

RECAP



Memories and Reflections

From The
North Carolina Baptist Hospital
School of Nursing Diploma Program

~ Class of 1964 ~

2nd EDITION

August 20, 2014

50th REUNION

Class of 1964

1964 – 2014

August 15, 2014



North Carolina Baptist Hospital
School of Nursing



RECAP

THE FIRST EDITION OF RECAP

Was Written and Compiled on August 15, 2014

By **Libby Elias Gish**

On the Occasion of the Celebration of the 50th Year Reunion of the 1964 Graduating Class of
The North Carolina Baptist Hospital School of Nursing



THE SECOND EDITION

Was Revised by **Libby Elias Gish** on August 20, 2014



WITH APPRECIATION to the classmates and friends listed here who contributed additional commentary and shared their memories and reflections.

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RECAP IS DEDICATED to all of the student nurses who graced the halls of North Carolina Baptist Hospital and who attended the North Carolina Baptist Hospital School of Nursing Diploma Program, during its years of operation between 1923-1974.

INTRODUCTION



We have compiled these memories and reflections as a way of RECAPPING our class story, in an attempt to provide a fairly accurate glimpse into the daily life and activities of a student nurse enrolled in the North Carolina Baptist Hospital School of Nursing diploma program between the years of 1961-1964.

During the past 50 years, many nursing practices, procedures, uniforms, dress codes and social mores have changed. Other factors have also impacted the way nurses deliver skilled nursing care in the year 2014, including improved medical equipment, changes in governmental requirements, hospital regulations, health insurance provisions, technological and electronic advances, and the arrival of the digital age.



RECAP: North Carolina Baptist Hospital School Of Nursing ~ Class Of 1964

Reflective Comments On The Occasion Of Our 50th Reunion

IN 1961, THE MAJORITY of young women married and became homemakers following high school graduation. However, some chose to become secretaries, teachers or nurses. Becoming a nurse was the ambition and chosen path of our classmates who applied to the North Carolina Baptist Hospital School of Nursing Diploma Program in Winston-Salem, North Carolina in 1961.

Some of us remember taking nursing aptitude entrance exams in Wilmington, Mars Hill, and Greensboro, North Carolina, and at other locales, to qualify for admission to Nursing School. We remember answering probing questions during the selection interview held in the Twin Castles Apartments' Reception Hall Building. Dr. Emory Miller, Director of Health Services, gave a few students a physical examination prior to admission, to determine if we were healthy enough and had the stamina to complete the rigorous School of Nursing Program.

Some of us remember being so excited upon hearing of our acceptance into Nursing School that we read almost the entire *Tabers Cyclopedic Medical Dictionary*, by Donald Venes, during the summer before Nursing School started!

We remember the autumn colored trees when we arrived on the Twin Castles Campus. Some students who had lived along the coast, had never seen tree leaves change color!

We remember that our last names were alphabetized and a sequential selection

process was used to assign our apartment housing and roommates, or suitemates.

We remember we all lived in the three-story Twin Castle Apartment Buildings located on Beach Street near the hospital. Most apartments had three bedrooms and a kitchen, which we seldom had time to use. Each room was fairly sparsely furnished with a bed, a small shallow cabinet closet and a desk. Five people shared only ONE bathroom. There was absolutely no modesty as we tried to do five different things at the same time!

We remember that we attended Nursing School for 36 months straight. We had no summers off, and had no guaranteed holidays off! However, we were given some days off on a rotational basis. Our work schedule at the hospital rotated between 7am-3pm, 3pm-11pm, and 11pm-7am shifts.

We remember that marriage during the three years of Nursing School was discouraged, although one student was married prior to admission. A few students, with a bit of trepidation, asked Ms. Baise for permission to get married during school, and a few did get married prior to graduation.

We remember during orientation, the school hosted a very nice Sunday afternoon tea party in the Reception Hall for us, so that we might meet local clergy. We remember each week attending required Chapel services at the Hospitals' Davis Chapel with its' beautiful tall stained-glass windows.

We remember that during freshman orientation, we were told that approximately one-third of our classmates would NOT graduate from the program!

We remember nightly Closed Study our freshman year from 7pm-10pm, and being required to remain in our apartment rooms during those hours. One night a bat found its way into a student apartment. He flew around wildly as he was chased with a broom toward a window exit!

We remember in the latter part of our freshman year, we were allowed to leave campus and go home one weekend per month. No personal cars were allowed to be parked on campus, however.

We remember that as freshman, we were each assigned a more senior upper classman to be our Big Sister to help orient us to the campus, and provide companionship and support.

We remember we were required to purchase an alarm clock and a watch with a second hand before arriving at school. These items proved essential in measuring patient vital signs, timing and counting the number of patient respirations and heart beats occurring every 60 seconds, or per minute, in counting the speed of drops during IV fluid infusions, and in helping us “get up on time” and “be on time” for scheduled hospital work, patient procedures, student classes and labs, and for everything!

We remember during the first half of our freshman year, we were provided with detailed printed schedules to assist us in utilizing and managing our time well!

We remember our laundry was done by the hospital. We took our soiled uniforms and soiled bed linens to the ground floor, or basement of Twin Castles Apartment B-1. Our clean laundry was returned there, and was organized and sorted in slots for our retrieval. We washed other clothes there in a washing machine as well, but there was no dryer. We washed personal items in our apartment and hung them up to dry on wooden racks, or wherever we could.

We remember each three-story apartment building had a single pay phone in the stairwell for students to share. It was the main line of communication with family, the hospital, boyfriends, etc. We shouted out the name of the person being called and summoned them to come answer the phone.

We remember it was routine to have unannounced room checks by Miss Cox. She would make rounds to be sure that our rooms were kept tidy, that our beds were made and that our bed linens were changed. Curtains were required to cover the apartment window blinds, to insure privacy! We remember exterminators treating the Twin Castles Apartments for pests, and the lingering odor that remained in our rooms and drawers afterwards.

We remember our one-piece cotton blue-and-white-bibbed student uniform, that belted in the back with snaps. Miss Cox carefully pinned very long uniform skirt hems, to fall “way below the knee,” as was the rule. However, some students moved the pins and hemmed their uniform skirt shorter, so it would not hang down to their ankles! They were duly reprimanded, and had to rehem a

longer uniform length, as it was judged that their shorter hem was “unprofessional.”

We remember wearing boxy CLINIC lace-up white shoes with non-conductive material imbedded within the soles, as “grounding” for working in the operating room. We kept our shoes polished bright white with liquid Sani-White shoe polish. We were also required to wear “vein protective” white “supp” (support) hose daily as part of our standard uniform. We were allowed to “never ever wear” any nail polish to work or while in uniform.

We remember that there was a strict conduct code of showing no kissing, no hand holding and no affection for the opposite sex, while in uniform, while on campus, while in the hospital or anywhere.

We remember as juniors being given our navy woolen capes lined with red. Wearing them kept us warm on cold days as we walked from our apartments to work at the hospital.

We remember walks down to the “foot of Hawthorne Road Hill” to Bobbitt’s Pharmacy to buy toiletries. We enjoyed an occasional dinner at Town Steak House there as well. They had wonderful blue cheese and thousand island salad dressings and burgundy-wine beef tips on toast!

We remember walking all the way to Fourth Street in downtown Winston-Salem to shop a bit at Thalhimers and other stores, or to go to the movies. We only bought what we could carry the long way back home! Sometimes we took a bus or shared a cab as transportation to town.

We remember having to physically “sign out” on the Twin Castles Reception Hall register every time we left campus, and having to “sign back in” upon returning to campus. We also had to state on the register, the time we expected to return, which led to stress at times and the fear that our parents would be called if we failed to sign back in on time! Miss Jane Cox was always our vigilant Reception Hall registrar. We had very strict rules to follow. Administration kept a tight grip and close tabs on us at all times.

