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Aileen Ishuin MacMillan

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December 15, 2015 – Aileen “Ish” Ishuin MacMillan (DN 1976) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

AM: Aileen MacMillan

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

AM: My name is Aileen MacMillan. Um, my, I'm called Ish here at the hospital because of my maiden name Ishuin. And so, uh, I was given that nickname in nursing school. So, um. I was born in, um, New Jersey, of Japanese descent. My parents came to New Jersey after the World War Two when then they were released from the internment camps. So um, I grew up in Seabrook. Um, I graduated from Bridgeton High School and then I went to college for two years not knowing what I wanted to do {LG}. So then um, I guess in my second year of college I decided I was going to go to nursing school because of a boyfriend who wanted to go to medical school. So, um, college was up in Montclair, New Jersey, and then um, I came down to Philadelphia. I applied to three different nursing schools. I got into them, and um, it was University of Penn, Hahnemann, and Jefferson, and then Jefferson asked if I wanted to um, be, go into their new B S N program, but because of finances I decided I would just go into, um, the diploma program with a thought of going on for my Bachelor's later. So I entered nursing school in nineteen seventy-three. Um, I finished in nineteen seventy-six. That boyfriend was gone and I had a new boyfriend {LG} and as, when I graduated from nursing school, um, a few months later I married my husband. But in nursing school I was uh, vice president, um, of the nursing class, and I was a yearbook editor my senior year. Nursing school was hard, but it went rather quickly, and it seems like a blur now {LG}. So um, hm. OK, so then um I started working right before -- because of finances I had to start working, so my friend and I, we started working in June of seventy six. June twenty-first was my anniversary date. So we started working and um I went to maternity. She went to, um, gynee, and we've been there ever since. And uh this year is going to be forty years, this two thousand sixteen, and I'm gonna, uh, retire at probably at the end of June, um, of two thousand sixteen after forty years of service. Um, after I got married in, um, nineteen seventy-six I did have three children, um. Boom, boom, and boom. Eighty-two, eighty-four, eighty-five. Um, in the meantime I was pursuing my Bachelor's at Gwynedd, um Jefferson did not offer, um, at that time. Hm, how do I say that. I had, I had to go part-time at Gwynedd, um, no full-time at Gwynedd for two summers. It was an accelerated program. I -- Jefferson didn't give us many credits because it was a diploma program, so I had to challenge all of my nursing courses, and we only got credit for a couple of things like um, psychology, that kind of thing. Um, and we had to challenge all these courses, and then we had to take two summers, which I did and I completed after many years. It took me maybe nine years or so {LG} to finish my Bachelor's at Gwynedd,

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines:
http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

um, between babies. So it was hard, but it was done. Because of the alumni association they gave me a scholarship. Um, I had tuition reimbursement, partial from Jefferson because I was considered uh full time. And so um, we got through it that way. And here I am. Um, I started to pay back to the Alumni Association by participating um, in the Association by going to the meetings first and eventually becoming president. And I think I started the presidency in two thousand nine. And um, and so, uh, it's now going to be two thousand sixteen and my presidency will be up. And then we're building a house down in Delaware and we'll be moving, but I will still keep in touch with the Alumni Association. Uh, I can still be on the Board, and I will continue, um, on the Board, uh, there. Um, what was the other questions?

KD: Yeah. So if you could tell me next how you became interested in nursing and what made you decide to do that?

AM: I had no idea what nursing was. It was because of that boyfriend, and that I thought, "Oh, I'll become a nurse." I never went into a hospital, and I guess it's by god's good grace that um, he put me there and I uh got through nursing school and then I liked it.

KD: Mm hm.

AM: It took me 'til senior year to decide which um -- where I wanted to go, uh, which um specialty, and it was maternity. I liked O -- E R and maternity, but I didn't like the other things {LG}.

KD: {LG}

AM: And so um, but um, so I stayed there and um, I went part-time after my children were born. So I was six years full-time, and then I went part-time, um, after that. So I've been part-time, um, since nineteen eighty-two.

KD: Alright. So could you tell me a little bit more about your time at Jefferson?

AM: About.

KD: Maybe starting off what that was like when you first came to Jefferson.

