**Pharmacy Academic Hours**

The Pharmacy has resumed academic hours effective Tuesday, September 6th.

<table>
<thead>
<tr>
<th>Monday</th>
<th>8:00 am–6:30 pm</th>
<th>Thursday</th>
<th>8:30 am–6:30 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>8:00 am–7:00 pm</td>
<td>Friday</td>
<td>8:00 am–6:30 pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00 am–7:00 pm</td>
<td>Saturday</td>
<td>8:30 am–3:30 pm</td>
</tr>
</tbody>
</table>

**Yale Health, Retirement, and Medicare**

Yale Health provides information sessions for patients who are soon to retire and those recently retired and who are Medicare eligible to help you learn about what it means to transition from an active Yale Health member to Medicare patient.

You can register for a Yale Health Retiree Medicare Information Session by visiting yalehealth.yale.edu/attend-classes-and-events (registration is required).

The sessions will be held in the Moreson H. Kaplan Conference Center on the first floor of the Yale Health Center, 55 Lock Street, from 4:00-5:30 pm on the following dates:

- Thursday, September 29th
- Thursday, February 16th
- Thursday, June 29th

Parking is available in the Lock Street garage next to Yale Health Center and light refreshments will be served. If you need assistance registering or have questions, please email member.services@yale.edu or call 203-432-4945.
‘We just got to be the parents’

Pediatric partnership looks at the whole family

YALE HEALTH MEMBER MOLLY WHEELER knew something wasn’t quite right when her son, Loudon, was just three weeks old. Feedings became difficult and he was vomiting everything he ate. It went beyond the typical spitting up.

She called Yale Health Pediatrics and got an appointment with his primary care clinician, Dr. Gordon Streeter, who examined Loudon and listened to the family’s concerns. He ordered an ultrasound for the next morning, a Friday, at Yale-New Haven Hospital.

“Dr. Streeter gave us prompt attention and validated our concerns, a gesture that is always a comfort in itself,” said Wheeler, an archivist at the Beinecke Rare Book and Manuscript Library. “He worked to fit us in with an ultrasound before the weekend came and he told us he would check in with us, even though he was off that day.”
The ultrasound showed that Loudon had a condition called pyloric stenosis. For unclear reasons, some infants develop an almost complete blockage of the connection between the stomach and the small intestine. The result is that food cannot pass out of the stomach, which is why Loudon’s vomiting continued to get worse. Pyloric stenosis requires surgery and Loudon was immediately admitted to Yale-New Haven Children’s Hospital.

“Dr. Streeter called us shortly after admission just like he said he would to check in with how we were doing and let us know that he would be following Loudon’s condition throughout his hospital stay,” Wheeler said.

The laparoscopic surgery involved cutting along the length of the tube-like cylindrical pylorus, widening its internal channel where food passes through. Postoperatively, patients are quickly started on a methodical regimen of increased feedings. Loudon did very well and was discharged after three days.

“Dr. Streeter called us to let us know his next steps with us and Loudon and, just as importantly, he addressed our emotional state as we made the transition from hospital to home,” Wheeler said. “He reassured us that Loudon was totally healthy now and also said that we should be kind to ourselves in terms of balancing being concerned for Loudon, but not seeing him as a sick child. His attention and advocacy not only got Loudon immediate and vital help, but he was also supportive of our experience in a difficult time.”

Loudon is now a healthy 8-month old and a solid eater. Both Wheeler and Billy Bromage, her husband and Loudon’s father, said they felt like their relationship with Streeter was more of a partnership throughout his diagnosis and surgery, something they said was critical as they worked to focus on their newborn son’s health while also raising their older children.

“He looked at our whole family and thought of us as a unit,” said Bromage, who works at the Yale Program for Recovery and Community Health. “It was so important to have some sense that we had someone guiding us from a level of expertise, but who was also compassionate. He understood that this was really stressful and he had that balance of authority where he knew what he was doing, but also just understood where we were at.”

“I always feel like my job is to try to invest myself in the process of what people are worried about,” Streeter said. “I really want to spend the time that it takes to address the issues in the moment. There are other parts like the follow ups and checking in on them, which I think families appreciate too, but I think it’s more about that moment when you’re with the patient and the family that you really spend the time to hear them.”