We remember using the sewing machine in our apartment building’s Gathering or Recreation Room and making clothes, smocking the squares on gingham cloth to make pillows, smocking nightgowns made from bed sheets, crocheting rugs with taffeta rug binding and old hosiery. We bought fabric in Walkertown and made madras skirts to sell to our classmates when time allowed!

We remember washing, bleaching and thick-starching our white muslin nursing caps and plastering them smoothly on the side of our kitchen refrigerator to dry. We peeled the dried flattened cap off the refrigerator, reshaped it and folded the sides together with white bobby hairpins to form the distinctive shape of the NCBH cap.

We remember the rule of “lights out” in our rooms at 10pm. Some of us studied with flashlights in the bathtub and under card tables covered with tablecloths to shield the light from the night watchman’s “roving-roaming-watchful-eyes” to avoid being reported for breaking the rules.

We remember the small library on the 2nd

floor of the Reception Center. Ms. Walsh was the librarian. When we had difficulty in a class, such as pharmacology, we were put on probation for three months and were required to attend night study hall in the library until our “grades came up.” Ms. Baise occasionally circulated in the library, observing us and commenting on our studies.

We remember writing essays, on such people as Clara Barton, the pioneer nurse who founded the American Red Cross, and Ms. Edna Heinzerling, a former director of nursing at the North Carolina Baptist Hospital School of Nursing and Editor of *The History of Nursing in North Carolina*, by Mary Louis Wyche.

We remember getting off hospital evening duty at 11pm. We walked back to our apartment in groups, or the hospital night watchman accompanied us. One student got stuck in a hospital elevator, and she was locked out of her Twin Castle apartment when she got home. “What a scare!”

We remember our freshman year and how hard it was to find our way around the “hospital maze,” but we quickly learned new shortcut routes!

We remember that Ms. Baise called one student into her office twice. One time, it was because the hem on her uniform was, “too deep.” The student was of short stature, and the uniform hem had been shortened. The second time was because Ms. Baise thought she had seen the student along with some medical student friends at an integration/desegregation protest rally. Ms. Baise was incorrect in her latter assumption,

but the student was intimidated, nonetheless.

We remember being required to file “incident reports” detailing medication mistakes made, or failing to collect stool specimens. On one occasion, a student inadvertently sent a collection cup containing snuff, or chewing tobacco juice, to the lab as a stool specimen!

We remember being anxious as we learned subcutaneous and intra-muscular injection administration techniques, and how to take blood pressure (B/P) systolic and diastolic readings. We practiced giving injections on “plump oranges” and then to each other! We learned how to take blood pressures on each other as well. At night we dreamed about the processes we learned!

We remember we used sterile syringes and sterile #25 gauge needles to give injections subcutaneously or in the deltoid arm muscle to each other as part of our nursing practicum. We remember cleansing the injection site with alcohol cotton sponges, thumping the side of the filled syringe with our finger to eject all the air bubbles before sticking the needle into the skin. We braced our hand and used the syringe plunger to aspirate for blood first, to be sure the needle was not in a blood vessel. Only then did we inject the medication. We also remember we used our fingers to trace and “visually divide” a patients’ buttocks into quadrants before giving intra-muscular injections in the outer upper quadrant of the buttock, in the dorsogluteal muscle.

We remember some medications came in Tubex Syringes with pre-filled glass cartridges with a sterile needle attached. We inserted the

needle-tipped glass cartridge into a reusable metal Tubex Syringe to give injections. Some medications came in glass ampoules or vials. We carefully covered the ampoules with protective paper or cloth and snapped open the top half with our fingers. We then used a syringe to withdraw the medication that remained inside the bottom half.

We remember using non-disposable needles and syringes that had to be sterilized by autoclave after each use. We washed the syringes and needles and submerged them on a tray to be cleansed in the sterilizer. However, after repeated use, the needle tips gradually became dull and blunted with “hangnails” on them, from being reused over and over again.

We remember attending all daily classes and labs and still working eight hours a day at the hospital. One difficult challenge was attending 8am classes after working 11pm to 7am.

We remember most PATIENTS WERE VERY GRATEFUL for our care, but there were a few challenging ones!

We remember our Capping Candle Ceremony was held in the hospital cafeteria midway through our freshman year, on January 18, 1962. We remember the tremendous excitement we all felt when we saw the sea of white muslin folded caps arranged neatly in rows across a white cloth-covered table. We felt such pride as we donned our own “white badge of honor” with its distinctive shape and style, signifying that we had now earned the privilege of wearing the North Carolina Baptist Hospital School of Nursing Cap as an addition to our

blue and white student uniform. On this special occasion, we were presented with a pocket-sized white leatherette New Testament with Psalms and Proverbs. It featured the Florence Nightingale Pledge reminding us of nursing ethics and principles. The Gideon Bible Company published this pocket edition for nurses in 1960.

We remember pinning the narrow 1/4” black velvet ribbon band near the edge of our caps in the fall of our senior year in 1963. At graduation, a 5/8” black velvet ribbon band replaced the narrow ribbon on our cap, to represent the completion of Nursing school. We were now legitimate STUDENT NURSES!

We remember using the convenient hospital post office. We were assigned small metal mail boxes there, where we checked frequently for mail deliveries from home and from others.

We remember that our meal breaks were short. We rushed down to the cafeteria to eat in 30 minutes or less, and returned to our assigned hospital units to complete our work.

We remember IV bottles dangling high on IV stands beside patient beds. We put tape on the bottles to mark the level of, and the amount of, fluid that had been infused and the amount of fluid that remained within the IV bottles.

We remember collecting every kind of specimen from patients for lab analysis, such as blood samples, clean catch urines, sputum, stools and even sweat.

We remember every kind of tubing being connected to patients and being used on

patients: oxygen tubing, urinary catheter tubing, IV tubing, thoracentesis tubing, wound drainage tubing, enema tubing, nasogastric tubing and tracheotomy suction tubing, etc.

We remember taking care of patients connected to monitors that “alarmed all night!” Many of the patients were on IV aramine drips to treat hypotension.

One student remembers that a student and a nurses’ aide shared caring for 28 patients on a unit, each being assigned 14 patients. We were “overwhelmingly busy” at times, especially when we worked on 7am-3pm shifts.

We remember the hospital Gold Coast Section on 3rd Main where VIP patients were placed and where Mrs. Hanes lived. If we were assigned to Mrs. Hanes room, we were told not to enter unless she turned on her call light. She often would give students entering her room some type of momento.

We remember that smoking was allowed in patients’ rooms! One student had an incident as she was about to leave a patient’s room, she discovered smoke emitting from a wastebasket. She quickly distinguished the smoldering cigarette and avoided a calamity! We remember actually seeing physicians smoking at the nurses station and in the halls near the hospital elevators!

We remember when we were sick and needed nursing care ourselves, we went to Student Health in the Outpatient Clinic. At times, we were assigned to “rest-in-room-status.” If we were contagious, other arrangements were made. Some students were hospitalized at

NCBH while in school.

We remember taking chemistry and microbiology courses at the hospital, from Dr. Tuttle, Dr. Davis and Dr. Wolfe, who were the same professors who taught the medical school students. We remember we took sociology and religion classes in a building behind Twin Castles Apartments.

