

**January 13, 2016 – Mary Schaal (DN 1963) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

MS: Mary Schaal

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

MS: OK. I'm Mary Greenwood Schaal. Uh, I graduated from Thomas Jefferson University School of Nursing, which was then the Diploma program in nineteen sixty three. I came back here in um, and did my baccalaureate degree. Graduated from that in nineteen eighty. Then went on to the University of Pennsylvania, did my Master's degree. And um, after that, uh, I did uh, a Doctorate at, in Education, at Rutgers University. Um, as far as my background goes, I was raised in Philadelphia and New Jersey. Um, went to high school in New Jersey and then came over here to Philadelphia to go to nursing school. Um, I lived in Cinnaminson New Jersey for many, many years. I have two adult children and four grandchildren. So that's kind of my, who I am in a thumbnail sketch.

KD: OK. Perfect. Um, and could you start off now by telling me about how you became interested in nursing and why you decided to go to Jefferson?

MS: That's really interesting because as long as I can remember, you know, I, I always wanted to be a nurse. And I think it had something to do with what was available to women in my time when I graduated from high school in nineteen sixty. Um, also, um, the, what was available financially for my family to support me in education. But, you know, when I was a young woman graduating from high school, um, essentially there was nursing, teaching, secretary, and then there were those that got married very young and started families. But, that was, that was essentially the core of what was available to women. Of course, that was in nineteen sixty and things rapidly changed thereafter. Um, but that's what was available to me at the time. So, um, my parents were extremely supportive of my choice. Um, and in fact my mother had wanted to be a nurse but was, graduated from high school and was a young woman in the, uh, the um, the Depression era, and that just wasn't available to her at the time. So, my parents were extremely supportive but they were insistent that I have a high quality education. So we did some research and looked into a number of schools in the area. And again, at that particular era the, the vast majority of nurses were educated at the diploma level. There were a few

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<sup>1</sup> 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](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

colleges starting with four year baccalaureate programs. But, anyway, in the end we decided that Jefferson was the place for me to go. Um, wasn't that far from home, but yet it was, you know, I would be away from home, which appealed to me. Uh, so I applied. Only place I applied. And was accepted. And I started at the program in September of nineteen sixty-, nineteen sixty.

KD: Mm hm.

MS: Uh, very different. We lived in the dormitory for the three years which is the Martin, was the Martin Residence.

KD: Mm hm. It still is.

MS: At the time it was brand new and beautiful. Um, had a wonderful roommate for the uh, whole duration of my three years there. Uh, it was a marvelous education. But right from the start, um, we were indoctrinated you might say. It was impressed upon us that this was the beginning of your education and it was the start of your nursing practice. And the expectation was that, um, we would continue our education in a variety of ways, but we would continue our education. Um, the clinical experiences were outstanding. Um, we had the opportunity to care for patients that you would -- my colleagues who were in other -- my friends who were in other nursing schools never had the opportunity to, to experience that kind of patient care. Simply because we're Jefferson, and renowned, and so many um, physicians and practices in the area or outside of the area even, would send their patients down here to Jefferson. So we had the opportunity as students to care for, um, these patients that. And it was just wonderful, wonderful experiences that um, that were afforded us as students. It was hard. Um, you, we worked a lot of different shifts, you know, not just all day time, but afternoon, the evening shift, the night shift. Um, you cared for a lot of patients and had a lot of, uh, responsibility for a student. Um, it was scary at times. And when I think back on it, it was still scary! {LG}

KD: {LG}

MS: And um, but it gave me this wonderful foundation. And um, really supported my own, you know, my own internal desires that um, you know, there was something out there that I could do. And eventually I had the opportunity to do more of those things. Uh, initially after I graduated I practiced in the operating room at Cooper Hospital in Camden. And then I decided that um, I wanted to explore what public health was all about. So, I actually took my first public health position on the day Medicare started. August the first nineteen sixty-six. And that was, it was all that I envisioned nursing could be. Because it was the combination of collaborative, um, joint practicing with physicians, and um, and ancillary providers of care for patients. But as a nurse it really gave you the opportunity to use all the intellectual knowledge, the skills that you had, you know, developed, and um, that was a wonderful opportunity for me. I worked in the summertime with the migrant health stream that came through Burlington County in New Jersey. And it also stimulated me to return to school.

