

January 26, 2016 – Pat Owens (BSN 1992) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

PO: Pat Owens

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

PO: My name is Pat Owens and I live in Barrington New Jersey. And I got interested in nursing way back in the sixties when my grandfather had cataract surgery. And I was able to help, once he was discharged from the hospital, I was able to help put eye drops in his eye, and I thought, "Wow, what a cool thing, you know, being able to help somebody like that." So I al- -- that was really the seed that started me thinking about nursing. And um, all the way through high school I was thinking nursing. I worked as a candy striper at a local hospital where I lived in upstate New York. Um, I was president of the Future Nurses Club, I was thinking nursing, nursing, nursing. However, {LG} when I was growing up I was also like pretty actively involved in Four H and I really liked sewing and cooking and all of that sort of thing, those activities too. So I had to decide if I was going to go into nursing or if I was going to go into -- back in the day they called it home economics education. So home economics won out when I graduated from high school and I went to one of the state schools in New York in Plattsburgh, and um, got my Bachelor's degree from there as a home economics teacher. Um, however, even though I did student teaching as a home economist, we also had an opportunity to work in business, and I really preferred working in a business aspect of the food industry as opposed to teaching. So I was very fortunate. Um, I came to Philadelphia with the idea that I would be here for nine weeks, um, and I was hired as a diet-, they called it a dietician but they, I must say, used that term very loosely, working for Stauffer's. They had a restaurant at Fifteenth and Chestnut and I was working there. But it was really more of a food service position and I didn't feel adequately trained for that so fortunately I was able to get a position as a nutrition consultant with the Dairy Council, which was a nutrition education organization and that was a great job and um, I did nutrition education programs for teachers and, you know, professionals, and did some TV and radio appearances um, for about seven years. And from there I went to Campbell's Soup and worked in the test kitchen and um, developed recipes and then also um, worked in the publicity department there, doing um, developing educational materials. So, so that was also a great job. Um, by then, um, my children you know were born and um, I was home with, you know, taking care of them and doing freelance work as a home economist. However, the jobs, you know, it wasn't reliable,

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

and at that point in time, by this time it was probably like in the late nineteen eighties. There were pages and pages of nursing jobs in the Inquirer, like when you would go through the employment section. It was like unbelievable. So I sort of started thinking about nursing again. So I was one of those career change people, and um, took the prerequisites that I needed at Gloucester County College in New Jersey and then was accepted at Jefferson and um, came to Jefferson in nineteen ninety and then um graduated in nineteen ninety two.

KD: Great! Alright, um, so let's stay on the topic of nursing for a little bit.

PO: Sure.

KD: Could you tell me in a little bit more detail, um, how your interest in nursing developed and how you got from there to eventually coming to Jefferson.

PO: {LG} Well, again, I think the seed was planted pretty early.

KD: Yeah.

PO: Like back in the fifties or the sixties, but it had sort of been in the background for a while, and then when the employment, the demand for nurses, you know, far outstripped the supply that sort of got me thinking about it again. So um, I, you know, did some research, and um found that Jefferson had a program. My daughter, when she was also born, had a lot of medical problems and was actually transferred from the New Jersey hospital where she was born via ambulance to Jefferson. So it was another great opportunity for me to see not only nurses, but Jefferson nurses, um, in action, and what they did, and how wonderful they were, not only to my daughter but also, you know, to, to her parents. And um, so, so that sort of brought nursing back to the forefront about as far as a career option for me. Um, so again I, so again we're into the late nineteen eighties, and I did some research about, you know, where to go to um, to do nursing, I already had my -- or a nursing program. I already had my Bachelor's degree so I didn't think at that point it was particularly prudent for me to, to become an Associate's nurse, and at that time there was more infor-, you know, they were encouraging people to get a Bachelor's degree. So Jefferson was my first choice. Fortunately I was accepted after I completed my prerequisites and um, {LG} I still to this day {LG} think of myself as a Jefferson person, even though I worked at another institution for many years, I -- and I got my Master's at another institution -- I still in my heart of hearts {LG} think of myself as Jefferson person. And um, when we were in nursing school, um, it, it was really instilled in me, at any rate, that you were part of something much bigger than yourself. Not only the world of nursing, but also the world of being at Jefferson and, you know, what a wonderful um history there was here, and the people that came before you, and the Diploma program, and everything. But they really left me with the feeling that you were part of something very special. Um, so when I was here I came for two years, um, with the intent of completing my Bachelor's, my B S N, which I did do. We were also um, often encouraged to pursue a nurse extern position between our first and second year, and I um, was able to get a position in the rehabilitation department within, at Jefferson. So that was a wonderful experience over that summer, between the first and second year that I was here, and then I was also able to work there during my second year on weekends. So that was a great experience, you know, teaching you patient care but also time management {LG}, which was also a