We remember attending classroom instruction at the hospital, Dorothea Dix Hospital in Raleigh, NC., Twin Castles and the former St. John’s Evangelical Lutheran Church building on the corner of Grace and Queen Streets. The church, located at 2000 Queen Street, was dedicated on February 11, 1941. A new church was relocated to 2415 Silas Creek Parkway and dedicated on August 30, 1959. We suppose the hospital bought the older church property and repurposed it to make way for use by the North Carolina Baptist Hospital Pastoral Care Program and for the School of Nursing Program.

We remember the microbiology exercise of collecting germs from our unwashed hands and culturing microbacteria. Thereafter, we repeatedly washed our hands and took cultures of the remaining microbes each time. We were amazed at the germs multiplying across the surface of the Agar Gel, as they incubated in petri dishes. The results demonstrated the critical importance of hand washing to help prevent infections and control the spread of germs and disease.

We remember we traveled by bus to Wake Forest University on Saturday mornings for our anatomy and physiology labs. We remember anatomically dissecting a fetal pig

that was stored in, and kept soaking in, “eye burning, strong smelling formaldehyde.” We remember that the lab assistant Amon Funderburk teased and surprised one student, by hiding a large roach inside the abdomen of her assigned pig!

We remember that the Nursing School courses included: History of Nursing, Fundamentals of Nursing, Religion and Christian Ethics, Food and Nutrition, Medical and Surgical Nursing, Anatomy and Physiology, Chemistry, Microbiology, Psychiatry, Psychology and Sociology, Love, Courtship and Marriage, Obstetrics and Gynecology, Pediatrics, Advanced Nursing, Pharmacology and Professional Nursing. We also had labs in Microbiology, Chemistry, Anatomy and Physiology, Nutrition and Fundamentals of Nursing Procedures. In addition, we received supervised “hands-on” clinical instruction as we began caring for patients in the hospital.

We remember during our nutrition course in the Twin Castles Building across from B-1, that one lab exercise included our being given the outline of a hypothetical special diet such as: low-sodium, liquid, bland, soft, etc. that might be prescribed for a patient. We had to then plan a menu based on that special diet. We were given a small amount of money to go to the grocery store, at the “foot of the hill” to purchase foods meeting the dietary restrictions. We could not exceed our designated budget or the money we had on hand. Finally, we prepared, cooked and ate the special dietary meal! K-Salt was used as a potassium-based salt substitute.

We remember the Nursing School

administrators who encouraged us to become “EXCELLENT NURSES.” Mrs. Joyce Warren, Director of Nursing, was the “epitome of excellence.” Ms. Kiger was quietly encouraging. Ms. Betty Baise coached us, supervised us and kept us on our toes. They all wanted us to be “GOOD NURSES,” and they guided us successfully throughout the three-year program.

We remember classroom and clinical instructors shadowing us as we cared for hospital patients. Mrs. Stroupe instilled confidence. Ms. Lore taught us a love for pediatrics. Ms. Farrall made insulin injections seem easy. Ms. Garrison taught us her love of sterile technique. Ms. Klue was so friendly. Ms. Grace Daniel was very kind and caring. Ms. Kreider was cheerful, often complimenting students, and was a positive influence. Mrs. Stroupe and Miss Lore were understanding, reasonable and excellent teachers with a kind demeanor. Ms. Carolyn Williams, Ms. Sue Kitrell, Mrs. Dobson, Ms. Ward, Ms. Anna Barbee, Miss Sadie Bailey, and Ms. Drash were other very helpful mentors as well.

We remember so many head nurses who helped us as we worked in the hospital, especially Ms. Shirley, the operating room head nurse, and Ms. Casstevens, also in the operating room, and Jo Ann Cash and Barbara Bengé on 3rd Bernard and 3rd Main.

We remember walking to the hospital for the prompt 6:45am change-of-shift reporting for the 7am-3pm early morning shift, at 2:45 pm for the 3pm-11pm afternoon shift, and at 10:45pm for the 11pm-7am night shift reporting. Nurses routinely gathered together

as a group three times each day at the change of shifts to report on their assigned patients. Nurses going off duty reported to the nurses coming on duty. This was done for continuity of care, to communicate the status of patients, to outline their care plan and to hand off responsibilities.

We remember reviewing nursing care plans, outlined in the alphabetized KARDEX Flip Chart at the nurses station to determine assigned patients' nursing care needs, time for medications and scheduled vital signs, etc. We recorded daily patient assignments, tasks, procedures and vital signs on a sheet of paper with a boxy grid graph outline, that we kept tucked into our uniform pocket.

We remember using the neck-hanging stethoscope's diaphragm or bell as a tool to amplify, to listen to and to hear the sounds emitting from the patient's body, which helped us evaluate the condition of the patient's heart, lungs, blood pressures, etc.

We remember stressful mornings. It was difficult to bathe patients, change beds, give meds, test urines, give surgical pre-op injections, carry patients to the OR and complete all tasks before Dr. Yount and his cadre of medical students and residents, made their 9am rounds on 3rd West. Whew!

We remember the importance of regulating diabetics' fluctuating blood sugar levels. We tested early morning urine samples with color-changing dipsticks to evaluate the level of sugar present. This test was necessary to determine the dosage of regular or NPH insulin to be administered, or the need for administering sugary foods or IV glucose if

patients were hypoglycemic. We also tested diabetic urine specimens for ketones with purple-color-changing acetest reagent tablets.

We remember steel basins filled with soapy water, and we remember wrapping washcloths around our fingers and hands into a glove-like hand mitt to give daily bed baths and perineal care.

We remember being alert to the sound of call bells and blinking call lights from patients' rooms, and dashing quickly to their bedside in response to their requests and needs.

We remember having so much to do during our shift that we often stayed on the unit after our shift had ended to record our lengthy handwritten nursing notes detailing patient activities, medications given, procedures, pain levels, intake and output, etc. We wrote and recorded copious descriptive nursing notes on a chart hanging from the foot of the patients' bed. We used the medical terminology abbreviations that we learned, such as PRN, QID, BID, NPO, etc. as a sort of "nursing shorthand."

We remember rolling the heavyweight columnar sphygmomanometer machines on wheels all around the long halls and corridors of the hospital to take "pumped-up-cuff" blood pressure readings and vital signs on patients every four hours (q4), or more frequently as ordered. At times, blood pressure readings revealed malignant hypertension or even hypotensive shock.

We remember that each pint of blood that was given to a patient as a transfusion was typed and cross-matched in the lab to test for

donor-to-patient compatibility. We monitored patients carefully as blood transfusions were infused to be alert to symptoms of possible incompatibilities, adverse complications or anaphylactic shock.

We remember how we carefully monitored the narcotic box contents and exchanged the narcotic keys at the change of every shift. We carefully recorded patient usage and consumption. We also witnessed and recorded the amount of narcotics that were wasted. At times, the prescribed dosage was a lesser amount of medication, than that contained in a pre-filled Tubex glass cartridge. The wasting of the excess narcotic had to be witnessed by two people. These cross-check-monitoring exercises were safeguards to avoid abuse of narcotic medicines. We remember occasionally going home after a night shift with the narcotic keys still in our pocket and getting a frantic phone call requesting that we “return the keys immediately to the unit!”

We remember suctioning tracheotomies to clear patient airways, emptying hundreds of emesis basins, bedpans, urinals and catheter bags, and the importance of AUTOCLAVE sterilization.

We remember continuously replenishing patients’ bedside pitchers with water and ice, unless they were NPO, or were allowed (nothing by mouth).

We remember on night duty, like “ladies of the lamp,” we used a flashlight as we straightened up, rearranged and cleaned patient bedside tables. The bedside tables would become cluttered during day shifts with water pitchers, cigarette ashtrays,

thermometer bottles, Kleenex boxes, urinals, specimen cups, emesis basins, etc., which made the task of giving medicines or bedside care in darkened rooms much more difficult.

