

Rhonda Ferrell
Tape 26
Time code: 6:00

Q: When did community colleges need nursing programs and why?

A: You can go back to World War II, right after that, when the ADN programs were initiated, Milford Montag, wrote her dissertation and did all of that nice work. Basically said to the public, "We need to get nurses out of here a little faster." So she wrote that, we started having 2-year colleges in the nation. North Carolina started 2-year colleges or ADN programs in the 2-year colleges in 1967, no, stop. That's when ADN Council started, 19--. Let me start again. I'm trying to think when we, actually I think about 1962 or '63 is when we started in North Carolina, but they were around, 2-year programs were around from about the end of the '40s, early '50s, so we were kinda early getting on board and then sort of picked it up and have a lot of programs now. I believe we've got nursing programs in I think 48 of the community colleges.

Q: Who were the programs for?

A: In local communities we needed more nurses. What happened, when we first had nurses' schools, obviously they were in the nursing model of using hospitals. Hospitals, nursing became very expensive and we needed to get nurses out in a much faster way. So what they did was say, "Okay, we've got these community colleges," and actually they were technical institutes when we started then back in North Carolina in the early '60s. But what we really wanted to do was get people out, get them into the communities where they were. We had some very early baccalaureate programs then, not very many and obviously that was not where everybody was going at the time, so we needed a way to have hospitals train nurses in a faster way so that we could get them out and let them work. There was a nursing crisis then just like we do now, that kind of cycles over and over and over. So it's one of those cycles when we say, "We need nurses."

Q: How did these programs help rural folks?

A: Well in a place like Duplin County, where it is a very, extremely, rural county, so in order for us to have nurses, we would have had to have a nursing school or recruit from some of the larger cities, we don't have a lot to pull people in. The advantages to us having a community college, or technical institute then at the time, were that we could actually recruit people from the community, keep them in the community, and that's what community colleges do best, it's not just nursing with community colleges, obviously you're gonna keep people in the area with programs that you have. But nursing especially, and a lot of the programs started out with LPN programs and then they moved into community college, or ADN program in the community colleges. But it really helped keep nurses in the community. I know when I went to school I kind of wanted to go to college and be a nurse too, and that many years ago, those people were going to

hospital schools, and this was about the time associate degree nursing was starting in North Carolina. Fortunately I had good advice and my father said, "If you want to do that, I want you to go to college, and here, you can go and get a baccalaureate degree," which I chose to do. Many people now don't do that, there's a lot of problems with money, with families, the typical community college student or ADN student that we have now, is older, many of them have families, many are single mothers. When I went to school I was straight out of high school, didn't have any family, didn't have to work, typical college person. And the students we have now in associate degree programs are very different, and have been traditionally.

Q: If there were no community colleges, what would they have done?

A: They would have had to go away to go to school. They probably wouldn't have had the opportunity to go into nursing, may have had to go into something else. We're recruiting a lot of people now, I actually see students coming in who for many years, and some of them are close to my age, maybe not quite as old, but they're actually coming in and saying, "I've really wanted to do this all my life, I couldn't do it, but now that the school is here, this is something I can do." And that's been very helpful to them, it's been very helpful to us as a community. The other thing that's been helpful for us is because we have so many community colleges in this state that everybody that wants to go to college, or to nursing school to college, actually can go within about 30 miles of where they are. So we've got community colleges well placed, and we're pretty much meeting the need. I think we have more nursing graduates from ADN programs in the state than we do baccalaureate students. But that still doesn't mean we're taking care of everything, but we are trying I think, it's more than a baccalaureate, I think the associate degree programs meet the local need of the communities.

Q: Why couldn't the hospital schools meet that need?

