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Kelsey Duinkerken

Thomas Jefferson University

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December 3, 2015 – Mary Woltemate Stec (DN 1973) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

MS: Mary Stec

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

MS: My name is Mary Stec, and I entered, um, Jefferson's nursing program as Mary Woltemate Stec in the year nineteen seventy. OK. I became interested in nursing from a young, as a young child, um, due to circumstances in my home. Um I lost my father when I was very young to um, an accident that resulted in burns, and he died. And I had family illness, um, that I witnessed. And I always loved science and um, in high school I became a candy striper and I really wanted a um, place to begin --to get educated that I felt was associated with a medical school. Um, at the time, most programs were diploma based programs, they were hospital based um, programs. And um, I did my research, there was no real, a whole lot of colleges at the time. And with the um, income background that I came from, a single family, single parent background, and wanting to be associated with a major hospital medical school, um, I chose Jefferson. So I entered here on September eighth nineteen-seventy. I still remember the letter that when I was offered admission and I wish I had it but I don't. But it told me to report at nine A M on September eighth with my trunk and um, I was supposed to have cotton slips, um, white stockings, purchased clinic shoes, bandage scissors, um, and so forth. And I remember saying to my mother, "Am I going into the military or the convent?" So anyhow, that's how it started. Um, in nineteen seventy. I graduated in nineteen seventy three, June second. And even when I was admitted, um, I knew that my journey was going to be that I would need to get a degree. So I sought out that process, and um, I was accepted to the University of Pennsylvania, uh, nursing program, which had gotten up -- which was in progress. They still had the hospital based program, but they did accept me, and I enrolled {CG} summer of nineteen seventy right three after I finished. And then uh, completed that degree in nineteen seventy five. Um, I also worked at Chestnut Hill Hospital. I fit in my orientation between summer sessions at Penn, and then I worked weekends and all my holidays, um, on medical surgical units. Uh, I finished here in nineteen seventy -- uh at University of Pennsylvania in nineteen seventy five and I always wanted to teach. And um, Doris Bowman, who was the Director of the diploma program had told me on my exit interview, um, from Jefferson that if I ever wanted to come back to uh teach, to uh let her know. So, as soon as I finished my degree that's what I did. And in fact did teach here in fundamentals with people

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

like Patricia Zarella, uh, Dolores Heckenberger, um, to name some of the few people from those days. Um, another woman Eloise Hippensteel. So I taught here for a few years and then, you know, was married, started a family. Um, worked in various, um, other types of nursing positions in mental health. Um, also taught some adjunct at Gwynedd Mercy College and then in um, in nineteen eighty-eight I started at another hospital based program teaching. Abington Memorial Hospital and uh, School of Nursing, where I stayed there from nineteen eighty-eight. Um, got my Master's degree at Gwynedd Mercy College and then um, was fortunate enough to raise four children. One of the, my children came very late in life, and so, um, I entered my doctoral program in two thousand eight when he was going into seventh grade. Um, it kind of fit, you know, the right time to do that. And so I completed my P H D in two thousand and um thirteen. And um, actually February of two thousand fourteen I should say is when I defended. And then started teaching at Temple University where I'm an Assistant Professor. Um, my background is Peds and O B. I also do a lot of med surge, um, specifically oncology. So, that's a brief overview.

KD: OK. Perfect, thank you. Um, could we go back, and could you tell me a little bit more about how you became interested in nursing? So, from being a young child through working as a candy striper in high school?

MS: OK. Um, well I think there were individuals that I looked up to that were nurses, so I wanted to know a little bit more about that. And I was interested in the whole caring aspect. For example, one of our family members did have um, leukemia. He had a very, you know, difficult diagnosis and um, he did not survive. But all the, you know, I was young. I was like eleven years old. And I saw what we know now as pathophysiology, that disease, and how I saw the clinical manifestations of that. But all the aspects of how the nurses, you know, cared for him when, you know, I did visit the hospital and so forth. Um, I had also been a patient in a hospital very young, um, and I remembered some of those experiences. I was also really interested in science. I loved um, biology. I wouldn't say I loved chemistry, but I really loved biology, and I think um, you know, in understanding how all that works, eventually as we know as pathophysiology, and I loved anatomy and physiology. So um, I guess I was young, but that seemed the best path for me at the time to think about. So that's, that's really how I got interested.

