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Alice Teall interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

ALICE TEALL

FEBRUARY 19, 2009

CAROL HOLDCRAFT: Okay, well we are beginning today and we are really pleased that we are doing another interview in our ongoing College of Nursing Health, Wright State University College of Nursing and Health Oral History Project. Today is February the nineteenth, two thousand and nine. And we are in the room today. I am Carol Holdcraft. We have?

DONNA MILES CURRY: Donna Miles Curry.

LINDSEY WEISBECKER: And Lindsey Weisbecker.

CH: Interviewing?

ALICE TEALL: Alice Teall.

CH: Okay. And Alice we're so glad that you came and are participating with us in this project. So, basically we want to just start out by asking you to share a little bit about your own background and how you first came to be at Wright State and if you'd like to sort of give us just the overall framework of that time.

AT: Okay. Okay. Sure, I appreciate that. Thanks for inviting me to participate in this project. You know it's been really interesting thinking back through this again. I graduated as a diploma graduate in nursing in nineteen eighty-three. Before deciding on nursing, I actually had been a student at UD (University of Dayton) for a while majoring in premed and in education. You know I find it interesting later, two decades later after choosing nursing, that I have worked both as a nurse practitioner and nursing faculty because in some respects that's really where I had started.

CH: Right.

AT: Um, really there are two reasons that I ended up here at Wright State in the FNP program. One (reason) was even when I went back to get my bachelors' degree I knew I wanted to be in advanced practice and two things had happened to set that up so that I came here. One was they started the FNP program and the second one was my final clinical at Capitol. I was in the adult degree program through Capitol University, and my final clinical was with a Family Nurse Practitioner in an adolescent clinic. And that was the first time she had ever taken an undergrad student but I was in a management clinical and they wanted you to have some discussion about how you manage your own practice, how you advocate for yourself, and they thought that was a great placement for me since at the time, remember, I was already a nurse. My career, my background was all pediatrics. Pediatrics and NICU and I thought I was going to do, or become part of a PNP program. I was doing quite a bit of driving to get my bachelor's degree at Capitol.

CH: You were living in?

AT: I was living in Beavercreek.

CH: Beavercreek.

AT: And driving to Columbus. And actually this was the, oh let's see, early nineties and at that time you know there weren't online programs and there were just a few adult degree programs and so I was driving back and forth a lot to Columbus. And so when I found out there was a program close to home and that I could work with kids and work with adolescents as an FNP then I was pretty excited and that's how I ended up here.

CH: Okay and so that nurse who was a nurse practitioner in an adolescent clinic, was she affiliated with Wright State at all?

AT: No, she wasn't, but she was an FNP.

CH: Okay.

AT: And so that was the first time that I really thought about the possibility of becoming an FNP. I had a friend who was a pediatric nurse practitioner. I knew when I went back to get my degree I was going back to get my bachelor's degree so that I could get my master's degree.

CH: Okay. So you were already planning out that career move.

AT: Right.

CH: Okay. So then you looked around at Wright State and what did you learn about Wright State's FNP program at that time?

AT: Um, well, I think there was several things that I thought were really interesting. And one was really the fact that the program was close to where I lived, almost in my backyard, and after driving to get my bachelor's degree, like I just talked about, I was excited about that. Another thing I learned was that in the FNP program, it just seemed like faculty really got to know you. You know like it wasn't just you were in a classroom and you were just hearing lectures. Faculty got to know who you were, and cared about your success. (At that time, no graduate had ever failed the certification exam.) I felt that connection right away in the interview process.

CH: Uh-huh.

AT: Um, and so really I think it took me a long time to decide what to do to get my bachelor's degree and very little time to get, to decide what to do to get my master's degree. I decided and I'm really not a quick decision maker. I rethink things over and over and over again and it turns out it was such a whirlwind. I was teaching just after I finished my bachelor's degree. I had been teaching at Clark State like a year and a half when I truly made the decision to come here, take the GRE, finish the paperwork, and was here within a month.

CH: Wow that was quick.

AT: It really was! I remember the first day on campus I was thinking what have I done?

Am I ready for this? And of course in my way of thinking, which was really mistaken, I thought well I'll just start a class or two in the summer. How hard could that be?

EVERYONE: (Laughs)

CH: The famous, how hard can that be!

AT: I am sure most graduate students could totally relate to that. Truth is that you kind of have those moments not just that first day but occasionally throughout, where you think, what have I done, but by then you're like half way through so you're going to keep doing it. I actually think I've never really questioned that actual decision to come here to Wright State to the FNP program. I was really glad I had done it.

CH: That's neat. So you made that decision, you came onboard and you started like a summer track.

AT: Uh-huh.

CH: And didn't you start full time?

AT: I didn't. I was actually a full time student in the part time FNP track.

CH: Okay.

AT: So I was in the part time track. In fact I started in the part time track that summer but I was a GA so you had to have full time hours.

CH: Okay.

AT: So I wasn't taking the same number of courses as the other FNP students and was always just looking to just get enough credits to keep being a GA.

CH: Uh-huh. But you applied to become a GA right away as a way of helping to...

