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Kuhn, Brenda interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

BRENDA KUHN
APRIL 28, 2009

CAROL HOLDCRAFT: Okay, so we're going to get started today and this is another one of our interviews in the Oral History Project of the Wright State University College of Nursing and Health. And today is April the twenty-eighth, two thousand and nine. And in the room with me today is Dr. Brenda Kuhn and?

DONNA MILES CURRY: Donna Miles Curry

CH: And?

JAMIE GERDEMANN: Jamie Gerdemann

CH: And so we're going to go ahead and get started. Thank you so much for coming today.

BRENDA KUHN: Thank you for inviting me.

CH: We really appreciate you participating in it. So, we'd like you to start by telling us a little bit about your relationship to Wright State. So when you initially came to Wright State, what was going on, a little bit about your background?

BK: I'm going to back up just a little bit.

CH: Okay.

BK: And talk about how I got into nursing because I started as an associate degree nurse. When I was fifteen my best friend was diagnosed with cancer and she died at seventeen and as I watched the nurses take care of her it just gave me a desire to want to be a nurse. So, I went to an associate degree program thinking I would do two years and be done with school and care plans forever. Only to realize care plans were a lifelong journey as was learning. And so when I finished my associate degree it was still in the very early ages of Wright State where there was a

lot of controversy about entering the practice and bachelor's degrees and who provided better care. So what I realized is that I did want to go ahead and get a bachelor's degree. And so I came to Wright State and it was back before you had articulation agreements, so I got to repeat a lot of classes or test out of classes. If you could pass the test and do the clinicals you didn't have to take the class. And so, there was some classes that that worked very well for. We did that for community health, we took the test and then a group of us got together and went out to a nursing home and did a project on stress management - - taking blood pressures before and after which was a lot of fun. I did it in a couple of weeks that you would normally do over the course of a quarter. There was one that was stressful because I took the test, did my clinical that evening, had to have a care plan in by eight o'clock the next morning and I worked the night shift that night.

CH: Wow. You were piling a lot in that twenty-four hour period.

BK: Yeah but it was turned in at eight o'clock and it worked well. So, that was my bachelor's degree, I was working full time and going to school full time. So, it was kind of a busy time.

CH: So, tell us a little bit just because I'm intrigued by your starting out this way, tell us about what influenced you in deciding, having gotten your degree as an associate degree, become a registered nurse and started working. What was it that motivated you at that point?

BK: I was a first generation college graduate in our family. So I'm not sure I even understood when I started school the difference between an associate degree and a bachelor's degree. I applied at Kettering College. It was the only college I applied to; I didn't realize you should or could apply to multiple places and maybe be accepted at multiple places. But when I started practicing you realize then that there are other degrees and you could get further education and so that was when I decided to go back and get my bachelor's; I did it right away. I

graduated in the Spring/Summer and then started in the fall. I worked full time in ICU and went to school full time to complete by bachelor's, while I was working in critical care at Good Sam had participated as a BCLS instructor and had helped to coordinate community wide programs for continuing ed. hours. I thought I might want to teach, I decided, at that time to get a Masters in community health and nursing education. So, I started the Masters program and then I went and talked to the Dean at Kettering College of Medical Arts about requirements to become an instructor. They actually ended up about six months later having an opening and she hired me. What I learned in school was very helpful with what I was doing in my job, which was great.

CH: So, you were actually still in the master's program when you were hired and did become in the faculty role.

BK: Right.

CH: And who was the Dean at that point?

BK: Chris Perkins, an amazing lady. You were just talking about working on your documentation for your accreditation visits, we were writing our NLN report. And I can remember doing pieces of that report to meet my requirements for school.

CH: Sure. That was very, very appropriate kind of project to be working on.

