

1963 BSN Graduate and Educator, Interview September 19, 2016

INT: . I'm a graduate of Villanova University College of Nursing which I attended from 1959 until 1963. It was a 4 year, collegiate, generic Bachelor of Science in Nursing Program. Back then it was pretty uncommon for a nursing student to select that kind of program; they were any number of hospital school programs in Philadelphia, but I had read a newspaper article about Villanova's program and it looked very different to me especially since I wanted to go to college. I wanted to be a nurse and of course to be a nurse, you usually went to a hospital school of nursing, but I wanted to go to college and so this seemed to suit ... both of my interests. My aunt Anne, my mother's sister, was a nurse. She had gone through the army cadet nurse corps program and was an Army nurse in the Second World War and again through the Korean conflict. She lived with us periodically between her assignments in the army and I think that must have had a great influence on me. She was very much a proponent of education for young women, which was also uncommon back in the 40's and 50s, particularly from my own family background; I'm from an American-Italian background and it was very clear from the patriarchs in the family that the role of the woman was to get married, have children and raise a family and take care of her husband. Well, I wanted to do that, but I also wanted a career. And my aunt Anne encouraged me. She was the only one of my mother's eight sisters to have a career and to have gone past high school, and there were no women on my father's side that had ever done been educated beyond high school. So, I was a pioneer in the family and I chose nursing probably because it was the only thing I knew based on my experience with my aunt Anne. Incidentally, my aunt died this week. She lived in Texas and she was 101 years old. So she lived a very wonderful life and she was married in a MASH unit during the Korean War, and I have all these pictures of her wedding in a tent in Korea that they decorated with parachute silk. So she was a real inspiration to me for wanting to become a nurse ---And selecting a collegiate program instead of a hospital school program.

So I guess I will follow your list of questions...

INTERVIEWER: That would be just fine.

INT: I was a commuter student at Villanova, which meant that every morning for four years I took a bus, a subway and then a train to get to Villanova University. I lived in South Philadelphia and it was quite a commute to get there. My parents were not of the means that I could live there, and so I would say a third of the students going to school in my class commuted and the rest lived there in the dorms. But we all had the same classes and it was a very strong liberal arts, science curriculum. We had classes with all of the other students; our philosophy classes, our chemistry classes were with other science majors, biology and pre-med, and so we were not isolated as a group of nurses, and interestingly enough we were the only women on campus because Villanova had not opened its other programs to women, but the nursing program did admit men and women, and we did have one man in our class, but the other programs: engineering, business... did not take women as students. And I guess it was around freshman or sophomore years that they finally admitted women to the engineering college and then eventually everything else opened up. Classes were very rigorous. We had a lot of philosophy, a lot of religion, science courses, ethics courses... and then of course the nursing courses were... I think, different than you might have experienced in a hospital school of nursing. The curriculum emphasized history, which we've really gotten away from in schools of nursing today. And I know that as someone who has been a dean twice and who believes in high quality education for nurses; it's a shame that we don't emphasize history today more than we do. And so it's always been my quest to weave the history of nursing and the great changes nurses have made in health care anywhere we can in the nursing curriculum.

I had some very interesting clinical experiences when I was at Villanova that I think really shaped my interest in nursing and my own career trajectory. And

probably the most prominent one was my clinical rotation in psychiatric nursing, which was done during the Cuban missile crisis at the United States Naval Hospital in Philadelphia. And so it was October, 1962, I think, and our rotation went from September to December. We had pretty traditional three month rotations. We really got immersed in whatever clinical experience we were in. Our clinicals were three full days a week. The Cuban missile crisis had begun I guess in late September, beginning of October and Villanova had a close relationship with the Navy and so we had already had OBGYN experiences at the Naval Hospital and now we were there for psych and mental health nursing. And I was there with eight other students and of course permanent employees so the way it work is we would arrive at the hospital at eight o'clock in the morning. We were each assigned one of the locked wards, and there were three very large lock wards. And we would be locked in in the morning. We had no keys because we weren't government employees and we were not permitted in the nurses' station and that was our instructor's rule. In other words, we couldn't hide; we had to interact with patients. Now, that was not a problem for me. I just got caught up in all of it and I loved working with the psychiatric patients and we had many patients on each ward. I remember one young man, very catatonic, who would still manage to stand at his bed at attention every morning ... the nursing students were each assigned to a navy psychiatrist and we kind of followed him around for the three month rotation. We attended his group therapy sessions and occasionally he would let us sit in on an individual session. And it was an era in psychiatry where the emphasis was not on psycho-pharmacology. It was really working with the patients to mobilize them to get them back together, to get them back to duty. And I would say that 80% of the patients returned to duty and 20% had to be discharged because they were very, very sick. There was one patient that I was assigned to that really made an impression on me and I think of this guy to this day -- 53 years later. But he was a young black man. He was at the Great Lakes Naval Station and when the Cuban missile crisis started, he had a breakdown; a very serious psychotic breakdown. He was transferred to the United States Naval Hospital in Philadelphia. And I was