AT: No, during that summer.

CH: During the summer.

AT: During the summer I did. I was like okay, how do we do that? (How do we apply to

be a GA?) Because then I started to realize after those two little courses that teaching full time and being here as a student was going to be real difficult. My kids, when I started here, were nine and twelve. So I was doing the soccer mom, dance mom, driving them everywhere kind of stuff. And it was pretty clear to me that I was going to need to do some things so that I could prioritize a little better.

CH: And so because you had been teaching in nursing was that one of the ways in which being a GA seemed to come to you? Or was there some other motivation?

AT: No, exactly. That really was it.

CH: Okay.

AT: In fact I started teaching at Clark State knowing that it'd probably be a year or so before I started in a graduate program. And I really liked that opportunity to teach because I wanted to see what that was like and would I like it and, you know, that kind of thing. And so I wanted to kind of continue that as a GA and, you know, the twenty hours a week required worked well with my family. I had already kind of felt like we had spent a lot of money on my education, and being a GA meant less tuition cost. I used to believe that I was using money that could be spent on my kids, on their college tuition, on myself. So I thought my kids would have to be really smart or talented to get a scholarship somewhere and I would tell them that I would work really hard to be faculty somewhere because I was spending their money. Which of course they didn't appreciate but there was a part of me that felt like I had spent a long time incurring debt to go back to school as an adult and it really is kind of a tough route.

CH: It is hard.

AT: In terms of balancing my family life and financial need, being a GA really was a great, I think, opportunity for me. And I worked, I don't know if you know this about me but I worked in the computer lab first as a GA.

CH: Oh.

AT: I worked in the computer lab. I should say most of my time as a GA was in the computer lab; I worked computer lab, skills lab, and as a research assistant. So, I did all the different components that you could do at that time. And, my husband used to just think it was most amazing because I had no real computer background and he is a computer software engineer. And so he'd say they put you where, and why did they do that? At the time I didn't have much computer experience. One of the classes I took that summer was an informatics class, I actually took three classes. I took NP with Family as Client, I took Dr. Nehring's theory class and I took an informatics class. I mean this was ten years ago and I remember it like yesterday.

CH: Sure and that's a pretty heavy load if one thinks about it.

AT: Well yes. I remember. At that time, I had not yet ever been on the Internet. That's what my computer skills were. I was still writing out by hand my papers at Capitol and I remember calling my husband and saying, I have found the Internet. I haven't been on it yet but I found it. He said, be brave, click on it.

EVERYONE: (Laughs)

AT: And so when I got assigned to the computer lab which was that fall I thought I really don't know what I'm doing, they don't really know what their doing, we'll just figure it out together. Which was fine, you know, I learned a lot, and I did okay. And then later as faculty here, I worked with the students using PDAs and my husband just, you know, was still wondering how I could do that.

CH: From his perspective you were...

AT: I was the least likely person to be doing that.

CH: ...to do it but we probably asked you something about, you know, what kind of

areas are you interested in and you probably said in passing my husband is a software engineer and we immediately assumed a level of expertise was part of that.

AT: (Laughs) Well, you probably did and it was not a good thing but, you know, you learn as a graduate student as you get pushed and often what I learned to do with computers was in the middle of the night at the last minute when I was trying to finish a paper or get a paper to print — not times when my husband was awake or available. So his being a computer software engineer really wasn't...

CH: It really didn't help you all that much.

AT: It wasn't really helping me much because he likes his sleep and he doesn't want to wake up at four o'clock in the morning to find out where the paper went after I accidentally deleted it or forgot to save it.

CH: Right.

AT: You know, so we had a few computer issues in our home especially in the beginning. You know especially then. Not that I didn't have that later but especially in the beginning.

CH: So once you had gotten sort of into that first quarter and you were taking these three little courses that you thought would be no big deal but turned out to probably take you a lot of time. At that point you really determined that you were going to need to become a GA and not going back to full time work.

AT: Right. I could not see me going back to full time. No.

CH: Okay.

AT: That wasn't going to work for me. I knew people who did it. And I do think my path here, as a student was really optimal for me. You know, to be in the part time track, I think, worked well. It let me focus more on of the first year on core courses and working on my thesis

and the second year really on clinicals. I do think the FNP program was really tough; it was a lot of work. But for me that was the extent of how I could do it and actually learn something.

CH: Learn and keep your family intact and your priorities straight.

AT: Right.

CH: Well good. You know we've heard a lot as we've done oral history interviews here with people, we've heard a lot about women's role and women within the family and balancing work and school and those sorts of things. So it is a thread that's part of our history.

AT: Well, you know, I had the opportunity a few times to talk to new students who come in to the program, and I used to talk about that balancing act. I used to say there were several things that you had to make sure you did before starting in graduate school to get ready, and one thing was to buy each family member enough underwear to get through two weeks; I used to share, you know, things like that

CH: Survivor skills and strategies?