A: I think 2 or 3 things happened. I think the type of education that students were getting in a hospital school of nursing, even though it was excellent, became very antiquated at that point. Even now we have, I think it's 3 hospital schools in the state now. Their method of education is very much like the college model and the associate degree model that we have. Prior to that, the students would go to school all day, they'd work half the night, they'd go back to school, and it was a back and forth kind of thing. There wasn't as much liberal arts education in those programs, most of the program was taught by nurses in the hospital with some doctors teaching probably some of the things. We didn't have enough hospitals that actually had nursing schools to meet the demand, and then we've got an older population now, we've got a different need for nurses, nurses are doing many more things now than working in a hospital. So that change just sort of evolved, and as the ADN programs grew the hospital program began to close, they were extremely expensive for the hospitals to run, and it was much more convenient and much more economical for the community colleges to take up that role.

Q: The types of nursing programs?

A: Community colleges in North Carolina offer 2 types of nursing programs. There's an LPN program, which we also refer to as PNE, Practical Nurse Education, and there's associate degree nursing, which is also referred to ADN. The Practical Nurse Education program takes one year, it's a 12-month program, the students then come out and are able to be licensed as practical nurses in this state or any other state in the United States. The associate degree nurses, that is a 2-year program, it's a 5-semester program. They have more liberal arts, they have a little more in depth in the science courses and other things like that, and a little more depth I think in the actual nursing courses that they take. They get out and then, they graduate and then are able to sit for the NCLEX RN exam, and are essentially the same as baccalaureate graduates, or a hospital-based graduate. It's really kind of strange in North Carolina, well in everywhere, we have 3 types of RNs, doesn't make a lot of sense, but you can be a registered nurse by going to a 2-year school, a 3-year school or a 4-year school, but it's kind of a quirk.

Q: Would you change that?

A: I think it's okay now, because we really need to get nurses into the state, we really have a nursing shortage in a lot of areas, rural areas, urban areas, it's just a crisis across the state. If I could change that, obviously, I think that it would be better to have one entry level. I'm not sure what that entry level should be. I certainly think there is a place for associate degree nursing, and it's got to stay because we obviously are doing a good job and we're putting a large majority of the graduates out there. On the other hand, having come from the baccalaureate program I know that we need people to go through baccalaureate education programs, and those are the students that usually go on and complete a masters, they become our teachers, our clinicians, our practitioners and other things. So I think you're looking at 2 levels of nursing, and I don't think baccalaureate, you asked me if I were queen for a day, I don't think baccalaureate would be the entry level. I think if we're looking at entry level it should be associate degree. I think baccalaureate is the more advanced level. I know there's some talk now about having masters level as an entry level for professionalism, and there are just some things we have to work on in nursing because we have a real crisis in that we send mixed messages to the public. Doctors don't come out and have 3 or 4 kinds of education, lawyers don't, other professionals don't, but yet nurses do and we seem to do a good job of it, but I still think it's time that we address that issue. But

I don't want to exclude people, and I think if we kept it at a baccalaureate level we would be excluding a large number of the nurses that we have, that are very content to be registered nurses with an associate degree. They're not the students and graduates who really want to come out and go back to school. We need bedside nurses. Everybody can't, you can't have all chiefs and no Indians, we need some Indians in there. And I miss that a lot of times. I sometimes miss practice, because I'm not doing that.

Q: How much of community college's resources are devoted to nursing, it's impressive isn't it?

A: It is. I think we have very much of a commitment with the college system, or community college system, to support nursing education. All of our presidents we've had, back from when we started out, there was a vision, Dallas[?] Herring[?], started some of this when he started the community college system. And all of the presidents since then have been very supportive of nursing, so much so that we have special funds allocated, when there's a nursing crisis they address the issues promptly. I'm not aware of any school that's wanted to start a nursing program that's been denied. I'm not sure we need to keep starting them, but we seem to be able to meet the needs of the public in doing that, and the community colleges are a great asset for us in our ability to do that.

Q: The success measurements?

