

INTERVIEWEE: Dr. Dorothy Brundage
INTERVIEWER: Jessica Roseberry
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PLACE: Dr. Brundage's home, Durham, NC

BRUNDAGE INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Dorothy Brundage, and she's the associate professor emerita and former interim dean of the School of Nursing at Duke. This is May 5, 2005, and we're here in her home in Durham, North Carolina. Thank you very much Dr. Brundage. I appreciate your agreeing to talk with me this morning.

BRUNDAGE: Well, I'm glad to participate in this.

ROSEBERRY: If you don't mind if I could just ask you when you were born just for a little context if that's okay.

BRUNDAGE: I was born in 1930 in East Cleveland, Ohio. I grew up in Cleveland Heights and went to school, elementary, junior high, and high school there. I finished at Cleveland Heights High School in 1948. Then I went to Flora Stone Mather College at Case—well, it actually was Western Reserve University at that time—for two years, and then I transferred to, was accepted at the Frances Payne Bolton School of Nursing, and I went there for three years, and I graduated with a bachelor of science in nursing in 1953. One event during that time was I got married in 1952.

ROSEBERRY: Great. What led you into nursing?

BRUNDAGE: One of the things that we had to do in ninth grade was write a vocational report on a profession or an occupation. I chose nursing and explored it and decided that

was what I wanted to do, and because of the exploration I knew that I wanted to go to a baccalaureate program as opposed to going to a hospital diploma program, so I ended up in one of the few baccalaureate programs available at that time which was at Western Reserve University for which I have always been very thankful.

ROSEBERRY: Can you maybe articulate a little bit of the difference between the baccalaureate program and the diploma programs at the time?

BRUNDAGE: Well, the depth of preparation in general sciences and psychology and anthropology, sociology, just the regular liberal studies preparation. I did take, of course, zoology, and I took qualitative analysis chemistry, then when we got into the nursing program, we had biochemistry, which we took with the medical students. It's just a much more in-depth program in terms of the broad scientific base, social scientific base, psychological base.

ROSEBERRY: So you're learning about the background?

BRUNDAGE: It's a college degree. Not that they—not that diploma programs didn't have a real important place, because they had science, and so forth, but their programs were three years long. That's a little different than five.

ROSEBERRY: Well, was there an emphasis at the time nationally on either one?

BRUNDAGE: Well, I think there had been an effort to have the baccalaureate be an important part of nursing's preparation. What I remember was that I think there were six programs that offered baccalaureate degrees, but it wasn't long after that in the early fifties when programs started increasing. In fact, Duke's four-year baccalaureate program started, I think, in 1953.

ROSEBERRY: Okay. But you also continued in your education. Was that at this time or—?

BRUNDAGE: No, I worked in nursing services. I've been active in nursing except for a two-year period from the time my first child was born until the time my second child was born, and of course, they were twelve-and-a-half months apart so it was close, but I worked as a staff nurse, and then I was tapped to work in in-service education, staff development. This was in Painesville, Ohio. Then we moved to Alabama, and I worked in in-service education, and that program at the hospital in Anniston—Anniston Memorial Hospital at that time—started a diploma program, although I'm not quite sure why. This was in the sixties, and I taught there, and then I decided that I really wanted to be a teacher, and I went to Emory in Atlanta to get my degree, I left Sunday afternoon on the bus and came home Friday afternoon on the bus, and did all the things to take care of a family over the weekend. The children were nine and ten so that they weren't babies or anything.

ROSEBERRY: Sounds busy though still.

BRUNDAGE: Yes, it was busy. I focused on medical/surgical nursing and graduated with a master of nursing in 1968. Then as I took a look around for a teaching position, and of course the schools of nursing were looking for faculty so I heard from a number of places and interviewed several places. Came to Duke to interview, found one of my professors from my nursing program here, Gwendolyn Fortune. Actually I included Duke as an option because one of the nurses I had worked with in Alabama was a Duke graduate, and she was a pretty good nurse, and I thought that might be a good place to teach, so I chose to come to Duke in 1968.

ROSEBERRY: What was the reputation of the school of nursing in 1968?

BRUNDAGE: I think it's always had a good reputation.

ROSEBERRY: Okay. And so Ann Jacobansky was dean?

ROSEBERRY: No, actually the dean at that time was Myrtle Irene Brown.

ROSEBERRY: Okay.

BRUNDAGE: And she left after a year, and Ann Jacobansky came back to fill in while we were searching for a new dean, and the search led to Dr. Ruby Wilson. Then when the undergraduate program closed in 1984. Rachel Booth—Dr. Rachel Booth (1984-1987)—came and was both the dean of the school of nursing and director of nursing services, and then when she decided that she was moving on, I was the interim dean for three years from November '87 through December '90, and that's when Mary Champagne came.

ROSEBERRY: Okay. So what did the school of nursing at Duke look like when you first came?

BRUNDAGE: Well, actually my first office was in Baker House. We had a section of a floor there, as well as the Hanes House was of course there with students' dormitories and with faculty offices and classrooms in one end, and we had students living in the Hanes Annex. The program was a pretty traditional program when I first came in terms of teaching medical nursing, and surgical nursing, pediatrics, psychiatric nursing. What have I forgotten? And obstetrics in block rotations, and of course there were some introductory courses, fundamentals and so forth. But the faculty was in the process of modifying and changing the curriculum and moving toward an integrated program. This turned out to be an interesting challenge because the faculty in each year generally stayed

with their students the whole semester instead of having students rotate among various faculty members, the faculty member went the students to a variety of settings which—

ROSEBERRY: That's interesting.

