

**January 27, 2016 – Breanne Ward (BSN 2008, MSN 2012) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

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

KD: Kelsey Duinkerken

BW: Breanne Ward

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

BW: So, my name is Breanne Ward. I grew up in the suburbs of Philly. I first began my career in accounting. Um, I really liked business, and did some internships, and thought “OK, this is what I want to do.” Um, but started later in my Bachelor’s degree wondering if I was going to be fulfilled. And became a lot more curious in nursing and started gaining more respect for it as I spoke talking to people who were in school or um, working as nurses. But I thought, “No, I’m just glamorizing it. I need to push forward with my accounting degree.” So I did, but again, couldn’t stop thinking about nursing and decided pretty early on in my accounting career that I was going to go back to school. So I think that’s made me especially appreciative of nursing because I did something different first that didn’t really fill me up. Um, knew towards the end of my time at Jefferson that I wanted to pursue community health, but that’s so broad so I wasn’t sure what that meant. Um, but luckily that’s worked out, and that’s what I do today.

KD: Alright. So could you tell me in a bit more detail what drew you to nursing?

BW: Sure, yeah. So I knew that um, from different volunteer experiences, one of my bosses when I was working in accounting, pointed out when I told him I was planning to go back for nursing, um, look at your resume. All of my volunteer experience was working with people. Volunteering in the hospital, doing mentorship programs. And I thought, “Wow, yeah, the things that I really enjoy doing the most um, are working with people.” So I thought about social work, I thought about psych, but I knew that I wanted to physically care for people and, like with my hands, um so that made it pretty easy to narrow it down to nursing. Um, and I knew that I wanted something where, that was mentally stimulating but also where I could really use my heart.

KD: Mm hm.

BW: So. Um, nursing -- it was honestly more of an intuitive decision than a rational one. I just knew. And I liked when people kind of questioned me about it, um, because it just affirmed that I knew I was

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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)

making the right decision. And I never looked back. Like as soon as I made the decision there was never a time where I thought, "Did I do the right thing?" Um, I really just knew.

KD: Mm hm.

BW: So. And my mom was a nurse. So that was part of, you know, as I got older, feeling a bit badly that I hadn't respected it more, but, yeah.

KD: So since your mom was a nurse, when you were young, did you ever consider going into nursing?

BW: So, I did. Um, she stayed at home after I was born, so I never, you know, saw her coming home from work or anything like that, or heard stories about, um, her work, besides the work from before I was born. Um, I, I think that there was a part of me that was kind of rebelling against the traditionally female roles. So I think that was what made me not consider that as much and think like, "No, I want to do business." I pictured being this like strong business woman, but I realized that the strength I was looking to use would serve me very well in nursing, and in the business world I just didn't feel like my talents were best used there. I felt like I would be dispensable in the business world in a way that I wouldn't be as a nurse.

KD: Mm hm. And so once you made that decision to go to nursing.

BW: Mm hm.

KD: Um, how did your educational path continue?

BW: Yeah, so I had gone to LaSalle for my undergrad, and um worked in the admissions office there. So my initial plan was, "Great, let me see if I can get a job somewhere on campus," um, so that I would get tuition reimbursement because I had just graduated months before, um, with my accounting degree. So, was looking into options there, and my mom encouraged me to look into an accelerated program. She said, "You know, you just finished four years of school. I think that if you try to go part-time you're going to get really sick of it and be burned out by the end. You know, why don't you do your pre-reqs part-time but then um, do an accelerated program so you can get out and work, um." So I looked into Jefferson and Drexel, those were, you know, I knew I wanted to live at home to save money, um, and those programs were eleven months or a year. And uh, was actually devastated, 'cause I just wanted to get started, because I didn't meet Drexel's deadline. I didn't have enough pre-reqs start-, or finished, um, to be able to start their program. So Jefferson was almost default. But then I felt like, "OK, this is clearly where I'm meant to be." You know, my timing works out perfectly. Um, with starting here. And I can't imagine it having worked out any other way. I was so connected during my time here. So, I'm glad this is where I ended up.

KD: Great. So what was that time like while you were here? That experience of classes, instructors?

BW: I really loved it. I did the FAC program and I think, um, because it's a second degree program you get students that are very serious about it. They know why, you know, they're going into nursing. So classes just felt different. Um, it felt like, you know, people had been out, they had had more

experiences, um, asked amazing questions and were willing to really challenge our professors, which I think was great.

