

BULLETIN

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President's Message

nce more I find myself in the happy position of declaring the AAHN's 32nd Annual Nursing and Health Care History Conference co-sponsored with the University College Dublin School of Nursing, Midwifery and Health Systems the "Best Conference Ever!" I do not exaggerate. Every year the AAHN conferences offer more and more in terms of scholarship, networking opportunities, events and news you can use making each one better than the last and I see no end to this trend.



Jean Whelan

The 2015 conference was a special treat as it took place in Dublin, Ireland, a beautiful, historic city that offered so many attractions attendees were torn between conference events and enjoying the city. Yet, we managed to do it all and enjoyed great research talks as well as social events which make AAHN conferences so popular among members. We send a very special thank you to the University College Dublin School of Nursing, Midwifery and Health Systems and its Dean and Head of School, Martin McNamara for being the perfect, welcoming host.

Credit for the success of the conference go to Local Arrangements Chair (LAC) Gerard Fealy who with his committee, Susan Grant, Tracy Donohoe, Suzanne Kealy and AAHN Program Chair John Kirchgessner worked prodigiously at bringing the conference together. The conference began with a superb preconference arranged by the Pre-Conference Planning Committee, Chair Mary Gibson and committee members Karen Egenes and Claire Chatterton. And, a thousand kudos go to the Abstract Review Committee Chair Jeannine Uribe, and her committee members Arlene Keeling, April Mathias and Anne Marie Walsh Brennan who reviewed a record number of abstracts this year. The quality of the presentations is testament to the thought and care they put into the process.

I give a great deal of thanks to our Executive Director, Dave Stumph, who has demonstrated not only expert skills in carrying out all the administrative details but does it with tremendous grace. I also thank Dave's team, Paula DeViney, Ruth Gleason Roth and Darrell Cook. The Dublin conference was the first conference staffed by Darrell Cook and we were not only happy to meet Darrell in person but received the benefit of his organizational skills. And I especially thank Andrew Van Wasshnova for his professionalism and patience in dealing with all the details and demands that go into making a conference happen.



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PRESIDENT'S MESSAGE - CONTINUED FROM PAGE 1

We were thrilled to have as our 4th Annual Eleanor Krohn Herrmann Keynoter, Dean Dorrie Fontaine, of the University of Virginia School of Nursing who spoke on *Compassionate Care Through the Centuries: Highlights in Nursing History*, a talk which elicited a number of thought provoking questions relevant to history and practice today. On Saturday morning, Dr. Christine Hallett, Director of the UK Centre for the History of Nursing and Midwifery and Chair of the UK Association for the History of Nursing presented a special plenary session on *Neutrality, Engagement and Humanitarian Response: US Nurses and the First World War.* Both the keynote and the special plenary session set a high scholarly tone for the conference which was replicated in the excellent papers.

The conference included some extra events such as the opportunity to purchase books displayed by several publishers. As always, the doctoral student lunch hosted by Annmarie McAllister and Jane Brooks engaged a large number of students interested in discussing areas of mutual concern. The Association also held a luncheon for new or potential new members hosted by Rima Apple, John Kirchgessner and Andrew Van Wasshnova to welcome new members and review the many benefits of joining the AAHN.

The Saturday morning AAHN Business meeting allowed members to catch up on the state of the Association; a state which is very good. We are continuing with popular programs such as the *Talking History* sessions. The next *Talking History* will be held on Wednesday, December 16. Dr. Rima Apple is hosting the session entitled "Fundamentals of Grant Writing." Please check the AAHN website and e-blasts for registration information. Further, we continue to seek out ideas and ways to increase membership. We urge all members to serve as emissaries spreading the word about the value of belonging to the AAHN. If you are attending a professional conference or meeting contact Andrew Van Wasshanova at avanwasshnova@kellencompany.com who will send you promotional materials about the Association which you can distribute.

The Association thanked outgoing Board members, Barbara Gaines (Chair, Publications Committee), Ewing "Rusty" Lusk (Director, Member Finance Committee) and Gerard Fealy (Director, Member Strategic Planning) for their service, effort and work for the Association. We also welcomed newly elected Board Members, Melissa

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PRESIDENT'S MESSAGE - CONTINUED FROM PAGE 2



Sherrod, (Secretary), Virginia Fitzsimmons (Publications), Kathleen Nisheda (Director, Member Finance Committee) Jonathan Hagood (Director, Member Strategic Planning) and Jane Brooks and Carolyn Lee (Nominating Committee).