BRUNDAGE: —meant it helped if you were kind of a generalist and had some breadth of experience in a number of settings, which I did because I had considerable OB experience as well as medical/surgical experience. It was interesting.

ROSEBERRY: So you were responsible for teaching several different areas?

BRUNDAGE: Um-hm. The clinical experiences in several areas and then the theory content was team taught.

ROSEBERRY: Okay. Were there physicians as well doing teaching?

BRUNDAGE: Yes, at times there were physicians teaching. It depended on what the topics were.

ROSEBERRY: Okay.

BRUNDAGE: I had students on Osler. I had students at the VA on 6A. I had some administrative responsibilities during these years when I was primarily in the undergraduate program, coordinating the junior year courses and then coordinating the undergraduate program. It was in 1979 that I applied for the associate dean position, and I did get it, and this is the tape of the interview that I told you I had.

ROSEBERRY: Yes.

BRUNDAGE: So that if you'd like to make a copy of this you're welcome to.

ROSEBERRY: That would be wonderful.

BRUNDAGE: But I'd like it back. My kids would like to listen to it. My daughter was telling me the other day that she didn't know I had something like that. I'm talking a little bit about myself but also responding to questions from the faculty.

ROSEBERRY: Okay. So that's as you assumed the position?

BRUNDAGE: That's when I was interviewing for the associate dean position in 1979.

ROSEBERRY: Okay.

BRUNDAGE: That was with Ruby Wilson.

ROSEBERRY: Okay. We talked a little bit about the diploma program versus the baccalaureate program. Was there also a tension between maybe the clinical or service aspects of nursing versus academic nursing?

BRUNDAGE: Well, there was a real emphasis on the academic preparation but also being skilled in the activities that nurses need in terms of observation, interventions with patients and families, and the physical skills needed. We have what we called a learning lab so the students had the chance to practice equipment and so forth. Of course nowadays they're much more sophisticated having electronic computerized models of various sorts, but we did what we could at that time. There was something I was going to say before we got on—well, it'll come to me.

ROSEBERRY: You were talking about the—

BRUNDAGE: Oh, I know. What I thought you were going to ask was what was the relationship of undergraduate Duke nursing students to the rest of the university, and the students took courses across the university. There weren't special courses just for them. They took biology, and so forth, with the other undergraduate student in the university.

ROSEBERRY: Okay. So that kind of in the same vein prepared them for the basic science underpinnings.

BRUNDAGE: Yes, they got what they needed to move on into the nursing preparation, but they could be involved in whatever they wanted to. Many of them were in band. They were regular college students. They weren't separated off all by themselves, which I think was a good way. And they could even, depending on their schedules, continue to take courses as they went through, and many of them had a second major besides the nursing. If they wanted to also minor in psychology or sociology they could.

ROSEBERRY: And how long was this undergraduate program?

BRUNDAGE: It was four years.

ROSEBERRY: Four years. Okay.

BRUNDAGE: Generally two years of courses in the undergraduate college and then two years in the nursing program so that we could accept transfers into the nursing program as well into the junior year. You didn't have to have the first two years at Duke. You could do them elsewhere, and if we had space you could transfer in.

ROSEBERRY: And you said you were working with the undergraduates at this time?

BRUNDAGE: Right, primarily in the junior year.

ROSEBERRY: Okay.

BRUNDAGE: Which was introducing them to taking care of patients and all of the skills and knowledge you needed which was a real challenge but also very enjoyable.

ROSEBERRY: What was it like when a student first kind of began that initial interaction with patients at the clinical?

BRUNDAGE: Most of them, or I should say some of them, had had experiences in hospitals such as being a nurse's aide or something for a summer, but a lot of them really hadn't been in hospitals. Many of course had family members that they had known when they were ill, but I think there was always a sense of apprehension the first time when you went and you had a patient that you had to introduce yourself to and read their chart and find out what their problems were and so forth, and gradually add helping them with morning care, making their beds, and all those kinds of things. The only time I really had a problem was when one young lady was assigned a patient. He'd had a heart attack, or he had pericarditis, something anyway with his heart, and he was sitting up in bed. His family was there, and she went in to talk with him for a few minutes, and she came and got me. She said, "Something's happened to Mr. X," and he had had a heart attack, and he died.

ROSEBERRY: Oh, my goodness.

BRUNDAGE: So there's no way you can protect students from unexpected events like that, just trying to help them sort through how they felt, and how helpless they felt because there really wasn't much they could do other than getting the medical help he needed. We try not to pick that kind of patient for student's early interaction.

ROSEBERRY: Well, can you tell me about the interaction with the physicians in the hospital?

BRUNDAGE: Well, we really tried to, if there were questions that the student had, to have them approach the physicians and ask their questions. Most physicians were more than willing to answer the questions. If they were making rounds the students would be

involved in listening, and if they had something to offer—offering comments related to their patient that morning or that afternoon—whenever it was.

ROSEBERRY: And the nursing service, that's different than the school itself?