AT: Right. I remember one time my daughter who was nine, she needed to take cookies to school like we made at home with a recipe with it; well, I just went out and bought cookies. You know? I did put the little recipe card with the peanut butter cookies on the plate. I mean if you want to make peanut butter cookies here's a great recipe. Well, you didn't have to say they were or they weren't your recipe. Those are things later that I, you know, I struggled a lot with those. And I will say this, I was trying to do it all, especially in that first year. Because you know I said to myself, I can do this its just part time. I mean I still would just kind of struggle off and on with these issues through all of grad school. At one point, though, it did get really hard to balance everything and I thought I might just quit. We still did summer clinical in the FNP program at that time. And just before that summer clinical because both my kids would be home and you know that's a real struggle because I was trying to figure out how am I going to do these

clinical hours and have them at home and pay some sitter and all those kinds of things. And I just decided never mind. You know, I had taken this upon myself and I don't want to do it. I think I'm going to be a great stay at home mom. And I, it was really interesting because through that first year I would call family meetings and we'd try different schedules and we'd try all kinds of things. And when I finally decided okay, I'm not doing this. I mean I really had a true melt down. I mean I really was not going to do it. I thought I'm okay with this decision. My husband then had a family meeting.

CH: Okay.

AT: And the kids were like, I will just never forget it, they were in shock. They were like Dad's calling a meeting. Because you know it was always kid of a joke when I called the meeting. "What do you want us to do?" But when he called the meeting and said okay we're going to have to do this. You know because I thought well, if it's all on me then I decided never mind. And I really did mean it and not in any mean way. I just really decided that I just couldn't see that I was going to keep doing it all. At this point, my family really did decide to start doing things differently. They really did decide at that point to help. So my husband after that always did anything that had to do with the kitchen, groceries, and dishes and all that kind of stuff and I did laundry and the kids would occasionally clean or at least take some responsibility for themselves. We used to pull soccer uniforms out of the laundry chute and you know think okay that doesn't look too bad. We learned to joke about it. My daughter's joke - we used to put the vacuum out in the living room so we could act like we were just cleaning up if someone came to the door.

EVERYONE: (Laughs)

CH: That was the story and they all stuck to it.

AT: Uh-huh. We all stuck to it. I mean those were the kinds of things that worked for

us. So the next year was a little better. I think that change was as good for them as it was for me.

CH: I think, that's a great story, I think, to share. I think it really gives an indication of how many people come into nursing or whatever advanced degree with the idea that it's a piece of cake. I can do it all and you really work to do it. At a point in time you recognize that that's not working and unless a family is able to pull together the way yours did and Dad calling the meeting was the symbol that this was serious and we were all going to need to do it.

AT: And I think you just don't realize and it was just one more learning thing, learning situation again for me that, you know, what looks easy, like it looks like other people do it easy. You know, others had a full time job and they're they were a full time student and they looked like they were doing okay. You know I didn't, so I expected it to be easier. One of those stories I have about how others made things look easy and how this affected how I saw myself in grad school was my trip to get Girl Scout cookies. On the way, I thought, "Why am I doing this? I'm doing so much." I was the cookie Mom. I wasn't the Girl Scout leader so I should at least be the cookies Mom, right? There were hundreds of cookies I needed to pick up, my living room would be filled with, would have mountains of cookies and like I needed to be doing that. But you know, okay I felt bad because I wasn't doing more. Anyway, so my hair's standing on end and I go to pick up these cookies because I have a class that night and I'm still trying to write this paper and I am a total mess. And I get there and of course I don't have any of the stuff I need. So, I'm fumbling through the car looking for it and in the car ahead of me is Margaret Graham looking perfectly primed and pretty. And I'm like okay you're running the program and doing all this and that's how you look. That's so not fair.

EVERYONE: (Laughs)

AT: So don't I get points for just showing up in the car and of course I'm trying to hide

in a hat going oh please don't look back here. But the truth is then you realize later that that is the truth for everybody.

CH: Everybody is struggling.

AT: That's the truth for everybody. It isn't about how it looks. And you have to come up with a way that works and I think that was a huge turning point for us. I really do. But the kids still talk about it as young adults. Remember the family meeting.

CH: Yeah, and so the fact that you are in a way a role model in how you cope with a difficult situation and multiple responsibilities is the piece you teach your kids. And they remember if they're still talking about it. That's good that they're still talking about it.

AT: Yeah.

CH: Well good. That's interesting. So, as you moved on through the program and what kinds of things stand out in your mind? Either stories that maybe just stand out or what you were really attempting to accomplish and do.

AT: I think the one thing that hit me especially in the second part of the program for me, was how really immersed you have to be in what you are doing and what you read. You know there wasn't anywhere that I really went without a book. So before ball games and between dance competitions you would find me sitting somewhere in a corner reading a certification review book or going over what I needed to do read for class. You know, I really get car sick easily and so I would come up with a hundred strategies so that I could still try to read in the car. And that was before iPods. It was before things were pod cast so it (reading) was the only way you could really immerse yourself, to constantly just really take in the information that you needed to learn. And I had to learn ways to sort of do that. Later when my kids were in high school and weren't "into" reading or would complain about how much they had to read, I would say to them, hey who raised you? I'd say, "I did read books in front of you and to you for your

entire childhood."

