

#1 Diploma 1992

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I went into nursing school... I looked at nursing at a prompt from my father who wanted to make sure that I was going to choose a career that I would be stable and be able to sustain myself. At the time I had been in music and he knew music and knew how up and down it could be. So we looked at a couple different things Thought I would be a librarian, naw. So we talked about science and I loved my anatomy and pysiology class. So we looked at a couple of things and.. nursing, what about a nurse? Never had thought of it before. Never had even crossed my mind. So he said we have to find out about nursing. And I don't know how he did it, but he called Baystate Medical center which was just down the street from us -- we lived in Springfield then -- and found out there was a school there and asked if I could go and shadow a student nurse. And again, I don't know the background of it but one day I got out of school a little bit early to follow this nurse. She was a student nurse. So I dressed nice and dah dah dah... had to sign things that I didn't know what I was signing about at the time patient confidential you know, I was only 17 as well. I had been a candy striper. So I met this nurse, M, who was on the unit taking care of patents and she said I need a few more minutes to finish up before I can talk to you. Can you wait over here? And at the time I didn't know what it was but she put me in an end room. And I probably sat there for about 15 minutes, all alone, in a hospital, not knowing what's going on. Finally she came back and said everything is okay you can walk around with me. And she talked with me and it was like a light went on and she was just wonderful about telling me know rewarding nursing was and how exciting it is, and admiration for her teachers. The other thing that was surprising to me was she wasn't young. She wasn't like me at the time 17. She was a little bit older like maybe late 20s or something like that. And to me thinking high school - college, that was a little bit different for somebody being in school at the time not knowing... So I came home that day and said okay Dad - this sounds great. he asked do you want to talk with somebody else? and I said No, no I want to do this. And I did. I went through the whole process of applying to the school just like they tell you about writing letters and not knowing the difference between a school of nursing and college nursing. It is very different. Now I know. Now I know but no idea then. And... well, I walked into it very naive, but very excited about doing it. It made perfect sense to me to that I would go to a hospital and learn how to be a nurse. Didn't think about any other area colleges that had nursing and things like

#1 Diploma 1992

that. Made total sense to me. So I never regretted the decision. Never, never. never. Of course when you're taking finals you go, wait a minute, what did I get myself into?! But never did I say I wish I had taken or done... Never.

(I understand why you went to a diploma program. Tell me a little about the program. you started in '89. At that time the program had been around. Did they use any college studies at all as part of the program?)

They did. At the time they had I think it was something that was different than in the past but we did take some classes at AIC. I took microbiology, English, A&P level I and 2, I might have taken two English's there. There was only one semester that was full time college. Even though they spread it out. For the first year of school I had taken a couple of different classes and I had to take chemistry. The funny joke was that I had to take another day off from school to start my chemistry class at STCC before I could start nursing school. Because I didn't have chemistry in high school I had taken A&P in fact so they had required chemistry so I took it at a college level so that way I wouldn't have to take it again. But because of the timing with the classes started. Now the teachers laughed because I was graduating from high school so nobody made a big deal of it, but that was my first thought - oh my God this is college cause I was taking a chemistry course over six weeks over summer. It was awful. It was really awful. So then I rolled into the program which was again no idea of college, taking just chemistry at STCC. We went into one room, we sat there, went into another room, did the Bunsen burner stuff. So we got to Baystate and we were in the Porter living room. I don't know if you've ever been there. The Porter Building was the old nursing school of the hospital. It was no longer for patient care, it was all administrative. But they left the living room and the history of it was it was the place that nursing students could visit any suitors or family or things like that because of course you couldn't have anyone in your room. Upstairs in the administrative rooms were dorms and everything. So we had a lot of classes in this huge room with folding chairs and folding tables. And then we went over to the old Wesson Women's and had classes in a huge conference room and we would sit and the instructor would go over and over. And we had clinical.

So again when my friends started going to school and talked about their colleges Oh my God I had to run from this building and that building. I had no concept. It was really like It wasn't until I went back to school that I saw how colleges really were supposed to be. The other thing that was very interesting for me about the school

#1 Diploma 1992

was that my age... I was in the minority. There were only two or three people who came directly from high school to the program. Most of them had been certified nurses aids for a certain number of years or they had been LPNs so I not only was transitioning out of the high school into the adult life, but these were mothers, there were two gentlemen in our class. But they were mothers, parents, experienced people of the world and I was not. So that I think really impacted me was I was in nursing school because in working with patients I didn't have that as a reference for interacting with them so it took me a little longer how to talk to them, how to walk inth the room and say Hi my name is ..., I'm a nursing student. But the way the program was set up I think it was right it just confirmed that it was the right thing to do.

