

February 1, 2016 – Colleen Young Elwood (BSN 2013) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken
CE: Colleen Young Elwood
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

CE: My name is Colleen Elwood. Formerly Colleen Young. I grew up in Montgomery County, and I've lived in Philadelphia for the last nine years. Um, I previously, um, had an undergraduate degree in psychology and then worked for like a non-profit and decided to come back to nursing school -- or to go to nursing school. And I graduated in twenty thirteen, and I've now been working at Nurse Family Partnership since then.

KD: Great. So how did you become interested in nursing? What drew you to the field?

CE: So, with my previous job in -- I worked for a non-profit for Juvenile Diabetes Research Foundation -- and talking with the moms and the families all about their diabetes, the pumps, learning that it's a whole relationship with the school nurse, controlling numbers, I just really found myself interested in supporting these moms of these type one diabetics. And that just made me think like, "How can I help?" And that kind of led me to nursing. To help in a medical, um, I don't know how to put that. I wanted to help the community with like, like public health.

KD: Mm hm, sure. And so what drew you to Jefferson then?

CE: Um, living in Center City I wanted to be in a school that was in Philly. So that narrowed things down for me. The reputation of Jefferson obviously was a factor in applying. And being that it was my second degree and I felt like I kind of had my life was established. I was living with my boyfriend, we'd been living there for however many years, um, yeah. I didn't, I didn't want to like start over. So location was pretty big. Reputation was big. And then the affiliation with the hospital was very attractive to me too.

KD: And so what specific program were you in?

CE: I was in the um, oh my gosh you're going to have to help me. The B S N program for second degree students.

KD: OK.

CE: Did I say it correctly?

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

KD: I can never keep it exactly straight {LG}

CE: {LG} I did the two year program.

KD: Got it.

CE: For second degree students. Yeah. Not FACT. I don't know that ours had a name.

KD: OK.

CE: Sorry.

KD: Yeah. That's totally fine.

CE: {LG} But that was the program I was in.

KD: And what was your experience like in that program? What do you remember of it?

CE: I mostly remember the teachers. Being that I -- I had a really good experience at Jefferson. But I had a overall anxious feeling of nursing school because here I came in wanting to be in like the community in public health, and while I think every student should see all rotations, being in the hospital was very anxiety-inducing for me. So that piece really sticks out. However, I will say all of my instructors were super supportive and I found the teachers to be, just good teachers. I felt that they really communicated the material well and gave me a good knowledge base.

KD: Alright, so what do you remember about, um, perhaps extracurricular activities or other projects or groups you were involved with on campus?

CE: So I wasn't heavily involved in a lot. I think that was just me not seeking it out, being older, having, having lived here, having had another career, I didn't spend as much time on campus as I should have and in groups like I could have. I did participate in. I'm blanking. The hesitation is I'm blanking on what group it was. Or maybe I just volunteered. I did a few community events, like the event over in Alumni Hall for glasses through Wills Eye. And another time I did it with doing blood sugar checks and like a flu day I participated in. So I just think it was more that the teachers communicated it.

KD: Sure.

CE: Now that I think back. So that was a long way of saying, I really wasn't involved in a lot of activities here on campus and groups on campus.

KD: Sure. What do you remember of your clinical rotations?

CE: {CG}. Um, {LG} anxiety.

KD: {LG}

CE: But after that, to be honest and to really give a, a better answer, I remember like supportive instructors. I remember the floors that we were on must have been very well picked because mostly the nurses were supportive of having a student with them, and that's always good, right? I appreciated having suburban rotations, where I think maybe another student who was really excited to be in the city in it probably really appreciated being here in the city. I liked getting the full picture of what it was like to be inner city, in the suburbs, different demographics, anyway.

KD: Yeah.

CE: And I thought the amount of time was good, especially for me, because I came in knowing that I really don't want to work on a cardiac floor, but it was just enough to really get a good idea of what it would be like, but not so long that it was like too much for me.

KD: And where did you work outside of Jefferson? For those suburban locations?

CE: At Bryn Mawr Hospital I did pediatrics, and I really appreciated that. O B I was at Paoli Hospital. And that is when I was like, "OK I can stick this out. I can get through nursing school, I can do it." My community rotation was out in Foulkeways, out in Montgomery County at um, like a senior living center. I really, really appreciated that. That ended my nursing on like a really high note because, one, I was able to see that I could be a nurse in the community. What I thought was really nice was other students were able to see that because I felt like some of my classmates had the idea that a nurse is in the hospital, a bed-side nurse, and that's it. So I just thought that was nice for others to be aware of what else is out there. So.

