

Betty Irene Moore Speaker Series
Claire Fagin in conversation with Patricia McFarland
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CHAPTER 1: Dr. Fagin's Start in Nursing

Pat McFarland:

As I was reading some history about Claire Fagin, I knew something of it from my grad school work and everything, but I found out that really you had been mapped as to be a physician. You had a role model aunt who must have been a pioneer as a woman physician. I mean, we're talking about - Claire graduated nursing school in...

Claire Fagin: You don't want to say." (laughter on and off stage)

Pat McFarland:

...A few years ago. So your aunt was really a pioneer in medicine. Your folks wanted you to go into medicine. What drew you to nursing?

Claire Fagin:

My parents did, well I'd had actually nothing to do with medicine. I think when people ask me if today's problems are caused by the fact that women now have medicine to choose over nursing I don't think that's a problem. I think that the gestalt, or the ego ideal of physicians is so very different from nurses that if you want to be a physician and you're a nurse then you're a very unhappy nurse and so medicine for me has never been a competitor for young people who are going into other fields - there are other fields that I think are competition, but I personally don't think that medicine is, so it just never attracted me.

But at any rate I was an activist. So my mother was also an activist. She would do the election polling, you know, and sit at the place when other people would vote. And I would pass out flyers and things of that sort. And of course Franklin D. Roosevelt was president and if you weren't really on the other side then you adored Franklin D. Roosevelt and the war was on, World War II. And I was too young to serve so I would be looking at all of these people on the posters, wishing I could be in the service. And then one day - some or most of you may know this story because it's apocryphal - one day I'm walking down the street and I see this gorgeous poster... of the US Cadet Nurse Corps. And one of them was a gorgeous brunette model and the other was a gorgeous blonde model. I was blonde... so... (laughter)

So I was with a friend and she and I decided we would start cutting classes at Hunter and go to look at some schools. So what sort of schools do you think were looking at? Of course hospital schools, naturally. So we went first to Mt. Sinai Hospital, that didn't sit with us very well. Then we went to New York Hospital (Cornell) and that woman was very frightening. (laughter)

She said "You are at Hunter I will not accept you until you finish two years," well the whole reason behind it was to get out of Hunter, so of course that killed it. Then we're both taking dance lessons at Don Paulini's dance studio, which still exists on Lexington - social dancing. And we're walking down Lexington after our dance lesson

and we see this little sign on the second floor above a storefront that says New York City Nursing Council for War Service. What can be better? So we zipped up the stairs; it was a crummy little office and in this crummy little office was a woman who probably affected the rest of my life.

Her name was Dorothy Wheeler and she later became the head of nursing at the VA and at the time she did she was written up in every newspaper as the top paid nurse in the United States. And she sat us down and she asked us a lot of questions. She asked about where we'd looked, she asked us about our financial background, she asked us about our religious background. We gave her answers to everything and she said "Well, first of all girls you cannot go to a hospital school. That's out. The wave of the future is baccalaureate education. You have got to finish college. You are NOT entering a hospital school.

So she said "You can go to Skidmore, Adelphi or Wagner College, which has a new program," and that of course is why I live in Staten Island. Anyway, she said "I don't recommend Skidmore to you. I don't think that you'll be comfortable there." Never said why. "But look at Adelphi and Wagner." So we did. We went out to Adelphi and who was dean there at that time, but Mildred Montag."

Pat McFarland:

Aha! For those of you who don't remember, Mildred Montag is the one who later when she was doing her doctorate developed the Associate degree program. We'll talk about that later.

Claire Fagin:

I think that's an important one too. Mildred Montag was a small grey haired old woman – you know all these people are probably half the age I am now... (laughter) But you know they looked so old... it was really comical. When I picture forty or forty-five year-old women in my head they look like kids but these two - the other one I'm going to tell you about in a minute. She also was very stern with us. "Why are you leaving Hunter?" She went into an absolute tizzy that we were leaving Hunter. We left there in terror and the next thing that we did was meet Mary Burr who was the dean of Wagner College. And Mary Burr was teaching extension classes at Hunter. Hunter didn't have baccalaureate nursing, they had an extension program for RNs and Mary Burr was teaching in it. We met Mary Burr. Mary Burr was my dream of a perfect grandmother. She too was about 42, but she really enveloped us. Her warmth and her kindness – it was no contest. So off we went to Wagner College.