EVERYONE: (Laughs)

AT: You know so things come around full circle; they occasionally read now. But that part (of being in grad school) I remember. Always having something to read and I think that's actually something that I realize now that I actually like. You know, it's really a luxury to be able to pick up a journal and read an article. It's not like a "have to" kind of thing. So that I learned, I think through the amount of required reading. I think the other thing that stands out when I think about that second part of the second year is doing the standardized patient exams.

CH: Tell us about that.

AT: You've probably heard about this from more than one former FNP student as this was a tough part of our FNP program. When I did my first standardized patient exams, it was when they were first starting to do them in the program. And so they were in the old building and they would put up the curtain like in an area.

CH: Was this in Allyn Hall?

AT: In Allyn Hall. And they would just put a camera on a tripod and then you'd go in and talk to the person. I mean the standardized patient exams were a great way to sort of figure out where all the students were in terms of being able to go in, see a patient, talk to them, do an assessment and then make a diagnosis. We would later go in and decide about treatment. But the first ones that I did, well, my background like I said was all pediatrics. The first person I saw was an adult male who had abdominal pain. I was so stressed. So what's happening is the video camera is on a tripod in the patient room and the tape is rolling as I go in to see the "pretend" patient. During the first patient exam, I hit the camera tripod at least once. And then I, and I just don't think that I could be more klutzy and then I realize at one point that I'm standing right in front of the camera; I started wondering in the middle of the exam, how wide am I going to look

on this tape. I mean these are the things that are going through my head and the man is telling me about his abdominal pain and he really looks like he's in pain and he's sweating. And I'm like I cannot remember for the life of me what organ is in the right upper quadrant. I cannot remember and I don't know if I should have him get on the table. I mean I was just, the inner talk that I had was horrible. And so I did do his abdominal exam but started right where the pain was and he went ahhhhh. And I was like "oh my gosh!" At that time the patients used to give you feedback and at the end of seeing him he said to me "I could really tell you were empathizing." I thought, no kidding, I think I was having as much abdominal pain as you were!

EVERYONE: (Laughs)

AT: At that point, I was just a mess. I still had one more patient to see for the exam and the second one (I know some of you have heard this story) but the second one was an elderly gentleman with back pain. And the "standardized" story was that he was working at a, on a highway or something taking tokens. You know, but his back was hurting and so the whole time I was talking to him I was thinking about how to do his exam. I realized while asking him questions, he wasn't giving me any cards. When you get the right assessment information, they give you a card. And I wasn't getting any so that wasn't helping me. But the whole time I kept thinking he's fully clothed and he's got back pain and so I do want to assess his skin and his reflexes and his back I think. You know, and so I'm still talking to him and talking to myself and so finally I said to him, you know, "okay, I'm going to have to have you take your pants off". And as soon as I did that I knew immediately from the look on the patient's face that no one had asked him to take his pants off. So I, you know, I thought okay I'm going to let him do that himself right. So, I walk out and I'm just covered in sweat and I come back and he's just sitting there with no pants on because of course there's not really a sheet. I don't think I had to do a skin assessment or anything. I was so floored I didn't know what else to do. I didn't even remember

why I had him take his pants off.

EVERYONE: (Laughs)

AT: So I pretty much thanked him for being the patient and that was it. And then I was so horrified. I knew he'd had back pain, he'd been hobbling around. So I tried to help the man off the table and then he just looks at me with a straight face and he said, "it's okay I really don't have back pain." I was like oh no, of course he was a standardized patient, not a real patient. What a disaster. I wrote the chart note and I thought they're just not going to let me go on. I'm going to be back in this class again. And so I went to find my teacher; remember that's what I was saying in the beginning that you knew your faculty were people. Then, once I had turned the chart in, I went upstairs to find Martie Teter up on the fourth floor of Allyn. I knew she'd be up there and I thought oh my gosh and I went with a friend of mine and asked her if we could talk and she was like, "what's up." I said, "I asked a man to take his pants off and then I didn't know what to do." And she's laughing and my friend, Kathy Parkinson, turns to me and goes "he had pants on?" She said, "I wrote all about his skin color and his temperature and everything." And I was like well there you go. It was pretty funny. Later when we (the faculty) would, you know, start to teach about standardized patient exams, Margaret would just kind of give me the look, like, are you going to tell the story? And I gave her a look to say don't tell them that story. I was faculty. I wanted to act like I at least knew what I was doing. And Margaret would say, "the students benefit from knowing that we were all students at one time, and we can say we might let you get through this class too as long as you can at least write the chart note about how ridiculous you were and come up with all the things you wish you would have done." I do think it was quite the memorable moment for me. And by the time you are done with doing all the standardized patient exams then I think you really learn to process in a way that you don't care if they have a camera there or not. You really don't. It all didn't matter any more once you became comfortable seeing

patients. It is easier when the camera is in the ceiling and you're not standing in front of it or...

CH: Knocking it over.

AT: Knocking it over and you know all that kinds of stuff. Of course you don't realize that when you're a student. Later we always told our patients to put on a pair of gym shorts and a t-shirt and then we would give them a patient gown. I also learned later as faculty that we made mistakes, too, and there were some funny moments behind the scenes at the standardized patient exams.