Wheeler, Bromage, and Streeter all agreed that the resources available through Yale Health also made the experience much easier and less stressful.

“All of the logistics were taken care of in terms of knowing where he needed to go and what to do next,” Bromage said. “The process was just really well coordinated. We just got to be the parents and put the focus on our son.”
FROM THE DESK OF SHARON SCHMIDT, DNP, RN

As members of an academic community, we believe that Yale Health members understand the importance of research in advancing knowledge. After all, the medical care provided at Yale Health is based on medical research going back hundreds of years. However, many people do not understand how medical research works or how their medical records and specimens could be used in research, sometimes without their knowledge.

Some research involves testing drugs or treatments in research volunteers. This research might involve people with a certain symptom or disease. Other volunteers are healthy individuals. If you think you might want to volunteer for a research study, you can find information in MyChart. The Research tab in MyChart has links to a list of studies that may be of interest to you. You can contact the study to find out more and to volunteer. MyChart also allows you to create a volunteer profile where you can indicate what type of research you may be interested in. Researchers may use this information to contact you.

Another type of research uses information from patients’ medical records. Medical record research is often performed without the permission of the patient. A committee, known as an institutional review board, must decide that the use of patient records is ethical and that patient privacy is protected. In some cases, the medical record information may be used along with extra blood or tissue samples that are not needed for treatment purposes. For instance, blood might be taken as part of your treatment, but some of the sample is left over after the tests are done. Researchers might use this leftover part of the sample that would otherwise be thrown away.

You have the right to say that you don’t want your medical records or samples to be used in research. You can email optout@yale.edu or call 1-877-978-8343 and select option #3 to be listed in a registry of patients who do not want their medical records, tissue or blood samples used for research purposes. MyChart also has information on how to prevent having your records or biological specimens used in research.

Whether you decide to create a volunteer profile, register for a study or to opt out of research is entirely up to you. You may also change your mind at any time. This decision will have no impact on the care provided to you at Yale Health. For more information, visit yalestudies.org, yale.edu/hrpp or hipaa.yale.edu.

Sharon Schmidt
Associate Director, Staff Development and Regulatory Affairs
Yale Health HIPAA Officer
Goal Keeper

New director of athletic medicine scores her dream job

It has always been Dr. Giselle Aerni’s goal to be a head team physician. Filling in on an interim basis at the University of Connecticut for 15 months did nothing but reaffirm what she already knew. Now, about a year later and a little more than a 60-mile drive south, Aerni has accomplished her goal.

Aerni joined Yale Health as its director of athletic medicine and head team physician in August. In the role, she serves as the team physician for all of Yale’s varsity athletic teams and provides primary care services for the student athletes on those teams, attending to their wellbeing and treating injuries and illnesses. Aerni is also responsible for the operations and quality of care for the Athletic Medicine Department, which includes working closely with leadership in Yale Athletics, Mental Health & Counseling, the Yale College Dean’s Office, residential college deans, heads of college, and the Yale Medical Group Sports Orthopaedics team.

“I’ve worked with a lot of different coaches, trainers, and athletic directors and I think one of the things I’ve learned to do well is communicate with a large group of people and help bring everyone together on the same page,” Aerni said. “It’s really just about doing the best we can for our student athletes.”

Aerni was an assistant team physician for several sports at UConn for two years before taking on the interim role of head team physician and director of sports medicine from July 2014 to September 2015. She then served as the associate team physician for nearly a year before joining Yale Health.

She was also the associate fellowship director of the UConn Health Primary Care Sports Medicine Fellowship for two years before becoming the fellowship director for two more years, all while teaching as an assistant professor of family medicine at UConn Health.

Dr. Andrew Gotlin, chief of Student Health and Athletic Medicine, said it was her experience, training, and leadership skills that impressed the search team, which was comprised of Yale Health senior leadership and Yale staff from around campus who would work closely with the successful candidate. Gotlin said the search team all felt Aerni was a “great fit” for the position.

