ORAL HISTORY INTERVIEW WITH MARY ANN FUCHS
Duke University Libraries and Archives
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COLLECTION SUMMARY

This collection features an oral history I conducted with Dr. Mary Ann Fuchs on October 31st, 2022. The 82-minute interview was conducted in Durham, North Carolina. Our conversation explored research and care at Duke Hospital, career paths for nurses, healthcare mentors and colleagues, and the challenges of the COVID-19 pandemic. The themes of these interviews include nursing, nursing education, and healthcare leadership.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3-4)
- Transcript of the interview (pg. 5-25)

The materials we are submitting also include the following separate files:

- Audio files of the interview
    - Stereo .WAV file of the original interview audio
    - Mono .MP3 mixdown of the original interview audio for access purposes
- Scan of a signed consent form

BIOGRAPHY

Until 2022, Mary Ann Fuchs was Vice President of Patient Care and System Chief Nurse Executive for Duke University Health System, and the Associate Dean of Clinical Affairs for Duke University School of Nursing. During her two decades as the chief nursing leader of the health system, Fuchs maintained and expanded Duke's reputation as a site for excellence in clinical care, patient experience, education, and research. Notably, she led successful efforts to achieve magnet designation for the health system from the American Nurses Credentialing Center. Among her many contributions to the field, she acts as Region 3 Director for the American Organization of Nurse Executives Board of Directors and serves on the Board of Trustees of the American Hospital Association. Fuchs was made a Fellow in the American Academy of Nursing in 2011.

Fuchs was born in Buffalo, New York. Her father worked in construction and spent substantial time as a volunteer firefighter, and her mother was also deeply involved in the fire company's community support efforts. From this, Fuchs learned early on the satisfactions of roles where one "gets to really help people." Interested in healthcare professions, she majored in Nursing at Binghamton University (then the State University of New York at Binghamton). Soon after graduating from nursing school, she was recruited in 1982 to Duke's combination pulmonary and oncology unit as a staff nurse, where she gained a passion for working with oncology patients. "[You see] people at the most vulnerable point in their lives, and to be able to care for [them] is really, really special," she says. In addition, it was in oncology that Fuchs was able to begin to see the innovations that nurses cultivate through their everyday work. "The nurse is the person at the point of service 24/7, in a hospital setting," she explains. "And sometimes there may not be a resource available, but that nurse still has to provide whatever that is for that patient."

In 1984, Fuchs was promoted to Assistant Head Nurse of Duke's Adult Hematology/Oncology Unit, and in 1985, to Assistant Head Nurse of the Adult Bone Marrow Transplant Unit, where she later became Head Nurse. Leading the development of Duke's stem cell transplant programs and being there for the development of clinical trials, "showed [Fuchs] the breadth and depth around being able to provide care." Fuchs advanced to the role of Director of Oncology Nursing and Services at Duke University Hospital, and in 1997, to Assistant Chief Operating Officer of Duke University Hospital. Fuchs was promoted to Chief Nursing and Patient Care Services Officer of Duke University Hospital in June of 1999, and soon after, her role was expanded to serve as the Vice President of Patient Care and System Chief Nurse Executive for Duke University Health System. Throughout her career, Fuchs has been a champion for continuing education in nursing, leading by example through earning her Doctor in Nursing Practice, a Post-Master's Certificate in Education, and a Master's Degree in Oncology Nursing from Duke University. "I think that when leaders at all levels help their people grow, it's really important," she says. "It's about being a learning culture."

When asked to reflect on her contributions, Fuchs is quick to credit the work of the teams she has created and staff she has mentored. "We've enhanced knowledge," she says. "We've enhanced experience for the people we serve. We've enhanced the care that we've delivered -- locally, globally. And we've enhanced our ability to advance our profession."

INTERVIEW TOPIC LOG (mary-ann-fuchs-interview-audio.wav)

00:00 Introductions.
00:39 Biographical details.
00:57 Overview of current role and responsibilities.
02:15 Initial understanding as a nurse of nursing leadership
02:47 Upbringing and influence of father's work in the community as a volunteer firefighter.
04:49 Majoring in Nursing at Binghamton University (formerly State University of New York at Binghamton).
06:21 First job during nursing school as nursing care assistant; recruitment to Duke's combination pulmonary and oncology unit; development of passion for oncology.
08:12 Emotional draw to oncology patients; well-rounded nature of oncology nursing: "You end up being specialized in everything"; early work with Duke transplant programs and clinical trials.
13:24 Experience with hands-on clinical hours during education.
15:07 Early mentors; story about medication error.
18:25 Perspective on continuing education and what makes a good nurse: "I, quite frankly, am always in a state of perpetual learning."
19:31 Nurses as innovators: examples of Duke nurses developing patents for medical devices like the Snuggler.
22:20 Career trajectory and mentorship by Mary Ann Peter (former Director of Nursing at Duke North Hospital) and Brenda Nevidjon (former Chief Operating Officer of Duke Hospital); advancement to Chief Nurse role.
25:17 Initial environment as Chief Nurse; development of first strategic plan; early Health System work and onboarding of Duke Hospice.
30:13 Development of nursing infrastructure for Health System; repeated successful magnet designations and impact on culture.
36:51 Collaborative relationships with Chief Nurses, Deans, education leader Pam Edwards, Watts School of Nursing, as well as CEOs, CFOs, and COOs of Hospital.
41:40 "Culture of engagement" and "learning culture" in Duke Hospital career development.
43:43 Continuing education, initially with a post-master's certificate in nursing education and later with Master's and Doctorate.
47:22 Doctoral research on implementing standard practices around catheter-associated infections and preventing catheter-associated infections.
48:49 Preceptor role as Clinical Associate Professor in the School of Nursing.
50:32 Development of role and title changes to current title as Vice President of Patient Care and System Chief Nurse; work with the North Carolina Board of Nursing and the American Organization for Nursing Leadership; longitudinal study of the impact of COVID on nurse leaders.
56:50 Labor shortages and costs and impact of the pandemic on already-existing systemic staffing problems.
59:34 Ability to see leadership work in everyday interactions with staff and patients.

1:00:55 Experience during early COVID-19 pandemic and discussions with colleagues in New York and Duke leadership; early pandemic guidelines and protocols.
1:04:49 Reflections on personal experience during pandemic as a nursing leader; current perspective on work by the School of Medicine's Vaccine Institute and others: “I feel proud of this organization, even though it was one of the toughest times.”
1:08:29 Reflections on working in-person throughout early pandemic
1:09:59 Experiences working in Duke South and North; development of Duke Cancer Center, Duke Medicine Pavilion, and Duke Central Tower, South Pavilion at Duke Raleigh Hospital Duke School of Nursing, and Trent Semans Center for Health Education.
1:14:27 Approach to leadership: “It's become more about more broadly the people I serve.”
1:19:26 Story about mentorship of a young nurse leader.
1:22:33 ROOM TONE
1:22:41 ADDITIONAL INTERVIEWEE INTRODUCTION

TRANSCRIPTION (mary-ann-fuchs-interview-audio.wav)

Josephine McRobbie 0:00
It's Monday, October 31st, 2022. I'm Josephine McRobbie. And I'm in Durham, North Carolina. I'm interviewing Dr. Mary Ann Fuchs, who is Vice President of Patient Care and System Chief Nurse Executive for Duke University Health System. She's also the Associate Dean of Clinical Affairs for Duke University School of Nursing. And this is part of an oral history series for the Duke University Medical Center Archives. So thank you for doing this interview.

