

## History Springfield Technical Community College Associate Degree Nursing Program - As Told by Students and Faculty

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As the focus of nursing education moved from a service focus to a focus on education, and students no longer provided the majority of hospital staffing, hospital schools of nursing began feeling the financial pinch. In Western Massachusetts hospital schools of nursing began closing. The only area college that offered a nursing program was the University of Massachusetts (Amherst). Associate degree nursing programs, having been successfully introduced in the 1950's and 60's, were seen as an answer to the need for an educated nursing work force. In the 1970's, two Western Massachusetts Community Colleges, Springfield Technical Community College in Springfield and Holyoke Community College in Holyoke, developed Associate Degree nursing programs.

### **Springfield Technical Community College (STCC)**

The following history of the nursing program at STCC is told through the oral histories of the first Dean, Dr. Mary E. O'Leary<sup>1</sup>, who developed the nursing program and graduates of the program. These are their stories. According to Dr. O'Leary:

"While I was at the Providence Hospital School of Nursing, the Sisters of Providence saw the wave of the future and we; St. Lukes in Pittsfield; St. Vincent's in Worcester; Mercy in Springfield, and Providence in Holyoke administrators and myself met. The issue was how do you develop an associate degree program without an assisting college? So we met with [the] President of The Elms College to query

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<sup>1</sup> <sup>1</sup> Permission granted (9/9/2101) by Dr. O'Leary to use name, titles and positions held.(9/9/2010): Education: Sacred Heart High School 1949; Providence Hospital School of Nursing 1952; Boston College; BSN 1954; MSN 1958 (First RN to receive the MSN @ BC) (along with a basic student.) (2 degrees awarded in 1958); JD 1966; D.Ed 1979. Dr. O'Leary developed the initial curriculum and was the first Dean of the associate degree nursing program at Springfield Technical Community College Nursing Program. Dr. O'Leary is Dean Emeritus of Health Education at STCC.

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if the sisters worked out a collaborative, what kind of a relationship could they develop with the Elms College?. Would it be the Elms or the Sisters of Providence? Needless to say there was never any real follow up to it.'

"In this area, Springfield had Springfield Trade High School which is now Putnam Vocational School, it used to be Springfield Trade, then it became Springfield Technical Institute which incorporated the post high school thirteenth and fourteenth years in select programs. They had cosmetology and the practical nursing program. At the time of the impetus to have a community college, Springfield Technical Institute made a transition and became Springfield Technical Community College. And Holyoke was one of the two first community colleges in the Commonwealth<sup>2</sup>."

"So at the same time I was happy and looking forward to going into community college education. I studied the resources and concluded, in my professional judgment there should be the one college program and that should be at Springfield which would have access to the Medical Center , Wesson Women's hospital ( maternity was always the problem) and Mercy Hospital."

"Mildred Montag was the forerunner of community college nursing education. She was a professor of nursing at Columbia. Her philosophical premise that was the basis of it. She held that a nurse, once she had a sound academic basis could develop skills in the clinical area and be paid for it so the magical three years from date of entrance to graduation time for diploma school was a myth.

"I studied Montag's doctoral thesis in my master's program and developed curricula under projects that we had in the history of nursing course and the like. Kellogg foundation funded the New England Board of Higher Education for a two week workshop at Westbrook Maine; Westbrook Junior College in Maine to train teachers for community college education. So I applied and was given one of the grants. The faculty was all Columbia graduates who studied under Mildred Montag. I enjoyed the workshop so when I came back I was all gung-ho on the community college as the wave of the future for nursing education. Geographically we had to look at the fact that we had diploma schools

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<sup>2</sup> A brief history of Holyoke Community College will be available of this website/

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in Pittsfield, Holyoke, Springfield for Western New England. And at that point there was a pinch in the economy for nursing education. And that was the only thing that was really focused and assisted the development of the community college programs because the hospitals were feeling the financial brunt of the schools [*Hospital Schools*].

"I was offered the job to develop an ADN program. I had been working with the Dean of Faculty at Springfield Technical Institute for years between the practical nursing and health programs so I said I was interested and they jumped on it and gave me a good offer to go to the college to start the associate degree program.

" At the same time the same things were going on when Holyoke Community College realized that STCC was going to start the program. I had interviewed the two presidents each one wanted their own school of nursing and that made a conflict with the board of Registration and the Board of Higher Education. They hired a consultant from Columbia Alice Rhines. She was an understudy of Mildred Montag who came as a consultant to analyze the resources and decide which college should have the school of nursing. Between the presidents and nobody would give in and finally they negotiated that each would try and each one would have its own school. And Holyoke president, Dr. Frost at the time, hired a lovely lady, Doris Kimball, she was a Columbia graduate who had been head of a program down south and wanted to come home. So she became the first director at Holyoke Community College. We worked together and each more or less did their own thing and developed the two individual programs somewhat in competition. That was the history."

