

#37 1978 ADN Graduate (Male Nurse)  
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Interviewer: ...where you went to school and a little bit about why you went into nursing, why you chose STCC and some of your experiences there.

Okay. I went to obviously STCC from '76 to '78...um...I chose to go to nursing school because I was already in health care. I was...had been an EMT and a kind of junior paramedic because we didn't really have true paramedics at that time and I was...got a job in a hospital as an orderly respiratory therapist and this was in, you know, the mid 70's prior to my going to nursing school and I recognized that nursing was a career in which I could do a tremendous amount of stuff in. I could go into a wide range of areas in nursing and also I could...and I was already in a healthcare path. I liked taking care of people and nursing offered a better job than say a respiratory therapist, which I was an on-the-job trainee and certainly there was no career path in ambulance or even paramedics because that was a young person's game. You couldn't use...there wasn't a lot of room for growth unless you taught. So...and I had...my early hospital experience I ran across a thing called nurse anesthetist and I had that as my final play was that later I would become a nurse anesthetist after I had been a nurse for a while and I felt that that was a career path. I thought that was a really cool job that I could really enjoy doing what I wanted to do and have a lot of independence. From what I could see as a nurse anesthetist, they had the best job that I could see for me. It tweaked me in a lot of different neurons. It stimulated me in a way that no other thing that I could see did. So I went the nursing path with that as a (inaudible), you know, at some point in the future a guy could be a nurse anesthetist...uh...but I could be an emergency room nurse, which is what I became when I got out of nursing school. So anyway, that's how I chose to become a nurse and I had a tremendous nursing director at the hospital by the name of Janet

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H. and she was a Doctorate prepared nurse who really pushed me to think outside the envelope of your basic nurse in a hospital in 1975 in Ludlow, Massachusetts. She really stretched my mind and held me accountable and I thought that was very cool, especially since she was a Doctorate prepared nurse and I really didn't want to go that route but she was a very cool person.

Interviewer: Why did you choose STCC?

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 really cheap. Especially 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 to on and get my Bachelors, which I was not enamored with. I was very enamored with three year RN's. I thought they were the bomb. I still do. I think they were the best nurses I have ever met in my life and probably in my career. I took care of one today by the way. Graduated in '48 in the Duke program and I took care of her today. I gave her anesthesia. Anyway, it was great to take care of an old time nurse and she had some good stories. Well anyway...uh...I digress, sorry, but it was economics and the fact that it was a two-year path and I was much better at going two years at a time then I could think of...that's why I never even thought of medical school. I could never envision that route.

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Interviewer: If you were enamored of diploma, why did you not choose one of the diploma programs?

: Because they were on their way out. They were becoming a dinosaur.

Interviewer: And you wanted to have the college credits?

Yeah so that...that route...yeah and you bring that up. That was another factor is that some of my credits from STCC would be transferable and I made sure that some of the other courses I took were transferable to a four year degree. At the time, anesthesia hadn't quite got to the Masters level yet. Anesthesia was a Bachelors program and most...well they were diploma in most places but there were a few...there were two Masters programs (inaudible) and most were...you got a Bachelors in. So it was evolving and it was...I was told...anyway, the reason I went to STCC was it was a two year path that gave me college credit, yes.

Interviewer: How did you find the...can you tell me a little bit before we go on to graduation, can you tell me a little bit about the program at that time?

Yeah...um...the program at that time was run by...the primary...every program, every school, every...it doesn't matter what degree it is or if its involved in a clinical type specialty like nursing, has a...a person that is the driving force of the program, that is the...uh...that is the meat and potatoes of the program. There is a primary instructor in the how to be a nurse department and how to be a nurse anesthetist, how to be a respiratory therapist, how to be a paramedic. There is a person, and it's not the director of the program usually because they are busy doing the administrative as well as being, you know, running the