BRUNDAGE: Right. The nursing department, I think they were always glad to have students. A staff member always was assigned to the patient because, of course, when the students left at the end of their clinical time the staff person would be responsible so that the interaction between the student and the staff nurse was a good one in terms of learning for the student, and I think rewarding for the staff nurse in terms of helping somebody along in their career.

ROSEBERRY: Who was in charge of the nursing service when you first began?

BRUNDAGE: I can't remember the name. Well, Myrtle Irene Brown was there, and I don't know who was acting when Ann Jacobansky was. Wilma Minniear had been on the faculty, and she moved into the director of nursing (1970-1984) during the time Ruby Wilson was dean.

ROSEBERRY: Okay. But am I right in that sometimes it was a position that moved back and forth between the school nursing and sometimes—?

BRUNDAGE: Yes, except for the early years (1930s and 1940s).

ROSEBERRY: Okay.

BRUNDAGE: Except when Myrtle Irene Brown was there, and when Rachel Booth was there, they were combined. Other than that they've always been separate. Of course, nowadays with Catherine Gillis it's my understanding that she is the Vice Chancellor for Nursing Affairs in addition to being the Dean of the School of Nursing.

ROSEBERRY: Okay.

BRUNDAGE: But she doesn't have direct responsibility for the day-to-day. There is a Chief Nursing Officer and Patient Services Officer for the Duke University Health System (Mary Ann Fuchs) who takes care of the overall administrative responsibilities, although don't use me as an expert on that, because I'm not sure how it works today.

ROSEBERRY: Well, was there ever a tension between the training, the background of the nurses in the hospital and maybe nurses who were trained in a different way?

BRUNDAGE: There might have been, but I think everybody who came to work at Duke—or to learn at Duke as physicians, and interns, and so forth—the expectation that they would be involved with teaching was right up front. There was no question but that this was a teaching hospital, and you would be involved in teaching. And of course that went all the way up to the hospital chief executive officer. Most of them were involved periodically in teaching. I think that probably for people who were, sometimes people who were only in diploma training didn't really see the value of the baccalaureate program. I think that changed fairly quickly after the baccalaureate program started here. People recognized that they needed additional education.

ROSEBERRY: Did nurses who were trained in the school of nursing often go to work as nurses in the hospital at Duke?

BRUNDAGE: I have no idea what the percentages of those were. Some of course did, but many went back to the states they came from because of course only a portion of our students were North Carolina born or raised. We got a lot from New England and the East Coast.

ROSEBERRY: Okay. Then I'm also wondering about maybe some outreach programs into some of the surrounding communities. Was that part of the curriculum?

BRUNDAGE: Some of those, well, yes. The students were involved in experiences in the schools, elementary schools very often, and they were involved in some of the health departments, so that they—and some of them when to a nursing home so that they'd have experiences with older patients. I haven't gone back and looked at the curriculum, but that information should be available in the bulletins.

ROSEBERRY: Sure. Just generally speaking what makes a good nurse? I know that's a very broad question.

BRUNDAGE: Well, I think that she has to have a broad intellectual preparation and a recognition and the ability to continue to learn throughout her career. I think critical thinking and problem solving are exceedingly important and an empathy and interpersonal skills that allow her to be a helping person. So knowledge and skills in a broad area.

ROSEBERRY: Well, it almost sounds like in selecting nursing students it's more than just test scores. You almost have to do an interview.

BRUNDAGE: Students were interviewed as part of the application process.

ROSEBERRY: Um-hm. To make sure that they'll be able to interact well.

BRUNDAGE: Right. And of course most of the students, the applicants, of course self select, and after they're here awhile, there have been students who recognized that this really was not what they wanted to do, and so they transferred out, which is what they should do.

ROSEBERRY: Well, tell me a little bit more about those samplings of courses that you were teaching. You said med/surg class.

BRUNDAGE: Well, that was just for the first year or so.

ROSEBERRY: Okay.

BRUNDAGE: I don't have any of the materials that actually showed what we did in the various programs, and I don't even think I have a bulletin from the early years. I must admit my memory is not that good, but I did teach some of the theory classes. I had students in the medical area and took them to a surgical area, took them to obstetrics, and some of the faculty shared experiences like one of the instructors took my groups to pediatrics while I took her group in the obstetric area so that we used some of our background and experience in those areas. When the students moved on into their senior year, they had some experiences in team nursing which they were doing at that time where they were managing a group of patients and being responsible for directing the care of the nursing assistants from time to time.

ROSEBERRY: Okay. Tell me about nursing assistants just in general.

BRUNDAGE: Well, these were people who were trained more or less on the job, and this was before they had certified nursing assistants, which they have to go through a program and pass some examinations to be certified by the state as a certified nursing assistant. But of course there were licensed practical nurses who worked at the hospital, too, so they might be on a team with the students' other classmates. They had experience with psychiatric patients. I don't remember all of the various things that they did, but it was what they needed, and the program was accredited so it met the standards. You know it's a long time ago.

ROSEBERRY: Well, I hope that I'm not asking questions that—.

BRUNDAGE: Well, I'm just going to tell you if I don't remember right off.

ROSEBERRY: Sure. Let's see. You had mentioned to me when we spoke earlier about your work on the renal respiratory unit.

