

Interview with Dr. Mary Ellen Powers

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Interview by Melanie Jean Conway

Melanie Jean Conway (MJC): Interviewing Mary Ellen Powers. I think we are going to start with your background, date of birth, your school...

Mary Ellen Powers (MEP): My date of birth is April 21, 1945. I grew up in Boston, Massachusetts. My education, I got a bachelor's degree from Boston College which is a Jesuit University, and a masters from Wayne State University and a doctorate from Boston University.

MJC: So you went back is that?

MEP: Yes, I took a sabbatical and a professional development leave in 1980 through 1983 to complete my doctoral on coursework and qualifying current \_\_\_ and I came back and did my dissertation long distance. I came to Northern in August of 1972. Why I came here was I was newly married and my husband had a position here in the economics department. So I came here and got married and the rest is kind of history.

MJC: Was is a little bit of a change from East Coast to here?

MEP: Quite a bit, quite a bit, huge culture shock. When, the first time I came here before I actually got married was I flew in to make preparations because we got married here and I was reading Alvin Toffler's, teacher culture shock something like that, oh my god I'm actually experiencing it first-hand type thing. Yeah so that was like 30, 32 years ago so a lot of what you see now in terms of the physical layout, be it the university or even the town itself just didn't have much. I came from a very cosmopolitan, metropolitan area and like there was no shopping malls and everything was spread out and there was no real transportation. It was quite a culture shock but now I choose to live here so, yes I like it.

MJC: And when did you start teaching at Northern?

MEP: I started right away in August. I married in August and started teaching when the semester started, at the end of August like it is now usually.

MJC: And how since you've come, up until now how has the curriculum evolved, I know there was just a huge, was it that big? Now people are getting signing bonuses to go to certain hospitals, was it such high demand and how has the program adjusted for that?

MEP: When I first came there wasn't any nursing shortage, you see these high demand things when there is a shortage and nursing shortages tend to be cyclical, used to be once every decade and now it is happening more frequently and its longer and a lot of the statistics are projecting all the way out until 2040 to mend the shortage which is deliberately, it's based primarily on demographics in terms of what is called the baby boomer cohort which are people born between 1946 and 1964 so there is actually two generations within that, the early baby boomers and late boomers, early boomers are 1946 to 1956 and late boomers are '57 to '64. Anyhow those people are, and I am just of a cusp right before that 1945 personally, those people are nearing their time in age, a lot of people are choosing to retire at age 55 so you have a huge section of the population, 7 million people who are baby boomers who are beginning to retire or beginning to have health problems, \_\_\_\_ who need to have their disease manage and need to utilize and access the healthcare system more frequently, more intensely, etc., etc. So in the nursing profession reflects the demographics the mean age for the nurses right now is age 50 and nursing is a very difficult profession its really like working in the trenches, that's what I talk about with students, it's really tough and people can't stay in nursing until they are 62 or 65 so you have a shortage there in terms of people right now in the system, people retiring and what have you. So this is a, unlike any other nursing shortage before you could always address it with pipeline, putting more people in the pipeline graduating sooner, quicker, etc., but that's not so any longer. So yes we are now in tremendous need in terms of more faculty, because faculty also, myself included, are reflecting demographics on the national level and there are not many people going into doctorate preparation or doctorate programs to be able to pick up the slack in terms of the positions that are becoming available. So nursing is really seeing tremendous research and a renaissance if you will, as a profession and as a discipline. It's much more attractive when went to college I graduated in 1966 with my bachelors I was in college starting in 1962, I went to a Jesuit college so maybe that's different but the only areas that were open to women were either nursing or education. You could not go into the college of business, you could not go into the college of arts and sciences and majors and psychology. So there were more people coming into the pipeline, we have many options, women, so women have come a long way.

MJC: The fact that men weren't really seen to be in the nursing profession either, you as a teacher have you seen that increase?