The Business meeting also included a sneak preview of the 2016 Annual Conference which will be held in Chicago from September 22-25, 2016 and where according to LAC Chair Brigid Lusk it never rains and the sun is always shining. Our 5th Eleanor Krohn Herrmann Keynote speaker is noted historian Beatrix Hoffman whose talk is entitled "Nurses. Immigrants, and the Right to Health Care." The abstract submission deadline for the conference is January 31, 2016 and the Abstract Review Committee wants the members to know that they are looking forward to receiving another record number of abstracts, so send those abstracts in.

We ended the conference on a high note with the Annual Banquet at which we celebrated the conclusion of a wonderful three days, sang happy birthday to LAC chair Gerard Fealy, and then received a special surprise when two famous Irish step dancers, Dr. Sandra "Sure Foot" AAHN Board of Directors

O'Shaughnessy and Dr. Gerard "Flat Foot" O'Flaherty step danced their way to the podium to raise money for our Research Grant Program. Fortunately, for the Association, Drs. Sure Foot and Flat Foot were better at raising money than dancing and the Association took in a record amount all of which goes to our research fund. This is the most important fund raising the Association carries out and we appreciate those who bid so generously for the many valuable and some not so valuable items. For those who were unable to attend the conference there is still an opportunity to bid. One of the most popular items on which to bid was "nothing." You simply bid on nothing and if you win (and there is absolutely no chance you will lose) nothing will be sent to your house, except of course a heartfelt acknowledgement of your generosity. For members still interested in bidding, please consider this easy and risk free way to increase the amount already raised. Contact Andrew Van Wasshnova at avanwasshova@ kellencompany.com to find out how you too can bid on "nothing."

The Dublin Conference was the second AAHN conference held in an international location over the past five years. The decision to periodically hold the Annual conference outside the borders of the United States was initiated by former President Arlene Keeling and it is one that has proved successful. We thank Arlene for her forward thinking initiative which reinforces the status of the Association as an international one, recognizes the global state of the scholarship, and opens us up to an outward looking perspective that is critical for survival in today's transnational world. The Association is committed to continuing this practice, so we ask for suggestions on where to go next internationally. Please let me know what cites/countries to which we should head in 2020.

The Annual Conference signifies both the beginning and end of the Association calendar year. The year 2014-2015 was an exciting one of growth for the AAHN. We look forward to the 2015-2016 year to continue that growth, expand and enhance our programs and remain the major association devoted to nursing and health care history.

Best,

ean

2015 Research Awards

The Teresa E. Christy Award for Exemplary Historical Research and Writing, which recognizes historical research and writing while a student, was presented to Heather Janell Furnas, PhD, for *Nurses as Neighbors: Community Health and the Origins of School Nursing.*

The Lavinia L. Dock Award for Exemplary Historical Research and Writing, recognizing outstanding research and work by an experienced scholar who submits a book, was presented to Tommy Dickinson, PhD, MSc, BSC (Hons), Adv DipHE, RN for Curing Queers: Mental Health Nurses and their Patients, 1935-1974.



The Mary Adelaide Nutting Award for Exemplary Historical Research and Writing is presented to an experienced nursing history researcher and writer who submits, most often, a post-doctoral manuscript or article. The 2015 award was presented to Dominique Tobbell, PhD, for "Coming to Grips with the Nursing Question': The Politics of Nursing Education Reform in 1960s America."

The Mary M. Roberts Award recognizes original research and writing in an editorial book of nursing history and was presented to Jane Brooks, PhD, RN and Christine Hallett, PhD for *100 Years* of Wartime Nursing Practices *1854-1953*. **The H-15 Grant** was presented to Kylie Smith, PhD, University of Wollongong for



"Mary Starke Harper and the Role of the Nurse in Minority Mental Health: 1952 to 1995."

The H-31 Grant was presented to Vicki Fama Daniel, University of Wisconsin Madison for "A Legion in Themselves': Nurses at the Triangle Fire Morgue" and to Erin Spinney, University of Saskatchewan for "[I]ndispensably Necessary: Military and Naval Nursing in the British Empire 1763-1820."