Mary Ann Fuchs 0:35
Well, thank you for being here today, and thank you for allowing me to do so.

JM 0:39
So, we start oral history interviews with the basic biographical information, so your full name, your place of birth, and your date of birth?

MAF 0:47
Mary Ann Fuchs, I was born in Buffalo, New York on March 13th, 1960.

JM 0:57
Okay, and can you tell me a little bit about your position currently, and how you describe what you do to people outside your field?

MAF 1:07
So I serve as the Chief Nurse of our health system -- Duke Health System. And what that means is that I lead all of the nurses, wherever we practice nursing or provide nursing care. Whether it's in the hospital, whether it's in a clinic, whether it's in an operating room, wherever we provide care -- someone's home -- I'm responsible for what that nurse does. So I'm responsible for the practice of nursing, and making sure that our staff have the resources that they need in order to take care of the people we serve. And as well, really making sure that our nursing staff, and the patient care staff that work with the nurses, have a great environment in which to practice. So it's safe, it's high quality, and it just provides them the opportunity to serve in their profession. In our health system here we have over 7000 nurses that I'm responsible for.

JM 2:15
And is this a role that you were aware of when you started in school, or started as a nurse yourself?

MAF 2:23
So, I had no idea [laughs]. And so when I became a nurse, graduated from nursing school -- it was in 1982, some 40 years ago now -- I never dreamed I would be in a role like this. I knew within organizations that there was a nursing leader of some sort, but never really understood it when I first became a nurse.

JM 2:47

And what was your path to nursing? Was it something that you wanted to do from the time you were young?

MAF 2:56
I didn't know that I wanted to be a nurse. I grew up in a middle-class family. My dad worked in construction, heavy construction. And my mom actually had to quit high school when she was in ninth grade because her mother died and she had nine siblings that she had to take care of. So I have three brothers, and myself. I was the oldest. What I learned when I was young is -- my father volunteered a lot in the community. He was a volunteer fireman. He was a volunteer emergency worker, if you would. So we did life squads, and all those kinds of things. And my mother did a lot with the volunteer fire company. So she was always helping people in the community. So I grew up learning from my parents, and wanting to help people. And when I was growing up, there was no better job than to say, "I'll consider being a nurse." Right? Because you get to really help people. And that's really where I started. I wanted to consider becoming a nurse. And it was because of my parents' dedication to the people in their community at that time.

JM 4:21
Okay, and did you have exposure to people in nursing roles?

MAF 4:25
So, really no. Not [at the] start. My exposure was really my father working [and] doing emergency response for people who needed first aid and those types of things. So I really didn't have one person, or nurse, that was my guide when I was younger.

JM 4:49
And so when you went to college -- in New York, right? Did you plan to go on that track immediately?

MAF 4:57
I did. And at that time, many schools didn't allow you to get right into nursing school. But I went to school at the State University of New York at Binghamton, now called Binghamton University, the name has changed. And you could major in Nursing, you actually started very early on for a baccalaureate program. There are different types of programs by which you can become a nurse. This was a four-year program. But [I] started clinical earlier in that time period. So yes, I knew I was going to be a nurse by the time I got out of school. Yes.

JM 5:34
And what was your undergraduate education like?

MAF 5:36
Nursing school is really tough. And most nurses would tell you that. It's very difficult. Because, you know, my pathophysiology book in nursing school was the same pathophysiology book that the doctors used in medical school. So a lot of the basic training that I had in anatomy, physiology, chemistry, all those things, were equal to what a physician was going through. It's

just that my terminal degree was going to be in nursing. So it was pretty tough. But I had a great, great set of colleagues that were my classmates, and we actually had a lot of fun in the meantime. So it was very, very good.

JM 6:21
And what was your first job out of school?

MAF 6:25
Out of nursing school? Well, during nursing school, I worked as a nursing care assistant, which actually was really helpful -- to help me to understand how nursing was practiced [and] how to work with other team members -- as I advanced in my career. But when I graduated from nursing school, I actually came straight to Duke. And early on there was -- you know, during your last year of school recruiters come to your school, and they try to get you to come to their organization to work? And there was a nurse recruiter, at that time her name was Isabel Webb [unconfirmed spelling]. And Isabel convinced me to come to Duke. She just told me about all the great things that were going on [and] the incredible patients that we were able to care for here. And so she really recruited me to Duke. So I started as a brand new graduate. I'll tell you, it was July 12th, 1982 [laughs]. And I always thought when I came out of nursing school that I wanted to be a pulmonary nurse, and I wanted to work in a medical intensive care unit. And at that time they didn't have jobs for new graduates in intensive care units. That's different today. It's one big difference today. And so I actually worked on a combination pulmonary and oncology unit here at Duke. And probably after six months, I knew that I loved oncology patients, more than I loved the pulmonary patients. And so that really began my career path, trying to start to specialize as an oncology nurse.

JM 8:12
What do you think drew you to those patients?

MAF 8:15
So there's never anything more humbling than someone who's really sick, and terminally ill, especially. I'm going to cry. Because people don't understand that if you really want a relationship, [it's] people at the most vulnerable point in their lives, and to be able to care for someone is really, really special. And so it was the relationships that I developed with my oncology patients. And what I found also is in the specialty of oncology, you can have cancer anywhere. It can affect any body system, any body system. And because of that, you get to understand how it impacts every body system you have, right? So those specialty areas around, you know, pulmonary or kidney -- you can be specialized in those areas. In oncology, you end up being specialized in everything. You learn about the pathophysiology of disease. You learn about the treatments. You learn about all of the different things. So there's no -- and of course, I'm biased -- there's no better-rounded nurse, from a clinical perspective, than an oncology nurse. Because you get to do it all, and you get to manage medical emergencies, in addition. Because there are so many that happen as a result of oncology diseases. But the other thing that I really enjoyed was that you could specialize within the area of oncology. And so, since we were starting many years ago transplant programs -- bone marrow transplant programs, now called stem cell transplant programs, they all have different names today -- but we were starting, in

adult and pediatrics. And I had the opportunity to work in those programs, to start them from the ground up. And early on, they were actually programs whereby patients were largely coming as a last resort of their therapy. And so much of the treatment was in phase one clinical trials. So one of the special things that I had the opportunity to learn about was clinical research. Which is, you know, Duke is a place of hope, and the next treatment for people. We're known for that. It's part of our core mission here. And I had the opportunity to work in phase one clinical research, in addition. And that just showed me the breadth and depth around being able to provide care.

