Nursing Practice program and associate professor of nursing.

*"It is especially significant to honor the contributions of these outstanding nurse leaders during the Year of the Nurse and Midwife," said Dean Ann Kurth '90 MSN, PhD, CNM, MPH, FAAN. "The YSN community is privileged to draw on their combined decades of expertise and innovation, and we salute this momentous achievement."*

Fellows are selected through a rigorous competitive process, and new Fellows are chosen annually based on their contributions to the advancement of the public's health. Induction is a significant milestone in a nurse leader's career, marking the esteem and regard of their peers within the profession.

The newest Fellows represents 39 states, the District of Columbia, the U.S. territory of Guam, and 13 countries. The Academy is currently comprised of more than 2,700 nursing leaders who are experts in policy, research, administration, practice, and academia who champion health and wellness, locally and globally.

The inductees were recognized at the Academy's annual Transforming Health, Driving Policy Conference, which took place virtually October 29-31.



In recognition of his incredible public service during the COVID-19 pandemic, YSN nominated Dr. Anthony Fauci, MD as an honorary FAAN this year. The nomination was accepted, and Dr. Fauci was recognized along with Lord Nigel Crisp, Karen Donelan, ScD, EdM, and Ahrin, Mishan, MPA, MAVA.

As the Director of the National Institute of Allergy and Infectious Diseases within the National Institutes of Health, Dr. Fauci's storied career includes advising six US presidents and a research portfolio that includes prevention, diagnosis, and treatment of infectious diseases such as HIV/AIDS, respiratory infections, tuberculosis, and malaria as well as emerging diseases such as Ebola, Zika, and COVID-19.

# INVESTING IN YOUR FUTURE AND THE HEALTH OF YSN

Of all the gifts that pay you back, the charitable gift annuity (CGA) is the most simple, stable, and popular. In exchange for a gift of \$10,000 or more, Yale will make guaranteed, fixed payments for life to you or to one or two beneficiaries you select. When the annuity ends, the remainder is used by YSN for a purpose you choose.

The amount of the payments is based, in part, on the age of the annuitant when payments begin. Deferring payments allows you to wait until you may be in a lower tax bracket or need supplemental income. The longer you defer, the larger your payments will be.

Even in today's economy, Yale remains a significant investment opportunity and gift annuity rates are appealing. The payment rates on most gift annuities exceed the yields on CDs, treasury notes and bills, and money market funds. In many cases, you may increase your cash flow with a gift annuity. Your payments are fixed at the rates set when you establish the annuity. Yale annuities have no management or investment fees.

Yale University administers more than 1,000 gift annuities. Donors enjoy steady income, tax benefits, and the opportunity to strengthen the school with a meaningful legacy.

## SAMPLE RATES: YALE SCHOOL OF NURSING CHARITABLE GIFT ANNUITY

Age	Immediate	3-year deferred	5-year deferred
65	3%	4%	4.50%
70	4%	5%	6%
75	5%	7%	9%
80	6.50%	10%	12%

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

If you are looking for long-term support for your retirement and the health of Yale School of Nursing, please contact [beth.zapatka@yale.edu](mailto:beth.zapatka@yale.edu) for more information.

# MOVING TO THE NEXT LEVEL

## OF CLINICAL SPECIALTY

Students at Yale School of Nursing (YSN) who enter as RNs move directly into a specialty with a curriculum that focuses on clinical competence and nursing scholarship. This year's class of MSN-entry students brings a depth and breadth of experience to the classroom and their classmates.



One member of that cohort is adult gerontology student Valerie Williams, BSN, RN, CCRN who got her start in health care volunteering at the Smilow Cancer Center.

"I got to be a fly on the wall there and see all the various roles of the healthcare team," Williams said. "The nurse role resonated with me the most. They spent the most time at the patient's bedside and acted as their main advocates and confidants."

After about two years as an RN, Williams decided that the time was right to pursue becoming an advanced practice registered nurse (APRN).

"At one point when I was studying for an exam to become a critical care RN, it made me realize how much I missed school and how much I really like learning. There's always something you can get better at. I love that aspect of nursing," Williams said.

Williams most recently worked at the Hospital for Special Surgery (HSS), an elective surgery facility in New York City. When all elective surgeries were cancelled in the spring due to COVID-19, the floors were eerily quiet for a few days. Then HSS started accepting emergency admissions to help ease the burden on nearby hospitals that were overwhelmed with pandemic cases. But that state did not last long. The eye of the hurricane passed, and then storm hit with full force.

Suddenly HSS was converting empty ORs into fully occupied ICU beds, and Williams' unit was chosen to staff the ICU. Rather than helping knee or hip replacement patients recover from their voluntary procedures as she usually did, Williams had effectively become an ICU nurse overnight, working with the sickest patients she had ever seen.

"We didn't have widespread testing for providers at that time," Williams said. "You had to be pretty sick to get a test. We didn't know if we were infected, or if we were bringing it home to our neighbors, our families, the doormen in our buildings. It was very isolating," she said. "But at the same time, we were very proud to be helping."

Williams described an environment of highs and lows. "Someone would get better, and you'd feel good. And the opposite was true, too," she said. "The patients' families couldn't be there with them. Nurses were the ones holding up the iPad so they could virtually visit their very sick family members."

Williams' strength as an empath is also motivating her to

Valerie Williams (center) is looking forward to taking the next step in her career. "There's always something you can get better at. I love that aspect of nursing."



work toward Spanish language proficiency to care for those patients as adeptly as any English speaker. And Williams believes that YSN is the place that will help her become the best nurse she can be.

"Making the transition from an RN to an APRN means that now you're one of the primary decisionmakers,"

she said. "I owe it to my future patients to have the best education I can possibly get, and that's why I wanted to come to YSN."

For more information about the MSN-entry program, visit the Academics tab of [nursing.yale.edu](http://nursing.yale.edu).



# WHAT'S NEW WITH YOU?

Share your career and personal milestones and celebrations with your classmates! Send your Class Notes to [ysn.communications@yale.edu](mailto:ysn.communications@yale.edu) or use

the sample form at [nursing.yale.edu/class-notes](http://nursing.yale.edu/class-notes). Photos are welcome! Even easier: scan this QR code to submit a Class Note.



# INCOMING GEPN MAKES BIG PLANS: GYASI SHARES WHY HE CHOSE YSN



The incoming Graduate Entry Prespecialty in Nursing (GEPN) students applied to Yale School of Nursing (YSN) before COVID-19 changed the world. In addition to forever altering the health care landscape, the pandemic also exposed longstanding health inequities, and members of the new class are fiercely determined to do something about that. Yale Nursing Matters talked to a brand new GEPN about his journey to Yale and his plans after graduation.