Dr. Brigid Lusk Receives the 2015 AAHN President's Avvard

AHN President Jean Whelan



presented the 2015 American Association for the History of Nursing's President's Award to Dr. Brigid Lusk at the 32nd Annual Research Conference in Dublin. The President's Award recognizes sustained and distinguished service to the Association. In her remarks announcing the award, Jean praised Brigid's impressive career as an expert historian, scholar, educator, nurse leader and colleague.

Jean noted that Brigid's career exemplifies the nature of the AAHN as an international association. Brigid is an American nurse who originally was born, educated and worked as a nurse in Great Britain. As many nurses of her time, Brigid immigrated to the US where she established an impressive career which included being an expert practitioner of critical care and then later moved into academia where she assumed increasingly more responsible positions, earning higher degrees along the way. She holds a BSN from De Paul University, a MS from Northern Illinois University and a PhD from the University of Illinois. Over the span of her career, Brigid advanced in academic roles from instructor, assistant, and associate professor. Her last position, from which she recently retired, was as Chair and Professor of the Northern Illinois University, School of Nursing and Health Studies. Currently Brigid serves as Director of the Midwest Nursing History Research Center at the University of Illinois at Chicago College of Nursing, one of our expanding nursing history centers.

Brigid is a prolific researcher garnering over 1.6 million dollars in grants. As well, she is extremely well published and holds the record for presenting papers at the AAHN; a record that remains and will be hard to beat! Brigid was the recipient of the 1996 Christy Award for her dissertation *Professional Strategies and Attributes of Chicago Hospital Nurses During the Great Depression*. She has received many honors and achievements for her work and is a Fellow of

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DR. BRIGID LUSK RECEIVES THE 2015 AAHN PRESIDENT'S AWARD CONTINUED FROM PAGE 4

the prestigious American Academy of Nursing.

Jean chose Brigid as the 2015 President's Awardee because of her excellent service to and support of the AAHN. She has served on numerous Association Committees and has held several important offices including Treasurer from 1998-2002, during which time she developed the AAHN's critical financial, investment, and endowment policies; and engaged in excellent work at insuring the success in maintaining the financial stability of the AAHN. More recently, Brigid held a successful term as President from 2010-2012. She continues to actively serve the Association as Chair of the Nominating Committee

and is also chairing the 2016 Local Arrangements Committee. Jean noted that it was a pleasure to award the 2015 President's Award to Brigid for her extensive service, her expertise and her wisdom and for being one of the cheeriest people in the Association! Congratulations Brigid on this impressive distinction.





Beth Ann Reedy and Barbara Brodie (Courtesy Diane J. Mancino)



New Members Meeting



UCD Chorus



Barbra Mann Wall and Jean Whelan (Courtesy Diane J. Mancino)



Award Winners: Lavinia L. Dock Award Tommy Dickinson with Winifred Connerton





Pre-conference Speaker Mark Loughrey



Rita Chow





Mary M. Roberts Award Jane Brooks and Christine Hallett with Winifred Connerton



Dr. Christine Hallet (Courtesy Diane J. Mancino)

Member Nevvs History of Nursing Archivist Receives Friends of Nursing Award

by Mary Ellen Doona

The American Nurses Association Massachusetts presented its first ever Friends of Nursing Award to Diane Shugrue Gallagher, the Nursing Archivist at Boston University's Howard Gotlieb Archival Research Center (HGARC), at the Awards Dinner held at the Dedham Hilton April 10, 2015. Gathered around Gallagher as nursing honored her fifteen years of service were her children, Maura and Bill; Vita Paladino, Karen Hook and Laura Russo, Director and colleagues at the HGARC, respectively, and members of the Nursing Archives Associates.

Gallagher confesses to long being "hooked on the value of nursing and nurses" and takes special pride that in any survey, list, compilation of facts, or statistics that she has consulted of the most trusted professions, "Nursing is always, always first!" The emphasis is Gallagher's and speaks of her enthusiastic commitment to processing collections, serving researchers and responding to inquiries. Discoveries made by researchers increase her own appreciation for the store of knowledge preserved in the History of Nursing Archives' collections of 152 individuals, hundreds of rare books and 61 organizations and institutions. Among those collections is that of the American Association for the History of Nursing.