BRUNDAGE: Yes. When I was in graduate school at Emory I became particularly interested in patients with renal disease, with chronic renal failure, and worked with patients who were on dialysis and who had transplants. And when I came to Duke I worked, well, at the beginning we had nine-month appointments, so during the summer I worked on Cabell Ward. Anyway, it's not that any longer, but it was a unit that had renal and respiratory patients, and so I was involved in some of the care of those patients, and then that was the area in which I did my writing and my research.

ROSEBERRY: Okay. Let me flip our tape over before we go.

(tape 1, side 1 ends; side 2 begins)

ROSEBERRY: I'm sorry. You were talking about the renal respiratory—.

BRUNDAGE: I was particularly interested in patients with chronic renal disease, and my first book was *Nursing Management of Renal Problems*. That went into a second edition. That was nice. And wrote articles about that and was interested in chronic illness anyway, and so with the head nurse on what is now unit number 9300 after 1980 when Duke North opened, Phyllis Swearingen was the head nurse there, and we were looking at patients who had cystic fibrosis. This was a group of repeat patients that they had frequently. We also looked at patients who had chronic obstructive pulmonary disease, so we wrote an article or two and did some paper presentations related to that.

ROSEBERRY: Well, I wonder if you could maybe give me a broad outline kind of what is involved in the care of those types of patients? What are some of the—?

BRUNDAGE: Well, besides helping patients know what their disease is in the impaired renal-respiratory function or impaired renal function is the complex systems of managing that care whether it's diet and medications, fluid intake, all of those things. And if in fact you can't go back to work, and some patients can't go back to work although some of them were able to. It depended on what kinds of jobs they were doing, but anyone who was doing manual labor, it would be almost impossible for them to go back to work if they had chronic renal failure or chronic respiratory disease, so you helped them and their families learn to modify their lives so that they can live as well as they could encouraging walking and other kinds of exercise. Of course nowadays we've got the [Duke] Center for Living which has planned exercises for groups who have those kinds of chronic illnesses. It's not just patients with heart attacks nowadays that go there.

ROSEBERRY: So is there an emphasis in nursing as you were saying to diet and management and things like that? Is that particular to chronic diseases that you were talking about, or is that kind of an overall nursing emphasis?

BRUNDAGE: I'm not sure what you mean. If somebody has their appendix out and goes home there's no generally to that. But if somebody who has diabetes, they have a lifelong disease. The management of chronic illness is the major focus I think, and it's a major concern for insurance companies and all the rest because of the cost of the continuing supervision and management so that they don't have to go to the hospital. They can be managed by nurse practitioners, of course. Of course, that's what we've moved into more in the graduate program at Duke. It prepares people at the master's level, nurses who already have a baccalaureate degree, in a variety of settings, whether

it's a neonatal intensive care clinical specialist. There's a whole great big long list that you can get of the programs offered in the graduate nursing programs today.

ROSEBERRY: Well, I wonder if we could talk then about the grad school? It was opening or it was beginning for the first time as—

BRUNDAGE: No, it had been opened—

ROSEBERRY: It had been.

BRUNDAGE: —before I came. In 1956.

ROSEBERRY: Okay.

BRUNDAGE: And I think it was closed in about 1970. I don't remember the dates. Virginia Stone was the director of graduate studies (1965-1970), but it reopened soon after Ruby Wilson came (1973). When the undergraduate program closed in 1984, and the last class graduated. The graduate program was continued, and there was a transition year, and then it began to change. The program looked at clinical nurse specialists, nurse practitioners, and then, of course, it has grown to add other varieties of things, whether it's geriatrics, pediatrics, neonatal. I don't know what all else they have now, but they have joint programs with the divinity school to do parish nursing. They have a relationship with the business school for someone who wishes to combine an MBA as well as the master of science in nursing.

ROSEBERRY: I know when the graduate school first opened it was the first clinical masters.

BRUNDAGE: Yes, that was before I came in 1956.

ROSEBERRY: Okay. And so I'm assuming that at that time the masters programs in nursing were kind of preparing you for administration.

BRUNDAGE: Yes, they prepared you for clinical practice and administration, and it was not common to have a specialty like cardiovascular nursing at that time.

ROSEBERRY: I see. So when the grad school reopened it continued the clinical emphasis.

BRUNDAGE: Yes.

ROSEBERRY: And not as much the administrative emphasis.

BRUNDAGE: Well, there always has been administrative emphasis. Even since then there has been an option for teaching—preparation for teaching. The curriculum changes over time, but I don't remember the exact years but there was preparation for teaching, and there was also nursing service administration preparation.

ROSEBERRY: Okay. Thank you. Do you know why the grad school was closed?

BRUNDAGE: No, I don't know the details of that.

ROSEBERRY: Okay. And then it was reopened. We talked some about programs. Well, maybe we could talk a little bit about the closing of the undergraduate program.

BRUNDAGE: Well, I guess it's pretty much common knowledge that Chancellor Pye wrote a famous report in 1980 in which he had a number of recommendations for the future of Duke University. It included closing the School of Nursing, eliminating the Department of Sociology, and, if I remember correctly, the physical education—no, it was the Department of Education—and doing something with the Physical Education Department. And something about Sociology, but I don't remember now what. So there were responses from all of the units that were proposed, and there was a committee that looked at retrenchment, they called it, and we tried to show, of course, why we ought not

to be closed, and they decided that they close the undergraduate program but keep the graduate program open.

ROSEBERRY: And you were associate dean at this time? Is that correct?

BRUNDAGE: Yes.