AM: When we first came to Jefferson to work we wore white uniform in maternity. If you went into the nursery you uh had uh -- if you were in your uniform you had to put a cover gown on. If you worked in the nursery you had to scrub, uh pink scrubs. And so that was quite different. And then over the years our uniforms kept -- we went out of the uniforms, we lost our cap. Real quickly. We lost the cap, we lost our uniform, and we went into scrubs, and the scrubs just changed to different things, and now we're with the Jefferson uniform of the blue, you know, that royal blue. But uh, but you know, just the mode of dress. People weren't even allowed to wear, um, sneakers, and they wear sneakers all the time now. Um, "Miss Ishuin, what are they?," you know, "Are they regulation shoes?" And, "Yeah they are." But the shoes have changed.

KD: Yeah.

AM: You know {LG}, over the years. They weren't the regular clinics that we started out with. And so just, you know, even the shoes have changed. Um, just our practice with um taking care of babies. We used to, well, we had um, top mats in the nursery where maybe forty, forty-one, forty-two, borrowing cribs from another hospital. And we had twenty-eight patients on the unit. And then we went to private rooms. Now we only have fifteen on our unit. Our overflow was on gynee, um, and gynee moved. We

had a maternal observation unit, um, and we were, we were them, and then they separated us out. And now they're a separate unit with a delivery room, and so all those kinds of things have changed. We've moved back and forth. Um, we had, um -- now we have almost twenty-four hour babies in the room. We used to have the nursery. They used to go back to the nursery during visiting hours. Um, but that changed. I think Dr. Sweeney, uh when we came to our unit to visit his grandchildren -- he was head of the hospital {LG}.

KD: Mm hm.

AM: And um, I told him, "Mm, it's not visiting hours yet." And my friend said, "Do you know who he is?" I said, "Yeah, but he made the rules." And so shortly after that visiting hours changed, after his daughter, uh, started having children. And so um, things have changed. Um, we used to do um, you know, Wescodyne basins, dipping your hands into these yicky basins filled with Wescodyne and water, and these ringed basins, dipping your hands, and that was hand washing {LG}! And so now we um, we use, you know, the hand sanitizer or good old soap and water. Um, babies, um, the change. We don't bathe our babies now until twenty-four hours.

KD: Mm.

AM: We used to bathe them quite quickly after they were born, but because of their temperature regulation, um, sugar regulation, and the bonding and getting that, you know, the vernix soaked into their skin, we don't wash them as quickly. And so now it was eight hours and now it's twenty-four hours. Cord care has changed. It all -- a lot of our practices have changed with research and evidence based practice, or best practice, it's uh changed. And so, um, I've seen that all over the years. Um, even the nursing schedules. You know, we used to rotate three shifts, and now they're doing, you know, many of the nurses are doing twelve hour shifts. Twelve hour shifts, you know, I forget what year they started, but we had two girls doing twelve hours shifts, and slowly more and more people are doing it. Um, and so just, you know, the shift work. And now we don't rotate three shifts, we usually do just the two. Um, you know, if you're a day-night rotator, or a day-evening rotator, you know, you just do, you know, the two twelve or you do a three -- like I do during the week a three to eleven shift and then on the weekends, to get every third weekend, I do, you know, twelve hours on that weekend. And so every third weekend. It's the same amount of hours if you put up the hours, as someone doing eight hours every two, but um, it's, you know. Nursing you can make those adjustments and still have a family life and, you know, and work and make a decent, you know, wage. So.

KD: Alright. So what was your time like as a student here?

AM: As a student?

KD: Yeah.

AM: It's hard to remember {LG}.

KD: {LG}

AM: As a student, um, I didn't go to a lot of parties and things like that. Lot of girls on the weekend went to a lot of parties -- and sitting up on the sun roof. I didn't have to do that {LG} I was already dark. Um, but um, studying, you know, um, we used to go over to the library sometimes, study in our rooms, um.

KD: Did you live on campus?

AM: Yup, we all lived in, um, the Martin Building. Since I was older, I uh was with the um, juniors at the time, and we were freshmen. And then eventually I did go, you know, with the other students. My roommate had been one year older than the rest of the girls and I was two years older, so we were with the older girls. But um, you know, we started out with I think, I want to say like a hundred and twenty some nurses, and then they whittled down to like eighty-something. And so then the classes, you know, moved together. And so we all lived and ate -- and that was one of the things what bonded us I think is because we did all the same things. You know, you had your rotations, you had, you all did it together, you know. They fed ya, you slept, and you know {LG} did everything, uh, as a group.