pretty, you know, important skillset to have. Um, then when I graduated, when I graduated from Jefferson in nineteen ninety two, um, I was offered a position at Nine East, which is the intermediate neuro intensive care unit, and they also had a lot of spinal cord injury patients, a lot of trauma patients. So it was sort of a good, um, my nurse extern position in the rehab department here was sort of a good segue into doing that kind of work on Nine East. Which was great. There was wonderful camaraderie amongst the nurses there. Not all of them were Jefferson graduates, but many of them were. And I believe at that point, even then, the Jefferson nurses all had their Bachelor's degrees. So you were, you felt like you were in good company and if you did have a question, um, there was always somebody to ask. I had a wonderful preceptor, um, when I was, you know, a graduate nurse. He was great. He was absolutely wonderful. So he taught me a lot, and again, just um, working on the floor and learning about time management skills, as well as the, you know, the disease process that the patients were going through was a great experience. So I worked at Jefferson from nineteen ninety two, um, Nine East, um, until nineteen ninety seven. I started um, taking courses at Penn, to get um, my nurse practitioner degree as a gerontological nurse practitioner. So I worked full-time, went to school part-time {LG}, and when I got my M S N work completed um, that was in nineteen ninety seven. And then I was offered a job at the geriatric primary care clinic at the Veteran's Hospital in Philadelphia. Which was also a wonderful experience. Um, I worked there until twenty fourteen, so I was there a long time, and the interesting thing about working there is, when I first started work there, virtually a hundred percent of the patients were um, World War two veterans. But then over time we had Korean War veterans, and then by the time I left even Vietnam veterans met the criteria to be considered geriatric patients. So um, so I feel like I've had a wonderful career. I retired from the V A in twenty fourteen. Last year I was asked back, um, on a short term assignment, to work in the community living center, which is, which was formerly what they called the nursing home at the V A, and so that was a good experience as well. And now I've been doing work as a legal nurse consultant, which is very interesting, um, because depending upon the situation sometimes you're working to defend the patient.

KD: Mm hm.

PO: But oftentimes you're also there to defend the nurse, which, you know {LG}, which does my heart good. And um, so I feel, I really made the most of my career, um, as a nurse, and I have absolutely no regrets um, that I ever did that later in life and changed my career. So.

KD: Alright. So could you tell me a little bit more about your time at Jefferson? What that was like the two years you were here?

PO: Sure. Um, yeah, I was here for -- as a nursing student?

KD: Uh huh, yes.

PO: As a nursing student, um, I was one of the older {LG} people, although there were some other career changers in our class, um, the younger students were very nice to me. Although I will say most of them weren't like right out of high school starting nursing. They had a little bit of work experience under their belts by then. But they, they, I have to say, the other nursing students were great. And um, this was back in the day before, like, the internet, and um, everything, so we had to carry big, heavy books around

with us. We also had wonderful, um instruction in not only like the didactic courses that we took but also in the clinical lab. And even back then it felt like computers were just sort of making a footprint in healthcare, and so we even had like a computer class and um, I liked working at the hospital. Um, the physicians were great, they were um, by and large very supportive of the nursing staff and um, you know, eager to teach us things that, you know, we might not have been aware of, and it was just an all in all great experience working there. And again, still being instilled with the feeling that, you know, you're a part of something bigger than, than yourself, and um, you know, all the history that goes along with Jefferson. And you know, and I always felt proud when I was coming here, and I still feel proud that I was coming here today, so I was glad to be part of the institution.

KD: So, did you -- were you in an accelerated program? Since it was only two years for a Bachelor's?

PO: I'm not sure what it was called actually.

KD: OK, yeah.

PO: It was a program for people that already had a Bachelor's degree in a different field.

KD: OK. Sure.