Aerni earned her undergraduate degree in biology from Muhlenberg College in 2004 and her medical degree from the University of Pittsburgh School of Medicine in 2008. She completed her residency in family medicine at UPMC St. Margaret in Pittsburgh in 2011 and a sports medicine fellowship at UConn Health in 2012.

Prior to joining UConn’s staff, Aerni provided general medical care to all undergraduate and graduate students at Carnegie Mellon University and the University of Pittsburgh. She was the team physician for the WNBA’s Connecticut Sun for four years and the New England Black Wolves of the National Lacrosse League for two years. She has also been the supervising team physician for various high school sports teams throughout the Hartford area and provided team coverage for events such as the Connecticut Interscholastic Athletic Conference Football Championships.
Did You Know

What should you use MyChart Messaging for?
You can send messages for non-urgent medical concerns to your clinician (your primary care clinician in Internal Medicine, Obstetrics & Gynecology, and Pediatrics, with proxy access, as well as other clinicians with whom you have had an appointment). For more urgent concerns, call the office or 911 for emergencies. Do not use MyChart.

Who answers the messages?
MyChart messages are triaged by the clinical team, just like your phone calls. Medical advice is first reviewed by the nursing staff and is answered either in consult with, or directly by, your clinician. Requests for appointments go to the reception desk.

When will you get an answer?
You will generally receive an answer within a few business days.

To learn more about MyChart, visit yalehealth.yale.edu/mychart.

Shift Change
Bedside shift reporting optimizes patient involvement

From left: Myunghee Shim, RN, Joan Paintsil, RN, and Andrea Frantz, RN, meet with a patient during a shift change in Inpatient Care. Photo by Heather Liberman.

MEDICAL CHARTS are extremely important tools for a healthcare team when it comes to understanding your vital signs, medications, and prior history. They cannot, however, explain how you or your family are feeling or voice your questions or concerns as effectively as a personal conversation.

To help ensure your needs are met, the staff in the Inpatient Care Department has implemented nurse bedside shift reporting. In this new system of reporting, the nurse who has cared for you throughout the previous eight-hour shift will meet with the nurse assigned to the next eight-hour shift right at your bedside to discuss your treatment so far, along with next steps. It also gives you and your family, if you so desire, a chance to meet your next nurse and ask any questions you may have. The Inpatient Care Department is a 17-bed, semi-private room facility on the fourth floor of the Yale Health Center.

“The introduction to the next nurse is such a big part of this,” said Linda Ehrenfels, RN, manager of the Inpatient Care Department. “It makes the patient feel a lot better knowing who will be taking care of them next, but it also gives them the chance to ask questions or make comments, which helps ensure their safety during the transition of care.”

The discussion takes roughly three to five minutes and includes the nurses reviewing your history and reason for being admitted to Inpatient Care. It also keeps you informed of the schedule for the day such as any testing that may occur. The nurses then discuss the report with the clinician. Patient discussions during shift changes had previously been done away from the patient’s bedside.

The reporting will take place during the day and evening shift changes, but not at the midnight shift change as not to disturb your sleep. If you have visitors in the room at the time of the shift change, you can discuss with the nurse whether you would like to involve them in the reporting. If you are sleeping during the day or evening shift change, the nurses will meet elsewhere to allow you to rest unless you have asked them to wake you.

“There’s nothing better than actually seeing the patient,” Ehrenfels said. “If something with the patient changes an hour after the shift starts, you can actually see it because you had that chance to meet with them before.”

Prior to your discharge, you will be given a survey either on a tablet or on paper to share your experience and comment on how the bedside shift reporting worked for you.

“It puts the focus back on the patient and away from the diagnosis,” Ehrenfels said. “It’s no longer a knee surgery in room three. It’s Mr. Smith in room three.”

FROM OUR MEMBERS

“My clinician thoroughly answered my questions without judgment, was considerate, took an interest in my questions, and patiently explained the procedure.”
New Clinicians Join Yale Health

**Alisa Scherban, MPH, RD, CDE**

Alisa Scherban received her undergraduate degree in dietetics from James Madison University in 1994 before earning her MPH in Community Health Education from Hunter College in 2003.