Not least among the treasures that Gallagher oversees are more than 300 Florence Nightingale letters. In 1972 only six years after Mary Ann Garrigan established the History of Nursing Archives (February 18, 1966), the Boston University School of Nursing presented it with more than 50 letters of Florence Nightingale to Sir Robert Rawlinson (1810-1888). Rawlinson was a member of the Sanitary Committee that the British Government sent to the Crimea in 1855 after The Times exposed the British Government 's neglect of its soldiers.

Along with her responsibilities within the History of Nursing Archives, Gallagher is wherever nursing's history ^{is} being celebrated. She was at the unveiling of the portrait of Linda Richards, "America's first Trained Nurse," at the Massachusetts General Hospital last spring. Ongoing is her attendance at ANA Massachusetts' events answering questions about the History of Nursing Archives, and reminding nurses, especially young nurses attending their first professional meeting, that they are making nursing history. She is often on the road taking the message of



Diane Shugre Gallagher, Nursing Archivist at the Howard Gotlieb Archival Research Center of Boston University, pointing to Mary Ann Garrigan's name as Natasha McEnroe, Director of the Florence Nightingale Museum in London looks on

the History of Nursing Archives far beyond its setting at Boston University.

A 2013 visit to the Florence Nightingale Museum while on vacation in London became more than a causal stroll through the Museum once she chatted with its Director, Natasha McEnroe, about Nightingale letters at the Museum and at the History of Nursing Archives. Almost as soon as she heard about Gallagher's chance meeting with McEnroe, Vita Paladino, the Director of the HGARC, booked a flight to London and before much time had elapsed met with McEnroe over lunch. "There, within an hour," Paladino recounts, "a collaboration was hatched, and born was the Florence Nightingale Digitization Project." An invitation to Boston followed where on November 20, 2013 McEnroe presented "Florence Nightingale's Life and Work through Her Letters: A Glimpse into her Personal Correspondence" to the Nursing Archives Associates.

By the next year, 2014, the collaborative effort between the HGARC and the Florence Nightingale Museum included the Royal College of Nursing and the Welcome Library. Recently Columbia and Harvard Universities added their Nightingale letters to the Florence Nightingale Digitization Project with other institutions in the process of doing the same. There is now a database of more than 1900 Nightingale letters that are available to researchers through a single source. (See hgar@bu.edu).

As Gallagher continues to collect, protect and preserve nursing's memory, she epitomizes on a professional level Aristotle's insight that "Friendship is one of the things which life can least afford to be without." ANA Massachusetts recognized her friendship when it honored Gallagher with its Friends of Nursing Award. In doing so, the profession also set the standard of excellence against which future honorees will be measured.

Research Connection Corner

Canadian Association for the History of Nursing/Association Canadienne pour l'Histoire du Nursing (CAHN/ACHN)—Annual Conference June 2016

Call for Abstracts

Brains, Guts and Gumption: Historical Perspectives on Nursing Education, Practice and Entrepreneurship

The 2016 CAHN/ACHN International Nursing History Conference will be held in Vancouver, Canada, 16-18 June 2016

Exploring connections between health, nursing and leadership, the conference welcomes papers that analyze the various ways in which nurses have negotiated their roles as educators, practitioners or entrepreneurs, testing new paths of work and practice as the context of health care changed and demanded new responses. Questions of education, practice, health policy and power will be examined, looking at critical areas of nursing's past. How did local, regional and global health contexts shape nursing practice and education? How did nurses negotiate new domains of work, authority and knowledge? What tensions arose over claims of knowledge, quality training, skill and professional identity? Abstracts on other topics are also welcome.

The conference will bring together scholars, professionals, and students internationally and from many different areas of nursing and health care. We especially welcome abstracts from students.