ROSEBERRY: Okay. So what were maybe some of the—?

BRUNDAGE: Well, I guess, what was said was that, or the question was, was Duke, or should Duke be in the process of preparing basic nursing preparation when in fact there were other baccalaureate programs across the state that could provide those, the nurses that the state needed. Because, of course, it is an extremely expensive program when you think in terms of one faculty member for eight students in the clinical areas, and could and should Duke be doing something differently? I guess there was general agreement that we could focus on the graduate preparation, the next level beyond the basic preparation for nurses. And I think we have done that exceedingly well. But of course it's come around again that they need basically the best preparation for nurses. And actually the program that we have now, the accelerated baccalaureate program for people who have baccalaureate degrees in other fields, was one of the programs we suggested at the time they decided to close the undergraduate program.

ROSEBERRY: That's interesting.

BRUNDAGE: It is.

ROSEBERRY: Well, you talked about the expense of one nurse to every eight students. It's an expensive program, and I wonder if you could talk a little bit about kind of where in a medical center the money will often come from the PDCs and patients. I'm wondering about finances as far as nursing—?

BRUNDAGE: I think you probably need to talk to someone else about the finances.

We, of course, did get tuition from the students for the courses that they took. I just don't remember all of the details of the financing of the programs.

ROSEBERRY: I know that as the undergraduate program was beginning to phase out, or that was in discussion, that the alumni—

BRUNDAGE: Were upset.

ROSEBERRY: Yes.

BRUNDAGE: Yes. And there was a real backlash against the university because it appeared Duke did not value the nursing preparation that they had received, and so they decided, many of them, that they weren't going to support the School of Nursing any longer through their annual fund donations. But I think that is changing now, and some people have changed their opinion of it. The students who have been prepared in nursing here, and I've talked to a lot of alumni over the years, have really valued their preparation, and I think they've been valued wherever they went. They said, I had prepared at Duke University, and people say, Yes, and expect a lot of them, and I think that they've achieved a lot. I was glad when they decided they were going to keep the graduate program, because I think we have done a good job responding to that next level of need that the health care system has for advanced nurse practitioners whether they're clinical specialists or nurse practitioners.

ROSEBERRY: Did you teach in the grad school?

BRUNDAGE: Yes. I taught in the critical care component. We prepared clinical nurse specialists at first, and I also did some of the theory teaching and some of the elective teaching. I guess I didn't mention I taught an elective on renal nursing in the 1970s,

which a number of the students took including Phyllis Swearingen back when she was a student. We had graduate students in the 1980s to 1990s who were—my students, most of them, were in the medical intensive care unit. It was interesting.

ROSEBERRY: So when you became dean the graduate program was the school of nursing. Is that right?

BRUNDAGE: Yes. After Rachel Booth we still had just the graduate program. I was the interim dean holding the place together for those three years until Mary Champagne. And then of course I worked on the faculty to help with the implementation of new programs and new ways of arranging the curriculum for nurse practitioner programs, and so forth. So I think I did a vital service during that period of time.

ROSEBERRY: What was the atmosphere?

BRUNDAGE: Well, we were moving ahead with admitting students and offering the programs, but there were a small number of faculty. I mean, I continued on my teaching in addition to the administrative responsibility, and then we were looking for a dean, and there were changes that were under way in the medical center, and so it was a little difficult interviewing for a new dean when in fact it wasn't clear who she would be responsible to and who was going to be the next dean of the school of medicine, or vice-chancellor, or chancellor I should say for health affairs. It wasn't the easiest of times, but things got better when Mary came.

ROSEBERRY: Well, who did you report to as dean?

BRUNDAGE: I reported to Andy Wallace.

ROSEBERRY: Director of the hospital?

BRUNDAGE: He was CEO and chancellor for health affairs.

ROSEBERRY: Okay.

BRUNDAGE: And then Ralph Snyderman came, and Dr. Wallace left, and Ralph Snyderman became the chancellor for health affairs, and I reported to him then for a short period of time.

ROSEBERRY: So there was transition in the medical school as well.

BRUNDAGE: In the medical center as a whole.

ROSEBERRY: Medical center. I'm sorry.

BRUNDAGE: And of course the transition. While Ralph was here, it was amazing when you stop to think of the development of the Duke University Health System. No one could have anticipated that back in the seventies or the early eighties.

ROSEBERRY: You mentioned that it was during your deanship somewhat of a difficult time. Is there anything more that you'd like to say about that?

BRUNDAGE: Well, I do know that the regular faculty had heavy teaching loads because—granted, there weren't the number of students that they have today. One of the things I was able to do was get some extra funds that the faculty could use for travel and research related activities beyond their salaries just so the medical center recognized that there was an extra load on the small number of faculty to do all of the things that needed to be done. So that was one helpful thing. Of course, during that time we were in the process of getting everybody computers. That was the beginning. It really wasn't until Mary Champagne came that every faculty had one in her office. And of course those were periodically updated, and Donna Hewitt was the person that I asked to be in charge of looking into the technology that we needed for various things, and she did a really

good job. I mean, I had a computer at home, but—I'm just trying to think if I had? Well, I don't remember when we all got computers in our offices.

ROSEBERRY: Are there other people that stand out, as you were dean during that time that maybe should be mentioned on the tape?

