

## #56 Diploma 1980

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Name of school : Baystate Medical Center School of Nursing (Diploma Program)

Date graduated : May 1980 (Valedictorian)

Reasons for becoming a nurse: I became interested in becoming a nurse after volunteering as a candy-striper at Holyoke Hospital during my junior and senior years of high school. I found that I enjoyed both the interaction with the patients and the fact that I was helping them, if only in some small way. My volunteer work also provided exposure to professional nursing, which I perceived as both challenging and rewarding. The registered nurses whom I encountered during those volunteer years were informative regarding details of the responsibilities which the nurse assumes, and encouraging and supportive of my desire to enter the profession.

Choice of nursing program: I chose Baystate Medical Center's School of Nursing for the outstanding clinical experience which the program provided. I believed that the combination of the program's curriculum in conjunction with practical experience within a large teaching hospital setting would best prepare me for competency and confidence in nursing practice.

Curriculum: Non-nursing required courses were taken at STCC; at the time, STCC had an affiliation with Bay state's School of Nursing for that expressed purpose.

Clinical Experience: Clinical experiences were primarily held at Baystate Medical Center; exceptions included the psych nursing rotation, which was conducted at Northampton State Hospital, and the community nursing rotation, which was held at a walk-in clinic in Springfield.

Vivid memories: My most vivid memory involves my critical care rotation, where I practiced nursing under the supervision of a licensed R.N.; I was able to conduct peritoneal dialysis, and manage multiple IV lines. I also had quite a moving experience with a young man who had suffered a sub-arachnoid bleed after a head injury; neuro signs had been ordered q 30 minutes, so time after time I called his name, hoping he would resume responsiveness. For most of that 8 hour shift he remained silent, and did not follow any commands. However, just as my evening in ICU was ending, the patient opened his eyes when I called his name. I'll never forget the thrill of seeing a positive change in such a critically ill patient. A bad memory involves a morning which I spent in Baystate's ER; it was unusually quiet, I recall, not a single patient in any bay. Suddenly a young mother rushed through the emergency room doors with an infant in her arms, screaming that her baby wasn't breathing. All nurses and physicians sprung into action, attempting to revive the child. But their efforts were unsuccessful. The infant, being a victim of SIDS, had expired before his mother had brought him to the ER. I'll never forget the sick feeling inside at witnessing the loss of a small baby; I remember the realization that I would never be able to work with small children as the incident had disturbed me so.

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Program Strengths: The program's strength was the quality of clinical experience which it offered. Clinical experience began within a few months of starting the three year program and proceeded throughout the third and final year. I feel however, that the few additional courses which it would have taken to provide program graduates with an associates degree in nursing should have been incorporated into the program through the affiliation which already existed with STCC.

First job after graduation: My first position as a RN was on the cardiac-thoracic post-op unit at Baystate Medical Center. I felt that I was exceptionally well prepared for the position, as I had performed my last clinical rotation on that very unit. The orientation at that time was quite extensive (6 months total), and involved a preceptor who served as a resource guide, mentor, and support system for the new nursing grad. Independent responsibilities were gradually introduced; feedback was frequent and relevant.

Advanced education: As nurses, we begin our careers as teachers, lending instruction to our patients and their caregivers in disease management and prevention. As we mature professionally, we become teachers to our peers and colleagues. After twenty-eight years of nursing practice, I decided to return to college in pursuit of my BS, and now MSN degrees. I found that it was the component of teaching which I most enjoyed in nursing, particularly with other nurses. That realization was the decisive factor in my returning to school, in order to become a nursing instructor in a college setting.

Through matriculation through the Elms College RN-BS Program, I began to think about nursing issues in a different way. My patterns of thinking became more refined, and I feel that I have exited the program with a significant degree of professional and personal growth.

However, in regards to the issue of entry into practice, I feel that something vital is missing from current baccalaureate basic nursing programs. It has been my observation that such nursing grads lack in both clinical and critical thinking skills, and that accountability and ownership is dwindling within the nursing profession. Is the catalyst for these changes a deficiency in clinical experiences in basic nursing programs, or a nursing shortage which contributes to abbreviated preceptor programs, or a combination of multiple factors? The expectation bar has dropped over the thirty years of my nursing career, and it has both puzzled and perturbed me over time. I cannot help but feel that a balance within basic nursing programs must be achieved if competent and confident nurses are to become the end product of nursing curriculums. Clinical experience is critical to the creation of a thought driven nurse; is less theory and more clinical experience the answer?

I don't know, but it is my hope that in trying to understand the problem that I may become part of its solution.