assigned to him as his nursing student... we each had two or three individual patients that we followed and the patient that we followed would have a psychiatrist that we were assigned to. I would meet with the patient every day and we would walk up and down this very long hallway and talk and I would attend his group. We had a close relationship and I would call it a therapeutic relationship. It was the age of Hildegard Peplau's, Theory of Interpersonal Relationships. At the end of the rotation; the patient met me in Occupational Therapy unit and my instructor happened to be in the room. The patient approached me and he had a statue; a little statue of a black angel in his hand and he said, "This is for you. I know you're leaving soon and I wanted to make this for you; to thank you." Now, Peplau's theory said that the nurse-patient relationship has a one way focus – totally on the patient. That meant, to my instructor, that I could not take that gift. So, we had discussed these things in post conference and there I am standing and my instructor was watching me. And I was very torn; very conflicted about whether or not I was going to take the gift. Even though I was pretty much of a rebel even later on in my career, I knew that I had to get through this program. I really don't know what was going through my mind but I said to the patient, "Thank you so much for doing this but I can't take a gift. We're not permitted to do that." And he urged me to take it anyway and of course I said no. And so he smashed it against the wall and walked out of the room and I never saw him again. And that's how our therapeutic relationship ended, which I can tell you, wasn't very therapeutic for me. Fifty-three years later and still talking about it! And so we had a very interesting post conference with all of the students and looked at this situation and of course the instructor said I did the right thing, but I never ever felt I did the right thing. And in my teaching career, that incident always influenced me. So I try to look at things differently and not go by rote theory. I mean, there was no evidence that Peplau had presented; this was theory. And years later after I had been a faculty member at Villanova for a few years, I had the opportunity to interview Hildegard Peplau for Villanova's history archive. I didn't tell her this story but I really thought she seemed much more flexible than the interpretation of her work. And so of course

I'm sitting there thinking about this patient and the theory and so forth. But it was the clinical experience in the psych rotation in senior year that really drove me into psychiatry and I never ever worked med-surg. I guess it was the spring of my senior year, I was interviewing for positions and I only interviewed for Psych nursing positions and one of my other instructors asked me did I have a position yet and I told her I was being interviewed and she asked me where and I told her and she said, "Well you shouldn't be doing that. You have to do at least a year or two of med-surg." And I said, "Well, I don't want to do a year or two of med-surg because I really don't think that type of nursing is for me." "Well, you're going to be sorry; you're going to regret it; everybody does it; it really prepares you; it brands you..." For me, it was kind of like a dues-paying recommendation; you have to do this even if you want to take a different path because everybody else does it. So I didn't do it. I got a position at a research institute in Philadelphia: Eastern Pennsylvania Psychiatric Institute. There were two research institutes in Pennsylvania at the time, one in Pittsburg, one in Philly. And the director of nursing in Philadelphia was Lillian Holmes and she was a very savvy woman from Nebraska who had worked in a VA hospital there. She didn't have a bachelor's degree but she was very interested in hiring nurses that had higher levels of education. So she became very interested in me during the interview and hired me and actually became my first mentor. I loved working at EPPI, the Eastern Pennsylvania Psychiatric Institute. I was assigned first to a female unit because then we used to segregate males from females in psych hospitals and the patients that came to that hospital were all selected from the triage center at Philadelphia General Hospital and they were selected for their teaching value. So we had the sickest patients in Philadelphia. The hospital maybe had about 180 patients and every unit had a different research focus and every unit was run by a different medical school in in Philly because, at the time, we had six medical schools and those these six medical schools divided up the units and their departments of psychiatry ran the units and it was a very rich learning experience for me. We had all kinds of luminaries in psychiatry and psychology that came through and did in-service/staff development for us. One

