Good afternoon everyone. Dean Starck and I are contemporaries, but our entry into nursing was accomplished in different ways. My original degree in nursing was from a hospital-based diploma program. And Dean Starck's was from an associate degree program. So we thought that might be the place to start, why that was what was happening, that different kind of entry was available and those kinds of problems or circumstances actually still exist today. So, Dean Starck, if you want to talk about that, please.

Patricia Starck

Yes, I do because I would like to focus today on the relationship between medicine and nursing and how that has changed over the years, sometimes adversarial, sometimes very collaborative. And to tell you some of the reason for that, and what I think we should do going forward. As Adrian said, early on most of nursing education was what you would call "training" and not really education. So you were trained in hospitals. The students had no college credit, no college education. It was all done in the hospital. Most of those programs were three years, including summers, and—let's face it—a lot of the students were used for their cheap labor to run the hospitals.

Then in the 1950s at Columbia University, which was one of the only places that studied nursing education. There was a student who did her dissertation on what she called "We Should Establish an Associate Degree in Nursing." And that is someone who had some college education but who still had a lot of hospital-based clinical training. So happened that the president of the college, the junior college,
where—in the town—where I lived, which was in the Deep South, America's Georgia, where Jimmy Carter and that group are from. That president happened to come across the person at Columbia who had done this research, Mildred Montag. And he invited her down to Georgia. And they decided to setup the very first program in the state that would be an associate degree in nursing instead of a diploma.

03:07 There were in existence a few bachelors in nursing programs in the state, but I think there were just two at that time. So the associate degree concept was that you would have both college courses and nursing clinic courses at the same time throughout your educational program. You graduate with an associate degree and then you could go and add to that and get a baccalaureate. However, the state of Georgia says you have to have thirty-six months of clinical training to be a registered nurse. So our associate degree program was thirty-six months in length, which as you can count up, is the same as a baccalaureate degree, thirty-six months.

So at our program we both took classes and worked in the hospital, and we really—like—went to class in the day time and then worked the three to eleven shift. And we rotated all the shifts and plenty of clinical experience. Because we ran out of courses to take that are required for an associate degree, we took extra courses. And I decided to go ahead and take courses that would transfer into a baccalaureate program. So I went ahead and took organic chemistry and some things like that, while I was there. I went on to Emory immediately after that and got my bachelor's degree, and in those days, you could teach in a nursing school with a baccalaureate degree. So I had one year of clinical experience after my baccalaureate degree, but actually I had so much clinical during my associate degree that I felt pretty experienced.

So I took a teaching job at Grady Hospital, which is kind of like the Ben Taub of Atlanta, Georgia. And I want to bring in some racial diversity issues as well because this was 1960s, and it was the Deep South and Grady Hospital had two schools of nursing. They had what is called a white school and a black school. And I was low on the totem pole of teachers. I think I was about twenty-one or twenty-two. So I was assigned to teach in the black school. And it was really quite a challenge. We had two schools of nursing, the very same, same curriculum and pretty much the same faculty, in separate places. The—Grady Hospital, at that time, was built in the shape of an H. And on one side were the white patients and the other side were the black patients. So that's kind of the environment that I came up in. And it was very strange in a lot of ways. We can maybe go into some of that later if you want to. But I saw right away, after teaching for a year with a baccalaureate degree, that I needed more education if I was going to remain in teaching. So I went back to Emory then and got my master's degree and did some other teaching.

Then later on, I went on and got my doctoral degree in nursing at UAB. But I want to tell you what was going on in nursing education at that time. So a well-educated faculty member would have, like, a master's degree. And there were not any nurse—any programs—were nurses could get doctoral degrees except this one at the Columbia University, which you got an Ed.D degree. So that was the only thing available for nurses who want to get more education. Those nurses were very steeped in how to write objectives, how to do lesson plans, all the educational methodology. So they kind of left clinical nursing and, if you will, moved into the ivory tower. And many of them lost their clinical skills. But I wanted to talk about this because I think it's very important. A group of nursing leaders realized what was happening. And a federal program was set up called the nurse scientist program. And this program would
take bright students and send them for a Ph.D. in physiology or biochemistry or some of the sciences, sociology, the whole gamut of sciences. [coughing] What happened then is a lot of those nurses left nursing and went to the other discipline.