PO: Um, I did have to go back and get some more science prerequisites taken care of, but um, but then all of us in that were in our particular program were here for two years. So, I guess, I'm not sure if it was officially called an accelerated program, but it, you know, it might have been considered that.

KD: Sure.

PO: Because it was pre-, it was pretty much all nursing courses while we were here. We had um, wonderful clinical instructors when uh, we had clinical rotations here at Jefferson. And I remember my first rotation was actually at Wills Eye Hospital, and that was back when they had a lot of um, patients stay for eye surgery, which is sort of unheard of now {LG}. So, you know, my first clinical was right down the street at Wills Eye, but the instructors were all great, um, that we had in our, in our classes. Very knowledgeable, had very um, interesting career paths themselves, that they had taken. So.

KD: Do you have any specific memories of any of those instructors?

PO: Um, well, Mrs. Griffiths?

KD: Uh huh.

PO: {LG} She was one of our nursing instructors, and I think I also had her as a clinical instructor as well as a didactic instructor, and she was, you know, sort of all down to business, but um, but a wealth of information and, you know if, if, you thought about slipping up or slacking off a little, she'd have none of that and {LG}, and that was a good thing.

KD: Yeah.

PO: {LG} You know, kept people on the straight and narrow. Um, I was also impressed with um, our computer teacher. Because that was really like, pretty new at that time that, you know, a nursing computer class was offered, and so I was sort of mar-, marveled at the fact that here's a person who was a nurse and then, would extend herself to take on that.

KD: Sure.

PO: That area of knowledge and study that had to go into, to learn all of that to be able to teach us. And um, so I was impressed with that. Um, I was impressed with the um, the nurses on the floor and on um, the rehab section when I worked as a nurse extern, and also on Nine East, when I worked there too, they, they were wonderfully supportive and, helpful as being a new nurse. And the other nice thing about being here, when I was a nurse, you did have an opportunity to work with other nursing students that came after you did.

KD: Sure.

PO: So, so that was a nice opportunity to, you know, to still continue to, you know, being part of a teaching institution.

KD: Mm hm. So while you were a student, what was the um, the difference between clinical instruction and classroom instruction? How was that balanced?

PO: Um, I'm afraid I can't tell you proportionally.

KD: Oh, it doesn't have to be specifically, but just generally.

PO: But we had, you know, the nice thing about the um clinical, or the uh classroom instruction, was we would all be together. Like our whole nursing class would be together. And that was, as I recall, typically like on Mondays and Tuesdays. And we were right across from Walnut Street here in one of the medical school buildings, and um, it, it was nice to, to be able to see everybody. And so we all learned together, we all took our exams together. But then, then the latter half of the week was spent doing our clinical rotations, like in more small group settings. And um, so it, so it was good to learn together, to see everybody, to still feel part of the class but then have time when you were um, in smaller groups. And I remember for my clinical rotation in pediatrics I went to CHOP, we had an opportunity to do that. And that was wonderful too. There was a woman there who was my clinical preceptor, and she, she was just excellent, and you saw so much at CHOP that you might not see other places and everything. So it was a wonderful setting to be in as well.

KD: Were you at any other institutions besides CHOP and Jefferson?

PO: Uh, CHOP, Jefferson, and Wills.

KD: Wills.

PO: Because that was actually a separate institution at the time. And it was interesting too when people did start to do nurse externships, because as I remember you had to have one year of nursing school

completed before you would be able to do that. But it was interesting learning from my fellow students. I remember one of the people in my class, she did an externship at the burn unit I believe at Saint Agnes Hospital. And so, it was really interesting hearing what was going on in her externship.

KD: Yeah. Could you tell me more about your externship?

PO: Well, my externship, um, in, in the rehab department here at Jefferson, it was mostly people that either had strokes, um, and were recovering from strokes or people that had spinal cord injuries, which proved to be, like a wonderful um, precursor, I guess you would say {LG}, to my work on Nine East because um, that was where um, that was also part of a spinal cord injury center. So that was really very interesting, you know, working with people -- it was the first time I ever had to work with quadriplegics and paraplegics, um, but people that would need total care, and um, you know, that they might be on a ventilator, and it, it was interesting to see how different people managed their, their situation, you know, either their being post-stroke or a post, you know, accident, you know, they were quadriplegics. We, we would have like, in the summertime, you know, we would see like young people that dove into shallow water, or something, and had broken necks, or people from car accidents and everything. And, and the other thing, um, that sort of struck home for me, is that, I mean, it can happen to, you know, these things can happen to anybody ay anytime because it doesn't matter how old you are or how young you are, you could, you know, end up in that sort of a situation. So it was good, um, learning about how to care for somebody that needs total care, um, and, and, not only did they have physical limitations, but again, some of the people that were on ventilators couldn't like really speak, so it, it was a real um, real education {LG} working there.