We remember the strong orderlies who helped us turn, lift and transfer patients PRN, (when necessary) and the nurses aide team members who assisted us in caring for patients.

We remember emptying and measuring lots of overflowing bedside steel urinals and bedside-hanging catheter bags filled to capacity with straw-colored-urine.

We remember giving soap suds enemas and oil retention enemas to patients in very uncomfortable positions and checking patients rectally for “impactions.” We remember sometimes casually referring to some enemas as “3H enemas,” meaning “high, hot and a helluva lot!”

We remember diagnostic procedures to check infants and children for parasitic infestation.

We remember gavage tube feedings as being a nutritious lifeline for premature infants, and we remember the babies with tiny life-saving tracheotomies. We remember hammock-like canvas scales we used to weigh premature miniature babies as they remained isolated inside their protective isolettes or incubators.

We remember premature babies’ undeveloped lungs, hyaline membrane disease and the threat of blindness due to their need for, and being given, sustained high concentrations of oxygen to aid in their respiration and breathing.

We remember the feeling of loss, sorrow and sadness when a patient died. We noted and carefully recorded the exact time of death. We respectfully prepared the body of the deceased patient for transportation downstairs to the morgue. We remember the overwhelming feeling of “doom and gloom” when we first visited the morgue as part of our freshman student experience, and thereafter, whenever we heard the word, or used the word, “morgue.”

We remember field trips to Amos Cottage, located on the Graylyn Estate, as part of our pediatric practicum. The cottage was a sort of rehabilitation hospital where Dr. Alanson Hinman, Clinical Director of Pediatrics at the Bowman Gray School of Medicine, evaluated and treated children with neurodevelopmental disabilities. He was a specialist in the care and treatment of children with Down syndrome, hydrocephalus, sometimes called “water-on-the-brain,” babies, and other such conditions.

We remember some children with hydrocephalus with disproportionately sized heads, like bobble-head dolls. Their heads were much larger than giant watermelons, due to the obstruction of the flow and accumulation of cerebrospinal fluid in the ventricles, or cavities, of the brain. The cranium gradually enlarged and expanded because of the increase in volume and the increase in intracranial pressure. As a result, the skin covering the skull, was stretched taught, thin and transparent, revealing the path of compressed subcutaneous blood vessels. Mental and visual disabilities were often resulting complications.

We remember the sadness we felt as we

helped restrain and perform diagnostic bone marrow aspirations on leukemic infants on pediatrics. It was such a painful procedure, and the children were too young to understand why it was needed and why it was being done.

We remember caring for hospitalized Siamese twins joined at the head on pediatrics. Two people were needed to turn their awkwardly conjoined bodies.

We remember studying childhood growth and development. We had to create a chart identifying the stages, attributes and progression of physical, emotional, mental and motor development. We also wrote a report, along with accompanying photos, about a living child, not a hypothetical one, to demonstrate our understanding of child development.

We remember the importance of using only our knees (no dirty hands) to operate the large under-sink faucets as we bathed “bunches of babies” (sometimes 30 to 40!) with antibacterial PhisoHex soap every morning in the Newborn Nursery. Afterwards, we securely wrapped them “cocoon fashion” in a clean receiving blanket. Such care was taken to prevent the spread of germs to those vulnerable “brand new human beings!” We enjoyed rolling the infants in their bassinets to the nursery window for adoring parents to view their newborn baby!

We remember rows of precious babies, many crying in bassinets, in the Newborn Baby Nursery. We changed a lot of diapers, checked rectal temperatures, checked for meconium in the stools, checked for jaundice and assisted

with circumcisions on infant boys. We walked to mothers' rooms at scheduled feeding times, carrying their infant wearing his or her "name-identifying beaded bracelet" to be breast fed, or to be fed Kelsey formula and water from the glass bottles that we provided.

We remember the importance of immediately assessing, evaluating and recording the infant's physical condition and medical needs at birth. All newborns were graded using the APGAR test criteria and were assigned an APGAR score between 0 to 10.

We remember carefully calculating smaller medicine dosages for pediatric patients. We measured the medicine doses in drops (gtts.), milliliters (ml), cubic centimeters (cc), ounces (oz) and drams (dr), and administered them timely as prescribed and as scheduled.

We remember raising and lowering metal bedside rails to keep patients securely in bed, and to keep them from rolling out of, or falling out of bed. We had to occasionally restrain a patient.

We remember that when we were students, North Carolina Baptist Hospital itself had separate restroom facilities for white people and for colored people to use.

We remember thick patient charts that were stored vertically in rows in clunky-metal-binders at the nurses station. We acted quickly on doctors' "difficult-to-read handwritten patient orders" that had been transcribed by the ward secretary.

We remember the importance of ambulating and assisting patients to get out of bed when

possible, to help ward off possible pulmonary embolisms.

We remember wrist-flicking the thin glass-rod-tube oral thermometers, to shake down the liquid mercury contents within, that acted like "quicksilver" to register 96 degrees or below. It was a challenge to read the resulting temperature displayed on the tiny colored-number gauge after the thermometer had been positioned sublingually in the patients' mouth and left for 3 to 5 minutes to register. Bedside thermometers were always kept stored in tiny glass bottles stuffed with cotton balls in the bottom, as they soaked in the antiseptic zephirin chloride.

We remember giving mouth care to motorcycle accident victims with mangled faces and patched up wired jaws and tediously using cotton tipped wood-stick swabs and foaming hydrogen peroxide to clean their gums and teeth.

We remember inserting tongue depressors into the mouth of a patient who was having a grand mal seizure. This intervention was intended to prevent the patient from swallowing his tongue, which would occlude his airway.

We remember turning the two metal hand cranks at the foot of so many heavy patient beds to raise and lower the head of the bed or to change patient bed positions.

We remember cataract surgery patients were hospitalized for several days following surgery. We used safety pins to pin the top sheets to the bottom sheets to limit movement, and we placed immobilizing sand

bags all around their heads to protect the operative eye.

We remember the urgency and importance of STAT patient orders. The medical definition of the word STAT is derived from the Latin word “statim,” which means “immediately.”

We remember the emergency crisis when an electrocardiogram (EKG) machine ran out of graphing paper that was needed to record the electrical activity of a patients’ heart. We urgently ran down three flights of stairs to get an essential replacement.

We remember learning to evaluate a patients’ critical need for life-saving resuscitation, and how to apply techniques on a life-sized, life-like mannequin called “Resusci-Annie.” We made sure patients’ AIRWAYS were clear of obstruction, and we used “mouth-to-mouth BREATHING to support ventilation and respirations. We learned CLOSED CHEST CARDIAC COMPRESSIONS to stimulate the heart and circulate oxygen-enriched blood to vital organs. In 2014, the mnemonic for these techniques is called “CPR,” for cardiopulmonary resuscitation. We remember traumatic patient cardiac arrests. Sometimes two patients arrested at the same time!

We remember that we were never taught how to do a phlebotomy, or the technique of drawing intravenous blood from a patient. Some of us had to learn that technique after graduation.

We remember hearing the hospital PA, or overhead public address system, squawking color-coded words, like “code red” and “code blue”, and the word “STAT” as requests for

help on a certain floor, in a certain room. Emergency assistance was needed to carry out life-saving measures when a patient suffered a cardiac arrest or some other life-threatening medical crisis. In addition, we also called the Anesthesia Department for their expertise.

We remember working on 3rd Bernard on November 22, 1963, when we heard on television that our President John F. Kennedy had been assassinated in Dallas, Texas. Some of us were working on a 9-10 male patient ward on 3rd West. We all gathered around the tiny black-and-white box TV in one corner of the room and watched the tragic news reports together. We were joined at that time as “an American family,” “hurting at the loss of our King Arthur of Camelot.”