KD: Mm hm.

BW: Um, it was an intense year, but I think again, knowing that I wanted this so badly, it felt great. I came into it knowing like, this is going to be my life for a year, and that's OK. So I didn't have any expectations that it shouldn't be as hard as it was. Um, I felt like our professors were so invested in us, so that was even more motivating. Um, and I became part of a student organization that goes to Rwanda each year to do, um, health education. So I think that too allowed me to connect with students from different schools, so that was a really, um, wonderful part of my time here as well.

KD: Could you tell me more about that student group?

BW: Sure. So, part of um, my decision to become a nurse when I was trying to figure out what I wanted to do, I thought about the Peace Corps, you know, "That'll be great, I can volunteer, could figure out what I want to do." But I thought, you know, "I'd be so much more valuable as a nurse if I went somewhere and volunteered." Um, and for some reason I felt really drawn toward the African continent. And I thought, "This is kind of strange, because I don't know where or when but I just feel like I'm going to travel there at some point." So, going through um nursing school and kind of thinking more about that, um, this student group came, it's called Jeff Health, um, they came to speak to our class about their trip to Rwanda, and I felt like, "That's it. I'm going." Um, so, it's Jeff Health stands for Helping East Africa Link To Health. Um and the group works in genocide survivors' villages to just educate the community about prenatal health, nutrition, um, family planning, things like that. So I went a month after I graduated, and that really cemented my interest in community health. Um, and, you know, I questioned global health for a little bit, but that experience also helped me realize I felt I could be so much more powerful here when I could directly communicate with people and understand more about their culture and why they make the decisions about their health that they do. So.

KD: Alright, wonderful.

BW: Yeah.

KD: Um, so what else do you remember of your time here at Jefferson?

BW: What else do I remember.

KD: Maybe other groups you were involved in, just the experience of being a student here.

BW: Yeah, yeah. Um, let's see. So because, one of the things that um we often talked about was with the FAC program people didn't get as involved on campus because it was such an intense year. So for me it was just really, um, the Jeff Health group that I was involved in outside of classes.

KD: Mm hm.

BW: Um, is it OK if I talk about clinical?

KD: Oh, of course!

BW: Is that.

KD: Yeah, that would be great. Yeah, kind of the whole time here at Jefferson. Anything that comes to mind.

BW: Definitely. So my first clinical instructor, um, she is someone who will stick with me forever. She was so good. She had such high expectations, but she made you feel like you were capable of meeting them. And I feel like she really influenced where I went with my career. Again, my very first clinical, so you're doing med-surg, which is very broad. You know, you're working with post-op patients who have varied diagnoses, and um, I, one of the things that got some of my fellow students frustrated with me was how much time I took. Um, so, you know, they'd be like ready to go to lunch and I'd still be with my patient. And my instructor said to me, "You'd be great in critical care." And I feel like that always stuck with me. Um, and I did end up spending time, after I graduated, in critical care, and I feel like it was really her pointing out that it was so important to me, to be able to like focus on the detail and spend a lot of time with one patient. Um, so that was, that was something that really stuck with me. Um, and, yeah, I felt really lucky to be able to do my clinicals at the hospital because I felt like I got such a deep experience with the Jefferson community, you know, both the school and the hospital. Um, something else, I -- is it, am I able to talk about my graduate experience as well?

KD: Yes, of course, your whole educational experience.

BW: Because I feel like a lot of what I talked about was undergrad.

KD: Uh huh.

BW: Um, so as part of the FAC program you take, I think it was three Master's classes.

KD: OK.

BW: And then the hospital pays ninety percent of your tuition towards your graduate education, so it just makes so much sense to keep going. So I did my Master's in, it's called Community Systems Administration. I wasn't sure, again, what in community health I wanted to do, but I knew that I wanted to do something, so I felt like that path just made sense for me. Um.

KD: And you did this directly after getting your undergraduate degree finished in Nursing?

BW: So I took a year.

KD: OK.

BW: Yeah. I felt like I wanted to um -- I was working at the hospital and felt like I wanted to, you know, kind of um, build my confidence there and then start back, back to school.

KD: And just briefly, before we get to the graduate part, what were you doing in that year in between?

BW: Yeah. Yes.

KD: What type of work.