CH: Why?

AT: Because your patient wouldn't show up or like one day we had a scenario where people were supposed to be able to identify a rash. And we had underestimated what it was like to draw the rash on the patient and we had diverse patients and the rashes weren't showing up. So I get the bright idea, you know, this was all an hour now before the exam and the patients are in the rooms so they already know the scenario. So I get the bright idea for us to print off the rash, which makes sense, but then it was a rash on their backs so we were going to tape it on their back. So then we thought as faculty maybe it was a good idea to laminate them. Right? So we go to laminate them and the rash smeared because the laminate was hot.

EVERYONE: (Laughs)

AT: We've decided to just go ahead and just tape the rash and these people, on the patients backs anyway, you know, just so that the students would know that there was supposed to be something there and show them it. Some of the students came out and later asked why did they have a piece of paper on their backs? (Laughs)

CH: So in other words a paper with a picture of a rash on it taped to the standardized person to show.

AT: Yeah, that was not the best way to do a scenario of a rash. But what I want you to

know that as a faculty we tried to problem solve together. Carol Nikolai came up with this sort of saying that she used to say when we ran the standardized patient exams, she's say we were ducks on a pond. She said you know how you see ducks on a pond and they just look like they're just gliding along and it's all so serene? Well, underneath they're paddling like hell. That is exactly what it was like on both sides of the standardized patient exams.

CH: The students as well as the faculty were struggling.

AT: Yeah, the students thought we were gliding and you know we weren't. We used to say that it would add to their anxiety if they knew we were running around trying to figure out how to show a rash on a back an hour before the exam.

CH: Right.

AT: But we just, you know, I think we learned from those experiences.

CH: So that whole idea of using standardized patients was something that came originally out of Medical School curriculum, began being used in the FNP program and then would you say was modified by the faculty to really meet the needs of what they were trying to do.

AT: What we ended up doing as faculty was looking at how best to use these exams; we spent a lot of time as a group looking at the basic expectations of a nurse practitioner, looking at what the national standards are, and looking at what do we expect. You know let's, for example, say the standard is that you're supposed to address safety with every patient. We didn't ever say to the student with this patient you have to talk about safety in this specific way. You know, in terms of checking the temperature of their hot water is or in terms of guns in the home or those kinds of things. We would just say as long as they addressed one thing about safety. And so what we ended up doing from those experiences and learning, (because at the beginning it was a medical kind of a model) was how to see if our students were comfortable with doing assessment

and could they do a quality assessment. And what it became was a nice way to note our student's progress. For example if you had a student struggling but the preceptor had high expectations, it was really hard to know (before the standardized patient exams) was the student actually at the basic level where they needed to be, or were that not meeting expectations.

CH: Right.

AT: Well or other people who had preceptors who had lower expectations and faculty might have thought they were struggling so it was a way to just sort of level the playing field and really, and that's why we used standardized patients. With these patients, every student saw the same type of problem and then what we did was use the national standards for basics to assess are the students meeting those basics. And what we would do is each quarter, is lift up what we expected of the students. So in the very beginning and that's why that story with the pants, in the very beginning could the students stand on their feet. We had students that would just want to run out of the exam and say never mind I'm done. And we would actually go get them and have them come back.

CH: Come back and stay in the program.

AT: Yes, and stay and see the patient. But eventually to be able to go beyond that, to say, okay what do I do if someone shows up and I'm diagnosing them with a really serious illness, you know, diabetes for example and know what referrals were needed and how to use a team approach for patients. And so we would each quarter, we raised our expectations so that students would be ready to practice by the end of the program. Every quarter, students would see two standardized patients at midterm and then two at the final. And during the years I was here as faculty, which was 2001-2007, the National Organization of Nurse Practitioner Faculty was looking at those types of criteria and exams. So the faculty of the FNP program at Wright State, we came up with an objective way to grade standardize patient exams, which was very

important as we started the online FNP program. We could know how our students were doing as they went through the program.

CH: And so in an online program and this was probably one of the first probably online FNP programs in the country that was developed here. How were you doing the things like standardized patients?

AT: Well what the students would do is come back either once a quarter or once every other quarter and then they would see all of the standardized patients that they needed to see at that time. So they would still take their written exam online at the same time as their classmates, but they would come back here to campus and then see their four patients or their six patients or depending where they were. They had the same requirement to see the standardized patients, but could schedule all of them at the end of the quarter if that worked best for them. The other thing we did was to send them video of a former student doing a standardized patient exam so they'd have an idea before ever doing an exam of what it was like. But it really, it really changed how we did online education because we could say this is how we can say we have confidence in our students, in their clinical ability. And it also helped the student because you could say I did do these things so I know I'm at this level and I can actually do this.

CH: And there was, there was a little skepticism around the community, around this new methodology of teaching online, online teaching and what could you and couldn't you do.

SIDE A ENDS

SIDE B BEGINS

AT: Okay, I think what you were just saying, Carol, is that there was some skepticism about online programs. There really was and I think the other reason that we decided to rely more on standardized patient exams is that was the time when we started really looking at what we expected of preceptors because it became more and more hard to find preceptors.