BK: Yes, and she didn't expect it but because I was in school I could go to her and say there are things that I need to do and I know that you're working on this and would you like me to do a couple of them. So, she was thrilled and I was thrilled because I could complete the assignments. That was great. During my education at WSU I developed some friendships, one of the best being with Gloria Goldman who is the current Dean out at Sinclair in the Nursing School. It's been great to keep that friendship up over the years and have colleagues.

CH: So she was a colleague master's program with you?

BK: We were in school together.

CH: You were in school together.

BK: I can't remember if that was my bachelor's. It may have been in that community group that I was talking about. The relationship has been helpful because coming back into the community I had that connection and so in my role as Chief Nursing Officer when we wanted to develop stronger relationships with Sinclair you could refer back to days of being in school together.

CH: Okay. Very good. So, that's how you came to really be at Wright State was first of all as an RN to BSN student only your method of doing that as you said is different than it is today in that you had the challenge exams, I believe is what you called them.

BK: Right.

CH: Or proficiency exams, I'm not sure what you called them.

BK: They were challenge exams. (Laughs)

CH: Challenge exams that's right. And they were a challenge huh?

BK: They were a challenge. It was essentially the final exam

CH: For a nursing course.

BK: For whatever that course was and then you had some sort of clinical requirement.

CH: To be able to meet the objectives. And so were you able to remember, were you able to challenge out of most of the courses that way?

BK: There was one or two that I had to take but there were several that I was able to challenge that way.

CH: Okay.

BK: So that worked really well.

CH: So even though that sounded like something that was pretty challenging and demanding, it did sort of allow you that opportunity if you took it on and you were able to do it sort of hop, skip through what you really did have a knowledge base and a skill base to do.

BK: It did and you realized pretty quickly that there were significant differences in what you learn in an associate degree program which is highly focused on the clinical setting in a hospital. And when you get your bachelor's degree it has the leadership and the community health and family health.

CH: And so, did you do a lot of sort of independent study as you were preparing to take a challenge exam? In other words, you didn't just come in cold and say, well gee I think I'd probably know this stuff.

BK: No, I would get the syllabus and look at what they were required to do and go through and review what I had studied. I don't think you would have been able just to come in cold.

CH: Just to come in cold and do it, get the book and do a little reading.

BK: Yeah. ()

CH: (Laughs)

BK: I do remember that. But it was a great alternative at the time. I mean when you think about the transition and now the articulation agreements are great but that was, I think, very innovative at that time to not just say you have to take each one of the classes but you do have that body of knowledge and they were all willing to recognize that.

CH: Right.

BK: And give you credit too.

CH: It gave you that opportunity to show it.

BK: Right.

CH: You had to step up to the plate and show it. And I think you mentioned the controversy but I think at that point in time there were some people who, some nurses, who were a little intimidated by that idea that they would have to step up and take a test and do a performance evaluation piece as opposed to just sort of getting that credit. I remember something at that point in time people would say well, we're not going to get blanket credit for anything. I remember some of the administrators who knew more than I did at the time saying we're not going to give blanket credit for anything but if anyone can step up and show what they know.

BK: You know you did have to prove yourself. Instead of saying we believe that other organizations, if they cover this content would prepare somebody to move into our program, which is how it is today but they were on that journey of not just saying you have to take every class.

CH: Right.

BK: So, I just happen to hit in that transition period but it was nice to have that. You had to study. It was rigorous. You had to do the clinical piece but again it was this point, you know small amount of preparation compared to taking a whole course. And when I worked nights it was very helpful because otherwise I would have been taking more clinical.

CH: It might have stretched it out over a longer period of time. So, did you have a cohort of peers, of students that you traveled through with or because you were doing it was it more of an individual process.

BK: It was more individual because I would take a class and then I would challenge a class. You didn't end up with the same cohort.

CH: So, what was that like for you to step in and out of the group?