KD: Yeah.

AM: Um, one of the things I remember, we had to raise money for this yearbook. And um, we had a spaghetti dinner. Cooking spaghetti took longer than we had thought, but uh, {LG} we made all this spaghetti for a dollar. Everyone paid a dollar {LG} and uh, for a spaghetti dinner. Um, the medical students and the nurses and what have you. Um, and we did fundraisers and um, bake sales.

KD: Mm hm.

AM: Plant sales. So, to raise money for our, uh, yearbook. But um, it was fun {LG}.

KD: Uh, what do you remember of either your clinical rotations, professors, other students, just the general environment of being at nursing school?

AM: The general environment. I remember sitting up on the twelfth floor of Curtis Clinic, and we would sit in alphabetical order, take roll call. And you know, like it was Ishuin, Iwasco, Jordan. I mean, it went like, {LG}, and that's where I think Ish came in, you know, instead of Ishuin it's Ish. And so, and then my - everyone called me Ish. Um, just in the hospital. I'm Aileen to everyone else. At church, and my neighbors, everybody else, you know, it's Aileen. My family calls me Aison. That's my, you know, Japanese nickname. And then so as you get older you can compartmentalize who's uh {LG}, "Who is that?" Oh, it must be a nurse. From either Gwynedd, two nurses from Jefferson went to Gwynedd with me, and so it was Ish over there too, so. Gwynedd nurses and um Jefferson nurses call me Ish. And I'm Aileen. So um, what else? Hm.

KD: Other instructors, other students, any other memories or recollections from your time as a student here?

AM: My student days here. Um, I did go um, on a, on Friday nights, many Friday nights I would go to Judo class. I would get picked up by my sensei instructor and he would take me to Judo right at Ishikawa Dojo, right on Broad Street. And uh, I did earn my, um, black belt, um, in Judo, and I already had my um brown belt in jiu-jitsu. And so, um, I finished that right shortly after, you know, during nursing school. And so, that was, that was an accomplishment.

KD: Alright.

AM: Um, what else? That took time. Um, and working on the yearbook, that took a lot of time {LG}. Meeting with the yearbook representatives, and you know. Instructors? Miss Heckenberger, she's still on our Board. She's doing our scholarship committee. She was class of fifty-five and she still is on the Board.

KD: Wow.

AM: And um, just remember drugs and solutions with her, and, you know, med surge nursing, and Brunner's, you know, going through that, the whole big med surge book and. That's good. Oh, one of the uh, Marlyn Miller was one of our, um, instructors. She was also class of fifty-five. And um, I remember when the school was closing I was uh, acting clinician for our unit, because our um head nurse went on to get her Master's degree, and so um, the school was closing, and Marlyn was --I had to interview Marlyn, and it was scary {LG}.

KD: {LG}

AM: She was, seemed so stern. And I, you know, and so it was very intimidating to have to interview her because she was applying for a job on our unit and um so, you know, we, I hired her. But she was the most sweetest lady and not intimidating at all, but it was scary, you know, until you got to know 'em. And Miss Heckenberger, you know, you know, all these instructors they're scary. And um, but once you get to know them they weren't, they're just regular, you know, caring, loving people.

KD: Yeah.

AM: And uh, it's just hard, you know, to get passed it. Some people still can't call her Dee, it's like "Miss Heckenberger." And, "Mrs. Miller." {LG} You know so, it's, you know, it's different when, you know, you grow up and get on to the other side. So. Um, oh there was just, oh going um, having to take the bus going over to the Philadelphia Psychiatric Center and, up to um, I forget, um Eastern State, I think, we had to go up there for Psych.

KD: Oh really?

AM: I think it was Eastern State. See? The memory {LG}.

KD: {LG}

AM: Yeah, I think, I guess it was that. Um but we had to take a bus and it seemed like forever to get there, and then we'd be there and then we'd have to take the bus back. Um, and so those are different, um, you know, experiences that we had to do as uh students. And just getting up early and getting to the clinical three days a week. Classes Friday and Saturday -- Thursday and Friday. Clinical Monday, Tuesday, Wednesday. And it was, you know, twelve -- usually I think it was twelve weeks.

