

Title of sound file	Interview with Dean Patricia Bouffard
Name of narrator	Dean Patricia Bouffard (PB)
Name of interviewer	Elizabeth Frechette (LF)
Date of interview	08/18/06
Place of interview	NVCC, Kinney Hall, K719A
Transcription date	7/27/07
Transcriber's name	Elizabeth Frechette
Proofreading date	7/27/07
Proofreader's name	Jaime Hammond

(Track 1 begins)

LF

Friday August 18th, 2006 Interview with Pat Bouffard

(Track 1 ends)

(Track 2 begins)

LF

We're here today with Dean Bouffard.

Pat, I wanted to ask you just to get started to tell us a little bit about your background, where you grew up, and some of the factors that lead you to a career in education.

PB

Okay. I was actually born in Hot Springs, Arkansas. My father was in the Army at the time, and then he's from Pennsylvania so when he was discharged about six months later we moved back to Pennsylvania which is where my grandparents were living and my father was from. So I grew up in the Harrisburg area, Carlisle area. We moved various times when I was growing up so I guess I'm a Pennsylvania girl, although I can say I was born in the south. I always, from the days I can remember, I always wanted to be a nurse. So when the opportunity came up I went to nursing school at Johns Hopkins Hospital School of Nursing. Do I have to say the date?

LF

No; you can if you like.

PB

I really enjoyed that. I went to work in Boston. Pediatrics was my interest area. Boston Floating. Tufts New England Medical Center, Boston Floating is the pediatric unit. So I worked there for a year until I got married and moved to Indiana. Then my husband's from Connecticut and that's how I wound up in Connecticut. When we moved back to Connecticut I worked at Norwich State Hospital for about two and a half years. It was that time that I realized as a staff nurse there wasn't much you could do to make things different, to change things. There was no way to change at that level. I decided to go back to school. Diploma, I only had a few credits, college-level credits, so I started back at the University of Hartford in their RN Completion Program in

1975. I was one of the first graduates. Actually I was the first graduating class. It was a brand new program. Went, interested in management, that was my focus, and went to UConn in their Master's program. We needed to do a clinical focus and my clinical focus was oncology at the time. Moved right from there into the doctoral program at the University of Pennsylvania. I think I was the second class, second or third class for that program. All my support courses were in management in the Wharton School of Business because I was going to go into management, that was my focus. I believe you couldn't make any changes unless you were in a position of power at a hospital or wherever you wound up working. Then in my last semester there my TA, instead being for a classroom was a clinical TA, and I supervised senior students who were ready to graduate. This was an elective clinical for them. It's a step-down cardiac unit. I just realized I really love teaching. I never expected it. It was a study in revelation. But I'm thinking "I really like this, I really enjoy working with students, I really like giving them the opportunity to learn, to have that "ah ha!" moment, to pull them all together so they can go out there and provide effective and safe care." So it was a revelation. I had no interest whatsoever in teaching until that last semester of my program.

LF

Can you talk a little bit more about that first teaching environment that you were in? What about the students inspired you?

PB

I had been a TA, but in the classroom. I had been a TA actually for the nursing theories class, and that really didn't involve any actual classroom teaching, it was mostly correcting the papers, sort of behind the scenes helping instructors so I wasn't really involved in teaching. It was pretty routine correcting papers. I had had the same faculty member at the University of Connecticut and she had moved to the University of Pennsylvania. So that's why we kind of hooked up in the theories class. I guess it's hard to articulate in some ways. I liked sharing what I knew. Sharing what I knew was the real part of nursing, with what the book told you to do. Using my experience to show them exactly what they needed to do in order to really enjoy what they were doing. I knew nothing, my specialty was oncology, I didn't know anything about cardiac step-down units and I said, you know, "I don't know anything about cardiac step-down units" ...

(Track 2 ends)

(Track 3 begins)

PB

... but with my oncology background I can tell you the fact that patients need. I can't read a strip, but I can tell you what patients need emotionally and socially and spiritually. So that was what I tried to tell the students and I think it was the fact that I was the expert, everything I had learned up to that point actually made sense, what I was going to do with it. The students were so eager to learn and to be better that as a teacher you couldn't help but enjoy that.

LF

Did you find that at that time there was background in the courses taught in that emotional side of nursing, the bedside manner if you will, the part that you enjoyed? Did you have that in your

training or did you feel like it was something that you had, you brought, that was unique to your teaching?