morning I came down from night duty and I stopped in the cafeteria to get some coffee before driving home. I usually sat with this research scientist. His name was Ray Birdwhistell. I didn't know how famous he was. He had designed a system of notation for non-verbal communication. And he was sitting with a very curious looking woman who had a big cane; it looked like a shillelagh and he invited me to sit with them; they were having breakfast. And he knew I was coming off night duty because I would have coffee with him a couple times a week. And he said, "G..., I would like you to meet Dr. Margaret Mead." And I said... you know, I was 22 years old... And I said quizzically, "Did you write a book?" (laughs) And Dr. Mead said, "Yes dear, I did." And I said, "Samoa?" And she said, "Very Good." And we sat there and I asked her questions about her work. She was married to Gregory Bateson who was also this prominent theoretician in psychiatry. And those were the kinds of experiences I had at EPPI. I was at EPPI for two or three years and at the end of my first year there, it was spring of '63 or '64, I was engaged to be married—my wedding was scheduled for August 8th, 1964. In the spring, March I think, Ms. Holmes, the Director of Nursing, called me to her office and she said, "Gloria, I want you to go to the University of Pennsylvania. They are having a testing day and based on the results of the test they are giving out NIH traineeships." And I said, "Oh. For what?" And she said, "Well, Masters degrees in psychiatric nursing. They have a program and you would be able to finish in a year." And I said, "What about work?" And she said, "If you pass the test and get one of the traineeships, I will arrange your schedule so you can do that." I always listened to Ms. Holmes. I went to the Penn and there were about 50 of us there and we took the test. They told us to sit in this room and in about two hours somebody came out and called 20 names and I was one of them. And I started my Master's program that summer. The day before my wedding, I took finals in statistics and in philosophy of education. And I got B's which is pretty good, I thought, for the kind of pressure I was under. I finished my Master's a year later and Ms. Holmes promoted me to the staff development department. I was in charge of all the education for the psychiatric technicians. And the psych technicians were usually men from the inner city and I

really could establish a good rapport with them and had some wonderful students who interacted beautifully with patients.

When Ms. Holmes decided to retire, I decided to leave EPPI because I knew the atmosphere was going to change and I got a position teaching at the University of Pennsylvania. I taught in the baccalaureate program and I was on a mental health integration grant. Back then there were grants that the Feds were giving out to help collegiate nursing programs integrate more mental concepts; behavioral health concepts into all of the other areas of nursing. There were two of us on that grant, me and Doris Sutterley. It really was a wonderful experience. I designed a course with Doris in human development because our Dean at the time was Dorothy Mereness who was also a psych nurse, author and very much a proponent of nursing students understanding developmental process. And that led to a chapter in a book that Doris and I wrote for a faculty member who was putting together a managed text with chapters in different issues in nursing. And we wrote a chapter on human development that then led to a book: Perspectives in Human Development that was published by Lippincott and was named an American Journal of Nursing book of the year.

So my career experiences and path are what I would call serendipitous. I didn't plan anything. I knew what I wanted to do. I knew I wanted to be a nurse. I resonated with psychiatry, I followed that path. Today, when you talk to young people who are coming to interview for faculty positions you occasionally hear what I call over-planning. I remember talking with one young woman who was interviewing for faculty. And I said to her, "Where do you think you're going with your career?" And she said, "Oh, I'm going to be dean in five years." And she had it all plotted out. Now I don't think that kind of planning usually works. In a career, you sort of have to take opportunities as they come along. You need to immerse yourself in the moment and figure out what you love and what's best for you and where you have the greatest impact. And that's what I tell young people today -- to experience things and then ask yourself: Is this for me? Am I making a difference? Am I doing