KD: And then you said Nine East is where you went right after graduation, right?

PO: Uh huh, Nine East. And some of my nursing student colleagues, I think there were actually five, four or five of us from my class, and we all had jobs on Nine East.

KD: OK.

PO: So uh, so again, we would have many people that um, had been in like motor vehicle accidents, sustained some sort of trauma. We would get many patients directly from the emergency room for admission. Um, we were part of the spinal cord injury program. So it was sort of like caring for the same types of patients that I had seen when I worked as a nurse extern, but they were, um, closer to the time of their injury. It wasn't, they weren't as far out. And um, so it was very interesting like working with families and um, you know, I had grown up in up-state New York and lived in New Jersey for a number of years, and so, working in an inter-city hospital, um, you get to meet people you would never meet {LG} like in your normal day-to-day activities, and so, so that was very interesting. And you really do learn a lot from your patients, and their families, I might add. So. So it was a good place to be. It was a good place for a new nurse, and I'm grateful that our um, nursing supervisor would take on new nurses, because, you know, maybe with that level of patients that we had to care for, you know, some nursing supervisors might be reluctant. But she was really good about it, so {LG}.

KD: Alright. So could you tell me, um, more about where you went from there?

PO: Oh sure.

KD: Um, so career-wise and uh including your Master's degree at Penn.

PO: Sure. So while I was at Jefferson, uh, I worked at Jefferson from ninety-two to ninety-seven. And uh, I guess the last three years I was at Jefferson um, I was able to take advantage of the tuition reimbursement program that they had at the time. And the -- elderly people have always played a big part in my personal life, my family life and everything. So when I was trying to sort out what area to go into for my Master's degree I sort of was drawn to gerontology. And my thinking was, "Well, you know, the population at large is getting older and I'll always have work." So this was my thought process. So, so I ended up going to Penn part-time, and um, I graduated from Penn with a Master's in, as a gerontological nurse practitioner, M S N, in ninety-seven. Um, we also had like really good clinical rotations there as well. In fact, one of my rotations was back at Jefferson, um, in the geriatric psychology, um, psych unit, geriatric psychiatry unit, here at Jefferson.

KD: OK.

PO: So, so that was very interesting, and I was always happy to come back to Jefferson. Um, then my work at the V A after I graduated from Penn in ninety-seven and then went directly to the V A from there, and the V A Hospital is at Thirty-Eighth and Woodland, right in West Philadelphia. And uh, I worked in the geriatric clinic. And at the time the clinic was just sort of starting. We only had like two hundred patients in our clinic, and then by the time I left we had like seven thousand patients at our clinic.

KD: Wow.

PO: We really did grow. And some of the patients came there for all of their care. Other people um, just came and took advantage of the prescription pro-, of the drug program, so they might have seen their own physicians in their own communities, but they would bring their prescriptions to us and the Veterans Hospital would provide them with their medication. Um, but again, it was a great experience, and I used to tell people that, you know, once the exam room door closed, you never knew where you would be transported to {LG}.

KD: Yeah.

PO: Because you could be back on the battlefield {LG} of World War Two, or it could be, you know, on a boat in the Korean War, or a ship, I mean, {LG}, um, so it was very interesting. And I think the um, the patients that came there, just coming there, knowing that they were going to the, to the Veterans Hospital, it was a very powerful association for them. And they would all wear their little hats with like their ship number or their battalion number, or whatever {LG}. And um, I was amazed um, to see how strong the ties were for people in the military, because again, you know, my patients were like in their you know eighties and nineties, but they would see somebody that, you know, had a similar experience to them and it was like, it was like yesterday. So it was very, very interesting in that respect. Um, again um, there were all sorts of people that you would meet. I mean some, some of my patients were