PB

I think it was a combination. I had had that in my training but I also enjoyed that, which was probably one of the reasons why I went into pediatrics and oncology. Because a lot of what you do is a socio-emotional piece, psycho-emotional piece, that you do for those types of clients; it's that touch, that caring, that doesn't take a lot of time that really makes a difference in peoples' lives.

LF

So that being able to teach that and to convey that was something that inspired you?

PB

Yes.

LF

Going back a little bit, what about your high school or early college career, what, you said you always wanted to be a nurse, did you have a nurse in your, was your mother, anybody?

PB

No just always wanted to be.

LF

Anybody inspire you, any reading?

PB

Actually I never read any of the Cherry Ames books so it wasn't that, it was just I always felt, I don't know, maybe it's being part of the oldest, you're always taking care of other people.

LF

You came from a big family?

PB

Well, I had three sisters.

LF

Any of them nurses?

PB

No. Well yeah I do. One of my sisters is a nurse. So I don't know. Somehow maybe it was part of our upbringing without realizing, I don't know. But never wanted to be anything else, as far as I can remember.

LF

Sciences were encouraged in your household, obviously?

PB

Yeah. I was a good high school student. College prep, tracked, whatever they called it back then, no problem. I guess the only thing I would have changed, not knowing anything about higher ed, I guess I would have gone into either an associate degree or baccalaureate program instead of going the diploma route, because essentially I had to start over again when I went back to the University of Hartford. Although with the completion program they did give me sixty credits based on my diploma, but I didn't know anything at that time about the different educations. I just picked Hopkins because it had a reputation and it was relatively close to where I lived but far enough away that I didn't have to come home every weekend.

LF

So you're in Pennsylvania now, in Philadelphia. You've graduated from that program?

PB

Yes.

LF

And you have a family at this point?

PB

My husband was still living in Connecticut and I was pregnant with my child and I had her, this was December when I finished, and I had her in February.

LF

So a lot going on for you, juggling a lot of things, and driving back and forth a lot?

PB

I actually stayed on campus and would take the train every few weeks back home. There was no way; when I'd gone to the University of Connecticut I was a commuter student and I believed I missed a lot of on-campus connections, activities, because I would drive there and I'd want to drive back as soon as I could, just to get it over with, kind of thing. So I felt when I went that far away that I wasn't going to commute, that I needed to have the experience of being on the college campus, being available for whatever might come up, whether it's spending extra time working on your TA, whether it was going to lectures that you wouldn't have gone to if you'd been commuting. So that was also a conscious decision.

I will tell you that when I went into the graduate dorms I was appalled at how awful they were. They must have not have liked seeing me coming because they were awful. They were filthy, they needed to be painted. I went down there and I said "These rooms are the most appalling thing I ever saw!" They must have been taken aback because they fixed everything. Painted, carpeted, they cleaned it up.

(Track 3 ends)

(Track 4 begins)

PB

It's different being an older student than being a twenty-one year-old that doesn't know what they should expect. I could have bought a nice townhouse for what I paid for room and board!

LF

In Philadelphia!

PB

Yeah.

LF

So then you came back to Connecticut...

BF

So then I came back to Connecticut. I didn't work at all; I was working on my thesis which dragged out. I needed a deadline and my deadline was way in the future I didn't get my thesis done until 1988...1988? Summer of '87 I completed it. I graduated officially in May of '88, because they only had a spring graduation.

LF

That was through the University of Hartford?

PB

University of Pennsylvania, yes. I officially got my Doctor of Nursing Science then, and didn't work, I did some blood pressure clinics at a local, it wasn't a CVS at the time, whatever it was down there.

LF

RiteAid?

PB

Yeah, whatever it was. Every Tuesday and Thursday or something, that's how I sort of kept my hand in.

LF

You had a baby...

PB

I had two babies by then. So I stayed home until the youngest went to kindergarten. Then I started working at Naugatuck Valley Community College as a clinical instructor in September of 1990.

LF

1990, so that's...you've been here, ten, fifteen years...?

PB

Yeah, fifteen years. It's hard to believe.

LF

What was it like to come back to work after having been an at-home mom?

PB

Well, there was a lot of ambivalence, because all those things you could do as an at-home mom, I mean I only worked two days, or let's just say I was paid to work two days. The position was a 17-hour clinical position and you had to do assignments on Monday afternoon. Then I had Tuesday and Wednesday were my full clinical days 8 to 3:30; then I had paperwork that was associated with it, nursing care plans, and it had to do with records mostly. Of course student evaluation which was a big piece, how effective they were clinically; so it was about a thirty hour week really, if you did it well. I am obsessive, and the first few weeks I'm thinking "I don't know how these students did clinically," cause you can't remember them? In some ways, who did what when. So then every weekend I had to write notes to myself being an effective evaluator, so it took about thirty hours a week to do it. So I guess I went from not working to almost working full time without realizing it. I didn't have any problems; I felt a little rusty...

