

#12 Diploma Graduate 1972

Interview, January 28, 2010

(Please tell me why you went into nursing, what school you attended and why you decided on that program?)

Well, I took a slight detour... after I got out of high school, actually when I was meeting with my guidance counselor.... in high school, they ask what do you want to be when you grow up; that sort of thing. My mother's friend is a nurse. My mother is not an educated person; self educated but not formally educated. She was from a large family and they had to leave school to work when the boys went off to the war. so my mother had to leave high school to work right before she finished. She has a GED. When I was in high school, she said you really should go to college. She understood the value of higher education but really didn't have any firsthand experience. So when my guidance councilor spoke with me I said my mother's is a nurse and I'm very interested in becoming a nurse. And he said well, nursing school is for people who aren't smart enough to go to college. So I went home and said to my mother I don't know what to do now. I want to go to nursing school but he's telling me that I should go to college. So I'm having a difficult time of this. So the long and short of it is that I wound up not going to nursing right away. I went to Anna Maria College in Paxton, which is right down the road from where I lived because I'm from Worcester and I was a biology major. I did two semesters; I got a lot of science background which has never hurt me, but I knew halfway through the year I really wanted to be... and they didn't have a nursing program. So I needed to be out of there. So at the end of the spring semester, I spent the summer looking for a nursing program. And I couldn't go far from home because I was needed at home. I had a younger sister and my mother was raising us by herself. So I needed to go to school so I could commute. So I went to St. Vincent's. They accepted me; my background was strong - lots of science. I was a good student. So I went to St. Vincent's in Worcester and I finished my diploma there. And I'd like to go back to that guidance councilor and have a little chat with him (laughs).

(When did you start nursing school?)

It would have been the fall of 1969. I would have started Anna Marie in the fall 1968 so it would have been the fall of 1969.

(Could you tell me about St. Vincent's nursing school and the program...?)

I remember at the time it had a very excellent reputation. They had very high standards, and a couple of things I remember distinctly was you had to live there. So that was a bit of an issue. My mother had to get me a car so that on weekends I could drive home and help. They did not allow commuting. But I was the first class that wasn't required to be there all summer. They changed the curriculum when I was a first year student so I didn't have to live there all summer. I could go home and work from home. My mother was okay with that, because my sister is nine years younger than I am.

I remember very distinctly that my room was across the hall from the elevator in the dorm. And every time we had another marking period, there was a line of students with their luggage leaving. They took no prisoners. You didn't pass --- goodbye; don't come back! And that's how they kept high standards.

(Who was the director at that time?)

Oh gosh... I can see her face...Yes, it was Sister J (S.P.). And you know, I was fine with her; I never had any problems but that was their policy and they didn't bend the rules; you were out the door. So my class started kind of big and there were a lot of people who didn't make it. But those who did, we all passed our boards. That was good.

(This was a three-year diploma program. Did you have all your classes and everything at St. Joseph's; did they go with any of the colleges? How did that work?)

I think my class was kind of a ground breaker because I think Sister saw the trend coming so she forged some alliances with Holy Cross and Assumption College. We didn't have to go there; they came to us. Some of their professors came to our campus and taught classes for us there. The only downside we didn't get college credit for it. I didn't realize at the time what impact that would have going forward. But when I finished and started thinking about a bachelor's degree, yes, that became an issue.

(Did you have any affiliations elsewhere during that time?)

For clinical we did. Most of our clinicals' were on the St. Vincent's campus. But we did do our psych affiliation... mine was at Worcester State Hospital.

(How was that?)

