Davida Michaels (AKA Debbie)

This is Davida Michaels. The date is December 5th, 2009, I'm recording the start of the history of nursing education with my experiences at Genesee Hospital in Rochester, New York.

I went into nursing after I was married and had two children. Originally I had had three years of college and intended to go into medicine however I didn't like chemistry and chemistry didn't like me .So I basically had kind of changed that in the beginning and thought that I would go into psychology, however after I finished a couple of years in college, I got married and my husband went into the army so college and education went by the board. I had two children. We came back to Rochester New York and after the children had started school I said well, I need to do something and medicine wasn't an option at that point because of family obligations. So I looked around and said you know, I really think nursing would be great. It would give me a chance to be in the medical field and I would be with patients and I think I'd really like that. I happened to mention that to my parents and my parents, both... my mother especially, was absolutely horrified. "Nice Jewish girls DID NOT go into nursing." And she set me up to see one of the doctors in Rochester who she knew and he was English and I went to see him and he basically said, "You do not want to be a nurse because in the nursing you would be a servant, you would be cleaning and all you will be doing is carrying in bedpans." Now remember, this was in 1965 or 6 that I first started thinking about it and by that time I think even the nursing sisters in England were... yes, they probably carried... we all did; we all did the bedpans. But the role was starting to change. So I basically thanked him for his time; he was a nice old man. Actually he was quite elderly. And I decided not to say anything more to my mother or father. My husband who was very, very understanding; always has been, basically said, well, yea.

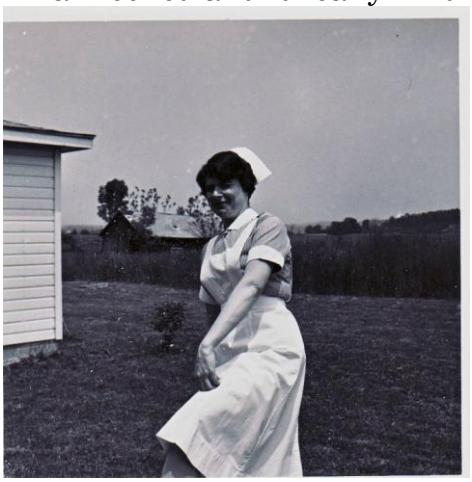
And so I app[lied at the University of Rochester and I was accepted there, however I could not afford the tuition. It wasn't very much; I don't remember -- around $700 a year but it was much more than our family a that time could afford. We were considered "over income" for any Federal assistance or a loan and so at that particular point I looked over and I said, well, I was always very fond of Genesee Hospital. My parent's next door neighbor happened to be the Chief of Medicine and he spoke very highly of it and the school of nursing. And so I made the decision to go there and I have never, never regretted it.

Recorded: 12/6/2009

This is Davida Michaels. I'm recording the second part of my nursing history of my experiences at Genesee Hospital School of Nursing at Rochester, New York.

I entered in September 1966 and a couple of things that really stick in my mind and one of them was I went in when I was 31 years old. I was a mother with two children. I was not the only married woman in the class. There was one of the woman and we kind of stuck to together for a while. Unfortunately she developed cancer and had to leave which was a very sad, sad time for us.

But anyway back to my start in school. Basically what happened was that, in order to enter school... we had to buy uniforms. They were starched, white bibs with the blue and white stripe. They had to be a certain amount of distance from the floor and our knees had to be covered and I still remember having to stand on a like a stepstool while the director of the school measured the distance for all of my uniforms with a yardstick. I kid you not. And she also made sure that we had the exact... uniforms that were prescribed and that we had all the information as far as how to wear them, when to wear them. We could not wear our uniforms out because that was not good for them. Besides, they were starched and you couldn't sit down without wrinkling them. They were basically a traditional looking uniform. in doing this, I kind of went back and looked at some of the yearbooks and looked at how we all looked and it really kind of... it was interesting and also basically kind of... I spent hours kind of looking and remembering all of the people who went to school with me. But we basically looked very, very prim; very, very proper. Just the way a nurse would have looked maybe even 30 maybe 40 years ago. I have to go back and look at some of the pictures.



At home modeling my new freshman uniform for my husband and children. Evidently, I did not obey all the rules.[The uniform was changed to a wash and wear polyester fabric for my Junior year.]