MEP: Oh yes! I mean it is not unlikely, I don't know the actual statistics, its maybe about 9 percent men in the field, but it seems like we see a disproportionate amount up here. I think lots of times what you have is people who are second career and midlife career changes, they maybe got for example, I don't know if this is accurate, but just hypothetically they got a degree in let's say geology or something and there isn't the market for it or in forestry or whatever so they come back and they \_\_\_\_into nursing so sometimes they tend to be older nontraditional students which from a faculty perspective they tend to be the ones I like because they are usually more motivated, goal directed, focused, etc. So we see a disproportionate amount of men, here periodically. You know it goes in waves too so we do see a lot of men. But we've had peaks and valleys in terms of enrollments, enrollments now are capped only in terms of resources and faculty. The other resource that stretches us here is in terms of clinical placements. We only have primarily Marquette General Hospital to choose from, Bell Memorial sometimes you know we have some human agencies, MGH is really the clinical setting for not only us but for \_\_\_\_, \_\_\_\_, \_\_\_\_ and that \_\_\_\_school up in Houghton Hancock I think it's called Finlandia. They're starting to use it and so in a hospital you can have it as a teaching focus and MGH can handle just so many interns or students or what have you. So not only do human resources i.e. faculty but also clinical settings limit us, and also budget limits us too in terms of employment, being able to employ people and hire people and the university has gone several budget rounds are several very severe cuts in terms of budget the last few years, so that certainly has impacted us somewhat.

MJC: How about technology, like the laptop did that affect your program do you use those a lot during your class or how has that affected you?

MEP: I guess answer technology in terms of first of all things that help the profession we are able to do more things nowadays than we could 10 years ago, 20 years ago, wherever you never heard about people having open heart surgery 30 years ago. Just the people today are much sicker than we even envisioned 20 or 30 years ago so technology allows us to do much more it allows us to prolong life. And so we are able to keep people alive longer we are able to do more dramatic things, you know transplants, bone marrow transplants, liver, lung, heart transplants,

things that you never really heard of are slowly frequenting and so they are pretty common things nowadays so technology has certainly influenced the profession and the demand for nurses . And certainly technology has influenced us as a program in terms of we need to have those resources in terms of we have a technology center involved we have NTC Nursing Technology Center its over in West Science so we have people in a lot of our, what we do is simulation we have to have all of these different things too so we are very costly in terms of having to have the latest in terms of equipment but also we are a costly program too because it is just a segway in how ratios are mandated by the state as to how many, in the clinical setting, how many students per faculty and so we are a very costly program.

MJC: Yeah I didn't even think about that but I mean you have to have certain specialty attention...

MEP: Right so we have a maximum of 1 to 10 which is really stretches a faculty person, so that is kind of another little tangential but still really\_\_\_\_. More immediately to your question in terms of our Web CT I think that the nursing tends to be, nursing tries everything so we were probably the first kids on the block in terms of the entire department really embracing it to varying degrees so I think everybody in the department uses it. I've had worked CT in all of my courses just from the section practicum and I keep adding things in, deleting, or trying new things. We were the beta for the testing for the evaluation because we are moving to a banner which is another way, how do I want to describe it, another way, a mainframe. You know upgrade the mainframe of the entire university and everything has to integrate and so doing that we are getting rid of a lot of paper and pencil stuff and bubble sheets and what have you and so we just, the department just tested what they call beta in terms of terminology the evaluation of faculty member in terms of their performance it has to be anonymous and stuff like that. So we just tested that, and partially we were selected because we have such heavy uses of Web CT, so Web CT has really changed things an awful lot in terms of how we teach it makes the faculty member more of the facilitator and puts some more of the owners on the students in terms of the program because there is a wealth of information out there that we need to be able to access and utilize. Also be able to evaluate in term of legitimacy as far as whether the website they go to is really a legitimate one and you know the criteria they use to determine that etc. And they nursing or medical profession is all about practice or the best practice so they need to be able to access

that kind of material because that drives what's the best practice we should be doing you know like, I mean you come in to the ER and you have pneumonia then the best practice says that within four hours you should have your first antibiotic doses and stuff like that so we need to stay current and sometimes by the time it gets out in the journal its obsolete so we need to be able to really integrate that into our practice, the evidence that we find drives our decision so that is really important to use it from that standpoint. So, having students understand the whole idea of informatics which is something we never had to teach about because we never had so but the whole idea of informatics is really important nowadays so we've been able to you know utilize in all of our courses, I do everything on there, put all my paperwork on the syllabus and I try to be totally paperless, I use an assignment drop box, I do a lot of online discussion and stuff.

MJC: Do you feel the students are getting just as much as the paper and pencil... if not more?

MEP: Yes, absolutely, absolutely. I think in fact for a learning curve there is more of a learning curve I think probably the faculty you know myself I never even knew how to turn on a computer until seven years ago and now like I told you I've got mine\_\_\_ so I just feel totally naked because I'm so depended on that. I didn't know how to email you back I didn't know how to contact you. I'd come to the library because that's where we said and so, and she said you just checked in, yeah you become extremely dependent on it, I can't imagine, I can even remember hardly life without a computer.

