Salve Regina Oral History Project

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Interviewee: Dr. Joan Chapdelaine, HealthCare Administration

Interview: Samantha Parks, Class of 2019

Samantha: OK! Can you introduce yourself first?

Dr. Chapdelaine: Hi! This is Joan Chapdelaine. I came to Salve Regina University, or Salve Regina College then, in September of 1953. I came as a freshman student seeking a degree in nursing.

Samantha: So what brought you to Salve? Was the nursing program highlighted back then?

Dr. Chapdelaine: No it wasn’t. At that particular point in time, in 1953, most of the nurses were educated in a hospital based program. Baccalaureate preparation for nurses at that time was practically unheard of. Salve and URI (University of Rhode Island) I think were the only two in RI. They were very young programs offering a bachelor’s science degree in nursing with the opportunity to write the licensure exam to be an RN (Registered Nurse). Salve, by the way, was the first baccalaureate program in Rhode Island that was accredited by the National League for Nursing, so that’s a big coup for the Sisters especially Sister Madeleine San Souci who was. Sister Mary Augustine at the time and Sister Mary Donalda. National accreditation was granted somewhere between ’53 when I entered and before I graduated. So probably around ’55 it received accreditation.

Samantha: Now, are you a local? Are you from here?

Dr. Chapdelaine: I’m local. I’m local. I live in Newport. I’ve was born and raised in Newport and I had been educated by the Sisters of Mercy at St. Augustin’s School. So the Sisters of Mercy when they opened Salve Regina was something that was a known entity. [Coughs) At that time most of the students went to hospital based programs. I was accepted to Rhode Island Hospital, Newport Hospital and, all of those that I applied. I talked to my Mom about the different programs and it was at that time she suggested I look into Salve’s program. And that’s why I came down and spoke to Sister Martina who, was the registrar I think, or the admission, she was everything. You probably heard of Sister Martina and we went through the process of the program and I was accepted here at Salve.[[1]](#footnote-1)

Samantha: So, can you talk a little bit, maybe about like a little about campus life? Did you live on campus or were you local so you…

Dr. Chapdelaine: No. No, I was one of those so called, what did they call us? [pause] Day hoppers! I was one of the day hoppers, and there were about ten of us who were day hoppers. We had our place in the basement in Ochre Court where we could have our lunch and stuff. All of our classes at that time were core classes so that we mingled a lot with the other disciplines. Although when we got into the specialties like anatomy and physiology we became very segregated as a group of eight who were going through the nursing program at that particular point in time. [Pause] What was I talking about?

Samantha: You were talking about…

Dr. Chapdelaine: Oh…day hoppers. Being a close knit group we became very close to the on campus resident students who were nursing students. And they lived in the third floor in Ochre Court. They had one of those great big rooms that is now probably either the registrar, no the registrar is on the second floor. One of the big rooms on the third floor anyway and they had about five or six beds in those rooms and we became very friendly with them because for one reason or another they were all put together. I think it might’ve been an accident because when they first came to campus I don’t think they looked and said we’ll put nursing majors here and mix other groups. I don’t think they did that. I think it just happened, so we were very close with them at that time and we went through our courses, anatomy and physiology, physics together. Salve had been a five year program up until maybe two years before I came here and what they did was combine the three year curriculum from the nursing program and the two year liberal arts. So it took students five years and I think probably the class of ’54 was about the first class that graduated in four years, I’m not sure. But anyway, what they did was made our program four years and four summers. So, in June we went to St Joseph’s Hospital in Providence to begin the clinical portion of our nursing program. Have you spoken to any other nurses who talked about this?

Samantha: No, not yet.

Dr. Chapdelaine: OK because I don’t want to be repetitive. At the end of our freshman year in June we had like two weeks off and then the nurses all went to St. Joseph’s Hospital in Providence for eight weeks. We went there from mid-June to mid-August. And we did our clinical training where we learned all the fundamentals of nursing and we lived in St. Joseph’s Hospital’s nursing home. We lived in the dormitory there so that…made us even closer. We did mingle with the St. Joseph’s Hospital students but at that point in time we were just the beginners because the St. Joseph’s Hospital students had already completed almost nine months of the program. So we did that for the summer time, and then in September of our sophomore year we came back here [Newport] to the college [Salve] and we studied our liberal arts, physics, microbiology all of the other core courses that we needed. In September, at Honors Convocation, the nursing students received their Nursing caps in front of the student body, to indicate they had completed the initial portion of the program.