JM 11:13
Do you remember some of those early clinical studies that you worked with?

MAF 11:16
Yes, I do. And some of them have impacted how we deliver breast cancer therapy today. Some of them have impacted how we treat patients with different acute and chronic leukemias today. And I will tell you that maybe some of the most foundational clinical research work is the therapies that we now provide to patients that actually decrease their nadir from high-dose chemotherapy. That was groundbreaking for the rest of the world. And so, I had the opportunity to participate in that, as both a frontline nurse and then, as well, as a leader. It was during those times when I was able to become an assistant nurse manager, and then a nurse manager, and I just took on expanding roles starting during those times.

JM 12:17
So you had the experience of being able to see these emerging treatments in the late 80s and early 90s, and, I suppose, now being at the same institution, seeing them become integrated in how care develops? That's really amazing.

MAF 12:32
Absolutely. It's pretty incredible. And I've had the opportunity to work with so many great people who not just implemented those therapies, but [also] the people who designed them, discovered the new drugs, turned those new therapies into reality for people today, right? And not just at Duke, but [also] in this region, around the country, around the world. That's one of the really special things about Duke is that you get to work with some pretty amazing and brilliant people who are really out there innovating and designing those therapies for everyone to have access to. It's really special. It's really one of the very, very special things about this organization.

JM 13:24
And so in your early years at Duke, how did you start to develop as a practitioner? What were the skills that you took to easily, and what things took more time?

MAF 13:37
You know, I would say that my clinical work came pretty easily to me. In my undergraduate program, it was an excellent program and it still is, but in many baccalaureate programs you don't get as many clinical hours. In mine, you did. You had over 1000 hands-on clinical hours that provided you the opportunity to practice and perfect your skills. So the clinical piece was not that difficult for me. I think I did a great job with that. What I didn't understand once I got out of

school was the piece around the really deep relationships with patients, and working with all of the different types of providers to provide care. So that took me a little longer. But as I mentioned before, as I grew to love oncology patients, you really grow to love just the situation, and being humbled, and being able to care for them, and to get to know them on a level that you would never experience in other places.

JM 15:01
And did you have colleagues or mentors at that time that were models for you in how to do that?

MAF 15:07
Yes. As I was thinking about this, I thought back to -- in my first clinical environment who did I really see as my guide? And I had an assistant nurse manager, her name was Linda Kubiak [unconfirmed spelling]. And Linda helped to orient me to our unit. She helped me to understand the therapies, because there's a tremendous amount of science behind them, that you wouldn't necessarily get when you were just in nursing school. She really taught me. She taught me the ropes, right? And she helped guide me, helped to make sure that when I had a question, or, you know, just needed more information about different clinical cases, she was always there. She was always there to support me. I really appreciated that in her. That was early on.

JM 16:01
Can you remember a specific time where she was especially helpful?

MAF 16:04
Yes, as a matter of fact I can. And it was around when I made a medication error. There are things in your practice that help you to understand how not to make the same, you know, similar issue. And I remember one day, there was a patient who had some real issues with pain, and probably had issues with substance abuse that we didn't know about. And I gave him a lot more medication than I should have, because I was confused about the dosing of the medication. And so we were trying to figure out how to reconcile the amount of narcotics at the end of a shift, right? Because you have to do that as a nurse. And there was this big amount missing of the certain drug. And I said, "Well, I gave it!" And, of course, it was very scary. Because then we knew I'd made an error. But Linda helped guide me through that. She helped me to understand what I did wrong, how I could improve, and how I could move forward from that. Now, I will tell you, there was no problem with the patient, he was fine. That's when we figured out he probably had some other kind of substance abuse issue. And I'm laughing about it now but it was not a laughable moment. It was the scariest thing on this earth. I thought, "Oh my gosh, that's it, I'm not going to be a nurse anymore." He loved me because of, you know what I did for him. But it was really scary. But she helped guide me through that. She also helped guide me through my first medical emergency with a patient, and their family, and helped me to be able to explain to the family what was happening. She really provided that care to me, in that relationship. And then she helped me with my first experience where my first patient passed away, and took me through all of that. She was really, really someone great to work with.

JM 18:25

And how would you describe your outlook, or personality, or the way you practiced at this time in your life? Did you feel quite confident? Were you in a state of perpetual learning?

MAF 18:36
Well I, quite frankly, am always in a state of perpetual learning [laughs]. You can't stop learning, as a nurse. Because no matter where you are practicing as a nurse, treatments, change, medications change, the science behind the service you're providing changes. You have to stay up to date, right? So there's always this, "I know where I am today. But I know that there's always going to be new things." And I think that's a sign, actually, of a really good nurse, is that they're constantly learning. They're trying to learn about new ways to improve their practice and to stay up to date. If you find that people are stuck in the past, and still want to do things the old way, that's a problem. That's my personal opinion, but a nurse always has to be a perpetual learner.

JM 19:31
I heard in another interview you did that in your opinion, nurses are some of the greatest innovators in the workforce. Can you talk a little bit more about that?

MAF 19:40
Well, the nurse is the person at the point of service 24/7, in a hospital setting. And sometimes there may not be a resource available, but that nurse still has to provide whatever that is for that patient. So they're quite innovative in making things work, creating new ways to deliver care to patients, asking questions, listening to the patient about what they need, and understanding and identifying a gap in care. Here's what I think is a simple example, but it has a major impact. Patients in the oncology setting actually have catheters that are in central lines that are implanted for a period of time, because they're going to undergo therapy for a while. And they're generally long tubes, two or three long tubes that are connected to them. So when you don't need them, you still don't want to pull the line out, because it's a long-term line. But the patient in order to go out in public, they don't want these long lines draping, right? So it was a nurse who created a device so that the patient could carry that close to their body. So it couldn't be seen, or whatever. Well, that's been patented, and manufactured. That's part of what Duke has done. I've worked with nurses in pediatrics, for example, who have recognized little kids have challenges with all of these things, and they're really prone to infection if they manipulate their lines. Well, there's a nurse that created a product called a Snuggler that actually protects the lines and protects it from infection. And it's now out there patented and is available for care. We have nurses who redesigned care systems, because as a piece of technology today might be designed, it may not be the best setup to be able to manage or work with the workflow of the staff, and [so] they redesign it. So, nurses do that kind of work every single day. And it's really exciting to be part of that.

JM 22:10
Yeah. Thanks for walking me through some examples of that it was the set it was the Snuggler. Was that also a Duke nurse?