KD: Yeah.

CE: Yeah.

KD: So how did your time as a student at Jefferson, and that learning experience, shape your approach to nursing and your goals for being a nurse?

CE: Um {CG}, being that I had a difficult time during my hospital-based clinicals, I felt that I really got to see the nurturing, loving, caring, let's-make-this-work-for-you side of my instructor, and I feel like that has shaped me in my career knowing that like -- so at Nurse Family Partnership, we were always told that the client is the expert on their life, and to go off of what they want, so I'm not here just to tell, tell, tell. I need to know what works for you and kind of mold with that. And I felt like um Jefferson instructors showed me that, and here I landed at a job that preaches that as well. And so that has guided me, shaped me, modeled for me that I can do that. And I think I'll always remember that like sincerity and genuineness to carry that on to any clients I have.

KD: Yeah.

CE: Yeah. Instructors, in clinical and class. I mean that, yeah, to clarify.

KD: Sure.

CE: Yeah.

KD: What other thoughts and memories do you have of being at Jefferson and your time here?

CE: Um, extra support outside of the classroom I remember. I remember a few study groups outside of the classroom. Mr. Angelo comes to mind. He, I remember going to like a cardiac study group outside of clinical, um, um, like in-class clinicals. Help me. What are the words I'm trying to say? Like the um, what's right here? The Connelly Center. No, not Connelly Center, Connelly Auditorium. The prac-, ugh oh my goodness, hands-on classroom, clinical time. Being in that building right there.

KD: OK.

CE: Up in the rooms. How could I forget that? That was helpful as well. Having like that um, the mannequin.

KD: Oh sure.

CE: I, sorry. I'm at like a total loss.

KD: I forget. There's a name for that room. I forget what it's called.

CE: Yeah, like the simulation.

KD: The simulation, the Sim Center, or something like that.

CE: Yes, thank you. Sorry!

KD: {LG}

CE: The Sim Center. I absolutely remember that, because you could kind of shake out some of those nervous feelings of like how do I do this over in the Sim Center before you got into your clinicals. And what I liked about, and I should say, I should clarify, when I was doing my rotations of looking at schools, that stood out to me. And then it carried through. It was accurate. In what was presented to me as a potential student did seem to come through for me as a student. It matched up, um, whereas I feel like you don't always know that.

KD: Definitely.

CE: Like just because it's on the tour and seems cool, doesn't always mean that it's gonna, yeah, apply. So I remember having those times to really be able to ask the instructors like the questions, like the questions you might quote unquote, be like too embarrassed to ask on the floor to another nurse. So really like a, just a raw, safe room before you walked into clinicals.

KD: Definitely.

CE: To give you that little bit of information, that little bit of education to have some confidence going out on the floor, um, I appreciated that. Yeah. What was the original question 'cause I already forget.

KD: Yeah, it was just any other memories or reflections you had on your time at Jefferson.

CE: Yeah, I can {CG}. Um, test reviews, I remember that. Because here you, oh, it's all coming back to me!

KD: That's great.

CE: Kaplan.

KD: Uh huh.

CE: That absolutely stands out. I one hundred percent believe that that prepared me to take the NCLEX. Um, having now spoken to other nursing students at other different, other schools, I said to them, "Oh, did you have that Kaplan exam through your whole time at your school?" "No, but we like could have that if we wanted it. I never really did it." So um, at times, like as my first semester, it felt a little forced.

KD: Sure.

CE: Looking back, that is the worst way to explain it. It was a prep that got me ready to take my NCLEX, and I so much appreciated that that was in every semester here because it created that foundation that as a student, as a stressed out student, I would not have done on my own. So I really like that that was incorporated into class. Right before I said that I was going to say that I liked in-class that all of the test questions were structured in an NCLEX format. So again, just creating this knowledge base and this foundation to take the test. And so I remember after tests, going back to the instructor and just saying like, "What did I get wrong? Why did I get it wrong?" So I guess I'm speaking to the support the instructor provides the student inside and outside of class. Because that's how I learn. What did I get wrong? Why did I get it wrong? OK, now I won't get it wrong next time, instead of just taking a test, "Oh, I got an eighty-five. That's passing, let's move on."

KD: Yeah, exactly.