actually physicians that came to use their veterans' benefits. Other people um, you know, were not. Um, some people probably um didn't graduate from high school, and you know, and had very different life stories than, you know, people that I would have met before. But it was, it was wonderful. I was wonderful also being there, um, seeing what family means and um the traditional, you know, two parents, and kids, and a dog, you know, isn't really the uh, an accurate description of what family is to many, many people. So, so that was very interesting. And it was also interesting to see um, how adult children -- just how some families are so like wonderfully supportive of their elderly members and others not so much, and sometimes the, the elderly parent has to be more of a rock and provide support to the younger generation and so it was just very -- the whole social dynamics, um, in our clinic, we were fortunate we also had a social worker that, you know, worked with us and helped with some of these social issues that people had to deal with. Um, but it was also amazing to see how resilient people are {LG} because like on the, like a day when we would have a snow storm, like the people that would be the least likely people that you would want out, you know, driving their car {LG} to get to the hospital would be the ones that would show up. So, so it was a very good education about people in general and how resilient they are and um, and their life, life stories. And so it was great. It was a wonderful experience, and um, and then working at the nursing home, that was good too. Um, that, you know, it really does, like I mentioned before, it is called the Community Living Center, and it really is their home, and how people um, adapt to that {LG} that new home. And some people I was surprised have been there for many, many years. And um, one thing I learned was when a patient passes away there there's something called an honor guard, and it's other residents of the Community Living Center, they come and they, they stay with the veteran until the funeral director comes, and then they escort the body, um, to the door when they leave and everything. So it's very poignant, like some of the things that you hear. Um, and then now, since I retired, I feel really good that I'm able to um, use my nursing background, and, and help other people, be it patients that maybe didn't get the care that they should have gotten, um, somewhere along the way. Or also, being in a position, um, in certain cases, to defend the nurse who, yes, in fact, did do {LG} everything that she was supposed to do despite what, you know, people may say to the contrary. So I feel like I've had a wonderful, um, blend of experiences, and even though I came to nursing a little later than I might have otherwise, I think, to be honest, I think becoming a nurse later in life, it made me appreciate things more about the journey in nursing. And um, I, I have no regrets, and I'm really happy that, you know, that I came to Jefferson.

KD: Um, so you said you've been in the current work you're doing for about two years, or this is your second year?

PO: About, about a year. As a consultant?

KD: Yes.

PO: Yeah, as a legal nurse consultant. I work as a subcontractor for two firms. One's in Pennsylvania and one's in New Jersey. And they just contact you when a case comes up.

KD: OK.

PO: And they need a nurse practitioner to sort of review the, the medical records. You know, I'm not an attorney. I have no desire {LG} to be an attorney, so they just use you for your nursing knowledge.

KD: OK. And do you see yourself doing that for the foreseeable future?

PO: Uh, I don't know. I'm not quite so sure about that.

KD: Uh huh.

PO: We'll see. I mean, it's OK. I just don't uh, I mean I think that's uh a, not a, I shouldn't use the word job, but it, but it's work that you could take it as far as you want to go.

KD: Sure.

PO: Um, but I don't really see myself being on the witness stand {LG}.

KD: {LG}

PO: I've watched enough Law and Order to know I don't think I want to do that. So, so if I could do something behind the scenes, that works out good for me. So.

KD: So I know you've only been -- only -- been in nursing for about twenty five years, in one form or another, but how have you seen nursing change over that time?

PO: Well I think um, the, the, in my limited, in my limited observations, it seems like um, that nurses with like Bachelor's degrees, or maybe even Master's degrees, um, a lot of the duties that they used to do are like now done by health techs, and um L P Ns. Like, I know at the V A we had like two L P Ns that - we had one R N that worked with us and two L P Ns. And then we had a health tech. And it was sort of interesting that over time the, the nursing responsibility became more teaching patients and patient families like how to use a glucometer, or um, helping them to manage their medications. Um, and this was in a primary care setting, like an outpatient setting. But um, but it was, you know, by the time I left it was like the health tech that was doing the vital signs and um, doing that. So I think there has sort of been a shift in the duties of the nurse, and maybe the, the R N or the B S N or the M S N, um, are more involved in um, more processes that they need their didactic background, you know, more thinking sort of processes and stuff, I guess you would say. Um, whereas more of the hands-on day-to-day, maybe more routine things are being reassigned to like L P N's.