MJC: I completely understand.

MEP: But you know I grew up well into my days with never having it so, I mean for me it was very intimidating, threatening in terms of the technology and huge learning curve and now I can't imagine it the other way. I think that it's a double edge sword, I think technology helps in a lot of ways but it also really increases in faculty workload, it does not make it easier. Because if you're doing an online discussion you always having to be in there critiquing and responding versus if you hand me a five page paper I can read that at my leisure anywhere.

MJC: I have one professor he is like oh well just get on IM and chat if you have any questions you can ask me anytime and I thought what about your personal life? But he doesn't mind,

MEP: So yeah it really makes for 24/7 so I think it really always requires a lot of refinement in terms of identifying boundaries and expectation and being really good about that in the syllabus

etc. I think sometimes it's hard to develop community, like collaborative, although you may assign collaborative activities because there is something about face to face interaction that you are able to just \_\_\_ bond or intimacy if you will so I think that's always a challenge to try to achieve that. I think like we have some of our courses are for nontraditional, that's much\_\_\_ to get their bachelorette after maybe they've been out of the workforce twenty years and again myself 7 years ago not familiar with technology and so that's a tremendous learning curve for them. And unfortunately the infrastructure is not set up to really provide support for them the faculty person is the person who they are supposed to check with in terms of technical problems, I'm not the technical expert I'm the content expert so yeah that makes for some hard times too and I think that's what they really could have done better in terms of infrastructure when they brought the whole laptop initiative, when they brought that out. The help desk is covered by people, students, who are learning as they go along, so it depends on any given day on when you call and who you get.

MJC: Oh so the professors just go to help desk...

MEP: We do but it is still very limited, there is one person who is the technical, instructional technologist or something, and they have a site which is down in the basement of the LRC also, and there is one person who is the instructional technologist and then the rest of that place is run by students also.

MJC: Oh my goodness.

MEP: So we don't really have a real IT department here.

MJC: Right, right. You would think that with us being one of the first for laptops that would really be something... and in the beginning of the nursing program, were you one of the first instructors here for the nursing program?

MEP: The program started I think '68 '69 so I was here like four years after the start.

MJC: Who were the earlier people that you worked with? And are any of them still here?

MEP: Nope.

MJC: None of them?

MEP: I'm just about, but a lot of people came around my time in '72. But the original people were Margaret Rettig she was the dean, and Lulu Ervast and Jane Hill [SPELLED PHONETICALLY] I think was her name and then Reeder, Jane Reeder [SPELLED PHONETICALLY] was her maiden name and then Steve Croutch [SPELLED PHONETICALLY] and Margaret Reddig is deceased, Lulu is deceased, Jane I think is still living in the area, and Steve has moved out east somewhere since he is feeling ill. So those were the original people who started it basically.

MJC: So you kind of learned the ropes from them from here.

MEP: Right right right. Lulu Ervast was the one that pretty much mentored me when I first came, but there were a fair amount of us that came around that time also so but I think I am the most senior in the department now. I'm not there yet, almost, but I'm the most senior in terms of longevity in this department.

MJC: And as Northern as a whole structure from the time that you came here up until now and the physical aspects, buildings and things, what have you seen going on here?

MEP: I think with the physical it is probably tremendous growth spurt, which I remember to myself I was recovering from surgery I had two weeks ago so I'm kind of gradually doing things so I walked around campus last night around 6:30 or so with a friend and my dog and we always park behind, or I always did, behind West Science and then sort snake around down Lincoln street and Wright street and back up by Meyland and Magers and then I come up the hill there to the flat ground there, I usually go, it was a little more of a challenge because of what they are doing with Thomas Fine Arts, I usually go then all the way over to 7<sup>th</sup> street cross there and go behind Gries and sidewalks to the University Center to Cohodas and then I went back, I was struck last night and I was also walking with a former student who had graduated in 2001 and she was just, I was seeing it through her eyes somewhat like oh my god what building is this, and what are they doing her and this has really changed you know, and who is using this building now and whatever. So I mean it is tremendous just to walk around campus reinforced that. Before I came, but not much before I think because I think, I don't know the history exactly, but I think 1966 was a big growth spurt in terms of hiring faculty and I think in those days most of the buildings are over where Cohodas are now, like right there,