Kwaku Gyasi was born in Obuasi, a small rural town in Ghana, West Africa. His mother has been a practicing midwife for nearly three decades, but Gyasi's journey to nursing came less from family influence and more from a series of powerful internships as an undergraduate. He supported residents in a dignified housing complex; delivered educational programming to doctors in Vietnam; and conducted research on the Broader Autism Phenotype. He spent the last two years working with underserved residents on Governor Cuomo's NYS Department of Health Breast and Prostate Cancer Peer Education Project.





**YNM: WHY DID YOU CHOOSE YSN AS THE BEST PLACE TO TAKE THE NEXT STEP IN YOUR LIFE AND CAREER?**

KG: The mission of “better health for all people” resonates with my own values of high standards and service and this is what attracted me to the school in the first place. In addition, YSN has a rigorous curriculum, state-of-the-art facilities, and a world-class faculty I believe will be influential in molding me into a competent and well-learned health care provider. Finally, being that I someday would like to help improve psychiatric care in West Africa, the global concentration at YSN allows me to gain the necessary experience and collaborate with peers and faculty who are already well versed in these areas.

**YNM: TELL US ABOUT WHY YOU CHOSE THE PSYCHIATRIC MENTAL HEALTH SPECIALTY.**

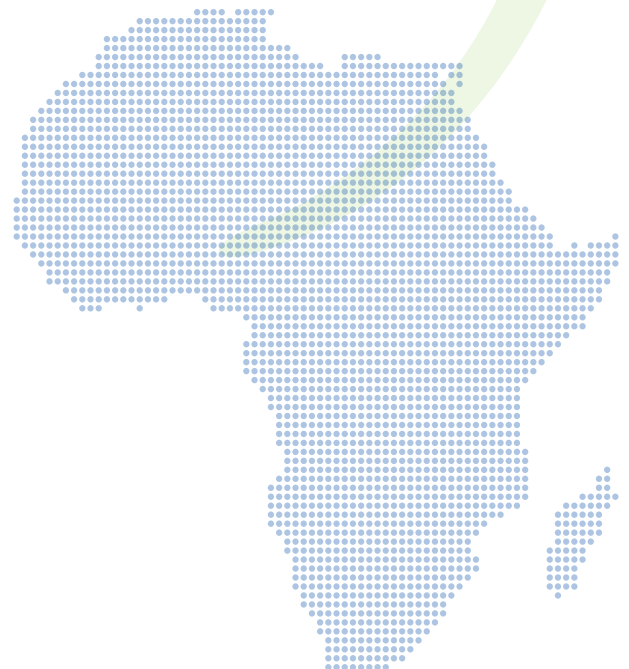
KG: Before immigrating to the United States in 2014, while educating farmers about land ownership in Ghana, I saw communities deprived of affordable health care and specifically, quality mental health care.

*I saw how the misguided belief that mental illness can only be treated with prayer and deliverance stigmatized those living with these conditions. I saw people with mental illness excluded from mainstream society and subjected to chain restraints and flogging.*

When I settled in the Bronx, I quickly realized that my new community also struggled with its own set of mental health care challenges based in racial, ethnic, and economic disparities. My goal is to help ensure vulnerable populations both in the United States and West Africa get the best psychiatric care possible based on evidence-based practice while also providing resources that reduce stigma and access to care.

**YNM: YOU APPLIED TO YSN IN A WORLD BEFORE COVID-19. HOW HAS THE PANDEMIC CHANGED YOUR CAREER OUTLOOK?**

KG: COVID-19 has exposed many of the discrepancies that health advocates have been hammering on for so long. With 2020 being the Year of the Nurse and the Midwife, this pandemic reiterates the role nurses have in addressing health inequities. Nurses use a holistic approach in delivering health care, and the presenting illness isn't the only focus. The entire story of the patient is considered. This is the kind of provider I aspire to be. In this regard, I am more eager to complete my education and join my fellow men and women on the front lines.





## Explore one of eight clinical specialties while pursuing your Master of Science in Nursing from Yale School of Nursing.

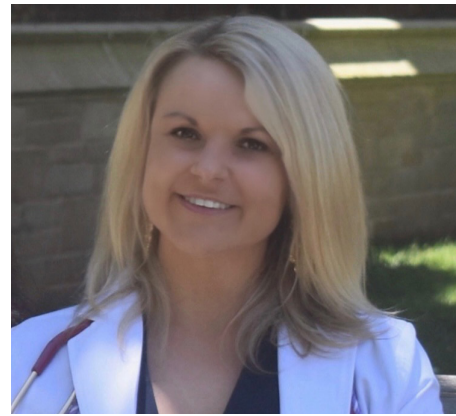
The master's curriculum is designed to prepare students as advanced practitioners so that they may assume roles as clinicians, scholars, and leaders and ultimately improve health care for all people. Nurses in advanced practice are health care professionals committed to the delivery and study of high-quality clinical service.

YSN offers students the opportunity to explore one of four concentration areas that further develops a clinical or a conceptual interest: Diabetes Care, Oncology, Gender and Sexuality Health Justice, and Research. Upon completion of the concentration, students may be eligible for the certification exam in the area of the concentration.

Learn more about MSN students on page 46.

# YSN Launches a Clinical DNP

## Meet Christa Varnadoe



**C**hrista Varnadoe '20 MSN, BS, RN, OCN graduated virtually in May 2020, the first online Commencement in Yale School of Nursing's nearly 100-year history. During her time at YSN, Varnadoe worked as a clinical researcher, volunteered at the HAVEN free clinic, and welcomed new students as an orientation leader. In 2019, she was named recipient of the Nightingale Awards for Excellence in Nursing scholarship, the Oncology Nursing Foundation Master's Scholarship, and the American Cancer Society Graduate Nursing Scholarship.

"I loved my time at Yale," Varnadoe said. "Everything about Yale was an amazing experience for me."

The final spring of her MSN program included serving as the clinical research nurse coordinator of COVID-19 clinical trials at Mount Sinai Hospital. The experience prompted a great deal of self-reflection.

"It really made you stop and think," Varnadoe said. "To have no knowledge, to go in blindly and hoping this trial can make a difference was a very humbling experience. But you realize that you never know what you can do until you've been put in a tough position like that. And you can do so much. There have been so many positive things that have come out of the chaos. This is the Year of the Nurse and look how far we've come."

In a year full of tectonic changes, two big ones happened simultaneously. First, she was recruited into a nurse manager role at the Tisch Cancer Center, a move that would provide the means and opportunity to return to academia. And second, YSN launched the brand-new post master's Clinical Doctor of Nursing Practice program. The track is designed for Advanced Practice Registered Nurses (APRNs) interested in enhancing their clinical leadership skills and developing a clinical area of expertise.