Then in January of our sophomore year we went off again to the hospital setting (with our nursing caps). We rotated through Medical Surgical Nursing Units. We then rotated through the Operating rooms and learned to assist the physicians during surgery (8 weeks). That was a very interesting experience! It was the summer after we were up there that we were rotated to Charles V. Chapin Hospital. It was a communicable disease hospital in Providence. At that point in time, this was 1955 we had the outbreak of polio. We were there, and I’ll speak for myself. It was one of the most rewarding challenges I had. We were like eighteen years old and took care of kids [who] were being admitted and put into iron lungs. We were taking care of these young kids in the iron lung and caring for these polio patients. At that time the parents had to stay outside the room; they couldn’t come in the room to touch them and it was a very…well I loved the experience. I really enjoyed it. It was a fascinating experience. We took care of them at that point, and I don’t think people nowadays even know what an iron lung even looked like and how we were dealing with it. We were shown that if the power went out we had to release the machine and pump it manually. Anyway, we took care of them. Now it was at that time I think that we had the first polio vaccine, so that cut down some of that but when I finished there I think I went to psychiatric nursing. I went down to the Institute of the Living in Hartford, Connecticut for three months of psychiatric nursing. That also was a very interesting experience! Upon completion, we returned to St Joseph’s Hospital, and we rotated through Obstetrical Nursing (3 months). We worked in Labor and Delivery, Post- Partum and the Newborn Nursing. This also proved to be an exciting experience. I then was assigned to Pediatrics (3Months) and enjoyed working with children and their parents. Additional experiences included the Emergency Department and Medical Clinics. We also spent some time in the Physical therapy department and the dietary department. In those days, Nursing was responsible for most of the activities in these departments. Did I forget any areas? We didn’t have intensive care units then, (pause) but anyway when we got back after doing some of the specialties we were then working like the St. Joseph’s students, we worked six days a week. On the day before our day off we got off at two o’clock instead of having to work seven to three. So anyway we were up at six o’clock when the alarms went off in the dormitory, Mass was at 6:00am but if we didn’t make Mass we had to be present for prayers 6:20 and then go to breakfast at 6:30. After breakfast we would report to the Director of Nursing’s office who inspected us to make sure our shoes were clean, our cap was clean, and that we had everything we were supposed to (ex. scissors). She really surveyed us before we went on the floors. But we did six days a week, and you know if you love nursing it was wonderful. If you didn’t love nursing I don’t know how anyone could survive. It was just a wonderful experience. When they had the ring dance at Salve, in our junior year some of the girls came back for the Ring ceremony. I did not purchase a Salve Ring. Jewelry was not allowed while on duty and we were spending most of our time in a clinical area.

After completing most of the clinical experiences, we returned to Salve for the last semester of our senior year. Back in the classroom we worked very hard to compete the required course and begin to study for the State Board Exams. We went through the process of graduation and then two weeks later we had to go back to the hospital and finish up the last three months until September when we completed our hours. And then at convocation (September) that year we got our nursing pins. We were now technically finished. So that’s my nursing here, and I loved every minute of it. I took the State Board Licensing Exam in September and became an R.N. All of my classmates passed the exam at this time so the 100% pass rate spoke to the quality of Salve’s Nursing Program.

Samantha: I think that speaks a lot for the Sisters of Mercy in general and even this school.

Dr. Chapdelaine: Absolutely!

Samantha: The small community, and it’s still relatively small. So I think that’s still a core thing-

Dr. Chapdelaine: Yes. Exactly! It was just wonderful. I jumped all around with my nursing program here.

Samantha: No that’s fine. It sounds like it was like really rigorous. They had you out in the field all the time.

Dr. Chapdelaine: Two years straight.

Samantha: Yes! Do you think that was really beneficial?

Dr. Chadelaine: Absolutely! Absolutely!

Samantha: Hands-on learning.

Dr. Chapdelaine: It was absolutely hands-on. So that when I graduated, actually a month after I graduated I was asked to instruct and supervise nursing students at the Newport Hospital School of Nursing. I was very comfortable in the nursing environment, but the program prepared me for this. I had been through it all in terms of my experiences. When we were in the operating room, we scrubbed for eight weeks. We had an 8 week rotation through there, and we were on call during the night if there was an emergency appendectomy or whatever. Night supervisor would come in and wake us up and we’d have to get up and go and get dressed and scrub in on the case, and then you go back to bed and you’d still have to be on duty at 7 o’clock. But as I said you either loved it or you didn’t, and I loved every minute of nursing. Every single minute I had, I just loved.