Please submit a one page abstract (350 words max.) and a one page CV for consideration. State the title of the submission at the top, then list name, credentials, institutional affiliation or city, contact and e-mail information. Submit two copies of your abstract; one must include the author and contact information. Indicate if submission is a paper, panel or e-poster (to be presented in electronic poster format) presentation. If more than one author is listed, indicate the name of the contact person. The second copy should include title and presentation type with no other identifying information. Abstracts must be no longer than one page, with one inch margins all around. Abstracts will be peer-reviewed. Due date for submission Jan. 31, 2016

Submit abstracts to Dr. Margaret Scaia, University of Victoria, mrscaia@uvic.ca Abstracts must be received by January 31, 2016. Notification of acceptance will be sent in March. All presenters must be members of CAHN/ACHN. For further information contact Dr. Margaret Scaia (mrscaia@uvic. ca) (Chair program) or Dr. Geertje Boschma (geertje.boschma@nursing. ubc.ca) (Chair local arrangements).

The CAHN/ACHN conference is hosted by the University of British Columbia (UBC) Consortium for Nursing History Inquiry, and co-sponsored by the UBC School of Nursing, Providence Health Care - St. Paul's Hospital location, the BC History of Nursing Society, the Margaret M. Allemang Society for the History of Nursing, the Manitoba Association for the History of Nursing, the Halifax Nursing History Group, the Nursing History Research Unit at the University of Ottawa, and the Associated Medical Services (AMS).

Save the Date

33rd Annual AAHN Nursing & Healthcare History Conference





Call for Abstracts: www.aahn.org/abstract.html

Deadline January 31, 2016 act.html

Hilton Chicago/Magnificent Mile Suites Chicago, Illinois

Fifty Years Ago Joy Shiller RN, BSN, MSN, CAPA

t seems like yesterday when President Lyndon B. Johnson signed the Social Security Act of 1965 that established Medicare and Medicaid. I was a senior nursing student at the Roosevelt Hospital School of Nursing.

The mid-sixties were a time when the primary choices for young women who did not marry after high school graduation were to become a secretary, a teacher, or a nurse. The hospital-based programs were predominately how nurses were educated at the time. Competition to get into these programs was fierce. Instead of SAT's, candidates for nursing were required to take a more comprehensive entrance exam specifically written for potential nursing students. There were several hundred applicants for the 52 positions to the freshman class of Roosevelt. Even after we were accepted, our place in the class was contingent upon a thorough psychiatric evaluation by a schoolappointed psychiatrist.

When the Roosevelt Hospital School of Nursing was established in Midtown Manhattan in 1896 its philosophy was based upon many of the principles of Florence Nightingale's school in London. Originally it was a three year program but had been reduced to 24 months in 1962. The only students accepted into the freshman class of 1964 were unmarried and female. Except for one student who was 29 the age span ranged from 17–20 years. The cost was \$600.00 and included tuition, a room in the dorm, unlimited meals in the hospital cafeteria, books, and laundry services. The only

additional expense was \$43.00 for uniforms.

On the first day of orientation, after we each introduced ourselves, we were informed that only half of us could expect to graduate. We were given a medical dictionary, all the required textbooks, and assigned to a "big sister" from the senior class who would serve as our resource person during the first year. That same evening, we went through an initiation process conducted by the seniors in the clinical lab. We were told there were three requirements to make it through the program. First, were forced to eat feces from a stainless steel bedpan (actually peanut butter). Then, we had to drink urine from a glass urinal (actually apple cider). The last requirement, after we were blindfolded, was to hold the hand of a dead person (a rubber glove filled with ice). Following the initiation our "big sisters" took us out for pizza and then to a local bar. Despite many of us being under age the bartender served us alcohol. It frightened me to be in that bar, but my "big sister" had brought me there and had ordered my drinks. That night I could hardly sleep. I knew I wanted to become a nurse but was afraid I had made the wrong decision in choosing Roosevelt. The School of Nursing was located on

The School of Nursing was located on the hospital premises. Every nursing student was required to live in the dorm. The building not only contained our living quarters but all the classrooms, a clinical lab, the library, and a large public reception area. The freshmen lived on one floor and the seniors on another. Each floor had a living room with the one television and a community bathroom. Our rooms had no sinks, air-conditioning, or telephones. There was only one public pay telephone on each floor. Many times we had to wait in line to make a phone call.