Once we were properly educated on what to wear and when to wear [the uniform];, the majority of students had to board in the school. I did not have to board in the school because I was one of the ones who was married and was allowed to live at home with my husband, which was very good for both of us frankly (laughs).

Recorded: 12/6/2009

This is Davida Michaels continuing the Genesee Hospital School of Nursing.

At this particular point, as I said, I could go home; I did not have to live on campus.

Eastman Hall Dormitory-Genesee Hospital School of Nursing

The first year the hospital school had an affiliation with Monroe Community College and they were one of the few schools at that point that decided they would affiliate and have the nurses take college credit courses in some of the basic sciences such as anatomy, physiology and chemistry. And those I had to take at Monroe Community College. The nurses who had no other college credits were also expected to take some liberal arts courses such as English and they would have a choice of some fine arts courses if they wanted them. I had had a course in microbiology through the University of Rochester and because of what it was with the medical students because at that point I thought I was going to be a doctor. So basically I had that course and did not have to take it with the hospital students.

The first year we had these preparatory courses. We did get quite a bit of clinical experience. In the first semester one of the first things we were taught was basically communication skills so we were expected at that point to go over into the hospital and start to interview patients. Now, in 1966 people stayed in the hospital quite a

bit longer than they do now. And because of that we could interview people that were not that sick. It isn't that there weren't any sick patients, it was as they started to get well we could go in and interview. So they weren't in as much pain, they were feeling better and they really were able to communicate. So I remember the first one or one of the first ones I was expected to interview, we had kind of a little checklist of the information I was supposed to get. We weren't supposed to look at the checklist, we were just supposed to go in and get this information. So basically I went in and I looked at the gentleman nod his name sounded familiar but I thought, well, I don't know And I didn't look at his chart because we weren't supposed to look at the chart first -- that would have been considered cheating. So I did not know where he was from. So when I went in and started to talk to him. Asked his name and gave him my name and introduced myself. He looked up at me and said, "Are you Murray Michaels' mother?" And I looked because my son who I believe was in first grade at that time, was a student at ..... we lived in a town called Mendon at the time and he was a student at Honeoye Falls. And I said, "Well yes I am. How do you know him?" He said, :"well I am the principal of his school." I said, "Oh, how is he doing?" And he said, "Well, let me tell you." And I heard all about how my dear little son was doing. I basically went home and talked to Murray and I said, "Well, I met your principal today" And he said, "How?" And I told him. Anyway we squared away a couple of things for the future.

As I said we got quite a bit of clinical experience especially in the second and third years: our junior and senior years. First year was quite a bit of the academics. We were expected though at that particular point, we had fundamentals of nursing. It was called the art, science and spirit of nursing, and we learned basic care and I mean we learned how to give a full bath; we learned massage; we learned the comfort measures. They were very, very important and they still are and aren't being done, I'm sad to say. We learned something called AM cares and PM cares

and that meant in the morning you gave the person a full bath, in the evening before they were to go off to sleep you basically gave them a not a full bath but we washed face and hands and did a back rub and made sure they were comfortable. In fact, If I have to think about it, because we were able to do this and provide more personal care that I believe we didn't.. they didn't require as much of the medication for the little aches and pains and I think they felt more comfortable and we basically made sure they were comfortable and got them settled down for the night. This continued even after I was a graduate: we did AM and PM cares. It was a different time but I think there was some good things that were done then that unfortunately for one reason or another are not being done now.

The Genesee Hospital was a full service hospital and was the second largest hospital in Rochester, New York. And at the time it had all the services/ It had the medical service, surgical services, operating rooms. And they almost.... Yea, they did all the major surgeries except for any of the neurosurgery or some of the cardiac surgeries that had to be done at Strong Memorial Hospital which was the major teaching hospital in Rochester. But they had medical floors, they had surgical floors. They had two to three to four bed units on some of the floors and on one or of the floors -- I can't remember -- it was the sixth floor and I think the fifth floor they had all private rooms and on the sixth floor they had some that were suites with a anti-room where people could sit and a room for the patient and their bathroom. The private patients up on those floors were cared for by the floor staff but also a lot of them had private duty nurses. And private duty nursing was more in evidence at that time than there is now.