"I always knew I was going back to school, and it was just a matter of when," she said. Varnadoe returned to YSN this fall as a member of the first C-DNP class and as the new Nurse Manager of the Cancer Clinical Trials Department in the Icahn School of Medicine at Mount Sinai Hospital.

"Since being at YSN, I've always been on a team. No matter where you go you have to collaborate, you have to synergize. That's is one of the most exciting things I'm looking forward to about the clinical DNP: us all working together and creating something new. Being the first and being able to put this new program on the map and advocate for it in the future is really special. Maybe I could even come back to YSN as a guest lecturer or part-time faculty."

Varnadoe is also energized by the opportunity to be a trailblazer.

"Yale is such an established university, and the nursing program itself is so established. It's extremely difficult to be an inaugural anything here, and to be in the first clinical DNP class is an honor," Varnadoe said. She also discussed other advantages of the program: becoming a more well-rounded professional nurse, adding more tools to her toolkit as a manager, and partnering with brilliant colleagues who have varied areas of expertise she wouldn't have the opportunity to work with otherwise. When speaking about this new chapter, it is clear that Varnadoe is also driven by a strong altruistic calling.

"Everyone is passionate about something different, and when we all come together at YSN it paints a beautiful picture of what can be done for others."

Welcome back, Christa!



# PhD Student Prepares to Tackle Stigmatization

Uzaji Nwanaji-Enwerem chose to come to Yale School of Nursing (YSN) because it offers an ideal scientific environment for her career growth and development as a nurse scientist. YSN offers courses and seminars from all of Yale's graduate and professional schools, providing access to some of the most innovative minds in healthcare, the arts and sciences, and thinking spaces to address the complex issues of today's world.

**YALE NURSING MATTERS (YNM): WHAT MADE YOU CHOOSE YALE SCHOOL OF NURSING AS THE BEST PLACE TO TAKE THE NEXT STEP IN YOUR CAREER?**

**UNE:** Beyond the immense prestige that the Yale PhD program in nursing is ranked among the top five programs by the National Research Council, YSN offers an ideal scientific environment for my career growth and development as a nurse scientist. Yale's institutional commitment to fostering independent research careers supports my scientific development and expertise in my niche of academic interest. YSN offers courses and seminars from all of Yale's graduate and professional schools, providing access to some of the most innovative minds in healthcare and the arts and sciences and thinking spaces to address the complex issues of today's world.

**YNM: TELL US ABOUT YOUR NURSING JOURNEY BEFORE ARRIVING AT YSN.**

**UNE:** Ever since I can remember, I've always wanted to be a nurse. Throughout my educational trajectory and clinical experience as a registered nurse and advanced clinical training as a nurse practitioner, I developed an understanding of the critical importance of the influence of environmental and societal factors on health outcomes among disadvantaged, vulnerable, and underserved populations.

During my educational journey at Winston Salem State University (WSSU) – a historically black constituent of the University of North Carolina – for my undergraduate degree and WSSU-Duke Nursing Bridge to the Doctorate (BRIDGES) Program for my master's in nursing, I acquired experience with rigorous research. These included opportunities to obtain, prepare, and publish research data that were essential to stimulating my interest in pursuing a doctoral education at YSN.

**YNM: YOUR RESEARCH AREAS OF INTEREST ARE**

**PSYCHOSOCIAL STRESS, SLEEP HEALTH, AND CARDIOVASCULAR DISEASE. WHAT ARE YOU WORKING ON RIGHT NOW, AND WHO ARE YOU COLLABORATING WITH?**

**UNE:** As an African American woman, I am particularly passionate about conducting research that will contribute to improving the health of underrepresented populations who often experience societal stressors, such as stigmatization. My experiences as a minority student inform my research interests and focus on research development. My pre-doctoral education furthered my understanding of nursing research and granted me abundant opportunities to develop into an independent nurse scientist who conducts interdisciplinary research focused on stigma and other psychosocial and environmental concerns that contribute to health inequity, minority health, and drug addiction and treatment. Currently my research focuses on stigma and sleep.



Specifically, the purposes of my dissertation work, which will be an explanatory sequential mixed methods study, are to (1) evaluate the effects of Opioid Use Disorder (OUD)-related stigma on self-reported and objectively measured characteristics of sleep among patients on Medication for Opioid Use Disorder (MOUD) and (2) to obtain a comprehensive understanding of experiences and perceptions of stigma and their associations with sleep deficiency and relapse and retention in MOUD.

Integrating both qualitative and quantitative data will improve understanding of multiple dimensions or the intersectionality of stigma, providing a more detailed and meaningful assessment from the perceptions of the study participants than previous research focused on more limited aspects of stigma.

Because the proposed study is nested within the NIH HEAL-funded

One of Uzoji's biggest passions is JI Girls, an organization she co-founded with her sister, Brown University medical student Ugoji Nwanaji-Enwerem (left). The project showcases the beauty of Nigerian culture in the context of fashion, music, medicine, and entertainment. JI Girls recently awarded its inaugural scholarship to a high school student. Follow them on Instagram @ji.girls.

mechanistic study (CLOUDS STUDY - the Collaboration Linking Opioid Use Disorder and Sleep), not only do I have the opportunity to collaborate with YSN faculty including my primary mentor, Dr. Nancy Redeker, and other faculty such as Dr. Lois Sadler, but also the opportunity to build interdisciplinary collaborations with those who are PIs of the parent study who are not at YSN including Dr. Klar Yaggi and Dr. Declan Barry.

There's an old Nigerian Igbo proverb that states "Otu onye tuo izu, o gbue ochu" which translates to "Knowledge is never complete, as two heads are better than one." I am excited to be working with a team full of experts within their own discipline, as it will provide me with a wealth of knowledge.

**YNM: HAS THE COVID-19 PANDEMIC ALTERED YOUR RESEARCH PLANS?**

**UNE:** COVID-19 has adversely impacted society in a variety of ways. This period of self isolation has caused a lost sense of physical community derived from the classroom academic settings. Nevertheless, the advanced technological age has allowed for connections to remain powered and for learning to still occur through virtual settings.

Beyond the negative, a positive that has transpired from the pandemic is the period of time that I was able to use to further reflect on important research questions and considerations for my dissertation work. Thus,

COVID-19 has not altered my research plans, but further clarified my vision for what I hope to achieve.