BW: So I um, was working in neurosurgery. I -- your community health, um, rotation isn't until the end of nursing school, which I thought was really a shame, because they totally prepare you for the hospital, and then I had this realization that, "Oh my gosh, I want to do community health! I don't want to do the hospital!" But I had already signed a contract with Jefferson. Um, I got a scholarship so they paid my tuition and I signed on, um, signed a contract that I would work at the hospital for two years. So I kind of felt conflicted once I realized I wanted to do community health, but I really loved neuro in school. I just found it so interesting. And um, my instructor for my neuro clinical was someone else that I just admired so much, and I felt like she made me want to, kind of step into that world for a little bit. So I worked on a neurosurgery step-down, so it's a floor, um, where patients are stable.

KD: Sure.

BW: You know they might come in for elective surgery or once they get discharged from the I C U. So I did that for um two years and then I moved to the neuro I C U for my last year and a half. So it was so interesting and I felt like it was helpful for me, um, even to understand maybe what family members were going through, if they were, you know, ever in an I C U, or future patients I may work with. So one of my professors here really helped me to appreciate, and I should have known this going from accounting to nursing, that your path is not always going to be straightforward, and it's OK if you can't see how everything is going to connect, because I felt kind of worried, "How is my neurosurgery experience in the hospital going to help me in community?" Um, but she helped me to just appreciate that sometimes we end up realizing later how those things are connected. Sometimes we don't, but that's OK.

KD: Yeah.

BW: Yeah. So, that was my experience in the hospital. And um, I was able to do my Master's part-time.

KD: OK.

BW: So I was able to continue working at the hospital and doing the three twelve hour shifts, you know, I felt like I had a good amount of time to really focus, focus on school. Um, so the Community Systems Administration program was amazing. Um, it's fairly small compared to some of the nurse practitioner tracks, um, and I really loved that. We got together each week, um, towards the end of the program with our class, um, and really just got to talk about our clinical experiences and where we wanted to go. Um, and the instructor who ran that program was just so passionate about it. Um, and another person I that I can just really see how her enthusiasm and guidance led me to where I am today.

KD: Great.

BW: Yeah. I feel like something that stands out to me at Jefferson is how, um, dedicated my professors were. I felt like they really were, um, invested in seeing me end up where I wanted to be as a nurse.

KD: Mm hm. So any other recollections, memories, thoughts about Jefferson before we move on from that time?

BW: Yeah. Um, let me take a minute, if that's OK.

KD: Yeah, sure. No rush at all.

BW: Yeah. Um. That's all for now. That's all for now. There's nothing else that comes up.

KD: Sounds good.

BW: Yeah. And are there any other questions that um, you can think of that, I don't know, may help me give you more information about my time here?

KD: Um, let's see. I mean I guess how, how did your experiences differ between the undergraduate training and the Master's training?

BW: Mm hm.

KD: Um, maybe what the environment was like with your fellow students.

BW: Mm hm.

KD: Any more memories about faculty members, or the balance between clinical rotations and, you know, school work. Or how it was balancing, um, being part-time while still working.

BW: Yeah.

KD: Yeah.

BW: Yeah. Um. So, I think um, as far as my school meets, um, it was really neat to kind of be able to move among different groups. Um, because people really did kind of quickly form these cohesive groups of people that they studied with. Um, and I felt like I was able to connect with different groups. Like, sometimes I enjoyed being with the students who were maybe more intense, you know, um, and then appreciated the students who um, you know, were equally as dedicated but maybe more laid back in their approach. So I felt like that was really great. People, because there was like so much material and so little time, people spent so much time together studying, discussing, um, and I, my tendency was to be, like, study more on my own. So I think it was nice to kind of like let myself not be so like, "It's more efficient, I can get through more material if I do it by myself." It was nice to be able to appreciate the group.

KD: Sure.

BW: The group dynamic more.

BW: Um, as far as time, um, balancing with work and school, um, I feel like it was helpful that I was in school, to be honest with you, because working as a nurse in the hospital I almost felt like it wasn't right to have off during the week or to be off a few days.

KD: Sure.