There was a full maternity wing so we had OB. We had a pediatric unit: It wasn't very large but it was a good pediatric unit. What we did not have was any behavioral health or psych wing. And we also didn't have any public health nursing from the hospital. Public health nursing was not expected in a three year program

but Genesee did send us with an affiliation with the Visiting Nurse Association and we also affiliated with the county hospital; the Monroe County Hospital which was the old fashioned type of psych wing with the big brick buildings that you see or would have seen pictures of with the bars on the windows and it was very intimidating. We didn't go into any of them. We went into a tall office type building with a newer psych wing and we had our psych experience there. I will probably talk about that at another time.

So we did get a full range of experiences and we spent quite a bit of time on each one of these rotations. And because we were a large class -- I just looked at our class book. We started with 70. We didn't finish with 70 but we started with 70 and obviously you can't put them in the same rotation. And so we would have people being rotated through and it didn't seem to matter if you were junior or senior on some things. Seniors got psych rotation and the VNA. But sometimes between the junior and the senior some of the sub rotations, like maternity, may have not quite gotten in at one particular level. Although we did have to at the end we had to have enough clinical rotations and enough classroom so between the junior and the senior year we could, if we wanted, sit for an exam as a Licensed Practical Nurse. And I would say the majority of our class did. I know I did because I had worked the year before as a nursing assistant and I had enjoyed that up to a point but I felt I wanted to do a little more and so I sat for the examination and became a Licensed Practical Nurse and was able to work the following summer. I got more money to doing that, which came in handy since basically I was trying to pay as much as I could of the small tuition so that my husband's salary could take care of the house and the kids, etc. So at the end of the junior year you sat... you became a Licensed Practical Nurse and then during the senior years if you had any time you could work also on the units. And a lot of us did that just to make some money and also to have more real experience because once you were doing that you were passing

medications, you were taking care of patients, you were doing just about everything and in some cases ,on nights ,you were charge.

Okay I'm going to stop here now and continue this another day.

Recorded: 12/09/2009

Davida Michaels recording added information on my experiences as a student at the Genesee Hospital School of Nursing. Just a few things about each of the years I spent there.

Because I did not live at the school, I missed out on a lot of the social activities and the relationship building that is done off hours. I didn't go to the dances particularly because I had other obligations, nor did I go to the special little restaurants that the students used where they had coffee to get out of the hospital. But I do remember a couple of things. There were times when I didn't stay over but I stayed late and had just basically worked with, as far as our studies go, with several other nurses when we needed to collaborate on some problems we might be having. Also, when there was a break in class room and in clinical, I would often go over to the school and relax in their very nice lounge. And I also liked... there was a tunnel between the school of nursing which had its dormitory and the main... the hospital. And I always found it interesting. Just to change the subject a bit. I've worked in several hospitals since graduation, and if they had a school of nursing, the dormitory, if it was still open, it was usually used for offices for people.. usually the education department was in it, and several other offices. And there was always a tunnel. And always on one of the off chutes, and this I found, was the morgue where one of the supervisors had to bring the bodies down and put them into the morgue. It's amazing, the similarities. To this day, if you go to the University of Rochester, and you go to Helen Wood Hall and you want to go over to the main hospital -- Strong, you can use the tunnel. It's still open and still working because the former

dormitory at Helen Wood Hall basically still had some dormitory when I was there last, turned into the offices for the faculty and staff and they would go back and forth between the hospital. So it was kind of exciting in a way to be down in the tunnel. At Genesee Hospital it was clean, but if you went to the tunnel at the University of Rochester, all the plumbing and the heating went overhead and it was kind of scary.

But that aside, I did miss out on a lot of the social life and I think it would have helped also because when you talk to people you get their perceptions and you start talking about patient care you're working with other people and their ideas and you can see the problem in a new light.

Now the first year as I said we had more academic than we had clinical. I remember some of the classes very vividly. The teacher for the fundamentals also had a small pharmacology course. But mainly she taught us drugs and solutions. Evidentially she kind of made it humorous because evidentially she was also a good bartender and also knew good mixology. She didn't work as a bar tender but she mixed drinks at home for company. But she made it understandable and I always had this problem of mixing up the proper solution and thank goodness these days everything comes pre-mixed and you don't really have to think. But she was very good as far as with our clinical skills labs.