CE: So, yeah, that stands out to me. I'll keep thinking. It looks like you're ready for the next question so I'll keep thinking.

KD: No, no, um yeah, you can keep thinking about that. Maybe one other sub-question, what do you remember of the students?

CE: For the most part I remember students who were supportive of each other. Um, while I've only been to school one other time, I found that nursing students really had each other's backs and were very um, carried each other. Um, I feel like the friends I did make will be like lifelong friends. And when I speak to other nursing students I feel like they have similar stories of like, that is a really tough, stressful time, maybe more than another subject or another major and so you remember that. Being in clinicals, just like having somebody just come in and help you with that bed bath. Like I will still remember that one day. Um, so supportive. Genuine. Nice. Friendly. Um, those are some words that come to mind when I think of the students.

KD: Great. That's wonderful.

CE: It's tough. Nursing school is difficult. Um, and so why not be like team players in helping each other get through class and through clinicals. Yeah. I appreciated, I went to the gym a lot. Um, I remember there was like a pilates class I took. I never used the pool but always noticed there was a pool if I wanted that, and that was helpful for me to de-stress. So yeah, that sticks out.

KD: Any other final thoughts about Jefferson before we move on to your, your first job?

CE: Um, I liked that the library, upstairs, those, the new private rooms. I always felt like there was someone on, somewhere on campus that I could come to study and that I could meet up with friends to have study groups with. So we would, so the first year I was at Jefferson those were not available to us. The second year they were. And we used them. Before that we would always go to whatever this hall is, I'm totally blanking on, right here, in the Sim Center, and finding different tables and rooms to study in. And that was key because we all know how to get to Jefferson. My friends lived in New Jersey, Montgomery County, and so it was like that common place for us to meet and so I appreciated there was always, yeah, having a place to study. Because that's what you're here to do, right?

KD: Exactly.

CE: So, yeah. That sticks out. I think that's it for now.

KD: OK, great. So once you did graduate, how did you get your first job? What was that process like?

CE: So, Breanne actually spoke to me on the phone. So Breanne, to be on the recording, Breanne Ward is a former Jefferson, excuse me, Master's student here. And she was, at that time and still is, working for Nurse Family Partnership. So how did I get my job? Everyone else was working on their internships to get into the hospital and that was not at all what I was looking for. So I connected a lot with Mary Bouchaud, I believe her name is, who is in the Community FACT program, and I connected with her and I connected with Alexander, another female student here. And they were really helpful in guiding me and giving me examples of places in the community that I could work as a nurse. And so from that I was able to search on the Internet, and I was able to locate Nurse Family Partnership, and I was able to contact the director, the founder, Kay Kinsey. And she put me in touch with a um, Breanne and allowed me to shadow. So Kay is amazing in, yes, in allowing students to see community nursing, to shadow, to really get this good idea of what a nurse home visitor is to help guide you in what you want to do. So yeah, I really directly contribute my nursing career to like Kay Kinsey and Breanne, and the support of the community nurses here to inform me of how to search for a community nursing job.

KD: Exactly. So when you were doing that search, what specific types of jobs were you looking for? Was there maybe certain criteria that you were hoping to meet in an ideal job?

CE: Um, well, probably. But what immediately comes to mind were like the buzzwords were "community nurse," "public health nurse," and from there I was able to search. So not in a hospital.

KD: Yes.

CE: Helping others, um, what's the criteria? I'm sure for a much more well-informed nurse there would be a much better answer, but for me it was like that simple, and then I was able to simply connect with Kay and Breanne and Nurse Family Partnership and immediately felt at home with it. And I was able to intern there, like right at the end of school and in the summer while I was studying for my boards, and then I was like, "There's an opening there." Yeah, so.

KD: And so how long was your internship? And what did you do in it?

CE: OK. My internship was from May until October and I supported the nurse home visitors. So just really tried to help make their job easier. So as a nurse home visitor you are not in the hospital all day. You are not at a desk all day. So to prep for your clients, and all these forms that you fill out, all these extra things you need office time for is lacking a little bit. So what did I do? I helped support those nurses in getting their materials that they needed for their visits. I helped enter their data for them, because that's just a little bit helpful. We were also moving offices and Kay is an amazing designer and is an advocate for her, um, for her nurses and her co-workers and her staff. So I really, I was helping to support that move. So we moved from Broad Street over to Delaware Avenue. So that took up a big piece. But I'm also thinking how organizing and helping simplify resources for the nurses, because when you're in the house and a client says, "Oh, well I'm not sure where the closest health center is," instead of like Google "Philadelphia health center," I put together like a map of the health centers in the area and then listed them out. Are there other websites that they could have found that? Sure. But it was just, that was my job to find that website and to simplify things for the nurses. Um, and then I was able to go out on a few visits with the nurses, again, Kay always being an advocate, um, and just getting to see what that was like. So understanding that role so that I could help that role. Um, yeah.