MJC: It used to be the big area,

MEP: Right and so those were all the buildings. Now when I came in '72 we were in the basement here, those were offices. And then we three to an office, and they didn't have walls, the walls didn't go up to the ceiling so there was no kind of privacy, I wasn't confident that if I was talking to you about your poor performance everybody else could hear about it, no kind of confidentiality. So I think that the physical plant, I think it is a pretty campus personally. I'm used to going to campus in metropolitan areas so this is a very nice sprawling one, there's a lot of green area grass and stuff like that, and it is pretty in the summer and what have you so I kind of, I have not been here for a while, yesterday was the first time in quite a bit, but I was really struck by everything that's going on even though I had been teaching this winter but I've still been away from it awhile, the Art and Design building, Thomas Fine Arts, that area and, I don't know what they are doing over here, probably one of them the PEIF building. I think there has been tremendous growth spurts I think it's necessary. We are excellent, I'm a perfectly good example of a benefactor, I started in the basement here, and then all lots of departments here.

MJC: Oh it wasn't just...

MEP: Oh no no, most of the departments when they finally came from over there went down here. The whole downstairs was like offices every which way.

MJC: So like downstairs was like were the book finders now was...

MEP: Book finders was there but there were offices across,

MJC: Oh my goodness!

MEP: Yeah, and our initial office was over by the men's room. So when you're looking at book finders you go to the, you go in there and we had offices in there and then after a while we each went from there. Book Finders went right across so that the far end of the, where the help desk area is. And then we went down to the Magers, which was a dorms because not a whole lot of students were living on campus they turned that into faculty offices so we each had like a dorm room. And then in probably 2001 or so, I can't remember time passes quickly, we came up to New Science Facility which I absolutely love.

MJC: Oh it's beautiful.



MEP: Oh its, what's so nice about it is you can actually come in and take off your boots and your jacket and then go to class. You don't have to go out because most of our classes are usually in west or in Jamrich so that's really nice. What I particularly like is the access just spontaneously you can come over to the library or you can go down into the site to get some help in terms of technical.

MJC: Do you feel the offices that are there have an advantage over the offices down in Magers and the professors that are business professors have to walk up to Jamrich all the time.

MEP: Right but that's what I mean, the ease of convenience. You come in in the morning you take your coat off you take your boots off in the winter, you know you get into the door and then you can just stay inside and go to your places. And yeah I think you see more traffic in terms of students it's closer for students, I mean it makes sense to be in the center of things. I mean academia is the center of the university, athletics will tell you otherwise, but my perception is that if you don't have, if you're not educating you don't have, that's the business of the university. So you certainly makes sense to have ease of access, from my perspective and for the student. So I love the being on central campus. Parking is always an issue when you are up here, it was much easier down in Magers.

MJC: Oh definitely,

MEP: But yeah that hike up. And you know if you are carrying stuff, let's say you are carrying your laptop and say you've got some handouts or papers to bring back or say like this fall I have two classes in a row from 8 to 10 and 10 to 12, so you have to schlep all that stuff up and you're walking on...

MJC: Yeah I understand because you know commuter parking closest to down there or over there and my classes are in Jamrich and I have presentations for a lot of my classes and you're carrying stuff and I went it and oh my goodness. I couldn't imagine a professor doing it every day. It would be a lot more convenient. So all the nursing is in New Science now? Is that where it is?

MEP: Yep we are all right together. Some offices are up on the third floor, most of us are on the second floor. It kind of snakes down one hall and then this way and this way. But we are all really close by, it's just wonderful. Yeah I love it. It's really state of the art in terms of...

MJC: Did I hit everything on the list?

MEP: In terms of physical? Well I guess just in terms of changes generally I think it's been to me an era growth and achievement for the university. With a lot of change and continuity I think it's come a long way you wouldn't review the same kind of institution that we should have which is small and intimate and personable and one on one, yeah I think that's one of the things that always makes us unique and \_\_\_ is relatively small classes. Most of your classes are taught by full faculty as apposed to TA's etc. Availability, accessibility of faculty. So teaching is first and foremost here.

MJC: Accessibly is it think is wonderful, I have some friends and their just like... among the head of the departments to see a professor they can't walk into their office I can't even imagine.