We had another instructor where we had to give each other injections and that was terrifying. I wasn't worried about them giving me one. I figured what's the worst that can happen? But I found I was shaking before I gave the first injection. But I did it! I aspirated; I injected. We just injected . But there was another gal in our midst who was so scared she was shaking so much. She did inject and then she just ran and left the syringe and the needle in her classmate. The other classmates came up and took it out and covered it up with some sterile gauze. She got over it. She

graduated so I say she got over it. Because after a while you just get used to giving injections. Now...we still used to use a lot, now we didn't at that point, I don't recall starting IVs. I think that happened after either in my senior year or... probably in my senior year when we knew we were going to be graduating. But not in that lab. We had other labs for intravenous. It was considered a very high skill. We also, at the hospital I trained at, although it was considered a community hospital, did get interns and residents -- we still had interns; now they're called first year residents -- from Strong Memorial Hospital because that had the school of medicine.

Some other memories from my... I think this happened in my second year. When I was working on the cardiac floor and they just, just at that point -- it would have been 1967 - 68 -- and just got a coronary care unit. It was at the end of the cardiac unit which had all been remodeled and was beautiful with single patient rooms; lovely. A medical floor heavy on cardiac and diseases of blood vessels. We were not allowed in the coronary care unit. We got a tour: it was I think about six beds in sort of a semi-circle at the end of the hall with the windows and it was very nice. But we took care of some of the people -- nowadays would be on telemetry but they did not have telemetry at that time. And I can clearly recall I was assigned to a lady, I can't remember exactly what her problem was, but I remember she was on Digoxin and the reason I remember it, and I looked up all my meds believe me! You had to look up all your meds. You would be quizzed before you gave that med and I could recite the actions and I could recite the side effects and oh, I knew all of that so I was very, very confident that I knew what meds she was going to get. And I took her blood pressure, and it was low, but still there. I don't remember exactly but thinking well, I don't think that was her usual, but it's a little low. And her heart rate was very, very fast... and I knew it was running around 140 and I thought to myself, well, my goodness, she certainly does need this Digoxin to slow down her heart. So I gave it to her. And then she said, Oh dearie, I have to go to the

bathroom, I don't think I can contain.... so off we went to the bathroom, both of us cause she was very wobbly. And I noticed she was having diarrhea all the way to the bathroom which wasn't too far. I sat her down and she was sweating a little and I said Oh my Goodness, how are you feeling? And she said Oh, terrible, terrible. I said well, I don't know, let's see what's happening with your stomach. But I've got to go out. I'll clean up for you and if you need me, ring. And I cleaned up the mess that was there and even got a chance to put a clean sheet on her bed and cleaned her up and off she toddled back to bed. Her heart rate was still very, very fast. And I thought I really need to tell someone about this. But at that point they came in to do an EKG and I thought Oh, that's good. So they're going an EKG and I wouldn't have known an arrhythmia if it bit me in the nose. I looked at it and said Oh my Goodness, that's very even but they're not those very straight lines that I'm used to and I don't see any of the other things like the little waves beforehand and they're very wide. And the gal doing the EKG kept it on her and said stay with her and watch her. She's having an arrhythmia and I need to get a hold of the doctor fast. And so she basically called the code. We had several different codes. This was the code that the doctor had to come immediately. It also indicated you wanted a crash cart with the doctor. So I stayed with her, put a blood pressure cuff on her cause I figured well, golly, we still have the cardiogram we ought to check her blood pressure again and all of a sudden all the people in the world came into the room. Now, she had no intravenous line so one person said get an IV started. I fled back because I didn't know how to do it and I also knew it was way beyond what I knew. And my instructor came in and said stand in the corner and just don't do anything. Somebody asked about the medicines and I could tell them all the medicines. And she asked Did you give her, her Dig this morning? And I said yea, her heart rate was very fast. And I got a look and it was not a good look. Well, then another intern, actually and he was brand new. I think this was in early September or October. And he came in and somebody was saying well we really need to get an IV in, so he grabs