I didn't assume anything. I was taught right from the basics. It was progressive in assignments and duties that we learned. And I think I got a lot of one-on-one attention. I really did. I felt like I got picked on by the instructors, but in hindsight it was great. It was the right thing to do and I think if I had gone into a generic program I might not have really loved the profession. I love being a nurse. I think it would have been more of a job.

(Did you have a probationary period?)

well when I graduated from school we were GN. So that three months when we were waiting for the NCLEX results. That was the only... but I was hired into a position so I don't think so.

(some of the schools at one time had probationary periods. Was that still going on?)

I would say no. I don't recal anything like that.

(You'd get your cap and start to band...)

Yep. We got our blank ones - we did get our cap and the stripe. but that was... in ten months there was a commencement or if it was next year we got it?

(You got a stripe for each year... and a full stripe...)

Graduated. At graduation in senior year I had the last couple of weeks we got th is solid band.

Part of your schooling, did you have to go anywhere else for any of your rotation?

Yes, we did go to uh, the hospital in Northampton which is now closed; the psychiatric hospital. We also went to a clinic, I can't remember now... I don't think

#1 Diploma 1992

it's the same.... in the AIC area -- might be the Brightwood area now but I don't think it was then. But overall, 90% of our clinicals were right at the hospital.

(When unless you have some vivid memories that you can remember of any particular rotation; med surg or anything, do you have any strong memories of events that happened at that time?)

I could probably tell you a little story about each one but that's more personal than that...

(What type of stories?)

I made the mistake of telling my instructor that I didn't like sputum and all that, so from the rest of my nursing years, any patient who had a traich or needed to be suctioned, I got them. So I think just goes to show that really detailed stuff. Because I had all different kinds of instructors so they must have put that on my chart. I'm great at it now! Absolutely mean that.

I put diapers on babies backwards when I was in Pedi because I had when I babysat, I babysat a family who used cloth diapers. So I had no idea about the front or the back. and my instructor she was on the floor with that. Usually they were not very social with us. And it was I am the instructor, you are the student. Not meanly but just formal. And to see them break like that, she just had a moment of something. I had one instructor near the end of my first year said is it your intention to come back next year? And I'm like yea. And she goes "you better do a lot of growing this summer". And I was struggling because taking science classes and learning how to walk into a patients room and things like that. So I read her message and I did get in we had a SN AP position like that in the hospital and came back and was much more organized and was able to do it. And now we kind of work as colleagues because she works at one of the nursing schools and we are in contact and always, I can't look at her without thinking of that memory. It's so hard for me...

(Have you ever talked with her about it?)

No... No... no.

#1 Diploma 1992

(When you graduated, what was your first position?)

When I graduated, I really wanted to stay in the hospital because I was comfortable with that but I did apply to other places. I ended up with a job in the telemetry unit which actually my instructors had advised me against it. They didn't think it was appropriate for us to go to that sort of unit right out of school - it should be med surg and at the time telemetry was not considered that. So that's where I had been working as a SNAP. So I was very comfortable in that unit and as you know the literature says it's the best thing to do during your transition. So I worked there at the time of Springfield Five and there... I loved it. A tough transition, still tough.

(How well do you feel at your diploma program prepared you for that?)

I think I was as prepared as I could be. I had as... a dysfunctioning... Margaret -- the one who talks about reality shock -- Kramer. I had that right in the middle just as I think the responsibilities start increasing. I had that moment and I lost it but it comes back but because I knew the hospital, I knew the people I was working with, I think it... I wasn't as prepared as I could be.

(You thought about educational... would there be any changes that would have seen maybe from hindsight that might have helped to ? the program?)

Maybe the lab... maybe they can practicing a little more before we did on the patients. We barely practiced on patients. I always knew my instructor was there; I wasn't doing anything by myself. And...

(Did they have any simulation at that time?)

No. we just had the mannequens and the bag and I don't remember many manequaens and I don't remember... I remember handling the equipment -- seeing the catheters; things like that, but not necessarily like we do now; take this equipment and practice on the mannequins so at least you've done the motions once before you do it on the patients. I think I remember this is the catheter kit and things like that and now we're going to go in the patient's room. So I think we did... probably so. Hopefully we didn't...