A: We have performance standards that we use, obviously, for all the programs in the community college system and the nursing programs themselves have sort of been at the top of the list, oftentimes there are, I don't know what word I wanna use but, are star performers. In recent years we've had other things come to the forefront, computers and special high tech things. But initially nursing was the star in the community college system, at least I think it was and listening to other people, I believe it was too. We look at the performance of our graduates against the country, we look at the performance of our graduates against other graduates in the state, and we have consistently done very well. In addition to that, one of our goals is to meet the needs of the community in putting nurses out there, and we've been able to do that too. So I think in terms of nursing in the community college system and looking at our graduates, I think we've filled a need that was very necessary for North Carolina at the time.

Q: Differences between ADN prepared and baccalaureate prepared nurses?

A: I think the difference between an ADN graduate and a baccalaureate, there are many differences and many similarities, the difference is, obviously, one goes to school for 2 years and one goes to school for 4 years. With the baccalaureate graduates, you have more liberal arts, you have more science, you have more courses besides getting the nursing courses in. Many years ago, again when I was in school, we had a year's worth of liberal arts, science and those things and did the 3 years of nursing. Now, most of the baccalaureate programs, they generally do 2 years of general work and then do 2 years of nursing, so in that sense they're not that different from the associate degree programs who do the straight 2 years worth of nursing. Interspersed in those 2 years of nursing we have English and science and math and all of those things too. The coursework itself is very much the same, a big difference is I think the baccalaureate programs have more management. They do more with public health, there's bigger concentration there, and that's changing too because now that we've moved to home health and more community health, we're having to focus on that in the associate degree programs which is something we've not had to do before. It's a little different perspective for us, but there are so many jobs out there in home health that we've had to address those now in associate degree programs. So the biggest difference I really think is probably the management, the public health aspects, preparing you for the role of leadership, it's probably a little greater in baccalaureate programs. Actual nursing skills, there're very little differences, very few

differences. The ADN students probably come out with better basic skills, I think I see that more now than we used to, I think there's a better delineation now than there used to be in terms of skills, I think the associate degree graduates concentrate a little more on bedside nursing, skills in that nature, as opposed to being the manager, clinician, it's a little different now.

Q: How do you counsel students trying to decide between ADN and baccalaureate?

A: I do, and my take is probably a little different than some of the other people. I look at the student, I look at their grades, I talk to them a little bit. I always encourage a student who has an ultimate goal of baccalaureate education, to go ahead and go to a baccalaureate program if they can. I feel that we need those nurses in there, obviously, or we wouldn't have that degree of education. On the other hand, we have some students who want to come in and for financial reasons they really can't go to a 4-year school at that point in time, either transportation, they've got a child, they've got a husband, something's keeping them from going to a 4-year school. So many times I talk with them about coming in, completing an associate degree, getting out, going to work, and then going back for a baccalaureate. That's been very beneficial to a lot of the students because once they get and start working, hospitals then will pay for them to go back and get their baccalaureate plus they'll have the money for the families and they feel like they're doing a little bit more. And it also gets nurses into the workforce a little faster than it would if they did the 4-year route. But I think it's very important for somebody who really has a goal of baccalaureate to go ahead and do that up front if they're able to. Now if they can't, obviously we're gonna take them and we're gonna help them and do the other route. But I think it's better for them to do that first if that's truly what they want, and we see that more with the younger students. I think we also see today more younger students coming in to associate degree programs because of the money that's involved with the baccalaureate program. Sometimes because they don't want to leave home it gives them a little better security. So we have a lot of reasons why they choose one or the other.

Q: What if they're deciding between a LPN and an associate degree?

A: Again, I want to know what their ultimate goal is, 'Is your ultimate goal you want to have a PhD in nursing and be the director of a hospital, or do you really like bedside nursing?' In addition to that, I think you have to look very closely at the student, you have to look at their abilities. Going through LPN school is not a whole easier than going through an associate degree program, so in that respect you still have to look at what the person wants to do. Many times they're only able to be in school for a year, and again, it's almost a career ladder all the way through for nursing, which is one good thing about the way we do nursing and the 4 levels of education that we have. If they need to get out and get into the workforce, sometimes I'll advise them to go ahead and complete their LPN, get out, work a little bit, then come back and get an associate degree, and then if they still wanna go on they can still work. So nursing is unique in that it allows the graduates to do that, but it still allows them some choice in where they want to stop out, I guess.