KD: Mm hm.

MS: And to pursue a baccalaureate degree and then to continue on in, and um to get the, my specialty Master's in um, in public community health nursing.

KD: Yeah.

MS: So that's kind of, um, the early phases of my career.

KD: Yeah. If you don't mind, let's go back and dig a little deeper into that time at Jefferson. Um, so actually, first off, I do have one other question. What made you choose nursing over another career? Like teaching or secretarial work or something like that?

MS: Well, I knew secretarial wasn't designed for me {LG}.

KD: Yeah {LG}

MS: I couldn't type worth a darn back then. I, I guess just the sense of being directly involved with people. I guess you could say that about teaching too, but um, as a young person, nursing seemed more exciting.

KD: Sure.

MS: To me. Than, than the other fields. And I guess deep down inside the caring aspect of it, um, was, was the bottom line appeal.

KD: Yeah. Uh, what can you tell me about living on campus and student life while you were here?

MS: It was very different than it is today {LG}! Uh, where we sit right now in the library was, um, a cigar factory, as I remember, and a Tastykake factory, were here. We never got the Tastykakes. Um, {LG}, the, when you came out of the Martin Residence you were instructed to only turn to the right towards the hospital and towards Market Street. The um, the areas to the left were not considered where a young woman should be going, OK? Um, it was interesting when you lived in the residence you had to be always dressed as a woman. No pants going out or anything like that. Um, you had to, uh, be well dressed. Um, let's see, the Pavilion had just opened, but the hospital itself, um, the Pavilion was kind of more of what we'd call the private side, where there were semi-private or private rooms. But um, on the um, the Thompson Annex in what we called the Old Building were the wards. And as students, um, we spent a lot of time on being assigned to the wards to practice. Um, but again, uh, it was beautiful. The campus was pretty as we knew it then. And um, I guess one of the really nice things was being in the theater district here. I remember that sometimes the uh, the, the Walnut Street Theater, and particularly the Forrest Theater, if the tickets weren't sold out for a show they would send them over. And it would be announced and um, students could um, utilize those tickets. And of course, you know, being in the city, we were still in the city. It wasn't quite the same city it is now, but it was the city then was very nice to be in.

KD: Yeah. And what do you remember of other students, of instructors, people you worked with?

MS: Oh gosh. Well my roommate Margie and I are still friends. Um, still in communication, Christmas cards and that kind of thing with uh a number of my classmates. Um, instructors. I'm just trying to think. In fact, I was just to um, the Alumni, the Diploma Alumni Board meeting, and um, Miss Heckenberger, Dolores Heckenberger, um, who was our fundamentals instructor, uh, is also on the Board, so she was at the meeting. So I get to see her. Um, and then I come to the alumni luncheons each year.

KD: Uh huh.

MS: And get to see former classmates or um, students who were, you know, living in the residence around the same era I was.

KD: Yeah. Any other memories or rec- recollections from your time here, of clinical rotations, working in the hospital, anything like that?

MS: Uh, let's see, um, clinical rotations. Interestingly, at that period of time for psychiatric nursing we went up to Byberry, the state hospital. Um, just on the edges of Philadelphia. And that was an era when the um, there were five thousand patients there. And um, actually I found it a very traumatic experience, I have to tell you. And um, and readily knew that psychiatric nursing was not something I could ever be interested in. Interestingly I scored very high in that area on the licensure examination so I must have learned something there. Uh, also we went to um, uh, what is now a Philadelphia, Philadelphia nursing home, uh, for a T B affiliation because that, again, in that period of time, patients were hospitalized, often for long periods of time, for tuberculosis. So um. And then within the hospital itself, um, I, I really liked orthopedics and um, and neurology. And we had one particular instructor uh, during that era, um, Gail Gamble was the instructor. And she just made those areas so interesting and so real that I think that's why I felt so comfortable in those areas. I felt real, very well prepared. And she was always available to help. And then another interesting thing was, we had um, a, a teacher for chemistry. We had a chemistry course when we first arrived on campus. Um, Mrs. First. And years later when I took a position at another um, college of nursing in the city, I ran into this woman who was on faculty, and there was something about her that I just knew I knew. And I thought -- and it was the voice, it was the voice. And finally it came upon me that she was a faculty member there also. So that was um, and they're the instructors. I think that's kind of what I remember the most. Um, good experiences.