BK: It was ok. I look back and I think I must have been so overwhelmed. You know being a new grad, working in ICU full time, nights and I went to school full time and carried between thirteen and seventeen credit hours. So, I'm not sure. I appreciated the people who were colleagues when I was in a class but at the same time the balance goes and at the time I was nineteen so I'm sure I was balancing boys as well. It wasn't an obstacle for me whereas today it's so much more, structured is not the right word, but you know you can plan on going to more classes and you develop more friendships and I had that with my associate degree because the people you started with were the people you went through with but when you're skipping classes the program met my needs very well and so it was fine having different friends along the way.

CH: And so actually you were mixed in with the traditional students when you happened to be in a class with them for just one quarter and then off to do something else probably.

BK: Yes, it was nice because I was already an RN and I could give them encouragement because they still had to take the NCLEX which wasn't called NCLEX back then. But learning took on a different perspective because you were now not learning to pass state boards, you were learning because that's what you wanted to do versus when you are learning to pass state boards you just have to study differently versus if you're learning because that's an opportunity that you have.

CH: Right.

BK: So it was nice that I could encourage. I do remember in the classes you can talk to people about already completing them and back then state boards were two days. So you could help them to understand how things that you were covering in class and clinicals would help them with the boards.

CH: So, you moved out, you moved through the bachelor's program and what are your recollections of interactions with faculty members? With administrators and kind of think about who maybe stands out in your mind that you remember from that timeframe.

BK: You know the faculty were very supportive even though I know that there was probably some controversy about letting people test out because that was still fairly new. People were very supportive and when you have this challenge exam and you had to do your clinical in the short term, the faculty would engage with you very quickly so you had those relationships. And you just felt like they were a partner with you in your journey even though you knew that your journey was very different than many of the different students that you were with at the time.

CH: Yeah, my real recollection was that the faculty was supportive of the methodology and it seemed like they got paid a little bit to do the challenge exams and so obviously that might have been a motivator for doing that.

BK: As a student you didn't realize that but it was nice because when you have a whole quarter to get to know a faculty person you learn so much from them and their personal experience and their philosophy of nursing. And so when you're capturing some pieces of that in a very short time period it was nice to get that experience.

CH: The relationships. The connection.

BK: The relationship, their philosophy, you wouldn't get it in the same depth that you might otherwise but you still felt very supported in that journey. Some of the faculty is still here today. Susan Praeger was here when I got my masters, and one of my faculty and you were also here then.

CH: I probably was.

BK: Donna Deane was but she's not here any more. And the faculty were very supportive, don't know that I see them any different then I see them today, very supportive of students, very engaged to help students in their personal journey. Every student learns differently and every student has somewhat different aspirations with what nursing means to them and why they went into it and helping people to think through what they want to do with their nursing degree and what that's going to mean for them is a role faculty take on. I think faculty play a key role in this as you go through the school.

CH: Anybody in particular stand out that really helped you formulate some things that maybe you went back to?

BK: Susan was very helpful in my journey.

CH: Okay, tell us a about that a little bit.

BK: I just remember spending more time in her office than in other offices. (Laughs) And I think part of it was, I must have been thinking about am I interested in a Ph.D. and she had hers. And again coming from a family that didn't have anybody who'd been to college before I was still on a very steep learning curve about what a masters meant and a Ph.D. and why would you go to school for all of that. I just remember thinking, here's somebody who's gone to school to be a doctor who is a nurse and being very intrigued by that. I did not understand this initially, but as I spent time and learned and realized that her knowledge base was so much broader than, you get in an associate degree or when you have a bachelor's degree. I think that's when I began to appreciate every time you get another degree, or another body of knowledge, the grasp of your understanding just gets bigger.

CH: These are the things that you learned way back in the earlier time.

BK: Right. And the critical thinking skills, so I think that's probably when I started thinking about a Ph.D. was from the time I spent with her.

CH: And so you did, you sort of did the associate degree, the bachelor's, the master's, boom, boom, boom. You kind of kept going.

BK: And then another master's. (Laughs)

CH: And then another master's. So what was your second master's?

BK: I received that from Central Michigan in Health Care Administration.

CH: Okay.

