

NOTE TO MY YOUNGER SELF...

“OH, THE PLACES YOU’LL GO!”¹

Angela A. Crowley

Trajectory – “A path through space as a function of time...moving under the action of given forces.”²

I was born three days before 1950 in Washington, D.C., and named after my paternal grandfather, Angelo Cinquegrana, and grandmother, Antonia (Antoinette), who emigrated to Rhode Island from southern Italy early in the twentieth century. My grandfather’s birthplace, Orchi, is located in a mountainous region of Campania in the Province of Caserta, about an hour and a half south of Rome. In this nearly abandoned town stands a large imposing building, Palazzo Cinquegrana, with a family coat of arms consisting of a Bourbon crown with an arm and fist grasping five stalks of wheat (cinque=five and grana=grain). On the building a plaque in Latin proclaims that in 1798 an ancestor, Francesco Cinquegrana, expanded the palazzo and included a chapel for God, the people, and all posterity. About sixty years later, the mass emigration from southern Italy began.

During the Great Depression, my father left Rhode Island a year after he graduated from college to pursue a law degree and find work in D.C. During his course of studies, he met my mother, who emigrated with her family from Cobh, Ireland, in 1924. Cobh is the port from which millions of Irish emigrated, the last stop of the *Titanic*, and the town that rescued, comforted, and memorialized the *Lusitania* victims. My mother’s family were among the last immigrants passing through the Great Hall at Ellis Island. The untimely death, due to tuberculosis, of my maternal grandfather and the turmoil of the Irish revolution spurred my grandmother to emigrate and join her sister, who had married an American sailor and settled in Washington, D.C.

Angela A. Crowley, Professor Emerita of Nursing, joined the Yale faculty in 1984 and earned her Ph.D. at the University of Connecticut. She served as pediatric nurse practitioner (PNP) coordinator and chaired Yale School of Nursing and University committees. She cared for diverse populations as a primary care PNP for forty-one years and served in the Navy Nurse Corps. She was the first nurse researcher to examine the role and impact of nurses and primary health care providers on the health and safety of children in child care. She represented nursing at the White House Conference on Child Care and joined First Lady Hillary Rodham Clinton on a panel addressing quality child care. She is chair of the Child Development Technical Panel for the USDHHS Maternal and Child Health Bureau *Caring for Our Children: National Health and Safety Performance Standards* and was awarded the American Academy of Pediatrics’ Dr. Susan S. Aronson Early Education and Child Care Advocacy Award.

Education

In the '50s, many of my fellow baby boomers found themselves in schools with large classes and overtaxed facilities. As members of immigrant families, my parents understood that education was the key to success. My mother recalled that she enrolled me in a private, Catholic, elementary, laboratory school when I was six weeks old! The school, unlike most in the '50s, had small classes as well as excellent teachers with innovative teaching methods.

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Growing up in D.C. during the '50s and '60s offered the best of all worlds. D.C. was still a relatively small town, which most families could afford. By twelve years of age, I was free to travel by bus across the city alone; safety was not a concern.

In 1963 I took the entrance exam for high school. At the time, there were a large number of Catholic high schools for girls or boys, all of which required examinations for admittance. I selected Immaculata Preparatory School, which was founded in 1903 by the Sisters of Providence. The high school, elementary school, and junior college sat upon an imposing hill at Tenley Circle in northwest D.C. This school and others were no longer “finishing” schools but focused on preparing young women for college and careers. Rigorous course requirements and an assortment of extracurricular offerings provided a solid educational foundation. I was particularly excited to travel from my home in NE D.C. to NW. The trip required two buses and a long walk with heavy books.

When I was fourteen years old, a friend and I decided to volunteer as “Candy Stripers” (uniforms were red and white stripes) at a local hospital. Candy Stripers were adolescents – girls only I assume, since I am not aware of a Candy Striper boy – who volunteered at hospitals. I rode my bike to the hospital most Saturday mornings for two years.