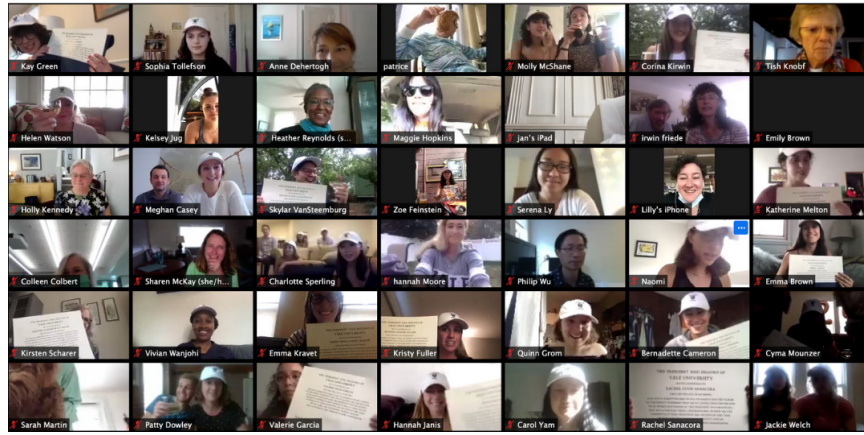
**YNM: WHAT DO YOU HOPE TO ACCOMPLISH WHILE STUDYING AT YSN?**

**UNE:** It is my goal to serve as a leading scientist in my field of research relating to societal influence on health, sleep, and addiction. My primary objective is to remain curious and ask the tough and unanswered questions. As an African American woman, I strive to use my work as a vehicle of positive change to not only resolve gaps in our understandings of issues in my realm of research, but to advance progress on resolutions to positively impact nursing and the communities it serves.

**YNM: WHAT IS YOUR ADVICE TO OTHER NURSES WHO ARE CONSIDERING A PHD?**

**UNE:** My greatest piece of advice is if higher education will play an integral role in your competence, ability to lead and serve, and contribute to scientific and academic research or to become a nurse educator, then applying for a PhD is the right decision. By attaining a PhD, an individual is positioned to serve at the forefront of addressing the future of healthcare and nursing knowledge and re-defining accurate standards and means to deliver the highest quality of care.





# Beloved Traditions Go Virtual in 2020

Nursing education during a global pandemic looks and feels dramatically different from normal circumstances. Even though there was nothing normal about most of 2020, the school celebrated a series of treasured signature events with all the enthusiasm of an in-person occasion.

## COMMENCEMENT 2020 (MAY)

*Congratulations to the 134 degree recipients in the Class of 2020!* The class is comprised of 115 Master of Science in Nursing candidates, 16 Doctor of Nursing Practice candidates, and 3 PhD candidates, whose degrees are awarded through the Graduate School of Arts and Sciences.

**Congratulations to all our prize winners! They are:**

- **Annie Goodrich Award for Excellence in Teaching**  
Dr. Dilice Robertson '08 MSN, DNP, APRN, PMHCNS-BC, PMHNP-BC
- **Charles King, Jr. Memorial Scholars Aid Prize**  
Camille Lawhead '20 MSN
- **Milton and Anne Sidney Prize**  
Dr. Bridget Lynn Basile Ibrahim '20 PhD

Check out event photos on Instagram, Twitter, and Facebook using hashtags #YaleNursing2020 and #Yale2020. Watch the full video on our YouTube channel.

## CREATIVE WRITING AWARDS (JUNE)

"GEPN is so fast," said Linda Honan, '89 MSN, PhD, CNS-BC, RN, ANEF, FAAN. "I was always afraid [the students] would forget the rigors of what they

had been through. And my hope is that when they look at the journals 10 years later, they have patience for people who are going through it now."

*"When you write, you learn what you think about things."*

A professor of nursing in the Graduate Entry Prespecialty in Nursing (GEPN) program, Honan has cultivated CWA since its infancy, encouraging students to enter and fostering confidence in their writing with the same vigor that she demands proficiency in their clinical skills.

**Many congratulations to this year's winners! They are:**

- Amy Isabelle '20 MSN  
*Med Math for a World on Fire*
- Josh Kwan '21 PMC  
*I See Me*
- Camilla Soto Espinoza '21 MSN  
*Focus*

For the complete list of honorees and to read the full text of the winning essays, visit [nursing.yale.edu](http://nursing.yale.edu).

### **SIGMA THETA TAU INDUCTIONS (JUNE)**

Delta Mu Chapter President Andree de Lisser, '79 MSN, DNP, APRN, PMHCNS-BC welcomed new members to the Sigma Theta Tau International honor society with remarks that spoke to the context of the ongoing global health emergency and racial injustice crisis.

Guest speaker Jeremy Egner, television editor for the New York Times, spoke movingly about his experiences contracting and recovering from COVID-19 and the role his nurses and other healthcare workers played in his treatment.

***“No one bears the kind of witness that nurses do.”***

“Nurses are there in our darkest moments. Too many times during this pandemic they are the only ones there, as patients passed away, too contagious for their own families to touch. But nurses are also there in the birthing room, bearing witness to the precious new ones as we welcome them into our world,” Egner said. “Who else can say they are there for the highs and the lows?”

### **NEW STUDENT ORIENTATION (AUGUST)**

Orientation 2020 offered an exclusively virtual slate of programs and activities, and not even the shadow of COVID-19 could block out the bright anticipation of fall classes and classmates.

“While we recognize that these are unusual times, please know that this does not diminish our enthusiasm about you and your incoming cohort joining our YSN family this fall,” said Saveena Dhall, Associate Dean of Student Life and Belonging in her warm welcome remarks.

The new cast of Orientation Leaders shared their pre-Yale lives, and experiences include the Peace Corps, AmeriCorps, and the core of a honeybee hive. Other returning students arrived at YSN with the skills to make the perfect Starbucks coffee drink, grow an urban farm, and serve on an opioid response team.

Welcome new students!

### **GEPN CERTIFICATE CEREMONY (SEPTEMBER)**

More than 150 guests gathered from as near as Connecticut and as far as Kenya to celebrate the GEPN students earning their Certificates in Nursing.

GEPN Chair-elect Dr. Sascha James-Conterelli DNP, CNM, LM, FACNM saluted the students that she has come to know so well during an intense year. “You showed up, and showed out, even though we were online,” James-Conterelli said. “And you demonstrated to us that you are dedicated to this profession. You persevered, you raised the bar, and you demonstrated your excellence. You are a true demonstration of why YSN is what it is. I’m so proud of you guys!”

### **PRECEPTOR OF THE YEAR AWARDS (OCTOBER)**

Preceptorship bridges the gap between the classroom and the clinical area where nursing is practiced. YSN is grateful for the incredible generosity of our alumni to help educate, grow, and diversify the next generation of providers and to foster better health for all people. Many thanks to all of our preceptors this year for devoting their time and energy to our students, and many congratulations to all our Preceptor of the Year Award winners!