Adrian Melissinos

08:26 As I mentioned, my education was in a diploma program, a hospital-based program. And I'm a few years younger, not many, but a few years younger than Dean Starck. And I entered nursing school in 1967. And when I did that, hospital-based schools were the majority of the programs for nursing. There were very few requirements—actually, the only reason that one would attend a baccalaureate program as opposed to a hospital program was that if you thought you wanted to teach or if you wanted to go into public health, which—for some reason at the time—required a baccalaureate in nursing. But if one thought that one wanted to do patient-centered care, one entered a hospital-based program that was a three-year program, September to September, and rotated through all of the disciplines. So when one graduated from that program, one was ready to enter the workforce and could work in a hospital with pretty developed nursing skills.

During this time period, there were—there was discussion about moving nursing education from these hospital-based programs into the university. And by the time I graduated, 1970, and started working in the early seventies, the movement to close diploma programs was really on its way and quite advanced. And over the next decade, the majority, the overwhelming majority, of hospital-based diploma programs closed. And so nursing education started moving into the university. The associate degree program that Dean Starck entered was one of the ways that that could be done, or there were schools just operating baccalaureate programs, four-year baccalaureate programs. And by now, there are—there may be a handful of diploma programs left in the country. I think there may be one or two still in Texas, but those schools are closed, most of them by the 1980s.

And then nursing then moved into the university. I think most of you probably have a medical background in this room? Okay. Okay and I think most of us are familiar with the format of nursing—of medical education. You do your four years of college. You do your med school. You do your residency. Nursing never developed that way. It was always a catch-up sort of program. Remember that although medical schools were filled with men—and women struggling to get into medical schools—nursing schools were primarily women. And it was thought for a long period of time, for social reasons, that women really didn't require that much education. For one thing, there were social constraints about educating women. And nursing has always been in the position of trying to move itself forward, but it's done it in incremental steps. So nursing has not developed—okay, four years of college, four years of nursing school, and off you go.

Programs have developed over time. First it was the diploma programs. Then it was the associate degree program, then it was the baccalaureate program. Then the master's programs were introduced. And then to teach at the university, one was required to have a master's degree. And then doctoral degrees were introduced. And now to teach, you are required to have a doctoral degree. But there is still a very small percentage of nurses who have doctoral degrees even at this point. I think it's still under 1 percent, isn't it, of nurses in the United States with doctoral degrees. So that in itself is a problem because in order to teach, you have to have a doctoral degree.
There's a shortage of nursing—of nurses—but there's only so much faculty available in order to teach students. So the size of classes is limited because of the number of faculty that is available. And as the nursing schools have evolved, they have tried to meet the changing needs of health care and their students and their patients by developing different programs. So when you enter nursing school, there are various clinical tracks. There are different programs of specialty in the master's program, in the doctoral program, to try to meet the need, nurse practitioners recently, to try to provide greater access for entry into health care services for the population. But it has not been a smooth "this is the way we're going to do it and accomplish it." It has been a piecemeal, step-by-step, trying to get this done. Are you available?

Patricia Starck

Yeah, I want to pick back up on this story about what happened in nursing education. So we had some nurses that got their doctorate in other sciences, and then they pretty much left nursing. About the same time, we had the feminism movement going on. Most of you are much too young to remember that. But there was a great movement, as Adrian said, that women need as good, they need equal opportunity for different things. And there was this feeling in nursing education that we always relied on physicians to teach us. And most of my education about the conditions, about the disease conditions or pathology, was taught by physicians, and then the nurse would come in and say this is the nursing care for this patient. So I grew up in my education very comfortable communicating with physicians and asking questions and being a part of the team.

During this feminism time, it seemed to me that there was a great deal of anger in nursing being mostly female, at the male gender period, but particularly at physicians. And this was the period where, up until this time, the nurses carried the charts for the physicians. So if a physician came up on the floor and wanted to make rounds on, say, his six patients, the nurse pulled all six of the charts—and they were big metal flapped things—and carried those things around. The nurse was expected to let the doctor into the room first. And also [coughing] if you were at the nurses' station working and a physician came up, you were expected to rise to get up and get out of the way. Dr. Hamilton, did you have any of those experiences? Did the nurses stand when you came up? [laughter]

So the feminism movement kind of said, "You know, we don't need to be carrying the charts. Let them carry their own charts. And they should be opening the door for us. We don't need to open the door for them." So there were—and we were then taught as students, you're not to get up just because a physician walks up to the desk. But if you're in the way—and, you know, physicians are in and out in a hurry—don't obstruct their work. But you don't have to rise and stand at attention. So some things like that began to change in nursing education.