"The Massachusetts Board of Registration had hour requirements for graduation - ten day extra hours. So you could be sick ten days but anything after that you had to make up those days to qualify for the hourly requirement for the board of registration in nursing to be eligible to write the licensing exam for RN's.. So I had to take the Board of Registration in Nursing requirements, the philosophy of Montag, and my own experience from having built the three year program and practical nursing program and sit down and developed the program. I did studies and surveys in conjunction with the Board of Registration because we had to have their approval to plan for the associate degree nursing program."

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"We took fifty students in the first class. I was very fortunate for having known the people. I had an instructor from the university to apply for the maternal and child care program. She lived here in West Springfield; it was closer. A colleague of mine that I went to law school with came on and she was a public health person and she came on the second year. There was a person from the practical nursing program in Northampton, who graduated from B.C. University basic program and was master's prepared. A LPN faculty from Springfield Technical Institute transferred to the college nursing department.

"Sister Mary Elizabeth, SP was head of pediatrics at the Providence and she was a classmate of mine at Boston College. We got our Master's together and we were very good friends as the years rolled on. I then had the obstetrical, pediatric, fundamentalist [*fundamentals of nursing*] and psychiatric person from the University. I had five in that first group. And so we had our fifty students and our ratio of one to ten for faculty and I tell you, that was the problem in the college for their faculty to see that ratio. The other liberal arts and science faculty looking at one to twenty kids to our ratio of one to ten. But anyway we negotiated with the groups. We had a wonderful head of the science department. He was going to teach the nurses biology right away and anatomy and physiology. He had experience at Holyoke Community College. He had taught my Providence students. Jim took over and he taught anatomy and physiology which was wonderful; he knew the need and just what the level was and where we were going. "

"Mercy Hospital was very close to closing because of the cost of nursing education so Sister Mary V, S.P. who was then director of the Mercy Hospital School of Nursing worked out a plan with the college that they were going to phase out their school of nursing in June 1972 and we would graduate our first class. However I was much surprised by the fact that one year earlier they decided to close. This decision made it a little more difficult with the attitude of the graduates and students in that diploma school because they were now enrolled in a school that was not going to exist any further. It took a lot of in-service education and time to foster a healthy educational environment."

"And that was it... I started at the college in January of '68. We opened and admitted the first class. It had to be based on the academic year, so we opened in September of '1970 and admitted the first class. We graduated the first class in '72. "

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## Graduate Remembrances'

### #18 1972 Graduate:

"I actually was planning on going to the Providence Hospital School of Nursing, had gone through the entire process and was accepted. In late Spring of 1969 we received, a handful of us from the high school, received a letter in the mail that the Bishop had decided at that point not to reopen the Providence Hospital School of Nursing, so that didn't leave us very many options and we were scrambling around a little bit. So in the front office of Holyoke Catholic High School was Dr. Mary O'Leary's mother. She was the secretary and the glue that held the high school together, so she said to my friend Maryellen and I, you need to go see my daughter, Mary. So off we went and we came to see her daughter Mary who was at STCC for one year of prepping to open the first Associate's Degree program in the area and Mary, her daughter, had also been an educator and a faculty at the Providence Hospital School of Nursing.

". . . We had to do one year of what I now call a pre-nursing program because this program wasn't ready until the Fall of '70 and we were needing something in the Fall of '69, so we came onboard and we took many of the courses that we needed to support nursing. We took English and the social sciences. We took our anatomy and physiology. We took microbiology. We really cleared away everything that we could possibly clear away other than nursing. Mary actually hired the two of us. She called us her two



Mary's...she hired the two of us as work study students and she had us on our hands and knees with mops and pails over in the original building, which was quarters five<sup>3</sup> and six at the far, far, far corner

of the campus which no longer is being used.

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<sup>3</sup> STCC is built on the site of the former Springfield Armory. The nursing program was originally housed in one of the former Officers' Quarters, hence the name 'quarters five and six'.