Samantha: That’s really good! So you mentioned your senior year you had a little bit more time because you didn’t have to work on Saturdays. So how did you fill that time? Did you and some of the girls…did you meet up? What did you do?

Dr. Chadelaine: No, I think we were spending time getting ready for our boards. We were in that study mode and I just never affiliated with a lot of the activities that were going on. When we were in the nursing dormitory, we had to be in the dorm by nine, and we had to be quiet between nine and eleven and up studying. So they (the Supervisors) would come through and make sure you were at your desk. So that it was a very rigorous program. I think that culture really had an impact on me because I was back home again, and I was able to help at home. But the nurses all stuck together, and did things together as a group but never went out on weekends and socialized like that I don’t think. I don’t think!

Samantha: So, so you have any favorite classes or favorite teachers, any of the sisters?

Dr. Chapdelaine: Oh my goodness! I was looking back in the book and I remember Sister Martina. Of course my favorite. I’m jumping around, I do this terribly. My favorite has to have been Sister Madeline or Sister Mary Augustine because she taught us our nursing classes and she supervised us on the clinical units. She was always with us, and I just wanted to be like her. She was just a wonderful person. I would have to say that Sister Madeline as she later was known had a true impact on my life and nursing. She was known to be everywhere on the clinical units. Sometimes, if you forgot to bring a facecloth back to the bedside for a wash, and she’d catch you making another trip! Oh oh oh [chuckles] you were well organized and she was wonderful. I would say she has to stand out first for all the years. And Sister Donalda was also key in the nursing program. She taught anatomy and physiology and a lot of the sciences.[[2]](#footnote-3) Sister Philemon whose picture is over there by the chemistry lab, taught us chemistry and I think physics. Sister Mary Jean of course, English. Let’s see, what other courses? Of course we had Monsignor Shea, who was Father Shea at the time for religion. I had Sister, for sociology, she was later president. Sister [pause] she was like about the third president [ruffles through yearbook] Mary Christopher taught sociology.[[3]](#footnote-4) And this was Sister Madeline [points to Sister Madeline’s picture in yearbook] and that was Sister Donalda [points to Sister Donalda’s picture in yearbook] and between the two of them they ran the nursing department. This was a nun who graduated the year ahead of us and she worked with new students in the clinical setting I think it was Sr. Mary Geralyn. Most of the faculty at that time were all, notice [points out that they were nuns]. [Laughs] You don’t see that, and of course then we had the chapel (which is not there anymore) in Ochre Court, and that’s where a lot of our activities took place. In our freshman year, I’m jumping around again. We had an investiture ceremony in December and it is like what they do to the junior students now at the ceremony where they’re inducted into academia. Now you’ve done two years, now you’re considered in academia, but we had that in December of our freshman year, and we wore cap and gowns every Friday for services like that, and our cap and gown became a part of our ritual until we went to the hospital and then of course our nursing uniforms were worn. That was a part of everybody’s ritual.

Samantha: No, it’s totally fine! Any other like last, any particular memories just from your years as a student? Anything that stands out?

Dr. Chapdelaine: No I can’t, I can’t say that I can think of anything special other than our capping, and when we finished, Our Mercy Pin. No I think we were a small group, we got along well together and as a matter of fact we still meet for dinner about once every other month.

Samantha: Really? I love that! That’s so nice!

Dr. Chapdelaine: Can you imagine? Yes! All of us eighty year old people. [Chuckles] Yep!

Samantha: So after graduation because there’s a gap between when you were a student here and then faculty member. So can you talk a little bit about that?