We remember during our freshman year in school we were assigned only one or two hospital patients. Our junior year, we were usually assigned to 1/3 - 1/2 of the patients on the floor, along with a senior student in charge. Our senior year, we were acting charge nurses and had two junior students helping us. Sometimes on night duty, we were assigned a total of 18 patients. We averaged being assigned to and GIVING TOTAL NURSING CARE to 14-20 patients each shift!!

We remember dispensing medications to our patients from a cafeteria-style tray. We prepared early morning medications at the beginning of hectic day shifts. We carefully measured and poured each dose. For accuracy, we triple-checked the name and dose of the medication prescribed, the drug name on the dispensing bottle, and the patient’s name when measuring prescribed

medicine. The tray contained rows of tiny white medicine cards about 2" x 2" that listed the patient's name and room number, name and dosage of the prescribed drug, route of drug administration (by mouth, by injection, skin application, etc.) and the times drugs were to be administered. Pills were placed in small white paper medicine cups. Liquids were placed in one-ounce clear glass graduated cups set atop each medicine card. We remember carefully transporting medicines on trays to patient rooms to prevent medicine cups from sliding around and getting mixed up! Sometimes entire trays were dropped, and Milk of Magnesia, Robitussin or sticky Cascara syrup would spill all over the contents of the tray.

We remember that we were taught to read the name of a medicine three times as it was being prepared AND administered. We triple-checked for accuracy at the bedside by comparing the patient's name on their wristband, the name label on the foot of the bed and calling out the name of the patient before we administered all medications. Even today, some of us still continue these careful cross-check habits in our personal lives!

We remember that we had to dispense some meds from large-volume stock containers such as liters, quarts, pints, etc. Some pills, capsules and tablets were kept organized in the medicine room and labeled in little drawers for each patient. We had no PYXIS SYSTEM, as exists in hospitals in 2014, to help us manage patient medications and prevent medication errors. When a medication error was made, it was mandatory to fill out an incident report.

We remember that O-NEGATIVE blood was a universally compatible blood type. The advantage was that O-negative donated blood could be transfused to patients with any blood type after the appropriate type and cross-match tests were done.

We remember the importance of "I & O" and measuring, recording and keeping track of every cubic centimeter (cc) of patients' liquid "Intake and Output "(I & O), by mouth, by IV, by catheter, etc.

We remember recording nursing notes that described in detail every kind of patient bodily fluid, secretion, waste and excrement including mucus, pus, vomit, diarrhea, urine, stool, etc.

We remember pig-skin grafts being used on patients as a human-skin substitute to help repair and reconstruct skin destroyed from third-degree burns. We remember being assigned to and giving nursing care to a burn patient on a Foster frame for an entire month, and "the skin-bare bony prominence of the patient's "iliac crest" being revealed when we turned the frame.

We remember the frequent turning of patients with severe burns or spinal-cord injuries who were immobilized and sandwiched between canvas-covered reversible Foster and Stryker frames. The frames stabilized the body, provided traction and allowed for the horizontal repositioning and rotation of the patient's body as a whole, without moving individual body parts, thus helping to prevent further injuries, pressure sores and other complications.

We remember stainless-steel horseshoe-shaped bedpans and more bedpans! After covering the bedpan containing urine or stool with a special towel, we carried it through the hallways to the utility room and placed it and arranged it in the steel bedpan flusher called a “bedpan hopper.” After locking the door securely, the bedpan was flushed and sanitized by the combination of a powerful and forceful surge of water and the application of extremely high heat. Hot steam escaped into the room as the flusher automatically emptied the contents, and cleansed the bedpan.

We remember carefully and frequently monitoring the infusions of intravenous blood, fluids and medications. We calculated and “visually counted” the number of drops per minute and controlled the speed of infusion flow by toggling and adjusting the knob on the plastic IV tubing. We were constantly vigilant to be sure the IV bottles were not empty, which would allow air to get into the IV tubing and into patient’ veins. We also made certain that the IV needle and tubing were in place, and that blood was not infiltrating, or leaking into the surrounding tissues.

We remember our patients were classified as private or service patients, which we assume was for those patients with or without insurance. The private patients were mostly in semi-private or private rooms. We remember there were almost no private patient bathrooms. However, 3rd Bernard Floor did have a few semi-private rooms with bathrooms. One private room was used for strict isolation purposes.

We remember 2nd and 3rd West each had a

nine-bed patient ward. The service patients were assigned to four-bed wards, or the men’s nine-bed ward on 2nd West or 3rd West. We remember that some of the men on the nine-bed ward used the trash can as a urinal, and sometimes they got their urinals and water pitchers mixed up! However, the patients on the nine-bed ward seemed to really look out for one another.

We remember the three very challenging months during our psychiatric rotation at the infamous Dorothea Dix Hospital for the menatly ill located on Dix Hill in Raleigh, NC.. Student housing was on-site in buildings on the hospital grounds. Each morning, we walked to the buildings, housing the patient wards. We stood in a cafeteria line and ate breakfast there after “zombie-like patients” served us a breakfast of grits, sausage, bacon and eggs. “That was quite a way to start the day!” The entrance doors to the hospital, to each floor and to each ward were kept locked. When we arrived for work each day, the attendants’ keys were used to unlock each door and allow our entry. We were then locked on the ward, for the remainder of the day, to care for patients

We remember that the Spruill Building at Dix Hill housed the criminally insane and that the Robin Building at Dix Hill was the infirmary.

We remember rotating between the wards at Dorothea Dix Hospital that housed schizophrenic, alcoholic, geriatric and severely depressed patients. Some patients even had criminal histories. We played bridge and cards with the patients with alcoholic dependency as a sort of social therapy.

We remember the Dix Hill clinical exercises called “interactions.” We asked patients open-ended questions such as, “You feel this way because ...?” This was done to encourage the patients to express their thoughts and to help us get some insight into their mental processes. Then, as homework, we recorded our questions and patient responses on detailed patient evaluation sheets.

We remember assisting in the daily delivery of electro-convulsive shock treatments on multiple patients while at Dix Hill, after giving them injections of the dangerous muscle relaxant drug succinylcholine. We helped to restrain them before each shock treatment was administered. After the shock treatments were completed, we helped guide the unsteady patients back to sitting areas where we gave them all a glass of “blood sugar boosting” orange juice.

We remember feeding combative patients at Dix Hill with OBS, or Organic Brain Syndrome, which today would probably be called Alzheimer’s Disease. We dodged the food and cutlery that they often threw at us!

We remember administering the prescribed orange-colored thiorazine medicine tablets to countless patients at Dix Hill to help control their behavior pharmacologically.

We remember some mattress-lined Dix Hill rooms that looked like sparse prison cells, housing naked patients who were banging their heads against the wall non-stop.

We remember a paranoid schizophrenic patient who tried to steal the “lock-up keys” from the pockets of the male attendants,

stating that he needed, “The keys to get into the Gates of Heaven!”

We remember one student was accompanying patients standing in the lunch line when a female patient in front of her turned around and bit her forearm. The patient would not release her grip until someone pinched her nose closed and forced her to breathe through her mouth. The student had permanent teeth mark scars on her arm as a result of this incident.

We remember arriving for early morning work on a large multi-bed ward at Dix Hill Hospital with countless incontinent and catheterized male geriatric patients asleep on metal beds. Each day, we mopped up copious amounts of urine that had accumulated overnight, and it flowed like a river across the expanse of the cold terrazo floor. We also helped give the men daily showers.

We remember a young 16-year-old patient diagnosed with paranoid schizophrenia hiding beneath his bed and being afraid of the devil, or thinking that he WAS the devil!