KD: Mm hm.

AM: For each rotation. And now these girls it seems they're not there at all, you know. A few hours here, a few hours there, they do their post-conference and they're gone {LG}. But uh, it, it was a long program.

KD: Mm hm.

AM: So.

KD: And this was your first time living in Philadelphia, right?

AM: Yeah. Mm hm. I lived up in.

KD: What was that like?

AM: Um, everything was walkable. You know, so, you know, we would go to, you found all the, you know, restaurants where you could get, you know, um, freebies, like Winstons, H A Winstons was not too far and you'd, you know, the freebie cart, before the salad bar. This was way back then before salad bars came into being, but um, that was, you know, we used to go down there and get their onion soup and their freebie cart. Going over to uh, Kipsley's for um -- that was the Greek restaurant right across -- bakery I guess -- right across the street. And so. Midtown, it's moved back, um, it wasn't always there at the corner, it was down further. I mean, everything's just changed, you know. But we were, you know, you could just walk, walk right over to, you know, Strawbridge's, and just walk over there. The Gallery wasn't the Gallery then and the new hospital wasn't there {LG}. It was just shops and things, so. Just Ice Cream was right around the corner. I guess, I don't even know if it's still there.

KD: Oh I don't know.

AM: It was an ice cream store we used to go to in the summer and get scoops of ice cream. So. Those, those were fun living in the city.

KD: Mm hm. So how did you get your first job and what was that position?

AM: Oh, all I had to do is just go over there, and I don't even think we had resumes. I think we just applied. It was not like what they do today online and put their, you know, resumes {LG} like my kids had to -- you know, did.

KD: Sure.

AM: It's different. And so, they just talked to you and you got the job. And you knew you had the job before you graduated.

KD: OK.

AM: And so we started right away because I was getting married in October. And we, you know, I needed money, and so, And then I got to stay in the dorms for fifty dollars a month, you know, before I got married, so that was, you know. And I think we started at ten nine. Was our annual salary.

KD: OK.

AM: {LG} Five dollars or something an hour. And uh, so. And you know these girls are starting at such a higher salary now {LG}. But you work your way up, and eventually it makes, you know, it was enough for us and enough to pay for, you know, to get into an apartment and get, you know, get life going.

KD: Mm hm.

AM: And so. What else.

KD: Alright. So, I know you've mentioned this briefly already, but could you tell me maybe in a little bit more detail how your career progressed over the years? Um, including the educational choices you made along the way as well?

AM: My education. Oh, so um, so I had to do the challenges at -- after I graduated I had to do the challenges.

KD: And you knew at that time that you wanted to continue on?

AM: I knew. I did. Right. But I had to take challenges. There were twelve of them. Three at a time. And you had to do them. And so you did these challenges, and then um, I applied for um, this summer program. It was two summers. Consecutive summers. And they alternated every year. And so what happened was I did the one summer, and then the next summer I had my first baby and I couldn't do it. The next summer uh, because I had, I um, they didn't offer it. And then the next summer I had to do it but I was, you know, I had another baby in there, and then they changed the rules on me and so I had to do a, um, advanced physiology and anatomy and then I did that the next summer pregnant with my third one. So, um, eighty-five is when I graduated. The summer of eighty-five. And I had the third baby um, the fall of eighty-five. So I was pregnant and I had to do my research stuff, pregnant, working, and an eighteen month old and a three month old – not, a three year old. And so, it was, it was um, a lot. I don't remember, it was like a whirl. You know I had a friend babysitting the two, my mother came up to babysit those two, I'm pregnant. I'm working every Friday, Saturday, Sunday. So {LG} so it was a lot. But it was over. But um, back, back then we had to be, um, you know, you had to, they had advanced staff nurses. I applied for that, I got that. Uh, we had primary nurses, you know, I was that. I had been that clinician that, for that one year. I think it was in seventy-nine into eighty. Um, I was that because my, like I said, my head nurse had gone on and then I was supposed to do that, it was going to be a two-month interval -- interval. Everyone was going to take turns. But I did it for two months, and then they kept me until next, um, head nurse came {LG}. So it was a year! And it was someone that they knew was going to finish school. She had gone with Joan Bretschneider, she had gone with her to get their um Master's. And then um, part-way through their course they decided she would come back and she would take the position because I didn't want it, and um, and so, she came back. Debbie Cruz came back and um took the position. And phew {LG}.