LF

Teaching-wise or nursing-wise?

PB

Nursing-wise...both. I mean teaching-wise wasn't as bad because that same interest I had in teaching students was there, that wasn't the issue, The issue was I felt I was not as up-to-date in nursing as I could have been, so I made sure I went to all the classes, did some orientation at Waterbury Hospital, which was where I was assigned, to make sure I was competent, things had changed a little bit, not as much as they've changed since 1990 to now, but a lot of things were different: different ways of charting, the whole medication distribution was a little bit different but not much. I'd worked when I was at University of Pennsylvania, at Waterbury Hospital in the summer, covering summer sessions, summer vacations, so I wasn't that rusty, I'd been out about ten years which I guess is a lot longer than I thought it was, but it wasn't it seems to me as hard as it would be to go back now, fifteen years since, things have changed dramatically and radically.

LF

Due to technology...?

PB

Due to technology, and I mean everyone's computer-based charting, I mean things seem different, even Pyxis machines are different than just getting a bunch of medication in boxes, which is how it used to be, so I would need some orientation but I could probably go back

LF

What about that psycho-emotional piece that you enjoyed so much? That hasn't changed as much, has it?

PB

You've got to do that, but they were beginning second-level students, so they were pretty green. They weren't ready to do that yet, they couldn't do the physical stuff let alone the emotional stuff, at least at the beginning. But I remember I used to go in with patients and they, students when they're ...

(Track 4 ends)

(Track 5 begins)

PB

... novices that's the difference, these were students ready to graduate so they knew about the physical stuff, they were interested in other things. These were students who didn't know; you'd go in and they'd fix the i.v. and it was almost like there wasn't a patient attached. It easily could have been a mannequin because they didn't talk to him, didn't look at him, didn't tell him who they were. They were so focused on activities and on doing, there was none of that social-emotional stuff going. So as an instructor you had to sort of fill in for the students, and do that for the patients because they weren't ready to do that. But by the time they were ready to graduate, in the last summer session, which was what we had, then that's when you were able to do that piece. But even going in and saying, when you walk into the room and you have this patient, the first thing you do is you look at him, you smell, you check on them, you just say, "Hi." That's all it needs. Then you look at your i.v.s and then you look at the Foley catheter and then you look at their wounds. It's kind of like they couldn't see everything, they could only see pieces of things. So trying to get them to look at the person in the bed as a person in the bed was also very gratifying because it took them a while and I think I would do that about in the middle of the semester when they had a little more comfortable, they weren't as scared. And I said, "You have to use all your senses to see what's going on you here. You changed the i.v. but if it's dripping in the bed it's not going to do anybody much good." So that was really, taking that novice, real novice, scared person and sort of molding them, was also very gratifying. Students, I thought I was barely ahead of the students but when you really looked at it I really did know a lot more than the students. You get a little unsure of yourself sometimes. Especially if it wasn't an area of specialty and so you do your own reading and so you do your own meds cause meds are changing forever. So you were doing a lot of studying before you got to the clinical site, just like the students were doing. Because things change, things never stay the same. So you felt like, "Well maybe I am not as good as I think I am." But you turn out to be pretty much better than you think, you anticipate, you'll be. You're always your worst self critic.

LF

Do the advances in technology free the nurse of today to do more in terms of the emotional?

PB

I don't think so. I don't think so because they're so complicated in some ways that it's almost easier to ignore the patient in bed. Because you, it's so much more easy sometimes to tend to

machines. It's equivalent to when the shuttle exploded. Remember they said "It's a go, it's a go, it's a go," but everyone outside could see it'd exploded, because the machines didn't record it as fast as people could see it? You get that in ICUs all the time, they're looking at the monitors, they don't see the patient as going bad. Because sometimes it doesn't translate right. In some ways the technology has made it even more difficult, I think, to really focus on the patient. And with the shortage of course that's complicated things. Sometimes you just don't have the time to do, by the time we do your official charting, and catch up your machine, I mean it's a lot of non-patient contact hours in nursing.

LF

Is that being addressed on the professional level or do you feel that's it's something that ...