Dr. Chapdelaine: Oh my gosh! When I went to school I received a partial state scholarship that required if I accepted it was that I had to work in Rhode Island for two years after I graduated. So my restriction was I couldn’t go in to the Navy which I had hoped to, but I had to come back and fulfill my obligation to the state and work in Rhode Island and I worked at Newport Hospital. I was hired as a staff nurse, and after a month as a staff nurse they called me and asked me to be an instructor and supervise the nursing students from Newport Hospital School of Nursing. I would have to say that was because I had the bachelor’s degree; they were practically nonexistent at that point in time. So I think it was the degree caught their attention to Chapdelaine (Murphy at the time) rather than she’s an outstanding nurse. You know? It was a degree. So they hired me and I started supervising freshman students. Now keep in mind these freshmen students were about seventeen years old and we brought them up to the clinical units, and started working with them right from day one. They didn’t wait two years like nursing students do now. We demonstrated nursing procedures right there on the clinical units with real patients, and I supervised the students on med-surg until 1960. At that time the intensive care unit opened at Newport Hospital. I liked what I was doing with the freshmen, but when there was an opportunity to transfer to the intensive care unit. I looked forward to having the sickest patients throughout the hospital all clustered on one unit. So that was my next love. So I went to the ICU and supervised seniors in the ICU for about three or four years. And then I was asked to coordinate the entire program so I worked with the director (Helen Jones) and did all the coordination, and the assignments, and things that had to be done. I also taught a basic fundamentals class, and the final nursing class at time. I was mostly in the education part then. I recognized during that time that I had to get back to school and get a masters. There was no Masters Degree program in Nursing in Rhode Island at that time so…I had to travel to Boston to obtain an advanced degree. I started at Boston College but they weren’t very receptive, and after three courses went over to Boston University and I finally received my masters in nursing with a concentration in nursing administration from BU. When I was at BC I found that I was taking an advanced med–surg class. I found myself sitting in class listening to material that I had been teaching to the senior students at Newport Hospital. So I decided to change programs to BU. I knew what courses I wanted but couldn’t find the right program until the advisor said to me, “You want. nursing administration.” I said “I don’t want it, no, no way.”(but it did offer the courses I wanted) So I said I’ll do it and take the courses anyway. And I had to do a year residency when I finished, and I did that at St. Luke’s in New Bedford [Massachusetts]. We went out as prospective interns, and were interviewed by the preceptor and we interviewed them, and it was a matching type thing. And I was fortunate, St. Luke’s in New Bedford accepted me and I did a year down there. I worked with the administrator and she said to me, “You can do anything you want” and I had access to any activity that was going on in the hospital. When I graduated I had about five or six hospitals looking for someone with a master’s degree in Nursing Administration to become a director of nursing. I wanted something that would to be close to home. I interviewed at several places and also at Truesdale Hospital in Fall River, Massachusetts. I was interviewed by the administrator, and the assistant administrator, and then later on by the nursing staff. I enjoyed the nurses and everyone I met so I accepted the position at Truesdale Hospital. Truesdale was a 210 bed hospital which was smaller than St. Luke’s which was 500 beds, but it was very manageable and I enjoyed it. It was an interesting role, but my year before at St Luke’s prepared me for that. Somewhere about this time I got a phone call from the head of the Business Studies department here at Salve, Captain Michael Dasovich. I don’t know if you knew him. He was head of the business studies dept. at the time and he was getting calls from nurses who were getting promotions because of their clinical skills, and were seeking to be better prepared with management skills. I was working probably…at St. Luke’s. No I don’t know where I was. I was between Truesdale and then I went to the State, and he asked me if I would teach a course for the nurses. I agreed because it was right back here in Newport. So for about three or four years I taught each semester as an adjunct faculty member. I taught nurses primarily management skills or management applications in nursing because at that time they didn’t understand budgets, staffing, quality assurance, evaluations, etc. All these things that are now management tools were very new to nursing because everything focused on your clinical skills, and once you did a good job as a clinical person they promoted you because of your clinical skills, but then demanded management skills. So I taught that for quite a while. Three or four years anyway. I left Truesdale because we went through a consolidation with Union Hospital that’s now Charlton Memorial. I left there because I got called by the State. There was an opening for director of nursing for the Rhode Island Cancer Control Program and I thought hmm, at that time I wasn’t thinking of retirement so I hopped to another job and I thought ‘Gee I never worked for the state; this would be great!’ So this was an opportunity, and I was able to hire ten nurses who we prepared in cancer nursing practice, and we carried out the goals of the Rhode Island Cancer Control Program and had a great time there. I stayed there for about four or five years and then I got a call from St. Luke’s in New Bedford telling me there was an opening for an assistant administrator there and would I be interested and I thought, ‘hmm, yeah’. So, I left the state and went back to St. Luke’s and I worked for St. Luke’s maybe another two-three years and it was great. It was wonderful down there. I loved it, but I was getting tired because I was on the road at 6 in the morning and things would happen at the change of shifts and it’d be like 7 o’clock at night, and I’d still be there and I’d have to drive home. I think it was one of those days when I was really tired I got a call from the Nursing Department here at Salve telling me there was an opening and would I be interested? So I came and talked to them and I left St. Luke’s and I came here [to Salve]. I’m not sorry I did. I love nursing administration, I love the challenges, but then when I came back here I worked in the nursing department for maybe six years. About this time Michael Dasovich established… the masters of science degree in Health Services Administration. He started that program and I already had had my masters in nursing and I thought, well let’s see what a masters in healthcare is. So I went through the masters in healthcare program and I graduated from Salve in probably ‘87. I was full time faculty in the Nursing Department, but I graduated from the program in ’87. Well shortly after that time, maybe ’88, the head of the graduate program in healthcare left unexpectedly. And they tapped me if I would take over and be director of the graduate program in the healthcare administration and it was an interim appointment, and I think I lasted from that time in like ’88 until probably about 2006 as head of the graduate program in HSA. So much of my experience here was somewhat with the nursing department, but then I transferred to the graduate program and dealt with graduate students in healthcare administration. So…most of my time here at Salve was in that program. And then later on with the new changes in administration it was decided you shouldn’t just be a faculty member in the graduate program you had to mix with both. So I had to find some undergraduate courses to teach so they put me in the business studies department so I was teaching undergraduate students in business management and teaching the graduate program, too. I did that until I think, seven years ago I retired from Salve. I retired in 2010 but I kept coming back here to teach part-time because the person who took over the (graduate) program had me back here teaching until they could fill those spots. So this is the first semester in a long time that I haven’t taught at least one course. Last semester…I wasn’t scheduled to teach but the director got very sick, and you probably heard about Mark [Hough] getting quite ill and he was out a whole semester, and it was like the second week into the semester and I got a call at home, ‘Mark’s sick, can you come in and pick up?’ so I picked up three courses.[[4]](#footnote-5) I taught three courses that semester, and then I said I can’t do three again. That’s a full time load. So I did one or two. I think I did two and then I did one last semester, and then I finally said, ‘You know, I’m retired! You know what that means?’ [Laughs] So that’s my story here.