BRUNDAGE: Mary Hawthorne was a faculty member. Mary Louise Icenhour. I haven't looked back at any of those lists of people for so long. Sue McIntire had been a faculty member even longer than I. Juanita Long, she had come in about 1972. She was a long-time faculty member. Wouldn't have managed without them.

ROSEBERRY: What would you say was the relationship to the medical center of the school of nursing?

BRUNDAGE: Well, we were in a holding pattern, and I think that until a new dean came and negotiated for the things that she felt the school needed, I guess a holding pattern sounds like it might fit the situation. There was some limit on hiring faculty members because they felt that the new dean should have the option of adding new faculty as they were needed.

ROSEBERRY: So was that somewhat limiting in what you were able to do?

BRUNDAGE: Yes, it was limiting.

ROSEBERRY: What had been the relationship to the medical center before that time? How would you characterize it?

BRUNDAGE: Oh, I don't know. When Dr. Wilson was dean, of course I think there was a lot of interaction. She made a point to have interaction with the medical center. Dr. Anylan and his committees that he had advising him. I'm not sure what the

relationship was with Rachel Booth. Of course, I think the support became much more evident when Mary Champagne was dean.

ROSEBERRY: I see. Can you tell me a little bit more about your role after you were dean?

BRUNDAGE: Well, I very easily moved back to where my responsibilities were just in the teaching area. It wasn't hard for me. I had no ambition ever to be the dean of the school of nursing, that kind of responsibility, so I was glad to be back, to be relieved of the deanship. It is sometimes a very thankless task to be in administration, and I think a faculty organization is very different from other kinds of organizations, and that was brought home to me when we added a faculty member who had been a director of nursing, and she moved into teaching in the administration part of the program. She would come to me, and she would say, Why don't you just tell them they have to do so-and-so, and so-and-so? I said, "That's not the way a faculty organization works, because we're a group of peers, and while the administrator has a certain responsibility and authority you get much more done if there is a consensus of how you should move forward together." That was interesting.

ROSEBERRY: Did that consensus happen?

BRUNDAGE: Well, yes. There's a faculty vote on how the curriculum should go and how the group should be governed and all of this so that there is a consensus generally. And of course after I was finished being dean, interim dean, if there were ways in which I could help the new dean of course I was happy to do that, and she got along pretty well.

ROSEBERRY: Let me put in a new tape here.

(tape 1 ends; tape 2 begins)

BRUNDAGE: The last book I wrote was *Renal Disorders*, and it was part of the series of books, and it was part of the series of books that CV Mosby published. One looked at gastrointestinal nursing, and one looked at cardiovascular nursing, and orthopedics and neurological, and so forth. They followed similar formats in terms the anatomy and physiology and the diagnostic procedures that you needed to know, and then the nursing care for various problems.

ROSEBERRY: And this was written in—?

BRUNDAGE: Nineteen ninety-two it was published.

ROSEBERRY: Ninety-two.

BRUNDAGE: Actually probably one other thing that I didn't mention about myself was the election to the American Academy of Nursing in 1981.

ROSEBERRY: Okay.

BRUNDAGE: I became a fellow in the American Academy of Nursing which grew out of the American Nurses' Association. It is now a separate organization, affiliated organization, but it grew out of that. Did you find a CV for me, or did you look?

ROSEBERRY: I did not find one. I'm sorry.

BRUNDAGE: Do you have—we kept folders of all of the curriculum material over the years, and I was wondering if you had found those, because what we did was we kept a record because five years after the student graduated she wanted some documentation of what she had taken, and so the only way we knew was to go back to the record and then we could validate that they had had these experiences. Because with an integrated program you didn't have the separated courses labeled, and so we had to say that they had X numbers of hours in pediatrics, and OB, and so forth. This was especially true if

someone was trying to get a license to practice in England, and we had a number who tried to do that, and it was not easy. I depended on my secretary's extreme help to sort out some of those registration questions, but those things had all been saved over the years, and they certainly, I think, should have gone to the archives. If they didn't, I don't know where they would have gone.

ROSEBERRY: So you had to work with the university as well?

BRUNDAGE: Yes. Documenting what students had had. But it was because some of the states had these written requirements that you had to document that yes, in fact, the student had had these experiences if they wanted to be licensed in a different state. Of course, most of the states have reciprocity so that if you pass the boards in one state, you could be licensed in another state by just making an application and saying you wanted to.

ROSEBERRY: Tell me a little bit more about the American Academy of Nursing that you had mentioned.

BRUNDAGE: This was started to recognize some of the leaders in nursing and giving them the responsibility of trying to solve problems related to health in nursing and in the United States, looking at health problems. There have been interest groups that have had national meetings and publications from them relating say to the older patients, to children who have been abused, to violence in society more broadly, so that's a policy-making and promoting kind of a group, intellectual group, a real challenge to be a part of. There were groups interested in ethics and having conferences on that, publications. I don't have anything here that outlines that. If somebody's interested they can certainly find out about it.

ROSEBERRY: And you said you were a fellow?

BRUNDAGE: Um-hum. Yes, F-A-A-N, I'm allowed to put at the end of my name, which means fellow in the American Academy of Nursing [FAAN].

ROSEBERRY: Okay.

BRUNDAGE: I don't have another copy of this (CV). I guess what we need to do is copy it.

ROSEBERRY: That would be great.

BRUNDAGE: Can you copy it and send it back when you send the tape back?