But during this feminism time, kind of the unwritten culture became we do not need physicians in our classroom. Everything we know in our discipline can be taught by nurses. So it was nothing but nurses in our classroom. And unfortunately, we still see some of that in some of the faculty today. They think, "Well, if we start having behavioral scientists in the nursing faculty, then pretty soon they're going to take over and we'll be second-class citizens again." So we still have some of that fallout that prevents us from moving ahead in team-based spirit.
With today's emphasis on interprofessional education, you have to give team-based care. We've suddenly begun to ask ourselves, why are we educating physicians here and nurses here and other disciplines. And then when they graduate, they've got to work together and they've never worked together at all before then. So we're now trying to change the educational model back to one of where we are learning together and practicing together and then working together when we graduate. Another thing that is so different now, when I was in school, the nursing students were freely welcome to come to any of the med school lectures [coughing] and certainly any guest speakers and out-of-town professors and things like this, where as now, it would be a major effort to try to get nursing students to come over and listen to a lecture where you have somebody, Nobel Laureate here. And it's an opportunity for all our students.

So I think we are swinging back now toward trying to work more together in disciplines. Another thing that should be of interest to you is that when I was in school, at Emory, and I was married by then to a medical student, and in his class there were sixty students and only two females. [coughing] And those two males—two females—were very much an anomaly. And everybody is saying, "I wonder how long they're going to last." And it was even like, "They're not going to last, so why don't they just go on, get out of here." It was really tough on those women to make it. And today we're, what, 50 percent women in medicine.

Adrian Melissinos

And I think that was where we were going to move next, sort of, in diversity issues in nursing, and, first of all, looking at men in nursing and contrasting that with medicine as I mentioned earlier. It has not always been unusual for men to be in nursing in this country. Men were in nursing during the civil war. That was not uncommon. The poet, Walt Whitman, you might not know was a nurse during the civil war. There was a terrible yellow fever epidemic in 1878 throughout the south. And many of the nurses during that epidemic were men. Nursing schools started opening in the United States in the early 1870s, started in the northeast in New York and Boston, started opening—Connecticut—up there and slowly moved outward to other parts of the country. But when those nursing schools started opening, they were all for the education of young women. And so nursing in contemporary times has struggled to try to attract men back into nursing. And I know when Dean Starck was the dean at UT, that you had—

Patricia Starck

22:00 Twenty-three percent.

Adrian Melissinos

Yes, and you had worked on initiatives to try to attract men back to nursing. Maybe you could talk about that?

Patricia Starck

I think the national average is still under 10 percent of nurses are male. Many of the male students are going into anesthesia, emergency trauma; some of those fields, I think, are very attractive to males. But we occasionally have a male who wants to be a neonatal nurse. So it's—we should not stereotype, of course. So we did target some of our recruitment to those things we felt like would attract males. In fact,
we asked a group of male nurses in the medical center to advise us on how we could improve our recruitment. And one of the things they said is you got to change all this flowery language in your brochures and everything. It says, "Nursing is caring and nurturing and this and that. We want to hear that you save lives and the trauma aspect and the fast paced, high-tech, all those kinds of things." So we did some changes in the way we recruited, and how we recruited, and we were able to really boost our male enrollment.

**Adrian Melissinos**

But looking back at the history of the development both of medicine and nursing, you do have to stop and think what was going on socially that nursing became such a female role and medicine such a male role and how we have managed to create change in some areas of that. And so it's really fascinating to look back at the role of feminism, what that played in nursing. But really, this is not a huge timeframe. And it's sometimes helpful to look back and think, "Okay, we think nothing ever changes," but it really does. It may be slower than we want it to be, but change does happen. And it's helpful to look back to see why that did occur. Another area that we sort of mentioned was attracting other minorities—

**Patricia Starck**

Right.

**Adrian Melissinos**

—into nursing. And medicine probably reflects the same thing. And maybe you could address what was done in that.