something that's clinically significant or do I have a special interest in the scholarship of teaching; or the scholarship of whatever clinical area that I'm in? When I left the University of Pennsylvania.... I stayed there a very short time because I missed clinical so much -- I went back to into clinical, to the Institute of the Pennsylvania Hospital, which was a very posh, private psychiatric hospital in Philadelphia. The director, Margaret Dolan, was from the military and I think I kind of identified her with my aunt, and I stayed there for three years; loved it. It was very traditional psychiatry. We liked to say you could hear the Vienna Waltz in the hallways. The psychiatrists were all very Freudian and there was really no research or experimentation like there was at EPPI but it was a very good grounding in traditional psychiatry and I stayed there for three years and then I went on to teaching again. I was expecting my second child by then and so I took a short term teaching position at Temple University Hospital School of Nursing because they were losing their psychiatric nursing instructor in the phase out year of the hospital school. I did two rotations with them. And that was a very interesting experience for me because I took students to Philadelphia State Hospital, which was the big, cavernous state hospital and Temple had a "token economy" unit. Behaviorism was really flourishing in the 70s and this was the unit that was run strictly on the principles of behaviorism. It was pretty harsh, so if the patient wanted a pillow at night, he had to behave appropriately to earn enough tokens to get the pillow and the blanket... and snacks. It just seemed like a very inhumane system to me. If you wanted to do a token economy, then use the tokens for anything beyond the basics. But the fact that some patients went to bed at night without a pillow or a blanket really bothered me. So I would speak up in meetings with the behaviorists, and the psychiatric staff did not appreciate my point of view. You know, by then I had a Master's under my belt and I was the teacher and I spoke my mind. And that was good for me and of course it was good for the patients and students but I have to say that I did influence a policy change in that the unit began providing basics to patients. I also think that eventually the unit staff would have gotten themselves into some kind of regulatory trouble. So by the 1970s my

first book was published and I had my Masters and I got a call from a former classmate of mine in the Master's program. We had been together as students in the psychiatric nursing track in the MSN program at Penn. After graduating, he became the director of nursing of a hospital in South Philadelphia. And he called me and asked would I come down there even part time since I decided for a while to stay home with my kids and work on my book. But would I come to St. Agnes and work part time? The children were older; they were toddlers and my parents baby-sat and so I took a position as Coordinator of Continuing Nursing Education at this small acute-care hospital in South Philly that also had a school of nursing. And the following year I ended up as Director of the School. It was my first experience with diploma education. It was a Catholic School of Nursing; it was very militaristically run: all enrolled students lived in the dorms. There were many nuns on the faculty and of course I had a lot of new ideas that were resisted. I replaced some faculty who had left, and we started changing the curriculum. I was then invited as Director of the School to be on the committee in the hospital that was planning a new Burn Unit. I was invited to this committee to give input into the kind of education the nurses would need to prepare to run an extremely high level critical-care unit. The director of the hospital, my former classmate, was very forward-thinking but the physician who was the Director of the Burn Center was not and he wanted his special nurse friend in the hospital to be the head nurse. She wasn't qualified, so the Director of Nurses said "no" and the CEO of the hospital who was a nun sided with the physician and fired the Director of Nurses. And so I... I don't know what possessed me, on a Friday night I got about 20 people, went out on Broad Street and picketed the hospital. And it must have been a slow news week because by the next day the United Press was there; the Associated Press. There were 100 nursing and other staff from the hospital picketing the firing of the Director and my leadership in this event ended with my being dismissed from my position. I wrote an article about it with two other colleagues—Eunice King and Andrea Mengel and it was called "Anatomy of a Conflict," and published in the journal Supervisor Nurse. The issue at St. Agnes Hospital was really about nurses'

rights and who controls nursing practice and who determines quality. And nurses were having to ask physicians' permission to offer patients high quality nursing services in the hospital. It was the era of Nurses Rights, you know, 1975 when Claire Fagin who would eventually be the Dean of the School of Nursing at the University of Pennsylvania, wrote the article on Nurses Rights in the AJN. And so, after the picketing and protesting, I was without a job and wondering where my career could go. But when I was at St. Agnes Hospital I had made friends with a Christian Brother from LaSalle University who was a friend of the hospital chaplain. Brother James Muldoon was from South Philly, like me, and we would see each other sometimes when I attended the chaplain's classes and we would talk about education. Brother Muldoon was a nurse and a biochemist and he was the dean of Arts and Sciences at LaSalle and I would say to him, "Why don't you have a nursing program at LaSalle?" And he would say, "Well, you know, we have a relationship with the hospital school across the street." And I would say, "But that's not where it's all going." So now, I'm fired from St. Agnes and not a week after I'm fired, sitting at home, thinking about how I can salvage this career, I get a call from Brother Muldoon. And he says, "We want you to come and work at LaSalle. I have some grant money and we want you to do a feasibility study for a nursing program here." And I said to him, "Oh, aren't you worried about hiring a rebel?" and he said, "No, we like that." (Laughs). The Christian Brothers are intellectual; very forthright, analytical and with a great sense of humor. So I went. I stayed there for four months. I did a complete feasibility; what it would take. What kind of nursing program should LaSalle develop? But the president of LaSalle at the time did not see, that interested: he was more of a liberal arts person. So I left after four months and lo and behold, the president changed. And the new president was Brother Patrick Ellis, a very practical interviewerinistrator, and he called me and said, "We want you to come here and start the nursing program." And so I did; I went to LaSalle and I had recommended an RN to BSN program because there were so many nurses in the city who needed a BSN and when I was in Villanova in the 60s we had RNs coming to class but there was this prevailing philosophy among the

