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# Cindra Holland interview for the Miami Valley College of Nursing and Health Oral History Project

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CINDRA HOLLAND  
JULY 12, 2011

RECORDING BEGINS

DONNA MILES CURRY: Today is July the twelfth of two thousand and eleven. This is the Oral History Project for Wright State University College of Nursing and Health. The interviewer today is myself, Dr. Donna Miles Curry. Today we will be interviewing Dr. Cindra Holland as part of our focus on the Doctor of Nursing Practice Programs history. Also present, we have, Dr. Holland if you would like to introduce yourself.

CINDRA HOLLAND: Hello. Thank you for this opportunity.

DMC: And then we have two graduate students present.

STACY HARRIS: Stacy Harris

NATASHA CLINTON: And Natasha Clinton

DMC: Thank you very much. Okay, well why don't we start off, Dr. Holland, with you telling us a little bit about your personal background and how came to Wright State.

CH: I graduated initially my nursing degree was an associate's degree in nursing. I graduated from Sinclair Community College in 1986, so twenty-five years ago in June. And I then worked for St. Elizabeth's Hospital in Dayton which was a hospital that closed, eleven years now, I think it was, and eleven years ago and I worked there for fourteen and a half years. And then took a resource position when that facility closed at Kettering Hospital and I still continue to work there one day a month or so in labor and delivery. After St. Elizabeth closed in the fall of two thousand, I had just graduated with my bachelor's degree from Andrew's University which is a university that is affiliated with Kettering College. And after St. Elizabeth's closed and after I graduated with my bachelor's I wanted to obtain a master's because I was interested in

teaching. So, I first contacted Andrew's and they didn't have a master's program that fit my needs so I came and spoke to Susan Williams at Wright State in the fall of two thousand. And basically told her I didn't have a job, I didn't have any money, how can I go to school to get my master's? And she described to me about what we know about the graduate assistantship so that is how I obtained my master's. I came to Wright State and I worked as a graduate assistant from January, winter quarter, of two thousand one for eighteen months straight and graduated with my master's degree eighteen months later in June of two thousand two.

DMC: And what was your master's in then?

CH: In adult health clinical nurse specialist.

DMC: Great.

CH: So, at that time I also worked part time at Kettering Hospital in labor and delivery. And I worked adjunct as a faculty member at Kettering College of Medical Arts as well as going to school full time to get my master's. So, that's how I came to Wright State.

DMC: Very good. And so we are focusing today on the doctor of Nursing practice program. Tell us about how you first either got aware of the DNP degree or the DNP program.

CH: I was hired as full time faculty in two thousand two after I graduated with my master's and about in two thousand four or two thousand five Dr. Martin started talking about there was this push across the country they were talking about doing a practice doctorate and they were looking at building the essentials for that particular program. And the more she discussed that, I was interested in getting a doctorate and the more she discussed that and described what the practice doctorate is I just knew that was what I wanted. And so I waited until Wright State expressed an interest to begin a program and I had waited until that program got off the ground and then applied to be in the first course for it and that was back in two thousand seven when I got accepted.

DMC: Great. So, what do you remember about the earliest experiences in the doctoral program? Do you maybe, did you have an interview or an orientation? What were your first classes like?

CH: We, I did have a brief interview. Because this is a collaborative program with the University of Toledo we were supposed to go up north and do...

DMC: At Lake Campus.

CH: At Lake Campus, that's right, to do interviews together. I had students in clinical so I couldn't do that. So, I think it was Dr. Gray and Dr. Scordo were the few people who interviewed me here on campus. I had to write a, I had to fill out an application and write something up with what my interests were and why I wanted to complete, be in the doctorate of nursing practice program. And so then I was accepted and in fall of two thousand seven I took a prerequisite course. I took a doctoral, a graduate genetics course from University of Toledo. And that faculty, interestingly enough, ended up being on my committee. So, that was fun. But I took that as a prerequisite course and then in January, February of two thousand and eight we began our first course in the doctoral program and we did have an orientation. We had it here at Wright State. The people from Toledo came down and it was so, it was just wonderful meeting those people that you were really going to survive with the for the next four years. (Laughs) And we've developed long time friendships. As you know being in any program that you enter, you develop friendships but I really think the more that you progress in your education you really, those people you just really rely on and bounce things off of. So, they were wonderful colleagues. So, we began our first course in February. At that time I was also taking another prerequisite which was statistics with Dr. Gray.

DMC: So, what was the first class? Do you remember what your first class was?

CH: I knew you were going to ask me that. It was Dr. Gray's class...