**Patricia Starck**

Well, at the time when I was in nursing school in the 19—late 1950s and sixites, there were separate schools. And I don't think we had any male students whatsoever at Grady in either of those.

**Adrian Melissinos**

I did not either.

**Patricia Starck**

In fact, I remember I was teach—a young teacher—and we had our first male student in nursing. And the hospitals were saying, "What are we going to do? We can't assign him female patients." Well, when you take care of OB, you don't have much choice. You know, you've got to. This male student was assigned like an eighty-year-old woman to give a bed bath to and everything. So he came back, and it was just—the hospital was like, "He did what?" and it was just a really big deal. He said, "Well, you know what? She'd had a double mastectomy. There was nothing to see, anyway, for goodness sake." So it was—those kinds of things you look back now and think, "That was so strange." We don't think about that at all today.
Diversity of—racial diversity is something I think we're still working on. We have done a better job at the baccalaureate, the entry level, but we're having a hard time getting those students to go on for higher education so they can be faculty because students need role model faculty. So the best strategy we have found is kind of to hand-pick students and say, "You need to go right on to graduate school." Many of these students from disadvantaged backgrounds, regardless of racial background, are first-time college students. And they are very interested in getting an education, starting to work. And once you start to work and you get a car payment, and you get a house payment, and all these things, it becomes more difficult to go back to school. So we've tried to do a better job with getting scholarships and loans and also saying to these students that we tap on the shoulder, "While you're used to being poor, go on to graduate school and get it over with. Get it done." We—I think the Hispanic nurse population is just a little over 10 percent. And the black population is probably much better. I don't know percentage-wise and it varies certainly by state as well. But I would say seventy-seven or so percent of nurses—nursing workforce—is still white, Caucasian.

Adrian Melissinos

And then another thing that we talked about was the big changes that we are seeing currently that affects medicine as well concerning technological development simulation, how that is used in nursing these days and what a change that has been over the years for you, what you have seen.

Patricia Starck

Well, up until the last ten years I would say the only kind of practice mannequins we had in our labs were those still life dolls, life-sized dolls. And yes, they had—you could do IV—they had rubber arms that you could practice IV. They had other things that you could practice, catheterization and like that, but it's been in the last ten years that we've gotten high-fidelity simulation mannequins. And the possibilities are wide open. Again, what we've developed on this campus and on most campuses, the med school has the lab, we have a lab, the dental school has their lab. And we don't do anything where we could do team-based practice. For instance, we need to practice a code, that is students from the different disciplines because that's what you're going to encounter in reality. So we are trying, at this point, to say even though we have separate labs and transportation of our students across all these buildings is very difficult. We need to have team-based simulations training in certain things.

Adrian Melissinos

29:12 And how would you say that technology has impacted nursing education?

Patricia Starck

Oh.

Adrian Melissinos

Our early days.
Patricia Starck

Yes, from our early days, I don't think we could have even dreamed of some of the things that we have now. And it just keeps growing exponentially as you know. But that's one of the arguments I like to use when we think about nurse practitioners and the increasing scope of practice. There was a time when only physicians took blood pressure. And as we moved along, it's like the physicians said to the nurses, "You can take the blood pressure, and I'm going to do something else." So we're now at a stage where the nurse practitioner can do a lot of things that only physicians used to be able to do. Why not let everybody function to the maximum of their education and training? So we need to constantly change who handles what kind of technology. There are some nurse practitioners in MD Anderson who do some very high-tech procedures. And of course, they are trained and credentialed so forth to do those things. But we are constantly going to have to adjust to technology.

Adrian Melissinos

And what do you see the role—because we hear a lot about the role of the nurse practitioner, especially under the new health care situation?

Patricia Starck

We do not have enough, nor will we have enough, with our present educational system to ever meet the needs of the high demands for an increase of access, that is people that have insurance, that can now have primary care provided. So to me, the only way that we're ever going to hope to address this, is to work in teams of physicians with nurse practitioners, and physician specialist with generalist nurse practitioners who can take care of the patients other kind of needs. We've got to work in teams, and we've got to let everybody practice to the utmost of their capabilities.

Adrian Melissinos

And so you see the nurse practitioners as the entry point into the health care system?

Patricia Starck

31:41 Not necessarily, not necessarily, but a primary care provider, whether it's a physician or a nurse practitioner, RPA.