(You worked in your first position. I know you went on and got other degrees. What was the impetus to go further?)

I went through a little bit of a shock after going through school -- constantly being in school and working, so when I got my job, I was only working three days a week: 3-12. And I didn't know what to do those other three or four days. When I graduated

#1 Diploma 1992

I was 20. And I was out in the world, my friends were still in college. It was like I couldn't hang out with them. I was living at my parents then. I lasted about a year and I think it was one of my old instructors who said you might start going for your Bachelor's degree and I'm thinking what do I need with a Bachelor's degree? I'm working as a nurse' what's it going to change? She said, you know... So finally I had time, but I didn't realize how much time it would take me to get my bachelor's because I had so little college credit. Because what the diploma program provided was more than any baseline clinical... I had much more clinical time than any of the generic schools had, but as far as college credit, I only had one semester's worth. So I had 3-1/2 years of college things to catch up on so it took me a long time. I ended up going to UMass because at the time it was the only program out there . If I went to Elms, I would have had to matriculate as a regular student and they wouldn't have given me any credit... at the time they didn't.

(When you finished your bachelor's degree, did you stay at Baystate?)

I did stay at Baystate for about three more years after that. I had been there since '92 I actually stayed there until 2000.

(What was the impetus for going on to getting your Masters?)

The reason I ended up leaving Baystate was that I had started doing a little more than just being a bedside nurse. I had started dabbling in a little education, I became a CPR instructor, I was a preceptor on the floor and I really liked that but there was no opportunity on the floor for me to do anything in education. They said there is no position - this is what you can do. And something opened up at Holyoke Hospital. They were looking for someone for their staff development office. And I don't know how I got the job but I did. And it was a wonderful opportunity in a small hospital where I probably wouldn't have gotten that at Baystate, to learn how to be an educator in a smaller department. They encouraged me to get my Masters and to chop away at that. And I was there for six years until there was a change in the leadership there and I said... I matured enough to know this was not going to work and started looking to go back to Baystate.

(When you went back to Baystate, what position?)

I went initially as a unit based educator on a respiratory unit. I had some experience with the vents and everything by then so I was comfortable. It was a mixed blessing because I really wanted to get back into Baystate but it was also tough because the manager was newer and in a way I had more experience than her

#1 Diploma 1992

in working with people, so she really depended on me to be... I ended up almost being the psychologist sometimes. It was kind of like "so and so said this and what does that mean?" ... the educator part but luckily we were able to notice that she would use me for that and I would use her to make the call. And then a position opened up in nursing staff development. It was really hard to leave the patients but it was my ultimate goal was to go to that department so I moved on. And I was only there about a year.

(How did you feel when you heard that the diploma school was going to close?)

I was very sentimental about that because I had such a good experience with the school and the program. I felt they really had such a good product. When the nurses left that program, they really felt that they were prepared, that they had so many clinical hours. So I felt it was really too bad. We could kind of see the trend - how it was going. They tried to make it a two-year school and how things were going. I definitely think it was a loss. I had even more trouble though, when they tore down the Porter building. When the building that I actually went to school in because I could always walk by... It's gone now; it's all gone. I had been in my new department there and we worked right there where I went to school. That's where my office was. So the day I taught my first class in that living room, I got very choked up and my co-workers thought I was having a nervous attack and I had to explain why I stopped the class. And I told them the story and I told them how twenty years ago I had been in this room learning how to be a nurse and here I am, teaching. And everybody started clapping and I had to excuse myself. And when they were tearing down the Porter building, my co-workers had a tea party for me in that living room and took a picture of me in there. And that part bothered me more. It's like you drive by and say here's my old high school. But now it's gone and that really bothered me. I'm lucky enough where I can still see some of the faculty.

(Considering where you've been, from diploma, to bachelor's to Masters, and that's a fairly common progression at this point - not for everybody that graduated, and the comments you made regarding the diploma program and the clinical. What thoughts do you have for the baccalaureate nurses; not the masters but the baccalaureate nurses on their entry into practice: not the RN to baccalaureate, but the...)

Generic ones. I think since I worked with them as students and when they're graduating and transitioning into their professional ... I'm concerned that they don't get enough clinical. That... I understand why I know about the faculty and the

#1 Diploma 1992

challenges they have. But when I see that I did 24 hours of clinical a week and now students are doing 12 hours maybe, 16, I can see why it takes them a little longer to feel comfortable in their RN responsibilities.