KD: Alright. And could you tell me more about your time at Jefferson? So when you started and your time in the dorms, the clinicals, all those things?

MS: OK. Well um, we started, as I said, September eighth. And um, you hit the ground running when you entered the program. Um, it was a Wednesday. I think the next day we went, went to the class and got oriented. And our classes were across the street here in Curtis, OK? Up on I think it was either the tenth or the twelfth floor. I can't remember. I remember it was a big deal getting up there because we all jammed into the elevators. There was a hundred of us that started. Sixty-eight graduated, I believe. Um, and uh, you, when you went to class you had to be professional. You had to wear a dress or a skirt and top. No pants. Um, going in and out of the dorm we weren't allowed to wear slacks. You had to wear a dress, OK? Uh, of course, you know, or your uniform. So we had classes and then we started our, what we know as our fundamental skills lab learning how to make a bed. Um, that was with Miss Zarella, and um, I think we started clinical, at the latest I would say the end of September. But that I think was pretty

much, you know, um, how, how that worked. Now another interesting thing is, you know, we had caps, and um some of the programs you got a cap after you were on the clinicals a certain amount of time, or you got, you know, a stripe on the cap. Not at Jefferson. You got a cap and there was no capping ceremony. They believed uh, that when you walked onto the clinical area you were really a professional and you were expected to act that way and therefore you had to have the cap. We had what we called big sisters. Now they call them mentors and so forth. And they had an informal capping ceremony for us. I have, I have pictures. I could probably bring them in at some point, or mail copies to you. But, um, they had an informal capping ceremony for us, OK? So um, you, you went to clinical feeling like, you know, that there was a lot of expectation. Uh, your first clinical experience was um taking vital signs, which is really scary um because you, even though you practiced in the lab you didn't think you could really hear the blood pressure. And at that time patients on the head of their bed, they had a little test tube filled with alcohol and a cotton ball on the bottom that the thermometer went in. And if it was an oral thermometer it was blue, if it was a rectal thermometer it would be red. And that alcohol had to be changed every day so that was the other thing we had to do our first, uh, our first clinical experience was taking vital signs, um, and changing the alcohol. And we were on the clinical area just a few hours. I think it was two or three hours that first week. And then um, the following week we came in and we made an unoccupied bed. No fitted sheets. They were the uh flat sheets that you had to miter the corners and make it tight. And um, and certainly that was the bottom sheet and the top sheet and talk with our patients and so forth. And you had a little book that you carried around with you that your instructors would sign off as you were successful in doing different procedures, such as making a bed. Um, and then you moved from a, you know, that week from doing an unoccupied bed, then an occupied bed, which meant that you were giving a patient a bed bath. And it could be a partial bed bath where that individual could do, you know, certain things or a complete where they couldn't, you know, they couldn't do anything. So one of the stories I often share is I had this little man from Scotland, had a little Scottish accent, and I was doing this uh, his bed bath. And of course I'm going to do an occupied bed and I was very, very nervous, and um, he said to me, in his little um Scottish, acc- accent, "You need to stay cool, calm, and collected."

KD: {LG}

MS: I just, I kept that with me for the rest of my life. Um, by um, uh the Christmas holiday or the holiday break, and we did get off, two weeks at that time. Uh, we had already been in clinical um, at least once a week, like, for either a half a day or so forth. We were already doing um, starting with um, a little bit of oral meds. After the break we were definitely giving medications. And by the spring, um, another thing I think to keep in perspective, when I went into nursing school I was seventeen. I didn't turn eighteen until January. By, I want to say March or April of my freshman year, we were giving what they called functional meds. That meant you gave um, meds to the entire unit. And they were not medications today that were in little drawers that you were pre, like in little packages. They were in bottles so you had to count them out. So if it was lasix you might have to do two pills, or whatever. And the clinical area, um, was maybe eleventh pavilion, twelfth pavilion, star pavilion. We used um, the surgical floors were seventh pavilion, eighth pavilion. Um {CG}, I would be, like all day. Meds were at ten and then at two. So as soon as you got in in the morning, you at, you know, at seven, you started getting your

medications ready because you were doing functional meds. And um, sometime, I think it was like May or whatever I was, you know, getting like a heparin sub Q ready and I kept contaminating the needle every time I was. {LG} Every time I think back.