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program. They have a lot of other hats there. So there is always a master sergeant or a sergeant that is running the program. They had that person at STCC and I unfortunately at the moment...and most of the time I don't think I could have picked up her name. I would have to talk to somebody over at the school...B....I want to say it was B. but I don't think that's the right name. But anyway, she was our drill sergeant. She was the one who gave us the lecture on how to dress, how to act as a nurse and what was acceptable and she was the one who ran our labs and so we had a person like that and she was very militaristic in her mind. So you have that side of school, you had the program that was the, you know, get down and give me 50's kind of thing where you had to have the square wards and the drop the coins on the bed, still that old style thought. (inaudible) of the program at the time and they were very upset with me when I told them this at the graduation but it was geared toward one thing, getting us to pass the nursing exam, the five part Board of Nursing, you know, Registration Exam. It was geared totally to that so it was a preparation for taking a multiple choice exam. That's what their...then they train...and I happened to be good at it already, but they trained me to be excellent so that I feel now I can take a multiple choice exam on just about any subject, whether studied or not, and pass it. They hated...when I was on my...when I was going through our graduation type parties and I had that conversation with a few (inaudible), they were not happy to hear that. That was not something they...they wanted to hear how excellent a nurse I had been prepared. In actuality, I learned more from the three year nurses about how to be a nurse in my time in the hospital, than I ever did in nursing school and that may be...that was a negative of the Associate Degree program. It just wasn't enough time to teach you how to be a nurse but having had hospital experience already and having been around great nurses, I modeled myself for...I took their ideas and kind of made them

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mine and even the people that were my instructors in school, there were some great ones in the clinical area that helped me and stuff but really the format did not lend itself well to being a great nurse as what I thought a great nurse was, you know in my mind. They prepared me for everything I needed to become a nurse and how to pass the exam but I don't know that I was ready to do anything clinical when I got out of nursing school.

Interviewer: What did you do when you got out of nursing school?

I went right to the emergency room and worked as emergency room nurse, which I was very prepared for from being an EMT and paramedic and so I...I immediately became an emergency room nurse in a small hospital that I worked in already.

Interviewer: Where was that?

That was at Ludlow, which is no longer, they're gone.

Interviewer: Yup, I know.

: I worked at Ludlow as an orderly, respiratory therapist, as an ER nurse and as a nursing supervisor before I was done.

Interviewer: Any particular experiences that stand out in your mind other than what you have just told me as far as STCC before we go on?

: Well one of the things was, I had a tremendous social life and active sports life when I was at STCC so I mean I...I truly did 'cause I had an enormous amount of time...I know that they will hate this but I had an enormous amount of time to myself because, you know, the clinical time is very brief and the school day is pretty brief when you compare it to a lot of other things I

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do...I have done and so I had a very good...I had a very good life when I was at STCC, plus I was working. But I had a very good camaraderie with my...I had this little clutch of students that I studied with that were a little bit older than I was and they had kids and they were...they would get together and study and so I would go and study with them as a kind of a...just to make sure that I was plugged in to what I needed to study. I was one that just would be able to read the material twice and be able to take the test and that was the end of it but I did...and I think that was a...there was a good camaraderie among them, you know...you would have this little group of people that you were associated with when you...considering there is 90 something people in my class at the time and 66 graduated, I gravitated towards the people who seemed like they were really serious and didn't have a lot of problems as far as...they weren't going to bomb out. There were so many people that crashed and burned in the program and there was a weeding out process and I tried to gravitate towards the people who looked like they were the most serious as far as taking care of business because I wanted to make sure that I did well.

Interviewer:

Okay. Tell me a little bit about afterwards. You did go on and get your Bachelors and your Masters?

When I...I had been to school prior to nursing school and had a certain amount of credits towards my Bachelors and I took those plus my nursing credits that would transfer and eventually I went to nursing anesthesia school...so let's see, I graduated in '78 from STCC and in '81 I went to Wayne State in Detroit and went to anesthesia school and became a CRNA and so that was...in the meantime I worked at the Western Memorial as an emergency room nurse and I still every once in a while would go back and work as a respiratory therapist back at my old hospital, Ludlow. I

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actually had a lot of jobs because I still was working the ambulance and I was a paramedic instructor at STCC. I was a clinical instructor and I worked in the classroom as a nurse instructor for the paramedic school when it started up.

Interviewer: Okay. Any other things that you would like to contribute at this point as far as your career that you would like to talk about?

: Yeah, absolutely. I credit...I mean I absolutely think that it's a great...if people have the opportunity to do what I did, do the 2, 2, 2 or the...I did the two years at STCC and then go two more years and get your Bachelors, it's a great way to not wrack up this tremendous...I talked to a nurse the other day, a nurse anesthetist. She is two years out of nursing anesthesia school and she owes \$170,000 in school loans. She makes...the only good news is she makes an income that she will be able to pay that off eventually but that is a ridiculous amount of money to owe to go to nursing school and a nursing anesthesia school. That is so stupid that I can't tell you how stupid that is! But she did, she went to private school and she just racked up loans and didn't work and didn't have a lot of support but STCC allowed me to come out of school with...it would have been little or no debt. I had no debt because I was fortunate enough to qualify for at least a grant because I came from a family that didn't make a lot of money and so STCC allowed me to get my nursing degree and now I have a job and I can work and make money and then I can...and help get paid by my...it didn't work for me but helped get paid by my institution to go back to school and that's very powerful because the last thing you want to do is get out of...become a Bachelors Degree or a Masters prepared nurse and make...I don't know where we are at today but, you know, \$50-60,000 and have \$100,000 in loans. Insane. It wasn't good then and it's not good now. Of course in those days, STCC was next to