KD: Yeah.

CE: I think that sums it up. There were other things, and then of course, typical internship, like copying paper, you know that administrative help.

KD: Yeah.

CE: But what's memorable is supporting the nurses.

KD: Definitely.

CE: Yeah.

KD: And so how did that role change and evolve when you moved into a full-time position?

CE: Um. Well I became a nurse home visitor, so then my role completely changed, and my priorities changed, of course, because I was able to um -- I had to focus on my clients. But I will say, from being an intern and having to find some of those resources, I was more knowledgeable, right? So an internship is supposed to help and shape you to potentially be a good employee there, right? So that worked. That absolutely worked. I understood the system, so I felt like I was able to jump right in and focus more on my clients, and not having to worry about the computer system, and how to enter this, how to do a folder. And I joined the resource committee, upon becoming a nurse home visitor, and serve on that committee to bring resources to the nurses. I don't think I fully answered your question though, how did it change. Well my role just changed, I was a different, I had a different job there.

KD: Yeah, I guess what I'm really interested in is what do you do now in your current role, assuming it's stayed the same the last two years?

CE: Oh, I'm sorry.

KD: Yeah, that's fine.

CE: So what do I do as a nurse home visitor is the question.

KD: Yeah, like what is your new role as opposed to being an intern, and yeah, what has that been like? Sorry if that wasn't clear.

CE: I also just had a baby so my mind is like everywhere. What is my role as a nurse home visitor. My role is to help and support a client during their pregnancy and then while their child um, until their child is two. And so that is helping them in five like major areas. Their health, their baby's health, taking care of their child, home, life, school, and then like family, friends, relationships. So it's like a holistic model supporting them in all of their life, because let's be serious, they all influence one another, right? And if a lot of things are going on at home and in your relationship, that affects your health, and that absolutely affects how you take care of your child. So we focus on those main topics. Sometimes in a visit it may be heavier in one area, but that's OK. I come with a plan for that day of what we are supposed to talk about. That plan was, the client contributes to that, so together I say, "What do you want to talk about at the next visit?" The client says, "X, Y, Z." I have a menu to help them in that choice. I bring something and hopefully we're able to tackle both topics and it applies to those five categories I was talking to you about. And um, yeah. I just really, yeah. Being a partner with this client and helping them to meet life course goals.

KD: Yeah.

CE: So, yeah.

KD: Sounds like great work.

CE: It is! It's great work. It's fun work.

KD: Mm hm.

CE: Yeah, it's really fun work. It's challenging. It's, it helped me have a baby. My child had like a huge head start on life, 'cause I had not a big clue, but a little bit of a clue what it's like to take care of a newborn.

KD: Sure.

CE: So I'm grateful for that piece. It helped me be a better mom. And that's kind of my goal as a nurse is to help my clients be a better mom. They're the expert, but I'm just there to kind of support them and identify ways to become a better mom. Yeah.

KD: Alright.

CE: How was that answer?

KD: Oh, it was great.

CE: Was it good enough?

KD: That was great.

CE: OK {LG}.

KD: So I know you're still very new in your career, but from where you are now and kind of looking back to the path you've taken so far, where do you see your future, in terms of nursing or goals you want to accomplish? Or the type of.

CE: My future in nursing?

KD: Yeah, yeah, or the types of things you'd like to take on in your career.