- Susan Brown MSN, RN, APRN, PMHNP
- Philip Costello RN, APRN, FNP
- Meridith Cowperthwait PNP
- Keona Dawson MS, APRN, ANP-BC, CC, AGPCNP
- Jill Fischer PsyA, APRN, BC, FNP
- Tory Larsen RN, MSN, APRN, AGACNP
- Cathie Miller RN, CNM, WHNP

Have you ever thought about serving as a preceptor? Visit [nursing.yale.edu](http://nursing.yale.edu) for more information or contact Director of the Clinical Support Unit Tracy Chidsey at [tracy.chidsey@yale.edu](mailto:tracy.chidsey@yale.edu).







# Graduate Entry Prespecialty in Nursing

## Preparation in basic nursing and an advanced clinical specialty

**GEPN is the first of a three-year, full-time course of study.** Students arrive with vast experiences outside of nursing, and the GEPN program incorporates both the arts and the sciences into the curriculum and clinical components.

Students can experience acute-care hospital units or community settings to achieve YSN's mission of better health for all people.

**The faculty have crafted the curriculum to include both traditional and alternative pedagogical approaches.** YSN is proud to draw on resources from across the university such as the Yale School of Medicine, the Yale University Art Gallery (pictured), and the Yale School of Music.

**Upon completion of the prespecialty year, students continue with their graduate theory, practice, and research.** After earning their Certificate in Nursing and a license to practice nursing in Connecticut, GEPN students continue with their graduate work to earn their MSN degree.

Learn more at [nursing.yale.edu/academics](https://nursing.yale.edu/academics).

# 2020: International Year of the Nurse and Midwife

The World Health Organization (WHO) declared 2020 the International Year of the Nurse and Midwife, coinciding with Florence Nightingale's 200th birthday. WHO also released its first ever State of the World's Nursing report this year. The data show a critical need for nurses and midwives now and in the future.

To learn more about the International Year of the Nurse and Midwife or to read the full State of the World's Nursing report, visit [www.who.int](http://www.who.int).



<p>The world needs <b>9 million</b> more nurses and midwives to achieve health for all by 2030.</p>  <p>2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization</p>	<p>Nursing is the largest occupational group in the health sector, accounting for approximately <b>59% of the health professions.</b></p>	<p>The global nursing workforce is 27.9 million, of which <b>19.3 million are professional nurses.</b></p>	
<p>Globally, <b>70% of the health and social workforce are women.</b> Many of them are nurses and midwives.</p>  <p>2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization</p>	<p><b>1 nurse out of every 8 practices</b> in a country other than the one where they were born or trained.</p>	<p><b>Approximately 90% of the nursing workforce is female,</b> but few leadership positions in health are held by nurses or women.</p>	<p>Nurses and midwives are often the <b>first and only health point of contact</b> in their communities.</p>  <p>2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization</p>
<p>WHO welcomed its <b>first chief nursing officer in 2018.</b></p>	<p>Around <b>81% of the world's nurses are found in the American, European, and Western Pacific regions,</b> which account for 51% of the world's population.</p>	<p><b>1 out of 6 of the world's nurses are expected to retire in the next 10 years;</b> this percentage is substantially higher in the Region of the Americas (24%), posing a further replenishment challenge.</p>	<p>Global inequalities in availability of nursing personnel are largely income driven, with a density of <b>9.1 nurses per 10 000 population in low-income countries compared to 107.7 per 10,000 population in high-income economies.</b></p>

# Yale College Class of 1980 Raises Funds for YSN

The Yale College Class of 1980 celebrated its 40th reunion this year, and Yale School of Nursing Dean's Leadership Council (DLC) members Anne Casscells '80 and Andrew Wallach '80 served as two of the five Gift Co-Chairs. Together they helped spearhead a unique effort to include the school in the class's giving.

Casscells first contributed to YSN five years ago with an endowed scholarship to honor her late brother, Dr. S. Ward Casscells III '74, better known as Trip. His career as a cardiologist and Army reservist brought him into contact with Dr. Anthony Fauci, collaborating on pandemic preparation.

Trip served a tour in Iraq and was later inspired to write the book *When It Mattered Most* about medics who lost their lives in the Iraq and Afghanistan conflicts. "It is important to recognize in health care that the medic or nurse who tends to you may have as big an impact in saving your life as any physician," Anne Casscells said.

Easing the financial burden of future nurses is a cause that resonated with several other 1980 Yalies.

***"A number of our classmates were attracted to the opportunity to make a difference in the world by supporting nurses, who are disproportionately female, graduate with a higher level of debt, and are also on the frontlines of public health," Casscells said.***



Dean Kurth attended the Yale College Class of 1980's virtual reunion as a speaker earlier this year.

As a DLC member since the board's inception in 2015, Wallach also expressed a desire to invest in the future of the profession. "I originally chose Nursing to focus on because I have tried to channel my giving to the people at Yale who give the most to the world, but who get the least financial support along the way."

Wallach sees YSN students as a strong investment. "First, you are giving money to train people who are devoting their lives to public service; second, the money is used very effectively; and third, Nursing is an area at Yale that does not receive as much donor attention, and relatively small contributions go a long way."

The global pandemic scuttled plans for every in-person gathering in the spring and summer, including the class reunion. But despite that disappointment, Wallach said it brought the effort into sharper focus.

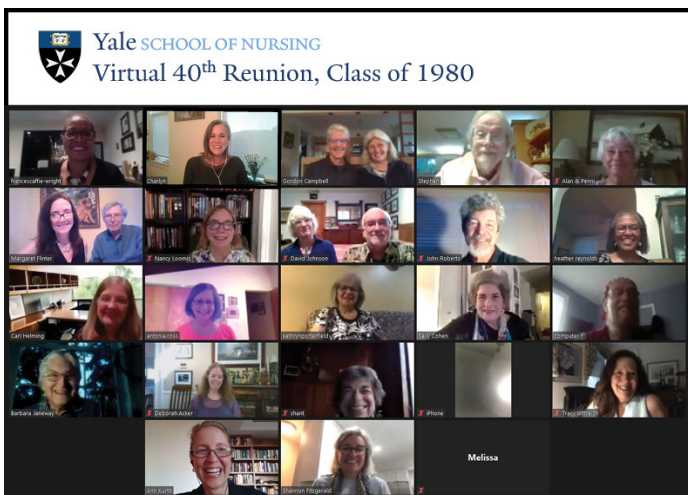
"COVID-19 made it obvious to everyone with a pulse how critical our nurses are to our society," Wallach said.