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" Half of the building was for nursing and the other half was for another society on campus. So in that building which was an old commander's home...it was almost a duplex, it was a double building so one side had a full house, the other side had a full house, but we had the unit to the left, quarters five, and in there we had faculty offices, we had the classrooms, we had the nursing lab, we had everything that we needed at the time to do nursing. Any other courses needless to say were held out of quarters five. So there we stayed for our two years and we spent two years in quarters five. Needless to say, the program was much smaller. I believe...if I count back, we graduated in the low 40's, 41, 42. We were pinned in the cafeteria on a plywood platform. It was quite...we were a very good bonded group. We all did well. We had...most of us that I even remember had excellent career starts and that's how we began our education here . "

"It was a very cohesive group 'cause we were there in that...we were like prisoners. We were confined to the same quarters for everything that we did. All of our lectures were there, all of the faculty was always there. The students really weren't supposed to be in the kitchen with the faculty when the faculty was eating but needless to say, the students were whittling in and out of the kitchen when the faculty was in there eating and I do clearly remember Mary O'Leary in the kitchen of Quarters Five and every day, and I said this at her retirement dinner, every day she ate the same thing...cottage cheese, tuna fish and green peppers all mixed up and I thought it was the food of wisdom. So I decided I was going to try cottage cheese, tuna fish and green peppers and frankly it didn't work."

"But we were always together, we learned a lot from being such a small group together. We learned about each other, we learned our likes and dislikes about each other, but we supported each other and we did everything humanly possible to get us through to the end. One day we found the building vandalized and we came in and all of our equipment, our sphygmomanometers and our stethoscopes everything was out on the campus green when we came in the morning .So that was quickly rectified and that did not happen again but that again put a little, you know, strength into our group. "

"The other thing that we needed to do was...of course back at the time, people were so interested in the nursing cap but needless to

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say, it was a new school so we did not have a nursing cap. So a group of us. . . that wanted to design a cap and, of course, we were back and forth to Mary O'Leary about the cap and she looked at us one day and she said, "Listen to me, it's not what is on the head, it's what in the head. If you want to get a cap, then go ahead and do it"

"Well we did design this cupcake like cap and we wore it as students with great pride. We handmade them at the time until Mary found a manufacturer to make it, but we had...as students we had burgundy and gold ribbon on it and then, of course, when we graduated we had black. The uniforms we had were quite interesting. They were your straight A-line dress with a big burgundy bib in the front and we didn't really love the burgundy bib, but one thing we did get to do was take that bib off to graduate, so we all had that as a graduation uniform. There are still schools out there that I see in catalogs that wear similar attire but that was...great pride in what we did."

### **# 43 1972 Graduate:**

"The program there [STCC] was very, very difficult. It was very clear that even back then, Dr. O'Leary and the other faculty were going to raise the bar. Back then, associate degree nursing programs were still under a great deal of scrutiny and skepticism by the most prevalent three year nursing programs and that we were not as qualified, not as well trained etc. and so we had to prove ourselves. And so the curriculum, the standards, the amount of training both in class and on site clinical with quite rigid and rigorous; very demanding. The dropout rate was very high because they were going to make darn sure that the graduates coming out of this program were to be the best, the most competent, and to be leaders. When I look back at the education that I got at STCC, not just general nursing, but the philosophy of nursing and the influence of nursing on the health care system from Dr. Mary O'Leary, even to this day, after all these decades, she instilled in us the absolute critical need to become leaders of change, not only within the nursing profession. but in the health care system."

"I knew of no other nursing colleague... for many years out in the field who had the received the type of in depth training in health care law, nursing law and standards and trends and challenges on a system wide basis that we received at STCC. That may not sound important, but it

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is. Because that impetus and understanding propelled me as an associate degree RN to strive for much more education, expertise, and leadership roles to help in that transformation."

### **#17 1972 Graduate**

"I think the program at STCC was phenomenal. You talked about Mary O'Leary and she was the director of the program and she was a very strong willed, very directed woman. She expected a lot of us and she also always instilled in us be -- we had talked about nursing as a profession -- the professional aspect of it. We were expected to get out and join the American Nurses Association and spend time on our profession not just the work we were doing. And I really, in later years, came to appreciate that because it instilled in me that... she instilled in us that this was the beginning of your education, not the end of it. And I always knew that I would go on and do something else and I think a lot of people in my class have. I mean I haven't kept in touch with a whole lot of them, but she gave me a real solid foundation because of the associate degree program, you knew that you would need further seasoning so to speak when you got out but it was a great foundation. And the faculty, you know, looking back on it a lot of them came from diploma programs because that was still very popular at the time. So you had a wonderful faculty that had come from closed diploma programs and I'm not sure where else, but we had a great faculty."

"Well, we had a pretty good variety of clinical experience but it never felt like enough. I think it was something we all felt. But I'm not sure, unless you came from a diploma program where you spent lots of time on the floor and some of that, frankly as you said before, was free labor for the hospital. We had class time and we had modules, you know, the pediatrics, the maternity... I thought it was very comprehensive. We had some placements. I did my psych up at Northampton State. We're talking 1969, 1970 here. So we had some great placements and I feel bad for some students today because of the high pressure of productivity that you see in health care today, a lot of places can't take students the way they used to. We had one very interesting one, historically speaking. Mercy was phasing out their program at the same time STCC was ramping their program up. And one of my placements, maternity and med surg, was at Mercy. And it was sort of that. . . resentment some of the Mercy grads that

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were working there seeing their program, you know their students being replaced by associate degree students, so there was a little bit of animosity. I think I actually did my maternity with the last class of Mercy and we were the first class at STCC. So understandably, some animosity there.