BW: Um so, I kind of, my schoolwork was almost like my workday, you know, when I had off. So I think it was actually helpful to have that going on. Um, and times where in the hospital I used to kind of feel like, "What am I doing?" Um, I think neuro can be especially challenging because you see a lot of patients who have devastating injuries, um, or maybe they're really never going to live a meaningful life again, but the family's not willing to let go. So you kind of start to feel like, "What am I doing? You know. I'm supporting a life that this person may not want to live, you know, but their family members are not able to, I guess, think about their best interest." Um, so I feel like to be able to focus on school kind of helped me with like, there's something next, you know, when I'm feeling like I really am no longer able to do this, I know where I'm going. So I think that was, that was really helpful for me. Um, are we, like with faculty members, are we allowed to use names?

KD: Yeah, that's fine.

BW: Or is it better to. OK.

KD: Yeah, whatever you're comfortable with.

BW: Yeah, definitely. Um, so one of, there are I think are, I talked about my one clinical instructor, um, and then one of my instructors, Sharon Burke, um, she and another professor were kind of the two that saw us throughout the program. We might have different instructors for specialties, like O B, but they really were the ones that we spent the most time with.

KD: Mm hm.

BW: And I was just so struck by Sharon. Um, she, again, was like so passionate when presenting this material, but was also great about anticipating what questions we might ask, um, but also acknowledging when she didn't know the answer. And like, "You. Remind me of that question. I'll have the answer for you by tomorrow." And she always would. So I feel like that really helped me with um, anticipating like with patients, "OK, what questions they may have for me?" And then being OK with not knowing the answer. So I felt like she was a really wonderful role model in that way. Um, and just her enthusiasm was like so helpful. Because sometimes, you know, the lectures did get long and um, you felt a little exhausted, but she was always up there, you know, just so excited to teach. So that was awesome. Um, Molly Rose, she was running the Community Systems Administration program when I was looking into it. And um, I sat down with her, she's the one I referred to earlier in the conversation that um, helped me to appreciate that neurosurgery might not be directly related to community health, but that that was OK. Um, she, I asked her if I could just sit down and brainstorm with her, because I was feeling um, like I wanted to focus more in community health and figure out like what was for me. Um, when I was in Rwanda and just different clinicals I did throughout the community here, I thought so

much about the root of physical, emotional, social well-being. Um, and I kept thinking about the maternal-child relationship. Like you really can't start any earlier than that. Um, so, but I didn't have any experience, you know, beyond my volunteer experience. So I would just like Google public health nursing, community health nursing, to figure out what was out there.

KD: Mm hm.

BW: Um, and I found this Nurse Family Partnership, who I work for now. It's a maternal-child public health program focused on prevention. They work with moms from pregnancy until the baby is two. And you spend an hour to an hour to an hour and a half, weekly to bi-weekly with the mom. So I felt like, "Uh! That part of me that like wants to spend all this time with the patient, um, and, you know, start at the root of well-being, I feel like this program is really where I want to be." Um, so I was feeling like ready to try to wrap up the hospital and get out into the community, but at the time I was um thinking about doing this Community Systems Administration and Nurse Practitioner program. And had been advised by the school to start with the Nurse Practitioner program, followed by Community. But I felt so sure about Community and not sure that I wanted to be a clinician.

KD: Mm hm.

BW: Um, so I had to take some time off to actually take care of my mom. So took some time from school and was feeling kind of frustrated, like, "Ugh, I'm never going to finish this Master's degree and I'm going to have to be in a hospital forever." So um, sat down with this Molly Rose, the professor, and um, she I felt like gave me permission to not pursue the N P track at that time. Um, she said, "If you want to do that, you'll make it work, whether it's a decade from now, two decades from now, you know, you'll figure out a way. But it sounds like now you're sure about the Community, so why don't you just trust yourself." Um, so that was one thing, and then I mentioned the Nurse Family Partnership, just when she was asking me about what I thought might be next, and she happened to know the program director, for the pro-, for the Nurse Family Partnership. Um, so put me in touch with her, and that was what ended up, um, getting me in the door. So she's someone that I just feel eternally grateful for. The time -- the fact that she took that time to just sit with me and talk, um, and for the guidance that she gave me to really trust myself that I knew what was best for me and my life, and I think that's helped me a lot as a nurse to trust that I can give my clients guidance, but that they're the ones that really have to decide what's going to work for them. So.

KD: And so that is the job you took as soon as you finished your Master's degree, right?

BW: So.

KD: At Nurse Family Partnership?

BW: So, I stayed um, let me see, when did I finish? So I actually wasn't finished my degree yet.

KD: OK.