We were assigned to a desk outside the Operating Room (OR) suite. I am not sure of our assignment, but it was rather boring. Then a staff member emerged from the OR area and asked if we could help with a task. We jumped at the opportunity. Soon we were assisting with whatever was needed, such as folding laundry and cleaning ORs, each week. Sometimes we could peek through the OR door windows and observe surgery in progress. Once when they were short-staffed, we were asked to assist in the post-op unit. A surgeon questioned why we were there, but that did not deter us.

During junior year of high school, students were considering future careers and potential colleges. Having won a prize in English, I briefly considered pursuing a major in that field, but I wasn't interested in teaching. Very few of my classmates considered nursing. The majority of nurses in the United States were prepared at hospital diploma schools. However, baccalaureate nursing education was emerging as the preferred foundation for nursing practice. My choice of nursing was somewhat influenced by relatives, who were nurses, and my volunteer experience. Although I had no immediate role model, nursing intrigued me. I was fascinated with this profession that

allowed one to have a close, meaningful relationship with patients; one in which all social rank and pretense are stripped away. I valued authenticity.

My priorities for college were: (1) excellent nursing program, (2) Catholic, and (3) somewhere other than D.C. No one in my family had ever left home for college. I thought Boston might be a wonderful destination. An aunt had taken me there for a day trip a few years earlier. It seemed to be the perfect location with many options. My Italian father thought otherwise. With a large extended family in Rhode Island, he offered me one option – Salve Regina College in Newport, R.I.

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In fall of 1967, I entered Salve Regina. An aunt, uncle, and cousins dropped me off. Room assignments were posted in the first-floor reception area. We checked and when we saw my roommate's name, my aunt said with relief, "Thank God, she's an Italian." I am sure my roommate's family felt the same. They were also second-generation Italians and lived in the Bronx. Many of our classmates were of Italian, Irish, and French ethnicity, and most were from Rhode Island and Massachusetts. So my roommate and I were the anomalies.

Salve Regina College (now University) was established in 1947 by the Sisters of Mercy. Their initial building, Ochre Court, was built in the Gilded Age. The fifty-room summer residence of New York real estate magnate Ogden Goelet was designed by Richard Morris Hunt and gifted by the Goelet family to the sisters. Similar to the Sisters of Providence, the Mercy Sisters strove for excellence. Most of the professors were lay people and provided an excellent education. However, by the end of the first semester, I realized that Newport and Rhode Island were too limiting both educationally and socially. My roommate and I decided to transfer to Catholic University in Washington, D.C.

Distance and experience offered a new lens. Catholic University was the university affiliated with my elementary school and where I took piano lessons, as well as the school some of my cousins attended. Returning two years later, my perception was different. I was residing on campus at a coed university. As expected, my clinical experiences were diverse and rich. My psychiatric nursing rotation was at St. Elizabeths Hospital, the first federally operated psychiatric hospital in the United States; and my pediatric nursing rotation was at D.C. Children's Hospital, one of the first pediatric hospitals in the nation. I witnessed deliveries in a suburban hospital and at D.C. General, where poor women gave birth. I was among half the class who had a community health rotation in Maryland. We then partnered with classmates who visited patients in D.C. Our education was not only about nursing theory and clinical excellence but also social justice and equal access to quality health care for all people. I found every rotation rewarding, but pediatrics captured my interest more than others. I was fascinated with human development.

Soon after arriving at CU, I met my husband, John, in the dining hall. I was wearing my uniform, and he noticed my name tag, and unlike others, pronounced my surname without hesitation. He was from Rhode Island and knew others with the

same name. Together we experienced the growing unrest with the Vietnam War and reaction on campus to the Kent State massacre.

During my junior year I discovered that the Navy was offering full tuition and benefits for bachelor's-prepared nurses who agreed to serve two years post-graduation. My older brother served as a naval officer after his college graduation, and I remembered the exotic places he traveled during his three-year tour of duty. So in fall of senior year I was commissioned an Ensign in the Navy Nurse Corps.

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Military Service

Upon graduation, I returned to Newport for a month of officer indoctrination and was assigned to the pediatric unit at Jacksonville Naval Hospital in Florida. During my tour in Jacksonville, I cared for children with a range of common, acute, and terminal illnesses. When we could not provide cutting-edge intervention, children and their families were sent to the best hospitals in the country, such as St. Jude's, through CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). I was sold on socialized medicine. Every child and family, military or not, deserved the best available care.