CE: Sure. So, um, being a public health nurse, like my heart is in public health. My heart is in community nursing. So I see my future always being in the community. I would love to help keep my clients from the hospital. I would like to keep them informed of ways to keep themselves healthy. I would like to keep them informed of ways to keep their children out of the E R. So I overall see myself in supporting individuals in like keeping a health life, an informed life, aware of their resources, utilizing those resources to, um, I say, keep them healthy, but also keep them contributing to the community. Efficient in their own life. And so what do I want to take on? I see myself kind of being a lifer at N F P. I love mom and baby. It's a very natural thing to become a mom, but I think every mom second-guesses or is like, "Oh my gosh. How do I do this?" So it's really nice to be like a partner in somebody's life at such like a monumental time in someone's life. It's really fun to be in that part of their life. So my goals would be to continue to support first time moms. Um, I'll have to like plug breastfeeding. To help the community be more aware of breastfeeding. To increase breastfeeding rates, and so that clients know why breastfeeding is a really great start and to normalize it in the homes. So yeah. I guess to stop and kind of collect back on my words and to summarize, my future I see staying in community health and public health. Goals that I would like to tackle would be supporting breastfeeding initiatives, and just overall continuing to support first-time moms. Because it's, it's difficult and it's challenging, but it doesn't have

to be with the resources that are. We're in Philadelphia! There are so many resources! So, yeah. I think that's an OK answer.

KD: Yeah, that was great.

CE: I could have done a better job if I could really be thinking right now.

KD: Oh no, that's totally fine.

CE: But that's yeah. That's it.

KD: Great. Um, so we're kind of wrapping things up. Do you have any advice for people who are new nursing students or people who are thinking about going into nursing?

CE: Um, stick with it. It's difficult, it's challenging, but you will leave so proud of yourself that you've accomplished a difficult time in your life. Take advantage of resources that are available at this school, because at any time when it feels like it's too challenging, you have somebody there to help you. Don't stop, don't quit. I would encourage potential students and nursing students to stay open minded into all of the fields of nursing, because it's not just in the hospital. Um, especially now with it seems everybody is going home with so much more, like having to take their own blood pressure.

KD: Sure.

CE: Things like that. This telehealth stuff that I'm not up-to-date on. But yeah. Nursing is, I feel like, becoming an even broader field than it was five years ago. So um yeah, my advice would be to stay open minded and to really make the most of your clinicals, because when else do you have that hands-on opportunity to really gain knowledge and know what it's like on that floor. You leave having a pretty clear picture. Um, for a potential nurse -- so, also for Jefferson nurses, to keep up on your NCLEX prep. Because that helps you. It will take the anxiety away from taking that big, scary test. And that foundation will help you pass it. The teachers, the material, Jefferson gets you there. But don't slack on the free help. It's part of, yeah, being a student here. Um, to a potential nurse, maybe really looking inside themselves and learning why they're, they want to become a nurse, because you have to be one hundred percent committed when you're at school, and you have to be focused. And so um, shadowing, maybe knowing what the hospital is like, because that's what nursing school is, it's keeping you in that hospital during your clinicals. But to know that if the hospital is not for you, there are other places for you and you can do it, you can get through clinicals. I'm here to talk about it. Um, I got through it, so. Yeah.

KD: Alright.

CE: I think that's it. Yeah.

KD: Uh, yeah.

CE: I was just gonna say, one other piece that I'm just thinking of is I use my i-Pad, and I have no idea what the students are doing this year and where this is going, but I found that electronic world to be fine and easy and helpful in taking like some quizzes online and checking in for your attendance online, that that was like easy and was like a lighter load on my back and my book bag having that. Yeah, keeping that electronic world going. That's not how I should phrase it at all. Clearly. I guess what I'm trying to say is someone who's not tech-savvy was still able to tackle that whole e-world.

KD: Yeah, that makes sense.

CE: I'm thinking of my online Master's classes and how that was like, Blackboard, all of that was so manageable and fine to do for someone who's not familiar with that world. Yeah. So, yeah.

KD: So a couple of minutes ago you mentioned that you, even in your short time in nursing, in the last five years or so, have noticed some changes.

CE: Uh huh.

KD: Could you explain in a bit more detail what those changes have been?

CE: Sure. So maybe, another nurse might say to me, "You just didn't know it was out there." Maybe that's the case, right? But for me, um, not knowing before nursing school of all the different ways that um, all the different areas of nursing that are out there, learning about it in the last five years, what do I see? I see patients going home with, having to take care of their own health. To really owning their own health. And this is the whole public health piece that I really like. You should know what your blood pressure is. You should know what your weight is. You should know these things and you need to own your own health, and I think I'm seeing that clients, patients are having more responsibility for that, and I can see how that would be stressful to a client-patient, and to their caretakers, but I think creating that awareness for a patient-client is only beneficial to any- everyone, and being able to report on that. I know that that's something I teach all of my clients, because often when I walk in and I say, "How's your blood pressure been through pregnancy?" "I don't know. The doctors haven't said it's bad so I guess it's good." "Well do you know the normal range?" So just informing patients of their basic health. Um, I think, because I learned it in school even, having doctors doing like, doing like a Skype, I believe that's out there.