KD: Wonderful. And could you tell me a little bit more about your first job after nursing school?

MS: Uh, first job after nursing school was in the operating room at Cooper Hospital in Camden, and um, the surgery was -- you know, the technology was emerging then, but it wasn't highly technological. In fact, um, tonsilleotomies, T and A's, were being done, uh, with, still with frequency, um, and {LG} the anesthesia of choice was, the anesthetic of choice, was open drop ether still. And a day in that spent in that area and by about mid-day you were getting kind of a little bit dizzy yourself, you know. But um, it was, again, it was a good opportunity, supportive people, which, um, you know, gave me the opportunity to really feel so comfortable with my basic knowledge. You know, with anatomy, physiology, being in an O R, you know. And um, and giving me the confidence to know that what I chose to do I could do well. So that um. But then you know that kind of got um, to the point where I thought "I

don't think this is where I want to be my whole career." And again, that's when I moved into public health practice.

KD: Mm hm.

MS: So.

KD: And let's continue walking down that path. So could you tell me more about the different careers you had, the different edu- education choices you made moving forward and kind of how that progressed.

MS: Sure. Uh yeah. Well when I decided to work in and move into public health practice, um, it was a, a date and a time when that, when the, home care in particular, was expanding so rapidly with the advent of, uh, Medicare. So, but it became clear to me that um, in order to, to grow in that practice that I needed to advance my education. So that's when I decided to come back here to Jefferson and to obtain my baccalaureate degree. And I was in one of the first, um, I guess you call it fast track programs for R N's when you came back where you could do challenge exams and so forth. And um, so, you know, moved through that and continued in public health practice. Um, while my children were young I continued to, um, to work on a part-time basis. You know, practiced on a part-time basis. And to continue in school. So then um, when I finished the baccalaureate I thought, "This is great! I like going to school." So um, then I um applied right away and continued right on and at the time, um, I did want to pursue, you know, public health or community health nursing, and um, the University of Pennsylvania had the program of choice for me. So I again, did the fast track there. Went full-time for one year. Thank god I had a marvelously supportive faculty, and um, children were just used to me being with books in my hand and studying all the time. Um, and after that I decided that I really wanted to be an educator. Over the course of public health practice there is so much patient education involved in it, and then when you are in the academic setting, to see the influence you can have on all of the young people who are entering your profession. So um, that is when I took my first educational position, and that was at Rutgers University on their Camden campus. And um, I, one of my um, colleagues who um, who took a position at the same time I did, and we later became good friends, and she just retired from nursing here at Jefferson. Um, Dr. Molly Rose and I took positions and we taught the community health content uh, at Rutgers.

KD: Was that in their nursing program?

MS: Yeah, in their nursing, yea, in their -- it was a nursing department at that time.

KD: Mm hm.

MS: Um, and I was there until nineteen ninety two. So I was there for twelve years I guess, and um, it was a really great experience. Um, I, after um, after about seven or eight years I moved into teaching the graduate programs were offered on the Camden campus, so I moved into kind of coordinating the graduate programs there and teaching at the graduate level. And um, then I was recruited over to what is now Drexel {LG} University, to their school of nursing. It was Hahnemann M C P at the time and um, I

became involved in um, the graduate program there. Specifically I was uh, kind of encouraged to work in that area to develop their graduate program. And that's when I found it fascinating to develop programs. And that was when the nurse practitioner movement was um, really beginning to flourish. And um, so I developed the curriculums, recruited the faculty for the graduate programs at what's now Drexel. And um, then the opportunity came here uh, at Jefferson, they had a position open as the vice-chairman of what was then a department. Um, nursing was a department within the college of arts and sciences I think it was called at that time. You know, the names have changed several times since then, over the years.

KD: They have.