*As you think back, can you think of anything as far as, say, either classroom or clinical that sticks out in your mind or that was kind of special?*

I think the whole two years was really pretty special because we were the first class and so we got to design the cap and the pins and I think the faculty was trying to... I probably shouldn't be speaking for them... but I think because it was the first class, they were settling in and figuring out what they needed to do and there was a lot of pressure on them to produce a class that succeeded, but there was a lot of pressure on us; this is the first class and we were going to pass our boards and are they giving us and you know are we learning everything we need to learn? So I think we were pretty close to the faculty, those two years. And we had a very close class. I think we dispersed afterwards but that was a long time ago. "

"I think the difference between say the diploma and even some of the four year programs were you're in college with these people all the time, I think a lot of the associate programs draw people from different walks of life. There are some older people; some men. We actually had two men in our class, which was unusual back then. But we were at all different stages in our life: some were married, some had kids. So that I think you don't have that sort of close fellowship that you get with say a diploma program where you live together for three years and work together. And with the four year programs where you're in college and you're developing friendships in college. I think we all went to school and then scattered and went back to our lives. I stayed in touch with a couple people from my class but... I actually found my class picture a few years ago and I went back and I couldn't remember half their names! I guess that happens. I felt very honored to be part of that class; I really did. It was a wonderful experience."

### **#37 1978 Graduate**

*Interviewer: Why did you choose STCC?*

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"Money. Number one, it was cheap. Number two, time. I didn't think that I could...my personality type didn't fit four, five or six years of going to school and then getting out. I needed to get trained, get a job, so I could work because I came from a poor, middle class background where...um...I didn't have the money...there was no place to get the money to go to school and so I...STCC was really cheap. I got a basic grant and I got a scholarship or two from a medical society to help defray the cost of school and so it was...it was a very quick career path. I could...two years and I could have my nursing degree and then I could go on and get my Bachelors, which I was not enamored with."

### **#18 1972 Graduate currently Dean of Nursing (2010) Thoughts on STCC and the ADN Program**

*Interviewer: Let's go to the present. You are now the Dean...But you have a perspective on the Associate Degree Program and what you experienced as the first students in this program and what you have at this point. What I would like to hear is your opinion as far as the changes that you have seen, how the Associate Degree Program has changed to meet the needs.*

"Well we [ADN graduates] were never really accepted in the beginning because I clearly remember the anxiety of the staff that I was going to work with saying, we have never had somebody with a degree like yours, we don't know what to do with you. And I will tell you I was put under the microscope by that first head nurse and I do thank that first head nurse, and her name was Jeannette B., and she is still working a couple of days a week. I will get back to that evolution in a minute, but she was absolutely instrumental in my success rate, as was the other ladies that I worked with, Pat S. and Katy M. and Yvonne K. They were extremely instrumental in developing my career, but I will tell you Jeannette did not let me do one thing without breathing down my neck and watching that I knew how to do it. She would watch everything that you did and when she was satisfied that you knew what you were doing, she let you fly but I think what they all found out that year...because there were about six of us that went to Providence Hospital for our first job...I think they found out that the Associate Degree nurse really was a capable, sound nurse when they graduated but, of course, with Mary O'Leary and the faculty that we had at the helm, it wouldn't have been otherwise because they

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would not have graduated us unless we knew what we were doing and we were the group that proved ourselves."