KD: {LG}

MS: And um, at the end of that day I thought, "I'm never going to make it." And at the end of that day one of the girls in my class said to me, "You'll be OK." And, you know, the following week I came back and I'm giving, you know, I M's and, and so forth. So, by uh freshman year we had nutrition. We certainly had fundamentals. We had chemistry related to health, we had psychology, um, and then in January you started sociology and then what we called like nursing, um, you know, specific things related to nursing, like G I nursing, um, I want to say diabetes. Those, you know, we got into more specifics by, by January and into those years. And then, and then we were doing two days a week clinical. So by March we were two days a week on the clinical, two full days, and we either did a weekend, a Saturday, or a Sunday, or you did um, Thursday, Friday. So if you did Saturday or Sunday you were off Thursday and Friday, which is real convenient because on a Wednesday night I went to a party at Temple, and that's where I met my husband, so um, yeah. Jefferson I guess helped me that way.

KD: Mm hm.

MS: Uh, and then you worked, um, all the way 'til um late July. By the middle of, beginning of June sometime, we were on the clinical five days a week. You know, five days, and doing all kinds of things, suctioning patients, man- managing their catheters or whatever. Um, and so forth. Then uh, the next year you got into your specialties. The class was, was divided up and you did um, rehabilitation nursing with ortho, that was one ten week term, so that was my first term. The second term was um, you know, psych, and um, so we went out to Philadelphia, um, P P C, Philadelphia Psychiatric Center, I think it's something else now. And then the third term I think was urology, gynee, no. Oh I know. Um, there was surgery. Surgery? In one of those. But now I have to think about it a second. The second term was um, second ten weeks was um head and neck and I think we had gynecolo-, what they call gynecological, you know, women's health now. But head and neck, we were on uh, the Annex building. I think it was ninth Annex. I'm pretty sure it was ninth Annex. These are patients with fresh laryngectomies. Not in an I C U, but on that area, and we took care of them. We took care of patients pre-op, did pre-op teaching. We'd go the day before to the hospital if they were admitted. Give them pre-op teaching. The next day go in, get them ready for surgery, everything. They'd go to surgery, and they'd come back, and you'd take care of them, you know, for the next day or two or whatever. It was a two, two day clinical. And I remember a patient coming back, and she was a woman. I think she was probably in her fifties, and um, yeah, fresh laryngectomy. She either mouthed to me or wrote it, we had these little pads that they could you know, the kind you could pull up and, and said, "Never smoke." So um, so that was ninth Annex. And I know we had gyne, um gyne, um women's health around then. We did the um, psychiatric mental health. And then in our senior year we were broken up into Peds, O B. We did neonatal, intensive care where we were taking care of these little babies. I think the neonatologist at the time was Dr. Sahnchen. She was like, you know there weren't a lot of neonatal intensive care units at the time.

KD: Sure.

MS: And I mean we were, we were taking care of them. No observation, OK? Um, and um critical care. I finished up in critical care and management. And um, we got to do um, oh, I forgot we had a whole term, whole ten weeks of the operating room, where we scrubbed and circulated. So we got to be in the O R for open heart surgery, total hip replacements, which were kind of new then. Um, I was in the O R for a total shoulder replacement. They said it was the first one ever done anywhere.

KD: Wow.

MS: You know, and um, you, you um, when you circulated you uh, you did everything. You counted the sponges. And the one time it was uh, um surg-, back surgery. I counted and they were short one.

KD: Oh.

MS: And I announced before they closed, "We're short a sponge." And they uh, the surgeon dismissed me.

KD: Oh wow. Sure.

MS: He didn't tell me to leave, he kinda like thought I was off. So I got the uh, the registered nurse and then she got the supervisor and he had started closing.

KD: Wow, that's incredible.

MS: And they took an x-ray and it was there. He had, he had to re-do it, had to open it up. I'll never forget that. It was a big learning opportunity.

KD: Definitely.

MS: So. Uh, we lived in the dorm. We had to live in the dorm.

KD: Uh, and this was Martin, right?

MS: Right, Martin. I was in room eight thirty. And um, we had very nice rooms, very nice accommodations. We had house mothers. Um, you um, could go out, go home on the weekend. You could, if you, for the, for my classmates that were from a distance and didn't go home on weekends, you could get passes on the weekend where you could stay out until midnight or um, you could get one or two a month, I forget, until two A M, OK?

KD: Mm hm.