MAF 22:16

Yes.

JM 22:20
So it sounds like you were practicing as a nurse here, and then very quickly stepped into a leadership role. Do you remember the circumstances surrounding that, and how you felt about it?

MAF 22:31
As I became more experienced in developing clinical care, again, I had a mentor who saw in me that I could help guide others, and when they saw that, they thought that I might be successful in more of a leadership role. And so I went down that path, if you would, and applied for different positions. First, I was an assistant manager, and then I became a nurse manager and had, again, another mentor who really helped to shape me. And her name was Mary Ann Peter, and is Mary Ann Peter, she's still here with us, she's 82 years old now. She was our Director of Nursing at Duke North Hospital. Many years ago, she hired me as a nurse manager and took me under her wing, taught me a lot about how to lead people, how to manage in really tough circumstances, and then helped guide me. [She] actually passed me on to another nurse leader who helped me broaden my scope. Because at that time, I was a nurse manager for the bone marrow program. The organization was really starting to develop its business units by service lines. And I had the opportunity to lead all the oncology services at Duke, which for me was like the top of the world opportunity. And so at that time the Chief Nurse, who was Brenda Nevidjon, helped to guide me during that process. And she became the Chief Operating Officer of Duke Hospital and said to me, "Mary Ann, you've got all of these different experiences under your belt. You're specialized in a service line, you've had exposure in many others, you understand what it takes to develop clinical programs." She said, "You would be a wonderful Chief Nurse." And she says, "So I'm going to push you. Sometimes it's maybe -- I call it a kick in the butt, right? Take your next opportunity." And she helped me to become a Chief Nurse of Duke Hospital many years ago. And that I think was in 1999, or something like that.

JM 25:17
Who was the Chief Nurse during that period?

MAF 25:21
So, what I didn't know -- and so here are some interesting things. Because when you step into a role, sometimes you have certain information, and then there's information that maybe you should ask that you didn't ask, right? I was actually the fifth Chief Nurse in ten years. And that's a lot of turnover in your nursing leadership team. And that's perhaps part of the culture of the organization, maybe with the direction that the organization was going. There was actually a lot of turnover in leadership in the organization. I didn't understand that when I stepped into the Chief Nursing role. But I learned quickly [laughs] how to adapt in those times. And I now today can say I'm the longest-tenured Chief Nurse that Duke has ever had, which tells me I was doing something right. And so it was an interesting transition. I'll tell you that when I first stepped into the Chief Nursing Officer role, it was for Duke Hospital. And what I didn't understand at the time was that there was actually labor organizing going on. And that was not something that I ever wanted to happen for nurses. You know, I learned quickly that as a leader I had to broaden my scope. I had to focus on making sure that nurses felt they had a great environment to provide

high-quality care, that they had the resources that they needed to do their job, that they were compensated in a fair and competitive way. That they had a voice. That they had a voice into making the decisions that impacted the care that they deliver. And so that really became, when I became a Chief Nurse, the things that I really focused on.

MAF 27:32
I remember putting together our first strategic plan that really focused on making sure that nurses were at the table, they were at the table in a broader way that was even outside their patient care unit, if you would. That they actually were engaged in organizational decision-making. And that became a lot of how I implemented my role, and worked with other nursing leaders to implement roles. And so soon after I became the Chief Nurse for Duke Hospital, we were actually starting to become a health system. So I was before the health system, right? And in 1998 I can't remember -- we actually started the health system work in 1998. And it was before I was the Chief Nurse. I was the leader of Oncology, though. And one of the first entities that we brought into the health system was Triangle Hospice, now we have a big hospice service here. I got to do that. As a leader, as a nurse and a leader, I got to do that.

JM 28:40
Is that where you had worked for a time in your early career?

MAF 28:42
No, so I did volunteer work for hospice, I did nighttime call coverage for hospices in the community. So, I had a passion there. But I also had a passion because of oncology at that time. Even though hospice is not just for oncology patients, primarily they serve oncology patients. So I had the opportunity to bring them into the health system, which was really very special. But at that time, we were working through the lease agreement with Durham, with the county here to bring in Duke Regional Hospital. It was Durham Regional at the time. And so we were working with the hospital corporation that brought them into the health system. We had purchased Raleigh Community Hospital at that time, which is now Duke Raleigh Hospital. We had brought the hospice in. We were really beginning to build a health system. A lot of change, and a lot of energy going on in our organization. And at that time, my role was expanded to be the Chief Nurse of the Health System. So I had Duke Hospital and the Health system. And I got to lay some of the general foundation of the work that goes on in the Health System, which was another great opportunity for me as I was continuing to grow as a nurse leader.

JM 30:13
So, that sounds like it would be really challenging to have a whole building or institution of nurses coming under Duke, and then trying to work to have cohesive practices around the institution. Was that a challenge?

MAF 30:29
That was a major challenge. And so I'll go back to what I said about nurses and their voice. What I was able to do with the nurse leaders is build a team. We had some really tough work to do together, because everyone was doing their own thing their own way. Not that any of them were wrong, or anything like that. But in order to make sure that we had a consistent experience for

our patients and consistency for our staff, we knew we needed to come together to focus on different things that were going to make that happen. So, the nursing leadership team worked together to engage our frontline staff, to develop our practice councils, just a different structure to be able to have the nurse's voice in deciding what we were going to do around clinical practice, whether it be general clinical practice, whether it be specialty clinical practice, because they're very different. And we developed a nursing infrastructure for our health system.

MAF 31:39
It was at that time, in addition, that we felt that the gold standard in the community, or in the country, if you would, was magnet designation. We worked as a team to figure out how we were going to do that. And at that time, you can only do it by individual organizations. Today it's a little different. But magnet designation is about nurses at every level serving as leaders and advocates. So it's about transformational leadership. It's about excellence in how you practice, day in and day out. It's about having an organization that provides a supportive infrastructure and resources so that you can provide great care. It's about new knowledge. So in this organization, we talked a little bit about innovation, right? What's needed to provide care about research to do that. And then from all of those components really establishing great clinical outcomes. So when you embrace that model, if you would, and you engage your team members, people are more engaged, you have better satisfaction, you have better clinical outcomes. We went down that path. And in 2006, Duke Hospital was actually able to achieve that national designation. In 2008, we had Duke Raleigh. Then in 2009, Duke Regional. And in 2011, Duke Hospital re-designated, and then we figured out we could do this all together as a system. And so we achieved our initial designation as a system in 2011, and then in 2014 we renewed it. And we just sent in our documents to move forward again. As a Chief Nurse, there are very few Chief Nurses -- and I'm bragging a little bit here, and it's only because I have a great team -- this foundation and to be able to achieve that designation, that gold standard to prove that to not just this organization and the people we serve but to the country, to do that six times? And we're pending our seventh? It's a dream. It was an incredible opportunity that as a leader I had the ability to lead with the entire team, with the frontline staff. But to know that our organization provided us the resources, and the strength and the recognition of the importance of this component of our workforce -- the nurses -- is just a dream. It is one of the things that really sets this place apart as an organization. Because if you go back and you think about Duke, overall, and the Health System, the Medical Center, whatever, and you think about [how] we're here to provide great care, we're here to discover the next new treatments or procedures, and we're here to educate the next generation of providers, in many ways, right? Nurses, doctors, PAs, nurse practitioners, you talk about it, we do it, right? That whole process of magnet, it really touched on every single one of the organization's missions. And the fact that our organizational broader leadership saw that that was so important to the team, and to their organization, is just really special. Not everyone can do it.