faculty that they had to do everything over again and I didn't agree with that. I knew there was a program in California called "The Second Step" that had a very interesting design. So I got a copy of the curriculum and I also consulted with Carrie Lenberg, who developed the New York Regents RN completion Program, to develop this RN to BSN program at LaSalle and I think at the first term we had 200 students. Of course LaSalle was thrilled because everyone was interested in building enrollment. And I hired great faculty. Doris Sutterley was there with me. And at the height of the program I think we had 600 students. And then we applied for NLN accreditation but first we were deferred. Then we had to have consultation from the NLN before we resubmitted for accreditation. I remember when the NLN consultant came. She was a Sister of Mercy without much mercy I might add. She was not very pro RN to BSN because the politics of the time was if colleges and universities opened RN to BSN programs, that would perpetuate diploma schools and associate degree programs. And this was something the Nursing leadership did not want. Now, I never believed that because I had been a nurse and in nursing education at least ten years by then and I believe what really influenced nursing education was the market: the health care market. Nursing likes to believe that we have control over our educational destiny but we could never really get it together to move things in the direction that everybody thought we should go, the BSN as entry. So we were deferred accreditation and then we were denied. When we were denied accreditation, I felt very it was very unfair. There were, I think, 15 reasons for denial and I had reviewed them and some of them were based on frank error. Brother Muldoon and a team from Nursing visited the NLN staff in New York to point out the errors but to no avail. Some of the Accrediting Committee's conclusions seemed very arbitrary. When we returned to Philadelphia, I visited President Ellis and asked if he could provide me with an attorney to look at the reasons for denial and he was reluctant to do that, however, we convinced him and I worked with an attorney and we wrote this appeal that really was terse, pointed, accurate and would have singed the hair off of your arms. And lo and behold, we got the La Salle RN-BSN Program accredited on appeal – for the full 8 years!

INTERVIEWER: Isn't that amazing!

INT: Yes. We consulted with Carrie Lenberg who also had been denied accreditation for the Regents RN Completion program in New York and she gave me great advice. With Carrie's help and that of the lawyer we submitted a strong appeal. And the La Salle students, independent of anything we were doing, hired an attorney to develop an amicus brief which arrived at the NLN on the same day as our appeal document. When the appeal committee met we were granted full accreditation. And there was only one recommendation was that we enhance the leadership course for the nursing students. Now, I got a good laugh out of that because I thought that the students really had exercised great leadership in supporting the College's efforts to get the program accredited. Interestingly, when the next NLN convention came around, I attended with some of the La Salle faculty. The meeting was held in Dearborn, Michigan, and I got invited to the VIP suite to meet with the then-president of the NLN, I think it was Pam Maraldo. The following year I was elected to the council of Baccalaureate and Higher Degree Programs committee. And then I invited to chair the accreditation committee for the NLN Council of Baccalaureate and Higher Degree Programs that revised the NLN accreditation criteria to emphasize student learning outcomes.

INTERVIEWER: Marvelous.