DMC: Scientific basis?

CH: Yes, it was scientific basis of Nursing.

DMC: Any special theory? Any special memory that you have about that class?

CH: Writing a concept analysis paper. (Laughs) Have you ever had the joy?

DMC: What was your concept?

CH: My concept was...it had something do with...oh, you asked me too fast. I don't have it in front of me.

DMC: Oh, that's fine.

CH: But thinking on writing a concept analysis and all of this work that you say you want us to do and it's like "What?" so it's a total different way of thinking. I think it was confidence. I think it was confidence or something like that in nursing.

DMC: That was your concept you looked at?

CH: Yes. But it was, it was an interesting interaction. So it just made you think differently.

DMC: Did you think it was a good first class?

CH: It was. It got you back in that habit of being in school. And you know working full time and being in school is a challenge, so, keeping all of that up.

DMC: So now, tell us some of your challenges that you had in the doctoral program. What are some of the particular ones that you can share with us?

CH: Some of the first challenges were and being in a first cohort is interesting because we kind of help work out all of the bugs. And you know that's ok, that can be good and bad. I mean there are challenges to everything. So, I don't look at it as a negative thing but one of the first challenges is one of the first courses we had in Toledo. I think it was the second semester and they forgot to add us into their, on to their online, give us permission to get in online up

there. So, I think it took them a week to figure that out that no one from Wright State was there and it worked out and we got it facilitated. But it was some of those facilitating things that the interesting part was technology at Wright State we have some more accessible technological ways of leading in class that other universities don't. So, we are enjoyed since we were on two different campuses meeting even if it was electronically in a holding room. We all liked that.

DMC: In your last year did you see any challenges?

CH: Yes. Completing a project and writing a paper or dissertation, gathering data. You know I think a lot of us felt like that we almost did, not double duty, but we were you know because of some of the ways things were adapted and I know some of the requirements had to be shifted and changed. You know that's just part of being in the first cohort and that's ok. But that was a challenge, I think, for everyone.

DMC: So, what was your goal in being in the DNP program? What did you choose what were you hoping to accomplish?

CH: I wanted to obtain a practice doctorate to apply, to be able to really apply and apply evidence based practice at the bedside and really educate not only students but educate nurses, educate new nurses in how to utilize evidence based practice for their patients to have better outcomes. I mean that's the whole goal but that is really what I wanted to do. And then utilizing evidence to, my project was I developed a nurse residency program at Kettering Health Network. So, utilizing the evidence to help support our newest graduates and to help them be successful.

DMC: So now, describe for us some of your interactions with perhaps any of the directors of your program. What was your interactions like?

CH: Our directors were so wonderful. You could pick up the phone and talk to them. I would stop by Dr. Gray's office quite frequently and discuss and ask questions. She would always ask me if I was coming in as a student or a faculty so I always had to make sure...

DMC: Which hat were you wearing...?

CH: Yes, which hat was I wearing today? (Laughs) I could also pick up the phone in Toledo and call Toledo and say ok, you know this is what we are hearing. From my stand point being on campus I had the unique ability or you know I was here so I tried to help be a facilitator between some of my student colleagues, my colleagues in the class who weren't on campus as much. So, I tried to be a link if someone had a question or had an issue maybe about a course, or maybe a faculty was teaching here and I would try to say ok this is what people are asking can you respond.

DMC: I'm so glad; you lead me to really good areas. Describe, you had mentioned one of the richness's of friendships and colleagues here, your fellow students. Tell me about; tell me some stories about situations with your colleagues as you went through the program. What kinds of things did you do? How did you guys interact?

CH: We would call each other frequently if we had questions about a particular assignment or just to debrief. You know all of us, we all know that life happens whether you are in school or not and each one of us had some life events that we supported each; one of my colleagues her husband had a heart attack. So, we all gathered around. Unfortunately, one of my other colleagues her son was killed by a drunk driver. We all met and supported her. So, we all came together and supported each other whether it was a happy event, whether it was something that we needed to support each other emotionally for. Assignments we would call each other and say how are you facilitating this, what kind of resources are you utilizing. And the unique thing about being in this program is that each of us had different backgrounds. So, we not only learned from professors, we learned from each other.

DMC: Oh, neat.

CH: There was some of us that were clinical nurse specialists; there were some of us that were nurse practitioners. We had one of our colleagues had her masters and was certified as a manger. So, she brought a unique perspective to those of us who practiced at the bedside and then she would comment that we also brought a unique perspective of things she didn't think of. So, we learned from each other as well which was wonderful. And we, I learned about each one of my colleagues projects because we would all present to each other in every single course. We all got together at least once in each semester and do presentations. So, we were able to socialize as well as learn about what each other was doing.