MS: And you couldn't do it if you had clinical the next day, you knew that, which made sense. But um, that was like a big do, like trying to figure it, you know, all that out. And um so when you came in you had to sign in, you had to sign out when you left. You always had to be appropriately dressed, as I mentioned. Um, no one was married. In the class ahead of me, in nineteen-, which was the class of seventy-two there was a woman, a young lady who did get married going into her senior year. And she

kind of, challenged the policy and they allowed her, and then after that -- but she still had to live in the dorm.

KD: OK.

MS: So on the weekends she went home to her husband. And I'm pretty sure she was pregnant on her graduation. But um, and that was um, and in my class um, then a student got married going into her senior year and she lived at the dorm, yeah.

KD: Mm hm.

MS: That was, yeah, you had to do that.

KD: Sure.

MS: If you got sick, you, you had to come down in the morning and a woman by the name of Perma Davis was the uh, woman in charge of um student health. She was down in the dorm, and you had to go over all your signs and symptoms, and she would tell you if you could miss clinical.

KD: OK.

MS: It wasn't like you rolled over in bed and you got your cell phone and called and said, "I'm not coming in today because I have a fever." Or whatever. She had to check you out. And um, we didn't have phones in our room. We had one -- no we had two phones on our floor. We could only get incoming calls

KD: OK.

MS: So the phone would ring and um, the one, uh, one of my classmates that lived near, near -- her room was by the phone! She was always answering the phone and then she would yell down the hallway to say if um, if somebody had, you know, had a phone call.

KD: Sure.

MS: And then if you were up in your room and your date came to pick you up.

KD: Mm hm.

MS: The house mothers would call up and say, well I'll use my last name, "Miss Woltemate, you have a caller." If it was one of my girlfriends it was, "Miss Woltemate, you have a visitor."

KD: Hm, interesting.

MS: Or like if my mother decided to stop and see me. Yeah, it was interesting, yeah. So. Uh, very, somewhat formal.

KD: Mm hm.

MS: Um, once in a while they would have um -- I think this was a result of our class because I was on uh, I was on um student council, is we had some Sundays where families could come in and visit up in our room. We were never allowed to have like a man up in there, or a date, up in your room. No, oh god no. He was never allowed up past the first floor. You could go down, they had like a really nice basement with ping pong tables and, you know, things like that. But no, no, no, nothing past the front, you know, desk area. Except, and there was a beautiful living room, all in like lavender and very modern, very, very nice. Um, you could sit there with your date, but naturally we all just kind of left. Um, I played basketball.

KD: Oh cool.

MS: Yeah. I um, my roommate was Cacelia Ridgeway. We're still friends. Um, she was very good. She was an excellent athlete. Um, I joined the team I think just to get some exercise. So um, and uh, Marg-, Margaret McClean was the faculty that was the moderator I guess for the basketball team. So, we played basketball and we would practice over in Jeff Hall, down where the swimming pools are, there's a beautiful basketball court. It's beautiful. And we were pretty good. Um, we won -- now remember there's a lot of diploma schools.

KD: Sure. And did most of them have basketball teams?

MS: They all had teams.

KD: OK.

MS: So we played them. Um, so we played Bryn Mawr, we played um, hup, Hospital University of Pennsylvania. We played Pennsylvania Hospital, um Hahnemann, and the games were always at Memorial Hall. The actual games were always at Memorial Hall. And um, we went up for the championship my freshman year, and we lost in the, in the you know last game to Bryn Mawr. They brought a whole slew of students, cheering and all. And then the next two years we won the championship. OK? So I played basketball. Um, and we really had a nice experience.

KD: Mm hm.

MS: They would you know provide a bus for us to get up to Memorial Hall. We always had uh, a nice um, dinner at the end. I mean they treated us nicely. The coach was a man by the name of Sol, S O L, Binik, B I N I K. He was, he was very good. I am not a great athlete but I had fun playing. And we had little skirts that we wore, and under the skirts were these little bloomers and a little short sleeve um, um blouse. So. And then we played the old fashioned, like they don't play it this way anymore, it was the girls' rules where you had six players. You had two rovers, two forwards, and um, your, you know, two defensive people. And then in senior year we had some games where we just did five, OK? Um, so, and then we always, Jefferson always, we always hosted a tournament, too. And that was in March. And so all of the schools would come here for a tournament.

KD: OK.