BW: I felt like I had to get out so I thought, "You know what? I'm just going to pay my last semester's tuition and, you know, I'll um, I'll make it work." So I um, was doing, and it's just, it was so serendipitous the way that everything fell together. I was working at the hospital, doing um, an internship with Nurse Family Partnership. So I was working with their Clinical Director, um, and just felt like, "Yes, you know, this is where I want to be." It was such a nurturing environment. I had been able to do shadow visits with some of the nurses, um, and she-- I was thinking about like when I was going to leave the hospital and she approached me and said that um, they, she had applied for a grant to expand by eight nurses. 'Cause I thought, I wouldn't get a job there until someone moved or, you know, was having a baby, or something like that. So I was like, you know, this might not be for a long time, but at least, you know, they knew who I am, I've had some direct experience, and I know this is where I want to be. Um, so as part of the Affordable Care Act, we did get the grant to expand um, by eight nurses. So she asked me to interview to be one of those nurses, and that's how um, that's how I started there.

KD: That's amazing that that worked out that way.

BW: Yeah, yeah, it really was. The timing was just absolutely incredible. Um, and then I finished up the rest of that year, I finished my degree.

KD: Mm hm.

BW: So.

KD: And so, what has your work been like at the Nurse Family Partnership? What have you been doing? Um, yeah.

BW: Yeah. Yeah, it's been. I feel like I was made to do this work. You know, I don't think I'll be here forever, but I talked about my talents being best used as a nurse, um, and now I think it takes time, right? You figure out you want to be a nurse, OK. What do I want to do in nursing? Community health. What do I want to do in community health? Um, so, started, you know as an intern with Nurse Family Partnership, was hired to be a nurse home visitor. Um, so you build a case load of twenty five moms. Um, you work in high-risk neighborhoods throughout Philadelphia county. And like I mentioned, we start seeing moms through preg-, during pregnancy and work with them until their baby's two. Um, being a nurse is so intimate because people really trust you, you know, and they tell you, um, or talk to you about like some of the most difficult things that they're going through. And with this job, I've just really appreciated -- I feel like in the hospital it can be pretty prescriptive, "Do this, don't do that, why are you not doing this?" Um, but this is a completely different type of interaction. We recognize that the client is the expert on her own life and we ask her questions. Um, you know, "What is important to you? What will work for you? What do you think about what the doctor told you? What's easy? Like what things are easy to follow from the doctor's guidance and what things aren't so easy?" And then kind of just explore with her how she can move her life closer to what she wants it to look like. Um, so, it's, the challenges are completely different than in the hospital. Um, it can be much slower-paced in that, you know, you don't have the emergencies, you know. Um, and sometimes I do miss that adrenaline rush a little bit from the hospital, but I really appreciate that um, it's so real, you know, you're in someone's home, you're seeing, sometimes it takes some time to let you see like what the whole picture looks like,

um, but you're getting a better idea about what their barriers to health are. Um, and I think working with them in a more realistic way to try to overcome them.

KD: Mm hm.

BW: So I did that for almost three years, and then a supervisor role opened, um, sooner than I had anticipated. I thought that maybe I would want to do that at some point, but um, my supervisor announced she was leaving, and I didn't think she would leave nearly as soon as she did. Um, so that is what I'm doing today. I oversee a team of eight nurses, um, and it was my own team that I moved up in.

KD: OK.

BW: So it's been really wonderful to get to know the nurses even better, because working with clients you're out in the field most of the day doing your home visiting, so, we see each other a few times throughout the week, but now I'm spending at least an hour one-to-one talking with each nurse just talking about how she's doing, um, and that's felt really great to be able to kind of guide them in the practice, but also, um, sad. Like I really miss the direct contact, um, with moms and, you know, they, um, some more than others, but can be very verbal about how they feel about you. You know, so the fact that I'm no one's nurse anymore, because they always say, like, "My nurse," um, that's been bittersweet.

KD: Mm hm.

BW: Yeah, but it's um, it's for sure the most supportive environment I've ever worked in, and it's made me really sad thinking about the hospital, that we don't have more time to debrief, um, and, you know, stop to talk about how we're feeling, and process how we're feeling, and how we're treating a patient, and how we feel about how we're treated by the doctor. Um, because that completely changes the way that you're able to connect with a patient, and with your co-workers. Um, so yeah, it's just made me hope that the hospitals keep moving in a direction where they're offering more support to nurses.

KD: Sure.