PB

I don't know if I could comment at this point. Since I've been away so long. It's always been a concern. There's always these new care models that come on board that are supposed to simplify how you make assignments, and free up the nurses to work at the bedside but so far I don't think I've seen any of them that actually work.

LF

Well let's get back to 1990 then. You're here, you're a new, back-to-work, working career person with a family at home. How was that for you, in terms of the campus, what did you see when you first got here, what were your impressions?

PB

I'd been on the campus I think twice before when I'd taken the kids to, oh what is that, the Observatory, on Ekstrom 6th floor, it's on the roof of the Ekstrom building. I'll tell you that when I finally came here to work, I couldn't hardly put those two, and I worked on Ekstrom 6. To me they were so different.

(Track 5 ends)

(Track 6 begins)

PB

My memory of what it was waiting in line to go to the Observatory, and what Ekstrom 6 was, it was like I'd never been here before. I don't know. I guess I chose a community college mostly because it was convenient. I live in Waterbury and I didn't want to be commuting long hours. I had been offered a job sometime in there to, I think after I started here, to go to University of Hartford and work in their masters program, and it wasn't worth going there with the commute I'd have to make. I'd have to buy a new car, and then the commute was just, and I said, "I don't want to have to do that." The kids were still too little and I made a conscious decision to come here. Probably the reason I chose a community college, really wasn't thinking about it being a community college, was because it was convenient and close to home. Like our students! I'm not sure I had any impressions, I'd have to say that the faculty that I worked with were excellent. They were very supportive, they were more than willing to help, they were always there as a resource.

LF

Who was here at that time?

PB

Mary Sullivan, who is still here, Donna Skuret, who's still here, Cindy Scriven, whatever her married name is. (phone rings) Then some people who have retired since. Ilyana Zinich who retired just last year. So they'd been a faculty that had been pretty consistent for a long time with very little changes. So they were a seasoned, in quotes, competent, and very education-oriented faculty.

LF

And the program had been up and running for a while.

PB

For a long time, for at least twenty years, if not more. So it was a good program, everyone, faculty had been here a while, so they had a lot of expertise and they were more than giving, and sharing everything.

LF

Were the buildings all connected in 1990? So that it was pretty much as it is now?

PB

Yes. (pounding) It was, pretty much. I think the connection was about a year old. I think that was '89, cause I know it was all connected when I came here.

LF

How about how about the merger. That had taken place, or was about to take place?

PB

No, no. The merger took place in '92 when I became the division director. Just as the merger started.

LF

How was that? Did that impact you as a division director heavily?

PB

Let's see, when I started in '90 the nursing program was in the Kinney building. Then when I came back as division director we had moved to Ekstrom third level because of the, this building, Kinney building, walls being, outside walls being redone.

LF

I didn't know about that.

PB

Oh, yeah, they had to take off the Greek, the Greek façade, the *brick* façade, (chuckles) and reglue it. So everything in this building, every room was empty. You don't remember that? When everyone was in the...?

LF

No, I didn't come until '96 so...

PB

So you missed all that. Oh, I didn't realize that. I thought you'd been here a lot longer. Yeah, and the library had counseling in it, and Continuing Ed. Everybody was sort of somewhere else. It must have happened that summer in '92. Because when I started I was definitely in this building and I wasn't ever a part-timer in the E building. So we were in Ekstrom third level, in the old police offices. I guess the State Police used to have an office on campus.

LF

So the merger...?

PB

So the merger just happened. It didn't really affect me because I didn't absorb any faculty from State Tech because they were all nursing faculty. I didn't have, like some math and English was moved around. So it didn't really impact me very much, I don't think, the merger. I think some of the angst *after* the merger in terms of which union should we choose, and why were there two unions, and a lot of that, impacted faculty I think. As division director I'm in the union too. So there were a lot of unanswered questions in that period. It was a fairly rocky transition period.

LF

But you got through it.

PB

Yeah. Not in terms of work load or how faculty work, but in terms of what I guess of what we're going to do with this change, I guess. But I have to say I was pretty peripherally involved. Like I said I had no faculty who were from the other union, or from the State Tech system. So it was kind of only when we had big meetings that it seemed to matter. And it probably didn't even matter most of the time I was a division director.

LF

Let's talk about that time, when you were a division changes. What were some of the changes that you implemented? What were some of your career highlights during that time?