MS: Yeah, and that was another thing we did as a member of the basketball team. I was on student council. Um, which was, you know, was pretty active. And um, we as, um, a class had to raise a certain amount of money for our yearbook. And it was, I believe it was two thousand dollars. So we had to have like fundraisers. Um, so freshman year we had um a fashion show. We had it over in Jeff Hall. I was one of the models. And one of the girls in my class, um, Karen Baals had been a hairdresser, so she did all our hair. Made a substantial -- made a good amount of money. And then the next year we had a coffeehouse. Coffeehouses were popular back then. Like you had a guy come in and play the guitar, and um, so we had a whole agenda. We had a guy playing the guitar. It was not James Taylor, but you know, sort of like a James Taylor type.

KD: Mm hm.

MS: We had four medical students volunteer to be a jug band. They played that, their music. Some of our classmates put together like an ensemble to sing. Um, a couple of us, and that included me, we did like little skits. Now this is nineteen seventy one. So there's no Saturday Night Live, but it was skits like that, and um, what else did we have? Oh, one girl in the class knitted mittens and hats and they were door prizes. And we auctioned off a Santa Claus, a blowup Santa Claus. And we served, you know, Jeff Hall had like lemonade and, you know, it was a coffee house, coffee.

KD: Sure.

MS: And we raised about four hundred dollars.

KD: Wow.

MS: I mean, we did pretty well. Um, and then senior year you always had this big spaghetti dinner that you used Jeff Hall to raise money. So, uh, so they're, they're kind of the highlights. I kind of haven't thought about them in a while, but they're, they're there. Um, we took care of a lot of patients. A lot of sick patients. Like pediat- great pediatric experience here. It was, um, they had the ward, the pediatric ward, and then they had a private section. And when I was a senior, um, I took care of a little boy who had acute myelogenous leukemia, and um, I was with him when he passed away. And my instructor stayed with me throughout that process, which, you know, I've always valued that, learned that, you know, we need to be supportive of students. Um, so things like that. And uh, you know, what else? Any other things you can think of?

KD: Um, no specific questions about Jefferson, but before we move on from there, do you have any last thoughts or recollections or memories from that time period? Reflections on it?

MS: Um, I think it was hard, um, but you didn't know anything better, you know. It was rigorous. And you wanted to be a nurse. Um, but, you know, you were glad when you were finished. You felt accomplished. And I think when we do come back for our reunions everybody pretty much says the same thing, that they felt like they got a good basic education, and they're proud of it. Nobody, at least, that I talk to, never says, "You know what? They really weren't the best," or whatever. They really were. They really did what was the best for that time. And then you had to move on in your profession. I guess

something about the way they did things instilled that in you, that you needed to move forward somehow. And uh, so that, that's what I, you know, my last um, you know, feelings about that.

KD: Mm hm.

MS: So.

KD: And so I know you've already talked about this briefly, about your career in nursing after Jefferson, but could we go back through that in a little bit more detail?

MS: Sure.

KD: Um, so, you said right after you graduated you went on to Penn and got a baccalaureate there?

MS: Mm hm.

KD: Could you talk about your decision moving forward with nursing? And why you made the choices that you did in teaching and continuing on your education?

MS: Well, um, I wanted to eventually teach. I knew I had to get a degree. I knew eventually I would have to get a Master's degree. And at the time, um, there weren't a lot of uh, baccalaureate programs, and there certainly weren't a lot of programs that, if you already had an R N, that you could go to school. I mean, they're all over the place now.

KD: Yeah.

MS: And if you did, um, you weren't going to get any credit. You were going to have to basically start over. And there is one program that I looked into -- it was not University of Pennsylvania -- that basically when I went out for the interview they said, "Well, you're really going to have to start again." And I just remember sitting there thinking, "Well, I don't know if that's really an option." Whereas at Penn, when I went down there, went over to talk with them and, you know, interviewed, they had um, challenge exams. So I could challenge all my nursing. I could also challenge my sciences but, such as anatomy and physiology, but I really did have to take it over again. Um, and I just thought that was like a good decision. And you have to understand, at the time, I didn't understand, um, Penn in terms of everything that I would gain from that education at that time. I just knew what I would gain from the nursing part. But, I know we're talking about like Jefferson, but at Penn, when I took anatomy and physiology, or I took um English, or I had to take cellular biology again, I just had to take it, or. I mean, some of these professors were world renowned. OK? And I gained a lot of knowledge from that. The other story is that I had to take micro. Um, that you couldn't even challenge that. You had to take micro. And I was just talking about this at Thanksgiving with my family. I was with all pre-med majors, a few nurses, not many, and um I was doing OK. I was doing pretty good. But the final exam was all application questions, like how, you know, talk about antibiotics and things like that, and treating, you know, in microbiology. And um so I took it, and it was handwritten essay. And uh I just felt really good after I took the test. And at that time when you looked at your test results, you went to the professor, they had a bulletin board

they had listed by social security number, which, you know, they would never do today, but. And I'm looking. And there at the very top was mine, I had the highest.