(You talked about the faculty challenges. What are you referring to?)

I know the schools don't have enough faculty for the number of students they have. They are allowed to have ten students for one instructor. And they can't manage that. So usually they pare it down to one to eight and two are sent off to observe in the OR -- follow the therapist or do something related so that the instructor can try to manage 8 students on the floor. Even I can see the acuity of the patients from when I started in nursing to what you see now. There are some very sick people in the hospital and if the instructor is taking eight patients or maybe 16 if she really moves up the students are taking two patients each... incredible. Just an incredible amount of responsibility. So I can see how it's not easy to get faculty... *(are you talking about such places as UMASS, AIC, ELMS? I understand that UMASS uses a mentoring... They have a relationship with the instructors here but with a nurse...)*

They have two models that they utilize. One is the traditional instructor with students, and the other model is the clinical educator where the students have to do so many hours with the nurse -- I think it's 150 hours; it might be 320 depending on the program. And they follow that nurses schedule. And they get one on one. If the nurse is a staff nurse, it's not a faculty of UMASS. So it's very similar to the preceptor relationship that you have with a new employee.

(Looking at it from an educator's standpoint and from an employer who hires, how do you feel how it's working? Strengths, weaknesses...)

I do think the one on one relationship is beneficial for the student. What I'm concerned about is that I'm not sure how much the faculty really checks in with that staff nurse and the student to see how this critical time of learning is going. And I don't mean to sound cynical or prejudiced, but because I work directly with the schools, I know how much happens and the responsibility of that faculty person is and they can't meet the expectation so something's got to give and I worry about really is it's going to be the student. And I worry about the staff nurse may not have the ability to give the student feedback that they need. Because they're not getting paid for this by the school. They don't get any benefits other than they can put on their resume but as far as their year evaluation, it's not guaranteed that they'll get

#1 Diploma 1992

a raise for that.. it's more the joy of sharing... do you have to get 50 cents an hour to do a good job?! Maybe it makes people a little bit more accountable. If you have a preceptor who really wants to learn and you have a student who wants to learn, then I think it's a great program. But that's too many factors in there for me to really feel that it is the model of choice.

(when you look at yourself as you graduated as you've gone on and as you look at people who are coming in, what is your thought about what makes a good nurse?)

It's right, it's a perception. Really. I think a "good" nurse is somebody who is aware. Because you have to be aware of everything. You have to be aware of what's going on with that patient; you have to be aware of the ? on the unit; you have to be aware of the therapies and medications that are out there... so you really have to have somebody who has a radar that is open and can scan everything. You have to be a critical thinker. Really have to be able to... like being a detective in figuring out things. And I mean with people too. Absolute means with people too. It's exhausting to not only the attention that you need to the patient, the attention you need to give the families. At Baystate it's a teaching hospital so you have to also watch that collaborative environment that we're always working with the residents you know, like, "well, didn't I just talk to you about this order?" and forget that they're in a learning curve too. So I think that's what I would.... It's a people thing. definitely a people thing. If you're in it because you just want that 3-12 hour shift and be able to goof off for four days a week... It's just so much more to that. Even though.. Right now I think everybody does some kind of swipe in swipe out... For timing. Like a factory worker. That doesn't make it a professional thing. It is a professional thing and don't let the fact that you're using something to time in and time out not... the mind set, I don't know. I guess I'm struggling with the idea of... making jokes about the blue collar worker? It's not a blue collar worker sort of thing. You don't just work on a widget. There are so many things you have to be aware of.

(Is there anything else you'd like to say?)

I hold all the faculty that I've worked with in my diploma program in the highest esteem. I still do. They were really excellent teachers and... they weren't my friends and I really admire that now. They didn't... one day I went to an instructor and realized I was going to be graduating and I was going to be 20 years and I'd be giving narcotics. And I went up to her and asked would that affect me getting my

#1 Diploma 1992

nursing license? Even though legally 21 I can't drink but I can... And she looked at me and said that's a really good question. I don't think we've thought about that. And we looked it up together and "you're right there's nothing". So the big joke was I was out there giving morphine and narcotics and all that stuff and legally I couldn't go out and legally drink. That was a big graduation joke. So that just goes to show that they took me seriously. I hold them in high regard.

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