BK: Because by that time I loved teaching but I had the opportunity at a very young age, which was amazing, I must have been twenty-three, I started teaching and then at twenty-four I got to coordinate a class for the faculty, the student rotations, all the students and that I just loved. I thought, administration, this would be good. So, then my next year I got to coordinate all of first year. I went into Health Care Administration, Central Michigan has the campus close by. And so I was very intrigued by that and then we ended up moving to California for fifteen years and took an administrative job more because the teaching jobs weren't available, just the time we moved wasn't the right time to move into a faculty role. So, I thought I'd do administration for a year and then I'll go back and teach but then you realize in administration you're doing leadership and teaching probably very similar to teaching you do both. And so I just stayed in leadership then, after that. I've always taught, love teaching. So my first love and that first master's degree has stayed with me and I taught courses. Now I just teach a class for Wright State, one class a quarter. So that's what I kept but it's nice to stay connected with the students and do that.

CH: It really is. So, I'm hearing, kind of as you're relaying what you did educationally you began to have opportunities in the practice arena whether it was teaching or clinical practice to begin to pull all of those things you were learning into place. So, people were recognizing some of your skills and abilities and leadership to be able to move you along in that direction.

BK: Oh yes. To pull from your educational experience. And my first master's was in education, with one of my first classes being on curriculum. Even though I'm the Chief Nursing Officer, I will use this information as I work with educators. So, it's been very helpful in my role as a Chief Nursing Officer to have the background of community health, health care administration, nursing education and then my Ph.D. was in public administration. When I looked back I thought hum, government impacts us and I've never taken a government class, so that became my focus for my Ph.D.

CH: So, that was kind of, at that point in time when you were ready to seek that, that was a piece that you wanted to pull in. Is that how it happened?

BK: That was the one piece I felt I still didn't have formal education on - - How public policy impacts healthcare.

CH: And then did you follow up with some career change or employment change that really pulled in that public administration? Did you work in public administration ever?

BK: No. I think I've been lucky in along, as I've thought about career paths, my education has paralleled them. So, when I was teaching I was working on my master's degree that had the education component. And then, I just finished my master's in health care administration when we moved to California and I obtained a director job. And then I became the Director of Quality while I was working on my Ph.D. I then moved into the VP of Nursing. I became the Director for Quality because my dissertation was going to be on the impact of case management on cost and quantity of health care and our organization wanted to start a case management program. At that time the director didn't think it was a good idea so they asked me if I would do it. Because I was in school and because that was where I was going to focus my dissertation it gave me a great career opportunity. I spent three years outside of nursing in the quality arena, which gave me a great understanding of the medical staff structure in a hospital,

very different than the nursing and administrative structure. I spent three years in Quality, which was great for my next position, VP of Nursing, because the respect physicians had for you since you had learned their world was very different. And so again that education piece and my dissertation were instrumental to me as I moved into my role as VP of Nursing. As a VP of Nursing there's a lot of activity related to legislation. As I look back over my career and education, my educational path has been so instrumental in helping me with my career path. And I'd love to tell you that was all planned.

CH: (Laughs)

BK: My mother reminds me I was going to go to school two years and be done.

CH: And one of the things as they've studied women in women's careers, what they've come to say is that women don't typically plan out their pathway and opportunities and timing plays a big role in terms of how their career unfolds as they move along. And it's just a different model than what the typical man follows when they looked at women's careers from people that are sort of out there doing important things and tracing it back. It's just really different pathway and the way in which it comes together. So, the part that you're describing even though as you talked about it you really moved along at a very young age through these kinds of things. It sounds like you pretty much always worked?

BK: Uh-huh.

CH: It sounds like you moved from one step to the next to the next and really moved things along and yet as you say it wasn't that you planned it out from start to finish but took advantage of those opportunities and the timing and the education that was changing you.