MS: So um. So um, I accepted the position here at Jefferson and started in January first nineteen ninety seven.

KD: Mm hm.

MS: And um, then um, again I became involved at the graduate level programming. And um, designing, redesigning the graduate programs, recruiting the students, um, and um, and one of the accomplishments in the, the work with the graduate program both here at Jefferson and at Drexel was um, working with the state board of nursing.

KD: Mm hm.

MS: Because all of those programs have to be approved. So there's um, developing, you know, large applications to the state board of nursing and working with the state board of nursing to get your programs approved, and then continuing to work with the state every time you make changes and so forth.

KD: Sure.

MS: So that was an, a, an excellent opportunity as well. Very interesting. Um, and so I continued with the graduate programs until the person who was Chair at the time decided to take another position and then I moved into the chairman's position, which was um, I guess that was two thousand one.

KD: OK.

MS: And um, I wasn't sure at first whether I wanted to do that or not. It's scary. Frightening. And uh, I, and I just um, I had to get through that period of self-doubt and develop the confidence. And fortunately um, the um, Dean of the College of Health Professions then was uh, just a wonderful mentor to me, Dr. Jim Erdmann. And um, he supported me, assisted me, guided me, you know, wherever. I could always go to him when I needed help, like what does this budget stuff mean? You know. Um, but I, you know, with support, um, I found that I really enjoyed the work and I felt like I was doing a good job with it. So I accepted the, the permanent position as chairman of the department. And then one of the goals we worked towards was, um, having the department of nursing become an independent school of nursing. And we were able to accomplish that. And um, the department became a school, I was named Dean.

And very proudly named Dean. I, I remember thinking, "How wonderful is it? How many people have the opportunity to be educated at an institution and then move into a leadership role within that institution, and, ultimately, which I did, retire from that institution." So, um, it was just, you know, a wonderful, wonderful career. And then Jefferson was growing, so, in that whole period, I remember when I um, first came to Jefferson, um, and when I assumed the role of Dean I think we had about, oh, something like two hundred students in the whole school, and we got to the highest period we had of enrollment, which remained consistent, was about twelve hundred students.

KD: Wow.

MS: Yeah. So it was um, it was very rewarding. And um, a true sense of accomplishment, having had the opportunity to grow and to continually develop and apply the knowledge that you had accumulated, but continually learn as well.

KD: Yeah.

MS: Yeah, so, that's kind of uh, and then I retired! Um, I think my official retirement date was June the thirtieth of two thousand thirteen.

KD: OK. So you were here for, was it about twelve years? You said it was around two thousand you came here?

MS: Let's see, no, two thousand thirteen, so that's what, it was seven, nineteen ninety seven when I came.

KD: Oh, it was ninety-seven, OK.

MS: Ninety-seven. So that's three, what was that? Fifteen. Sixteen years.

KD: Fifteen, sixteen years. Mm hm.

MS: Yeah, yeah, yeah. So, um, wonderful years.

KD: Could you tell me more about your time as Dean and through that transition, how that happened?

MS: Um, well. Let me think about that.

KD: Just a little bit more detail about your role as Dean while you were here.

MS: OK. Uh, gosh. In.

KD: Perhaps what the school of nursing was like, and the program before things changed while you were here.

MS: OK. Well, as I said, the, the nursing was a small -- it was the largest department in the school, but it was still a relatively, a relatively what I would consider a small department. And somewhere along the line I have a slide that compares the enrollment across the years that I was here. But let's just say that it

was, you know, a small and it and the -- several things happened during the time that I was here. We were in one of our cycles of the nursing shortage.

KD: Mm hm.

MS: So, when there's a nursing shortage then there's an influx of students. But you have to develop strong programs that attract students, and um, graduate a student body that is successful on their licensure examination. So, we really, I had a wonderful team, or a group of faculty members that I was able to put together who were very dedicated. Dedicated to students and to ensuring success of the students in the school itself. So um, so as the Dean, um, we, we grew rapidly. And to keep up with that, you know, it was um, negotiating for more faculty.

KD: Mm hm.