(Track 6 ends)

(Track 7 begins)

PB

Well I remember my first summer, I started the first week in August, and my first full August I spent calling up total strangers and asking them if they'd like to work here because we didn't

have enough clinical faculty at the time. That was my first summer here; I should have gotten a hint what it was going to be like! Really, I had no clinical faculty and then some people that had been hired actually the hospitals called and said, "We don't want them ever coming here again." It was a very rocky beginning I have to say. We were displaced in a very small space on the third level of Ekstrom. When I had to meet faculty I had it in a store-room. It was kind of stressful, I guess. I didn't really think about it 'til now. Wow. So I guess your first year you pretty much try to make sure that nothing falls apart without really making any differences. (sighs)

I guess one of my accomplishments I'm most proud of is changing the way students finish their last summer session. When I started as division director, students would graduate at graduation time. Then they'd have a 6-week summer session. As a clinical instructor I flunked a student in the last summer session after she had graduated. Which I'd thought was the cruelest thing I'd ever heard, to do that to any student, in some ways. Especially in something that's so career focused. If you had to pick up an English, you had to pick up an English, it's not as critical. But when you could *not* be a nurse just because you couldn't finish a summer session. So we changed the second summer session; we reorganized it so that students would come in extra during the spring semester, and faculty also, and we'd finish by graduation day. So when students finished they were finished, and they could graduate without, I can't even imagine ... what that's... she came back, and she graduated the following year, but I can't even imagine what that would have been like. To do that. So from the students' perspective I was very proud of that.

I guess as I got involved in community college teaching, and community college, as I learned about the community college versus the university systems, I mean, I had no experience with the community college system prior to working here. Some of my old faculty were somewhat elitist about why was I working here when I could have worked at universities.

I think part of why I liked teaching also dovetailed with the community college. Those are the students who, the students that you have here are the students that need to be cared for in some ways. So I guess it's sort of an extension of what I had done with patients, with students. They have lives, they have issues, they need someone who can work through those issues with them so that they can be successful. So the accessibility and the type of students we had here, I really liked working with those students. So their successes were even more gratifying in some ways because they weren't the typical being supported by their parents, in in four years and out in four years.

LF

Residential campus and all that.

PB

Yeah. So I really liked working with the community college students, and really grew to understand and really appreciate the community college mission which I probably didn't have when I came here, because I came because it was convenient. So I've always enjoyed working in the community college. Like I said, I had the opportunity to go to University of Hartford. Be that as it may, even though it was far away, I just didn't have any interest in doing that. Especially at

the Masters level. I felt I would probably lose some of that imparting of knowledge that I enjoyed so much in teaching.

LF

Molding the young career person.

PB

Yeah. Because they were already molded by then, probably, with their own sets of strengths and weaknesses.

I never thought to leave here, after I got here, which I also never really thought about. I think I've made a concerted effort. I didn't know Miss Islip at all. Because when she hired me in 1990, but then I think actually Mary Sullivan hired me because she was out sick already. I'm not sure I ever really worked for her. I knew her but I couldn't say that ...

(Track 7 ends)

(Track 8 begins)

PB

... I had a lot of interaction with her when I was a part-time instructor, and then obviously when I was hired as division director she had already left. So I made a concerted effort. I know she was very involved in the statewide community, at least when the program was new. As she got ill I think she had to step down from doing some of that. So I made a concerted effort to make sure I was fairly active in the nursing community. I was on the articulation task force for AD to BS, and LPN to AD to BSN. I was the secretary for the Deans and Directors, which are all the nursing deans and directors; meet on a monthly basis across all colleges, independent, state, ... all of us meet so we will keep the dialog open. There is still some turf in those kind of things. If I'm getting the students someone else isn't getting the students. Especially as the student enrollments dropped as things in nursing changed in the mid-90's, when people were getting laid off. Students are bright, they say, "There's no future in nursing so I'm going to do something else." There were some issues but I made sure that we community colleges were active and represented. I was on the task force in 1995 to rewrite the nursing school regulations state-wide. Which was an arduous process but we did it, we did a good job. It took us ten years to get them implemented but that's another whole problem. That's politics!

I'm not sure, I'd have to think about what I could articulate as something I ... changing the graduation, we changed the pinning a little bit, but I don't know if that would be something I'd mention.

LF

Do you feel the students have a different experience now in 2006 than they did when you started? In terms of, maybe in various terms: their program, their actual clinical experience, or the way they're regarded in the field? Male vs. female?

