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Cindy Brown interview for the Miami Valley College of Nursing and Health Oral History Project

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CINDY BROWN

JANUARY 9, 2003

Cindy Berger: I am Cindy Berger, we're here for oral history of the College of Nursing and Health, the first ten, ten to fifteen years and this is Cindy Brown. Today's date is January ninth, two thousand and three and also present is Dr. Donna Miles Curry from the College of Nursing and Health.

Cindy Brown: My name is a Cindy Brown, when I went to school here it was Cindy Lowe and I was a graduate of the College of Nursing in nineteen eighty-one, undergraduate.

C. Berger: Cindy, lets [sic] talk a little bit about your personal background, how you came to Wright State as an undergraduate student, what made your decision and we'll go from there.

C. Brown: Okay. When I was in high school, and probably even a little earlier in junior high, I had always liked sciences and been interested in those types of things. I was a candy stripper at the Children's Medical Center, which is where I work now. And a had a always a thought I would want to go into something in healthcare. When I was looking around at different schools, a real good friend of my moms, who was a diploma graduate, talked to me and said you need to get your bachelors degree. So I did look at a couple of the diploma schools that were still in existence around here, but I ended up deciding to come to Wright State really didn't apply to any other colleges and um that's pretty much how I ended up here.

C. Berger: What do you remember about your early years at Wright State, when you first started, when you first started into your nursing program, what do you remember?

C. Brown: Okay. Well obviously when I started the first couple of years it was pretty much just general college courses and I remember at the end of our sophomore year we did one nursing course where we went into a nursing home and interviewed the Clients that were there and tailed with them. When we started as juniors, into our clinicals, one of the things that was most interesting, particularly to all of us who were right out of high school, we had a few RNs who were completing their bachelors degree, was all the discussion from all of the nurses at all of the hospitals about baccalaureate educated nurses because that was still fairly new in the Dayton area and there were a lot of comments even personally to us as we would get report from them, as would be providing care, that we didn't know what we were doing, that we were not well prepared, we were not well educated, that we would not be able to function when we graduated. Which was interesting but I think that our faculty was always very good about telling us the importance of advance preparation in nursing and why we needed to do that and that we were actually going to be superior nurses. So it was interesting being nineteen and twenty and being involved in that process because I think it probably made us all stronger nurses when we graduated and much more motivated to go on and get masters degrees and PhDs and those types of things which was unusual for this area at the time. That was probably the biggest impact that I see from a clinical standpoint, obviously there was a lot

of turmoil in those years because of the fact that the College of Medicine was starting and there was a lot of discussion about where the College of Nursing would eventually end up in the strategic placement in the university and uh there was a lot of discussion at that at that point in time, a lot of meetings, there was a lot of information out in the community newspapers, so it seemed like there was always something that was being discussed in the community about the College of Medicine, the College of Nursing, those types of things.

C. Berger: I am going to kind of skip down a little bit. Talk about your interactions with the faculty during, especially during when that first began, before the big change over of faculty. Talk about maybe the faculty that you had and your interactions with the faculty at that point.

C. Brown: I think at that point in time, obviously, we did not realize the caliber of the faculty that we were working with as well as the fact that they were very known across the country. And again certainly when you are nineteen, twenty, and twenty-one you don't appreciate those types of things. I think that as we took courses and compared notes with some of the other students that would be at the clinical sites, we certainly realized we were getting a much different education, we were being prepared in nursing theory, research, statistics; things that most of the hospital programs certainly did not include at that point in time. I think that we all felt that in the long run, and again, I don't keep unfortunately in touch, I have a few friends I keep in touch with, I don't know how many people from my class ended up getting masters degrees or went on and did other types of things but I think that we always thought that we were prepared to be at the

bedside but also to look beyond that for other types of advanced roles. Back then there weren't even hardly any nurse practitioners. It was a very unusual process to go on and complete your masters or get your PhD. We had a lot of curriculum that I think prepared us to do other types of things within psychological, social, those kinds of things that we were prepared, I think, to take much better care of patients.

Donna Curry: Can you think of what kinds of things those were? Do you remember them?

C. Brown: Well, we did a lot of workshop kinds of things; I can remember we would pick selected projects.

D. Curry: Ok.

C. Brown: Where we would do looking at individual case study kind of things out in the communities. We did one quarter where we did community nursing, which again was really unusual. I can remember I went out with one of the health inspectors and we went around to the nursing homes and restaurants and those kinds of things.