MS: And fortunately again, I was, I worked with um, Jim Erdmann, the Dean of the College that we were in at the time to ensure that I, that I would have the kind of support that we would need to, to run the school. Um, creating curriculums that, um, were current, um, that ensured that we were um, going to um, maintain accreditation, um, to look at the state board outcomes, and at one point um, we, we had the um -- initially this, when I took the position we were in a period of flux where the state board examination outcomes weren't quite where we would like them to have been. And had decided what is it that we need to do to um, to look at our, the process, that, how we educate the students. Um, so that um, we can assure them of, of, assure ourselves and them, of good outcomes. And there was, we then got to the point where we had outcomes on the state board that were consistently well above the state level and the national level, and often the highest outcomes in the state for baccalaureate programs. So um, that was, that was, something that we were committed to and were able to achieve. Being a Dean you wear a lot of different hats. And um, you work with students, you work with faculty, you work with administration, and um, I think I developed a style of leadership, of management, that um, enabled students to feel that we had a very humanistic environment, um, that we were supportive of them. That they were free to come and meet with me. You know, go through the channels, but you know, they could feel free to um, to meet with me. And the same way with faculty. Have faculty feel um, that they're cared about.

KD: Mm hm.

MS: You know that, that we care for patients but that we have to care for each other too. And um, and then to work within the, uh, the university environment. Work with your presidents, your provost, to position the school of nursing in the institution and to have them be aware of who you are and what you are. I just thought of one of the, one of the, the accomplishments that I'm very proud of. Um, we were the first school within the university to offer online courses. And, um, we worked with um, the people in the library here. Tony Frisby?

KD: Mm hm. He's still here.



MS: Yeah, Dr. Frisby's still here. Um, and um, it was a battle initially, um to put the graduate courses, you know, we got one course at a time. Um, there was not in that, at that time, and again, this was probably um, you know, early on when I was here, nineteen ninety eight maybe. There was not, there was much questioning. Um, about the advisability, the feasibility, um, the quality of courses that are offered online. So we worked with Tony Frisby, with the faculty in the school of nursing, um, and actually we were able to get one course at a time into an online format. And the reason we were able to do that is that we did the research along with, "OK, you don't just throw the course up," you know. Uh, we put the course together and then um, we actually, epidemiology was the first course in the graduate program that we put up, and we actually ran an online section and an in-class section and did the comparative analysis, you know, the statistical outcomes and all to demonstrate the um, the outcomes and the student outcomes and also the faculty, you know, how they thought about it. And so eventually, um, we were able to get to the point where our, particularly in the graduate program, um, we were able to offer most of the courses in an online format from a distance. We had students from Hawaii, from uh, Texas, Arizona, you know, um, so that was, that was a wonderful accomplishment we had there. And then we moved to putting some of the undergraduate courses into an online format, and um, that really took off, then we had a grant. Again we worked here with the people in the library, um, to move to having each of the students carry their own iPad, and um the multiple uses of that are phenomenal. And um, by the time I was ready to retire the textbooks were on the, on their iPads. We even had to design, um, lab coats where they could fit the iPad in, because they, you know, took them to the clinical area and used them in the clinical area. And then the whole thing of how do you keep them clean when you're going from patient to patient room. So, you know, when you say you're an educator, and you're a Dean, and what do your jobs involve, they involve so much, down to how do you clean the iPad, you know, between.

KD: Yeah.

MS: Between patient rooms. Working with your faculty and with the students to come up with solutions to the answers. We also had a wonderful relationship with the University Hospital with Dr. Mary Ann McGinley. Um, just fabulous. And then jumping back a step, during that period when I assumed the leadership of, of the department again, it was when the hospitals were having a very stressful times in recruiting and the number of nurses available just wasn't there. So we developed scholarship programs with the hospital, for the undergraduate students. And each year they selected X number of students that they would offer a scholarship to and in turn the student committed to practicing there. And again, then when we started the graduate level nursing anesthetist program, the same thing. We were um, actually approached by uh, uh, Tom Lewis, who was the um President in, and C E O of the hospital, and I forget the man's name who was C E O up at Frankford Hospital, and they actually came to us and asked us to start a graduate nursing education program in anesthesia. And again, they each offered scholarships. In return for practice commitment, um, you know, after the student completed the program. So um, there were, again, it was a period of great growth. And I'm sure it continues, because in just the short period that um I've been officially retired so many changes have occurred within the university.

