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Interview -- January 22, 2010

(Can you tell me what interested you into going into nursing, and what school you went to and when you graduated. Let's start with that.)

I went to Baystate Medical Center School of Nursing and I graduated in 1982. As far as why I wanted to become a nurse, I honestly don't know. I just know from the time I was in the sixth grade that nursing was what I was going to choose as a profession. And all through junior high I had a best friend and the two of us were going to go into nursing together. She actually... her mother was a nurse but I hadn't met her mother. One of my friend's mothers was a nurse but I still don't think that influenced me. And around about in the eighth grade, my friend said I don't think I'm going to be a nurse anymore - I'm going to be a police officer, which was a total change, but I still had it ingrained in my mind that I wanted to be a nurse. The only other profession that ever crossed my mind was either a coach or a gym teacher. I loved athletics and talk about two things being further apart. And then as I watched my gym teachers and see them come in with knee braces and all these other ailments, I kind of went, gee, as I get older I don't think it's the profession that I could support myself or have a job as I get older. So nursing became the crux and that's what I decided I wanted to do.

As far as Baystate, I never had heard of Baystate until my cousin went to Baystate. I was graduating from high school in '79 and she was graduating from Baystate at that time. The ironic thing or the funny thing in the whole story was I went to my guidance department and said I was interested in going to nursing school and becoming a nurse and asked them for information they had on local schools. They didn't even have a packet from Baystate Medical Center. They had no data, no information at all and when I told my guidance councilor that I thought that was the school I really wanted to go to after listening to my cousin talk about the program I got a blank stare. So what I did then was, I said I'll tell you what. I'll

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have her pick up two packages of information; one for me and one for you and that way you can have it on file if anyone here asks about it.

So I did apply to Baystate. I also looked at Holyoke Community College; a two year program. And I also looked at UMass. And I have to say at the time I looked at UMass I was totally put off by what... how that school presented themselves. So they kind of went out of the mix right away. I did apply to Holyoke Community. I did get accepted there. And that was kind of my safety school because I really did know I wanted to go to Baystate.

(What did you mean by your safety school?)

In other words, if I didn't get into Baystate, hopefully I could get into school somewhere else. Because I did want to go to school. And at the time it was very tough to get into nursing programs. They had small limited classes. And when I was admitted to Baystate they were only taking in a class of 40. I did make it into Baystate: August 23, 1979 was the first day down there. And I remember walking into the living room in the nurses residents and seeing all the oriental rugs on the floor and the baby grand piano in the front and kind of being in awe of the place.

(Did you live on campus?)

No. At the time I went there it had transitioned to a commuting school. I lived in Northampton; I drove back and forth to classes, to clinical, and even when we did our community nursing semester, putzed all around western Mass to a variety of places from clinics to daycare to... where else? VNA, all in different communities round western Mass.

(So your school actually gave you a little bit of community health nursing?)

Yes. The way the curriculum was set up, which I think is one of the stronger things was that you had exposure to all different types of nursing. Some were longer periods of times than others. Med-Surg was the longest. That encompassed two full semesters of med-surg nursing. Typically the first semester of your freshman year was fundamentals. A lot of classroom work and gradually what they did was... first thing we learned was interview skills. They assigned us a patient and we'd learn to

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take histories on them; interact with them one on one. A couple of weeks later after practicing in the nursing lab we'd go out and make beds. So whatever nursing units were assigned to the nurses were told don't make any of the beds. So we came through and made all the unoccupied and occupied beds.

(And they loved you for it! Laughs)

Absolutely (laughs.) And then we learned how to do vital signs. So we went out and did TPR's and blood pressures. And after that was done and out of the way then we went out and were there to do nothing more than bed baths. And again, these 10 patents... the students will come through. And gradually by the time we finished our first semester, we were doing all the patient's ADLs, we were taking histories... and then transitioned us into our second semester and by that time we had classes in learning how to pass meds, and basic math. If you have a 0.25 tablet and the patient needs 0.125.... and we had to pass a math test. We had to show that we could convert to give the right dosage. And that led into the second semester of your freshman year which as med-surg. And it just depended on whatever... whatever instructor you got they had one unit that they stayed with. And you did med-surg. And then your first semester of your second year was a continuation of med-surg. And as your skills advanced, you did more. We learned how to do colostomy care and how to change dressings and tube feedings things like that. And then the class kind of split for the second semester of our junior year and half went off and did peds and maternal and the other part did community... pretty much community nursing. So when we did maternal we did... I think we did eight or ten weeks in pediatrics and then you spent time in labor and delivery; you spent time in post-partum because at the time they were two separate things. Moms delivered them -- labor and delivery; babies were in the nursery and moms were separate. Not like it is today where babies are in the room and mom is in the room and its one stop... one stop shopping. I can even remember my sisters had children and my oldest niece is 24 and my youngest nephew is 12; even the difference in that one. My oldest sister had her first, you could stand at the nursery window and look through the window