The Yale College Class of 1980 raised nearly \$800,000 for the school in spendable and endowed gifts. Spendable gifts were primarily directed to the Dean's Discretionary Fund and the Annual Fund, and endowed giving produces scholarships.

# YSN Class of 1980 Celebrates 40th Reunion

## Reunion?

The Virtual 40th Reunion for the Class of 1980 was a great success! If your class year ends in 1 or 6, your reunion year is 2021. Are you interested in hosting a virtual gathering? Contact [charlyn.paradis@yale.edu](mailto:charlyn.paradis@yale.edu) for more details.

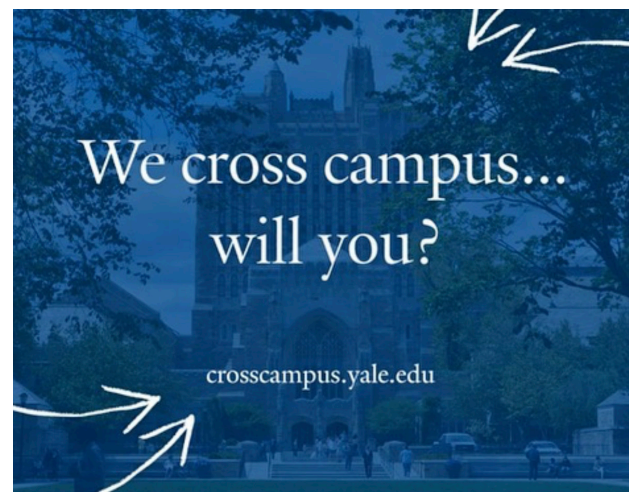


YSN alumni from the Class of 1980 came together virtually on June 13th to celebrate their 40th Reunion thanks to hosts Shannon Fitzgerald '80 MSN and Margaret Flinter '80 MSN, PhD. The group, who were known activists during their time at the school, embraced Dean Kurth's candid welcome address, which focused on social injustice and racial inequity. As she reflected on the need for anti-racism in the nearly century of YSN's

existence, she spoke of a current-day YSN acknowledging mistakes and taking actionable steps to eliminate biases and discrimination. This spurred a conversation with the Class of 1980 that went on well into the evening.

Members of the class were so inspired that in honor of their 40th anniversary, they pledged to support YSN's anti-racism initiatives. If you are also interested in donating to this cause, you can make your gift to the Annual Fund.

Are you and your classmates interested in connecting virtually for your reunion? Contact Charlyn Paradis in Alumni Affairs at [charlyn.paradis@yale.edu](mailto:charlyn.paradis@yale.edu) for more information.



Fellow YSN alumni and current students are looking to connect with you on Cross Campus, Yale's new online community-building program. Give and get career mentorship and life wisdom with the YSN and entire Yale community!

Create your profile on Cross Campus and join the YSN group today.





# Dear Alumni,

It is my pleasure to write to you in my official role as Yale School of Nursing Alumni Association Board President. On behalf of the entire alumni board, I would like to acknowledge the dedication of our alumni and school community in fighting this pandemic and tirelessly promoting better health for all people. Our hats are off to you. I would also like to reiterate our desire to support the alumni community, the School of Nursing, and the current students as we navigate the upcoming year together.

Despite the challenges of this past year, alumni giving to the Annual Fund remains strong. I thank you for your generosity and encourage you to continue to think of YSN in your giving plans for this year.

I am excited to present our virtual plans for the upcoming year and invite you to attend and volunteer. In addition to these events, we are currently reimagining spring programming to support the YSN community.

## Calendar of Events for Alumni and Students

- February – Resume Review Sessions
- March – Virtual Alumni Career Panel
- May – Yale Day of Service Project Newborns in Need in a Box fundraiser
- June – Virtual Distinguished Alumni Awards  
*Nominate your fellow alumni in recognition of their outstanding nursing achievements.*

## Volunteer Opportunities

To discuss your work and professional development at one of our events, please contact [ysn.mentoring@gmail.com](mailto:ysn.mentoring@gmail.com).

## Cross Campus

Join YSN's group on Yale's networking and mentoring program Cross Campus to connect with alumni and students.

I look forward to the upcoming year and connecting with you about engaging with the alumni community.

Here's to a healthy, productive, and safe winter.

Sincerely,  
Christa Hartch '02 MSN  
YSN Alumni Association Board President



Yale / Cross  
Campus



## CLASS NOTES

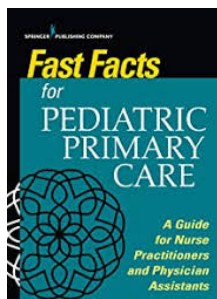


1979

**Deborah A. Boyle (néé Welch), MSN, RN, AOCNS, FAAN** is celebrating the publication of her new book *The Caregiver's Companion*. Boyle graduated YSN from

the medical-surgical program with a specialty in oncology.

2000



**Kristine Ruggiero, PhD, RN, MSN, PNP-BC** recently celebrated the publication of her first book: "Fast Fact for Pediatric Primary Care: A Guide for Nurse Practitioners and Physician Assistants." Ruggiero, a PNP, cowrote the book with her

husband, a PA. Ruggiero envisions the book as a handbook for pediatric primary care providers. "We think this is great for a provider or student working in Pediatrics or someone who has a Pediatric rotation and needs a guide for commonly seen pediatric primary care issues." Ruggiero is

currently working as a PNP and Nurse Scientist at Boston Children's Hospital and a faculty member at MGH Institute of Health Professions.

2010

In June, **Victorio Tolentino, MSN** published two articles on PubMed.gov: 1) COVID-19: The Impact on Pediatric Emergency Care and 2) COVID-19: The Effects on the Practice of Pediatric Emergency Medicine. Tolentino is a graduate of the Family Nurse Practitioner specialty, and he coauthored the pieces with Yale College graduate David M. Walker '96.



**Anna Olivier, MSN** recently joined Brattleboro Memorial Hospital's Putney Family Healthcare. A certified family nurse practitioner, she has been a

full-time family nurse practitioner for the past decade. Most recently, she was the first nurse practitioner hired to join the University of Pennsylvania's Department of Family Medicine and Community Health.

## 2015

After returning from his Fulbright scholarship in the Kingdom of Jordan, **Dr. Jasper Tolarba, DNP, RN** recently started a new job as Director of Global Standards and Qualifications at CGFNS International.



In this role, Dr. Tolarba will lead CGFNS programs around global standards and qualifications for health professionals by collaborating with global leaders in the fields of education, regulation, accreditation, and practice to promote innovation and the advancement of harmonization to enhance cross-border mutual recognition.