what he needed to get a line in; - he looked around and he kept trying and trying and this poor woman -- she was quite alert actually and she was talking and she was saying well, I don't know... I really don't feel very well but I didn't expect all this attention. Well, they finally were able to give her medication and convert her from ventricular tachycardia and then womp her off to the coronary care unit. And my instructor asked, well, do you know what happened? And I said Not really. I'm truthful- I said from what I gather she had ventricular tachycardia and I thought you would not be conscious with that, but she was walking and talking. And my instructor asked do you know why she had this? I said No. Was it related to her disease? My instructor said she was digitalis toxic. The diarrhea was as key sign. I said I memorized it but I never made the correlation. So we talked about it and she was very nice; she was one of the really nice young instructors and she said well, this is a teachable moment. What are the signs of digitalis toxicity? And I said Okay! And then we looked at the arrhythmias and she said it may have been ventricular tachycardia, it may have been a wide complex and she helped me a little bit with that, but in either case she was toxic and needs to go over to the unit because of the arrhythmia she's having. And she said I suspect you've had a good lesson this morning? and I said "oh yes." Meantime the other students took my other patients because I was in this is room and the instructor was great. She said "fill in for..". and they did. They would have had one of the floor nurses do it but they were very, very busy. The students did what they could and it worked out very well. I remember, that was my second year.

I remember a lot of other experiences that were very good. We had, on the whole, excellent clinical instructors. They were good at what they did and for the maim part excellent teachers. If there was a problem like I had, we had somebody who was going to basically help us through. Unfortunately not all the instructors were... They were all good. They were knowledgeable, but I can remember one of my other

instructors. I remember her mostly because she was not married and had a large yellow dog of some sort that she would bring in pictures of. I don't know what breed it was but it was a nice mutt. Anyway, she basically taught in the outpatient areas. We did do rotation through the clinics which was interesting also. And that's where we were learning at that point how to draw blood. We had in the classroom... we had practiced and practiced with each other. There were no mannequins that allowed us to do this. Then we got in the clinical area and I remember the first patient I'm going to draw blood on him. I'm all nervous, I was still a nervous woman drawing blood. And the instructor basically said "you go in, You're very confident. You know what to do and he won't know it's your first time." I thought well, that's good advice. So I walked in. A very, very big, very dark black man. And I thought, Oh my gosh, I hope he's got good veins that I can feel because I certainly can't see them. And he had... I said well, which arm is the best arm for you? I figured maybe he knows (laughs). He held out an arm and I thought, oh, this is okay; I'm putting on a tourniquet and doing what I'm doing and the instructor walks in and says, well, that's very good. Do you know this is her first time!? As I'm putting the needle in (laughs). And he looked up and I said "It's not my first time. I've drawn blood once before and did it very well." Meaning I'd drawn blood on a fellow student, but he didn't need to know that. I looked at her and I thought I'm going to shoot her when we get out of here. But I was able to draw the blood and he said... he was a kind man. After she left he said, "You're very good and I know you're going to do well as a nurse". I could have hugged him! That was kind of funny. We saw a lot because Genesee Hospital was in the middle of Rochester and the clinic was a very busy clinic; it was a good clinic. We all of the different... medical, surgical, pediatric. We did not have, as I said, behavioral health because we were not... that wasn't one of the services that we offered although there were people there that would help if there was a behavioral health emergency. We did have people that did... were assisting because we had to have it for the emergency room. And also we had some

nurses that were trained and they were specially educated and they would also help on the unit if we had a medical or surgical patient had some sort of psychiatric problem. So that was good.

Now, between the first and the second year of school I worked as a nurse's aide and that just happened to be at the time of the [race] riots. And I can remember I was doing nights, coming into town and they actually had at, where Rochester met the suburbs like Pittsford, they had police cars not letting you in and I remember I came up in my student's... my nurse's aide uniform and they asked who I was and I told them and they said okay -- I had identification -- and they let me through and it was kind of scary because then I went into the.... I was heading into the main part of the city which was basically part of the riot.

The hospital was never touched and I can remember also going on in school as I had to do a rotation at the Visiting Nurse Association which I loved and I said this is... I had two loves. One was intensive care, and the other love was home health care. And I thought of them both in the same way: you needed to be independent, you needed to show initiative, you needed to know what you were doing and you had more of a one-on-one relationship with the patient. So I've flipped back and forth between the two of those loves.