JM 35:32
Can you give me a sense for how unique this repeated magnet designation is for the institution?

MAF 35:37
There are plenty of places that do it in a smaller way, but there are very few large academic health systems that are able to actually achieve this, and to achieve it as a system. So I would say,

of the 5000 or so hospitals in the country, there's probably about 400 that have achieved an initial designation. But there are less than 4% of the health systems in the country that would have ever achieved this. So it's a major deal. I would say, if I had to think about one of my successes, that would be one of them. But it wasn't my success [laughs]. It was the team's success. All built around what we're here to do every single day, to care for the people that we serve. And through that designation, it's not just about the patients and the families that we serve, but it's about our team members, and it's about our community. And we've touched them in every way. Sorry to go off on so much there.

JM 36:51
No thank you for the context. That's helpful. Can you talk a little bit about some of your main collaborators, and who have been those critical members of your team over the years? And I'm sure they've changed as the years have gone on, too.

MAF 37:03
I mean, there's so many. I would say the Chief Nurses of each of the entities. They're at the core of leading their people within their entity. Their next level leaders become really important in working as a team. We've developed our practice model, we focused on developing great care and making sure that we have programs to teach our people. If I had to just name a couple of things that I'm really, really proud of, you know, I'd look to my leader in education on the clinical side. Her name's Pam [Pamela] Edwards. She has the most can-do attitude ever. Any idea about how to support our team members becomes really important. From onboarding staff, developing a nurse residency program to be able to help our newest staff transition into practice out of school over that first year, to look at how we actually work with our schools of nursing. At any given time in our health system we have over 1,500 nursing students practicing. Not only do we have nurses, we have students. And we partner with all different types of schools. Community colleges, diploma programs, our baccalaureate programs, master's programs, doctoral programs. We have all types of students that our team coordinates, and works with, and builds practice partnerships with. So I would say that.

MAF 39:01
I would say partnerships with Deans of our Schools of Nursing are really important. I go back in time to talk about Mary Champagne, who used to be the Dean of the Duke University School of Nursing, who brought back to Duke an accelerated bachelor's program years ago. The university stopped the bachelor's program, a little [inaudible] history there. But working with Mary -- Dean Champagne, I should say Dean Champagne but we know each other on a first-name basis -- brought back that accelerated program and it has just proliferated. Just incredible. And then working with other Deans -- Catherine Gilliss, Marion Broome, and now Dean [Vincent Guilamo-]Ramos -- all in different ways, but to help on different types of programming has been just really exciting. I would say another great collaborator is through Duke Regional Hospital we had the Watts School of Nursing, which was a diploma school and the oldest diploma School of Nursing in the state of North Carolina. Their program leader, Dr. Peggy Walters, we partnered with her to help convert that school to a bachelor's program. So now the President of the school is Yolanda Neal, who I partner with today, too. That's no longer a diploma program, it is a bachelor's program. And we now have two ways to develop nurses in our health system, an

incredible opportunity. I could go on for days and days and days. There are incredible colleagues in this organization that have helped in many different ways. I would say I've had special relationships with our Presidents and CEOs of our entities, our Chief Operating Officers, our Chief Financial Officers, [they] are all key to making sure that we are doing what it takes to care for our people. I had the special honor of being the Chief Nurse. But there are so many other people in so many different roles that make our system, if you would, tick. And make sure that we are thinking about our strategy moving forward. and the important components of it. I have to stop, because I'll go down a path. And I could talk to you for days about special people that are here.

JM 41:40
What you said about the various avenues that people take to become nurses here, and different institutions they come from -- that seems like it would be a unique challenge, but also a strength, to have this sort of melting pot of different ways that people have trained. So how does that play out? And how do you establish the culture here, while also keeping those unique qualities about how people might have prepared for the profession?

MAF 42:10
You know, I think it's a culture of engagement. Helping people to see how they can continue to grow and develop. That's one of the major things that keeps people within an organization and makes them loyal, if you would. It's not just the people they serve, but it's the people who serve our staff. And if you can help someone grow and develop, it becomes [so] even more. And I think that this really is an organization that does that, in many different ways. It's my example, people who have taken me under their wing. When I came here with my bachelor's degree, I never thought that I would have a master's degree, a post-masters, and a doctorate. And it's because people have helped me to understand. I think that when leaders at all levels help their people grow, it's really important. It's about being a learning culture, and a learning culture in how you help to groom people, a learning culture in how you discover the next new treatment or drug or therapy or whatever. Those things become even more important. And that's what we can do here. Not every organization can do that, and prepare people to have opportunities for a lifetime, which is what I think we really do have in this organization.

JM 43:43
So you mentioned your continued education yourself. How did you decide to go on for your master's and also your doctorate while in these positions?

MAF 43:54
So my first love is oncology. And so my first degree is a master's in oncology. I'm trained as an oncology clinical nurse specialist, I did that because in my mind, that's where I was going to be for the rest of my life. I loved the oncology patient population. And I wanted to be able to advance my knowledge. And so I went down that path and that served me well when I was in the oncology area. I actually went back after that to get a post-master's certificate in nursing education. So I can run a school. I can't run the big school, if you want, but I can run a school of nursing, and teach, and do all that kind of stuff. And I did that because at that time I was trying to decide where and what I wanted to do, if there was anything different that I wanted to do. To me

that felt like an opportunity that I could build on for the future. And it's helped me as a Chief Nurse because I understand curricula, I understand programs, I understand that whole piece and that partnership. And that knowledge has helped me to build relationships with schools, so that we can build a pipeline for people for our organization. Because if we don't have our people, we can't really serve the broader community. So I stepped in and did that.