KD: {LG}

AM: I held the fort. And I guess it was June Tullos who was the uh, head nurse in the delivery room and so she was so helpful to me. Um, but um, we got through. But uh, it was supposed to be just a temporary two month thing.

KD: Mm hm.

AM: And it ended up to be a year. Much longer than, you know, I anticipated {LG}. But Joan did inspire me to go on to get my, um, Bachelor's, because she went to Gwynedd also. And um, in that summer program, and so uh it was like twelve weeks in the summer. Two summers. So. Intense. None of this online stuff {LG}.

KD: Sure {LG}

AM: And uh, so, it was good. And clinicals with the Gwynedd program was all over the place. So you knew your Jeff stuff, but, you know, they did things differently at all these different hospitals that we had to do clinical. And so, you know, I got to go to a lot of different, you know, places with the clinical. And um, so those girls um, that I went to school with, you know um, we also had bonded and went to the different, you know, places in our little carpool. You know, pick up here, pick up here, uh, and so that was nice.

KD: Were you going to a lot of the same hospitals you had gone to while you were getting your, um, degree here?

AM: No.

KD: OK.

AM: Because we did all of our clinical here at Jefferson except for Psych.

KD: Oh, OK.

AM: So we were on all the different floors here at Jefferson.

KD: Mm hm.

AM: And so. But um nowadays girls have to go everywhere. They're trying to get clinicals in different places, I guess because there are so many of them. And um, so. But we did all our clinicals except for Psych, you know, the Psych rotations.

KD: Mm hm.

AM: But with um Gwynedd we had to go to all the different places also. So we went to Fray????, we went to Lansdowne, we went to Sacred Heart, you know, we went to all those different hospitals outlying hospitals. And um, but we were already R N's and so a lot of times our clinical we were flies on the wall. We weren't doing a lot of hands-on. We were doing a lot of watching and going through charts, um, and, you know, that kind of stuff. And so. Getting our Bachelor's. Because it wasn't easy, you know, you had to -- you didn't get the credits so you had to, you know, do the challenges, get the credits, and then you had to do your, you know, their two years of, you know, their nursing courses. And so {LG}. And we were all R N's already, you know, at different, you know, stages of our lives, so.

KD: Sure.

AM: So it was good. I got it done and it didn't cost me an arm and a leg.

KD: Uh huh.

AM: These girls coming out in debt, so much debt. So, I didn't have debt, so that was good.

KD: And so how did your career change after that? You stayed in the same position, but I'm sure it changed and grew and.

AM: Well, because I did um, I had my family. I had little kids.

KD: Yeah.

AM: And so work was like a release. You know, I was so busy at home going to work was like, you know, it was good.

KD: Mm hm.

AM: You know, and I wasn't there full-time, I was there part-time. And so, I was able to go in there, give it all my all and um work and then come home and do it {LG} raise my family. So. And then once the kids got bigger then I was able to go, you know, volunteer with the Alumni Association.

KD: Mm hm. And when did you become involved with the Alumni Association?

AM: I think it was two thousand six, when my last one finished -- when did she finish college? She graduated two thousand eight. And so right before she was finished. So. Between my bowling, and you

know, my church activities, and, you know, the Alumni Association, you know {LG}, and work, you know, it takes a while. It's a lot of time.

KD: Uh huh. So could you tell me a little bit more about your role in the Alumni Association and the work it's accomplished since you've been involved in it?

AM: Well, um, I'm President. What we do for the Alumni Association, we have a scholarship. It's called the Clara Melville Adele Lewis Scholarship. It's funded by a trust fund that the nurses developed, um, or put together many years ago. And the unused interest at the end of the year funds this scholarship. And so, this scholarship could only go to Jefferson grads, which I benefited from and I know many benefited from to pursue their, um, you know, get their Bachelor's or Master's or we've even had some go for their Doctorates. And we even have some continuing now, even though the school has been closed since nineteen eighty two, they've been pursuing, you know, further education. And it also, if your hospital does not do um, certification reimbursement we can also do that with this scholarship fund. And so this Clara Melville Scholarship comes from that. We also with this trust fund that they developed, give eightieth birthday flowers to anyone that's, uh, from the Alumni Association. Eightieth birthday flowers. If they let us know their birthdate. Because we don't have birthdates on file

KD: Hm.