CH: Okay.

AT: And not because they weren't there but because, you know, after a decade you're going to start saying, "well now wait a minute." One of the things we could tell preceptors was certainly they could still communicate concern but they weren't totally responsible for whether the student went on or didn't go on.

CH: For evaluating.

AT: Yes, and that changed a lot for the preceptor because they weren't responsible for failing the student.

CH: They could be more focused on how they taught and supported where you, as faculty, took on the responsibility of evaluating.

AT: Exactly. And I could address progress with the student. What we did at that time was we did three things because we still had a faculty practice at the Wellness Center. So we'd work with a student at the faculty practice at the Adolescent Wellness Center. We would watch some of these standardized patient exams and grade them against their peers and against the basic standards. And then we would do a site visit where the preceptor could talk about how they were doing. If the student was out of state, or if we had a student out of the country we would all fight about that one because we wanted that one.

CH: You wanted to go ahead and go there? Did you ever get to do that?

AT: No. No, we didn't go out of state or out of the country. We just wished we could. In those cases, we could just chat with the preceptor and then we could address any concerns. I think that initially that preceptors thought about online education the way that I first thought about taking a couple of classes, how hard could that be, right? I do think there were people who thought well online education, how hard could that be?

CH: Right.

AT: Well that's changed. As an online student, you really have to read, and know your own deadlines. I would not be a good candidate to be in online education because I tend to be a terrible procrastinator and I would be putting things off, whereas if I had to come to class I would get things done. And there were definitely students who would choose the online program and then realize oh, maybe that wasn't the best thing. The changes in technology really helped and really challenged us. And so it was, I think, an exciting time for the FNP faculty.

CH: It sounds like you're telling us that really here at Wright State some of you as faculty were really on the cutting edge of this new technology of teaching in this way, this type of nursing program.

AT Yes, we spoke nationally several times.

CH: Okay.

AT: We spoke nationally about the online program when we started it. We spoke nationally more than once about standardized patient exams. The first time was just the kind of how we do it and how we standardized the scenarios and what things work and what things don't. Like probably the rash was not the best, but there were other ways to do it. But we also spoke about the grading templates. We did a workshop on the grading template itself to discuss how you do objective grading instead of just allowing a faculty to say I think the student did well or poorly.

CH: You wouldn't know why or why not the faculty thought that.

AT: Right. We had to work out our expectations, like should the student listen to breath sounds for every single patient? Do you do a cardiac exam with every single patient? I mean those were some of the things that we would hash out. And then trying to use national standards to do that we were, we were always just a little bit kind of pushing the edge with that. And I think we were compelled to do it though not only because we started the online education, but we were

all like, "how are we going to know how our students are doing?" Right? You also sort of get that uneasy, they're sending me these journals for hours, but how do I really know.

CH: How do I know that they aren't just making this up as opposed to really doing it well?

AT: Right.

CH: I'm hearing that there was a lot of work together as a team to be sure that you were delivering the quality product together.

AT: Yeah, we worked together as a team.

CH: Good.

AT: It was great.

CH: Interesting. And so you've shared some things about students and you've shared some things about peers. How about administrators within the college and the university at Wright State? Are there any things that stand out either when you were a student, Alice, or, as you became a faculty member that have to do with that?

AT: I think as a student, you know, I think as a student there's always that part of me that really wants to stay under the radar.

EVERYONE: (Laughs)

AT: So, when you are actually involved with somebody outside of your faculty you're like: please no, I don't think so, never mind. I didn't want to get unnecessary attention. When I was here at Wright State, the requirement was still to do a thesis. And I had the advice, actually I think it was very good advice, from a former mentor of mine at Capitol, because I just couldn't decide the topic and she said, "just don't take your first love." Meaning, just don't take what you know you really want to work your career on because, you know, you're going to be brand new at this it's going to be beat up a few times and this way, you know, if you ask around for a topic

you can avoid that. And so actually that's what I did. Margaret Graham and I lived about a block and a half from each other and as a student I just went in and said, "Okay, help me. I've got to come up with a topic." Of course, you know, we do that sometimes as students and as faculty you're like oh great I'm picking a topic. But actually we'd had quite a conversation about what I was interested in. It turned out that Dr. Graham had just attended a workshop about adolescence access to tobacco. And she had said, "We live in the same community, why don't you see how easy it is for teens to buy cigarettes?" And that really started the process about how I learned about systems here at Wright State outside of the College of Nursing and Health. Because as I was doing it and was working on this in my research course and the seminar course, each faculty was like you know this is a great idea but I don't think you're going to be able to do it. I don't know how you're going to be able to do this. My goal was to find out how easy it was for teens to buy cigarettes in two different communities. And one was Beavercreek and one was Bellbrook and they had some similarities. They were just different in size at the time, both had rural roots. The reason I'm telling you this about my goal and what I heard from other teachers is that I finally went back to Dr. Graham and said you know I'm kind of hitting a wall as I am doing this research; she said well let's find out if you can do it. And so that started the process of me meeting with the dean, no the president, no the...the....