PB

I'd have to say, generally, no. The male to female ratio varies over time; there were a couple of years when we had a lot of males, then they don't come; I'm not sure there's any way of predicting that. Students are still well-regarded in the community, in the hospital community, they're very well respected. We did change and move out of the nursing homes for clinical experience because as the acuity of patients went up in the '90s and the complexity of their care went up, nursing homes didn't give the students the background they need in order to be effective. So we did make that change. Fairly gradually but we did finally make that change. They really do stay in the hospitals to get the medical-surgical basic, more systematic background that they needed.

I'm sure it's more difficult in terms of technology, for patients. The complexity has changed. The number of students, the number of patients that you can adequately as an instructor supervise through students, so we've had to cut down on the number of patients. The clinical groups have gotten smaller as the complexity has gone up. Which is probably beneficial. When I think about ... I was responsible for twenty patients. I don't know, I must have been crazy. Because I had ten students, they all had two patients. So ultimately I was responsible for twenty patients. I don't know how I did it. They weren't as sick then. I think you're well aware of how the complexity has gotten. Patients are just much sicker by the time they get to the hospital than they had been.

LF

No, I wasn't aware of that.

PB

Yeah. The ICUs they used to have in the early '90s? Those patients are on the floors now. They would have been in ICU a few years ago.

LF

That's (inaudible)?

PB

No. That's just the number of patients who are sick. The ICUs are now really reserved for the really sick patients. They have to move them out sooner so you're getting very complex patients that you will assign a student to, on the unit.

LF

Is that due to changes in health care?

PB

It's due to changes in health care, it's due to changes in technology, people live longer and as they live longer they have more multiple problems, multiple system problems.

(Track 8 ends)

(Track 9 begins)

PB

As the technology's gotten better and smaller you can move that out into the units. When you have a little respirator that's small, as opposed to these big machines that they used to have, it becomes much more do-able, in some ways. In the mid-90s we reduced the number of beds across the country, really. There are fewer beds for the same, pretty much, probably more patients right now.

LF

And people stay shorter periods of time.

PB

Shorter periods of time and they're sicker when they're there. Cause you try to move them to somewhere that's sort of a step-down unit somewhere outside the hospital. The patients are different I think so I think the education is different. But I think what students learn is probably pretty much the same. You might have a different machine that you're learning this year that you didn't learn five years ago, but it's still supposed to deliver, still supposed to help the patient in a certain way.

LF

If I were someone going into nursing, I knew I wanted to go into nursing, what would you advise me in terms of the areas, the different areas people can choose from?

PB

If you wanted to go into nursing I would tell you to choose a program that has a basic med-surg background. As a graduating nurse no matter what school you graduated with, a soc degree, a diploma, or a 4 year program or even a 5 year program, without that basic background you're not going to be able to do any specialties, really.

LF

So that gives you the groundwork for ...?

PB

That's the groundwork for you to move anywhere, really.

LF

So that's what the program here stresses.

PB

Right, it's the med-surg. We don't even do pediatrics anymore because we don't have access to any clinical sites. We do psych, which is our only specialty and I've always said there's no reason for us to do that because really you learn the communications techniques way before you get into psych, or we should have moved it up but sometimes you just can't change.

LF

Speaking of change, a few years ago your career changed pretty drastically I guess, when you became the dean. Can you talk about that change in your career, and what led up to it?

PB

Who's going to hear this (laughs)?

LF

Well, everybody!

PB

When the former dean retired, Joe Cistulli, I volunteered to be the interim, with the understanding that this was an interim position and I was *not* interested in being the dean, and I *wasn't* interested in being the dean, when I agreed to do it.

LF

Cause your heart's still in the nursing side.

PB

Yeah. Still on the nursing side. I think when we did two searches and it looked like the handwriting was on the wall (laughs) and the president asked me to do this, I guess I couldn't say no, although sometimes I think I wish I would have said no! (laughs) depending how the day's going. It sort of happened so gradually, I'm not sure I could articulate what made me decide yes, except I think it goes back to the same style, that I saw a need and that I wanted to help fill that need, or care for what was going on. I couldn't imagine the college going through another search and not being successful again. When you're an interim you don't do much.

LF

Just tread water?

PB

Yeah, just try and make sure nothing falls apart around you. You don't really change anything because you're really just there temporarily so you don't want to really do anything. But I thought after two years the college needed something that was permanent.

LF

And that you could fulfill that.

PB

Right. It seemed like I'd been doing it okay.

LF

It must have challenged you in so many ways.

PB

It challenged me in so many ways I don't even know where to begin. It was crazy and I couldn't convince the president otherwise, I'd be doing two deans jobs. It was, it's an un-doable job. It really was. It takes you a while to emotionally reach the point where I'm saying "I can't do this anymore," because you always challenge yourself. It's hard to admit to yourself that you're not

as good as you thought you would be at it, or that maybe you're not doing it as well as it should be done. It takes a while to work through that emotionally. It took a while to work through it.