BW: Recognizing that, yeah, that compassion fatigue really hurts, not just the nurses but the patients.

KD: Mm hm.

BW: So.

KD: Um, {CG}, is there any other way in which you would characterize the environment that you are working in? You said it was really supportive.

BW: Yeah.

KD: But how does that play out?

BW: Yeah. So um, I think part of it too is we have more of the marathon not a sprint mindset, you know, because we're working with patients for so long. So I think people are more conscious of like trying to

slow down when they can whereas in the hospital I feel like it's just kind of like rush, rush, rush, you know. So um, part of it is just the fact that I think I have allowed myself to slow down a little bit and like connect with my coworkers more. And I feel like we're so open about when we're struggling, you know, if we're having a hard time with something, um, whereas in the hospital it depends, on maybe who you're working with during that shift, if you want to admit that you're having a hard time or if you feel like you can lean on them. Um, whereas I feel like in this environment, um, self-awareness and being authentic are just such, um -- they're crucial, you know, to be able to do the job. So I feel like we're able to have really difficult conversations in a respectful and supportive way, um. People just care about each other so much and about the work they're doing. Um, I felt sometimes in nursing -- I just took it so seriously, you know. And when my perception of the way other people were going about it was that they didn't maybe take it as seriously, that really, that was so hard for me. So working in an environment where I feel like all of my coworkers are so passionate about the work they're doing, um, yeah, it's just incredibly motivating. And really helps maybe when you're having a day when you're feeling frustrated or, yeah, questioning things. Um, and just the personal growth, I think it's incredible. Because we, the way we reflect with each other, um, and, so there's this technique we use, it's called motivational interviewing, and they're starting to introduce it in nursing schools and medical schools, which I think is so wonderful, because it changes the conversation with the patient. Um, again, it's more about asking them open-ended questions and like exploring what their priorities are. So, we use that a lot with each other. So if a nurse is having a hard time we're conscious not to try to fix it. We just kind of ask her more about her experience of it. Um, so those conversations for me are so fulfilling. Yeah. And uh -- one other thing I think sticks out is how much creativity is encouraged. Um, we recognize that as a protective factor for burnout. So, nurses will do different activities with moms to try to keep them excited, and um, role modeling how to make learning fun for their child. Um, and then in the office, you know, we're always kind of trying to introduce different creative projects just to help the nurses use a different part of their brain and kind of step out from the intensity for a little bit.

KD: Yeah.

BW: So.

KD: What are some of the projects you've done so far?

BW: Yeah, so, the most recent, we were, we feel like we kind of just understand without verbalizing it this culture of community that we have, and when people step into the office they notice it. They'll just say, "It feels so good here." And it helps our environment, I mean, there's lots of natural light, it's colorful, you know, we designed it so that families wanted to be there and felt safe there. Um, but we thought OK, how can we, um, kind of illustrate like what our culture of caring is. So my program director got a big canvas and a bunch of paint, and we just asked the nurses to either, um, paint a symbol or just a word that to her embodies this culture of, of community and caring that we have. So that was really beautiful to see how, again, how creative some of the nurses are, what they came up with. Um, something that our nurses have done that is like really fun to do with clients, is um, we'll talk about a circle of trust. So what are all of the -- how do you build trust in a relationship? So they'll have a little band of elastic and some tulle. And with each um -- they'll ask the mom to maybe pick a person in her

life that she trusts and with each piece of tulle talk about a thing that they've done, or a reason that she trusts them. Um, or to talk about all different people in, you know, her life, and her experiences that have built trust, and in the end she has a tutu for the baby.

KD: Oh fun.

BW: Yeah, so it's just little things like that that we try to connect to like a parenting concept or a relationship building concept, um, but make something, you know, beautiful in the end to illustrate what that relationship looks like when you build trust.

KD: Yeah.

BW: So, yeah. Just lots of little projects like that. But um, I find, you know sometimes if I'm just feeling overwhelmed, like, "OK, let me just plan our team meeting for the week," you know. Because that's something I feel I get to use my creativity and, um, it always reignites my enthusiasm. So.

KD: Awesome.

BW: Yeah. Yeah.

KD: So one of the questions I like to ask.

BW: Absolutely.

KD: And because you're still so, young in your career, it might not be so applicable.

BW: Yeah. Yeah.