CH: The chair?

AT: Yes, the chair of the IRB who suggested that we meet with an ethicist and we meet with Wright State's attorneys and we meet with legal counsel. Because there was the question of if I'm using, Um if I'm having teenagers in this study, am I asking them to break the law? At the time it was not illegal for teens to buy cigarettes but it was illegal for the retailers to sell.

CH: Okay.

AT: But the question was because I was using teenagers in the study, but they weren't the

subject of the study, will Wright State's insurance cover them if we got in a car accident. And then if the retailers were harmed, if the information came out about this study and they were harmed and I'd say well no, no it's going to be confidential, but then the truth was and this is what the chair of the IRB pointed out to me, if there was a real concerned parent in the store watching the teenager buy the cigarettes, would they call the police? And, anyway, so we did all this and I think I might be one of the only students who actually had to talk to the entire IRB. The decision of the IRB was that I needed to get immunity from prosecution for the retailers in the study from Greene County because these communities were in Greene County, and I needed to make sure they knew about the study. And so I kind of had this work all done, and had arranged for the note to be sent through Wright State's attorneys. So I had met all of these folks, you know, outside and inside of Wright State; the chair of the IRB, the full IRB board, an ethicist, and the attorneys. I did then get a response from Greene County; I got a letter back from the Greene County Prosecutors office that said if I proceeded with the study that not only would I be subject to a fine and imprisonment but so were the study subjects.

DMC: Wow.

AT: I still have that letter at home obviously. But what we ended up doing and of course and this was when I really got to know Dr. Graham because she said, "Well let's just go ask about that." Because I thought, of course, well that's it, it's over, I am not going to be able to do this thesis. But you know you learn in those types of situations that maybe there are other ways to get things done. So, we set up an appointment with the Greene County prosecutor but then also brought someone with us that knew him, okay, Jane Hutcheson who worked here and her husband was a judge in Greene County. That was Margaret Graham's idea. Actually when we all met, (Margaret, Jane, me, and the prosecutor), we had a very quick discussion and about how no harm would come to the retailers or teens, how it was a research study not meant to be punitive.

And it just, the whole thing was real interesting. We had a ten-minute meeting and we had everything signed. And so I could go back to the IRB and got to be able to do the study. And the study was so much fun. Actually doing the study was just great, you know, there were four different days that I took teens to see how easy it was to buy cigarettes. And what we did find is that, if the cigarettes were over the counter in terms of on a display where the teenager would have to...

CH: Behind the counter?

AT: Yes, if they were behind the counter it was harder for them to buy because they had to actually speak; the teens were fifteen years old and it was probably more obvious when they spoke. But if they could just grab them and put them on the counter it was easier for them to buy. So to go back to your original question, this is how I learned about systems outside of the College of Nursing at Wright State. You know there are sometimes, those hidden systems you don't know about but I got to meet folks in a lot of different areas here at Wright State.

CH: Yeah, you were pushing the envelope again with something new and different in terms of research for nurses and pulling all the right people in and a little bit of political ...

AT: Yeah all of that at the same time.

CH: It's very interesting. And you were able, I believe, to go ahead and publish?

AT: Right. At the end, the article, I did write an article, I'm stuttering because, actually, you know how I was kind of full time in the part time track? I did an independent study with Dr. Graham at the very end of my program to get that extra credit hour that I needed, and as part of that, I worked on several different approaches for articles. I actually thought it might be interesting for an article to be written how to use teenagers in a study. Like how to get the insurance coverage for that and what that meant and their perspective. But the Journal of Nursing Scholarship was interested in the actual study. You know, how it was done and what the results

were and how easy it was for teens to buy cigarettes. And so I, you know, during that independent study actually wrote back and forth to the editor and had sent several topics and she had me write it up. And she actually had said at the time that she edited it, "it needed very little editing and that was a first for her." It was published probably six months, to a year after I had graduated. Yeah, it was great.

CH: And so this very highly prestigious, international journal publishing research that had been done by a master's student, was obviously quite an honor at Wright State but the fact that you really learned enough about this whole process to really do a good job is something to be proud of, I think for both you and Wright State.

AT: Well thanks Carol. Yeah.

CH: So.

AT: When I look back on that, the actual doing the study, I think about how what I was really unsure about actually turned out to be really quite fun. The subjects couldn't lie. So they had to say they were fifteen if they were asked. They were all non-smokers; they couldn't say Marlboros which is what mostly white Caucasian females smoke. And so they had to learn to say that and they had to learn to ask and they'd get all nervous and shake when they tried to buy cigarettes or if there was a cute guy in the store. One teen went to buy the cigarettes, and when she had them in her hand, turned around and her high school principal was behind her in line.

EVERYONE: (Laughs)

CH: And so at that point?

AT: At that point she said, "I don't really want these and threw them on the counter and then grabbed her principal and said you need to come outside I have someone you need to meet." Because I had a letter with me that said that they were really study subjects.

CH: Okay.

AT: And she said her principal was going, "It's okay, I believe you. You could have just done what you needed to do." So it was all just kinds of things like that that made doing the study interesting.