Adrian Melissinos

And looking back over your thirty years as dean of the UT School of Nursing, when you reflect back on that, what do you see as the greatest changes that have happened in nursing education?

Patricia Starck

That's a loaded question and many, many answers, but I think biggest change is the number of avenues that a nurse can take. In other words, we have grown so many different kinds of master specialties.
Adrian Melissinos

And could you talk about that a little bit the different programs that are available.

Patricia Starck

Right. Well, at our school and many of the larger health science schools, there's gerontology that we've not combined with adult because it's like if you take care of adults, you're going to be taking care of geriatrics. So those two are now combined. Pediatrics, neonatal, adult, and then there's women's health, and some have developed an adult men's health program. Then you have all kinds of super specialists, cardiovascular nurse specialists, neurology, oncology, forensics, and it just goes on and on. The doctorate of nursing practice is another innovation. Yes, Tom?

Tom

Could you tell us something about how you came to be—how did you get to be the dean of the school of nursing? And how did that develop over the years because you were the one who built this school into one with a national reputation? I'd like to hear the personal side of it.

Patricia Starck

Well, I think all of my career moves, a lot of them have been serendipity. And I'm not one of those people that sat down and said, "Let me make a five-year goal or a ten-year goal." And I think what I have done is be open to opportunities and seek out opportunities. So how I got into administration, period, from being a faculty member was we had a very tough situation in Georgia, which I can go into if you need detail, but I was asked to consider that position. And I remember at the time I was making $13,000 a year. Can you even imagine that now? And I kind of flippantly said, "I might do it for $20,000 a year." And they said, "You've got it." I said, "What?" [laughter] So that's basically how I got into my first administrative job. And I found that I liked it. I liked the problem solving; I liked the having to deal with a lot of things at the same time. And then, again, I only had the master's degree at that point. So pretty soon I realized if I'm going to stay in this, I'm going to need a doctorate.

So that's when I went back and got the doctoral degree. And at that point when I got my doctorate at Alabama, my goal was to find a position onto a very top notch dean of nursing and try to learn in that situation. And I kept looking for those kinds of positions. And my—the associate dean of the program said, "I think you ought to look at this program here, which is—you would be the dean."

I said, "Oh no. I'm not ready to be dean." I want to go so—but she said, "Well, look at it and if you decide you like it, I'll help you with all these things." So I did go and look at that program as well as others. And I really liked it. And everything fit into place. My family situation, everything, was like, "Oh wow. This looks like it's meant to be." And so I took that position. And I would call that associate dean at the graduate program in Alabama from time to time and say, "Oh, I can't believe this that happened." And she would walk me through some of those things.

Then I remember I had—I needed—an assistant dean. And I called my mentor and I said, "I think I would like to take this assistant dean position." Let them recruit somebody else. This is just too much, driving
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me crazy." And she said, "No, you can do it. You stick with it. You can do it." So anyway, I got to where, "Okay, this is doable." And I kept at it. And I stayed there five years, but it was an academic campus, and I missed the medical center environment. I missed—as I said, I didn't like having to read about something instead of being where it was happening. And that's when I started looking around and came upon this position here. And that's a funny story too. I know we need to wind up so they can have some questions.

**Male Speaker**

No, we have time for the story.

**Patricia Starck**

Okay. Okay. So I had been at Alabama for five years and decided I wanted to go an academic health center. So I was interviewing in California, and they had called me and said, "Would you stop by Houston and look at this on your way back." I said, "Okay." So I go to California and it's right after Proposition 13, which was where they voted, the state voted, to basically cut funding for higher education. So I went to California, and they put me up in a dorm room. And they said, "We're sorry we can't take you out to dinner, but there's a place you can walk a couple blocks up here to get your dinner." And so I went like that the whole time. And then I came back through Houston, and they put me up at the Shamrock Hotel over here, that had a pool the size of a swimming pool, and I had a suite. I called my kids and said, "Guess what? I have a room that has two televisions." And it was really the royal carpet kind of thing. And I met with the president—

**Male Speaker**

Who was—?