LF

Your family life must have, I don't want to say "suffered," that puts it in a negative context, but....

PB

It did. Luckily my kids were going to college.

(Track 9 ends)

(Track 10 begins)

PB

So that relieved, that was sort of happening at the same time, so that took some of the stress off. I mean, you're spending sixty hours working it does effect what you do outside. You feel like you're never not working. Or if you're not working, you're guilty that you're not working. It's like when you're in school, you have a lot of flexibility but you know that paper's still due. You're not working on it because you're doing something else. It's always in the back of your mind that you should be working on it but you're not. Same thing with this ... I could work 24/7 in this job and never get everything done. Never. There's no way. It's just gotten more and more complex, with the Banner system being introduced and the expectations that Banner brought in terms of reporting. The visibility of what was going on really changed.

LF

So you had to get to a place where that wasn't necessarily negative that there's always stuff in the background waiting to be done.

PB

The job is infinitely interesting. It's never the same two weeks in a row. It never gets boring but sometimes you wish it would get a little boring. I like the deans I work with. I like the people I work with at the Chancellor's office. In some ways I wish I wasn't so detail oriented. So micro-committed. Because then I could overlook a lot of things and not bog down myself in those. It's the balance and the academic deans talk about this a lot. The balance between being a manager and being a leader, and sometimes you can't be both. When the expectations are you need to do A, B, C, D, through Z, on a certain timeframe, that other creative stuff takes a back seat which becomes very frustrating.

For an example I've been looking at information on a first-year seminar for our students because, if you look at our enrollment numbers, retention's going to really be where we need to focus our attention. As the high school population dries up, which it should be starting to do about now, it'll just mean fewer students graduating, so there'll be more competition for them. We really have to retain the students we have.

But I just can't get to it. I've done some research, we've talked about it. Dianne Minardo who works with me has done a lot of research for me about how to approach it. Things are falling in place but I couldn't get to it. I'm doing two dean's jobs. Students with all that attendant discipline, and all that kind of stuff. We put in a new satisfactory academic progress program two years ago which is very... it's really details. Details. What do you do with a student who's probation and suspension, and how are you going to manage that? So you come back to managing a student population. It's not a lot of them but they take a lot of time. So it's that pull between being a micromanager in some ways and a detail-oriented manager, getting the job done that's expected, and really being creative and doing what you think is going to make a bigger impact, have a bigger impact on students in the long run. Do they really care that the workload isn't precise when we freeze the data? No. But if we can do something upfront to keep them here, that's going to have a much bigger impact on the success of our students and the college, in the long run. But you can't get to that because you have to do all this other background stuff. I don't think anyone has a clear idea of what this office does in terms of all that behind-the-scenes stuff, that no one really understands, and if you ask me to name them I couldn't because you don't really think about it until you have to do it - kind of thing?

It's incredible, so it's, I think that's the most difficult part of the job is that pull between details, managing, and trying to be a leader for the academic community here at the college. So I'm hoping with my new dean of students that I'll be able to get to this piece. As long as I can figure out what I'm supposed to give him! (laughs) It's all so hard to let go of stuff you weren't in control of!

LF

When you go on vacation do you actually stop thinking about work?

PB

I actually do.

LF

You do? You're able to de-stress and relax?

PB

Yeah I do. You need that. But I probably should have more of that. I think ...

(Track 10 ends)

(Track 11 begins)

PB

that also happened when I got sick, two years ago? It was a year ago in January, so a year and a half ago. That really put some things in perspective for me. I probably was overtired, overstressed, and you can only push yourself so far before your body says, "Stop!" And it stops you in your tracks. Also I was able to realize the college went on without me. (laughs) I wasn't as critical as I probably believed in my own mind. Then I was able to convince the president that

indeed, the job probably was more than one person can handle. Finally saw that when he and the other dean had to pick up all my work.

LF

So a new phase is opening up now.

PB

Yes. It's an exciting phase. I'm really looking forward to working with the new dean, Jim Daniels. We've had some talks and we're kind of in synch with a lot of things. He has some experience with first year experience which really is a collaborative project between the Dean of Students and the Academic Dean, so I'm really looking forward to that.