MAF 45:25
And then later on, the industry-standard really was for Chief Nurse, especially the Chief Nurse in an academic setting, to have a doctorate. And so we were talking about it with the School of Nursing, how to develop that program. And one of my beliefs is that as people continue to advance their education, the quality of care that you deliver improves in addition, because people expand their knowledge and can apply that knowledge to improve. And so I took it on as, "Okay, I'm gonna go back and get my doctorate, and I'm gonna try to pull all my people behind me." And that's another thing I'm very proud of. Most of my nursing leaders, if not 95% of my nursing leaders, have a doctorate. And you don't find that everywhere in this day and age in this country. But it becomes important. The other thing is there are some foundational reports when you think about the professional profession of nursing, and the Institute of Medicine -- now the National Academy of Medicine -- has put out various reports around nursing. And there's some concern about nursing as a profession, and being able to sustain itself as a profession. And through these reports there have been really clear goals in some of the work that should be done. And part of that is around advancing the level of knowledge of the nurse at all levels. So from a baccalaureate, to a master's, and then the doctoral level. And so very specific goals there that I think that we've embraced as a team -- my nursing leadership team -- and a school, in order to advance on it. We've done a lot of that work.

JM 47:22
And what was your doctoral research on?

MAF 47:26
So actually, it was on clinical care. And it was about implementing standard practices around catheter-associated infections, and preventing catheter-associated infections. And so, I took the work that was needed in our organization, and did a deep dive there. And then have continued to advance that work as we move forward.

JM 47:56
Sounds like so as you're working on this macro level and your leadership roles, you were able to go to this micro level [in research]. What was that like?

MAF 48:04
So it was good. It was good. And I encourage all nurse leaders to do it. Because, you know, what you're learning at the macro level, the real application is at the local level. And the real improvement around the clinical outcomes is largely at the local level. What you do every day, how you train people, how you manage, how you monitor information and data, and how you perfect the practice -- that's local. The global is pulling together all the locals, that's the learning,

but everything that we do every day here touches someone. And that touch is important to the outcome of the care that gets delivered.

JM 48:49
So you also in 1993 became a Clinical Associate Professor in the School of Nursing.

MAF 48:55
So I hold the title of Clinical Associate in the School of Nursing. I have been for a very long time. And that largely is a role [that] precepts students at some level. And I've always precepted masters or doctoral students. And whether it's helping someone by sitting on their doctoral committee and helping them to implement their work, and/or a master's student who's actually doing clinical care. So I've done that for many years.

JM 49:33
And so how do you become connected with those specific students?

MAF 49:38
Students have program advisors in the school, and the school knows of particular interests that their Associate's have and make those connections in addition. Or I may have staff who say, "I'm going to school and could you help me with this?" And then I become their advisor. And/or other schools that may contact me personally, or because they know of my work, and say, "I have a student who we would love to have a relationship with you. Could you precept them?" It comes from all over. There's no one channel, I would say.

JM 50:25
2011 is when you became a Vice President. Is that right?

MAF 50:32
So over time we've changed the title. So I don't know the exact timing, but there was a time where my title was the Chief Nursing and Patient Care Services Officer for Duke Hospital, then that expanded to Duke Health System, then I believe we changed the title into Vice President of Patient Care and System Chief Nurse. And that may have happened at that time. I don't know if the duties changed, or just the title changed [laughs].

JM 51:04
Can you identify some times where your responsibilities have shifted since being in this role? And was patient services added as part of the role, or was that already part of it?

MAF 51:20
It was already part of the title. How we deliver care for patients requires many different roles. And many of those roles are delegated roles from the nurse. So the nurse oversees assistive type roles, whether it's in a patient care unit, whether it's in an operating room, whether it's in a clinic, whatever, there are different job titles, and different roles that the nurse will oversee, and supervise because they delegate care. So those have always been part of the work and still are a part of that responsibility, if that's helpful.

JM 52:00
Yeah, I did see several title changes in there but it sounds like -- I mean, I'm sure there have been major shifts.

MAF 52:07
Yes. I would say over time -- there was a time where I had that leader role over both Duke Hospital and the Health System. And then there was a time where it became really clear that we wanted a nurse leader in each entity, and this role that I'm in right now became much more strategic and served the health system by itself. "By itself." It's obviously a compilation of the whole, but for the past several years I have focused broadly on the health system, and not deep within one organization. That's the Chief Nurse in that organization. So in my role, most recently, probably over the past seven to ten years, I have had a shift to not just oversee the nurses and health system, but to be much more active external to the organization. And maybe that's part of the shift. So I've spent a significant amount of time serving as an elected nurse leader for the North Carolina Board of Nursing, which really is the regulatory arm for the state, to make sure that nurses are practicing safely. We're protecting the public. That's why a board like that exists. So I had great opportunity to do that. I had wonderful opportunity to serve for the American Organization for Nursing Leadership, which is the affiliate nursing leadership arm of the American Hospital Association. So I served as the Region Three Director, which is a responsibility for seven states, gathering feedback from nurse leaders in those states and then enacting action within the American organization. And then I became the president of that organization. So during the pandemic I actually served as the president of the American Organization for Nursing Leadership, and was able to really do a lot of things there. To serve with the American Hospital Association on the COVID task force, which actually provided resources and guidance to thousands of hospitals in the United States, I served as the nurse guiding those resources for the country.

MAF 54:57
I had the great opportunity to do a longitudinal study of the impact of COVID on nurse leaders, which was pretty incredible. Early on it was all about [that] we didn't know what we were doing, we didn't understand, we were changing things constantly, some didn't have access to supplies and equipment and different types of things. And trying to lead through that time. And then as we became much more clear about how to treat COVID, [it was about] how that changed for nurse leaders and their roles across the country. And now today, we're living through the impacts of COVID, and now we've got real challenges. And we thought we had challenges during COVID? Post-COVID is becoming even more challenging, right? Because we had a lot of experiences for nurses across the country that weren't too good. And we have people who are very fatigued, who are choosing to leave the profession, who are not seeing the profession as as positive as it could be at this point in time. People who were really impacted by the amount of death and suffering that they saw during that time. It's really a challenging, challenging time. Not just for nurses, but for healthcare workers in general, physicians and nurses. The nurse was the point of care right there at the center of all of this, in the care of patients. So their roles really were greatly impacted. And so studying that and understanding the impact on leaders, I think was really important. And now trying to think about how we provide resources and reframe the

work for people becomes even more important. It was during that time, in addition, where resources became really scarce.

MAF 56:50
And so now, our hospitals across the country have had to pay a lot more to be able to staff. There's been this emergence of travel staff -- travel agency staff -- that's extremely expensive, that's driven up labor costs. That, as well as just the economic times, is now impacting hospitals in a different way, where we're losing a lot of rural hospitals. Hospitals are closing, they're closing down services, they're really financially challenged. I mean, despite having federal funds to be able to support you during this time, it didn't compensate for what was really going on. And I know this probably sounds really dark, I don't mean it to. But it just frames the challenges of today. There was a nursing shortage before the pandemic, it's really exacerbated now because of just the changing times. You know, during this time we had generational shift. We had students who came out of school who didn't have clinical experience because of the pandemic. That's not how we did it here. But that's how it happened across the country. There's a good proportion of our workforce that prior to the pandemic, the average age of the nurse was greater than 50, actually 30% were 60 or more. Those people are retiring and leaving. So we've got all different kinds of -- we've got bigger challenges today, because of it. But what the pandemic did in addition, though, was it allowed us to really recognize the multiple opportunities that there were for people with telehealth, and just different roles. And so as I think about being a nurse today, I would still tell people to be a nurse. Because, one, you have opportunities to do anything. I mean, you can work in acute care and home care and ambulatory care and the OR. You can work for insurance companies. You can work for all different types of places, right? You can't go wrong. You can't go wrong, because there's a place that people will find that they love. And I'm sorry to go down that path, because I don't even recognize at this point what your original question was. But as you can see, I could talk about this all day.