When I was here…Sister Lucille was our president [and] opened the McKillop library, and I can remember Sister Sheila was getting…everything organized so that the students moved the books and we had a parade…and she had it all organized and I can remember being over there as a faculty member with students. We went to the old library and took so many books off the shelf, and you took them and brought them over to the new library, and there was someone over there telling you, put them on the shelf here. So they [moved], I think within a day. They moved the entire library from one place to the other with the help of the students, the faculty, and the direction of Sister Sheila. That was kind of fascinating.

Samantha: So you taught both undergraduate and graduate. Is there a difference in the type of student? Do you prefer the courses of one more than the other?

Dr. Chapdelaine: They’re entirely different. The graduate students all would come in the evening hours after working all day, and of course I considered them my peers. So that we were on a first name basis. They were always really prepared! I mean, I would never go into class with this group not prepared [imitated a stack of papers]. They were so excited. They worked very hard. I mean, if you let them go a half hour early they were disappointed. If you had to cancel a class they were disappointed. It was challenging because you started the discussion and the students carried it. It was a lot of interaction. It was fun. I did that for a long time and then I went back, I was assigned to an 8 o’clock class with freshmen. Anybody awake? [Laughs] Anybody awake here? It took me awhile to get re-acquainted to freshmen. I remember I taught the young kids out at Newport Hospital for twelve years, too. But then for the last semester, I’ve been only teaching the graduates and undergraduates interested in healthcare. And because that’s my love I make it their love, too. So I used to take them out for field trips, and take them to the hospital to go through the ER, the Pharmacy and the X-Ray department where they could see what a cat scan is and a MRI and all the new technology. But I can’t say I like one more than the other. The graduate students were challenging, but I love the kids! I shouldn’t say that, but I did.

Samantha: So when you returned as a professor, what were some of the changes you saw either on campus, you know acquiring new buildings? Or in administration? Or even in the student body?