And of course Dorothy Wheeler was totally right but wrong because, for whatever reason, we in nursing have been our own worst enemies and we haven't done what Dorothy Wheeler thought we were going to do in a very short period of time. Anyway, that's my story. And I feel that was the key to my story. I mean it.

CHAPTER 2: ALWAYS THE PATIENT

Claire Fagin:

And so at any rate I worked at Belleview and there I again had a very formative experience. I'm not going to bore you with formative experiences all my life because actually they came early and then I was finished with my formative experience. But my head nurse that I worked with on my unit was a terrifying person. I mean, I keep telling you about these terrifying people. I was afraid of Mildred Montag... I was afraid of the woman at the New York Hospital, wild! (laughter)

Anyway, so my head nurse there was absolutely terrifying. I remember her name perfectly which I won't share with you. So, not only was the head nurse terrifying, but the head of educational program – that name I'm going to tell you – was fearsome. Her name was Mildred Gott dang. She left Belleview and went to Wayne State as a faculty member and they used to call her "Mildred Goddamn." Not because she ever used foul language but because she was such a terrifying person. She was about this tall, brilliant. She would come up to my unit and in ten minutes she would know more about those kids than I did working with them every week. Brilliant interviewer.

So one day Blanche, I'll tell you her first name, came to me after two days off. And she said to me something like "The children's loyalty is changing. They used to be only loyal to me. Now they're becoming loyal to you." So I was very startled and I don't think I said much to her and I said "I'm really not doing anything wrong, Ms. So-and-so." By the way, we were not first names, any of us. So she had Ms. Gott dang see me. So I went down to Ms. Gott dang, and she with her kind of weird face with this big smirk, she says "I understand that you're in big trouble with Ms. So-and-so and that you are doing personal things for the patients to get them on your side." (laughter)

This is why I say this experience was formative. Just out of my head I was able to tell her what nursing was. I didn't start with "I." That's big learning – not to start with the word "I" and starting with the patient. I said "You're totally wrong. These patients need," and then I went into a little litany which was amazing because I wasn't fluent in terms of psychological jargon or anything at that point, it was more - and I know you're going to ask me about intuition - it was more on an intuitive level, but I knew what those patients needed and I certainly was never intimate with them in any way shape or form. And I had fabulous colleagues there; we worked together in other disciplines, vocational counselors, psychologists, psychiatrists. So we really worked with those patients as collaborators so I knew what I was really doing with those kids. And it was wonderful when she was off because then we didn't have someone yelling like a general on a martinet. And these were tough kids – they knew more about life than I did. And at any rate Mildred changed from a smirk to smile and she said "You keep right at it, Claire." And that was one of the most important experiences I think I've ever had in my life. And I've kept right at it.

Pat McFarland: Very good. And those children appreciate it today.

Pam McFarland:

Now let's take you to that point in your career when you've implemented change. Use the visitation...you pick whatever hurdle you've changed or overcome. What are the strategies, what were your learnings from that, what can we tell to give the next generation of nurse leaders the tools to walk out of here today with "How I'm going to

make change when I return to work tomorrow,” when I return to work tonight or this afternoon or whatever.

Claire Fagin:

Well, I’m going to quote Susanne and Bernice Boresh because their book *From Silence to Voice* I think is wonderful and basically that’s my philosophy, you’re not silent. And that you make sure that you use your voice every place that it counts - even when it doesn’t count because you’re never sure when it counts.

Now let me tell you how I use my voice. I had been on three corporate - actually four corporate boards, that’s when I quit. I had been on three major major corporate boards and the first corporate board I ever went on was a very very fine insurance company in Philadelphia and it was within a year of becoming dean of the School of Nursing at Penn

So the first thing I do, this trustee brings me to meet the executives. We don’t have time for my jokes. That’s the problem. He say he’s picking me up in his Launche, I didn’t know what a Launche was, I thought he picking me up for lunch. Anyway, he picks me up in his Launche and he takes me to meet these two guys and I’m thinking “This is not going to work,” because, they were wonderful and I adored them, but they were very different from anyone in my experience let’s say. They looked like suits in a very classic way.

Anyway, when we left he said “You are going to get on this board and I’m ordering you now to always speak because I have put three women on boards in Philadelphia and one of them is silent and she’s humiliating me.” Well, you can imagine how that scared the life out of me, what did I know about insurance? So, I worked like a dog and I made policy for myself which I think I had used the same policy at the Institute of Medicine because I have many colleagues in the Institute of Medicine and the way you turn them off and that’s true of hospitals, wherever you are, it’s the same rule, you don’t start by talking about nursing. You open your mouth about other things so that they think you’re very intelligent and their ears start opening and then you pounce in with nursing when they already have their ears open, because if you start in with nursing then their ears will be closed the entire time. You’ll never reach them.