KD: Um, is how have you seen nursing change since you've been in the field? So, maybe for you, um, how you've seen nursing change in the different environments you've been in, through school, through working at the hospital, where you are now, through your internships and volunteer experience.

BW: Yeah, absolutely. Um, so I think some positive and some negative.

KD: Mm hm.

BW: Um, so I'll get the negative out of the way and move on to the positive. Um I, I think, and this is something I'm like, "Ah, I've never read about," so it would be interesting because I'm sure that there are actually articles out there about it, um, but just how the change in the schedule and the better pay, um, have maybe pulled people into nursing who are there for those benefits, and maybe not because they feel like it's a calling for them. So I feel like that was sometimes harder for me, um, you know, I did start in the hospital in my mid versus early twenties because it was a career change, so again, I think, I don't know how, you know, I may have been in my early twenties, but I took it so seriously. So it was kind of hard for me sometimes to see younger nurses like on their cell phones or like flirting with the residents. I'm like, "That's not what we're here for," you know. So I think that just concerned me, like, "Oh I hope we're not moving in that direction."

KD: Mm hm.

BW: Where people are coming into this just because it works for their lifestyle. Um, so that was a negative. I think something that is a challenge, um, for different generations of nurses, is just what we're seeing with millennials. Um, they tend to be more confident in asking for what they want. Um, expecting a more flexible schedule. So I didn't experience that in the hospital. Well, now that I think about it, not flexibility in the shift work but I guess sometimes expectations for um, holidays and, you know, not wanting to have to work a certain holiday, whereas nurses who had been doing it were kind of like, "These are the dues you pay, you know, when you start out." Um, so I think that's a challenge, you know for, like I said, different generations. And then um, in the organization that I work with now, um, you know, our newer nurses are more comfortable saying like, "Hey, I'm flying here for this training, and there's also a conference. Can I go to the conference and will the cost of my flight still be covered?"

KD: Mm hm.

BW: And some nurses who have maybe been doing this for a long time are saying like, "They just started! How are they already asking these questions?" Or um, yeah, I feel like they're much more verbal about what they need to feel like they're able to be productive, and um, which I think is a great thing, but you do have to be careful about um, setting realistic expectations and being fair to everybody. Um, and for me as a supervisor, making sure that I'm being thoughtful about what I say yes to and not just wanting to please. But also not saying no just because I feel like it was a bold question to ask. Um, so that's something, um. I had a few thoughts and now I'm drawing a blank. So, yeah. Oh, I think something that's been really exciting for me is um, you know, nursing training has been so focused on the hospital. Um, and even myself, I thought it was so much more glamorous to work in an I C U than do homecare. Um, but through my experience I realized like, no, this is what I want to do, this is me. And I just felt like it was a shame that, um, there wasn't more of an emphasis placed on preventative care and public health, um, but that is changing, you know, as part of the Affordable Care Act there's so much funding put into preventative care, and then I know Jefferson's curriculum also is changing. Um, the Nursing School curriculum to be focused on population health. Um, so that's just really exciting for me to see what that's going to look like and how that may change for nurses, um, who graduate and end up working when they leave, um. And it's the shift-, the thought that you have to start in the hospital, even when I graduated, I felt like I really had to start getting trained in the hospital to really learn how to be a nurse, but that's changing. Um, whereas having nurses graduate and start right with us at Nurse Family Partnership, and um, different volunteer things I'm doing throughout the city, I'm connecting with nursing students who are saying like, "The hospital is just not for me." So people are really starting to question, you know, when their mentors are saying, "You have to start in the hospital," they're looking for someone to tell them, "You know, you actually don't. You know, if you want to be a completely different kind of nurse, why not just start there?" Um, so I think that's exciting too, that nurses, um, are digging more deeply into what kind of nursing speaks to them. So.

KD: Alright.

BW: Yeah.

KD: Any other thoughts you have that you can think of how nursing has changed?

BW: How nursing has changed. Um.

KD: Or is changing.

BW: Yeah. The technology. Um, sometimes I worry a little bit about that getting between nurse and patient. I think it can be a great thing for efficiency and saving paper, um, but sometimes I do worry about how much, you know, we're maybe looking at a tablet or a laptop, and that coming between, you know, caregiver and patients. So I think we just have to be careful the way we're using technology. Um, but it can be a really amazing thing. We're talking about exploring, um, like Skype visits.

KD: OK.