Six months later I was transferred to Bethesda National Naval Medical Center (now Walter Reed) in Rockville, Maryland, which is considered the preeminent U.S. military hospital. If you have had the opportunity to travel to National Institutes of Health or the National Library of Medicine, the hospital is across the road and recognizable by the distinguishing tower. Because of insufficient military nurses, my request for pediatrics was denied. Navy nurses were needed for military patients, and their dependents (families) were cared for by civilian nurses. In retrospect, this decision offered unique experiences that I would not have chosen otherwise.

At the time I served at Bethesda, patient wards were determined by rank; I was assigned to the basement, the medical unit for noncommissioned military patients. Beds were lined up with only a drape between patients. The corpsmen did most of the direct nursing care, and without unit clerks, my responsibility included supervising corpsmen and transferring orders. To relieve myself of administrative duties, I mentioned to the chief nurse (equivalent to the vice president of the hospital) that I was interested in acute care. She suggested that I apply for an eighty-hour course that prepared military nurses for the cardiac surgical and intensive care units. Coronary bypasses were cutting-edge, and the most skilled military hospitalists and surgeons served at Bethesda. Occasionally I was transferred from the ICU to another unit. I spent two months in the Neonatal Intensive Care Unit. However, some nights I was suddenly ordered to another unit, such as pediatrics and a neurosurgical unit, without any orientation, when the assigned nurse was not available. Those nights I prayed that patients survived the shift! During my last few months at Bethesda, I was assigned to Labor and Delivery. In essence, I had this extraordinary opportunity to develop expertise in multiple clinical settings during my two years as a Navy nurse.

Graduate School

As my military commitment was drawing to a close, I explored graduate schools. My husband, John, was teaching in New York and then secured a position at a high school in Fairfield County, Connecticut. In 1973 I began graduate studies at New York University with a major in parent child nursing and a minor in higher education. At that time, graduate studies prepared nurses for a clinical specialist position based in a hospital setting or nursing education. Soon after arriving at NYU, I learned about a new emerging role, nurse practitioner, and decided that was my goal. The nurse practitioner role was conceived in the mid-'60s by pediatrician Henry Silver, M.D., and nurse educator Loretta Ford, Ed.D., R.N., to address the shortage of pediatricians during the baby boom. Recruiting a pilot sample of public health nurses in Colorado, they prepared nurses to provide well-child care, that is, routine histories, examinations, and screenings, which were only conducted by pediatricians before that time. Over time, the role expanded. Today there are nearly a quarter million nurse practitioners licensed in the United States with certifications in pediatrics, family, adult-gerontology, acute care, and psychiatric mental health. While I enjoyed my hospital experiences, the nurse practitioner role combined my love of nursing, child development, and family-centered care. The opportunity to care for children and families over time was especially appealing. I then planned to complete graduate school and a postgraduate program as a pediatric nurse practitioner (PNP) at the University of Connecticut.

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Pediatric Nurse Practitioner and Nurse Educator

In 1975 we moved to Bethel, a town neighboring Danbury. The next challenge was finding a PNP position, which was rare at that time. Fortunately, Bridgeport Hospital had received a federal grant to provide comprehensive pediatric ambulatory care using a team approach, which included pediatric residents, social workers, community outreach workers, and PNPs. In the second year of the grant, I joined the team with a 1974 PNP graduate of Yale School of Nursing. Among many notable achievements, YSN created the first graduate entry program for individuals with degrees in other disciplines. The program is a model that has been replicated across the United States. Within a few months, a YSN faculty member invited us to serve as preceptors for graduate nursing students, and thus my relationship with Yale began.

When the Bridgeport Hospital grant ended, I began a new search. Recognizing that there were no positions, I contacted pediatricians and chairmen of pediatric departments of hospitals, suggesting that employing a PNP would enhance their practice. The chair of the Norwalk Hospital Department of Pediatrics decided to employ me in 1976 to replicate the comprehensive care clinic that we developed at Bridgeport Hospital. Families appreciated the continuity of care, and our practice grew, thus requiring the employment of an additional PNP. In addition, I continued to precept YSN graduate students.