Terrifying. I mean it was... the environment was very much the same as it probably was in the 1920s and 30s: the locked doors, the passage-ways through the basement. Like it probably was in Northampton for people who went to school out here. We basically hung onto each other, going from building to building. After we got used to it, but I remember the first day I went home and went into the phone booth because we only had pay phones. And I got on the phone and as soon as my mother picked up the phone I started to cry. I said I can't be a nurse because I can't do this psych rotation. She said Oh yes you can (laughs). She said You're staying. Okay. I had to suck it up and do it. I mean it was fine after we got used to it, but it was a major culture shock for those of us who... I mean none of us had any idea. These were institutionalized people who were picked up off the street for prostitution, for drunkenness... They may or may not have had psych... true psych diagnoses when they were young people but they were institutionalized to the point where they could never function on the outside. It was sad. But we did it.

(Did you have a probationary period?)

Honestly, we probably did, but and maybe so many people were out the door. I don't remember somebody saying to me: you're on a testing ground here. I'm not aware of one if there was.

(Did the school still do the capping ceremony?)

Oh yes. We had the pinning. We had the capping ceremony. It was a big deal -- it was a huge deal.

(Tell me a little about your clinical experiences: I'm asking that because I want to... was there an instructor there? how did they educate you at the clinical end?)

Most of the clinicals' were at St. V's because it was a full service facility. We even had in-patient psych there so part of our psych affiliation was actually on campus. We had great... the faculty was awesome. Some of them were Sisters, and some were lay people but whoever they were, they were awesome. They were experts in their field, They were current. They had a wealth of experience and I really felt like I had a top-notch experience there. I learned a lot there. I really couldn't say enough about the quality of the faculty; they really did a great job.

(When you graduated, where did you start to work.... tell me a little about that.)

I went back home to live. I worked at St. Vincent's. I was hired in the pediatric floor and at the time the whole seventh floor of that building was pediatrics. We had 72 beds. We had everything from encephalitis to meningitis to tuberculoses, to hernia repairs to croup to Rocky Mountain spotted fever, multiple scleroses, vented patients, burn patients... It was like jumping into a fire with both feet. And I was on three to eleven which meant one of my fellow graduates with me were charge nurses, the day after we graduated.

(Did you get an orientation?)

I wouldn't call it that. I would say you got an assignment.

(How did you feel about that?)

Not good. It was tough because we didn't have our faculty with us and we were accustomed to having resource people right there but the head nurse was on days. Three assistant head nurses only worked days. I actually went to the head nurse who I happened to know and I went into her office one day and I said, Fran and I just graduated. We got all three sick kids and between three and seven p.m. we are the senior nurses on the floor, with a four bed ICU built in. So one of us went in there and one of us was on the floor. We had LPNs and we had aides and at 7 pm the RNs who had families who came in at seven and worked to eleven, when their husbands came home from work for the kids. So at seven we'd breathe a huge sign of relief we had experienced people were who knew what to do. But from three pm to seven pm you could call the supervisor but there was nobody on the unit.

(But you were GN then; you were licensed.)

Right. Right.

(How did they handle that with the meds and everything?)

We gave our own meds. We gave all our own meds. IVs, IMs, everything we gave. When I think back, honestly. Really, it's frightening. But at seven o'clock it was great because we had... I remember these two or three nurses who worked pedie for ages and they had children of their own and they had been working for a long time and we knew they could handle everything. They could answer any questions. We

were good to go when they showed up. But for those first four hours, it was pretty scary. And we were incredibly busy; beds were always full.

(You stayed for a while?)

I worked there for a little over a year and then I got married. And my husband was going to school in Boston so we moved. And I went to work at Newton Wellesley Hospital. I worked med-surge there.

(At some time, I know because of your position, you went on for further education. What was your motivation and how were you able to work that...?)

I guess it was a combination of things. I felt I needed to know more, but I also felt when I was working with other professional people in the field, that, as a nurse, I was not taken as seriously because I didn't have the level of education of the doctors or even the social workers had bachelor's degrees. So I felt the only way for me to get to a point where I was more collegial, was to get that diploma. So when my husband finished school, he took a position out here in Springfield and as soon as we got settled, I started looking for an RN to BS completion program. The Elms didn't have one then. They actually started it a year or two after I was looking. So I wound up at AIC. They had an RN to BS completion program there. So I finished by Bachelor's degree actually at AIC.