Scherban has worked as a pediatric dietitian in the Yale University School of Medicine’s Section of Pediatric Endocrinology for the past eight years where she provided nutrition, fitness and lifestyle assessment, education, and counseling for pediatric patients and their families. She has also served as a consulting dietitian for Alere, which specializes in innovative diagnostics at the point-of-care, assisting in developing content for interactive nutrition web tools, developing interactive quizzes and assessments, and authoring over 30 nutrition articles and fact sheets for its website.

She had previously worked for five years as a dietitian, diabetes educator, and health coach at Nurtur, a work-life, health and wellness company located in Farmington.

Scherban is a registered dietitian through the Academy of Nutrition and Dietetics, a certified diabetes educator through the National Certification Board for Diabetes Educators, and a certified specialist in pediatrics.

**Mary Kay Wegman, RN, MSN, APRN**

Mary Kay Wegman has joined the Employee Health Department after spending the last two years working as a family nurse practitioner at Fairfield Family Physicians. She had previously worked as a nurse practitioner in the Yale-New Haven Hospital adult emergency department as well as the Medi-Weightloss Clinic in Orange, where she performed new patient evaluations and provided dietary plans for patients entering the program.

Wegman earned her BSN from Cedar Crest College in 1995 and her MSN from Allentown College of St. Francis de Sales, now DeSales University, in 1999.

She is a certified family nurse practitioner with specialty certification through the American Academy of Nurse Practitioners and a certified acute care nurse practitioner with specialty certification through the American Nurses Credential Center.

**Flu Shot Schedule**

**FOR ADULTS (18 YEARS AND OLDER)**

The following flu clinics are available to Yale University employees, students, and Yale Health members.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRIDAY, OCT. 7</td>
<td>Yale Health Center (Senior and High Risk Only)</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>TUESDAY, OCT. 11</td>
<td>Med School, Harkness Lounge</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>FRIDAY, OCT. 14</td>
<td>Yale Health Center</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY, OCT. 26</td>
<td>Schwarzman Center, President’s Room (Formerly Woolsey Hall)</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>FRIDAY, OCT. 28</td>
<td>Med School, Harkness Lounge</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>FRIDAY, NOV. 4</td>
<td>West Campus, School of Nursing</td>
</tr>
<tr>
<td>10 AM – 2 PM</td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY, NOV. 9</td>
<td>Yale Health Center</td>
</tr>
<tr>
<td>10 AM – 3 PM</td>
<td></td>
</tr>
<tr>
<td>FRIDAY, NOV. 18</td>
<td>Yale Health Center</td>
</tr>
<tr>
<td>1 PM – 6 PM</td>
<td></td>
</tr>
<tr>
<td>TUESDAY, DEC. 6</td>
<td>Yale Health Center</td>
</tr>
<tr>
<td>1 PM – 6 PM</td>
<td></td>
</tr>
</tbody>
</table>

**FOR FAMILIES WITH CHILDREN**

All family flu clinics are available on a walk-in basis to children 6 months and older who are Yale Health members and their parents who are Yale University employees or Yale Health members. Children under 18 must be accompanied by a parent or guardian. No registration is necessary.

Please visit yalehealth.yale.edu/flu for a schedule of family flu clinics.

**One more thing...**

In the last issue of Yale Health Care, we announced the addition of Andrea Jacobs-Stannard, PA-C, to the Dermatology Department. Along with serving as a clinical instructor of medicine at the Yale University School of Medicine, Jacobs-Stannard has also provided hospitalist services at Yale-New Haven Hospital since 2004.
**Pediatrics**

**How Do I Know When My Child is Ready for Toilet Training?**

Toilet training is a developmental process and children progress at different levels so it is important to know the signs that your child might be ready to take this big step. Many children are ready to start toilet training at 18 to 24 months of age and most are trained by age three. Your child needs to be walking and talking well and be interested in pleasing you. You can help by teaching your child about toileting, how the body works, and giving them the words for those experiences. You can also clarify their body’s signals. If you see your child clutching his or her diaper and about to poop, you can talk about it to provide words connected to the action.

Getting a little potty seat is key. Toilets are big, scary, intimidating, and make loud flushing noises. A potty seat is child sized and gives your toddler more of a sense of control. It is also important to make sure your child is not having hard or painful stools during this time. If your child is experiencing constipation, contact the Pediatric Department.