KD: Mm hm.

MS: Um, and it looks gorgeous. And uh, some of the same people are here, and there are a lot of new people here too, which um, which is good for continuing um, growth, development, and um, spreading of the word of the institution. So those are the things that I can think of.

KD: Great. Alright. So it seems like you have experienced nursing from just about every level.

MS: I have been a clinician. And I have been a um, I've done a little bit of research, I've done a little bit of writing. And educator.

KD: Yeah.

MS: You know, so.

KD: Could you tell me how you've seen nursing change over the years? Throughout the years and throughout your positions?

MS: Oh my gosh! {LG} Ah. Oh, change. Let me give you an example {LG}, OK? As a student we were still using glass syringes, you know, that came in pieces. The needles had to be sharpened on a stone {LG}. I, you know, I know this sounds primitive, but it's real! Um, in the hospital we still had the little hourglass plates that, with, you put the, um, the morphine tablet on it, shot water onto it, heated it, and then drew it back up in. So, you know that sounds -- but that was nineteen sixty.

KD: Sure.

MS: You know. We moved to things like, um Tubex, which were, um, a cartridge, a metal cartridge, um, a metal frame and then a pre-loaded cartridge of like penicillin, you know, into it. Um, to now, if, there are many steps in between, but to now where you have the high pressure, you know, immunizations, that are given with a gun. And they're you know, so, it's, it's, that's just one example of amazing changes. Look at an operating room. There was an O R table, um, an anesthesia machine, and um, uh, some tables with instruments. Now it looks like a spaceship when you go into an operating room with the, everything comes out of the walls, you know, the lights, uh, it's, it's, um, it's an amazing contrast that I've seen in that, what is it, fifty-three year period {LG}, um. Actually, um, at times it's hard to even fathom how, how we practiced in what I would now term primitive conditions.

KD: Sure.

MS: You know. But we successfully did it.

KD: Uh huh.

MS: Um, men and women made um, exciting careers out of the profession. Me among them.

KD: Yeah. Any other thoughts about the changes in nursing?

MS: Well, nursing education of course. I guess I've talked about the practice side, maybe the educational side too. Um, the um, migration over the years to baccalaureate education. Which was highly resisted by the profession in, in the initial phases. Um, you know, I remember that you know, when I went to school

it was the, oh, um, those people who go to baccalaureate programs, that they're not um, they're not bedside nurses, you know. Well, um, that's -- we have found through, through time, through research, through right on practice and the development of our profession that, you know, um, that baccalaureate is entry-level. And it's pretty much supported throughout the profession at this time. Um, we're even to the point now where I firmly believe that, you know, some of these practices are so complex at Jefferson Hospital, it's the patients are complex. I call it a big, intensive care unit. Um, it's not a tertiary care, it's a quaternary care hospital. Um, that, the Master's and doctorally prepared nurses are um, really the kind of people that you need, the kind of preparation people need to practice in those kinds of settings. Not that others aren't qualified.

KD: Sure.

MS: But, but you really do need that advanced knowledge. You know, knowledge, the advancement of knowledge it's not just all in head or book knowledge. It's -- you translate that to your care of the patient and the more knowledge you have, I think, the better care, and you can incorporate that knowledge and the better care you can offer to the patients for whom you care. So, you know, as far as education goes, that, the transition when I was in school, I think, I think I had the record in my class for the number of nights. You know, the eleven to seven shift. Um, we didn't, we worked eight hour shifts then, not twelve hour shifts. But uh, as a student, I was only in the hosp-, only in the educational program here, in the school of nursing from September to June. In June I was the first person in my class assigned to work nights. It was the scariest thing in the world, I have to {LG} admit to that, you know. Um, I don't think I could ever remember staying up all night before, let alone caring for, you know, a ward of fifteen, sixteen patients. Um, students don't do that anymore. Um, they, I believe they still do some afternoon shifts and some of them do weekend shifts as part of their clinical experiences, but the, the, that does not mean that their education isn't just as good. I think the students at Jefferson now receive the same quality of education that I, that I received in nineteen sixty to nineteen sixty three. It's different, yes, but look at how different the world is. Look at how different the clinical setting is now. So it's a different kind of education, but different in the sense that it's, it's always the quality. We've maintained the quality, um, the supremacy, really, of a Jefferson education. My colleagues in practice tell me that they still highly recruit Jefferson graduates, just as they did when I graduated.