Dr. Chapdelaine: Well, we had forty graduating in our class, I think…in ’80 we probably had 300 graduating. …I guess that because now we’re up to about 600. You got Our Lady of Mercy Chapel, the Gatehouse, McAuley and the new O’Hare with the latest addition! I had been teaching part time and I taught in O’Hare so I was somewhat familiar with that. The library had been opened while I was here. And then other things were picking up. Like student campus center, the IT, the great big IT place. The extra dormitories. Miley expanded, and I’m not sure when Miley came into being, but…, I think I was here when Miley was built.[[5]](#footnote-6) I think I was, I’m not sure if you have the history on when Miley was built. Administration had changed. Oh! That’s the other thing that was very obvious. The few that are Sisters of Mercy are dressed in lay clothes so that you really couldn’t tell, but it looked as though actually there is probably a ninety percent lay faculty due to the decline in religious, and that was one of the big things. Plus I got to realize that a lot of the people I had known from the past were still around here when I was a student. Sister Lucille and Sister Sheila were the administrators for most of my tenure here, and I just have the greatest respect for the two of them. And then when Sister Lucille retired, Sister Therese took over, and her leadership style was a little bit different, but she’s been a dynamo on expanding this campus. I mean I can’t say how much! I mean Lucille did the McKillop Library, but Therese has done tremendous amounts at making this school what it is.[[6]](#footnote-7) She was different as a leader. Didn’t roam the corridors as often and come in and talk to you, but she was aware of everything that was going on. And then when Sister Jane came in I think I was only here one year as a full time faculty, and now I see her all the time that I’m back part time, but Sister Lucille was a very dynamic leader, and I mean she just inspired; she had that charisma. Whereas Sister Therese didn’t quite have the charisma, but boy she had the go ahead. I’m sure you’ve heard that before! Oh, Chris Kiernan. Anybody mention Chris Kiernan?

Samantha: No.

Dr. Chapdelaine: When Sister Lucille was here and Sister Sheila was provost, Dr. [William] Burrell was the Dean of Faculty and Graduate Studies and Chris Kiernan who was here in our History Department was promoted [to] Dean of Undergraduate Studies. And he was an individual that just loved the students, loved everybody and he had the same temperament like Sister Lucille. The environment here with Chris was just…wonderful; I mean it was always happy. I’m not saying it isn’t now, but he was wonderful in his leadership role. You’d go to him for an issue he always weighed both sides, but he was really concerned about the students. He really had an impact on the University and the faculty as well. Chris later returned to the History Department where he was well-respected. Chris died maybe 8 years ago while a faculty member.[[7]](#footnote-8)

Samantha: And how has the field of either nursing or health care administration changed? Like the curriculum or the demands of the field on the students?

Dr. Chapdelaine: Well, the curriculum has changed tremendously in nursing. Now they have more with simulations in the laboratory using mannequins and I guess…it’s different. The kids do fine. I mean it’s a new concept. I’m an old-timer I like the hands-on and I don’t really think I like the hands-on a dummy. I’d rather have the hands-on a person. That has changed dramatically, but that has also changed with the times too because we were strictly a hands-on person. Didn’t have the technology and the patient-nurse relationship at that point was very very close. You know, if you took their vital signs you went in there and talked to them while you’re doing it. Now you go in, put something in the mouth, and put something on the finger and the blood pressure reads out, you record it with your computer, and then walk out of the room. It’s a lot different because it’s technology driven I think more than hands-on. I think that’s the trend. I’m sorry to see it go. But even being a patient you’d have someone come in pushing a computer and give you the pills. That’s the way it’s driven for safety. I guess it has to be. I guess I’m old-fashioned, and I don’t like change. I like being able to go in and talk and that’s why I like hospice care, too. I worked in a nursing home on weekends, while I was a full time faculty member here. I had to get permission to work and I had to say I want to just keep my skills, my clinical skills up because I was doing all classroom. And I just got to love dealing with the elderly. Because then you had a different approach than you do now. But it’s different. I think it has to be. I know health care has changed. I think nurse practitioners and physician assistants are going to be the wave of the future, not the doctors. I think hospitals are going to be down to almost just an emergency room and an ICU, and then it’s going to be skilled facilities like our nursing homes are. I think that’s what it’s going to be.

Samantha: Yeah, I’ve never really thought about that. I have nursing friends but I’m not in nursing.

Dr. Chapdelaine: Are they in the Nursing Department here?