**Patricia Starck**

38:16 —who was Roger Bulger. And he had called me and said, "If you don't mind, we'll meet at the hotel instead of over at the campus." And I said, "Okay." So he came over with the chair of the search committee, and they said, "If you don't mind, we'll—after breakfast—we'll go up to your suite and talk." This is a little bit funny. Okay, so we went up there. And he said, "Now, the faculty doesn't know that you're here. "And I don't want to tell them that you're here because I have—they had a search committee, and they gave me a name of somebody. And I met, and we just didn't have chemistry. So this time, I'm going to find the person. And then I'm going to let the search committee go through their process." And so the president and I hit it off. And he actually made the job offer that time before I'd ever met with the faculty. So at any rate, one of the things that he said to me was, "There's not anything that you can't think to do that we can't find the resources to do." Now after being in California and after being in Alabama where we couldn't afford coffee for the faculty meetings, that sounded pretty good. And, you know, basically that has proven to be the case.

**Male Speaker**

I was just going to ask Pat to tell what she's done to increase the number of doctoral faculty that are available in the Gulf Coast region.
Most nurses that get their doctorate work and go to school. So they work full time, there are family responsibilities, all those things. So it takes them about seven years to go through a three year program because they're going part time. So we devised a program—we actually copied one in California where a foundation had given UCS staff nine million dollars. So we decided to try to do something like that in Texas, but we had the hospital and others come together and pool some money for about three million dollars. And what we did was we selected a master's graduate, and we said we want you to go to school full time and finish this program in three years. And then when you graduate, you've got to pay us back three years of teaching. And then we hope you stay longer than that. We gave them $60,000 a year to go to school full time. They could work one day a week because some of them were nurse practitioners and they needed the practical experience. But we started that program—we had ten students. We graduated all ten of them. All ten came on faculty. And so we immediately were able to expand enrollment of the programs we needed. The next year, Rob Wood Johnson decided to do a program like that, and they have picked that up. And they do that, but they have—they give out the money, and the school has to match some of it. And the students don't get quite $60,000. They have now put that program in all of the country and everybody's getting these three-year accelerated programs.

Male Speaker

41:36 I just wanted to know, how has the big rise in interest in being a nurse practitioner changed the nursing school, like applications to nursing school? Have you seen much of a change of that because I know a lot of people in college try to get to nurse practitioner school and it was really tough for them, so I guess it's really competitive now. I wonder if that's taking away applications.

Patricia Starck

Let me answer that two or three ways. One is it did take away from application to be a nurse educator because it's not just the program itself but the salaries they make when they graduate is so much different. Who would want to go into one when you can go into the other and make almost twice as much? So we had to come up with some innovative ways to get faculty. So we do faculty who can teach part time and practice, so they would have the best of both worlds. We created—we applied for a grant. And there were only five in the nation given. And we got one of them in Houston. They give the money to the hospitals. And it's sort of like—how many of you are medical students? You all know what GME is, right? Okay, it funds your residencies. We created—we got—the feds created a graduate nursing education program. How would this work if we did the same thing for nurse practitioners as we do for residents? And the way the program is set up is they give us money to pay for the clinical training of additional students to increase the students. So in our area, we said we're going to increase by 100 graduates a year. We had four schools that are involved because one school couldn't do it with that many. So we said we were going to increase by 100 a year. Guess what? We increased at least four times that much. Because what the fed's program was, if you take them, we'll pay for them. They did say, "We'll give you this much money." And you have to make it last. They said, "You get more of them, we'll pay more."
Adrian Melissinos

And was that nurse practitioners or just—?

Patricia Starck

This is advanced practice nurses, which includes nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists. So basically, yes, we've increased enrollment greatly, but we've been able to accommodate those. That federal project runs out in the end of 2016. So we're already lobbying to try to get that made permanent.

Adrian Melissinos

Maybe just to close, where do you say that nursing is heading?

Patricia Starck

44:34 Well, I think it's one of the best times ever in the world to be a nurse. I think the challenges are there, and the wonderful thing about a nursing career is you can do so many different things. You don't have to work in a certain place and do a certain kind of routine. There are so many different options for nursing. But I think particularly in a professional emphasis and practice, that the nurses, the coordinator of the team, pulls people together, keeps people organized and moving ahead. I think that's going to be a great responsibility and role for the nurses ahead.

Male Speaker

Thank you for coming out of your sick bed.

Patricia Starck

Yeah, sorry if I— [applause]

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