KD: Yeah.

MS: So. So I think that that's, um, something to be very, very proud of. Again, I went to school here and then had the leadership here. Wonderful.

KD: That's great.

MS: Yeah.

KD: So, what are you doing now? Now that you've been retired these last few years?

MS: I live at the New Jersey shore. I'm one block from the beach. I get up in the morning and open my blinds and look out at the ocean, and then I go to my, to the other side of my house, and look out the

door and I look at the bay. Um, it's a beautiful, serene place -- except in the summer, it's not quite as serene {LG}, um, when all of the vacationers come, but then they get to enjoy the wonderful island. Um, so that's where I live. What do I do? I do all of the things that I didn't have time to do. And I do them when I want to do them, you know? I read a great deal. Um, I still enjoy um, some um, needlework, sewing. And I just signed up, um, at the end of the month, um, starting a quilting class.

KD: Oh, fun!

MS: My mother was a quilter and I've had all of the equipment, and um, so I'm going to start doing that myself. And then my families will, um, reap the benefits as I did.

KD: {LG} Sure.

MS: I still have quilts on my beds that my mother made for me. So I hope to pass that same kind of talent on to my children, in that they'll reap the reward of my uh, uh, whatever projects I take on. Let's see, I have wonderful friends who live on the island. And you know, um, they're full-time residents as well. So um, I belong to choral groups, go on trips, uh, the winter, let's see, it will be two winters ago, I spent several weeks in South Africa with a friend who owns a home there. Um, get, I get to travel, you know. Um, went to Alaska, took my family to Alaska. Um, went to New England and did a tour of New England. I mean it's just, you know, I have wonderful friends. Thank gosh, we're all healthy. Um, and that we're all comfortable. Uh, we've been long-time friends. I mean these are people that I've been friends with for fifty years. That's a long time. And um, we, we just enjoy each other's company. And we have the time to do all those things that you think, um, that you wanted to do but you don't have to say, "Well, I'd really like to do that when I get time now." You can say, "Let's go!" And "Next week I'm free. Are you free? Well let's take a road trip to Vermont through the changing leaves." Or, "Let's go out and um, see the Grand Canyon." You know, it's just a wonderful, wonderful time of life. And a, a well-earned. Do I miss it? Nah. {LG}

KD: {LG}

MS: No. I think, um, I, sometimes I miss the wonderful people that I had the opportunity to work with. But I have wonderful friends too. But, you know, when you put your heart and soul into it every day, um, I just reached a point where I knew that, um, I was ready, and I wanted to retire and have my health and my energy and be able to enjoy the next phase of my life. And I really feel that I've really accomplished that.

KD: Yeah.

MS: So.

KD: Wonderful.

MS: Yes.

KD: So is there anything else you'd like to say that hasn't been mentioned yet or brought up?

MS: Oh gosh, I've talked so much. Um, just that I still highly recommend Jefferson to any student, or any young, any person that I speak to who wants to pursue any of the health professions careers. Um, that I feel very comfortable in saying to them, "You'll get an outstanding education if you attend, you know, an educational program leading to your profession at Jefferson." It's a wonderful place to be. Wonderful opportunities that um, you won't, you will be very grateful that you followed it. And I still recruit a lot of, down the island, you know, there's a small community hospital there, um, and uh, I'll often have the opportunity to be in like a social setting, you know, where you say, somebody says, "Oh, well I'm a nurse, and I'm thinking of going back to school." I say, "Let me tell you where to go."

KD: OK, wonderful!

MS: Thank you.

KD: Well thank you for sitting down with me!

MS: Oh, you're very welcome, Kelsey.

[End of recording]