In 1980 a friend who was teaching pediatric nursing at Western Connecticut State University informed me that she was leaving her position and suggested that I apply. This was a difficult choice. West Conn, unlike Norwalk, was a short distance from our home and more manageable given that we had a two-year-old and planned to have another child. I was always wary of nurse educators. They did not practice, which was inconceivable to me. However, I felt that this was the logical choice and resolved to continue practicing as a PNP. I accepted the West Conn position and simultaneously sought a part-time PNP position. There were no PNP positions available. I sent a letter and résumé to all pediatric practices with excellent reputations in the Greater Danbury area. One practice interviewed me. The pediatricians were interested but said they could not pay me; so I offered to volunteer one half-day each week. Within a month, they offered me a one-day-a-week paid position, which worked perfectly with my nurse educator role.

After three years as an undergraduate nurse educator and part-time PNP, and with one additional child, I grew restless. I published a paper based on clinical practice. I enjoyed both teaching and practice but was more interested in preparing graduate nursing students. I applied for faculty positions at the University of Maryland, Boston College, and YSN, was offered all three, and chose YSN, which had a reputation for faculty practice. My husband considered seeking a teaching position in Maryland and Massachusetts but decided that his current position offered more opportunities for growth.

Yale School of Nursing

YSN and the first dean, Annie Goodrich, are legendary. As described by Helen Varney Burst in “The Yale University School of Nursing: A Brief History,” in *Yale School of Nursing: Celebrating 90 Years of Excellence* (https://elischolar.library.yale.edu/ysn_alumninews/182), YSN was established in 1923 with funding from the Rockefeller Foundation and was created as an experiment: that is, to design a university nursing education program that was autonomous within the university and had an appointed dean. YSN was the first school of nursing in the United States to meet those criteria.

Teaching

In 1984 when I joined the Community Health Nursing Program, Family Nurse Practitioner (FNP) Track faculty, YSN was a relatively small graduate school with far fewer faculty and students than today. I was responsible for the pediatric portion of the FNP curriculum. Most of the faculty were master’s-prepared; few had doctoral degrees. The emphasis was on excellent clinical education. The faculty were exceptional educators and clinicians. Soon after my arrival, the chair of my department advised me to select an area of scholarship and become a national expert. That was sound advice. I considered various disease interests. Simultaneously, I was struggling with the unexpected upheaval of finding quality child care in a new location. We had

no family to rely on in Connecticut. We suddenly lost our networks when we moved to the New Haven area. My daughter was enrolled in the Yale Divinity Nursery School; however, we were at a loss with before- and after-school care for our son, who was in first grade. I finally patched together some care but was struck by how difficult it was to find reliable care and the subsequent impact on families. I wondered: if this is so difficult for me given my understanding of pediatrics and accessing resources, how much more difficult is this process for other families? Thus, I chose my area of research, the health and development of children in child care and their families. It was an unusual area of scholarship for nursing faculty.

Faculty are expected to excel in the triple commitment of teaching, practice, and scholarship. Over the course of my career, I designed and taught a multitude of courses, chaired several committees, served as specialty coordinator, and participated in many organizational efforts under five deans and one interim dean. Collaborating with dedicated faculty and students with diverse professional and personal backgrounds made and continues to make YSN a dynamic environment.

Clearly there was more than enough to do. However, always curious to explore, I responded in the summer of 2005 to an invitation to the faculty by the interim dean to serve on two University committees. Perhaps no one else expressed interest. I was appointed to both committees. I represented graduate and professional faculty on the Yale University Health Services committee as plans were underway for the new building. Simultaneously, I was appointed for eight years (four as a member and four as chair) to the Provost's Advisory Committee on Resources for Students and Employees with Disabilities. Serving with other Yale faculty, managerial and professional staff, students, and others was an enlightening and valuable experience and afforded me the opportunity to interact with the larger Yale community.