There were strict rules that had to be followed if we wished to remain in the program. We were told that we must always to be respectful to the hospital environment. For this reason, dresses or skirts had to be worn at all times. We were forbidden to wear slacks to class or anywhere on or near the hospital premises. Obesity was not to be tolerated. Every nursing student was required to be weighed on a weekly basis. Having alcohol in the dorm or dating an intern or resident was a cause for being expelled. There were strict curfews; 10 PM during the week and midnight on weekends. Visitors were not allowed anywhere in the building except in the public reception area on the first floor where the house mother, on the premises 24 hours a day, watched our every move. She monitored the book when we signed out, indicating our destination every time we left the dorm. Upon returning she verified the time we had written in the book. She was the one who conducted the bed count each night and recorded our weights every week. She was also the only person who controlled the one manuallyoperated elevator in the building.

Our uniforms were blue and white pin-striped dresses with heavily starched white bibs, aprons, collars and cuffs. We were taught how to cross our legs and properly fold our white starched aprons across our lap when we sat down in order to avoid

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wrinkles. The hem of the uniform was required to be exactly 12 inches from the floor. On clinical days we had to contend with attaching white studs instead of buttons down the front of our uniforms. The majority of nursing students wore Clinic Shoes, which were always whitened with "Sani-White" polish. Jewelry, except for a watch and stud earrings was forbidden. Hair was not allowed to touch the collar. The skin on the back of our necks had to be visible at all times. Stockings in our freshman year were flesh colored. Upon becoming a senior I advanced to white stockings. I was also proudly adorned with a starched white organdy cap. The senior year was also special because I now had my own "little sister."

Classes or clinical labs were five days a week unless we were assigned to areas within the hospital. If we were unable to attend a class or clinical due to illness we were required to obtain an excuse from the hospital's employee physician. Our curriculum consisted of all the nursing specialties as well as courses in Pharmacology, Nutrition, Integrated Science, Interpersonal Relationships, English, Sociology, and Psychology. Because we were in a hospital-based program we received no college credit for any course. If we failed even one class we were required to start the entire program over from the beginning.

In our clinical lab we practiced procedures either on each other or on "Mrs. Chase," a life-sized, jointed human mannequin with several orifices. Throughout our program every student developed a unique personal attachment to Mrs. Chase, who we tended to humanize and sometimes even dress up as a student nurse. She was certainly unlike today's "SIM" dolls. It seems hard to believe that we had classes on applying rotating tourniquets and straight jackets, caring for patients in an iron lung, operating the autoclave, making an ether bed, maintaining glass mercury- filled thermometers, and inspecting needles prior to being re-sterilized. We also had a stove in our clinical lab where we learned to prepare mustard poultices as well as milk and molasses enemas.

In our Scientific Principles of Nursing textbook there was an entire chapter dedicated to bed making. That skill was indeed the most difficult clinical lab for all of us. If the squared corners were not perfect and our instructor could not bounce a coin off the center of the bed to her satisfaction we would fail. I still vividly remember the day before Thanksgiving when several of my fellow students had already left for the holiday. It was late in the afternoon and I was one of two students still remaining in the lab. As I remade the bed for at least the 4th time, my instructor stood with her hands on her hips and repeatedly said, "NO BED, NO TURKEY!!" Finally, although the coin did not exactly bounce to her complete satisfaction she released me. To this day, I still think about the Thanksgiving that almost never happened.

Our clinical rotations were entirely different from today. There were typically six students and one clinical instructor on each assigned unit. The instructor never left the unit. We were absolutely forbidden to ask any unit nurse for advice. The feeling was that we could potentially pick up traits from someone who did not practice nursing idealistically. This thought was also the reason I was made to relinquish my part-time nurses' aide position that I had before beginning the program.

The only time we were permitted to sit during our clinical rotation was to do our charting. If a physician entered the nurse's station we were required to stand up and give "him" our chair. I do not recall any female physicians on staff. Although most of us were in our teenage years, we were required to refer to each other as "Miss" when we were on the units. We were not permitted to provide our first names to our patients. If a patient asked any questions about their health, medications, or diagnosis we were not allowed to give them any information and were told to refer them to their physician. We were even forbidden to tell a patient their temperature.

During our clinical experience we were usually assigned one or two patients for whom we would provide total care. On every clinical day we had pre and post patient care conferences. Our patients were specifically selected by our instructors who had diagnoses that we were currently or had recently studied in the classroom. They also sought out patients requiring procedures such as enemas, dressing changes, NG tube insertions, douches, and Foley catheterizations. Whenever one student was chosen to perform a procedure, several other students on the unit would be present to observe.