ROSEBERRY: Yes, I can do that.

BRUNDAGE: Okay. I'll let you take those then.

ROSEBERRY: Thank you. I appreciate it.

BRUNDAGE: But since it is the only one I had, and if it had been on the computer—. I notice that this was revised last in 1996 so I don't think there's too much that changed in that last year. Although one of the interesting things I did after I retired formally was to do some contract teaching, and I was involved in trying to develop a clinical pharmacology course to use with the NP students in the Fayetteville program in the FAHEC program. And then we taught it long distance, which was a real challenge. That was in the spring of '99. Or let's see, yeah, spring of '99.

ROSEBERRY: So you taught it over computers?

BRUNDAGE: Yes.

ROSEBERRY: Okay.

BRUNDAGE: It was all online.

ROSEBERRY: That's interesting.

BRUNDAGE: It was interesting. We were doing the testing on line, too, with—it was a program that was being beta tested, and we were one of the groups that were using it. It was an interesting activity, and so time-consuming in terms of the preparation for the course.

ROSEBERRY: Is that specifically because of the format?

BRUNDAGE: Yes, and—well, actually the selection of what to put in and how to put it in in a way that somebody who's using a computer screen and a textbook can learn what she needs to know most easily.

ROSEBERRY: Interesting.

BRUNDAGE: The school did have a grant from the Robert Wood Johnson Foundation for distance learning, and it involved the Fayetteville program for us as well as the program at ECU, the midwifery program there and the physician's assistant program. It really was interesting. Of course, I had gone down to Fayetteville to teach the theory course there. Two years I taught down there. An interesting experience driving eighty miles plus to teach a course in the evening.

ROSEBERRY: One course.

BRUNDAGE: But it was fun because they were really interested, and I think did a good job, and appreciated us bringing them a program where they didn't have to leave where they lived.

ROSEBERRY: So were there other nurses or, I'm sorry, faculty that had a relationship with the Fayetteville AHEC?

BRUNDAGE: Yes. Well, they taught, the family nurse practitioner program was taken there. Dr. Bonnie Friedman coordinated it. That was the major one. I think that was the

major focus. If they wanted to do any of the others they really needed to come on campus. Although we had students, we had a couple of critical care students I remember who were at Cape Fear Medical Center. And actually we had a couple that were in Moore County Memorial Hospital in Moore County. They looked for experiences in a variety of places. They all had preceptors.

ROSEBERRY: So would they commute there as well?

BRUNDAGE: Well, actually, their preceptor experiences were local, close to home, but they were with masters-prepared clinical nurse specialists and so forth in their practical settings.

ROSEBERRY: Okay.

BRUNDAGE: The faculty went to them.

ROSEBERRY: Are there any other of those kinds of experiences that you'd like to tell me about?

BRUNDAGE: Those are the main ones that I was involved with.

ROSEBERRY: Okay.

BRUNDAGE: I hadn't thought about this for a while, but in terms of organizations that I belong to, there were a variety of them, the American Association of Critical Care Nurses, the Sigma Theta Tau, of course the ANA [American Nurses Association] and the NCNA [North Carolina Nurses Association], the American Nephrology Nurses Association, and I was on their national advisory board for a couple of years and was a member of their journal's review panel. And I got involved in the American Medical Writers Association, and got certified by going to a certain number of courses and doing a certain amount of homework as a medical editor which was helpful, I thought, when it

came time to read students' papers and read students' theses. For a period of time there was a thesis required of every student, and so we were helping students with their research for that. And of course with my own writing, I certainly learned to be a careful editor. I earned a graduate certificate in women's studies as part of in my later years getting a master of arts in liberal studies from Duke. One of the options was a graduate certificate by taking a certain number of courses related to women's issues. That was a challenge but also a real enjoyable part of the program.

ROSEBERRY: Did you focus on nursing within that?

BRUNDAGE: Well, actually, one of the outgrowths of doing it was to propose a course about women in healthcare, but it actually never got taught. There wasn't as much interest in the graduate students and little time for electives in the graduate program during that period of time. But it was interesting to get a Duke degree, and the liberal studies program I think is a wonderful one. I had had my eye on it ever since it started in 1985 because it was an early evening program, but it also combined people from a variety of disciplines and interests and let you expand in areas that you hadn't been focusing on such as some of the liberal arts things, which was really good.

ROSEBERRY: Now, did we talk about your PhD?

BRUNDAGE: Yes, I went to Walden University, which was an alternative—what they called an alternative program for people who had graduate education but needed additional time for their dissertation. The focus was on courses and was full-time study one summer, and then you had interactions with your advisors and your committee to do your dissertation. Mine was on the rehabilitative outcomes of patients on home

hemodialysis. So that was an interesting experience as well. It is an accredited program now. It was still pretty new when I was involved back in 1977 to '80.

ROSEBERRY: So you monitored people in their homes?

BRUNDAGE: Actually, what we did was we interviewed patients and their family members when they came for their checkups, and most of them were VA patients.

ROSEBERRY: I see. Okay.

BRUNDAGE: And most of them really did not go back to work. Part of it was because they would lose their benefits that supported their medical care if they were employed and earned a certain amount of money. It seemed illogical not to continue the support, which of course there's a special program supporting patients on dialysis, chronic renal failure patients. It's one of the special programs that was passed, I think after one of the senators, if I remember correctly, was dialyzed on the floor of the senate.