"So as time went on and the diploma schools were going, going, gone, Mercy was closed within two years of Providence closing, Worcester was closed within a few years of that, and Holyoke Hospital closed. Baystate Medical Center was one of the last ones to hold on, but they didn't hold on very tightly because they started collaborating with colleges for a lot of the sciences so they knew that this was the way it was going to be and there were very few Bachelor programs around. So in order to have nurses, they were hiring an Associate Degree. History is still repeating itself on a daily basis, what are we doing to do with the Associate Degree nurse? We know that we have to have as much education as we can. The National League for Nursing just came out with levels. I mean we have been fooling around with this for years, but the NLN did come up with levels and the levels are all based on what each degree should do and they have got LPN and then Associate's and then Bachelor's and then, of course, up through Master's, Nurse Practitioner, DNP and Doctorate. The future they hope is Doctorate's at the bedside. The reality of that, that's not going to happen for a very long period of time because your community college students or graduates are filling the needs of the community. We are the front line people out there. Most of your nursing homes are Associate Degree nurses. Most of your...many of your hospitals are Associate Degree nurses. The ones that are going magnet are looking for more Bachelor's level and up but they are hiring Associate Degree graduates with the commitment that they will finish a Bachelor's Degree within a reasonable period of time. There is always going to be a need for an Associate Degree nurse as far as I can see in the community, in the home, in the long-term care facilities and in many of the smaller hospitals that are not going magnet. You learn, you continue to grow. Not everybody is going to get a higher degree but what we are seeing in the community college are people with existing Bachelor's, existing Master's and in some case, Doctorates, that are seeking an Associate Degree to compliment their existing degree. What they are finding though is, they still need to advance with nursing degrees. It is not going to be, I have a Bachelor's Degree in Fine Arts so I'm going to get an Associate's Degree in Nursing so I have a Bachelor's Degree but no, that's not it. They are not going to be looked at...they won't be looked at any better than an Associate Degree nurse without another degree."

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*Interviewer: You know you are mentioning...basically, what I'm interested to hear are some of your opinions as far as entry into practice and the four year degree and the relationship of that which has been an old long-standing issue in nursing and the different levels that we have is very confusing to some people. You can have three different levels, an ADN, a Diploma and a Baccalaureate and you all take the same exam so it is a confusing issue. So I would like to have your thoughts on that and your thoughts on the Associate Degree nurse and some of the factors that you found why they[graduates] go to get a further education.*

"The Associate Degree students are here for a reason. They are choosing community colleges for affordability, they are choosing community colleges for convenience and they are choosing community colleges because they live in the community. So those individuals that are seeking an education in a community college are here for a reason. They may be parents, they may be full time employees doing something else and they are trying to better themselves. A large percentage of those will not seek advanced degrees but there will always be a place for them.

We do know, and I have been working on a project with the State of Massachusetts...we call it the Nurse of the Future Committee. We have been doing this for four years and we have developed competencies that we expect any nurse to have. LPN's straight up through. They are all going...we are not using the word 'level' as the NLN did, we are just expecting that they have these eleven competencies and I can share them with you if you would like to see them. We are also encouraging all of our graduates to enter a Bachelor's level program as soon as possible after graduation. I have just finished work on a grant. Part of that grant was to develop a seamless transition for the Associate Degree graduate to go into the University of Massachusetts Amherst and finish a Bachelor's Degree within a year. The motivated student can do that. Starting in the Fall of '11, we are going to be looking for a signed commitment from those students that are willing to come in and do this fast-pace through Associate's to get their Bachelor's Degree. So in reality, a high school grad, which usually doesn't have the opportunity to get right into an Associate Degree nursing program...if they can stay on task and have support, they can finish an Associate's Degree and a Bachelor's Degree all within four years. So they can exit at three years with their RN, work part time as an RN and finish that Bachelor's Degree and have a Bachelor's Degree the following June. So we are strongly encouraging this. Also any student that talks to me that has another degree, I give them their other options. ...I embrace them but I don't tell them this is the only thing that they

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can do. I share with them other levels that they can go into and still earn, they can get a second Bachelor's Degree and there is a handful of programs in the area that they can go and get an RN and a Master's Degree within three years. University of Massachusetts Worcester, University of Connecticut and some in Boston, you can go and do a fast track and get your Bachelor's Degree with an existing Bachelor's in another discipline. You can get your Bachelor's Degree in a year...excuse me, you can get your...ability to take your RN license in a year, then in two more years you have got your Master's Degree. It's rigorous, I did counsel a student to do that, she came back to do some observation here. She was a graduate of Middlebury College in Vermont so that alone will tell you that she is a high academic. She finished at UMass Worcester in a year, took her RN license and had it and she was fast finishing her Master's Degree. So for someone like that who has the ability, but not everybody has the ability because of finances and family responsibilities. But those that can do it, that can still live off mom and dad or live off a partner or live off a spouse and can do it, it's possible because not every student has the ability to enter a four year college and get an RN. 'Cause what we need to remember is most people that are admitted to a four year college, do not even come close to starting any nursing courses until the second semester of their second year or the first semester of their third year. So for them, they are doing essentially what many community college students do, is take all of their supporting coursework and then go in and finish their nursing degree in two years. People look at it as levels of degrees that are different but what I see on paper for the students that are coming in here, there are very few and far between that have just the basics of what they need to be successful in nursing done. They have many other courses done and many of them are just so fragmented because they did this, they did that, they did the other thing, that they don't have enough to put together in the right place to get a degree and many of them could have another degree based on what they have on paper.