MEP: Right and that's always been, so I think even throughout our era of growth and evolution \_\_\_ would still capture and hold on to that intimacy and that one on one. And I think for a lot of people that's what they need in terms of a university.

MJC: Oh completely.

MEP: You know some people, do not do well, and if you look at population in terms of students and where they come from, more and more are coming from the Upper Peninsula, more and more are usually first generation, college student, college grad, and what have you and so I think sometime that translates into one on one and assistance and helping facilitating and get through some of the paperwork and narrative things and what have you so, yeah.

MJC: What about the educational content in the nursing program?

MEP: Well I mentioned the technology, and nursing and healthcare and medicine are always evolving, just for example and I mentioned in terms of the demographics, the technological, certainly political and certainly economic strives, things healthcare is very costly nowadays and so, insurance which determines that what you can and can't get as far as care. So our programs are, not required, but are accredited by nation bodies, professional bodies, I think we have two ones that are called National League for Nursing and one is called the American Association of Colleges of Nursing and so you really need to have the accreditation because lots of times you can't be accepted into graduate school unless you graduate from a undergraduate that's

accredited. So we always have to maintain accreditation. And then accreditation \_\_\_ in terms of what you use for curriculum in terms of outcome, expected outcomes and outcomes assessment, in terms of resources etc. etc. We're also, as I mentioned earlier, mandated by the state in terms of opening up our doors and staying open, they mandate as I mention earlier a 1 to 10 ratio in the clinical. So we have a lot of checks and balances if you will. Nursing's always evolving, constantly changing in the healthcare system so we are always going to go through revisions and interacting I think every program just gets stronger and stronger as a result of it. One of the things that happens since I came here, in fact I haven't had for about 5 or years in the late '80s during that time we started a graduate program, and we have had graduate programs since about like '85 and in one of these more recent cuts, our graduate program was put on hold which I think is really a shame.

MJC: Oh so right now we don't have one?

MEP: Right now we are just finishing up a cohort once you graduate in May, but we do not have a, to continue our different anymore, students, which we don't have unless we get soft money or unless there's is a change of heart in the administration.

MJC: So that's one of the budget cuts?

MEP: Uh huh.

MJC: Oh my goodness I couldn't imagine. So how, in the past, the graduate program was successful from the 80's up until now you always had students?

MEP: Right. So I think it really just becomes a philosophical if people kind of see a university is a primarily, almost exclusively undergraduate and or community college admission versus having select and not encompassing select graduate programs. Because one of the early rounds, it wasn't the last one I think two round ago or three was that that the campus was on undergraduate on the exclusion of graduate, technically it's really a shame. So many because of the need for graduate in health care.

MJC: Right and having that program encourages people to continue.

MEP: And secondly in terms of stimulation for faculty, graduate level is and entirely different level of interaction with students that's usually small classes, much more intimate, intense in the level.

MJC: And you teach graduate level?

MEP: Uh huh, I teach the senior level undergraduate and I teach in the graduate program. So I mean I won't move position I would just be moving to more undergraduate. So you know it's not, I just think philosophically that it's really, I have a hard time seeing the wisdom of it, it's kind of short sighted.

MJC: It is kind of short term, not necessarily long term.

MEP: Yeah and you know the other thing is, when the university is, especially since we are a public university so therefore I don't know so we probably don't pay taxes, but we into a part of the community, we are a big part of the community, in terms of employment and what have you and so toning down, when you talk about a university in a town centered... we do have a responsibility I think to the community I think to keep providing healthcare, advanced preparation healthcare individuals.

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[BEGIN TAPE SIDE B]

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MJC: Once you lose a graduate program to get it back? I don't know exactly...

[Many voices at once]

MEP: So it has been on the backburner so to speak and we have some time, like I said we have a cohort that is, we have a part time three year program that is going on and they will be graduating next May, so I guess if we came up with funding or if there was a change in heart then we could easily, like share the graduate program in the department and so we can just use assessments over this past semester, send out surveys to about 5600 registered nurses in the entire state identifying needs and perceptions and what they saw as needs and what they would like in terms of help in terms of education. And two main areas we are identifying, nursing

education and masters of nursing education and the FNP or the Family Nurse Practitioner program so resoundingly in the 50 yard for each of those. So it would not be very difficult to man each of those programs, we have the existing resources, we have the FNP program right now. We have the existing resources in terms of educators, and we have our own program to use as a site for education. So those would not be that difficult to man, and possibly have both tracks going at the same time. So if it goes on for a long time then it becomes a, yes, then it becomes problematic because you lost some of the resources what have you, you're not maintain some of the \_\_\_ first, the field in terms of FNP or whatever, so that becomes more costly and I think if we go through another accreditation without another program being accredited when we do institute one I'm not sure what the process is to get re accredited, so there is some logistics, long term and I don't exactly know that would shake out. Yeah so that would...