BK: And people have been so gracious. And I think one of the things I've learned as I look back is how gracious people were in the school setting primarily to help answer questions and mentor. That has really impacted, when I get phone calls from people that I don't know I

will give them an hour. You think I don't have an hour but you remember people were so kind to give you an hour, to help you to better understand why this degree versus this one or one career path versus another. Chris Perkins, who was the dean at KCMA, was very gracious, she didn't know me when I made the appointment, I just wanted to talk to her about if I ever wanted to teach what I would need to be able to do that. I had already started my master's but just didn't know if you needed to do other things. People in their willingness to mentor younger people in their career journey has been very helpful to me. Again, coming from a family where we didn't have relatives that had been to college and we didn't have career paths. I come from a great family of blue-collar workers but you didn't have a career path or someone coaching you.

CH: Right.

BK: It was very helpful to me.

CH: It seems like one of the things that you're doing now is your focusing on mentoring as an important aspect. And so, you've evidentially decided that that's a piece you know and understand now having gone through it.

BK: Well, I've worked very hard to keep or build really strong relationships with the schools. You know one of the questions as I was looking at this was how did your experiences at Wright State impacted you, and I think it's even more important now being on the practice side to be able to have relationships with the schools to help create the future for nurses because we have such a responsibility on the practice side to create a good environment for students to get experiences. And then, make sure that the experience is good for the student and also good for the nurse, we must focus on the transition of nurses into the practice setting and making it a great experience. When you read the statistics of how many people leave their jobs in the first year nobody went into a career thinking I'm not going to make it the first year in one place. And

unfortunately, we then lose some of those people out of the profession and we are not a profession that can afford to lose our future.

CH: So your start you traced back over to Wright State some of those ideas and the relationships that you built.

BK: Yes, I do.

CH: And you have managed to stay close to the college over the years. What are some of the things that you've done to kind of keep those relationships going?

BK: I think getting both my bachelor's and master's here was helpful and then when I was out of the community for fifteen years but when I came back one of the colleagues that had worked at Grandview was teaching here. We connected and wondered how we could improve experiences for students and then the faculty, Judy, was great to say wouldn't you like to come and teach a course, a class. She was always so respectful of my time but I almost feel like she's doing me a favor asking me to teach because it's great to see the students and see the future of nursing.

CH: So, you came into the first, do you come in to the 209, the beginning class?

BK: I teach the politics and risk management and nursing practice and that kind of thing.

CH: Uh-huh.

BK: It's a great class. It's wonderful to see the enthusiasm of students.

CH: That's neat.

BK: Explaining to them if they have a driver's license what does that mean and how does it relate to a license in nursing.

CH: Breaking it down to the very novice beginner and kind of seeing them out there.

BK: Yes, they haven't been to clinicals yet and they are learning some of the core principles of nursing. Then as they go along their journey and they're able to apply those

principles and build on them they become more than a textbook concept, it actually becomes part of their practice.

CH: It's great fun. It really is. It's one of the big rewards, I think.

BK: One of the great things for me in coming back into the community is I actually have managers who were my best friends in school and some staff who were my students. So, that's fun.

CH: Oh, that's neat.

BK: Yeah, it is. (Laughs)

CH: So, coming back to Kettering where you really started out your initial nursing education and then along the way. That was really good. Well, what were some of the real challenges for you? What were things that you remember from that time frame?

BK: (Pause)

DMC: What did you do for your thesis?

BK: I wrote about nursing satisfaction. I took all of my electives in the School of Business at the time. So, I was at Good Sam at the time and I did a survey on nurses. They were very gracious.

DMC: It's a hard process and frequently people tell me it was the one reason either they didn't go on for a master's or it kept them from finishing their master's.