Q: What unique about the 4 levels of education in nursing?

A: Nursing I think is unique because it allows students to choose one option and move through a career ladder. I think it is truly a career ladder type of profession. That's good and bad, like I said before. Sometimes it doesn't tell us where the entry level is. On the other hand, it allows us to come into school as an LPN, to get out and work, then possibly go back to school for a baccalaureate degree, get out and work as an RN, then go back to school for a masters and eventually for a doctorate, and I've known many, many people who have actually taken that option. It's good for them because they know what an LPN does as well as what an RN does.

Q: What's happening in NC to facilitate this?

A: I think North Carolina is on the cutting edge in offering career pathways to students. For a long time we've been able to take graduates, to get them out into the workforce and then move them into another area. We've taken our LPNs and we've encouraged them in a lot of ways to go back to school for an RN. We've taken our associate degree graduates and said, "Hey, you're doing a wonderful job, the hospital said, 'Let me pay you to go back to school,'" and so they've allowed them to do that. I think without the help of the hospitals, we wouldn't have been able to do such good jobs in this state as we have in the past.

Q: Why should hospitals do this?

A: Hospitals I think need nurses at different levels. We obviously need someone to take care of people at the bedside. We have an older population, we have a younger population, we have a high-risk population, and we have lots of needs for nurses in the state. On the other hand, we have need for management in the state too. And the hospitals need those managers in the hospitals. They can't always take somebody from the bedside who's a wonderful bedside nurse and say, "You're gonna make a real good manager." That doesn't happen. And so they have to look to people who really wanna do those things and encourage them to go back to school. It's sort of a 'grow your own' kind of philosophy in the hospitals, just like in the community colleges, we grow our own for faculty because that's a problem. I think it's in the best interest of the hospitals for them to say, "Look we think you're gonna do a good job, let us help you go back to school so that you can come back them and work as a manager in the hospital, or as a clinician, nurse practitioner, midwife, whatever, there are lots of opportunities for those people who are working at the bedside to advance.

Q: What more should NC do to help nurses move from one level to the next?

A: I think the state has to recognize that. I think nurses recognize that, I think professional hospital people recognize that, I think the state needs to look at that and say, "This is something we can do in North Carolina, this is something we can do to help our nursing crisis in North Carolina, this is something we can do to help health care in North Carolina." It amazes me sometimes when I go into schools and other places that people are not aware of all the health professions that we have. You would think they would understand nursing as long as it's been around. I know some of the newer fields are new,

and they don't know anything about them, but nursing has been around for a long time. They simply don't know anything about it. So I think we need to do a better job of educating the public, to get them involved in the situation. I think we need to do a better job of talking with people in the hospitals and saying, "This is something you can do," because even though some hospitals are very good at doing that, all of them are not. And I really think it's important that we get everybody involved.

Q: What more would you like to see done?

A: We need more funding, obviously. Nursing is a very expensive program no matter where it is, whether it's in the community college, a hospital or a regular 4-year college. The funding obviously is an issue. Another thing I think we need to do, and I'm not sure this is what you're asking me, but the biggest thing I see right now is recruitment. We're having a real problem getting kids to come into nursing now, whether it be males, females, they all make good nurses. And one of the things we're trying to do now is to get people to come into the profession where before our best and brightest wanted to do that, especially if they were females, that's not happening now because there's a lot of other options for them. So I think it's important that we as nurses talk with kids about it, it's important that we as nurses make our profession look as good as we can. Recently I think because of the nursing shortage, we'd had nurses in the hospital sometimes complain about the hours, complain about the jobs and do things like that. That's not good, it doesn't help us with our students when they're in the hospital, it certainly doesn't help in recruiting aspects. So I think it's important that we do more to make the profession look good.