We remember a patient with hebephrenic schizophrenia at Dix Hill who had plastered her wall with reams of newspaper pages and who looked “clown-like” wearing excessive amounts of ill-placed lipstick and make-up. We remember wondering where were all of these patients’ family members and loved ones who had left them to remain in this hospital, and why?

We remember that being assigned to an occasional patient on North Carolina Baptist Hospital’s 3rd Annex psychiatric ward was a

“piece of cake” compared to the shocking experiences and exposure to the mentally ill patients who were institutionalized long term at Dix Hill.

We remember that on 3rd Annex, we gave doses of insulin and amytal (I and A) to some patients with depression as a type of drug-induced therapy to affect and improve their mental status. We monitored them closely every 15 minutes.

We remember that we ran around the hospital halls all morning like “Eveready Energizer Bunnies” to complete our heavy patient work load before attending 1:30pm classes in the afternoon. That was a challenge! We were always kept so VERY BUSY!

We remember that brain damage can result due to trauma, shock, medical and surgical crises, and other events causing insufficient oxygen to be supplied or circulated to the brain. After six minutes without oxygen, brain death can occur.

We remember the urgency to shave patients’ entire perineal and pubic areas before impending births as a labor and delivery intervention. Removing hair pre-operatively, from all surgical sites was done in the 1960s to reduce germs and infections.

We remember giving the drug scopolamine to mothers during labor at North Carolina Baptist Hospital so they would not remember some of the pain of contractions, birth and delivery.

We remember hearing the words, “Her cervix has dilated to 10 cm” (centimeters), and the

obstetricians’ quick action in response to an impending birth and delivery. We also remember assisting with Caesarean Section emergency surgical deliveries.

We remember giving new mothers post-delivery baths in tubs using rubber Sitz Bath Rings as a hydrotherapy comfort measure.

We remember color-descriptive words like cyanotic (blue), jaundice (yellow), echymoses (purple), gangrenous (green), palor (white), ashen (gray), hemorrhage (red), rusty (brown), and meconium and tarry (black).

We remember body mechanics and being reminded to keep our center of gravity low, our back straight, and to bend at the knees and hips when lifting or moving heavy patients to avoid muscle strain and damage to our backs. We were told, “Try to always avoid “BACK SURGERY,” at all costs.”

We remember the meanings of countless descriptive medical words we learned and used. A few such words were: petechiae, edematous, incontinent, grand mal seizure, moribund, cathartic, abscess, deltoid, gluteus maximus, antibiotics, amphotericin, fungus, necrotizing fasciitis, nasogastric, indurated, Cheyne-Stokes, enteric, type O-negative, acidotic, impaction, infarction, voided, feces, mucoid, skin turgor, rigor mortis, ketosis, sublingual, fruity breath, angina, tourniquet, tracheotomy, cleft palate, club feet, circumcision, aspirate, traction, fracture, thrombocytopenia, guaiac, greenstick fracture, catatonic, Ringers solution, isotonic, bilirubin, Keflin, streptomycin, frozen sections, cancer, malignancy, Percodan, comatose, anaphylactic, axillary, spina bifida, phlebotomy, telepaque,

Solu-Medrol, retro-peritoneal, barium, ghost pain, thrombophlebitis, elixirs, septicemia, plaster casts, transurethral, anoxia, Hodgkins, cirrhosis, embolism, vaginal, penile, febrile, hemophilus influenza, meningitis, myocardial, coronary, shock, halo-traction, Trendelenburg, supra-public, colostomy, thoracentesis, varices, aneurysm, arteriovenous malformation, phalanges, radial, Maalox, alveolar, diaphoretic, dyspnea, ventricular fibrillation, adrenalin, epinephrine, quadriplegic, meninges, Rubella, DPT (diphtheria, pertussis, and tetanus) immunizations, paralysis, hemodialysis, Babinsky reflex and dilated pupils.

We remember feeding patients nutritious supplements through nasogastric feeding tubes that had been surgically implanted directly into the stomach.

We remember sleeping half-dressed on nights we were on operating room call. This would expedite our readiness and quick return to the hospital to assist in emergency surgical operations.

We remember that one student was very allergic to yellow jackets. Unfortunately, she got stung on the day that she was scheduled to work on OR night duty. Student health administered Benadryl to her, dismissed her from duty and assigned her to remain in her room. Someone else took her place in OR and had to work the entire night!

We remember scrub brushing our fingernails and washing our hands for 20 minutes with Chlor-Hexidine before donning our green surgical gown, powdered gloves, scrub cap and mask. We remember the overhead bright

lights in the operating room, the circulating nurse, and standing tall on stools at the operating table to assist surgeons during all types of long, tense hours of surgery. We remember working in the OR all night on Christmas Eve and on other holidays.

We remember opening up the appropriate sterile instrument packs for scheduled operative procedures such as for exploratory abdominal laparotomy, cranial surgery, hysterectomy, gangrenous fasciitis, broken femurs, ruptured bladders, radical total mastectomies, etc., and we orderly arranged implements across sterile towels on trays. At the surgeon's command, we firmly placed, or palmed, the requested scapel, retractor and other instruments into his hand. As we did so, we could hear the "snapping sound" that was created when the instrument made contact with the surgeon's rubber surgical glove.

We remember as senior nursing students that when we were working as solo charge duty nurse on our assigned units that IT WAS a huge responsibility, and WE FELT a huge responsibility!

We remember fluffing, folding and tucking patients' pillows to arrange them and their extremities in supine, prone and side positions for better spine alignment and their comfort.

We remember before surgical incisions were closed, we had the critical task of counting, re-counting, accounting for and being sure every single item from tiny sponges, towels, instruments or any article that had been used during surgery, was now outside the patient's body, and that no foreign body remained hidden inside the body.

We remember the curved metal needles threaded with catgut for spider-like suture knots, and the massive surgical hardware of strong orange-red rubber sheathed wire sutures used to close incisions and prevent large abdominal exploratory laparotomy surgical incisions from dehiscing, eviscerating or gaping open. We remember too, the very hard to thread white cotton sutures that were used in varicose vein-stripping surgery.

We remember Burr holes being surgically drilled into the skulls of patients with subarachnoid cranial bleeds to relieve the increased intracranial pressure that was occurring around the brain.

We remember immobilizing “angel-like” halo traction and Crutchfield tongs attached to the skull to hyperextend the head when treating cervical neck injuries. We remember fractured femurs and balanced suspension traction systems with overbed bars, ropes, weights and pulleys that aligned bones and elevated and supported legs in casts and slings.

We remember the yellow-orange red staining microbicide Betadine solution that was generously swabbed on operative-site skin before surgical incisions were made with scalpels.

We remember purple dermal tattoos drawn on patients’ skin as road maps and guides to accurately direct and target radiation beam treatments.

We remember the rhythmic motions of back rub massage technique. We used soothing lotion or oil to give every patient a nightly back rub if they desired and if it was

appropriate. We applied pressure and friction, and stretched the skin with our fingers, thumbs, cupped hands, palms, fists, hand edges and knuckles. We stroked, kneaded, twisted and percussed skin to relax muscles.

We remember, without cross contamination, we robed ourselves with sterile gowns, scrub caps, gloves and masks when we cared for patients on strict room isolation. We also used sterile techniques and sterile equipment when changing dressings, caring for surgical wounds, inserting urinary catheters and during many other nursing procedures.

We remember pre-op-shaving patients the night before surgery and removing hair from every conceivable area of the body as part of the operative site preparation for the next day’s scheduled surgical procedures. The removal of hair helped to control the growth of germs and reduce the chance of post-operative infections.