INT: Sometimes when you fight the system, the system brings you in... you know, that Eastern Philosophy of keeping your enemies near... So, I got involved in the leadership at the national level through our efforts to get the LaSalle program accredited. Before my adventures at La Salle, I worked for a year at Villanova University and then at Trenton State College which is now the College of New Jersey. I stayed at La Salle for 17 years and when I left there was a generic BSN Program, the original RN-BSN and a Masters in Nursing Program. By that time

my Christian-Brother colleague, who encouraged me to come to La Salle, passed away. At that point, there was nothing holding me at LaSalle and I got this call from a head-hunter: would I interview for a position as the founding dean at MCP Hahnemann University. And at first I thought, “I am already a Dean and tenured, should I look into this opportunity?” I was intrigued so I went and met with the head-hunter and got even more intrigued. And eventually I was appointed the Dean of Nursing at MCP Hahnemann, which was in Center City Philadelphia, with a diploma school that had converted to an Associate Degree program, but the Associate Degree program was phasing out. So when I walked in the door I had to start phasing out the Associate Degree and then rebuild everything. Eighteen months after arriving at MCP Hahnemann (we were by that time called Allegany University because MCP Hahnemann had been purchased by a Pittsburg outfit, Allegheny Health Education and Research Foundation who was led by a CEO who eventually served prison time because of financial mismanagement.

INTERVIEWER: Oh Dear!

INT: ... I was at MCP Hahnemann for 18 months and suddenly we were in bankruptcy... full chapter eleven bankruptcy: the entire university and more than a dozen hospitals. So now, here I am, trying to rebuild all the nursing programs but the publicity in Philadelphia was terrible. Every night there was an article about the bankruptcy. And we had students... this all happened in summer... we already had students committed for fall. There were all kinds of legal things going on; for example, would our students be able to get aid because if the University was in bankruptcy? A Senator in Pennsylvania put a rider on a bill so the students would be protected... It was very convoluted and stressful. We would get visited by other colleges and universities doing their due-diligence efforts to see whether or not they wanted to purchase us. There was some consideration of transferring the School of Nursing and the School of Health Professions to another Catholic University in the western suburbs that had even reserved space for us to move to their campus. We

were in the midst of trying work out a transfer of the program when Tenet Health Care bought the hospital and partnered with Drexel University to operate the University. The bankruptcy creditors gave Drexel 15 million dollars to manage the MCP Hahnemann University with an eye to merger if things worked out. Drexel began managing us in 1999 and we fully merged into Drexel in 2002. I probably learned more about how nursing education really worked—the business of it – through that bankruptcy than any place you could go for any course work anywhere because I was on all these committees. I wrote a liquidation plan to close the School of Nursing; I dealt with people who were coming to look at us for possible purchase; I had to have revenue and expense budget numbers in my head at all times... what we were doing; what our potential was; was our tuition right? I really learned that there is so much more to nursing education than the “right curriculum” that there is a business aspect that is crucial for success. And so I teach others about the “business aspects” now. I’ve done workshops for American Association of Colleges of Nursing; talks for deans and chairs of nursing education about business and how not to get bamboozled in universities because of a lack of understanding of program finances and business strategy. So what has happened at Drexel University to our nursing and health professions programs over the past 14 years?... we had clear sailing to build under two extremely supportive presidents and eleven provosts since 1999 when Drexel began managing us. But with two very supportive presidents, the College of Nursing and Health Professions at Drexel is now the largest college in the university. We have 5,000 students. We have 53% of all online enrollments in the university. We became very good online and we went on line in 1999 largely to survive the negative publicity of the bankruptcy.

INTERVIEWER: That’s early.

INT: I learned when we were in bankruptcy that it was not difficult to get faculty to try something new, because there’s this sense of urgency. You know, we’re all standing on the cliff.” And so I said to the faculty, “Why don’t we offer courses on

line because nobody in Erie is reading the Philadelphia Inquirer.” And so we had this very primitive learning management system back then. Even with primitive online tools, we went on line and the faculty designed these wonderful courses. I was, I think, the second faculty member to teach an online course because I always teach, and it’s always been an ethic of mine: if you’re going to lead this school, you have to teach. And so I teach one full course a year and then I guest lecture in a variety of courses. We went on line and the faculty loved it. And so now, interestingly, the problem is getting the faculty to teach in person because they realize the power of online and they love it. Our College has ten full time faculty who live all over the country and who teach their full loads on line and who come to campus maybe twice a year. And our director of online quality lives in Anchorage, Alaska. So we built this really wonderful school. I had very strong leadership team; and 200 full-time faculty. And in 2000, the Drexel Administration decided to merge nursing and health profession into one College. So, in addition to nursing, I learned how to work with physician assistant programs; physical therapy programs; nutrition sciences, Couple and Family Therapy, the Creative Arts Therapies, Health Services Administration and Health Sciences. All of these disciplines result in a very vibrant school with a strong interdisciplinary focus. Now in this market in the next decade, enrollment for the university will be dominated by the College of Nursing and Health Professions because of a shortage of nurses, of nursing faculty, and of nurse practitioners. There are also shortages of Physician Assistants and Physical Therapists. Shortages drive enrollment. And the aging of the US population is driving the need for more nurses and health professionals. And that’s the business part of it. We look at the market. The leadership sits in a room and asks, “What are the needs for the next 10 years? What are the demands of the health-care system and what kind of programs should we be offering that meet that demands?” Because that’s what attracts enrollment. So it’s been an interesting time at Drexel.