DMC: So, you got together live?

CH: Yes, at least once.

DMC: Like for a seminar at one of the campuses? Is that how you did it?

CH: Yes. Either Toledo, I'd probably driven up to Toledo probably three or four times and they would come here. So, it was nice. There were some classes we would meet on Illuminate but usually we liked that face to face.

DMC: Great. And how about interactions with the different faculty, how was that?

CH: You know, it's so interesting when you get into doctoral work it's almost like faculty treat you almost as colleagues which was so refreshing for us because all of us had such a wealth experience and so it wasn't necessarily, there was still the professor student relationship but still you could, it was different in a doctoral program and it was very refreshing for me. So, we were challenged but yet we've learned. As I said before we learned so much from our professors as well as each other.

DMC: Did you ever have any interesting stories that you could share with us about any of your interactions with your faculty? Either a situation in a class that you thought was



interesting? Maybe a lecture someone gave or interactions with your program director, your project director?

CH: My project director was phenomenal! Dr. Gail Moddeman was my project director and I probably, her grandchildren know me by my first name. I take a bag of groceries to the chair's house and stay the weekend. (Laughs) I mean you get a lot done. I mean, you know, I was just very blessed by having someone who was willing to learn because what you have to understand is our professors were PhD faculty which is awesome but we are in a DNP program which is a slightly different focus. You are talking about evidence based practice as opposed to research based questions as far as you working on a dissertation. And Dr. Moddeman learned right along with me. So, you know, it was a learning process for all of us. It was amazing!

DMC: Great. Did you have any interactions with the wider university community related to your experiences as a doctoral student? I mean with Wright State in general or University of Toledo in general? Anything you can think of?

CH: Um, not that I can think of although I do know basically whenever you go out into the community it's the same in whatever level of education and you really represent that organization. So, going out into the community working on my project or doing clinicals, I went to Cincinnati and did clinicals, I did clinical in the Dayton area and I did my project in this area but you still represent the university. And so, interacting on with management and with directors of nursing you represent the university and I was also able to communicate more with Dr. Martin, the dean, and she helped facilitate some things along the way. And so it was a unique experience to be in and help to facilitate change in other areas. Also, I did have an interaction with the Nursing Institute.

DMC: Oh, tell us about that.

CH: Because they helped me with some statistical information that I needed for my project related to the retention of nurses in the area and in the state. So, they helped a lot with that.

DMC: Good. Did you have any challenge in the community explaining what you were studying to be or what your new role was going to be?

CH: You know whenever people find out that you are getting a doctorate of course they always automatically think PhD. Which ok so I had to find myself, I found I had to come up with an elevator version of what a DNP was. And so, you know, you are educating the community as well as other nurses as well. As in you are doing this because and what are you doing.

DMC: Can you give us your elevator version? I know that puts you on the spot.

CH: You're going to put me on the spot. My elevator version of a DNP graduate or a DNP...a clinical nurse specialist who is doctorally prepared with a practice doctorate is that it would allow me to implement best practice at the bedside to enhance better patient outcomes and using the best evidence which is the best research available.

DMC: Very good. That's very good. So, I know you've already told us some of your relationships with the agencies. You got to interact a lot with Kettering Health Network.

CH: I did.

DMC: So, do you have a story to tell us about how did that start off to begin with? How did you initially contact them?

CH: In June, actually right after I began the program in June of two thousand eight, I contacted Dr. Brenda Kuhn who is the Chief Nursing Officer at Kettering and explained to her what I was doing and what my interests were and had a meeting with her. She also had an interest in starting a nurse residency program at the hospital. So, she and I began meeting almost

monthly to see if that would be a possibility. The interesting thing about that is when the economy became a struggle in two thousand nine the program almost didn't go. I mean it was pretty close to being shelved but in September, no July, about in August of two thousand nine she and I met again and she said "I'm committed to this. I will give you a cohort of ten. Let's do it." So, I had to all of the sudden, I couldn't do anything all of the sudden within just a few months I had to be up and running. I initially had to present to the nurse executive committee at Kettering which was a challenge because this was an organization that had never had a nursing shortage so trying to sell this to them, that they needed this was a challenge. So, I put together a presentation and met with her and I had a clinical preceptor who was Dr. Judy Church at Kettering and she gave me some pointers.