Samantha: Yes

Dr. Chapdelaine: I was out to lunch… the other day…with someone. And she says that her granddaughter who lives in Missouri is here as a nursing student, and she’s doing her first uclinical this semester. And I thought, she’s a junior and she’s just- and my feeling is suppose she doesn’t like it? Suppose she graduates and hates nursing? Or she may dropout and lose a year?

Samantha: I agree with you on that one!

Dr. Chapdelaine: It makes sense! We’ve changed the curriculum a few times. At one point nursing faculty wanted a two plus two curriculum, and we worked one whole summer to develop that program and obtain the necessary approval. I was still in the Nursing Department then, and we started it so that it would be two years. We would focus on the required sciences and clinical, and then at the end of their second year they’d be like a two year (associate degree) grad, be able to write their licensure and become a registered nurse and then could work their way through the last two years which would be advanced practice as well as the core courses they needed. We worked, oh I guess maybe two years for that, recruited faculty, got it in place, and then all of a sudden a new chair of the nursing department came in, and for some reason or another within two years it was gone. And I was out of the nursing department at that time so I didn’t know what happened. But now they’re into the upper division. And I mean if they find they love nursing it will be great. And I hope that they all do! All my friends that went to nursing school were in the hospital right away, and I had to wait a whole year before I could go in. That was frustrating!

Samantha: And now they have to wait even longer!

Dr. Chapdelaine: Right! Anyway, I’m sorry I’m jumping all around but that’s just me.

Samantha: No, it’s fine!

Dr. Chapdelaine: How are we doing time wise?

Samantha: We’re still good! So I guess just any other particular or vivid memories from either being a student or faculty? Any funny student stories? Just anything in general!

Dr. Chapdelaine: No, I used to love it when we started the graduate program. There was a lot of focus on the graduate studies so the decision we had graduate faculty, and a graduate dean and our focus was on graduate students. That was a good time because we worked, most of the faculty members like myself would come in around two in the afternoon because we teach at night so we’d be there like from two till nine. That was working very well (I thought) until we had a new dean who was both graduate and undergraduate dean and decided that one shouldn’t be graduate faculty and/or undergraduate- there shouldn’t be a distinction. There was no distinction in term of salary or in rank or something. There was no distinction. The Dean decided it shouldn’t be, and I think we lost a lot at that point. We used to have a graduate hooding ceremony like the baccalaureate hooding ceremony that they had. They don’t do any of that anymore. So the graduate students come down here and now they can do it online, but they can come here or go to Warwick and get their degree from Salve, and when it comes time the only thing we do for them is give them their diploma. They have to buy their hood because they have to buy their cap and gown whether they go or not I guess, but they never get a chance to wear their hood until they put it on the day of graduation. Whereas we used to have the ceremony and it was just for the graduate students, it used to be in the church St. Joseph’s the last time.[[8]](#footnote-9) And it would be a nondenominational ceremony, and the graduate directors would hood the students at that ceremony so that then when they came for graduation they had their hoods on and everything. That was a real good thing I think we lost. When we lost that I think we lost a lot of the personal touch that we had with our students, and I can remember saying that these are the kids we should really reach out to because they’re the ones that are already making money. So if you’re going to seek money for the Salve campaign, these are the people we should be looking at. Not focusing in on the undergraduate kids that are are not working and have bills to pay! And I don’t think we do as much for the graduate students as we should. Maybe they do now.

Samantha: Any last minute things to add?

Dr. Chapdelaine: Nope! I loved my years here at Salve I’m very very fond of it. I’m glad to be a part of it. I know so many of the teachers that are still there. I don’t know whether or not Jim Farrington is on your list or not. I told your boss about him. He was head of the ADJ department. He didn’t start it but he was one of the very young people in that program so he can tell you all about ADJ.

Samantha: Well I want to thank you so much for taking the time!

1. Sr. Martina Conley [↑](#footnote-ref-1)
2. Can you check with Dr. Chapdelaine about this nun? [↑](#footnote-ref-3)
3. Sr. Mary Christopher O’Rourke was president from 1968-1973. [↑](#footnote-ref-4)
4. Mark Hough is a professor of Health Care Administration. [↑](#footnote-ref-5)
5. Ground was broken for Miley in 1963. [↑](#footnote-ref-6)
6. Sr. Therese Antone was president from 1994-2009. [↑](#footnote-ref-7)
7. Dr. Christopher Kiernan died in 2009. [↑](#footnote-ref-8)
8. St. Joseph Church on Broadway in Newport. [↑](#footnote-ref-9)