We remember learning unique bedmaking techniques. To create neat corners around hospital mattresses, we precisely folded and tucked bedsheets at 45-degree angles. When necessary, we made an occupied bed, one-half side at a time, by rolling patients back and forth and side to side.

We remember using postural drainage and hand-cupped percussion techniques on patients with lung disease. By positioning patients in head down “dependent” positions, gravity assisted in the clearance of mucus from the trachea, lungs and airways.

We remember draw sheets drawn tight and tucked across the middle of the mattress and

under the patient. We used them to help turn bedrest patients and to lift and scoot patients around in bed. We sometimes used clean draw sheets to cover a slightly soil-spotted bottom sheet, to freshen patient bed covers between daily bed linen changes.

We remember giving Phenergan and Demerol pre-operative injections to patients in the early morning hours before they were “groggily” wheeled up to surgery on a stretcher.

We remember hospital gowns allowed no dignity at times. When they came untied, an almost naked patient was revealed. However, the gowns did provide accessibility for almost any procedure.

We remember hundreds of round glass liter bottles filled with normal saline solution (NaCl), or dextrose 5 percent and water (D5W) hanging high on IV stands, to be intravenously infused to patients. At times, a percentage of potassium chloride (KCL) was added to help balance blood electrolytes. We were not allowed to add medicines to IV bottles. We called the medical students to do that!

We remember a student was frightened during a 3rd West incident. While preparing the body of an expired elderly lady, the student placed her dentures back into her mouth and realized the positioning order of her false teeth had inadvertently been reversed. The “uppers were where downers were supposed to be” and vice versa. The head nurse assisted the student, and was quietly amused!

We remember the cloth curtains suspended on ceiling tracks that surrounded patient beds.

We opened and closed the curtains frequently in our effort to obstruct or shield patients from public view, and to offer a bit of privacy during treatments and procedures.

We remember that the Nursing School offered a babysitting service. When we were off duty, we often babysat, to earn a bit of spending money, for several nice physician families including Dr. Richard Meyers, Dr. Eben Alexander and Dr. Courtland Davis, to name a few. We remember babysitting for a Wake Forest professor who allowed us to play his harpsichord after the children were asleep! “What fun!” Occasionally, we would babysit for some undisciplined children. That was NOT as much fun! We earned just 50 cents per hour for our services and for our professional expertise!

We remember nearby Kembly Inn that the hospital purchased to be used for paramedical student housing. It had a swimming pool that we had access to, and we enjoyed using it and sunbathing there on hot days.

We remember the hospital provided all our food free of charge, but we were to consume it only on the hospital premises. The cafeteria food was pretty good, especially the pies, cheeseburgers and milkshakes. We often enjoyed late-night cafeteria suppers when we got off duty.

We remember Joe, the kitchen cook made delicious special-order burgers. Occasionally we concealed our burgers beneath our capes and carry them back to our apartment, where we could relax and enjoy them in our own room after a long and tiring night at work.

We remember that the hospital had a bank onsite for our convenient use. It was a Wachovia Bank satellite office. Prior to Wachovia, First Union Bank had an office in the hospital.

We remember a hospital beauty shop where Barbara McRae, wife of medical student Bill McRae, often styled several students' hair. She even styled hair for some students on their wedding day!

We remember fun dates and going to the Krispy Kreme Doughnut Shop on Stratford Road, which is still open! Right after we got off work, we enjoyed a decadent glazed yeast doughnut and a cup of hot chocolate, and we watched doughnuts rise, fry and cook in grease-filled conveyor-rack pans. We enjoyed each other's companionship, while stealing away a bit from our studies and from work.

We remember that the school hosted elegant formal events for us our junior and senior years at the Historic Graylyn Estate. They were well attended and thoroughly enjoyed. Mr. Kurt Maunder, the North Carolina Baptist Hospital Cafeteria Chef, catered a lovely buffet, and we wore formal gowns, filled our dance cards and danced the night away with our dates.

We remember the Bowman Gray School of Medicine students and the North Carolina Baptist Hospital School of Nursing students jointly published an annual each year. It was entitled "*The Gray and The White Matter*," the "Gray Matter" referring to the medical students and the "White Matter" referring to the nursing students.

We remember other student activities included student government, honor council, chorus, the White Matter annual staff, the *Placebo* newspaper staff, senior superlatives, Christmas Dance, babysitting, walking to area parks and attending solemn chapel services.

We remember *April in Paris*, one of the Spring Follies annual events produced by the medical students and the junior nursing students. It was held in the Bowman Gray Medical School amphitheatre in the round.

We remember students being nominated as beauty contestants and being elected to serve as Queen of the Christmas Court (a senior), and the Maid of Honor (a junior). Miss Spring Follies was elected from a nine-member Spring Follies Court consisting of three students from each class. Both nursing and medical school students voted on candidates as part of the selection process.

We remember that out of respect, we stood at attention when a physician entered the room, and we always, always, formally addressed them as "Doctor....."

We remember that in the 1960s, physicians and nurses used their minds and hands-on skills to do histories and physicals when making diagnoses and when recording hand-written lengthy notes on patient charts. Orders and prescriptions were also hand-written. Digital technology, electronic data transmission and hospital computers did not exist in 1964, as they do now in 2014.

We remember with great fondness Dr. Eben Alexander, the world-class neurosurgery statesman who was our beloved "Class of

1964 Class Sponsor.”

We remember we held so many physicians in high regard during our days at N.C. Baptist Hospital. Among them were: Dr. Eben Alexander, our 1964 Class Sponsor, Dr. Tim Pennell, Dr. Richard Meyers, Dr. Courtland Davis, Dr. Charles Spurr, Dr. Walter Ward, Dr. Sherril Hudspeth, Dr. Frank Johnston, Dr. Dick Patterson, Dr. Jesse Meredith, Dr. Jack Felts, Drs. Charles and Julius Howell (twins), Dr. Richard Janeway (a neurology resident), Dr. Howard Bradshaw, Dr. William McKinney, Dr. Lewis Schaffner, Dr. Charles Stamey, Dr. Henry Valk, Dr. Robert Pritchard, Dr. Felda Hightower, Dr. Frank Locke and Dr. Latham Moose. We were “in awe of most,” but we were “a bit fearful of some.”

We remember several students in our class were recognized for outstanding academic achievement and leadership. They received the prestigious honor of being inducted into the Santa Filomena Honor Society. One Santa Filomena Society project was to paint back boards “red” to provide firm back support to help facilitate cardiac resuscitations on patients at the hospital.

We remember that we were so proud that our classmate, Galenda Slaughter Sandlin was Named as 1963 Student Nurse of the Year by the North Carolina State Nurses’ Association. She wrote the winning contest essay describing how she saw herself as a nurse in the future. She received an engraved silver bowl in recognition of this honor.

We remember that one nurse class sponsor gave us a plant for graduation, and told us

that, “Plants are a lot like people. If you give them water, sun and food, they will be all right!”

We remember that there were 53 students in our 1964 graduating class. The solemn graduation ceremonies were held at First Baptist Church in Winston-Salem in the fall of 1964. A Dr. Fleming officiated, and Ms. Baise presented our diplomas. This key milestone meant that we could now wear, and did wear on Graduation Day, a solid white professional nursing uniform with fancy bodice pleats and french cuffs. We all wore identical uniforms on graduation day.

We remember at graduation that we were presented with a pair of gold oval cufflinks, each one engraved with the year ’64, to wear on our long-sleeved uniform. In addition, we received the gift of, and could now wear, a beautiful 14-karat gold oval pin featuring the name “North Carolina Baptist Hospital” encircling the image of a Nightingale Nursing Lamp.