Q: What role have LPNs played in NC nursing history and in the future?

A: LPNs traditionally have been our bedside nurses. They have been nurses who've worked in the hospitals, they've worked with registered nurses, they've done our bedside care, basically. They also have been the mainstay in doctor's offices, partly because they don't cost as much but also because they have the skills that are needed in the doctor's office. They've been the mainstay of long-term nursing care. So they've had a very definitely role in North Carolina, unfortunately about 10, 15 years ago, people said, 'We don't need LPNs any more too much,' and we looked at closing some LPN programs, we looked at going to RNs as the basic licensure level for nurses in North Carolina. It didn't work very well. And so because of that, we opened new LPN programs, and we realized that if we take away the LPN programs, we aren't gonna have anyone to take their place in the long-term care facilities, at the bedside in the hospitals. Now, in the acute care settings, sometimes you may need a registered nurse. But as a general rule, especially in the rural hospitals, we've still got roles for LPNs.

Not necessarily in specialty areas, but you've still got people who are sick that don't have specialty needs that need to be taken care of. And the LPN fills that role very nicely.

Tape 27

Q: The ANA's 1965 statement on minimum entry levels for nurses.

A: I can talk about that very well because in 1965 I started nursing school. That was the big buzz when I was in nursing school. It's 2001 and we still haven't implemented that. Actually I think it was probably a good idea, I don't disagree with it, and that's probably heresy when my colleagues look at me.

Q: Again?

A: We're talking more about baccalaureate being the entry level into nursing, and in 1965 the ANA came out with a position paper that said, "We wanna be professionals, we think that baccalaureate should be the entry level into nursing." Good idea, a wonderful idea, the problem is we didn't implement it, and because of that we have a lot of ADN programs that proliferated during that time, we had new baccalaureate programs come along, and even though baccalaureate entry level was a good idea, we tried these wonderful programs out here that were hospital programs, that were associate degree programs, that were building and doing a very good job. So instead of having one level of entry, we've created 3 very good levels of entry into RN practice. It still is bantered about today. I know there's talk now about masters level as an entry level and I think that's, for the future, if they're looking out there, my concern now is though, that we've got a nursing crisis we need to deal with now. So even though I support that, we can't get rid of the levels that we have, we can't get rid of associate degree nursing, we can't get rid of LPN licensure, we can't get rid of the hospital programs, we need to put all the nurses we can out into the general population. I still think that's a good idea, the entry level position, I just think we were kinda slow in implementing it, and because of that it sort of died on the vine, raises its head every once in a while and it is being talked about again now at the ANA. I think this is probably bad timing, because we need nurses everywhere, North Carolina's not the only one right now that's in this situation. We need bedside nurses, we need educators. I think one of the things that is a crime is that so many of our masters level programs have stopped teaching education and they've gone to nurse practitioners, not that we don't need nurse practitioners, but somebody's got to be teaching and we've forgotten that.

Q: How could you create such a minimum level?

A: I think what they'd have to do to have baccalaureate as the minimum entry level is to do what they did when they first did licensure, and that is to grandfather people in. So that if I have an associate degree and performing as a registered nurse, you grandfather me in, if 2 years from now that's the standard, then people coming in with an associate degree would come possibly as an LPN, again there's a lot of controversy with that, our LPN colleagues are not pleased when we talk about moving the LPN to an associate degree level. So it's a very controversial, very heated issue for nursing, very emotional issue for

nursing because everyone thinks that their licensure level is appropriate and their educational level is appropriate. I have mixed feelings, again, coming from the baccalaureate program, generically, but teaching in an associate degree program and also being responsible for an LPN program, I can see the need for all of those things. I think we need to get the emotions out of it, and I think we need to look at what is best for the state. Right now it seems to be that we don't need to address it as, we don't need to address licensure and education at this point in time, we need to say, "Let's just get nurses out here."