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and see him and by the time my youngest nephew was born the baby was in the room.

And then community nursing was also kind of mixed in with... there was some or nursing in there. We spend only two days in the OR, observing cases to give you a little bit of a flavor for it. We spent some time in PACU -- we weren't allowed to do anything but to observe. In community nursing we did... there were day care centers to see what the nurse did there. and we spent some time with the school nurse and spent time with the visiting nurse and different clinics and so forth to see what was out there.

Our senior year was spent... again we were split: critical care and leadership. Our critical care was split between the emergency room, ICU and CICU and our leadership, you basically took a district, You worked with an RN. You worked side by side. And in that ten week period of time you were expected to take orders from physicians, telephone orders: they listened in. And we taped report. We gave report on the district and in essence were an extension of the RN. This is what you were going to be doing if you were going to be working med-surg. So you oversaw the ten patients and called doctors and reported things and gave report.

We got experience in everything than that way you got a flavor of things so if there was one thing you liked more than another, you could branch out to that.

Actually I forgot psych. We did psych nursing too.

(Did you go anywhere for psych?)

We spent probably I think it was about four weeks at the time Baystate had an inpatient psych unit so we spent four weeks there and spent the remainder of the time at Northampton State Hospital because it was still open at the time.

(That must have been an experience. Do you want to comment?)

It was kind of interesting and it was nerve wracking at the same time. Baystate had a big tradition that if you were going into the clinical situation you would wear your nursing uniform. So to go into Northampton State Hospital with your nursing uniform with your pin that said Baystate Medical School of Nursing, and your name

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on it.. We got special dispensation that we didn't have to wear our cap, because if you were in uniform you were expected to wear your cap. But there were times when they waived that and that was one of them. But the uniform was bad enough, because talk about standing out like a sore thumb. So we petitioned our instructors and said you know, we're having trouble fitting in and feeling comfortable as it is, but in our uniforms we feel even worse. So they did go back to Patricia M. who was in charge of the school of nursing at the time and they did waive the uniforms. We still did have to wear our name pins but at least we could wear jeans or something like that. The only rule was whatever you wore had to have a pocket in it. And it had to have a pocket because all the wards were locked and we had to be able to have the key; in essence it was like a piece of ribbon or like a piece of canvas so we could pin it on the inside of our pockets. And if we adhered to that, we could in fact wear street clothes. And once we switched to street clothes, it decreased some of my anxiety; not fully because I have to say it was overwhelming as was that whole rotation. I can remember putting the key in the lock to get off the unit and for whatever reason every one of our keys stuck in the door and you felt everyone was ascending on you so it was like... I can't tell you the times I just pulled the key out and stuck it back in my pocket and said I guess I don't need to leave the unit just now. Somebody will come a get me when they find I'm missing. It was something to do that.

I will say I enjoyed all the rotations I went through. One of the instructors I had... I was one of the first one in our clinical group to see a baby be born. My instructor, she kind of affectionately called herself the kissing nurse because that was her love and her specialty and when the babies were born, she would be like dad kissed the baby, mom kissed the baby... I don't tend to be that outward with emotions and so forth. So when we were in the post conference; we had post conference after every clinical day to kind of go through things and she asked me what I thought. I was just like it was okay you know. And she went okay! What do you mean it was just okay? You saw life come into the world and all of a sudden I'm