(Did you work at that time?)

Oh yes. I kept working. I worked full time. I was at Mercy at ICU.

(and then you went on. I know you did. What was the driving force there?)

I kind of got an itch to teach. One of the women who I worked with at Mercy also had kind of a side... she was my... actually she was the assistant director, so she was my immediate supervisor. I was a nurse manager at Mercy. After a few years I took the management position, I had ICU/CCU. And this woman who was my next to boss, had a side business doing nursing continuing education programs for RNs who needed CEU's, so she said do you want to teach some classes? So I kind of started doing that a little bit on the side and I really loved doing teaching. So an opportunity came up at Baystate where they needed a med-surg faculty. So I applied and *[was]* hired. I took the job and I really loved working with the students. It kept me current. You know, you have to be on the ball. So I kind of got the fever.

And I thought in order for me to stay in education, I have to get my Master's degree. At that point I had children, so that got kind of interesting. I had three babies. But I thought it would be easier for me to go back to school when they're small than it will be when they're teenagers and I'd have to be home more. So I got child care and I went to UConn for my masters. Took me a long time because I went part time... (laughs)

(Let's change a little bit and go from another prospective. Now you're teaching at Elms College and I'd like to hear a little bit... you started to talk about the college and you started to talk about the program. And from a different prospective -- of an instructor and what... you've been here for what 20 years? When you started and what changes and how you see the curriculum... just an overview. You started to talk about it and it was interesting.)

When I started here we had a much smaller program.

(And that was what year?)

1989. I was hired to come on board. Actually I was hired as a... because my kids were still pretty little, I worked a deal where I was actually 3/4 time so I could kind of control my hours a little bit better because I had to be available after school hours for the kids. So actually I worked 3/4 time... For people who have normal jobs don't get that but in an academic setting you can work half, you can work three quarters, you can work full time.

When I came on board It was an interesting time because we had a brand new director who hired me. Many of the faculty members had left with the prior director. I have no idea of what the circumstances were but I came in with a lot of new faculty. And we were facing an accreditation visit the following year. So that was a wild and crazy year. But I had an awesome boss. She's still a very close friend of mine.

I would work for her again in a heartbeat. She's amazing. I learned a huge amount about just a lot of stuff from her, not just teaching but the management of a department of nursing. You can do it, you pull it together and you do what you gotta do. But we did; we got full accreditation and so I started teaching more as my children got a little older.

One thing about this place is even though the people change a little bit from time to time. it is a community atmosphere here. And I think if you talk with any faculty in any division, or even staff members; anybody who works here will tell you this is a cool place to be because of the family community atmosphere. And I think quite honestly that comes from the ethos of the Sisters of St. Joseph. I think that's heavily reflected in the culture on this campus. So a lot of people have been here a long time. But I think we have very high quality standards for our students. We don't back down off of standards and I tell my students I set the bar high because I'm responsible for you being a safe practitioner out there and you're going to be taking care of ke some day. So really, I think we have a great faculty. We have a great bunch of... I love working with the young students.

I've seen a lot of growth and development here. We started with just a traditional four year program and we had an RN to BS completion program that kind of phased in and phased out a bit and now it's very robust again and now we have a Master's program. So this division has really flourished since I started here. A lot of changes there. We don't have a huge faculty but we manage to get a lot done.

(I can't remember exactly what you were saying but there was something as far as the changes in the program and... I guess what I'm looking for is how you see education for prepare that "safe practitioner" to go out and take care of you or me..)