ROSEBERRY: Goodness. I didn't know about that.

BRUNDAGE: It's the only special care program that's labeled. If you have chronic renal failure, you would be covered under this program for dialysis or for transplantation.

ROSEBERRY: I wonder if we could talk about, you've mentioned the deans in the School of Nursing, but I wonder if we could kind of talk about maybe your impression of them or the styles, the ones that you have been aware of I guess?

BRUNDAGE: Well, of course, I worked with Ruby Wilson the longest. I'm not sure what kinds of things you want to know. She certainly was capable and very interested in supporting the clinical aspects of the care of patients for our students. Having come from a strong clinical background of her own, she saw the value of that. She had high expectations for faculty and students, which I saw as positive. She was supportive of me

as I was moving into a different kind of a role. Rachel Booth as dean was more hands-off. She spent part of her week at the school and part of the week in her nursing service office. I think sometimes both sides felt that she wasn't giving enough time to either side. Whether that had something to do with it or not I don't know. The realities were if you needed her, you could reach her in her other office if she wasn't here, but I guess there's something about being visible on a regular basis. Ruby was always very active in the American Association of Colleges of Nursing. And that was one of the things that I tried to do while I was interim dean was to continue those relationships, and it was a very pleasant part of my responsibilities, going to Washington twice a year. That was a real pleasure because I did other things besides the academy meetings while I was there. And, of course, I think each dean has her own approach. It has been a pleasure also working with Mary Champagne as dean in terms of the support for faculty, the encouraging of individual faculty development, her continuing involvement in teaching of students, and her expertise as a teacher was very clear, and of course her skill in research and all, too, so that she brought the things and modeled the things that she expected of faculty, was very interested in students. I think they recognized that interest and appreciated it.

ROSEBERRY: Under her deanship the undergraduate program was reinstated?

BRUNDAGE: That was under Mary Champagne, yes. It was started, but that was after I had gone, after I had retired. I think they're having their second program, second class. I'm not sure exactly which class. The third class may have started last fall. I don't have to keep those things in my mind any more.

ROSEBERRY: That's right.

BRUNDAGE: I don't have to worry about them. Does that seem to be enough about me and enough about what went on while I was there?

ROSEBERRY: Well, is there anything else that I needed to ask you that I didn't ask you?

BRUNDAGE: I can't think of anything. I do remember that I jotted down—.

ROSEBERRY: Should I turn this off quickly?

BRUNDAGE: No. (*sound of papers shuffling*) One of the things I had jotted down to point out was the increasing complexity of nursing over the course of the years I've been in and even since. If you think in terms of the kind of technology that is mandated as well as the knowledge. I was thinking like related to the tsunami and some of these other disasters where you have to know how to do a certain amount of things without the technical equipment that you were taught and come to depend on, the electronic equipment and so forth. The complexity of nursing in terms of the technology, and nursing's increasing responsibility I think with the patient and family components of care. You just can't get away from that interactive caring component.

ROSEBERRY: And that is a change?

BRUNDAGE: No, those things have continued over the years, but they're still extremely important, maybe even more important now when hospital stays are so short and so many things are done on an outpatient basis that didn't used to be. I guess the other thing that I've noticed as a change was the clearly increasing support within the medical center and the university for the school of nursing. One evidence is the postcard that was mailed out talking about the nursing school with a picture of the new president, the new chancellor for health affairs, and the new dean all on one, as well as Dean

Champagne. And it is my understanding that there is monetary support as well. And of course there is going to be a new building and the approval of the doctoral program. All of those things we had been working toward over the years recognizing that Duke University needed to have that level, and could provide the doctoral level of education and do it well I think. I'm not sure that there's much else that I wanted to be sure to say.

ROSEBERRY: Well, can you talk about some of those changes technologically?

BRUNDAGE: Well, everything from cardiopulmonary resuscitation to respirators and the increasing use of them and increasing technology, the increasing complexity of the machines that they use for maintaining respiration, new techniques in surgery which means new techniques in post-operative care.

ROSEBERRY: You also had mentioned that the hospital stays were getting shorter.

BRUNDAGE: Yes.

ROSEBERRY: Are there any further implications of that?

BRUNDAGE: Well, I think there has been an increase in nurse calls to follow up patients who have gone home after a surgical procedure, and they have called and check on people to see that they were all right. There are provisions for when preemies go home for nurses to visit to make sure that preemies, especially of young mothers, are getting along well. And there is of course referral to the public health nurses to visit homes where there are particular needs or continuing needs for monitoring and so forth.

ROSEBERRY: I know that medicine has changed considerably kind of over the last several decades just as the government was very involved in medical care, and then you have managed care and those kinds of things, and I wonder if there are implications in nursing in those areas as well?

BRUNDAGE: Well, anything that affects medical care affects nursing, because we're involved in caring for the patients in a different setting, if, in fact, they don't stay in the hospital as long as they did so that there is a need for nurses prepared to care for patients in settings other than hospitals.

ROSEBERRY: Okay. All right. Well, I think that's all the questions that I have.

BRUNDAGE: Well, I think that's fine.

ROSEBERRY: All right.

BRUNDAGE: If I think of anything particularly else that we need to talk about—but I will let you take this CV if you will return it with the audiotape.

ROSEBERRY: Yes, of course. Thank you very much.

(end of interview)