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sitting there going whoa... trying to figure out what I said. And she kind of went up one side of me and down the other and then the next thing which I still to this day have no idea where it came from, she said you have to make it through this rotation and pediatrics whether you like it or not. And I said I didn't say I didn't like it I just said it was okay. And she said well, you're an athlete, did you get excited during games? I said no. I approached them with a different level of intensity. I cheered my teammates on minimally but no I didn't have pom-poms jumping up and down on the bench. That's just not me. And to this day... I work with one of the friends who worked on that rotation. She's still bringing it up: remember when you saw the baby be born? And the funniest part of the story was my first day of orientation when I got hired at Baystate. I was cutting through the parking lot and I saw this instructor. And we get along great after that. I had her for pediatrics and you know there was no hard feelings over anything. And I saw her as I was coming through the parking lot. She asked e how I was doing and I said great. And she asked me what I was doing and I said Oh, today is my first day of orientation and I said I'm working in labor and delivery. And the look that came over her face! I said not really, I'm working med-surg but I just figured you'd like to hear that (laughs). And I haven't seen her... I don't know if she's still at Baystate now since the school of nursing is closed, but I still run into her and she still says have you transferred to labor and delivery yet? and I say nope, but it's on my to-do list and I'm going to take care of that someday.

(Let me ask you, after you graduated, what was your first job. I think you said it was med-surg. How do you feel the programs prepared you for this?)

My biggest reason for going to a three year was actually the hands on. I know the type of person I am and I can read things but if I can't see and do, I have trouble catching on. But to me the whole role of nursing and the whole part of nursing is the hands-on care. I can go to a four year college and get the same exact book that I used in a three year program or a two year program. But it's the ability to relate to the patient and take care of the patient. That's what nursing is all about. So when I

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came out of school I felt very prepared to do the physical care. Some of the tasks that surrounded chart checks and the paperwork and so forth, that could be a little overwhelming. And I found that anytime I could... that the staffing allowed for it, I could actually be the hands on person and give the hands on care, I was all for that. There were times where... we did kind of team nursing at the time and there were times when we were fortunate enough to on the day shift to have five RNs on. So sometimes one district, which was 10 patients, had 2 RNs. so it was kind of like going on a vacation day while you were working. (laughter) and we would work ...the other RN and I would work as a team and set the meds up, do what you need to do. I would do vital signs, do assessments, start the morning care. I was never so happy as when I actually got to do hands on care. And that's probably the biggest advantage I saw to going to a three year school.

After I had been there for a while and I did start in med-surg... I got out of school like I said, I graduated in June of '82. That summer I continued to work as a nursing assistant at... It was called Hampshire County Hospital. I think it's now called... It's a long term nursing facility. And basically I was a nursing assistant. And that's the way I kept throughout the summer. They were good to me while I was in school. I worked every weekend while I was in school, and then I worked full time during the summer. And knowing that the new nurse wherever I got a job, vacation time would be limited. I worked kind of a deal with Hampshire County Hospital and I stayed there through the summer. In turn they allowed me to take two weeks off in July to go on a family vacation. And then I got a job and started in October of '82 at Baystate.

After I had been there a few years I started to orient different people. And without even knowing where people went to school, I could pretty much tell the background they had from what school they went to. And it's definitely not a knock on them but I oriented some people who had gone to four year schools where... we were trying teach them to make care part of their routine. They walked around... did fairly well passing medications, but as far as organizing their day so they could

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take care of patients, and I actually had some RNs who avoided patient care. Couldn't understand when I would assign the two of us, because we worked as partners. I would assign us patients...

(They were new orientees...)

They were new orientees, why were we being assigned to take care of a patient who was incontinent and required complete care? And my answer to them would be "because nursing involved taking care of patients. It's not passing meds, it's not sitting at a desk doing paperwork. We're here to take care of patients and if you're working with me, that's what we'll be doing."

And Baystate prepared us for that hands on care. And still to this day... I don't do bedside nursing any more... I work in informatics, I work at a computer. And the people I work with, you know, I still run into them -- I probably I would bet every other week I get asked "do you miss bedside nursing?" And I answer yes, but... I miss the type of nursing I left, which was the RN was able to do bedside care. Now, more and more the patient care technician, operations associates... they do most of the care and that's not the type of nursing I went into. I still do miss nursing and as strange as it sounds, when I'm stressed now at my current job, I dream about bedside nursing. I'm dreaming, and it's right back to the days where I had my med cart, I knew who was due for meds, when, where, whatever... and that's almost like that's the comfortable part. Now, looking back, when I was doing that, I still had dreams about that, you know; did I forget to pass this med, or did I forget to chart this...? Those two A.M. mornings when you sit on the edge of the bed and you go, Oh, I don't think I charted the patient in 27 that I gave Mylanta (both laugh)

(Did you go on for more education? Is that how you got into what you're doing now? How did you make that transition?)