*Can you in go through and look at the changes that have been made as far as the curriculum and the focus as the increasing acuity rate of the patients and basically healthcare has changed. What has been done with this curriculum?*

"It's not just the curriculum and what is taught in the classroom, it's the clinical, it's how are we addressing the clinical needs and there is a lot of controversy at this moment in time about clinical. One of the issues is that we really are being encouraged both nationally, statewide and locally to increase and add more care of the elder adult into the curriculum, but as time progressed here, we also are...we know that what the students need to do.

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They need to be able to take care of the sicker patient as a med surg patient. We used to years ago...let's go in and observe in ICU. I see no benefit at all of observation in ICU. Every now and then you know that the faculty will put students in to observe. They really need to do as much of the hands on as they can. Some of the newer thoughts that are out there are actually taking the student, letting the student chart review, talk to the other disciplines, sit down and talk to the patient for a day or two days and then go in and take care of the patient because it can be completely overwhelming to a student because we have shorter day-stays now. Patients aren't there. Years ago, and not too many years ago, you could plan on...okay, you knew that you were going to have three post-op gallbladders, two post-op hernias, maybe a couple of...let's just say a couple orthopedics depending on what unit you're on. You knew you could plan on that so you knew your week was all set because you had those patients. You don't have those patients anymore. When you go in there, it's going to be a new adventure every day. It's like all the years that I did do maternity with the students, we never knew what was going on. I would go in there two hours before the students were to meet me because I was clueless. Because when you leave maternity on Thursday and you are coming back on Friday, it's another whole new game. It's a new mom, it's a new baby, you may have nothing going on, you may have three caesareans going on, you don't know, and that's where a lot of the medical surgical is right now because patients come and patients go. As we said earlier, they could be admitted in the morning for a gallbladder and you are taking care of them all day and five years ago, you would have your patient back the next day so you could finish, get them discharged. Now there is no way you see the patient from admission to discharge because they are gone before you come back again. So we need to be able to address that and keep the students up to date with that. They are seeing the sickest of the sick on the med surg units.

"One new concept that we have begun with Baystate Medical Center as part of the grant that we were working on and as part of some trends that are out there, are called Dedicated Education Units. And these Dedicated Education Units, the hospital actually contracts with us, we pay their nurse manager to be our clinical instructor and they have specially trained staff nurses that want to be there and want to teach. So our students are assigned to a staff nurse. The nurse manager is their educator and one of our faculty is their...I don't want to use the word evaluator, but she is the person to contact and to call if something goes awry and we are starting our second dedicated education unit in the Fall and we will be having one...if it continues to go well, we will have one in the Fall and one in the Spring with seniors only at

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Baystate Medical Center. It's not widespread and was started, I believe, in The Netherlands, was the first Dedicated Education Unit. It sprung into this country. Oregon who is very, very,, very proactive and ahead of the game in nursing education, brought the first Dedicated Education Unit to the surface...I want to say about five or six years ago. I have actually had the opportunity to go out to Oregon twice to go collaborate, especially with Tanner, and to work with them and see how their Dedicated Education Unit began and how the staff is so exuberant and that is part of the reason why Baystate started it, because we did go with Baystate. I went with some people from the Regional Employment Board and we went out with the State...I went out with a group from the State of Massachusetts on a second visit. Oregon is extremely...they are doing fantastic things with nursing education. They actually put in a part of their program where they did a transition that was LPN to ADN to BSN and what they found was they lost their pool of LPN's. So they went and are revisiting that situation because we do know that there is always going to be a place for LPN's. There is always going to be a place out there in some of the institutions, be it a hospital, be it a long-term care, be it a school, for LPN's. So that's what Oregon did but I did...I digress a little bit. So we recognize that too many pull-outs for an Associate Degree program is not a great idea."

*Interviewer: What do you mean pull-out?*

"By a pull-out I mean, you have got a semester of medical surgical but you will pull the student out for three weeks to go to maternity or you will pull the student out for three weeks to go to community. We are in the process...active phase right now of trying to perfect that and trying to make that piece better. We are trying to blend it a little bit better and we are very early in the process so I really don't have a lot to report, but it is something that we are actively working on and I'm expecting if we have this conversation again in two years, that I'll have a lot more to tell you because we are putting a curriculum change into place for Fall of '11. We are actively working on it and what we have done, is we have taken the eleven Nurse of the Future competencies and we have put them into all parts of the curriculum, into the clinical piece, into the lecture piece. We are looking to see where we might be redundant and lectures can end up being redundant so..."