BK: It's an amazing learning process because it pulls so much together. So when you actually have to apply those principles you learned in research class and you have to do a search and look at what kind of questionnaire you're going to use and determine your population. So, being able to apply what you learned in the research class is very helpful. I know many people when they have that choice opt out but what it did was to help you realize that research should not be that scary. It's asking a question and then going through a very structured process to get

an answer. When I got my Ph.D. and actually when I got my second master's I just built on my first thesis to do my second one. But when I got to my Ph.D., the dissertation wasn't as scary because you realize you can break it down in steps and if you just take it one step at a time it's pretty easy to accomplish. It's very rigorous, very time consuming but not an overwhelming process. Probably, one of the things I remember most and I'm going to date myself is all my degrees were before there was the Internet. So, I spent many Saturdays in the library Xeroxing articles. (Laughs) You don't think about that today but back then you didn't have that resource available so you spent many hours in the library looking up in the Cumulative Index your articles for your thesis and your papers and then many hours at the Xerox machine.

DMC: Did you have a favorite class in either your baccalaureate or your master's program that you remember?

BK: I actually liked statistics. It was an orange book, paperback, written by the teacher. It was just a very good class.

DMC: Was the teacher funny?

BK: Yes.

DMC: Glen Graham?

BK: Yes.

DMC: We really should interview him.

CH: Yeah, we should. He probably has some stories.

DMC: He just did it.

BK: It was not really a book.

DMC: A course packet. Yeah.

BK: But it was, because again the texts get kind of overwhelming and scary but when you have somebody who's really good they're not overwhelming and scary. They're very

deliberate. A certain kind of text means a certain thing and gives you certain information and depending on what information you're looking for it depends on what text you should use. And so when you understand that I think that might have made the research not as scary.

DMC: Exactly. Yeah. And so in all your time here you were busy with working, was there any chance for you to be involved in any, what we would call student life on campus?

BK: I'll tell you my student life. (Laughs) One of my friends that I was working with at Good Sam decided to take a pharmacology class with me. So, we were walking through the quad one-day and we noticed the ROTC people propelling off the side of the building.

DMC: Yes.

BK: He said that looks like fun. I said it does, doesn't it? So, we went over and talked with them and they said you can sign up for a class. They said show up on Tuesday at four. I said this is great, kind of crazy but...Class essentially was they put the harness on you and put you over the side of the building.

DMC: Oh, that's great.

BK: Yeah. It was a lot of fun and something I would have never done but it was just an example of something you could do as a student that's totally not related at all to why you were at school here. So, no, I didn't get involved a lot with the extra curricular things just because of my time schedule. I, by being the speaker for one of the pinnings, was able to give the student tribute.

CH: What do you remember about that? Do you remember what you talked about?

BK: No, I only remember what I wore.

EVERYONE: (Laughs)

BK: I only know because I was going through pictures recently and was like oh my gosh. Obviously the program didn't have hair requirements. (Laughs) I was honored because of not

being what I call a traditional student. They did have, I think, a traditional student speak and what was called a nontraditional student. So, I was the nontraditional student. What I remember about that goes back to my comment earlier though is that having both, when you have both traditional and nontraditional in the classes that was so interesting. I saw that when I taught how people who had LPN experience going back to become an RN, their experiences that they would share with people just getting started were so supportive and helpful and encouraging but yet they needed encouragement because they hadn't been in school for awhile.

CH: Yeah, I would call that being something that I think we've lost a little bit of that when we separated them out and particularly for some courses there's really no need to be separated out. You know the nursing research course; it's a nursing research course. It doesn't depend on how much information or skills or you know any of those types of things. I think being in the same classroom together can; you can come to appreciate one another.

BK: That was huge. It was so important even in my associate degree, I was seventeen just out of high school and then you had moms who were thirty, thirty-five which seemed really old when you're seventeen. People had different challenges, different issues but the support that they could provide to each other was invaluable. What my fears were weren't what their fears were and their fear of not being able to take a test was not my fear. You could help them alleviate their fears and they could help you. That was really a value in having the nontraditional and the traditional.

CH: Do you ever remember conflicts in those areas as well?