I didn't go on for more education. Part of what Baystate started to do while I was there was they did incorporate some college courses. There was a partnership with STCC -- Springfield Technical Community College -- where we were taking courses over there as well. I think I wound up with 27 college credits. Not enough to

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get an Associate Degree but enough to... if I wanted to I could have applied them to getting a degree.

When I started to work I had every intention of going back to school and getting a degree, but I never did. As a matter of fact, in our senior year we had a class called Trends in Nursing, which was where we were at, where we were going, what might be required... And there was some talk that Baystate was going to form a partnership with American International College to come up with a Bachelor's program and then eventually a Masters. But that never transpired.

So I got out in the working force and started to work as a staff nurse. Now I had a manager who believed that the well-rounded nurse became involved in activities and committees throughout the organization. She felt that nurses were the ones who basically kept the organization going and therefore should have a voice in things that were going on. And I got involved in several committees. I didn't volunteer, I was volunteered. And at the time, I remember going, "What more do you want from me?!" But looking back, it was the best thing she could have done. I got involved in at the time it was QA; quality assurance on our committee and it was unit based. I was fortunate in that I had another supervisor, "Okay, Sue, you and I are going to present at Nursing Grand Rounds." Now I became aware of more that was going on outside my unit and the organization. I did a QA presentation on what we were doing on our nursing unit.

And then the hospital was going to put in their first clinical system. And they wanted basically nurses feedback: would you take a look at it? Does it make sense? or whatever. So I got volunteered for that committee. And that committee started to meet; we'd meet once a month. And then the time kind of increased. Then we met two hours a month, and then moved to four hours a month and then we actually worked with the analysts who were designing the system. We'd meet and "okay, your homework assignment is to go look at your paper kardex and find different activity orders." So we'd come back and it's like "okay, I found a bad limp, walk with assistance...." And the analyst we worked with used this to design the screens

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because the way the first system worked, you're going to pick, so you go to an activity and pick activity and go to the screens and build all the different things. Then it became evident that policies and procedures were going to need to be changed; there was going to be training, and who better to train nurses than nurses... and the next thing I know I was devoting one eight-hour day a week to it. Well then the project was stalling... there were 20 of us, and they said we need some of these people to go full time. "It's only going to be for 18 months and they'll do the training and so forth." And after that action, that 18 months became about 2-1/2 years before we got everybody up. And then they needed a group to continue to support it and before I knew it, I transitioned into that role. So there were six of us, all nurses. It's interesting how the group got comprised because we had somebody who was critical care, child psych, labor and delivery, medical, surgical and long term care. So we had the full gamut of the services. And then budget cuts came and they were looking at positions that could be eliminated. And because we weren't direct hands on patient care, we became a target.

At that time there were jobs opening in information services, and I had become intrigued in how some of the systems had been put together. A couple of the analysts' would take time to explain more in depth things, and I transitioned into that role. That was probably in 1992, 93; somewhere in that time frame. And as far as what I needed for knowledge, they felt they could take a clinician and teach them the skills required to put the system together easier than they could take someone who was technical and teach them nursing. So, for the first system I worked on I went to Atlanta several times to classes, worked with more senior members on the team to do the things I needed to do.

And I think the funniest thing was the non-clinical people on our team. Every so often there would be a system issue and all hands on deck; it didn't matter what level of experience was. And we had an issue with an order. Any time you discontinued an order, for whatever reason, the system regenerated it. So we had reports... we had put in a new software patch and it caused this problem. So the

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database guy wrote a program to identify any time anyone tried to discontinue an order. But what it did was it created a new one in the system and we had to go through and we notified all the nursing units and said we would clean it up and one of the analysts who had no clinical background at all -- totally a programmer -- had to correct an order for a patient may take shower. And he kept saying "Is this a real order?" "Yea, Mike, that's a real order." And he goes, "You mean you need an order for a patient to take a shower?" "Yes we do." "Well, why? At home you get up and take one." "They're in the hospital and they're sick..." "Oh, yea, okay." (Laughter)