AM: So we know about how many are eighty or who's turning eighty, but we don't have a birthdate. And so if they send us a birthdate, you know, we can send them eightieth birthday flowers for life. Except if you move. But sometimes they move, they go live with a child, they go to a nursing home, and we don't have their address. So we have to have a current address and we have to have a current telephone number to get these flowers out. And so we do that for them out of this trust fund. This trust fund also provides relief. Say um, we've had nurses where they're not um, they're sick, they can't get on Medicare, you know. They're um, they're maybe not working. We can provide relief funds, OK. Our first check can be like five hundred dollars, with just the letter saying they need help. And then after that we need more documentation and we can provide, you know, more um, funds. Um, depending. And it's um, confidential, so we have a relief fund committee and our, the chair of it will, you know, has her little committee and they will, you know, decide how, you know, how much to give. OK. So we've been doing that with this relief fund trust. We also publish a bulletin annually, and it's about eighty-some pages, and it has this information for the relief fund trust, and it has the scholarship information at the back. It prints up our financial, it prints up um class news, from people that have sent in their class news, from, you know, the donors. Um, and then any articles people have sent in, they will um, you know, we publish that in this uh bulletin. And the upcoming luncheon that we have every year. Um we, we do an annual luncheon since, I forget, nineteen thirty-something. Um, this annual luncheon has been going on. And um, and so the fiftieth anniversary class gets their lunch free paid by the Alumni Association. And um, everybody else pays maybe like twenty dollars or something for lunch. And we've been having it for the last two years right over in the Hamilton Building, and it's been really nice. Um, up there, and people can gather. We have a social hour for -- we have our annual meeting at ten thirty in the morning. Then we have our little social hour. And then we have our luncheon. And what I've been doing, because a lot of people don't like to speak, you know. Just, you know, they're very intimidated. So what um, what we did was is I have people write down and um, they'll write -- we contact them ahead of time. You know someone, a key person in that class, and then ask, "Would you like to say a few words? You can write it down," and then they can read it and then or, they can speak, you know, extemporaneously. So, either way, but, so we can capture it, and then we print that in the Bulletin so a lot of our people are getting old and they can't travel to our luncheons, and they like to hear what's going on. And so we publish that and their picture in our Bulletin. And so um, we have the annual Bulletin, we have the annual giving

campaign. So, um, I write a giving letter. People pay dues to our Alumni Association of twenty dollars. Um, so there are different levels of membership. You belong if you just graduated from Jefferson, but you're an active member if you pay your dues, twenty dollars. And then if you give a donation, which is tax deductible, that helps pay for office supplies. Because we are an independent association. Um, there are two alumni associations here at Jefferson for nurses, the diploma one, which is self- -- we are practically self-supporting, and then the other one with the Jefferson College of Nursing, that Alumni Association, um, which I'm also a part of the Board on that, but we are struggling right now. But uh, for our Diploma Alumni Association, uh, you know, you can be active, you can, you know, be just a member and we keep a uh, a list. You know, and we do it with Raiser's Edge, with the Founda- Jefferson Foundation. And we have our um list. We used to keep our own individual list, but it's become too tedious. We have one paid office staff, and we, you know, have the annual Bulletin, the luncheon, all come from these funds. And you know, we have to pay for telephones, and I T, and that kind of stuff. And so um, that, you know, that's what our, that's what our annual giving campaign. And I'm supposed to write the letter, I'm working on that now {LG} to send out sometime in January. But uh, we do have, we did just get a large, uh, donation from a, um, one of our nurses who passed away, and so that's a little bit of wiggle room. And so we'll meet and see, um, the Board in January to see how that money's going to be, you know, utilized to its best advantage.

KD: Mm hm.

AM: So what else do we do. Hm. The luncheon, the annual giving, and the Bulletin are I think the main things. The birthday flowers. I think those are our main things that we do. So.

KD: It seems like it's still a very vibrant alumni community, right? Very involved.

AM: It is, it is. And we have our meetings, um, four times a year and then the annual meeting.

KD: OK.

AM: And so. And some of the nurses, uh, belong to both because they went to Jefferson to continue their, you know, education.

KD: Mm hm.