LF

One question it occurred for me to ask while we've been talking is the nature of the students. A lot of people will say, "Oh, students are so different now, and from when I was a student, or from when I began teaching." Do you see a change in the way, what students bring to the classroom, what background they might have, or do you feel that it's the classic mixed bag, and that they sort of become who they're going to become in this time in their lives just in the ways that they always did?

PB

I think people have overstressed the fact that the students are different. I don't think the students are different. Maybe that's because I have experience on both the traditional side and the community college, non-traditional student, which is becoming more traditional. So I guess I'm not as surprised as some of the faculty seem to be. I think the students are about the same. I think we're getting a little younger students and they have different problems. Their problems are different than the students who have families and working too many hours. But there are still problems that you need to deal with at whatever level; it's just the solutions that might be different. So I haven't seen that at all. I'm glad you brought that up. The further you get away from the students I guess the less fun you get to have. (laughs) Clinical instructor, you're really with the students. Division director, you at least know your students. Dean? I don't get to know any students which is the reason why you go into education, and then all of a sudden you don't get to do what you love to do. It's like any upward mobility job, you get further and further away from what you really love to do.

LF

You'll have to start having those dean's teas, open house tea with the dean.

PB

Yeah, I think I might.

LF

That would be fun, I would think, exciting.

PB

Yeah that would be. Because I only see the suspended and the behavior problem students, with the exception of some of the honor students who I know. So I get the two ends of the student body and haven't been able to keep in touch with all the students. Which you mourn a little bit, cause that's why you came here, is to work with students. So sometimes when it gets really bad you think, "Maybe I could go back and be a clinical instructor (laughs). Am I too old for that now? Could I stand those eight hour days on my feet?" (laughs) But you think about it some days.

LF

The future looks pretty bright though? What do you see down the road five years, say, or ten years, for Naugatuck Valley?

PB

What I would like to see five years from now is really the college integrated into the community. I think we're peripheral to the community in some ways, we just happen to be here. People don't think about it as part of the community, and I'm not sure how to change that. In some ways I think that probably becomes the president's job. In many ways. And I'm hoping in some ways this capital campaign will put us sort of on - I don't know if we want to do that when we're asking for money - but it's going to put our name out there a lot, and I think people forget we're here in many ways.

Just an example. Quinnebaug Valley, I was at a meeting, we were talking about avian flu. They've been integral to their local Department of Health's plan in case there's a disaster, Quinnebaug Valley's job is this...

(Track 11 begins)

(Track 12 begins)

PB

... the Department of Health does that, so they've been integral in that. I'm sure the Department of Health in Waterbury has come up with some kind of avian flu plan but we haven't been integral in that. That's just an example of what we could be integral in, in many areas.

LF

So, community events...

PB

Community events, education programs. I mean, people talk about Post but sometimes they forget *we're* here. When they talk about the education, when you see the agenda sometimes at the Chamber. The former president will be talking about education in Waterbury but we're not at the table. It's almost like people forget we're here. I know it's been a struggle that everyone has tried to address for many years and I don't know how to address it but I would hope that maybe in five years we would have made those initial steps that when they think about Waterbury they think about Naugatuck Valley as a piece of it.

LF

Do you think the new building will help in that regard?

PB

I'm hoping so. It's something new, people as they go by they probably look at it "What's going on there? Oh yeah, that's at the college." It's almost like we've got to remind people that we're here. But once we get them here they talk about, "What a great facility, I didn't realize you were so big, it's so clean." I mean really, people tell you that, but until you get them here they don't realize it, in some ways.

LF

Their expectations are...

PB

They probably think about what Mattatuck used to be, in some ways, I bet. Though I'm only surmising that; I guess I don't know really know.

LF

Do you have any other tales to tell?

PB

Not that I know of. Are there questions I didn't answer? Except for the fact that I didn't know what I did as Nursing Director? (laughs) Oh, gee. It's hard to measure, to remember, to do that. Maybe I'll have to go back and look at my promotion packages.

LF

It is, and we can do a follow-up interview. In fact I think maybe that's a good idea to start planning on a follow-up interview.

B

I'll have to think about that, what I'm most proud of. That's a different question than "What did you accomplish?"

LF

It is, and there are things that are intangible that you can't even remember until you think back, or look at pictures or look at - I keep all my old calendars from ten, twenty, thirty years back and sometimes I can't remember a big event until I say, "Oh, this day ten years ago I was accomplishing something."

PB

Well, you were working here, you were new, right?

LF

I was brand new; I'd been here six or seven months. I started in January of '96.

PB

Okay. Wow.

(Track 12 ends)
End of interview.