Okay, so this guy scared me, so I studied that material and oh God, don’t even ask! So naturally each meeting I would go in prepared, just as you said “What should a nurse do?” I would go in prepared with something from the material. A question to ask a comment to ask, “Why are we doing this, why are we doing that,” don’t even ask – whatever. Anyway I became a very active member, chairman of the investment committee, chairman of the audit committee, and whatnot, but I was on it for eighteen years. Now that doesn’t mean every board was the same. The other two boards that I went on, one was a financial investment company, the other was Salomon. Salomon was a little different because it was a little harder to interact with Warren Buffett and Charlie Munger, but at any rate all of those experiences matter because you never are silent. Never.

Pat McFarland: Never. Be prepared. Use your voice. Don’t whine.

Claire Fagin:

Be prepared. Use your voice. Don't always start with your issue. Whining is out. And you've heard that how many times?

Pat McFarland:

Oh, many many times. And focus always not necessarily on nursing but on patients. Always on what's best for the patient

The reason I want to tell you about the dissertation is because that's how I learned another piece that fits.

Pat McFarland: Okay. Perfect. Let's hear it.

Claire Fagin:

Okay, I got involved with rooming in the same way people usually do. My child was a year and a half old and he was sick with an inguinal hernia and it was emergency surgery and meanwhile I was a big expert in psychiatric nursing and I had read all the material on separation and Freud and Balbi and everyone else. And so I get to the hospital and there's no visiting. Okay, an hour, whatever. I said "No way – we're staying." My husband also took every word I said, he thought I knew it, so we were staying. And we got into huge fights, so we stayed and security tried to get us out, blah blah blah.

And I decided I should write a paper so I wrote a paper for AJN called "Why Not Involve Parents When Children Are Hospitalized." I was taking a class with a brilliant social psychiatrist and he said "Why don't you do this for your dissertation?" So I did it for my dissertation and I did an experimental study. Okay, that came out and was published. Not just put out, it was published by the FA Davis Company as a monograph. It went it went to my dean at NYU. He looked at it and he called me right up and said immediately "I want to put our news bureau on this immediately, Claire. Because my daughter had an experience at a hospital that was dreadful and I want this to get out. Would you mind working with the news bureau?"

No, I didn't mind working with the news bureau in the least. I knew nothing about PR at that time. Nothing. So they publicized this like crazy. I was on the Today Show, I was on every national program in the country, I was on every local show there was, I was on the radio, I was in the New York Times. And I had a stack of letters this big from people all around the country who wrote to me about their experiences and many of them were hospital trustees who said "I'm going to change the policies in this hospital." So I learned what I learned from that. You have got to get the word out and not just to our journals. And I've been working on that ever since.

CHAPTER 3: KNOW YOUR LINES

Claire Fagin:

Anyway, they're right now at war because she wrote an editorial piece about the J & J ads. She has worked with them all this time trying to alter those ads to some extent and she has gotten nowhere.

Pat McFarland: What did she disagree with in the ads?

Claire Fagin:

(Affecting a mocking tone in parody of the J& J ad) “I’m intuitive, caring, nice, sweet.” Now she didn’t invent this. The one who invented the criticism was not Sandy Summers, it was Susanne Gordon. And I think most of you know her work. She calls the J & J ads “the virtues script.” In other words, very few of the J & J ads comment on intelligence, competence, what you have to know to be caring people, how nurses save lives, etcetera. What they tell you is what caring people we are. How we love our patients. How kind we are. And that’s what Susanne calls “the virtues script.” So Sandy, had taken this on, as “the virtues script” and you can put intuition in there too. Intuition is fabulous and the more of us that have it the better off we are, but only if it’s combined with knowledge. I mean, otherwise we can go onto the street and find people who are intuitive. We can do some kind of intuitive testing.