AM: And so they belong to both alumni associations. And so, um, but, we're all part of, you know, they're -- I, I always tell them, they're a part, they're a part of both of them, you know.

KD: Yeah.

AM: Because we sort of got inherited. You know, so.

KD: Yeah.

AM: But um, so. Where it's they can't belong to ours because they didn't graduate from the diploma. We belong to there because we're the Jefferson diplo-, we're Jefferson nurses.

KD: Yeah, exactly.

AM: So, so they're like the umbrella of us. And so. And uh, they've been very helpful.

KD: OK. Um, so how would you say Jefferson has affected your career, or influenced your, your path?

AM: How has it?

KD: Yeah. It seems like it's had a very strong role, but if you could maybe reflect on that {LG}.

AM: Yeah {LG}. I wouldn't be where I am without Jefferson you know. Um, I could of, you know, the other schools, I could have, you know, I don't know. Um. Oh, one of the funny things is I named my first son Jeffrey, and um, and all his friends call him Jeff. And he said, "You named me after Jefferson, didn't you?"

KD: {LG}

AM: I said, "No I didn't!" It didn't even click.

KD: Yeah.

AM: You know, when you name your children, it didn't even click. The Jeff, Jeffrey, oh. "Who are you talking about? Your son or where you work?" {LG}

KD: {LG}

AM: But uh, I guess it did influence me with the choice of names. He thinks so anyway {LG}. But uh, yeah. It's a good place to go to school.

KD: Mm hm.

AM: And um, I was sad that it closed, but it was time for it to close. And um, because the baccalaureate program is the way to go. And um, it's um, evolved over the years to a, you know, making better nurses.

KD: Mm hm.

AM: Yeah, so.

KD: Do you have any advice for current or future nursing students?

AM: Well, um, the advice. Just uh, keep going, you know. And make sure you really like it. And um, because nursing isn't for everyone. And some people -- like I was very fortunate that, you know, what if I didn't like anything? I would have been up a crick. But um, but just focus, you know, just keep going and you'll find something. Because with nursing it's almost like, once you finish that degree there's so many avenues you could -- it opens up so many, uh, avenues. My daughter works for F D A, and she says, "A lot of nurses, you know, have gone into there." Um, they have gone into the drug companies. You don't have to go to the bedside. But um, there are so many different ways if you can just go get your nursing degree. Nurses. Nurse law. I have several friends from my class that went on to nurse, nursing in law. And so, it's a nice, uh, blend. And so, when you go on, you know, you don't have to get your, you know, you get your diploma, you get your Bachelor's and you can go on and you can -- and opens a lot of different avenues. And so, you know, just stay in there, finish, and um, you can continue your education. Um, nurse practitioners. There are so many different things you can do, in the doctor's office, in um, you know, with the elderly. So many places to go. But, you know, you need that nursing degree, or you need that degree if you didn't get the nursing, get the degree {LG}. And um, don't forget your family, you know. Uh, because um, that's very important too.

KD: Mm hm.

AM: And so I was very fortunate that I was able to go part-time and so, I could raise my family, and do nursing. And, you know, do everything else. And so. I don't know what else advice.

KD: Mm hm. That sounds great. Uh, so only a couple more questions left.

AM: OK.

KD: Um, could you tell me how you've seen the nursing field change since you've been in it? I know it's something you've touched on briefly in the things you've said already, but maybe any other thoughts about that?

AM: How it's changed?

KD: Yeah. Or how it's evolved.

AM: Mm. I think the nurses and doctors work better together over the years. At one time it was almost like they barked orders, and now it's more collegial {LG}. And so. I think that's changed. What was the question?

KD: Yeah. How you've seen the field of nursing change. As you've been in it, over the last forty years.

AM: I guess as new things, you know, um, as new things come along, we just, our practice has changed. You know, like I said before, we used to bathe our babies quite quickly. We used to not uh, we used to have pee and poop lists. Um, the baby peed, the baby pooped, on a little piece of paper, that was fine. Now, every pee and poop on our newborns are recorded {LG} in the computer.

KD: Uh huh.