This same fellow.... we converted to a new lab system. We used one vendor and we were switching to another vendor and we had to go in and in order to get the labs into their system we had to discontinue all the labs on every patient in the hospital and re-enter them. And he had one patient and he said "what are electrical lights?" And we said "electrical lights?" He goes, "yea, a blood test called electrical lights." "No Mike, it's electrolytes." And he asks "what is that?" "All you need to know it's a blood test." and he goes "Okay but I can't find it." Well, we had used the acronym "lytes" to save space on the screen and he couldn't figure that out. We had a critical care nurse on the team and she took every opportunity she could to educate him about the world of nursing, and every so often you could tell when she was talking to him because he would go "Whoa, whoa, I don't need to know anymore", as she explained to him what a Foley catheter was and how it was utilized. (Laughter) So he was also became the brunt of some jokes. Since that time I had been working on clinical information systems. I haven't required any additional education. Everything I need to know about it fortunately they've brought in and the whole team has had to learn. Onsite learning- didn't have to go outside.

And it was nursing that opened those doors. As I look at the current team that we have, there are about 30 people on the team who support this application and I believe there are at least nine of us who are nurses. And if anything else, we kind of keep the balance, and those with non clinical backgrounds will come to us and say

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well, does this make sense? We're still working with the nurses, the physicians, etc. but having lived there, done that sort of thing, it gives a little more credibility to us. And when we have to present something new to nursing personnel, to have them know there are nurses working on the system provides, again, another level of credibility. We can empathize, we can sympathize with what they're going through and I don't care who you are or what you do, change is a tough thing and when ultimately your goal is that patient in the bed, whatever we come up with from IS side cannot be disruptive, so it's a double challenge. And having still strong ties to the nurses, any time there's an issue or a problem with the system, we get impassioned very quickly like, "you need to get this solved."

(I don't have any more questions. Anything else you want to contribute at this time?)

I think one of the things about nursing is it will always be a part of me. It's funny, my mother, at one point in time said "she used to be a nurse." And I'm like, "No, I'm still a nurse." We don't use our credentials at work, however if I have to sign something, I don't use "RN" after it. However, the hospital still recognizes me as an RN from the time I was hired, so if you look up my name under if you're going to page me, it still says RN. My I.D. badge still has RN and somebody at one point said to me on the team "we're not an RN anymore/ And before I could even get a word out, the person sitting next to me was an RN and said "Don't ever say we're not nurses. We'll always be nurses." I maintain my license, I do CEUs, and actually when I started to work on the critical information system was disappointed when I had to work more on the data coming into the system because my strength was clinical. But I've been able to find that mix. I can think back to certain patients I still remember their faces, their names, their whole story; what happened to them. And that kind of shapes who I am. You watch people go through things with unbelievable courage and... there are still those patients I go back like, "look at all that person went through. What right do I have to bitch and moan about some of the things I'm going through?" I laugh. There are still patients I remember that I

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laughed hysterically. I worked on the first floor and right around the corner from our unit were all the administrative offices including the V.P. of nursing. We had a patient... you know, you get confused patients, and he wandered off into their area, minus his Johnny, minus... but he did have his name band on. And I look up and I was in charge of course. And here comes the V.P. of nursing coming down the hall with a stark naked patient. So I ran to get a Johnny for the patient and she says to me, Sue, do you recognize this patient? And I said no, and I looked at his name band and said but he belongs to us; he belongs in room 29A. And she went uh huh I said well, he did have his ID band on, anything else I can't say but he's required to have his name band and we should get points for that, right? And she just kind of chuckled and got a grin on her face.

(After all, she was a nurse!)

Working on the first floor, I can remember somebody standing in a room sticking their head out going, "is the man in 36A still in 36A?" I hear somebody go, "No I don't think so because I can see him running through the parking lot." (laughter) So there were... we had a stairwell in the back and they actually id eventually put an alarm on it so we could tell if anybody went out there.

There's fond memories that made you laugh and others that will still bring a tear to your eye when you stop and think about it, but I have to say I don't regret picking nursing as a career choice; it's opened all kinds of different opportunities for me and if I had to do it all again I would absolutely do it all again.