KD: Mm hm. It is.

CE: Especially in these rural communities. Great.

KD: Yeah, Jefferson's doing that too.

CE: OK, I thought so. Thank you for reminding me {LG}.

KD: Of course.

CE: That's what I thought. And isn't even some of the surgeries like robotic surgeries?

KD: Yeah, they do that with even with some of the community hospitals in the area.

CE: OK, OK. So I'm remembering it correctly. I was getting nervous to say it wrong. Um, so that's what I've seen, and to me that's totally new but it's so cool and so neat. And how wonderful for these communities having the best of the best, these inner-city knowledgeable surgeons, doctors, nurses, nurse-practitioners, medical field supporting that. So cool. So neat. So I don't feel very well-informed, but I do remember those little pieces. I -- what do I really specifically remember is during the community rotation I was not doing homecare, but I remember some of the students reporting back how -- I keep seeing this feather -- um, having to report back and taking their blood pressure and connecting it to the computer system, and it goes right to the doctor's charts. That's amazing to me, that makes so much sense, that the doctor can have that instant information. It just seems like there's better care thanks to that. So that's what I was thinking of when I was talking around that.

KD: Great.

CE: {LG} Yes. Did I answer your question?

KD: Yes, you did.

CE: OK.

KD: So is there anything else that hasn't been mentioned or brought up that you'd like to talk about? In terms of topics or memories or reflections? Anything like that.

CE: Um, a few things that stand out that I remember, having the opportunity to hang out with my fellow classmates were a few like food days, right here in this like courtyard, and so someone like me who was not seeking out this stuff, to kind of be finished class and to see that there was a barbecue or there was volleyball going on or there was music, that enticed me to hang out on campus a little bit longer, and then I did pass that person from class that I could chat with. Um, so I would say if those are events that are still happening on campus to keep them up. Like Jimmy John days and pretzel days that just encourages a student who maybe isn't as open to making new friends or who isn't hanging out on campus as long as they could be, it keeps them here. It's just always nice. Yeah. Um, yeah. Um, I remember one time somebody coming in about like mental health, and it really applied for me in the time, so I remembered it and then sought it out. And I think I went to eight three three Chestnut and had the opportunity to speak to somebody, but I only remember it one time, and I feel like that would -- I feel that at least in my world, in public health, mental health is not always talked about, and I feel like it's assumed that it's for like this one kind of person and I would love to see, my goals for the future, mental health be a um much more open, spoken-about topic and maybe, if it's not already, letting the students know all that's out there. Meditation, right? It's not just you sitting in a therapist's room. It could easily be that, but there's other forms of de-stressing. Yoga. I don't know. Things like that. Or just being aware of that mental health office, over there. And maybe students do seek it out and they're just not talking about it. But I don't remember hearing about it that often, and luckily it applied to me in the moment, and I grabbed it, and I went with it. Yeah. And I do -- last thing -- I do remember and appreciate in our classes that special speakers would come in and talk about different things, and that always caught my attention.

KD: What kinds of topics, do you remember?

CE: I remember the like transgendered community coming in and speaking to us about what is offered at Jefferson. What is even possible. And then along with that presentation, how to speak to someone who, who has gone through a transition. Just like breaking down that wall and providing that vocabulary for us to be a more informed student and just to better serve a client-patient, that stands out to me. In the community rotation I remember like Hospice coming in. I remember someone from Red Cross coming in. Um, I'm pretty sure in our cardiac rotation somebody came in -- or maybe it happened to be one of the teacher aides who worked on the cardiac floor, an E R floor, and that's what it was. I just remember people coming in and speaking on pediatrics, there were definitely a few people that came in to speak. And anyway, right now they're not seeming all of that {LG} important because I'm having difficulty remembering them, but if I had the time to stop and think, I would be able to reflect on it and be able to recall it, but my brain's like mush right now.

KD: Yeah. No, that was great. That was perfect.

CE: OK.

KD: Um, so any other thoughts or topics you'd like to talk about?

CE: No, I think I'll stop blabbering about {LG}. Yeah.

KD: Great.

CE: I think that's it. Yeah.

KD: Awesome, well thank you so much for sitting down with me.

CE: Of course.

[End of recording]