MJC: Any other major criteria change that you can think of that have happened since, I mean technology that's huge, I'm trying to think, because I mean just the way everything, the way you were taught up until now have you had to re learn anything?

MEP: Oh god everything! Nursing is not like I learned it in the '60s. Oh my god it is an entirely different field I mean, every single day there is something new you are learning, yes this is, I mean we still have patients and you still have patient and you're a nurse and that's about the only thing that's the same, people are not in the hospital for very long nowadays, people are sometimes are savvy and they already look up their diseases and are pretty outspoken, we have many more uninsured individuals who have about 17 percent of the population that is not insured, so therefore they don't have access or they have limited access somewhat. And the demographics, which I mentioned earlier, the whole idea of being able to keep people longer, alive longer so therefore do a lot of heroics, extraordinary things which would have been considered extraordinary things you know, the whole area of economics is driving so much hospitals and healthcare is a business now, we never thought that way. You have a lot of ethical overlay here in terms of concerns as far as the whole idea of the distribution of resources, the healthcare system was finite in where the resources go, you put most of the resources at the end of life, and you put the, most of them at the beginning of life. Right now we put more at the end of life, for what to, have somebody go an extra week or two, a month? Whereas if we put it at the beginning of life if terms of immunizations, \_\_\_ programs etc. then most people get a healthy

start, you know intervention earlier in those kind of systems. So we are a little skewed if you ask me in terms of that. So you do have some issues in terms of distributive, I mean ethical standpoint is distributive justice which is a very real problem but also is an issue, distributive justice also gets played out in terms of the higher patient vs. patient ratios which are blurring at a point of adverse outcomes.

MJC: Do you feel that now nurses have to know just,

MEP: Just about everything.

MJC: Yeah they have to know just about everything, do you feel doctors and nurses are, because before nurses were always thought of at a lower level than doctors, and now do you feel they are more equal as knowledge wise?

MEP: Well nursing looks at things differently in terms of you know, we are not in the business of curing somebody, but we diagnose in terms of persons adjustment to illness, how they are coping what they are teaching these, more of an advocacy role that's not need to say their position is not, the goal is different, a person comes in and they've got an \_\_\_\_\_ and they have to decide do they open that up and take out there \_\_\_\_ and that's very simplistic, or you know do they just try to complete it conservatively so you know apples and oranges, even though we are medicine and health care we are two different roles. You are seeing much more of collaboration, yes. The Institute of Medicine comes out with reports periodically that kind of guide and direct us in a variety of ways in healthcare general, and they came out in August, April or August of '03 identifying what the core\_\_\_\_ are needed by all healthcare professionals across all disciplines and they identified that it should be patient centered care, which is we still have to remember that the patient is the reason we are in business, so a patient focus. They identified the need for collaborative practice, they identified the need for so collaborative multidisciplinary, interdisciplinary, teamwork, a nurse um healthcare has to be teamwork you know you can't do it all by yourself even in ICU units it's still a team, sometimes an interaction transaction type thing. They identified the need of continuous quality improvement, because our outcomes could be better and also alleviate some of the adverse events like you hear about people getting the wrong leg removed, you hear of people getting the wrong dose of chemo and dying and that kind of event, those are all called sentinel events because they happen once in a million times but it's a notification that they is something wrong with the system, that sort of thing. So informatics, the

importance of informatics, utilization of informatics, and what was the fifth? Patient centered, interdisciplinary collaborative, informatics, I can't remember the fifth now... but anyhow to answer your question it is much more collaborative practice.

MJC: Do you find a lot of nursing programs do decide to go on to be a doctor or just?

MEP: No not many, a lot of them are going to be, a lot of people are interested anesthesia, certified registered nursing, you see typically men who come into nursing as a stepping stone to if they ever want to be a CRN lots of money in a CRN. Nursing is not known for making much money, so I mean you could easily make, even in this community, probably 130 or 150 thousand as a CRN. Which is, you have to work as a nurse at the bedside to make that, and much...so a lot of people have their eyes on moving to that area. I can think of in my career having been here, I can think of two or three students in 30 year that actually went on, worked for a while as a nurse and then went back and got their medical degree, and then there is a OBGYN and there is an internal medicine, and I'm not sure what the third one is doing, I'm not sure what their specialty is. Oh I can think of four. But you know...