They say “Nursing, why is that your principal work?” So I would try to get this board to really understand what nursing is, and most of them did, so that they can speak the nursing language, not “They’re kind, they’re gentle, they’re sweet, they’re intuitive.” Well anyway, one of the women goes to the hospital, the hospital at the University of Pennsylvania. And she gets excellent care and naturally we watch her carefully, making sure she gets the best nurses in the place, all of whom are our graduates. And she gets out of the hospital and calls me up and says “Oh, Claire I had such a wonderful experience at Penn in the hospital.” And I say “Oh, tell me more, Sally.” And she said “They were so sweet. They were so kind.” And I said “Sally, tell me about competence. Were they competent?” And she says “Yeah, they were... I think... they were competent.” So, yes it’s important to be intuitive...

Pat McFarland:

That brings us to talking about our student nurses and our staff nurses who are here today, what can they do to start to change that image?

Claire Fagin:

Memorize a line. You have to memorize lines that work. I think failure to rescue has given us a very good line – the data on failure to rescue – because you know when that guy, Jeff Silber, did his study on failure to rescue he didn’t expect it to be nursing. That came as a surprise to him. He was doing a study on one of the factors that help people rescue and lo and behold it turned out to be nurses. And so that was serendipitous. And then after that he started to work on it more. Now who was his major influence of course? Linda Aiken. Linda Aiken knows how to describe nursing. Presumably many of you have heard Linda or will hear her in the future hopefully, but at any rate he is very much a colleague of Linda Aiken’s and that failure to rescue stuff came right from Jeffrey and a lot of other people now have studied it. That is number one. Doesn’t everybody understand that if you are not an intelligent observer and participant in patient care that you will not be able to detect the changes in patients’ behavior that will cause you to act? That alone. Forget everything else, just use that. If you don’t like that enough find another area. It has to just pour out of your mouth. Because otherwise all of us, I mean even at my stage of life, become so taken aback by the derision in the response, which

still goes on, that we become tongue-tied. So it has to be *something that just spurts out. And that's actually what I do and try to do with students*

CHAPTER 4: EDUCATION AND SERVICE

Let's talk about education and service.

Claire Fagin:

Well, looking at all the problems you're looking at, looking at the Moore Foundation's goals, which I think are totally appropriate, looking at what you're doing right now – these are the problems that have haunted us from the beginning. As nursing moved into the colleges and abandoned the hospitals. There was something to be said about hospital schools. Hospital schools were part of the hospital and they knew the hospital and how to work in the hospital and so forth. And some of them were really superb.

Interestingly when I was at the University of Penn there was not one hospital school graduate who would go to work at the University of Pennsylvania hospital because it was so lousy they couldn't wait to get out of there. And when I came to Penn I was asked by a board member "How many of your graduates go to Penn," go to HUP, it's called, everything in Philadelphia is acronyms. So I said "I have no idea," and I went the records office and said "How many of our graduates go to HUP?" "Zero." Well it turns out it was also zero out of the hospital school which is the only reason they closed it. Because they had been fighting the University to keep that school open because they felt they got their staff from there. Wrong. They stopped going there because it had deteriorated to such an extent.

But even before that it was very clear when I went to Lehman. I went to Lehman to be director of the Health Professions Institute that was tied between the college and Montefiore Hospital. And I integrated my faculty. It was brand new program – I could do anything I wanted as long as I got the right faculty. And I got the right faculty. I got fabulous people, absolutely incredible people. And I brought them to Lehman and they worked at Montefiore. And they worked with students at Montefiore, they had heavy heavy clinical experiences at Lehman because I was trying to prepare this new way. And the faculty were completely committed. Did we change Montefiore? Probably not. Did we change people's feelings about nursing? Probably yes. I was there seven years, it was very effective.

My big disappointment about leadership – and I'm going to tell you what you really want to know in a minute about Penn – is that I had actually constructed something at the University of Pennsylvania between the school of nursing and the hospital that was major. I called it an Integrated Model. It was not like Case-West because not all of the people who were chairmen were professors at the school of nursing, nor was it like Rush which is really a completely unified model. I don't mind those models, but that was not what I constructed. What I constructed was what I would call a "faculty-centric" model where the faculty had to be in the clinical area, they had to have students there, they had to have some kind of joint appointment and the director of the hospital was associate dean of Nursing Practice in the school of nursing. I was not associate, by the way. I was

not Associate Director of Nursing. That is exactly the model I don't believe in and we can talk about that later.