## 2016



**Lydia Cristobal, DNP** and **Stephan Davis, DNP** have both been appointed to serve on the Yale Alumni Association (YAA) Board. Dr. Cristobal, who currently serves as the YAA Assembly Appointed At-Large Delegate, takes on the additional role of a YAA Board of Governors Representative, and Dr. Davis serves as one of three YAA Delegates for YSN.



Delegates provide a vital link between YSN and its alumni by

bringing questions and issues of concern back to campus through the Assembly, and then communicating back to other alumni what they have learned.

## 2018



**Dr. Angelarosa DiDonato, DNP** has an oft-repeated saying: “I have a nurse for that!” And if you listen to her Amplify Nursing podcast, you can hear how true that is. The podcast premiered in January at the University of Pennsylvania, where DiDonato

is a member of the faculty at the School of Nursing.

DiDonato has welcomed the first female CEO of the VA in Philadelphia, a street nurse in Canada, and a school nurse in New Jersey to the mic to discuss their practice, experience, and advocacy.



**Dr. Pritma Dhillon-Chattha, DNP, MHA, RN** and **Dr. Brigid A. Gannon, DNP, PMHNP-BC** first connected as classmates at YSN in the Doctor of Nursing Practice (DNP) program. Dhillon-Chattha owns a cosmetics injectables company among other ventures, and Gannon founded Ivy Psychiatry, a nursing home consulting group in New York. They talked about going into business together but didn’t find the right project.

Then when COVID-19 hit New York, they launched Lavender, an online psychiatry and therapy office. Gannon mobilized the nurse practitioners of Ivy Psychiatry as the providers, and Dhillon-Chattha drew on her experience with clinical informatics to accomplish the technology goals.

“Nurses are entrepreneurs at their core, because they’re problem solvers,” Dhillon-Chattha said.

Learn more about these stories in YSN News at <https://nursing.yale.edu/news>.



# IN MEMORIAM

We have recently learned of the loss of these members of our alumni community, and our condolences and best wishes go out to their families and loved ones. If you would like to share In Memorial news, please send a note to [ysn.communications@yale.edu](mailto:ysn.communications@yale.edu).

Bernice H. Clayton '53 NUR

Gertrude B. Crites '54 M.N.

Mary H. Bliss '53 M.N.

Polly P. McClure '48 M.N.

Linda Marie Joels '67 NUR

Martha Donovan '83 MSN

Sally H. Pullman '44 M.N.

Laura F. McLean '47 NUR

Judith Kimble '82 MSN

Raymond W. Lenox '95 MSN, '98 PMC



## IN MEMORIAM: BARBARA JOAN DECKER RN, CNM, EDD, FACNM

Barbara Joan Decker died on October 22, 2020 after a fight with metastatic cancer. Her daughter, Kelly, was with her.

Barbara Decker was on the Yale School of Nursing faculty from 1988 to 1997 and was Program Director of the Maternal-Newborn Nurse-Midwifery Program from 1990 until she retired in 1997. Previously, she had been on faculty at the Downstate Medical Center Nurse-Midwifery Education Program and then on the faculty and subsequently Program Director of the Columbia University Nurse-Midwifery Program. She obtained her BSN from Barnard College and Columbia University-Presbyterian Hospital School of Nursing, her midwifery from State University of New York Downstate Medical Center Nurse-Midwifery Program, and her EdD from Columbia University. In 2010 she received the Columbia University School of Nursing Distinguished Alumni Award.

Barbara was an educator who focused on the experience of students and was there for them when needed. She also mentored faculty and was often in contact with them as each moved through their careers. Barbara continued to use her talents in education after retirement. She was asked to write a module for the first class of students in the Frontier Nursing Service distance learning Nurse-Midwifery Education Program. She volunteered to teach English as a second language for Literacy Volunteers at Family Centers and did so for years in Stamford, Connecticut.

Barbara was active in her national professional organization, the American College of Nurse-Midwives (ACNM). She served on the Education Committee and then became Chair of that Committee. She was actively involved in the development of Experimental Guidelines which included a non-nurse option to midwifery which later came into existence first at Downstate. Barbara then became a member of the Governing Board of the ACNM Division of Accreditation and served as an accreditation site visitor. In 1995, Barbara was inducted as a Fellow of the ACNM which is an award given to exemplary members.

When Barbara retired, she took up flute and her husband, Al, took up trumpet. They got good enough to play in local



bands and went to summer music camps together. After Al died several years ago, she continued to play flute and attend summer music camps until she was no longer able to play due to breathing difficulties. She became a Stamford Health Commissioner for a number of years and was made Chief Health Commissioner during which she mentored other Commissioners.

Barbara enjoyed travel with friends and traveled to Europe, Africa, and China, sometimes on a land tour and sometimes on a cruise. She loved to laugh and have fun and often brought levity to overly serious meetings.

Barbara Decker will be missed by her friends, her family of two sons and a daughter, a stepdaughter, and three grandchildren, and by her many colleagues and students who were touched by her leadership and her teaching.

*Helen Varney Burst  
RN, CNM, '63 MSN, DHL (Hon.), FACNM  
Professor Emeritus*

## IN MEMORIAM: CLAUDIA LAMPARZYK '20 MSN

The YSN community extends our deepest condolences to the loved ones of midwifery student Claudia Lamparzyk, who passed away in hospice care in November. An artist and an athlete as well as a nurse, Lamparzyk's submission for the 2020 Creative Writing Awards progressed to the final round of prize consideration. With her family's permission, it is reprinted below.

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It's been over two years since my four year old son Eli and I were decorating the Christmas tree, when he picked up an ornament of an angel and asked "Mommy is this you?" and I said "No Eli, that's an angel, I'm just a human." and he replied "But you're a nurse." I sat with his sweet response for a moment. I couldn't figure out how he knew the value of nurses at his age but more than that I hadn't even taken the NCLEX yet, didn't feel even close to being a nurse, was completely overwhelmed in fact, but his insight gave me hope.

Last night I slept alright, waking up at 5:15 a.m. reciting my mantra "thank you for my healed body." Over and over again until the paranoid thoughts go away. I see my abdomen open under the bright lights in the operating room.

I am more familiar with the internal organs now after working with cadavers our first year of nursing school and because of that I know more intimately what will happen on the operating table. I observed an elective hysterectomy my first year and remember holding the uterus in my hands afterwards, in my mind singing "I've got the whole world in my hands." I remember the heat her uterus gave off in my hands. How could this woman willingly give up her uterus with all its superpowers? I had yet to learn about how painful and life altering menstrual cramps could be for some women. I stood there along the periphery of the operating room, still singing to myself, thinking about her children that grew in this organ that was now disconnected from its owner and now in my inexperienced, naive hands. Who will hold my uterus when it first comes out? Will they honor it as the home of my two boys before they drop it into a cold bucket and send it to pathology? Already, I have

the urge to reach out, swaddle it and let it know everything will be okay, just as I swaddled my children. My mom had a hysterectomy at my age due to cancer. She is currently mid-air on her way from Guam to Connecticut to be with me for the surgery. I'm impressed with my mom's energy at the age of 76. She doesn't slow down. The older I get the more I get the same feedback. I pray that I am just like her and truly can't be slowed down.