JM 59:29
Do you ever miss working in oncology as a nurse?

MAF 59:34
You know, I still say I may not provide direct care, but I still am touched every day. I have the ability to touch oncology patients through my team members, through my leaders, through my staff. I actually help navigate for people today how to make sure they can access services. I'm answering questions. And so while I may not physically do the hands-on, I still believe I provide that service. But I have the ability to provide it more broadly, because of the people that I touch every day.

JM 1:00:19
Do you remember the last time you were able to see the impact of your work on an individual patient or family?

MAF 1:00:26

Well, I would say it was not in Duke Hospital, but was one of our health system hospitals, [inaudible] was physically family members. So yes, I clearly know the impact that I've had, and how my team, as well as my organization, helped during that time.

Josephine 1:00:55
I wonder if you could tell me a little bit about your experience in the early pandemic? And do you recall a moment where you realized, "Oh, this is actually going to affect everything"?

MAF 1:01:10
I remember when we were early on in the pandemic, when we were just learning about how something was going on in New York, or China and then in New York, right? So I had colleagues there. I remember calling one of my colleagues, or talking to one of my colleagues because we talk all the time. And she said, "Mary Ann, I don't know what's going on, but people are coming in left and right and they're dying." She said, "We don't understand it, it's some type of respiratory thing. And no matter what we do, it just doesn't, we just don't know how to take care of it." And I remember us talking about it as a team here. We would convene all the leaders, not just the nurses, everyone. All the leaders. Dr. [Eugene] Washington -- our Chancellor -- was in the room. And we would be talking about, "Well, this is going on, that's going on this." And we'd pull in our experts, because we have incredible infectious disease experts here who helped guide us during this time. I remember we were all sitting in the room, and we're all looking at each other. And none of us had masks on [laughs]. I mean it's different today, but we didn't realize really just even the spread, at the time.

MAF 1:02:25
What we did know is what we were hearing from other places, and what their resource needs were, and what we had to do to remobilize our people and our departments to make sure we had supplies and equipment and staffing. And that we could learn what was going on in other places, so that we could prepare. And I think early on we thought, "Well, maybe this will happen for three months, and it'll be all over, and we'll get back to normal." But when that didn't happen and we continued to hear, we knew we would be in it for a while. And I don't know if there's like one moment, or anything else. But I just know that during this time, it was a time where people didn't have all the information. And we tried really hard to make sure people had information, whatever information was available. That if we were going to have to make a decision, or a choice, or to implement something, that we had mechanisms to be able to make sure people had access to information and those resources. I'm probably not answering your question now. But it was a tremendous time of teamwork, it was a tremendous time of no matter what it takes, we had to do it. And we innovated, right? We created all different types of ways that we could care for people, not just the patients and families, but for our staff. And, as an organization, did whatever it took to make it happen. Early on, it was all about the acute stuff in the hospital, and then we learned about vaccines and infusions, and not only did we do the acute care stuff, we did the testing work, we developed infusion centers, we developed vaccines. I mean, our staff did it all. And they just did it. Because we were all in it together.

JM 1:04:49

And what was the experience like for you? How did you manage going through -- I don't want to put words in your mouth but -- I'm assuming it was an incredibly stressful time.

MAF 1:04:57
It was really scary, because you didn't know. A lot of times, well -- you had to just keep trying, whatever it took, right? Whatever you're doing might not work. So you had to be flexible to try it again, or to do something different. Which I think is good. And being nimble was really helpful. But it was really scary. And when I'd be out in the units with staff and [would] talk with them, they were more scared about what they were going to bring home to their families. They were all in, they'd do whatever it took to take care of the patient. But when we didn't have information, and we didn't have vaccines, we didn't know, they were afraid about hurting others. So not only were they caring for other people, they were worried about what would happen if they got it and took it home to their families. That was really scary. That was really, really scary for people. And helping people to manage through that became our roles, leaders' roles, in trying to help people during that time. Boy, you know -- not that we're past there, but we know a lot more now, right?

MAF 1:06:31
I'm so amazed by the people that we have here who have done incredible things. Our whole School of Medicine's Vaccine Institute changed what it was focusing on to focus on COVID. And has done incredible work. It just makes me proud, makes me proud of this organization and what it can do to help. Not just here but to help more broadly. So you're getting how I felt. I feel proud of this organization, even though it was one of the toughest times. People were here trying to do the right thing for our people, for our community. It was like, whatever it took. Whatever it took, we figured out a way to do it. Figured out a way to partner, whether it be just here in our local community, in the state, nationally, internationally. We had people working at all levels to try to impact how we could manage through, get rid of, develop a vaccine, do whatever it took, in order to help through this pandemic. I guess we're getting on the other side of it now. And hopefully we're better prepared if there's another one. I think we are. I hope we don't ever have to go through anything else like that. I think we've learned a lot more. We learned a lot, is what I would say. We learned a lot. And you could never during this time underestimate how important [it was]. The team coming together and doing whatever it [took] to make it happen for people.

JM 1:08:29
Were you physically back here pretty quickly as this was all going on -- were you ever working from home?

MAF 1:08:37
No, I never worked from home. Some people could work from home. But most of our clinical team, no, they never worked from home. Or if they worked from home, it was a day here and there. No, I mean, it was pretty impressive. For two years, I'd come and the only people who would be here would be me and my staff, and our procurement leader who lives right next door, and our leaders in the Chancellor's suite. Our clinical staff were here. They really [were], except in a couple of areas where we perhaps cut down services, even then some of them were at home. But our nurses got redeployed. Our nurses worked wherever. If my education team wasn't orienting new staff, they were giving vaccines in a clinic, or they were doing testing in a testing

tent. Yes, we cut back certain elective services, but those staff couldn't go home. They had to help everywhere else. I guess that's one of the beauties of being a clinical staff member. You have transferable skills. And they were needed in a place, they were necessary in places of great need.

JM 1:09:59
Sometimes for these oral histories, it's interesting, especially with Duke where it has changed so much over the years, to talk about physical spaces. So, where have you spent the most time during your career, and can you tell me a little bit about it?