INTERVIEWER: May I ask a question?

INT: Sure

INTERVIEWER: Fascinating. But you have your PhD, do you not?

INT: Yes, I have a Ph.D. in Human Development, developmental psychology.

INTERVIEWER: I think that's omitted. When did you get that?

INT: Just as I was beginning my work at La Salle, I decided I had to get a doctorate. Academic leadership demanded doctoral preparation.

INTERVIEWER: That's why I asked.

INT: Yes. And Penn had just started a DNSc program. But I had been a faculty member at Penn and I didn't want to go to Penn. I visited NYU and looked at their program. Actually, I even attended a workshop with Martha Rogers, but it was pretty esoteric for me. So I started looking around in the Philadelphia area. I found that Bryn Mawr College – one of the seven sister's schools, i.e., women's Ivy League schools, – had a program in developmental psychology, human development. Given that I was a psychiatric nurse and had co-authored a book with Doris Sutterley in human development, I thought Bryn Mawr might be a good fit. So I went to Bryn Mawr and met the faculty and I really loved the program but I didn't know if I'd get in because they only admitted—this is a very interesting model—they admitted the number of students in the fall based on the number they had graduated the previous spring. So they had a fixed number of PhD students in this department and they did not diverge from that number. I applied and probably because I was already published, I got in. I really learned so much about education by going to Bryn Mawr. It was small, seminar-type discussions, we would go to the instructor's homes to meet in seminar. It was just a wonderful learning community. And when

my classmates and I had all decided on our dissertation topics we helped each other if we saw some pertinent reports or literature. I did dissertation research on children's play: language, thought and action in children's play. It was a replication of a piece of research conducted in the Soviet Union in 1917. I had Dr. Rob Wozniak as my dissertation advisor. He was a developmental psychologist. He had been head of the Research Center for Human Development at Minnesota before he came to Bryn Mawr. I had to be able to read psychology journals in a modern foreign language because there was a language requirement. I had a background in French so I passed the language exam on my first try. Bryn Mawr was really a very magical place in terms of education, relevant, rigorous and respectful of students. It took me six years to complete the degree including a year to collect my data, and then another year to write up, but I did very well and finished in 1985. Katherine Hepburn, the movie star, also a Bryn Mawr Graduate, was our graduation speaker. I modeled many programs and processes at La Salle University and Drexel along the lines of what I had learned at Bryn Mawr. Bryn Mawr was small and intimate. I also had the big school experience, you know, the Masters at the University of Pennsylvania, a very large program. Interestingly, there were no letter grades given at Bryn Mawr, just Satisfactory and Unsatisfactory and the end of each year we went to the Graduate Office to read the extensive evaluation summaries by our faculty of our work for the term. We had a laboratory nursery school that was somewhat like a day-care center but it was really a laboratory nursery school where students from the Human Development department could observe children at play in the effort to develop very acute observational skills considered crucial to the kinds of research that was being done in that department. So the PhD from Bryn Mawr was very prestigious ... and you know how academics are...

INTERVIEWER: Yes, I do! (Laughs)

INT: "Where is your PhD from? Oh, Bryn Mawr College." You get that "no kidding" reaction to the degree from Bryn Mawr. But the reaction fits the rigor because it

was really a wonderful, wonderful exercise in how to design and then get a PhD that gives you that essential grounding in both theory development and research methodology.

INTERVIEWER: I want to thank you for your time. I know you said you had an hour and I don't want you to go over that... but I really do thank you for your time.

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