BK: When I started nursing practice and there were discussions in the hospital about the associate degree and the baccalaureate degree. Baccalaureate degrees were still pretty new in the area. Baccalaureate students were struggling coming out of school with clinical care but you saw that the baccalaureate students had a different thinking model. One of my best friends had been

a Wright State traditional student and you looked at how she approached things and we were just different. And I would think yeah, it would be great to have someone with the skill set she had.

CH: So, you remember from those early days any conflicts that were in the hospital within that setting in terms of Kettering College, Wright State, anybody ever say to you why in the world would you ever want to go there and get a degree. You're just perfect the way you are.
(Laughs)

BK: I think people wondered why you would go get another degree when you were already a nurse.

CH: And you were employed.

BK: And you were employed.

CH: And you were doing a good job.

BK: And you were an RN and you weren't going to make any more money. And I could not articulate a career path to say I want to do this in nursing. I just didn't think about that. I was going to be a staff nurse forever. And so, it was hard for them to understand if you're going to do the same job when you get out with the same pay why are you spending your money and your time.

CH: Just to change the degree.

BK: Yes.

CH: Do you recall how you answered those people that asked those kinds of questions at that time?

BK: Yes, I just thought that more education would be better. I wanted to learn. I don't know if I would have better understood if it would have changed where I went to school initially. I mean truly when you don't grow up in a family that has any history with colleges, it is hard to make choices, and I don't remember getting a lot of support from the high school at the time.

CH: From the counselor?

BK: Right.

CH: The counselor probably didn't know the difference.

BK: They probably didn't. And so, I got a great education at Kettering. I loved that but then once you have that and realize there's more information for me to have. It seemed obvious I should go back to school.

CH: So, you followed that all the way through.

BK: I did.

CH: So, is there more in your future at this point?

BK: After I got my Ph.D. I wanted to go to law school but my husband said no.

CH: So, you're still holding on that dream?

BK: I'm still holding on to that. My daughter wants to go to law school so I told her we would go together. (Laughs)

DMC: They have that nice accelerated program at UD.

BK: Do they? He said he doesn't want to be married to a lawyer and I said I don't want to be a lawyer I just want to go to law school. I just love learning. There's so much to learn it's so funny because when I got my associate degree, I said, I'm not doing another care plan. I'm not going back to school. I realized very quickly that care planning is just decision-making and critical thinking. It's a process of how you make decisions. And you do that with so many things outside of nursing. It's a nursing process but it's so much bigger than the nursing process. And then learning, there's just so much, you could go to school for your whole life and still have so much to learn.

CH: Are there things that we have not asked you that you would like to share with the Oral History Project.

BK: You know, I actually think that Wright State does a great job serving the community, working with the community. I think the innovation is amazing. Obviously being nineteen I wasn't thinking about the innovation curve while I was here. The fact you could test out of classes was innovative. But as you watch where Wright State has gone they are always looking for ways to be innovative and that, I think, says a lot about the way faculty approach the future, how they teach, how they encourage students. And I think that is an important aspect.

CH: And of course the university as we looked at our mission and looked at those things just recently really decided on that very focus as being the best thing about Wright State is really highlighted in the mission. You'll have to read the latest.

JG: Innovation.

CH: Yeah, innovation.

JG: The spirit of the Wright Brothers.

BK: But it's true. I don't know if we all gravitate to that and that encourages us to be that way because it would be so easy not to be. But I almost think that because Dayton has such a rich history of innovation with the Wright Brothers, with Charles Kettering that it's almost expected that we continue to be that way.

CH: Certain places really dwell on their history and being able to count back how many years you've been exactly the same where as Wright State in particular came together and is a very young university overall but I mean people weren't saying we have to be exactly like Ohio State or Miami. It was what are we going to do that's different and new and up. I think you are right. I think this area is kind of interesting.

BK: And I think if I understood that timeframe better I think that would have been a very innovative thing that you were able to challenge out. Wright State has a history of a few deans

which I think is very helpful because I think if you had the same leader you can take a plan further than if you are changing leadership all the time.