In addition to the theory courses we have... we require skills lab... this curriculum has a huge diversity in the clinical experiences. Our students are in in-patient settings, out-patient settings, clinics, health-care for the homeless. We're working in the new north community center./ We are working with populations of risk inside and outside of health care agencies. I think one thing that's quite unique about this curriculum is the way we operationalize community nursing. Community nursing in this curriculum is not home care; it's not VNA nursing. we do VNA nursing as part of our gerontology course. But community in this program is health care of aggregates, right. And they are aggregates that are boarding our campus that are populations of risk. So our students are working with pre-release people from the jail, they're working with pregnant teens, they're working with high school kids that are teaching STD... we're doing all kinds of stuff. So in addition to what you consider the traditional med -surg; psych, family nursing, inpatient. We're also doing a zillion other things. So when our students get out of school the employers in the area like our graduates because they have such diversity in their experience.

and they know we have a good quality program. Our graduates are well respected... which is a good thing. I'm not sure that answers your question.

(it does. It does..)

What you're talking about is the transition from education to practice. It's that interface. I think this is... I'll share with you a story that one of our graduates who just finished last year shared with me. She called me one day She works at an acute-care facility and she called one day and she said, I get it. And I said can you elaborate a bit? Explain what you mean. And she said I sat in your class and I heard the theory and I went to my clinical and it's not like it wasn't there but she said I understand now why it's so important for us to have a thorough understanding of why we do what we do. And now that I've been in practice for three months all of those skills that I felt like I... I had to do 16 catheterizations, I had to be a master at all those psycho-motor skills before I graduated and now I get it/ I get why I didn't have to be there. I am now, three months later I'm there. But I didn't believe you when you said you will be there... three to six months after you graduate, skills will not be an issue. There's always new skills to learn, but the basic set, you'll have it. You need to understand why you do what you do and you need to question if something doesn't seem right. You have to have enough background knowledge to know when something isn't right; when the pieces don't fit. And I think what we're trying to do is to teach them how to think their way out of a paper bag. Not to just doing stuff because that's the way we do it. You know, to use evidence-based practice, to go to those journals and read the literature and find out what people are doing out there. And I know it's frustrating because I've been a manager and I've hired graduates right out of school and it costs a fortune to orient them and we have such a complex health care environment now. Not just the global environment now but just look at how complex the hospitals are and how complex the care is. The technology and the whole thing. And the number of patients who are so incredibly sick.

So I don't think it will ever be perfect. I think there will always be frustrations between those who teach and those who hire. We do the best we can. We give them a very large amount of clinical hours in a diversity of settings and I am sure that people in employment areas would love to reduce their budgets for orientation. But as an example of... one of the things I try to do, because I know people who are in practice who are hiring our graduates. And some of them shared some stuff with

me. This is several years ago. They said your graduates never... when you have students, they never take care of more than two patients. They have no idea of how to manage a multiple-patient assignment. Well they come to work and they have to handle seven, eight, nine patients. So what I do now with leadership is they're out there with multiple-care assignments. and they figure it out. The first couple of weeks it's a bit tricky but there's faculty there as their resource. We have faculty in house. And the staff nurses work with them. And by the time they're done, they're not perfect, but at least they can say I've done this with back-up and I can do this.

Having gone through the myriad steps of education the way I have, I took the hard way around, but I feel like... with the health care environment the way it is and with how complexly ill the patients are, I really feel like two years of education is, which are our choices now, you either go the two year or the four year. We're finding that so many of the two year nurses are coming back to school. And that's a wonderful thing. and the employers want them to.

If we want to consider ourselves professionals, we have to walk the walk and talk the talk. We have to do it. I mean 1965 we were talking about this.

(Before that even)

You're probably right. Pat Benner just co-authored a study about level of education.

(I'm sending for that.)

We'll probably get there. I hope we get there in my lifetime. I don't know (laughs) I remember being in my Master's classes down at UConn in 1985 and we're going to do this. we're going to do this.

Actually I've worked with some awesome AD grads. They are very competent. Side by side I've worked with them, I've had them on my staff. But we need nurses that can assume leadership positions, that can be researchers, that can be educators, that can be practitioners and without a bachelor's degree you can't get there.

(Thank you.)

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