In the third year we had the [VNA] rotation and it was fun except you were kind of out on your own. I had some good experiences. one was I was going into a house in the inner city and I was supposed to give a woman a -- I forget what injection --- mercuhydrin, which was a nasty, nasty diuretic that they used to give; don't give it anymore. And it has to be given really good intramuscularly and I remember going in thinking, "please," because she was not a heavy person, she was very thin. And I was able to give it without hurting her too much. As I said it was nasty and she was a doll. And she had a family I think she was the grandmother, there was the mother

and there were several children. And I can remember when I came in they were rather stiff. I'm white; they're not. And there's always that stiffness. But I think it was the second time I came in and one of the children had turtles. And I looked at them and I realized that really these turtles were not going to survive the way they were set up because my son at that time had turtles all over. We had lots and lots of turtles. And they were all hefty, good turtles and had them set up in a aquarium with something for them to climb out of the water and water to go in and I knew how to feed them. We used to feed ours little bits of ground meat, because that's what they ate rather than the turtle food they gave... so I looked at them and I said "Oh you've got turtles. May I touch one of them?" So I took one out and I realized they had a soft shell. So we talked and I asked "do you mind if I brought something for them?" So the next time I came I had a little better aquarium and the flat stone and I think I spent about an hour in there talking about the turtles. That family was so nice to me. All because you know, I'm busily in there with the son with the turtles, making sure the turtles were going to live. And it was a good experience as I got to know them and it's okay, even though my instructor wouldn't say so, if they offer you food, you eat it. If they asked you to sit down with them, you sit with them. None of the paper going.... you were supposed to put newspaper on everything. It didn't seem to have any sense to me that I couldn't sit on a seat in the house. And I will tell you, the other thing is, I don't recall the instructors going out with us. We did have the visiting nurses. They would go out with us to the first visit at home and then turn the case over to us and we would report back to them. That's how we were supervised. That rotation just stood out in my memory: I loved it. there was so much to learn about people and how they lived and why they didn't always do what the people in the clinic thought they ought to do, and the reasons why they did it. And how to work with them on a longer term, and that's what the VNA nurses were doing. And that was a very good experience.

Some of the other experiences, you had to go in the operating room. I hated the operating room, I was standing on my feet. they'd give you a little foot stool to stand on if you couldn't see. We never did assist in an operation but we were supposed to view them. We did assist when there was minor surgery to be done, either in the clinic or... usually that's where the setting was. Usually in the clinic or if it was on the floor it was usually if they were starting a cut down for an IV and the patients were usually very sick and we did not assist. They needed someone who knew what they were doing. So I didn't like the OR and the recovery room to me was... I liked something with a little longer term. There were certain things you had to learn about post-operative care but I like.... I wouldn't make a career out of it but I didn't feel where I would get enough contact with each individual patient. I did learn, one thing that sticks in my mind for post operative care and in fact for any care, was to *keep all hollow tubes open*. And if you think about that, that goes for the airway, to all the blood vessels, to making sure the urine is draining, and that the urine is forming. And all hollow... and that's basically it so you looked to make sure that that's what was happening. And that was my post operative care: how do you keep the airway open? Well, let's see, how do you position the head to keep the airway open? What's the position of the body? If you have chest tubes, how do you know they're working correctly because you want to make sure that they are draining. So it was a good little guideline. Now, I do not remember the source, I know it wasn't one of the instructors. I believe it was an article that had been written I think in the American Journal of Nursing that I had picked up and Wow! It just said it for me.

The other thing that we had was pediatrics, a small pediatric unit. And I had children at home but pediatrics was not my bag. I'm just not a pediatric nurse so I knew this wasn't anything I was going to be doing so that was a rotation that when it was finished, it was finished! Maternity was the same way. I was in labor and delivery and then I was in the delivery room and I assisted but it wasn't something

I wanted to do forever and ever. And the floor, to me, was also very routine unless there was a real problem and if it was a real problem -- at least in the hospitals I worked -- we used to ship them off to the intensive care units.

So those were the biggest things. Speaking of intensive care units, the hospital I worked in did not get an intensive care unit until my graduation which was in 1969. Before that, there was a medical floor where they had their very sick patients on. when the coronary care unit opened, it took some of the patient load that they had, but there were still patients that they felt needed monitoring, The doctors found the monitors and they ordered the monitors ,by golly they ordered monitors, we just didn't have any particular place to go with the monitors. We could put them in the rooms with the patient but nobody would be in the room to see them, so even if the alarm went off, we might not even know what room it was because if a patient in another room had one you might not be able to tell and there was no central monitor no central telemetry at that point for the floors at the time because they didn't have the wireless technology that they have today. That meant you looked out this one unit -- it was an arm: a long unit and if you looked out, outside of rooms were monitors on stands and there might be five, there might be six, there might be seven of these monitors. Some of which had a place where they ran a rhythm strip. Others did not and so what good were they doing? Because you couldn't run a rhythm strip all the time because you'd be out of paper. And some of them would run a strip if there was an arrhythmia and that would work but most of the time they were just monitors beeping out there and then if the patient moved or did everything or something or a lead came off or it would be screwy, there would be an alarm and you'd see in the hall which one had alarmed and you'd run down, so it was really not ideal. Far, from it. To make a long story short, they opened an ICU in the spring of 69; they opened their new unit. And I wanted to work in that unit. That's what I wanted to do. And I said well, I know everyone will want days. I really