Practice

Though eager to practice, my initial clinical appointment was a challenge. Pediatric faculty had clinical appointments in the Yale New Haven Hospital Pediatric Clinic, but an appointment was not available for me. I assumed a contract developed by my predecessor to conduct well-child-care clinics for the Quinnipiac Valley Health Department (QVHD). Before the State Children's Health Insurance Program (legislation passed in 1998), many children without health insurance had no access to care other than these clinics, which provided basic care but not acute care or continuity. One of my clinics was located in the Italian American Club in Hamden, specifically the women's lounge off the restroom. While I made it work, the room reeked from decades of smoke. Needless to say, I was concerned about exposing babies and young children to this environment. Thus, I spent my first year at YSN seeking another clinical appointment. However, before I left QVHD, I learned through a nurse practitioner that the newly designed Dunbar Davenport Senior Residence had multiple examination rooms; I negotiated a well-child clinic at that site. Not only was this an appropriate site, but the elderly delighted in having mothers and young children in their residence.

For nine years I had a clinical appointment at Guilford Pediatrics. Within a year, another nursing faculty member joined me; we precepted students at the practice, as well. Maurice Wakeman, M.D., a founding partner, was aware of my research in child care. He encouraged me to contact his colleague, Albert Solnit, the Sterling Professor of Psychiatry at the Child Study Center. This was an invaluable connection for future scholarship. In 1998 I joined the New Haven pediatric practice of Robert LaCamera, M.D., and Robert Anderson, M.D. Bob LaCamera and Morris Wessel, M.D., were among the first pediatricians in New Haven and devoted one day each week to volunteer services for the community. During my final eighteen years of primary care practice, I joined nursing and medical school faculty, nursing students, and residents in the Yale New Haven Hospital Pediatric Clinic. During my forty-five years of nursing practice and forty-one as a pediatric nurse practitioner, I had the extraordinary opportunity to work with inspiring and dedicated health professionals.

Scholarship

As mentioned earlier, my scholarship began with a personal need for quality child care. In my clinical practice, I discovered that families were struggling with the same issue; often, children with special health needs including those with emergency medication requirements were excluded from child care. My first published paper on the topic raised awareness of this dilemma for parents and proposed that pediatric primary care providers should play a vital role. In fact, nurse practitioners, pediatricians, and child care providers are the professionals who have the most contact with families of young children. My early research confirmed that child care providers needed access to health experts. Doctoral study gave me the tools to examine the literature, learn methodology, and pursue strategies for improving the health and development of children in child care and their families. Publications and presentations brought opportunities to connect and work with other researchers, policy makers, nurses, and pediatricians across the country.

Two Yale colleagues provided invaluable guidance. Deborah Ferholt, M.D., a Yale-trained behavioral and developmental pediatrician and co-founder of the Edith B. Jackson Yale-affiliated child care program, shared her expertise and passion for quality child care. Together we continue to provide consultation to the six Yale child care programs, which enroll about 350 children.

I am especially indebted to Al Solnit for including me in the American Public Health Association and American Academy of Pediatrics' Child Development Panel that produced *Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (1992). Despite the fact that I was a relatively new faculty member with few publications and without a doctoral degree, Al, Sally Provence, and other world-renowned child development experts welcomed me to the team. We met regularly for four years at the Child Study Center and crafted the first national standards, which have shaped state child care regulations and most

recently child care block grant requirements for federal funding to states. When Al passed away in 2002, I learned that he recommended that I serve as the next chair of the Child Development Panel for the third edition of the standards.³ Al's guidance and generous spirit were inspiring and highlighted the importance of mentoring the next generation.

Serving as a Yale faculty member for thirty-two years was challenging, at times overwhelming, and alternately exhilarating. There is a unique dynamism to this place where all things seem possible in pursuit of excellence.

To my sixteen-year-old self, I would say, nursing is a good choice. Caring for others is an extraordinary gift. Teaching nursing disseminates quality care, and scholarship improves care.

I am grateful to all who have supported me on this journey, particularly my husband, John, my children, family, colleagues, and friends. Thank you for the opportunity to share my story.

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Notes

- 1 Dr. Seuss, *Oh, the Places You'll Go!* (New York: Random House, 1990).
- 2 Oxford online dictionary and Wikipedia, retrieved November 4, 2018.
- 3 The third edition, published in 2011, is titled *Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Early Care and Early Education Programs*.