But, it was wonderful. When I first came there a very senior physician came over and told me what a lousy job I was going to be doing as far as the hospital was concerned, that our students were too snooty that they were not going to be working in a hospital like that and that the hospital was really in bad shape. Which was true, the hospital was in terrible shape. By the time I left this same physician came to me and said "Claire, boy was I wrong, you have transformed this hospital." Now, what's bad about that story? It didn't last. So the really big thing that we need to work on is how do you institutionalize change so that it lasts beyond the leader?

I wrote a paper if you can ever find it, because the book it was in *Essays in Nursing Leadership* is out of print unless they bring it back in print now for a specific reason, but it's a combination of articles I've written. I wrote a paper on that that was a keynote address at the American Academy of Nursing. The problem is, I think, that many of my colleagues didn't get it. They knew about Rochester - that was easy. They knew about Rush. They knew about Case-Western, but they couldn't understand the nuanced difference between having everybody involved so you didn't have research going on, for example. I mean Rush has practically no research going on because it is totally and completely interwoven. Case-West didn't last And Rochester isn't what it was and so what I was doing was trying to find something with a nuanced difference.

I liked those models but I knew that they couldn't work at a major university where the faculty had to be doing research and you had to have everyone doing the same thing. But I don't think the deans who followed me got it. I don't think they could ever understand the point because the moment you make yourself the Associate Dean of Nursing you don't have the primacy that you'd have if you were the dean and the person felt that she has a need to be part of your school. So the directors, the CEOs of the hospital, bought what I wanted to do when I went to Penn. They wanted me to do something different and they bought into it and they helped support people, they did everything that they needed to do to make it happen. And yet the people who followed me... I've come to this conclusion over the years - it's taken me a while because I left the deanship fourteen years ago, I left Penn ten years ago this July, and it's taken me a long time to figure this one out because this is one of my biggest heartbreaks

Pat McFarland:

So what advice do you have for this group to ensure that their vision and the legacy that they're laying today will stay on after they retire?

Claire Fagin:

You've got to be intimately involved with the educational institution. If it means forcing your way in or whatever it does. You've got to have leadership coming from them to you and not feel threatened by that. Feel supported by it. Part of the problem, I think, that some of my colleagues have had, including here in San Francisco, is I think their nursing was threatened by the notion that this person might step into the situation. I had conversations at that time with Helen Ripples who told me that I was crazy, that it would never work here, that she in no way would become an Associate Dean for Nursing Practice or whatever. I mean I respected what she had to say, but it's a question partly of

trust and partly understanding that you're not trying to tread on anything. What you're trying to do is work in a way that the patient will benefit and that the medical school will understand.

Oh, I left that out. Excuse me, that's very important. The medical school understood what I was trying to do. They didn't think that I was going to be able to pull it off, but they understood it because it was not dissimilar from their model. The clinical appointments in medicine were not dissimilar. I started a clinical appointment system at Penn, I had marvelous people who were clinical appointments. They're a little different, they're called clinician educators so they're full-time fully-credentialed people but their focus is on the clinical area. So we had we had chairmen who were clinician educators. Joanne Dish, who is very renowned, she was head of the critical care organization for a very long time. She's one of the two nurses on the board for AARP. She's absolutely phenomenal. She's in Minnesota. She was chairman of our medical group. And the physicians all understood it. They all understood that these were very credentialed people, they could work them in a different way, the respect level was entirely different. And a good half of our graduates went to work at HUP. That tells you in itself, if smart kids are graduating from Penn and deciding they're going to go to the Hospital at the University of Pennsylvania then it means the atmosphere is good

Pat McFarland:

What's different though in California than perhaps even on the east coast is that we have 106 schools of nursing, we have about 26 or 27 BSN programs, we have 74, I think, associate degree programs...

Claire Fagin:

Well, that can't work. No, it can't work with what I'm talking about because you're not there long enough. It has to have longevity

Pat McFarland:

Right. And there's not a medical school associated with it at the community college.

Claire Fagin:

Exactly. Nor are there [medical schools associated] with many baccalaureate programs that aren't connected with a university.

Pat McFarland:

Well our university system... the University of California... we have no pre-licensed or undergraduate programs. We're going to open the first one in Los Angeles at UCLA in the fall. And the next one looks like UCI in the following fall. But that's a small portion of our group.

Claire Fagin:

But any baccalaureate program has a hospital nearby. And that's what I did at Lehman, I mean that's where I learned it. I didn't learn it at Penn, I learned it at Lehman.