MAF 1:10:15
So when I came to Duke, Duke North had just opened. I came to Duke in 1982, Duke North had just opened in 1980. And so the clinics were still here, there were still some patient care units in this building, in Duke South. But for the most part, the acute care hospital work was in Duke North. So I spent a lot of time in Duke North. But as a nurse leader, I had the opportunity to support the building of the new [Duke] Cancer Center. To support the building of the Duke Medicine Pavilion. A lot of the foundational work around the Duke Medicine Pavilion is from when I was the Chief Nurse of Duke Hospital. Since then, we've opened the Duke Central Tower. Across our health system, we've just opened up a beautiful new behavioral health facility -- during the pandemic, by the way. During the pandemic, we also opened up the Duke Central Tower. During the pandemic, we expanded and built the South Pavilion at Duke Raleigh Hospital. We've added all kinds of primary care clinics. That just shows you how things keep going. They keep moving, despite whatever is around you. So, I've spent time at each of those places. In the office, in this space here, I've been in Duke South for I don't know how many years. But you know, I probably would say that most of my career and the space that I've been in has been in Duke North Hospital. But I feel like I've been everywhere. Because that might be where your office is, but that might not be where you do all your work, right? That might just be your drop-down space. I don't know if that's helpful. But I guess what I've seen since I came here as a new graduate nurse in 1982 is just explosive growth. Growth that supports the people we serve because we continue to grow as an organization. We continue to grow to be able to provide not just clinical care, but for example, we have a brand new Duke School of Nursing. We have the brand new Trent Semans Center [for Health Education]. All of that is new. It has all happened in the time that I've been here. In whatever role that I've been in, there's been continuous, thoughtful growth, and investment of resources into the multiple missions of our organization. Whether it be patient care, whether it be our educational discoveries, education of students, and/or investment in resources to advance discovery, all those areas.

JM 1:13:13
So in your role as Chief Nurse, when there's been the development of a new center or new service building, what sort of things were you contributing to that development?

MAF 1:13:23
So, the design of the patient care space, the selection of the equipment, the supplies that will be used in order to care for patients, the flow of the work, anything that touches the care of the patient. That became part of what nurses, nursing leaders, and other leaders in staff had input

into. And down to the design and what color upholstery we put on furniture. I mean, all of that kind of stuff was part of what nurses did, in order to support that.

JM 1:14:09
It seems really satisfying if you've had experience working in legacy buildings to be able to contribute to things at that level.

MAF 1:14:17
It was just another great opportunity that this role has allowed me to participate in.

JM 1:14:27
I just have a couple more questions for you. I wonder if you could tell me a little bit about how you as a leader have changed over the years, how you've seen yourself develop into these roles.

MAF 1:14:42
Wow. So, early on in my career, it was pretty much about me as an individual providing patient care. And being able to impact the people on a local level. And as I have stepped into different roles -- so that's more clinical, if you would -- it's become more about more broadly the people I serve. It's about making sure that in our care environments, people have what they need to do their jobs, to be satisfied in their role. It's about broadening [and] developing programs to support our staff, whether they advance in their careers [or] whether they just have great resources in order to do the job that they do every day. Making sure if they want to innovate, that they have access to that, in addition. So it's more about looking at the broader workforce. It's more about looking at the broader community, whether it be this local community, and in my case, it's been about our state and the roles that I've had in the state, the roles that I've had across the country that I've been able to focus on. So for me it went from very local and individual, to thinking and challenging my thoughts, and helping me to grow to understand and appreciate the broader needs of our organization and of our profession.

JM 1:16:29
And what would be something that people might be surprised to learn about a Chief Nurse role, or a nursing leader role?

MAF 1:16:40
Well, sometimes people just think, "Oh, you take care of patients all day." And yes, I do. But not directly, right? I have a much broader role around the design, the practice, and the profession that people probably don't understand.

JM 1:17:07
And thank you for going into depth about some of that during this interview, too. And what are you most proud of during your career, as you're looking back and getting ready to retire from this role?

MAF 1:17:18

I'm most proud of the people that I work with. Because anything that I've done, I've not done by myself. It's been a team, always focused on whatever the issue is. A team developing our strategic plan, a team implementing various programs or partnerships. I'm most proud of the people that I've had the opportunity to work with. They have completed me to a certain extent. As a team, we've partnered to do great things. So, I can't pick out one particular thing that we've accomplished, except I think we have made our organization a better place. We've enhanced knowledge. We've enhanced experience for the people we serve. We've enhanced the care that we've delivered -- locally, globally. And we've enhanced our ability to advance our profession. That's what I would say.

JM 1:18:38
And is there anything that we haven't talked about that you feel is important to include when discussing your career?

MAF 1:18:55
Anything that I would say that we haven't talked about -- I don't know.

JM 1:19:08
Any major areas that I missed?

MAF 1:19:12
No, we've talked in general about a lot of different things. I can't think of anything.

JM 1:19:26
I wonder if you could tell me about a time recently where you've perhaps been walking through or working with people here where you've seen your work playing out on this maybe more granular level?

MAF 1:19:40
Sure. I can tell you something -- which is not simple, but it impacts individuals -- is that our team has worked to redesign our promotional process for nurses on the front line, in order to make that process more global and to allow for more activities -- personal, professional -- that would allow people to advance. We've just redesigned that process. And we are now seeing a lot more nurses advance at the individual level. So I would say that. I would say, in addition, I mentor a lot of nurse leaders through various development programs, I can tell you that I have one individual that I'm thinking of directly, but there are others, who basically sat down and told me a couple of months ago when when we were announcing this decision, he said, "Without you, I wouldn't be where I am today." And he said, "Years ago you brought me into your office, and you talked to me about advancing my career, advancing my degree, and advancing what I wanted to do. And everything that I told you I wanted to do, you told me that I needed to continue to learn and to grow, and how to develop." And I've helped him advance through various formal education programs, [to] get oriented to new roles. And he's now stepped into a major leadership role in this organization. He said to me, "I would never be here if it wasn't for you sitting me down and talking about my career, and how I was going to be able to advance and you helping me through those steps." So I guess that's a real individual example, without giving a name.

JM 1:21:48
But remember that individual conversation that you had?

MAF 1:21:51
Oh, yeah. No, I definitely do.

JM 1:21:55
Do you remember what you saw in that person?

MAF 1:21:56
Oh, just energy, excitement, knowledge around their clinical specialty. I knew if we could help that person grow in different ways, and expand their knowledge base in education that they would take it much further and help so many more people. And it is happening, I would say.

JM 1:22:27
Well, thank you so much for spending the time doing this interview for the Archives. I really appreciate it.

MAF 1:22:32
Well, thank you, I really appreciate the opportunity, too.

1:22:33 ROOM TONE

1:22:41 ADDITIONAL INTERVIEWEE INTRODUCTION