KD: That's amazing.

MS: Yeah. And I look back, I think, I think to myself, "Wow." It's from, you know, my education here, my experiences and uh so forth. And so I always felt good about that. So that was part of the decision to go to a really good place. And, and, wasn't like I was going -- there were some colleges up in Boston. I was dating my, well, future husband. He said, "What do you mean you're going to go up to Boston to go to school?" But um, it all worked out. And then um, uh, you know, I raised a family. So I had a few years where I only worked like part-time, or teaching a program, where I wouldn't have been able to teach in a college without a Master's, but the program would set, you know, they told me, "We can hire you, but you need to get your Master's." So um, and again, I, it was the love of teaching. So um, I, I coordinated the um, the O B and Peds course. And I did that for many years, and all the way to the end. But as time goes on, as faculty leave and programs shrink, and then they expand, and then I did some, about five years of um teaching mental health because I had about four and a half years of teach- of working in a the state hospital, with long-term psych patients. And um, then I ended up doing some medical surgical teaching, and um, that's really what I'm doing now, which I love. So, the, the choices come along actually because of how the environment around you changes, how, you know, gets restructured. I always had the goal of getting my doctorate, and, you know, finally, finally did do that. So, and I, my whole dissertation is about how students make decisions in the clinical area, it's clinical reasoning. So it's a qualitative research study.

KD: Mm hm.

MS: So, yeah, I'm hoping to do a little bit more with that. I have an article, um, being published. Oh, and also part of my career, some of the professional things that I did, is I um, became a visitor for the National League for Nursing Accrediting Commission. They're a non- -- they were formerly called N L N A C. They are now A C E N. Accrediting Commission for Education in Nursing. That's where um, I would be part of a site team and go to another school of nursing and evaluate them for two days. Um, so I started doing that in ninety-nine, and then in um two-thousand, um, ten I was elected to their board of commissioners, so I served on that for three years. So that was a national office that I held for three years. And then that was pretty a lot of experience, you know, somewhat prestigious. It was a national election. Somebody nominated me and then um, I put my application together and um, you know, my C V went out, and I got elected. So, I feel good about that. And I'm also on um, the commission, um, through the N L N on putting together the um Certified Nurse Educator exams, the C N E exam. I am a certified nurse educator. I um, I got that in two thousand and seven. And um, and I am on that committee, and that's a national committee. And I've presented at a lot of um conferences. Sigma Theta Tau international, the National League for Nursing at their summit, um, and so forth, you know, just to name a few. So. And um, I have, you know, a few articles in publication, and I'm hoping to get some more. So. All, you know, like, so, I did grow {LG}.

KD: Yeah, definitely.

MS: Yeah. I can't think of anything else about that. Anything you can think of?

KD: Yeah, so throughout those years, how did you see the field of nursing change? It sounds like you were mostly looking at it from a teaching perspective, um, but did you notice any shifts or changes, or things like that?

MS: Mm. Oh yeah. The nurses, the role of the nurse has expanded well beyond the bedside. I mean, back when I was thinking of nursing, I thought of nurses as being in the hospital. I mean, they're in the community, big time, the future is going to be a lot, tremendous in the community. Um, there are, they have businesses. They are in pharmaceutical companies. Um, we never even dreamed that a nurse did research.

KD: Yeah.