We weren't a university. We were a college - a liberal arts college that dumped nursing in there when I came there. It was a shock to the people at Lehman. They called themselves "Dartmouth on the Reservoir" (laughter) and they thought that having nursing at that place was going to be a disaster, a total disaster. But, Montefiore Hospital was in the Bronx. So I just adopted Montefiore Hospital and there's no way that every other baccalaureate program in California can't do the same thing. It's a perfectly doable model, but somebody has to want it. The CEO has to want it, by the way. (52:05)

So, in your vast, 50+ years of nursing experience, how are we going to start moving the barriers and removing the barriers so that we can streamline the education process so we do have a higher percent of our students graduating with a Bachelor's degree and encouraging them to go on. [This is] because we have some excellent associate degree programs here in the state, but we want those students to continue and the deans of those programs really do encourage their students to go on. They don't always, so we've to put some focus on it. What are we going to do?

Claire Fagin: I have no idea. (laughter)

Pat McFarland: You are an honest woman.

Claire Fagin:

Well I'm going to be presenting a little bit later at the foundation and somebody said to me a few weeks ago, I was giving a modest amount of money compared to Moore. Moore's money is really huge, but I do want to tell you that the John A. Hartford Foundation that I've been working for for some years is actually devoting less money overall to nursing in the whole country than you are to the Bay Area, which is wildly impressive, really incredibly impressive. But this fellow started talking about what he wanted to do with his brand new money going into nursing and I went home and I said to myself "You know, someone gave me this money, and it's not much, very modest, a million dollars," and I said "Okay what do you want to do with it?"

And I realized, actually I tried to focus on if I had three wishes, which you know is what a genie gives you, what would they be? And one would be to get the educational house in order. And the fact of the matter is that I think I've been trying to work on this my entire career. And so when I look at my three wishes, if I didn't look at the little segments in them I would think that I was quite unsuccessful in every way because my three wishes have not been accomplished.

This one, this is you and it isn't me, because what is so dazzling about our population, and I don't mean that positively, is that every single other field has recognized the merit of moving on except us. And it's not because we're women, so we're not going to say women because teachers were predominantly women when they moved from their normal schools into higher degrees. They were women. PTs are maybe 50/50, now they're moving from Masters to the doctorate. PharmD. How did they recognize what they needed for their professions and we can't? I don't know. And I will not blame it on women. So, what's the reason? You should know better than me. Because many of you are in schools like that or some of you are teaching. I don't have

the vaguest idea. Do you think it's faster and you want to get a job? I mean, we can analyze it. Of course we know why.

But it seems to be something we cannot break out of in this century. And surely, I assure you when Mildred Montag came out with this program this isn't what she expected. You all know what she designed, don't you? Or do you? What she designed was two-year program leading to a technical nurse who would not be an RN. This was supposed to replace the practical nurse. Because at that time it was believed that the technical nurse did not have enough education to do what the technical nurse was supposed to do. But somehow politically this program got caught up by a group of people who decided "Aha! This is the way to kill off hospital schools," but in order to do this you've got to be able to give them the RN. So she has written in her own papers that she had made a terrible mistake. She was made a living legend in the American Academy of Nursing. Some years ago I met her in the elevator. She has read my positions on the subject and she said "Claire, don't blame me. You know I never meant it to turn out like this. I've been living with guilt all my life for what they did to my program." But this is what happened. So in the 2004 census there are more baccalaureates. Did you know that? I had the actual figures... we're having a little flip now, it's very little.

Pat McFarland:

Yes, at the national level, but in San Francisco and San Diego, for California, we have more Bachelor's-prepared nurses than in other parts of the state.

Claire Fagin:

50% baccalaureates? That's extremely high because it's 33 versus 32 nationwide. And do you know what the percentage is who go on, do you? The last numbers were 16%.

Pat McFarland:

16% continued with their education. Now I'm an ADN, so I'm one of the 16%. But I also graduated from an associate degree program that in our fourth semester you had to write how you would continue your education. I mean we took the position paper of '65 or whatever and took it to heart. And by God I got my Bachelor's degree in December of 1984. Whew! Under the wire. But we didn't do it.

Claire Fagin:

What is interesting is that figure probably tells you more than anything about why this has lasted. Because if only 16% see this as a program that you move on from, of course they want to maintain that program.

CHAPTER 5. THREE WISHES

And I can't leave without asking you, you said you had three wishes. The first was "get your house in order" and what were the others?

Claire Fagin:

Get your educational house in order. The second was fix the workplace. The third was have media understand and represent what nurses really are and can do.