(Thank you!)

You're welcome.

(Second segment):

(Can you tell me a little bit about the orientation? You just made some comments...)

Yes, as we sat here and talked about the orientation... actually, when I came out of school and had the initial orientation I would have to say that it was pretty

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inadequate. Everybody's orientation... it was a ten week; either ten or twelve week orientation. But probably 80% of it wasn't even spent on the nursing unit. And it wasn't necessarily on the shift you going to work with. We spent a lot of time in a classroom setting doing kind of the basic fundamentals that we had done in nursing school: could we transfer a patient correctly. And could we push a wheelchair correctly. Some of the most basic things that I had learned in semester number one... of course I had to realize that not everybody was a three year grad. We had two year grads, we had four year grads and so forth. And I don't think coming off orientation I was truly prepared to face... becoming a team leader and district leader. There were times when you were leader of 20 patients and sometimes you only had 10 patients. But helping you fine tune the organizational skills and stuff you need were not there. You would in essence get only two weeks of orientation on the unit with a preceptor learning the ins and outs of how your unit worked. Now, they still have a twelve week orientation, but during that orientation, the full 12 weeks, or a majority of those weeks is spent with a preceptor with hands on, gradually getting you ready and transitioning it so you are ready to lead a district. I laugh now but at the time I was pretty frustrated and kept saying thank God I'm Irish and German and stubborn and I can't go back and admit to my parents that I might have just picked the wrong career choice and there were many nights I went home in tears because I truly felt inadequate.

So I think the orientation has come a long, long way and I think at least the recognition is finally there that nurses have to be out in the environment they are going to work in to teach them and have them with a preceptor to see what's going to happen in those situations. Being removed in a classroom, I'm not saying that it doesn't have its place, but that needs to be minimized and the time in orientation maximized.

Orientation was definitely the most trying part of my nursing career and there are points in time I look back and say my proudest moment was surviving orientation, and making it through that.

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(Also, when we were talking, had an example how a nurse manager was able to and was a factor in building the skills of your staff. Can you share that?)

Absolutely, When I first started working, the nursing unit that I worked on had been primarily a diagnostic floor. Patients were pretty much walking, talking and had very few medical issues or problems. And that unit was becoming a teaching medical, so the clientele that was being admitted was far different and posed different challenges and the skill sets of the staff were not there. In coming in to that as a new grad, that was a bit frustrating because I didn't truly feel I had a leader or mentor that I could turn to. And as we became full medical teaching, we had two teaching teams and more than three quarters of our patients were covered by interns and residents. She actually sought out more difficult and challenging patients for us to work with because they became learning experiences. And at one point in time we were kind of the joke for the institution. The residents and interns joked: "well you know it was a good thing having patients on our nursing unit" and the response was "we're close to a hospital". And although it was tough to hear that, I think that also fueled my unit manager as well as the nurses there. She actually went to ICU and find out who was going to be transferred out for the day and said

"Okay, send them down to my nursing unit; my nurses will take care of them". And she created partnerships with other nursing units. We had a patient who came down, I'll never forget this patient. She was an 80 year old woman who had fractured her hip and actually her neck when she had fallen. And she came down to us, she was on an Stryker frame and our response was, "This isn't the ortho floor -- she belongs over there." Well, this is a good experience for you and we partnered and I have to say the nurses on the orthopedic floor were wonderful. Anytime we needed to move her... and we knew what we were doing after a day or so, it was more for moral support and gradually we weaned off of that. Then she went into halo and the nice success story about that was she was one feisty lady and weaned her, you know we weaned her from the vent. She actually used to pull the pieces off her treat and she would recognize that she pulled the tubing off and we'd just come

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in and pop it back and she got smarter and she would actually pull all the pieces together and throw them all over the room knowing we'd have to go on a scavenger hunt so in essence it took us longer to get her back on the vent. So actually she was kind of doing her own weaning program so to speak, but.... we had a variety of patients and because of our manager's belief in us, and the time she took in developing us we became one of the more respected units and instead of interns and residents dreading patients coming to our floor, they used to request that maybe the more unstable patients coming out of ICU come to our nursing unit. It was a nice feeling after having gone through starting off being the laughing stock to being respected and it all goes back to this nursing manager that I had.

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