So, you know you have to do what you have to do. Number one I prayed. Number two I ordered little nurse bear cookies with the color of Kettering teal on them. It was the best money I ever spent. I took these in a basket. So, I have a room of all executives that I had to present to and you know one was the Director of Women's Services who is my boss and then all of these other executives. So, I had all of these statistics that I had gathered about the organization and why they needed to pay for this program. And the interesting thing is midway through my presentation when I was talking about the tension, you know the age of the average nurse at the facility, how much money they were spending on agency nurses, the woman that was the Director of Human Resources stopped me and I was like oh, no. She said "I want all of you to look at the statistics." And she really reiterated why this program was needed. And so a little bit later in my presentation there was a lull and there was almost like a wave of collaboration went over the whole room and it was so exciting and then I brought out the cookies and they loved them. But at any rate that was a very favorable meeting. They all voted that this was something that they wanted to go forward with.

So, from September I began my first cohort through January twenty ten. It was a lot of work. It was exciting to be able to collaborate and so then I had meetings with human resources because I had to work with human resources directly in order to admit residences into the program. And then the facility assigned another doctoral prepared nurse to work with me directly on that.

DMC: So, is it ongoing still? Did they continue it this year?

CH: It is. It has its third cohort.

DMC: Oh my gosh.

CH: My first cohort I had twenty-six nurse residence. The second one has, I don't know exactly how many, thirty-eight, in the high thirties and I think the third cohort has close to that.

DMC: So, do those numbers represent new hires that they then put them through this residency program as part of their first year?

CH: Yes, It is and it's a conditional hire.

DMC: Excellent. Cool. So now how do think your experiences in this program are going to affect your career? Do you think it's helped your career or is going to help your career? Where do you think it's going to take you?

CH: It has definitely helped my career. It has changed the way that I look at what I teach. For instance, I was asked to develop a new class here at Wright State in the fall but how I approached it is I went directly to the literature and I looked and saw what other facilities had done, what the best evidence on this particular of cohort or type of student, what would be the best way to build this class. So that's exactly what I thought of first because that's what I was taught in my doctoral program. And then as a clinical nurse specialist that is you know looking at the best evidence for any particular disease process or patient population is an important aspect in order to look at what the guidelines are and to look at what the best options will be.

DMC: And how about your role as an educator here? Have you changed your position at Wright State?

CH: I have. Thank you for asking. I applied for a tenure tract position and was accepted. In fact I signed the contract today and will be beginning a tenure tract position in the fall of twenty eleven.

DMC: And so what will that mean? What does that mean to be on the tenure tract then for you that's different then when you were on the clinical tract?

CH: My focus will be on teaching but will also focus on research, using evidence based practice in order to improve outcomes for whatever population I'm looking at. I will also be looking at more scholarships so looking at more publications.

DMC: Excellent. Is there anything I haven't asked you about your doctoral studies that you would like to share with us? Maybe if you had one class that you would love to go back and do again, what would you like to take again?

CH: (Pause)

DMC: None of them? (Laughs) It's ok. You're surviving and you don't want to have to go back and do anything again.

CH: You know even though it was intense and a lot of work, don't tell my colleagues I said this, I would probably, Dr. Scordo's evidence based diagnostics I learned so much. Like I said even though it was intense I love it.

DMC: Great.

CH: So, I don't know that I would repeat it per say but I really value that. I really valued that class. Really every single class that I had just makes a well rounded doctoral program.

DMC: Could you think of other things that maybe you would have like to have more of? Or had it organized any differently? Because you were the guinea pig class as I call it the very first class going in. Anything you would have liked for them to do different?

CH: What we recommended was at the end of our program we had an information systems technology class and that should have been at the beginning. And we brought that up to the directors and they agreed that that needed to be in the beginning. That course had a lot of good information that helped you to locate information you would need and linked you up with resources you realized were even out there. And that really needed to be early on and I'm glad that that's been changed. But I know that the requirements have been changed as far as the prereqs. We had to take a genetics course and I found that to be very valuable. That was very valuable and I really looked back on the information from that class throughout my doctoral program and still do even as an educator.

DMC: You kind of wish they kept it. Did you find the program...

CH: For me I found it very valuable

DMC: ...real intense, like real demanding, like maybe they could have asked less of you? Maybe could have been consolidated or not?

CH: Some semesters could have been. It was intense don't get me wrong because if we weren't taking a class we were working on our project.

DMC: Your clinical hours.

CH: There are clinical hours or something. The one thing that we were all grateful that the clinical hours were split up. When we began the program we were told that all our clinical hours, all three hundred and sixty hours had to be the last semester. So, all of us sat and said now wait we can't do that. We all work full time. That just doesn't work. So, the directors looked at it again

and then came back and said you are right you can do half of your clinical hours prior to that which was a big help. I ended up doing half the clinical hours, I think, in summer of two thousand nine.