MJC: Right right that's four out of how many since you've been here, exactly.

MEP: So you know and maybe one or two others that I don't know about but pretty much, no.

MJC: Nowadays it's an amazing job to be in, like I said the signing bonuses you don't think about that I'm sure, people go into nursing twenty years ago and now people would be getting signing bonuses and going to work in the hospitals.

MEP: And that just identifies that, it just reinforces the tremendous shortage. And you know just desperate for bodies,

MJC: Do you feel that, now that people are sicker a lot more than we ever thought they would be, that probably has a great deal to do with it too, do you believe that? I mean why there is such a shortage in the hospitals going up?

MEP: Well people are sicker and there are in the hospitals for shorter period of time you have to do more in that little period of time, so again you need smaller ratios, but the ratios are increasing. The ideal is about 1 to 4 in... there are studies that support that, statistically sound and well-designed studies that looked at that. Anything above 1 to 4 you start getting into some

problems in terms of outcomes, if you do something like someone has a urinary tract infection that you don't pick up or pneumonia or it could be with a \_\_\_\_ very \_\_\_\_ which means that nurses are so busy they don't come back in the room often enough to check on you and you die in the meantime. I mean that's the worst case scenario type stuff, so there is lots of literature out there that show that there is a cap as to what that ratio needs to be, because people are so acutely ill you need to spend time with them and monitor them and whatever, so the other thing is also the same literature is looked at to varying degrees on nurses satisfaction. A lot of people, again because of the working conditions, are just one step away from burnout. Because we have to do a task,

MJC: High stress level I'm sure.

MEP: And we are not able to do it like we know best to do it.

MJC: At Northern what's going on...?

MEP: Well I'm just really looking forward to this president.

MJC: That excellent.

MEP: My son went to the school where he came from,

MJC: Oh really?

MEP: Yeah, and my son was there about the same time as Dr. Wong was so, and that was an awesome school a very nontraditional school there aren't any grades its all portfolios and...

MJC: Oh that's great!

MEP: Yeah it's an awesome school. If I were to be reincarnated and come back as a college student I would want to go to that college or something very similar so I am so enthusiastic and charged about that. I think he is a very, I think he and his wife are very humane, compassionate, authentic, real people. And so he has, he is quite brilliant, he's very knowledgeable in his discipline which I believe is psychology, he also has a very good working knowledge of technology and so it will be interesting to see how he gets along here on this campus.

MJC: Since he is coming from a small campus do you think he is going to want to keep campus small or do you think he's going to want it to grow? Because I know we need so many students



here and so many students, but I really think if we keep concentrating on northern growing so much it's not going to be as hospitable as it is now and do you think he is going to want to keep it small because he is coming from a smaller university?

MEP: I haven't really thought about that. I think that you know you can push an envelope just so far I mean there are boundaries or the elasticity stretch for just so long, I don't know where you would expect to get these students from that profession. I mean trying to increase numbers is looking at them at the side in term of budget.

MJC: But there is always a break even point when you start going downhill and you get too many.

MEP: Right so I think they would lose some of that intimacy that you talked about and that one on one and so, so far it has managed to stay small and to me I think that is one of the attractions, I did my graduate work on a 40 thousand student campus and it was like [sigh]...

MJC: I couldn't even imagine.

MEP: No so yeah I never really thought about what his philosophy would be in terms of the long run \_\_\_\_. Big isn't always better and I think if you are a developer a really good core curriculum, with the liberal studies and whatever, and you have small ratios and you have a nice environment, a safe environment people will come. You know so you don't have to worry about the numbers, if you have, you have to do some recruiting and marketing but, basically these kind of decisions happen by word of mouth, and sometimes it just all falls down to logistics, people can't afford to go away etc. so they come here because its in their back door, its closer or something like that so. Yeah I don't know, I'm not sure how large I want it to go, so sacrifice some pretty important elemental aspects. It's not something I really thought about you know, though about in terms of we've growth this far and not lost it, I haven't looked out the other way in terms of the future and terms of how it might play out. Yeah.

MJC: Any other stories, or thoughts?

MEP: No.

MJC: Okay, alright.