Some children may resist toilet training. It’s alright to ease up and let their development progress. Try to stay calm and let the process unfold on your child’s schedule.

JoAnne Burger, MD
Pediatrics

---

**Making the Rounds**

**Health and Wellness Information from Yale Health Staff**

**What is Meningitis?**

Meningitis is an inflammation of tissues that surround the protective lining around your brain and spinal cord. It is often caused by either a virus or bacteria. Viral meningitis, much like the common cold, is spread by close contact with a person who has viral meningitis, although the chance that you will become ill is small. Bacterial meningitis is spread through close, prolonged contact such as sharing a room. It is spread by breathing in infected air, sharing utensils or cups or kissing with an infected person. People living in close quarters like college dorms have a greater risk of coming into contact with bacterial meningitis germs. Fortunately, most of the bacteria that cause meningitis are not as contagious as viruses that cause the common cold or flu.

The signs and symptoms of viral and bacterial meningitis include fever, headache, stiff neck, nausea, vomiting, sensitivity to light, and changes in mental condition. For most types of viral meningitis, there is no specific treatment, and it usually goes away on its own within 7-10 days with rest, fluids, and supportive care. Bacterial meningitis, if not treated early, can be very serious. If you experience any of the symptoms of bacterial meningitis, contact your clinician quickly so antibiotics can be administered.

Both viral and bacterial meningitis can be prevented. For viral meningitis, practicing good hand washing is important. Wash your hands often or use alcohol-based gels. Some cases of bacterial meningitis can be prevented by vaccines. There are different types of bacteria so several vaccines are available. You should talk to your healthcare provider about a vaccine before attending college and living in a dorm.

Andrew Gotlin, MD
Chief, Student Health & Athletic Medicine

---

**Internal Medicine**

**What Do My Cholesterol Numbers Mean?**

Cholesterol is a waxy substance found in all cells in your body. It comes from food sources and your body also makes it on its own. When there is too much cholesterol in your body, it can build up in your blood vessels and raise your risk for heart disease and stroke.

Cholesterol testing includes levels for total cholesterol, HDL cholesterol, often referred to as the “good cholesterol,” LDL cholesterol, often referred to as the “bad cholesterol,” and triglycerides, the fats in your blood that come from the foods you eat.

As a rough guide for healthy people, good results would be a total cholesterol level of less than 200, an LDL cholesterol level of less than 130, and an HDL cholesterol level of more than 40. Your clinician will come up with personal goals for you based on your own medical situation and risk for developing heart disease or stroke.

Jin Xu, MD
Internal Medicine
Lynn Tommasini appreciates that Leslie White, nurse practitioner, has made the effort to understand Lynn’s whole life and family as well as her medical concerns. Sharing the joys and challenges of motherhood has strengthened the bond between them as partners in Lynn’s care.
Involve you
To reach your goals, we need to work together. We will always include you in making plans and decisions about your care.

Hear you
We will ask for your input and do our best to understand how you feel, what's important to you, and how we can help. And we will provide information in a way that is easy to understand.

Respect you
We will respect you as a unique individual and will always try to honor your goals, priorities, and choices. We want to know you in the context of your family, workplace, and community.

The Partnership Photo Project
Patient-centered care is all about relationships. We can’t think of a better way to demonstrate that than with pictures of Yale Health staff members alongside their patient partners. We are grateful to all who have agreed to participate in this photo project and are heartened by the enthusiastic response from everyone we have contacted. We look forward to showing you more of these human examples of Partnership for Patient-Centered Care in action in our community.

Clockwise, from top left: Barbara Harshav and Naseeba Nasr; Wells Kaysar, Christine Kim, Zora and Douglas Kaysar and JoAnne Burger; Mona Blumell and Elizabeth Muskin; Mimi Shim and Frank Clifford

Partnership for Patient-Centered Care is our commitment to work with you as an equal partner to reach your health goals. It means working together in ways that may feel new. In the patient-centered care model, we strive to respect your choices, listen to your needs, and involve you in all aspects of your health care.