CH: Terrific real world experience of doing what any kind of research, whether it is with test subjects...

AT: Right. So it was, it was a great thing that it was published. It was great fun doing it. It was truly, you know, and Margaret Graham wrote that article with me and really helped me figure along the way what to do. Especially at that point when I got that letter that says okay no. By the way, I got that letter pretty close to the time when I was having my melt down so I kind of thought well maybe I could rest for a little while in jail.

EVERYONE: (Laughs)

AT: You know for a short time.

CH: Would be peace and quiet.

AT: Would be kind of quiet. I could take some books.

CH: Oh great.

AT: Finish writing out the thesis.

CH: Yeah. Well what kinds of things have we not asked you about that you think your story would not be complete unless you shared with us?

AT: Um. Good question.

CH: We always sort of ask this because we know that we may not always ask the right question to get an important thing.

AT: I don't think so. I think I pretty much kind of reminisced with what I remember most about it. And I think the other piece to it and I kind of went back and forth between being a graduate student and being faculty. I do think that those two are very blended. You know, I

worked maybe a year and a half after graduation before I came back here as faculty at Wright State. And I really at the time didn't think I knew enough to do that.

CH: To come back as a faculty member.

AT: To come back and teach anyone how to do this job that I wasn't really sure that I yet knew how to do. But I do think I was fairly convinced that by my colleagues was what I could do was say what it was like in early practice. You know, and later learned that when preceptors would say oh, I've only been in practice a year, I'd say, "you're just amazing for the students because it's great for them to learn what's it's like the first year." And I, of course it didn't matter that six years later I was still saying that I was new in practice.

EVERYONE: (Laughs)

AT: But the piece I wanted to share about that was the final thing that I did really want to say was that I do feel like I learned here what I needed to learn. You know I, what I really learned was enough about assessment and enough about listening and enough about communicating to kind of know what I didn't know but pick up the pieces that I needed to pick up. And there were a lot of times, in practice, that I would be faced with situations that I just really felt totally clueless about but when I got through I would go well, I was real prepared. Off and on during those first six months of practice I would think about how I was well prepared.

CH: Because you were able to know how to use resources?

AT: Right. How to use resources and the other piece that I learned that was so important was really that much of advanced practice was about communication and assessment. Those are the core parts of nursing that that really kept you safe in practice. At the end when I graduated from my master's program, I used to say that I now know what I wished I would have known when I graduated with my bachelor's and still not nearly what I need to know now. But I had a really good, healthy sense of there was still so much more to know. And I think that I really was

well prepared. That was important for me to know. I do have colleagues who felt like they weren't prepared within their programs, and I think that would be an awful thing. So I feel like with the foundation I had from my courses at Wright State that I was well prepared. Didn't always know what to do but if I didn't, I could at least find an answer.

CH: Yeah. It sounds like you really knew how to go seeking out and talking other people who might know or the Internet.

AT: Absolutely.

CH: That faded Internet.

AT: Yeah, click on that and see what you find. And I think what you find and that's kind of what you learn in graduate school here at Wright State and what I learned over and over again even as faculty is if you are willing to say you don't know, then there are times where the faculty is going to send you back and let you find out. You know and there are other times when you find out there isn't any answer, so you come up with an answer amongst yourself.

CH: You problem solve until you come up with what to do.

AT: Absolutely. And so it was in the midst of when things are really hard you don't want to go well this is really good for you but afterwards...

CH: Afterwards when you are reminiscing for the purpose.

AT: Decades later you're like, you know that was a really great learning experience.

CH: Yeah. It's real interesting just as we are talking with you today, Alice, and your timeframe of being a graduate student here at Wright State and then a novice, fairly novice faculty member back in the program, in many ways recurring scenes to some of the very early days at Wright State, the beginnings of the graduate program at Wright State as well. And so as we do this Oral History Project I think that's one of the things we learned from it is that many things just continue and cycle and that students are saying some of the very same things about

what they got in their education at Wright State. And so we have to say that some of those traditions that were important at the very beginning must have been important enough that we continue to carry them through with changes in faculty, administrators, new groups of students, new technology, new learning methodologies, and these new roles in nursing.

AT: Right. Absolutely.

CH: So some of that continuity is very interesting, I think, just to sit in here and appreciate you really expressed very, very clearly some of those things coming through. Do you have any questions Donna?

DMC: I don't think so.

CH: Thank you so much.

AT: Oh, you're welcome.

CH: You really do a great job telling stories.

AT: I'm a real talker.

CH: But you're very descriptive and you also make a point with the things that you say which is just...

AT: Oh good. Okay. Thanks.

DMC: We need to get this approved for orientation for your class.

CH: For orientation about?

DMC: For 791, don't you think?

CH: Oh, you think?

DMC: Put it in the first clinical orientation.

AT: Me bumbling through?

DMC: No, but I think your story, you're a survivor. I call it, I used to teach in 707, I used to put that music on for survivor and I'd bring people in who had these stories.

SIDE B ENDS

TAPE ENDS

* This transcript has been edited by the interviewee.