CH: Who was dean when you started the college?

BK: I think it was Jeanette. Who was before Jeanette?

CH: Before Jeanette Lancaster was Donna Deane just in a temporary position and before that was Margaret Maloney.

BK: Oh, it may have been Margaret.

CH: You remember Margaret Maloney? She was here.

BK: Because Donna was here and then...?

DMC: Who did your pinning? Do you remember in the picture?

BK: It may have been Donna.

DMC: I was going to say in the office we have pictures of the pinnings. We'll have to see if you're in them.

BK: I think it was Donna.

CH: Do you have any questions?

JG: I just really appreciate, I am also an associate's degree nurse and so I just appreciate the fact on how you commented about how you didn't really know for sure that you wanted to go on and that you just did because you wanted to learn more. And I think that one thing that generated me to go on was that I heard somebody say that she'd been in the same position and I worked in the operating room at the time but she'd been in the same position when one of the cardiac surgeons came and he was retiring and she was the same. And she enjoys her job and she was always learning but she just never had room to advance because...

CH: She didn't have the opportunity for that advancement path.

JG: Right. And so I appreciate that.

BK: I think the associate degree schools do a much better job today of selling continued education than they did back then. I think historically that was so controversial that if you get an associate degree you can be done but I think more associate degree programs realize the importance of continuing your education so they do a much better job of we're the first two years because it does limit your career opportunities if you stop there. And when I think back, you know, I was only a staff nurse for a short time and I was taking my next challenge of teaching. You wonder if you hadn't gone on to school what different career path you would have been on.

CH: If it would have stopped at that point because you didn't have the right credentials you worked to get the credentials, it sounded like very quickly you decided you wanted to teach and so you looked at what credentials do I need to have to getting that.

BK: I'd love to have all masters' prepared staff at the bedside for forty years. Having an education has given me a lot more opportunities. I would love some day to go back to the bedside. I would love to go back and take care of patients but I would go through the learning curve again. (Laughs) Because when you've been away from it I can't just say I'm going to go work on the cardiac floor. I know cardiac rhythms are all the same but the drugs that they take today are so different and you know maybe some day I could take a refresher course because the clinical interventions have changed. The body doesn't change and signs and symptoms haven't changed.

CH: Treatments do. And so Jamie you came through our RN to BSN.

JG: I did the Bridge.

CH: She did the Bridge. Okay, that's right. So, once again a sort of innovative program that has arisen because you have a degree in?

JG: Biology.

CH: Biology and an associate degree in nursing.

BK: That's great. It gives you so many opportunities if you look.

JG: And that was something as a Bridge student I was in with the undergrad students and then I was also in with the RN to BSN program in continuing classes and as an RN they were asking questions and I did not know that there weren't any RN to BSN students in that class so I was like why are all these kids asking all these questions.

CH: Asking all these dumb questions, huh?

EVERYONE: (Laughs)

JG: I just had the feeling that a lot of them were RNs already. And so, you know, but it was interesting because I had sat by some of them and they were like oh, you're a nurse already. And just talking to them I think helped them out.

CH: Right.

JG: And in the same manner they helped me out and being like this research class and you know.

BK: That also gave you confidence. At least it did for me. When they would and you weren't that far ahead of them but just the fact that you passed boards. You crossed this big hurdle. And so, they would just be, I won't say in awe but wow you're where I want to be. And so, it gave you an overall confidence, a lift that ok I have a little bit of knowledge and so you know when your learning then there's model it just helps, I think, push you along that continuum as well.

JG: Right.

BK: So, when do you graduate?

JG: June 12, 2009

CH: Not that you're counting days or anything.

JG: No, but we have another quarter because I'm doing the primary care certification along with the certification in pediatrics.

BK: Oh, great.

CH: Well, thank you so much for your insight and for your experiences. We really appreciate you taking time to do this with us.

BK: Thank you.

SIDE A ENDS

TAPE ENDS