*Interviewer: Can you explain that?*

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"Yeah. Where are we teaching death and dying? Are we teaching it in five different places or are we just teaching it in the place where death and dying is identified? I do believe that we are teaching it in multiple places because it's going to come up in Oncology, it's going to come up in pieces of Gerontology, so we are trying to identify where we are teaching and we are trying to match it to have it in the best place without any redundancy because that can happen in any curriculum because of faculty autonomy. They can do whatever they need to do and throw things into a lecture. We don't control faculty lecture, we are trying to orchestrate the contents so it's delivered in the best way with the maximum amount of education but also making the students do a lot of the thinking. We know now that a traditional lecture with a lot of the students, especially this generation, isn't the best way to go. We are applying case studies and critical thinking exercises and patient simulation is doing a lot to help and apply critical thinking and critical thinking can't stop. We make them think from the second they walk in the door and hopefully they are still thinking when they leave because it's so important in how successful they can be."

*Interviewer: How do you start handling that?*

"Critical thinking? Well very early on...let's just take...one example would be the very beginning freshman. Let's just do a simulation and...um...one of our very creative faculty, Donna W., when she worked with me in the evening program, she went ahead and she did a hysterical...I don't want to call it hysterical but it was a simulation based on a well elder. I told her she needed to make the elder a little bit older than she had it for what she was doing, but she had the lady sitting up in the chair with her pocketbook and her pearls and her whole entire outfit and her younger daughter is trying to tell her that she needed to have more wellness, that she needed to exercise more and watch her diet more and it was a family simulation. Now don't forget we have the simulator in the chair dressed up and it was absolutely, completely fascinating because we would give the students a list of things that they needed to do. Let's just say we were having them do a basic nutritional assessment. So on the nutritional assessment, it would be a diet intake, what you usually eat, do you take vitamins, do you take supplements and a typical freshman student without a lot of experience would go in and they would say...okay, what did you eat for breakfast? And so the person would say it. And what did you eat for lunch? And they would do a narrative on that and then they would say, do you take any vitamins?"

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And the simulator would say, yes I take a vitamin a day and I take...let's say for an example, I take Glucosamine and the student would go on to the next question and then the next question. So you are videoing this and then you go back and you sit down and you look and you really sit there and let them evaluate what else could you have done? Okay, you take the vitamin. Why are you taking it? You are taking Glucosamine but you went to the next question. Why are you taking Glucosamine, how long have you been taking Glucosamine? Does it have any effect on you? Is it helping your joint pain? So in that case we are very early in the beginning doing critical thinking. We also do it with case studies and we are now on a clicker system. I had the opportunity to purchase clickers for the classroom and with the clickers, the faculty can...students all hold the clicker in their hand and the faculty will bring up a slide and they can ask the student the question and you have the automatic response from the entire group. The next slide will automatically bring in the responses so that you can sit there and say, you know, only 30% of you thought that this was the right answer. Let's talk about it. So you can digress with that for four, five or six minutes so we can get everybody on the same page. So we are doing a lot with technology, with simulation, with clicker systems and that's some of the ways that we are trying to bring critical thinking in. We also have them do wellness fairs as a freshman. We will send them out to do nutritional assessments, physical assessments, we will send them out to do blood pressure clinics. So instead of just taking the blood pressure and writing it on a piece of paper and sending somebody home, they have the opportunity to sit there facilitated by their instructor. If they find some blood pressures that need attention, to sit down and talk. Did you take your medication today? No. Are you on a medication? Yes. Well why didn't you take it? 'Cause I ran out of money. So that alone can help the student to understand...okay there is really something other here than just having a high blood pressure. Why is their blood pressure high? Are they being treated? And we will send the students...the students will send the patients right back to their doctor that very day. Something that you do very early on in the community, not just in the hospital. So we do as much as we can with application of critical thinking and we move it straight up through the curriculum and the case studies and the scenarios with simulation become extremely complicated as they go through and the feedback is really quite good with simulation. We also had the

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opportunity in the past to have sick children. Mary Elizabeth...my Sister Mary Elizabeth would annihilate us all if we said sick kids, so I try to this day to say sick children. They are not goats she would say...sick children. So we are developing...we have developed and we use acute asthma scenarios for the students because we look at the common morbidities in greater Western Massachusetts and we try to address the common morbidities and asthma is a problem, diabetes is a problem, heart disease is a problem. So in the curriculum we are also trying to address what is the most common themes because when they graduate, they need to be able to jumpstart and go out there and take care of their community because asthma in this community is a problem, but in another community it may not be as big a problem. So then they may need to address something else. So we have teen pregnancy, we have low birth weight, we have...although low birth weight across the nation is better than it has ever been. We have asthma, we have diabetes, we have heart disease and we have to address this. So we are making the students very aware of what the most common themes are that they are going to expect to see when they get out there and we have got sick kids...sick children...in the school system. It's amazing to believe what is in the school system that never...and when I was being educated or you were being educated, these children were not seen never mind in the school system. They were hidden somewhere, they were in their parents' houses or they were in an institution and they were never seen. These children are in the community, they are an active part of their cohort and they are in the classroom and they are in there learning to the best of their ability. So we have to have them ready to get out there and we have to have them ready to do this so we are trying to expose them to as much as we can about what is the reality of your community".