AM: It's not a list that just gets tossed away. Yes or no. Um, so everything is documented. Feeding times. Um, we used to just say if they were just feeding or not, you know, and then we would have a -- it wouldn't go anywhere except in a formula book. Um, they didn't have big, extensive charts. If so, you know, things like that have changed and takes, I think, sometimes takes away, the computer takes away from the bedside because you're charting every little thing in the computer. And if you forget to chart it you have to go back and find the page and chart it. It's just a click, but um, the old nurses it take a little longer. The new nurses just chk chk chk chk chk, but the older nurses, it takes a little bit longer {LG}. But um, we're getting there {LG}. But that computer has changed nursing. Um, hopefully one day we'll be able to just speak and it will be able to be printed into the computer without having to go into it. And you can just talk into your little headphone and record it. Um, but uh, {LG}, but uh right now we have to go leave what we're doing, go down to the nurses' station, and click, and enter all that information, and um, hopefully have put it in the right place, you know. So. And at one time we were charting for one -- giving one shot we had to chart it in four different places. And so now we don't have to chart it in f- -- well, we put it in the computer, we put it on there, we have to sign it off on their, um, consent form, we put it in our worksheet. Yeah, we still put it a lot of places. But uh {LG} just so it's in the computer. And on that consent sheet. But we do have to put it in a couple other places, just so we can keep the flow going. And um, the nurse -- we used to have nursery nurses, floor nurses. Now you do it, the whole thing. And now we have a baby flow, we don't have a nursery.

KD: Mm.

AM: Because the babies are with their mothers twenty four seven. Or twenty three. At least twenty three hours.

KD: OK.

AM: With their mother. One hour they can be out of their mother's room, but most of them just stay in there, because where are they going to go {LG}? Except maybe a circumcision or maybe a test. You know, they're not going anywhere, they're staying in the rooms. And um, they're getting, the mothers are getting used to it. And this is what it's going to be at home The nurses are more supportive of them in the room, and they get to know the baby's feeding cues, they get to know their baby's cries. They get -- they're tired, they're exhausted. But they get to, you know, bond with their baby. So {LG}. Lots of, lots of changes over the years, from you know, babies getting collected at two to three o'clock for visiting hours, they get collected at seven to eight for visiting hours, back and forth, back and forth. And when mothers didn't want them they stayed in the nursery and just come out for feeding. So, it's changed. It's not like that anymore. And even our C sections. They used to stay in the hospital seven to eight days.

KD: Wow.

AM: And vaginal deliveries three to four days. And then so, um, now they're going home at three days, once and awhile at two days post-op. Um we get 'em out of bed within eight hours. You know, before they got out of bed the next day. So they're getting out of bed much quicker. The Foley catheter is getting taken out. The I V is disconnected. They're, you know, and they're moving quicker {LG} and out. And um, and vaginal deliveries are going home at day two.

KD: Mm hm.

AM: And so, and sometimes they'll even, if they delivered early enough in the morning, they'll go home that day, you know, that first -- that next day, that day one. And, so, you know, those kinds of things have changed over the years. And so uh, length of stay, and, and they're doing OK.

KD: Mm hm.

AM: But um, some of the problems that we used to see we don't see anymore because they happen at home, you know, like the engorgement, and uh, volume of milk for some of, you know, some of our vaginal deliveries. We don't see that because they're gone already. So {LG}, but um, but they're doing well. So, mm. Uh. So, what else. I don't know {LG}.

KD: Alright, great. I guess one final question. Is there anything else you'd like to say that you haven't talked about yet?

AM: That I haven't talked about yet.

KD: Yeah. Any other memories or thoughts you'd like to bring up? Or topics you'd like to talk about that weren't mentioned yet.

AM: That weren't mentioned yet. Um, hm. I guess I should have written some things down {LG}.

KD: Oh, no, that's fine! {LG}

AM: To jar my memory {LG}. Oh dear. Um, I can't think of anything right now. Hm. It's a long time, forty years. A long time. I've been married to the same man for almost forty years. We're going to have our fortieth.

KD: Congratulations.

AM: Fortieth anniversary in October. So.

KD: That's very exciting.

AM: So can't forget Fred MacMillan! I would have put him on the -- 'cause I'm sure he's going to listen {LG}.

KD: {LG}

AM: And I don't know who else is going to listen, but, uh, so. I guess that's it.

KD: OK, great!

AM: OK.

KD: Thank you so much for coming over and for sharing your stories.

AM: OK.

[End of recording]