#37 1978 ADN Graduate (Male Nurse)  
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nothing dollar-wise. Of course we didn't make a lot of money but it really is a very good bang for the buck and so I credit it with being responsible for me being a nurse anesthetist and having the career that I wanted and I didn't go into it to make a lot of money but now I make a tremendous amount of money and still love the job that I do and have a tremendous amount of autonomy and I...you know I wouldn't trade it for the world. I'm a big proponent today of the community college system and every year when STCC calls me, I send them money because I truly believe that...and I am going to send them more in the future when I am in the donating mode which I plan on going to eventually in my life, I plan on increasing that amount because it was so valuable to me. I want it to continue to be valuable to the future generations. I think...I work today with primarily Associate Degree trained nurses and, you know, because I'm in rural North Carolina and we just need more and more nurses.

How do you find the nurses today as far as...since you knew the diploma girls or boys, and how do you find the Associate Degree compared?

Well with rare exceptions, they are not...they are not the nurses that...they are not the nurses that I feel they should be. I am disappointed...their clinical time is so weak and only the really good ones that have the calling, stand up to the diploma nurse. It would be hard to...I'm married to a diploma nurse who is a diploma anesthetist and I would put her up against any of the new generation of nurse. Now that being said, the...there are many, many, many good nurses. It's just not the majority. But every unit has two or three very good nurses and there are probably one or two really stand out nurses that are really excellent and they have got the calling I call it. They understand what it is, what we are designed to do, take care of people and there is an awful lot of

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nurses who are more concerned with talking to their babysitter on the phone or looking at the computer or not...they are really not as patient oriented and, you know, I was brought up by those (inaudible) gals that...and I say gals because in those days it was primarily gals who I learned from. I didn't have many role model male nurses at the time even though I know one, who is a very good friend of mine, who is moving next to me down here in North Carolina. He was a STCC grad a couple years ahead of me and he is a dialysis nurse today but, you know, his wife is a diploma nurse and he was trained by the same people I was so...for caregiver, the diploma nurse was far better trained. Educationally, of course, the four year nurse is better trained. You need to take...you need to have a really good individual that can take their two year degree and turn it into the kind of nurse that I'm talking about. There are a lot of nurses walking around with RN after their name and they don't hold the salt to the...or hold a candle to the nurses that I am thinking of. They are there, because they are tremendous individuals...the program is weak and deficient in that regard. They are not...we are not prepared at a level that is...you have to add a lot. You know it's kind of like shake and bake...you got to add the chicken.

Interviewer:

Okay. I do understand that. Any other comments?

I'm very happy that I became a nurse...very happy that I became a nurse anesthetist. I wouldn't trade the career, I have never...I encourage the younger generation and I'm a clinical instructor for Duke's program and I have students that come to me about four days a week. I enjoy working with them, I try and pass on the experiences that I have and encourage them to take everything from each nurse anesthetist and each nurse that they work with and take the good parts of them and make it...good parts of the people they work with and make it their style. I try not to tell them

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Oral History Project  
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not to copy any one style but to copy them all, all the good parts because every person that you run into, every practitioner that you meet has some really good qualities that you admire and you try and take those qualities and put it in an amalgam and become that. So I encourage them to do that, that's my goal for them and to learn even when they are working with people that are doing things poorly, to learn what not to do. That it's important and that's all part of your education as a practitioner and I think that's equally true of RN's as it is CRNA's and I always consider myself a nurse first. I probably say that once a day if I don't say it more, that that's who I am. I'm a nurse first and then I'm an anesthesia provider who is granted the right to do anesthesia because I'm a nurse and I always introduce myself to patients as a...it took me a while to figure out exactly what to call myself because patients got confused and I always introduce myself as, I'm a nurse that does anesthesia, or a nurse from anesthesia, or a nurse that is going to give you your anesthesia and I leave out the...(inaudible) only because it's too confusing to people. But the nurse is a big part of who I am and what I do and I always consider that my top priority.

Interviewer: Okay. Well I do thank you very much. I am going to see how we did here, okay? I am going to stop it.

Yup.

END OF TRANSCRIPTION