We received our patient assignments the day before each clinical. Every student was required to report to their unit during the preceding evening to review their patients' charts. We would then stay up late in the night reviewing everything about their diagnoses and medications, knowing we would be drilled by our instructor the following day. I still remember studying all I could about a specific

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patient. When I reported for duty the following morning she decided she did not want a student to care for her. That morning I was reduced to tears. There were many other days one or more students could be seen crying in the clinical areas.

I know for sure that every graduate from my class remembers Miss Murdock. She was a clinical instructor and the cause of many tears and many hours of lost sleep. Every student dreaded their rotation with Miss Murdock. There was one night we even leaned out from our third floor dorm windows during a big snow storm wearing only our pajamas hoping to become ill so we would not have to report to her clinical. She had established nursing standards that no student could ever meet. She never gave any student an "A" because "No student could ever be that good." Although we would arrive to our units totally prepared for the patients she had assigned to us she would sometimes intentionally change our assignment. She would then question us about other patients just to see how much we knew. Despite her ways, Miss Murdock possessed a wealth of clinical knowledge that she was always eager to share. Although she was the cause of much emotional trauma. I still credit her for the values she instilled and for all she taught me.

By the time of graduation there were only 34 students. The remainder of the original 52 had resigned on their own, failed, become pregnant, been expelled, or in the opinion of our instructors, "were not nursing material." Following graduation many from our class remained at the Roosevelt Hospital. Our beginning salary was \$512.00 per month. Every new graduate was required to work all three shifts. When we rotated to evenings or nights we could be floated to any Medical, Surgical, or Pediatric unit in the hospital where we were needed. It was on these shifts that we were frequently the only nurse with the sole resource of a nursing supervisor who was not necessarily helpful or supportive. There were many nurses' aides who watched out for me in those days and to them I will always be indebted. When I reflect upon the fact that I was 19 years old and the only nurse in charge of many nursing units, it scares me more now than it did then.

After attending three junior colleges and two universities in two states I finally obtained my BSN in 1979. It was then that I truly appreciated the strong foundation in nursing that I received at Roosevelt. As a part of my initial education I was also fortunate to experience something that most university students will never know. And that was the sisterhood we developed among ourselves. As nursing students we lived together on the same floor, had all our classes together, ate our meals together, studied, and socialized together. We planned and conducted formal afternoon teas, fashion shows, and other events together. We were constantly there to witness each other's accomplishments, crises, and failures in life. We grieved together when we watched our classmates pack up their bags knowing they may never become nurse. As difficult as those two years may have been, they will always be among the most memorable and valuable in my life.

In 1974, like many of the hospitalbased programs in that decade, the Roosevelt Hospital School of Nursing closed its doors. I then realized my graduation pin was now irreplaceable and made the emotional decision to no longer wear it. I do not have many possessions from 50 years ago, but in addition to my graduation pin I still have every textbook and the medical dictionary that I received on my first day of orientation. Although these books can no longer be used as a reference they will always be a part of me.

To this day, whenever I have nursing students assigned to my clinical area, I try to share many of the same principles of nursing I developed in the '60's. Although I have never terrorized a nursing student like Miss Murdock, I continue to share my clinical knowledge just as she and so many of my instructors did a half a century ago. The cap, the white stockings, and Clinic Shoes have been gone for decades. But unlike all my peers who wear scrub pants and tops, I come to work every day in a scrub dress. When patients ask why I am the only nurse in a dress, I reply, "It goes back to my days as a student nurse many years ago!"

ACKNOWLEDGMENTS:

I have concurred with Ona Jasinskas and Sueanne Write Cantamessa in writing this article for accuracy. They were both students at the Roosevelt Hospital School of Nursing in 1965.

Calling one and all

AAHN members—If you are going to a professional meeting or conference and are willing to distribute AAHN promotional materials, please email David Stumph, Executive Director AAHN or Andrew Van Wasshonva at our management company. Their emails



are: dstumph@kellencompany.com and avanwasshnova@kellencompany.com. Help us spread the word about the benefits of joining the AAHN!

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