KD: Mm hm.

PO: And um, health techs.

KD: Sure.

PO: Because there was no such thing as a health tech {LG} when I started out. At least not that I was aware of. But I mean they did a good job, and, and the other thing that they were very good at is, the L P N's and the health techs, they would know the patients. So lots of times, particularly in geriatrics like, they, the patient, might not be able to tell you what's wrong, but they just don't look right. And even the

same thing in the hospital. I remember when I was here at Jefferson, you know, and you would come on your shift and you know the other person you had for the past two days just doesn't look the same. So you sort of have that like innate kind of sense about, you know, things might not be going as well for that patient as they had been, so, um. So I think there's more of that, and I think there's also more demands on nursing's, nurses' times. And even though when I started, when I was at Jefferson and it was pretty new to have like a computer training, as far as nursing was concerned, now it's like all on the computer, and even um, when I was at the V A, all of our progress notes were done on the computer. Um, even my work as a legal nurse consultant, it all comes to me on my computer at home. Uh, everything's done in the computer. So that has been a huge change, and I remember when I was in high school, the only D on my report card was {LG}, was in personal typing. And so {LG}, so if I had known then what I know now, I would have been very surprised, so um, so that I think is another change, the technology thing. And again, this is just based on my experience.

KD: Sure.

PO: And, so, other people probably have different answers to that question. But I think the qualities of a nurse should, you know, should still be the same. Like I think you have to be an empathetic person and a, a person that's, you know, willing to do -- you have to want to be a nurse. I think that's it in a nutshell. I don't think anybody can make you, I don't think your parents can say, "Well we want you to be a nurse." I think, I don't think it's a career you can do unless you really want to do it.

KD: Mm hm.

PO: I, I am happy that in my extended family, um, since I became a nurse, we have another L P N, we another um, I have two, like, great-nieces I guess you would call them, and they both live in north-central Pennsylvania, but they participated in um, a Jefferson-Geisinger.

KD: OK.

PO: Collaboration I guess in some way, and uh, got their B S N's in Nursing from Jefferson too. So I'm happy about that. And then I have another niece who started in like going to school for nursing as well.

KD: That's great!

PO: So that's really -- now I don't take any credit for that {LG}, but I'm always you know, happy that, I'm always happy to hear, you know, that people are going into nursing.

KD: Mm hm.

PO: But I think it's a hard, you know, a hard field to be in. It's not always easy, but.

KD: Alright. Um, so we're nearly done. Uh, just a couple more questions.

PO: Sure.

KD: Um, so you mentioned that you're retired, mostly. But what are you doing now with your life?

PO: Well, I, I, I am working on reinventing myself as a retired person {LG}. Because for so long I've just been like, um, work work work. And um, when I worked at the V A that was a very demanding job and um, many hours, and um, so I really didn't like develop any like hobbies or anything like that, sorry to say {LG}.

KD: Uh huh.

PO: So I am trying to work on, you know, sort of reinventing myself. But, but the legal nurse consulting business, you know, work that I do, that's been good too. Because I want to keep my brain active and so, so, so that's helpful. But I have to work on that one. Developing that {LG} a little more.

KD: Alright. So is there anything else you would like to say or mention that hasn't been brought up yet?

PO: Nope. I think the only thing is that I truly love Jefferson {LG}, and uh, and I was so glad um, that, you know, that my meandering {LG} brought me back to nursing and um, that it, in spite of my daughter's early health concerns, that I'm glad we were here. Because it was, it was such a wonderful experience as a family member, you know, seeing the nurses and how kind, compassionate, and knowledgeable they were. Um, and I think that was another thing that sort of got me into thinking about going back into nursing. And I'm so glad Jefferson accepted me {LG} when I applied and um, offered me, you know, that first graduate nurse job and um, and to this day, and that was like in nineteen ninety two. And to this day, we're in twenty sixteen, I still think of myself as a Jefferson person. So I think that's quite um, a tip of the hat {LG} to Jefferson and how they um, not only train you to be a good nurse, but to um train you to come away with a feeling that you're a part of a family, um, I think I mentioned before, you're a part of something bigger than yourself, and I think that's a beautiful thing.

KD: OK, great.

PO: Thank you very much!

KD: Thank you so much!

[End of recording]