BW: Or something along those lines for home visiting, if say there's a snowstorm or something going on and we can't actually get to the client, um, could we just connect to keep her engaged, um, over the computer. So, that. And just data collection. Our nurses do so much data collection and uh, entry, so the thought of having tablets so they can just enter it, you know, right at the visit. Um, yeah, I think that the technology is really exciting, but again, we just have to be mindful about how we use it.

KD: Mm hm. Alright. So we're nearly done. Just a couple more questions.

BW: Yeah. Absolutely.

KD: Um, what advice would you give to students or people who are interested in nursing or a nursing career?

BW: Interested in nursing. Yeah. Um, so get as involved as you can outside of school. Um, and really be true to you. You know, think about what your strengths are, um, and explore through different volunteer opportunities, talk to your professors, um, really get a diverse experience beyond just what you get through clinical to try to find um, where you want to start your nursing career, um, and be OK with that changing. You know, you don't have to know in nursing school that you are going to start in the critical care unit and then be a nurse anesthetist, and then, you know, move here. Um, be willing to let what calls to you change. Um, be mindful about your priorities. I think it's really hard um, in the hospital and many of our environments, you have um, all of these people you're trying to please. You know, you're trying to meet your own expectations, you're trying to meet the doctor or your co-worker's expectations, but um, keep your focus on the patient. You know, you are there to be an advocate, um, and doing right by them is what is going to keep you going in the long run. If you are trying to please, you know, co-workers, doctors, things like that, um, I think there's a piece of you that knows that you're selling yourself and the patient short. Um, and we are there to empower patients not to tell them how to live their life, what to do. We think we have the answers. We are nurses because we want things to be better, but we can't fix it. You know, we can be there with the client while they try to figure out, um, how to fix it. One of my coworkers put it so eloquently, um, "We're not there to carry our clients' baggage, we're there to explore different ways for them to carry it. Or learn to unpack it." Um, so I think that that's so important to remember. It's not about us. And along those lines, where it is

about us, um, self-care. You know, really taking time to think about what you need, um, giving yourself a break, whether it's to go to the bathroom or eat something really quickly, um, it can feel like it's impossible, like you just don't have that time, but taking that time is going to allow you to be so much more effective, you know, when you come back from taking the breather. And if we're being aggressive and hard on ourselves, that's going to show up in the way that we interact with our patients. So.

KD: Alright. So are there any topics that haven't been brought up that you'd like to talk about? Or any final thoughts you have on nursing?

BW: Yeah. Um, if it's OK, there's just a story that sticks with me.

KD: Yeah. That would be wonderful.

BW: Yeah, so I was a nursing student. It was my first clinical here at Jefferson. Thirteen Pavilion. It was a med-surg floor, and my patient was diagnosed with liver cancer, but the um physicians hadn't told him yet. You know, they were going to be having that conversation. So I was a new nursing student. Just holding that was like so overwhelming for me. I found myself like going in the bathroom to dab my eyes, um, and he reminded me of my own grandfather. Just like so warm and kind and funny and I just, I felt so much love for him.

KD: Mm hm.

BW: You know, just like this sweet man. And knowing that he had a terminal diagnosis was so, um, sad. So, he was pretty swollen in his legs, and I was putting on compression stockings, and he looked down at me and said, he just like shook his head and said, "You must be an angel." And I remember at that moment being like, "This is why I want to be a nurse." Like it's such an honor to be able to just provide some comfort or be with people, um, during some of the hardest times of their life. So I feel like that moment, you know, will just come to me now and then and remind me how lucky I feel that I, um, listened to the call to be a nurse.

KD: Alright.

BW: So.

KD: Any other thoughts?

BW: Um, I'm so happy I ended up at Jefferson {LG}.

KD: {LG}

BW: Yeah, really. I just feel like the people that I've met, um, and looking at the way my career has moved and how directly related that is to Jefferson, um, yeah, I just feel really lucky. And I um, because I grew up just outside of Philadelphia I feel so connected to this city and just the fact that being a nurse has been able -- has allowed me to see all different parts of the city. Um, I think makes me feel like my love is even more unconditional, you know, like the fact that I see the best and the worst, um, and I still want to be here.

KD: Mm hm.

BW: So, yeah.

KD: Alright, great. Well thank you so much for sitting down with me.

BW: Oh, of course!

KD: And for coming over.

BW: Of course. Yeah, it was really nice.

KD: Yeah.

[End of recording]