Q: What's the ADN council's position?

A: The ADN Council in North Carolina is a group that was formed back in 1967 that's composed of associate degree nursing educators, and back I think in about 1976, '77, this issue came up again, the issue concerning entry level. It was a very heated discussion at the time, throughout the nursing community, and the ADN Council, as nurse educators for those 2-year schools, came together and said basically that we opposed that as an entry level, that we wanted to keep both levels of licensure, that we wanted them both to be called 'RNs' and our basic position said that if baccalaureate nurses wanted to have another position other than RN, they should come up with the title and leave RN at the associate degree.

Q: What's this say about the people/state and nursing leadership of NC that it's the 1st state to have a nurse practice act?

A: North Carolina has always been interested in education. North Carolina has been interested in the health of its citizens and I think it is commendable that North Carolina, many, many years ago, said, "We need a nurse practice act."

That's one of the things I teach my students very early, one of the things I'm very proud of to say, "We had the foresight in North Carolina to say, 'We have a public out there, and we need to make sure that that public is being cared for in an appropriate way.'"

Other states have followed suit, but North Carolina's always been at the forefront I think in leading the nation in nursing education, nursing practice, and I'm very proud of that, I think that's an excellent 'cudo' for us.

Q: Why North Carolina?

A: It's a hard question to answer, I'm not sure why North Carolina did take the lead. My guess is that we had very visionary leaders, we had practitioners who were very concerned with where nursing was going. They wanted to ensure that they as nurses were taken care of, that the public was taken care, and our legislators said, "Yes, that's a really good idea, and we wanna do that."

Q: An elected vs. appointed board of nursing?

A: I think the Board of Nursing in North Carolina is again very much in the forefront, they're very visionary in what they've done. And for the last several years we've had a unique opportunity to be able to vote for our nursing board members. That's very, very good for North Carolina, in other states they have a board that may be appointed by the governor, may be appointed by the legislature or someone else. In addition to that we have a separate nursing board in North Carolina, and some states have an umbrella board where radiology and dentistry and everyone else is under the same board. So I think we're fortunate that we have our Board of Nursing that addressing nursing issues. In addition to that, I think it's very good for us that we have a board that can be elected. Unfortunately, a lot of our nurses don't vote, and we're working on that. It's something we know, it's something we know we need to get nurses out to do. I think one of the things that happens is, people in nursing leadership roles say, "I know that person and I vote for them," but our bedside nurses in the hospital don't know some of these people, and therefore they say, "Well, I really don't want to vote," sort of like our elections in this country, you get some apathy sometimes if you really don't know the candidate. So I think it's up to us as nursing educators, as nursing professionals, to get out and say, "We have this unique responsibility in North Carolina, it's an opportunity for us to say, 'These are the people we want representing us in North Carolina.'"

Q: The biggest challenges facing nursing in the state in the future?

A: the single biggest challenge right now in nursing I think is education. And I'm an educator so I would see that as a problem. We have a nursing shortage, and this is all combined into one. My biggest problem right now, and I mentioned this a little earlier, is that we're not training nurse educators any more, and it's fine to need nurses, and we need to put practitioners out there and we need to put those bedside nurses out there, but if we don't have someone to teach in our nursing school, we're not gonna be able to do that. Another issue is that we have a lot of people that get out and wanna specialize, and that's wonderful, but we need some educators, and granted it's not the glamorous job that some of the other ones are, it doesn't pay as much money as the other ones, but we certainly need to have that addressed.

Q: What do we do?