DMC: So, do you feel that there is merit in keeping a bunch of the hours to do strictly at the end or do you think it would just be as useful to stretch your hours across the program as it fit your specific project needs?

CH: I understand what the thought process is about clumping the hours together. I think maybe making those hours bunched together in maybe four different times to facilitate people who do work different hours to be able to fit that in. For me I could do it in summer time or when my teaching load wasn't quite heavy but some of my colleagues that are nurse practitioners it's very difficult for them to fit those hours in. So, maybe dividing them up over four times might be better.

DMC: That's a good thought. So, tell us what was your final defense like? How did that process go?

CH: People kept telling me your defense is a celebration so that's how I looked at it. Okay, this is going to be the biggest celebration. My defense was awesome. I defended on March the third, two thousand eleven I think it was. That date is all over my computer. It was over in the TV center so it was broadcast to Toledo. One of my colleagues, my fellow colleagues was there as well as well as a couple of faculty from Toledo. I think there were at least three or four faculty from Wright State who were there and of course my committee. I had some awesome outcomes that at the last minute some of my awesome colleagues, teaching colleagues here at Wright State helped me to crunch some of my data because the statistics I was working on had surgery and then I found out that I needed to have some other stats run so some of my other colleagues worked with me to help me to facilitate that and make sure that I double checked my numbers. So, my defense was awesome and my committee had great things to say and good questions and I ended up and

everything was, I had rewritten my whole dissertation prior to that, like the week before again and so I had very few changes to make.

DMC: It was very fresh in your mind.

CH: It was. I had slept with it.

DMC: (Laughs)

CH: I knew it exactly. I didn't have to look; I don't think I looked at my notes once.

DMC: And so tell us about your graduation. What was that like? What was the ceremony like?

CH: We actually had a few ceremonies because this being the first cohort and they wanted to make sure that we had a graduation ceremony along with Toledo since we were a cohesive group. We had a dinner and a small commencement here on May fifth and part of my family was able to be here and it was very nice. The president of the university, the dean and a lot of fellow colleagues from Wright State were there which was absolutely awesome. It was a great day. And then we also participated in the June commencement at Wright State which was, my son from Effingham was able to be here as well.

DMC: And you were able to travel to Toledo for ceremony also.

CH: They had a very, they called it, there's was convocation.

DMC: Convocation?

CH: Yes. So, it was very similar to our precommencement or our pinning. And I was able to go and represent Wright State at their convocation and that was May the sixth. It was great. It was great to be with my, we were all together. There were six of us; I think it was, six or seven. I can't remember that walked at that.

DMC: Any other stories that you would like to share?



CH: I can just say that this was, even though it was a lot of work I would do it again. It was an incredible experience. I have lifelong colleagues that I can pick up the phone and it's a sisterhood, you know. It's, we can relish in each other's successes. It's just, and my sons were just so sweet. They have grown up with a mother who's either, been going to school most of her life so they were just, they were so supportive. And I have a husband who's absolutely wonderful who just, when I needed to be left alone to write he knew when to just walk away.

DMC: But he's probably happy you're done.

CH: He's very happy. He's very happy.

DMC: So, now the graduate students that were present for this interview. Do either of you have any questions that you would like to pose to Dr. Holland?

NC: I might want to ask what do you think the biggest challenge of the program was and then also the greatest strength of the program.

CH: The greatest challenge for me was just trying to balance work and school at the same time. And I think that's a challenge for anybody who does higher education. So, even though my children were grown but it's just balancing making sure my students had what they needed but yet finding the time whether it be in the middle of the night to complete coursework and to complete papers and whatever. The biggest strength I think was that it opened up a whole new world and it forced you as a doctoral student, as a doctorally prepared nurse it forced you to see things in different eyes because you are looking at health care at every single level. And you are looking at not only systems but you are looking at collaborating with leaders in systems in order to implement best practice to help strengthen their network. And what a new way to change nursing and I can't think of anything more rewarding.

DMC: Are you working as a CNS? Are you doing some practice currently or do you plan to in your future?

CH: I am hoping to. I am speaking to some of the leaders in some of the hospitals so that is my goal. I would like to practice one day a week. So, we'll see. That's what I'm trying to do.

DMC: Any other questions? Anything else you would like to share? If not we thank you so very much and this will be the end of our interview.

CH: Thank you.

RECORDING ENDS