MS: Nurses are big researchers. Um, I would now consider myself a nurse researcher. Um, and my P H D is in, in nursing science. Huge expansion. The other thing is is um, you know I used to work eight hour shifts, every other weekend. Well, the nursing professionals realized that doesn't fit everybody. We have twelve hour shifts. We have um three day work weeks, depending on, on how that is. Um, they've gotten much much more creative in working with nurses. Um, when we graduated we all wore this nice white uniform that was short, just right above our knees. Um, three-quarter length sleeves. Um, it was a big deal in the next couple years when we got to wear a pantsuit to work. A white pantsuit. Now everybody wears scrubs. Uh, so the role has very much expanded. Um, nurses are publishing, nurses are doing a lot of, as I said, research. We have teaching, they're on boards. You know, I got to be on a board. Um, nurses are now, need to be, more on boards and, and making policy and be influential in the health policy of um our cou- of our nation. International. I mean, because I'm a member of Sigma Theta Tau, the national honor society, I get to see the whole, you know, nurses, their role internationally, and how we have learned from those nurses and um, healthcare is getting somewhat improved in some underdeveloped countries because of, of nursing, and, um, you know, membership in Sigma Theta Tau. So, yeah. So, it's, it's, the role has changed unbelievably. You wouldn't even recognize it {LG}.

KD: Do you have any advice um, for current nursing students or people thinking about going into nursing?

MS: Well what I tell individuals that are thinking of nursing is first to understand it's much more difficult, um, um, um study, or I want to say, um, body of knowledge, that the public doesn't understand. You have to be very good in science. Um, you have to have good communication skills. You have to be somewhat fit because you're on your feet all the time. Able to collaborate and all these, when you're going through the educational process, it's all happening very fast, you know, and good writing skills, even though I know we use a lot of technology, you still have to be a good, good writer.

KD: Mm hm.

MS: But that once you graduate with that initial degree, and get your license, the role is so expanded. You can do pretty much anything. One of my students I just um, uh gave her evaluation. She'll graduate

in um, in May from Temple. She is Chinese. She was born in China, she lives here. Her parents, um, are both here. And so she was asking me a little bit about -- a lot of the um, older Chinese really, when, if they need long-term care they want to be in their own -- they don't want to be with, in like any long-term care. They want to be with other Chinese people or whatever. So she was talking about the future, and so I was going over about long-term care, gerontology, some of the things that she needs to do, um, you know, for that, but I mean, it was like a wealth of, of knowledge, you know, um, and of course, here in the United States we're living longer, and it's going to be a huge, huge field. So um, the, they have to study, they have to really stay with it, um, and you have to, the bottom line is you have to be fairly smart to be a nurse {LG}. Something that a lot of people don't recognize.

KD: Mm hm.

MS: So that's my takeaway on that, I would tell them. But you're going to have a great career.

KD: Definitely.

MS: Yeah. So.

KD: Alright. So how would you say Jefferson has influenced your career? What impact has it had on you since you left?

MS: Um, since I left?

KD: Yeah.

MS: I would say, um, just staying connected like through the yearly -- I think the seeds were planted here.

KD: Yes.

MS: But I wouldn't say that going, I mean, I did all the other kinds of things.

KD: Mm hm.

MS: Keeping, you know, onward -- I think it was just that they planted the seeds or that I was a professional and so forth. But they -- I wouldn't say I got anything from, more from the alumni. Although um, I just thought of something. Back in nineteen ninety four, I um, entered um, Pennsylvania Nurses Association, I entered um, a piece of writing, um, from my thesis, and I sent it, I sent it in. Didn't think much of it. And this one day I get this letter. I really thought it was junk mail. And here was a check in there and I won the top prize. So, you know, they wanted to know like where I went to nursing school and all that, and they sent all that to the, to my nursing program. Well that annual bulletin that came out this year, that year, when I opened it there was my picture.

KD: Oh wow.

MS: With a whole to-do about it, so that was kind of nice. I didn't, I never expected that. Never expect. Never expected to win the top writing prize. Excuse me. But it was, it was cool. It was really cool. Keeps you going for a while {LG}.

KD: Yeah.

MS: Um, so, so, that's really -- and the connections that I made here with. You know I still keep in touch with some of my classmates. Not, not as frequently, but, um, um, pretty much, you know. I, I think, I think the whole thing is I feel really proud of being a Jeff graduate. And I see how much Jefferson, the medical college, the hospital, has really expanded, and I really feel good about that. So does that influence me? Probably. To say, "Hey, you know, I'm a part, I'm a product of that." You know. But, you know, it's nothing to be ashamed of. It's really like, you know, a good thing. So.

KD: Alright, so do you have any last thoughts or memories or anything you'd like to say that hasn't been brought up yet?

MS: Um, no, I don't think so. I think I pretty much covered it, you know.

KD: OK! Great.

MS: OK.

KD: Well thank you for sitting down with me.

MS: You're welcome.

KD: This was great.

[End of recording]