I roll around in bed, it's now 5:30 a.m., and realize it's Wednesday which means I could go to swim practice if I felt like it but I find excuses; there is snow on the ground, there is journaling to be done, Isaak, my son, will most likely wake up soon, find I am not in my bed and then come downstairs to look for me. When he doesn't find me, he may open the front door and call my name, he may even step outside bare foot and Sterling, our dog, will squeeze through the space between Isaak and the door and run out into the snow, where he is happiest. Isaak is four years old and he'd gladly follow Sterling out into the snow in the dark without shoes or a jacket, that's just who he is. He'll be out there in the dark while I'm blissfully swimming, and my husband won't know because he is a solid sleeper and so is Eli, now six years old. They take after each other in that way. Isaak takes after me, up and ready to take on anything at five in the morning. So, I don't go to swim practice, instead I do a couple laps in my mind. I think for a minute about Mr. Rogers and what a great person he was and how he swam laps as an adult. I seem to have left this discipline some years ago, burnt out I suppose from all the years of waking up before the sun to pull myself up and down pool lanes for hours, approximately 6,000 hours over twelve years, I calculated. I lay there and feel my arms stretching through the waters of my mind, a flip turn and then another.

I've had four rounds of chemo already. I am wearing the patient bracelet often now, feels like weekly. Always on my left wrist, arching like a rainbow over my sore veins. My left arm, for years, was the arm that propelled me out of the water in water polo, steadied me while I caught and shot the ball. I remember years of glancing down at it through the water, back and forth, back and forth, cupping water. I look down at it now and see it still taking the brunt of it. I'm strong, I tell myself. The nurse asks my name and date of birth, LAMPARZYK 2/23/78. How am I a patient? I don't feel sick, I feel great, actually. I am not a patient. Never have been. I accidentally birthed my first born at

home! I'm a budding Midwife! We can catch babies standing on our heads! I am not a patient. I don't get sick. I've had a total of two colds in four years. But the hospital bracelet is there on my wrist, reminding me, again.

*I'm good friends now with the chemo nurses. This toxic chemical soup is going down smoothly with the help of their humor and presence. If chemo didn't involve chemo, I'd go weekly just to be with them. They create a safe haven.*

The curtain is drawn around my little area. I sit comfortably in the recliner. I have my pillows. The nurse lays a warm blanket on me. Premedication starts then the chemo, drip, drip, drip. "Just a spoon full of sugar helps the medicine go down." I have to tell Eli that nurses are not just angels but also spoons full of sugar. My area is calm and quiet. The kids are at school. My husband and I fall into a nice conversation for which we might not normally have time. It's a date.

The hair loss has finally worked its way down my body and my pubic hair is now almost gone, ironically sparing my bikini line. My vulva is exposed. I gasped the first time I reached down to feel bare skin. A flash back to the molestation I experienced as a child. The little bit of peach fuzz at the age of seven was no match for my friend's father as he tucked me in during a sleep over. Lord give me my hair back, cover up this precious part of me. Put my armor back on.

A month ago, I was at clinical tending to a patient. She was on her seventh pregnancy and her first six children were in her sister's custody. She sat there before me with her growing belly very casually telling me that she was back to a pack a day of cigarettes. When I went to the provider room to give my plan, I started to cry and said, "I can't go back in there." Nurses are angels. Not me. Not now. I'm selfish. I don't want to know how hard her life was leading up to this. I just want my health back. The health I worked hard for. I am 41 years old and I will enter menopause next week. I will experience a loss before it is natural time. The attempt to harvest eggs failed. I will have no more children of my own. My heart is

broken. I cuddle up in bed with my son Eli at night. His little body spooning me. He reaches up and pushes his arm under my arm and around to grasp my shoulder and says, "I won't let you fall mommy."

I'm afraid to go into surgery. I don't like the idea of placing my life in someone else's hands. Oh wait, that's exactly what I expect my patients to do with me. I told my son Eli I was scared about my upcoming surgery. He replied, "It's okay to be scared mommy. Being scared is just another way to learn." "That's true Eli." Yes, I do have a lot to learn. How did I get into this nurse midwifery business anyway? I only ever imagined doing this job as a healthy person in tip top shape. It feels less appealing now; being a patient learning how to take care of patients.

I'm out of surgery. My husband whispers to me that I still have my uterus, I feel some peace. The nurses are taking great care of me. LAMPARZYK 2/23/78, this time sans ovaries, tubes, appendix and omentum. Visitors come and go bringing smiles and comfort. I am making progress. The residents are all familiar to me from my rotations at the birth center. My doctor visits me and describes how he carved a tumor off my stomach, talk about superpowers, he's a magician. I'm in excellent hands.

"So many changes." I say to my husband with tears streaming down my face as we get ready to leave the hospital.

Angels yes, but human too.

*Claudia Lamparzyk is a mother of two young boys, wife to a Navy Diver and a women's health and midwifery student. She was born in Venezuela and raised in Guam where her parents, brother and his family reside. She is an artist at heart and is most at home near the ocean. At a very young age she dreamed of catching babies, but it wasn't till she was received midwifery care during her first pregnancy that she felt sure of her path. She holds a BA in English from the University of Massachusetts where she also served three years as co-captain of the Division I Water Polo team. She went on to serve as a Peace Corps health volunteer in Mauritania then spent several years in the non-profit health sector between Guam and Hawaii. She later studied Arabic at the American University of Cairo before her curiosities took her to study the built environment's effect on health and attained a MA in Urban Planning from the University of Hawaii. She hopes her education and life experiences have uniquely prepared her to serve women in their quest for health and to provide quality labor care.*

# MIDWIVES ANSWER THE CALL

According to the World Health Organization, 295,000 women died during and following pregnancy and childbirth in 2017. We know that the majority of these deaths are preventable. While progress has been made, significant disparities still exist, and the rate of death and disability remains unacceptably high in many communities.

Join thousands of online learners in exploring Yale's newest Coursera offering, Global Quality Maternal and Newborn Care. It provides the evidence-based tools, background, and recommendations you need to reduce maternal and neonatal mortality in your own setting. Anyone who wants to see maternal and newborn outcomes improve — health administrators, policy makers, clinicians, advocates — is invited to take this self-paced course to address these issues.

Learn more at

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