don't want days because I've got kids. Evenings is really hard with kids and a husband and I really wanted to be home and feed him and we'd be together. Nobody likes nights and I like nights. O.K. So you had to sign up for this and I'm a brand new nurse: they're not going to give me a unit because I'm sure all the nurses will want it. Well, was I wrong! They didn't want it. Our instructor said, "you can't make any mistakes. You have to be able to do it." She had a whole list of skills we had to have and we had to do all... we couldn't make any mistakes on the floor. Basically, if we screwed up, we wouldn't be able to get into the unit. So some of us sweated bullets: we really wanted the unit. There were a couple of people that actually got... one got days, a couple got evenings. I got nights.

So two weeks after I graduated, I took a two week holiday and just rested and then two weeks after I graduated I walked in and was oriented on days, had an arrhythmia course given by one of the supervisors and there I was on nights. And I was on nights usually with one other nurse who was an experienced nurse because at that point I was still a graduate nurse: a GN. I couldn't give fractionals: insulin and I had to call somebody for a lot of things. Well, wouldn't you know, one night, the experienced nurse, she was wonderful -- she taught me a lot, got sick and on I walked. It was only two on at nights. I said, "where is the nurse?" Me, I'm still a

GN. And there was no nurse and finally a woman worked in. They floated somebody from another floor who had never been in the unit before but was a registered nurse and they said: Go -- you're in charge. Well, the poor thing was scared to death, so what do I do? I introduced myself and said I haven't been here that long, but I am a graduate of the hospital and know all the forms and know what the routines are. So at that point we looked at each other and then realized we're all we got.

Well, wouldn't you know it, these things stick in your mind. We had a patient who... I don't remember the main problem but his pressure was low and they were

giving him medication to raise his pressure. And it sunk very low so I called the intern; the first year resident, and this young man comes up and I explained the situation and the other gal just basically continued doing the routine things because I basically made the assignments and she didn't. So she continued and I told him what the situation was and he said we'll try Isuprel. Now you don't use Isuprel much, if any anymore. At that time I knew from nothing. So I said OK and I looked up quickly how to mix Isuprel and up it went. And we started to look and the man's heart rate starts to go up and I said, "You know, I don't think this is very good." And he looks and he says, "I don't know. How is his pressure?" I said, "Well, it's not really budging but his heart rate is very, very fast. I don't think this is very good at all." And he's looking at me and I'm looking at him and finally I said, "you need to call somebody. Who do you call? Who do you call tonight because we need help in here." And he looked at me... and he did. He listened to the nurse and the resident came and said get the Isuprel down is what you're going to do. And we learned that Isuprel does funny things to the heart rate.

There were other nights like that but I think that was the scariest because the nurse who would have known exactly what to tell the doctor when he started his little shenanigans wasn't there and that's how you learn, and luckily the patient lived and we all learned something from it. So that was my experiences on... I guess it tells me how well did I feel I'd prepared. I think I felt I had been very well prepared from... after I graduated from Genesee. It wasn't that I just knew the hospital, I had so many good clinical experiences that I felt more confident in my decision-making ability. But even more than that, I felt confident I knew when I didn't know something and knew when to call for help. And to me that was the most important thing that I got out of it. And I knew I would get help there because I knew the staff. You are clinical in a hospital. You knew who the residents were. They knew, they may not know you, but they could look at my cap because we wore

caps and I had the two black bands; I was a Jenny graduate. If you're a Jenny graduate, by golly, that was a positive thing. So that was a very, very successful thing -- positive experience. I can't think of a better experience to have had.

ADDEDUM

The Genesee Hospital School of Nursing closed in 1978. The hospital itself closed in 2001. As I was looking for images of the hospital, I came across images of the hospital's deconstruction - the hospital being torn down. I felt so sad... I realize that, as Thomas Wolfe wrote .one cannot go home again but how I should like to have visited the school and hospital one more time...

END