*Where is STCC at this point?*

"Okay, STCC is in a very, very strong place in the community. I think that based on the number of admissions for the number of seats, and I know that is a trend across the country, but we have several hundred requests for admission based on our inability to take more than...we would like to fill 96 seats. Of course we over-admit by a few just because we know that we need that buffer because people change their mind at the last minute, people find out this isn't for them, people don't want to touch somebody. You never know what the

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reason is going to be why people don't stay with nursing. But STCC is in a very strong place in the community, it is respected in the community and it has been respected in the community for a very long time."

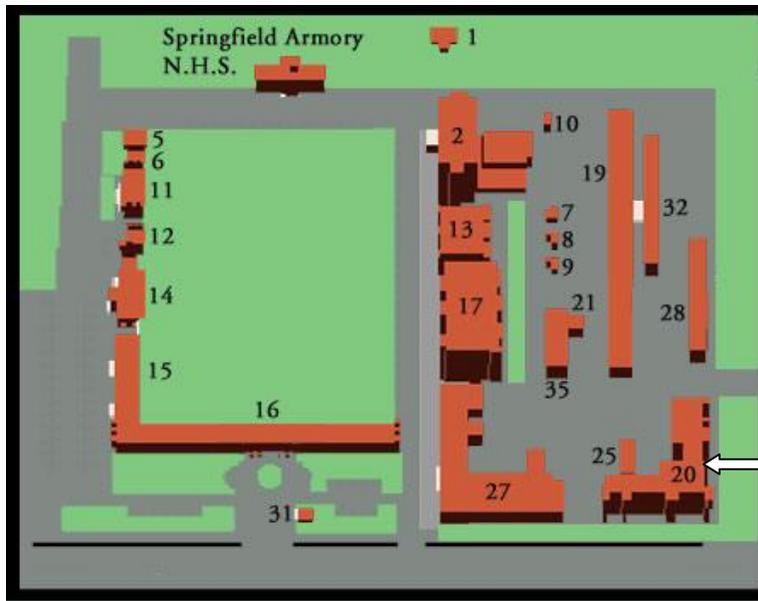
"Actually it was the first Associate Degree program in the community to the best of my ability. Holyoke came in after as did Berkshire and Greenfield. They were after STCC. Mary O'Leary, I have to give her a tremendous amount of credit. She put her foot down and she made Associate Degree nursing in this area what it is. Actually the National League for Nursing...most of the schools that they accredit are Associate Degree schools. Over 75% are Associate Degree schools and we have to follow their standards."

" One thing I didn't mention is we are starting to add technology to the curriculum. By that we are working on a small cell phone grant that three of the faculty put together and they are bringing that technology to the students and every student starting with the freshman class of 2009 through 2011 will be issued a cell phone via the grant and we are putting textbooks on their phones, we are doing instant information searching on their phones and we are teaching them how to use it, not as a telephone but as a tool. So they have iPhones, Blackberry Storms and a few of them have iPods that don't have the internet service. We are adding web-based learning. We are slowly putting web-based learning on. We had to prove to our national accrediting body that we had the ability and the college's support to do it. We also have now our own Blackboard® license and we were sharing the one that the college had, but now we have our own. Our accrediting body thought that that was absolutely wonderful and that allows us a lot more autonomy to deliver as much as we can via the internet for learning. We will never...I shouldn't use the word never...the plan is not to be a web-based program. The plan is to adjunct our learning with web-based learning, to still see the students, to still bring them in. We are actually adding a three credit pharmacology course to the curriculum in January which will be two parts web-based and one part hybrid, but we still will be seeing the students and still will be meeting with the students. So we are progressing at the rate that...with great speed, but we want to just keep abreast with everything and get our students ready for what the future is and the future of nursing is, they need to be more competent, more technology competent, and they need to understand that

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stopping with an Associate' Degree is going to be an option for some, but for the whole we need to encourage them to continue to grow with higher degrees because that is where their career is going to bring them."



Nursing Program  
currently located in  
Building 20: Health

Additional oral histories are available on the website; as more are recorded they will be transcribed and made available. Excerpts of the original oral recordings will also be made available.

For up-to-date information regarding STCC and their nursing program visit their website at <http://www.stcc.edu/academics/nursing.asp> . For information regarding STCC's nationally recognized virtual teaching hospital integrated health education simulation training programs, you may visit it at <http://health.stcc.edu/SIMSMedical/>