We remember that for graduation, we wore our nursing caps and added a wide 5/8” black velvet ribbon band near the edge of our cap, which signified that we had completed our long journey toward becoming a professional nurse. Next step: Reviewing the thick “*Mosby’s Comprehensive Review of Nursing*” textbook in preparation for taking the North Carolina State Board of Nursing licensing exam to legalize and certify us as registered nurses.

We remember that following graduation, the North Carolina Baptist Hospital School of Nursing courses would not transfer to area colleges as credits, even though we took

college-level classes at Wake Forest University and also had Bowman Gray School of Medicine class instructors.

We remember that after almost 30 years, when so much of what we had learned in Nursing School had become a bit hazy, that Winston-Salem State University offered credits for the classes we completed in 1964! They accepted diploma program nurses and gave them the opportunity to complete a few program requirements, so that they could finally receive a Bachelor of Science in Nursing Degree, if they desired to do so. How ironic! Some classmates did do so!

We remember our classmates cared so much for one another and had such wonderful camaraderie. Most of us started school at 17 or 18 years of age, and we literally grew up together, bonding closely as we witnessed illness, pain, paralysis, comas, deaths and births. We experienced so many “health altering, life-changing, nurse-learning and life-learning lessons” and events as we progressed through the three-year program.

We value the many dear friends and lifelong relationships we made in school. Some students who were suitemates have mini-reunions twice each year and have traveled together extensively for the past 25 years, in the United States, Bermuda, Mexico, British Columbia and Canada.

The North Carolina Baptist Hospital School of Nursing Diploma Program was a continuous 36-month program that provided an outstanding education in a variety of disciplines. The classroom curriculum and instruction and work experience we gained by

rotating between different hospital clinical settings educated us on giving skilled nursing care to patients, families and friends who are experiencing medical and surgical crises, illness, disease, birth and even death.

We remember the program taught us “people skills” and invaluable leadership, organizational and time management skills. It educated us on the importance of HEALTH, WELLNESS and DISEASE PREVENTION in our own lives, and on the importance of advocating and promoting these healthful concepts to others. Lastly, it instilled in all of us a very, very strong work ethic.

We continue to be grateful for the knowledge, and are so appreciative of the experiences that Nursing School provided, and for the program’s contribution to our personal and professional growth.

The program prepared us well for a professional nursing career. It taught us compassion, the difference between sympathy and empathy, and provided the foundation for us to apply the nursing skills that we learned in school to several other aspects of our lives. It also taught us that our patients, their families, our friends and all people who are experiencing altered health, medical crises, sickness, birth and death, no matter their race, gender, color or age, share the same common needs of physical, emotional and spiritual care and support.

We KNOW that being a NURSE has been very rewarding. It has given our life purpose and the chance to do something greater than ourselves and not just exist. It has given us the opportunity to serve and help others at home,

and in our communities.

By becoming a NURSE, we gained so much by giving back, and providing NURSING SERVICE to those who have needed us at their most vulnerable moments, and to those who need us today.

We remember that for some, Nursing School was a stepping stone for further educational advancement. Some of our classmates have furthered their nursing diploma education and received their Bachelor of Science in Nursing Degree, their Master of Science in Nursing Degree and Master of Public Health Degrees, and have graduated with honors.

We remember that some of our classmates have been inducted into the Sigma Theta Tau International Honor Society for Nurses.

We remember that our cost of tuition for our freshman year of Nursing School was \$323. The cost of tuition for the second year was \$113. The tuition cost for our senior year was \$57. These expenditures covered our tuition, uniforms, laboratory fees, library fees, recreation, bandage scissors and achievement tests. We did pay for all of our own textbooks, our navy cape, white oxford shoes and our hosiery.

The total cost for Nursing School was \$800, or less than \$1,000 for a phenomenal education. By providing “nursing manpower and care” to patients at N.C. Baptist Hospital, we deferred higher tuition costs. I guess you could say, “We worked hard for the money!”

On a more serious note, at no additional expense to students, North Carolina Baptist

Hospital provided classroom and hospital instruction, a safe living environment, housing with well-equipped kitchens, lounges for casual gathering and sewing, meals, uniforms, utilities, laundry cleaning, health care and medical expenses, a reception area to receive and entertain our guests, transportation to Wake Forest classes, and arranged social activities and special events for us.

We had all the amenities and access to the things that we needed on the campus of North Carolina Baptist Hospital and the Twin Castles Apartments, including a cafeteria, a chapel, a bank, a bookstore, a beauty shop and a post office. In addition, within walking distance, there were parks, a swimming pool, drug store, grocery store, laundromat and the great Town Steak House Restaurant.

We have used our education and nursing skills in many different job settings, although we have worked or volunteered primarily in the field of health care, continuing to be dedicated to the profession of nursing and health care and medical care service to others.

Specifically, our classmates have held jobs in countless arenas, and used our nursing and leadership skills in various ways. Though incomplete, a partial list of the variety of settings in which we have worked or volunteered, appears below:

The following list is a partial representation of the areas in which the 1964 NCBH School of Nursing Graduates have worked or volunteered:

Veterans Administration Hospitals
 Army and U. S. Air Force Nurse Corps
 Wartime Nursing in Vietnam
 Nursing in Germany
 International Mission Work
 Obstetrics and Gynecology Clinics
 Health Care Insurance Administration
 Hospital Head Nurses and Hospital Staff
 Hospital Administration
 Hospital Directors of Nursing
 Home Care Nursing in the United Kingdom
 Camp Nursing
 Rehabilitation Nursing
 Pediatric Nursing
 Nephrology
 Cardiology and Ambulatory Care
 Family Planning
 Public Health Department Adolescent Nurse
 Outpatient Clinics and Outpatient Surgery
 Gastrointestinal / Endoscopy Labs
 Behavioral and Substance Abuse Nursing
 Public Health Department Nurse
 Doctors' Offices
 Director University Student Health Service
 Operating Room Surgical Nursing
 Medical and Surgical Nurse Managers
 Hospital Patient Advisory Council
 Hospice Nursing

Hospice Volunteers and Hospice Advocates
 Intensive Care Units
 Certified Music Therapy Practitioner
 Faith Based Community Nurse Volunteers
 Healthy Children Councils
 College President Secretary
 Art and Cultural Organizations Development
 Grant Writing and Fund Raising for
 Nonprofit Organizations
 Built Health Museum
 Developed Inpatient Hospice House
 Director of Cardiac Rehabilitation Program
 Director of Nursing/ Aging Education
 Private Duty Nursing
 Instructors in RN and LPN Programs at
 Community Colleges and Hospitals
 Teaching Critical Care, Advanced Life
 Support and Cardiopulmonary
 Resuscitation (CPR) Classes
 Teaching Emergency Medical Technicians
 Teaching Lamaze Classes to couples
 Recovery Room Nursing
 Real Estate

.....and in so many other **“Healthful
 and Helpful Ways”**

Some classmates have continued to practice nursing for the entire 50 years since graduation! If they had worked 40 hours per week for 50 years, they would have worked about 108,160 “Nightingale Nursing Hours!” Had all 53 classmates worked for 50 years, the collective total would be 5,732,480 hours!

No matter how each classmate applied their educational background, or where, or for how long they worked or volunteered, we hope we have had a positive impact on the lives of the many individuals we have served.

We are all so very proud to say that we are 1964 graduates of the North Carolina Baptist Hospital School of Nursing Diploma Program.

We are so saddened, along with all other alumni, that this fine School of Nursing no longer exists to offer to other aspiring nurses, the wonderful education that we benefitted from, and that the North Carolina Baptist Hospital School of Nursing subsequently closed its doors and ceased operation in 1974.