A: Go and kidnap people and have them come in [laughs], no. If I could have people come in, and say to me, "I really like teaching, I really wanna stay in the hospital, tell me what it is I can do to help you," then I think we could put them into the nursing setting, I think we could put them into education. Part of it is, right now our Board of Nursing requires a baccalaureate degree, many of our accrediting agencies, such as NLN, require that your nursing faculty have a masters degree, there's a very, very small percentage of people in North Carolina who have a masters, a little bit more percentage who have the baccalaureate degree. We sometimes in the hospital have people who I think would be wonderful educators and they have an associate degree. So I think maybe we need to reach out more, we need to look at these as adjunct practitioners, to be able to come into our programs and teach. We can precept our students right now, that's something that the board of nursing allows us to do, and at one point there was discussion about only letting

the preceptors, or having the preceptors always be a baccalaureate graduate, doesn't make sense because you know if I'm an associate degree graduate and I've worked up in this unit for 15 years, I probably have better skills than somebody who has a baccalaureate degree with 2 years of experience. So I think we need to realistically look at things and not just get hung up on the educational levels. On the other hand, I think we do need education as the backbone to what we're doing, we're not gonna put more nurses into the field, into practice, without having more educators right now, and we've got to recruit those educators.

Q: What's unique about NC's community colleges compared with other states?

A: North Carolina has an excellent community college system and I'm very pleased about that. I think California probably and Texas may have a little bigger systems. North Carolina, we have 100 counties in North Carolina, we have 59 community colleges. We have access for the people in this state within 30 miles for everyone to go to a community college. Many of those community colleges have health degree programs, many of them are nursing, either associate degree or practical nursing education programs. I think when our community college system started we had a lot of vision in this state that said, "We want access for our people, we wanna be able to meet the needs of business and industry, we wanna meet our community needs." So

if someone came in and said, 'We need brick masonry,' then we put a program in. If they came in and said, 'We need radiography,' we put that program in." And everyone said we need nursing, so a lot of people got nursing. I think our community college system is unique in that it allows the citizens in this state to have access to a very wonderful field, and that is that of education, it makes it accessible for those who don't live in Greenville, who don't live in Chapel Hill, who don't live in Charlotte. Duplin County, North Carolina is rural, very, very rural. It's a big county and they have access to education, we interface with many of the universities, we have telecommunications there, we use the information highway, so we're pretty advanced to be a little rural school, and the community colleges work well together. It's really been an asset for us.

Q: A favorite example of someone who's a particular success?

A: I do and I can think of one very recently, I have many, many students who I'm very, very proud of. One I can think of is a girl who, well she wasn't even a girl, she was a woman at the time, had children, she was working, working as a nurse's aid, working helping clean churches, and do other things like that. Came through our program, she struggled through the program, she has made an excellent nurse, she is well thought of, she's been voted this year's employee of the year, and she's just come a long way. If that opportunity wouldn't have been afforded to her if she would needed to have gone to East Carolina, to Chapel Hill or somewhere else. So the accessibility of the college made it much better for her in terms of getting out and supporting her family. And she is a wonderful nurse. The other thing that I really am pleased about her, when we have students go to the hospital, she's the best role model we have. And she wasn't an 'A'

student, but she's gotten out and she's done a good job, and I'm very pleased that she's a James Sprunt graduate.

Q: The NCNA?

A: First of all, the North Carolina Nurses' Association is not a lobbying organization in North Carolina, it basically is there to meet the needs of the nurses in the state. It allows us to become familiar with what is made, what is policy in the state, it allows us to keep up with legislative kind of issues, we're informed about those. It gives us contacts within the state. NCNA has always been involved on a national level. I think it's important for us to be able to have a voice and they are the voice that we have in North Carolina, if there's something that we need to get across to the public, NCNA is the place to take it, in addition to some of our other organizations like ADN Council. But NCNA represents all of nursing in North Carolina, ADN Council's just nurse educators in associate degree programs, so we've got a lot of avenues to use, but NCNA is one clear voice that we have in North Carolina, they've been very effective in helping us get legislative issues passed, and very effective in keeping us informed in North Carolina about what's going on. I think we have a very proactive nursing population in North Carolina, as opposed to one who just sits around and does nothing.

[end of interview]