D. Curry: Wow.

C. Brown: I can remember that we went into homes with home health nurses, which was really, really interesting. I really actually didn't see much difference in our clinical experiences though than I did in the hospital programs mean I think that I had a rotation in ICU, I had a rotation on med surg floors, we did ob. It is just that our curriculum at that point in time was integrated so that we looked at the wellness to illness continuum. So where ever you were at that point of the continuum, was where your

clinical was. Probably the one deficit I saw a little bit, was we were the last class to take the boards in the traditional way, where the boards were broken up into- was it med surg, pediatrics, ob [D. Curry and C. Berger both say psych at the same time] and psych. And unfortunately you may have not had a rotation in all those specific areas, depending on where you fell within the curriculum. So I actually, interestingly enough, I ended up in pediatrics but I never had an inpatient pediatric clinical rotation.

D. Curry: Wow.

C. Berger: Mmm.

C. Brown: Because I was in the wellness continuum part when we were scheduled to be at Children's, so we did the outpatient clinics.

D. Curry: Oh my gosh.

C. Brown: The same thing for psych. I really never really cared for psych but I don't [D. Curry is laughing] know if that had anything to do with it, but certainly it didn't with pediatrics because I went right into neonatal ICU and then to pediatrics after graduation. So I think that was a little bit difficult from a curriculum standpoint, what I remember the faculty always being very good at was telling us how to prepare for the boards, even though our curriculum was much different and how to know how to study. So that was challenging and I think that we were the last class that took the boards in that way

C. Berger: Wow.

C. Brown: in eighty-one, I believe the board changed in Ohio in eighty-two, or so we were told. But I think faculty, I think there was eighty in my class if I remember correctly. Been a long time, twenty-two years. I think that the faculty were always very good at one-to-one interactions. They were very interested in perusing our developments, I did special honors projects throughout, where we could take elements that we were interested in and fully explore. Interestingly enough when I started working 'on my masters in eighty-two at the University of Cincinnati, Dr. Julia George was down there by that point and because she knew so much of my research background at Wright State I actually was able to challenge some of my masters courses because I had had masters level courses or so Dr. George felt and I could challenge

D. Curry: Wow.

C. Brown: those course at a masters level and at that point in time the University of Cincinnati's masters program was close to one hundred and twenty hours, which was very unusual

D. Curry: A lot

C. Brown: that actually cut it back midway through which was nice for me, they actually because they were losing students, you could almost have a doctorate in that time. So I felt fortunate that I had had some of the advanced nursing theory, some of the advanced nursing research courses, and really thought that it helped me prepare my thesis from the background that I received at Wright State.

D. Curry: So you did an honors project when you were at Wright State?

C. Brown: Uh-huh.

D. Curry: Do you remember what you did for your honors project?

C. Brown: No, I cannot remember.

D. Curry: Do you remember who your advisor was for it?

C. Brown: Dr. George was my advisor.

D. Curry: Dr. George was. Ok. Well have to look in your file, because it should be there. Your file is probably in the warehouse. [Everyone is laughing] Its over in the warehouse. We will have to have, we will request to have it exhumed [Everyone is laughing]

C. Brown: Exhumed, that sounds pretty ominous. But there were four buildings when I went to school here. We actually had no School of Nursing.

D. Curry: Right.

C. Brown: We had one floor, which I believe was at the top of was it Fawcett

D. Curry: Uh-huh

C. Berger: It was Fawcett

C. Brown: We did our clinical, some of our clinical experiences in the bathroom; of our we used our sterile hand washing techniques in the bathroom that is where we learned those. There was no lab; there was no clinical lab. There was one by the time I graduated if I can remember correctly, but

D. Curry: A room this size of this.

C. Brown: Right, I can remember the interested stares of people walking into the bathroom as we were sitting there learning how to wash our hands for sterile technique [D. Curry laughing] and then putting gloves on in the general bathroom on the third floor of Fawcett. But again, I think that because we were a fairly new school at that time and I think that probably and I don't know, Donna correct me if I am wrong, I think the faculty at that point in time were trying to prove that we could have a place in the nursing education community here in Dayton, and in the state and nationally. I think a lot of that again made us much stronger as students because again when you are nineteen and twenty and you go into the hospital and your trying to work with established nurses, almost all who at that point were diploma graduates, and trying to help them be preceptors and that kind of thing with you it was really challenging. Not only did we hear the whispers, but we heard just frank comments. You know "I really need to see what you are doing because I am sure you haven't got the right education preparation being at Wright State". Helped you grow up quite a bit. [D. Curry laughs]

C. Berger: So you started here in seventy

C. Brown: Seventy-seven.

C. Berger: Ok. So you were a junior

C. Brown: Uh-huh.

C. Berger: when the faculty left, when the main part of the faculty resigned

C. Brown: Right.

C. Berger: What do you recall about that, as a student?

C. Berger: Well, I remember that pretty well because that was certainly very concerning and there had been all this discussions and my recollections at the time was that the whole discussion was that the College of Nursing was going to be moved under the College of Medicine because the majority of our education was actually more liberal arts based that was where the college was I think at the point, was that right?

D. Curry: We were independent.

C. Brown: Were we independent? So there was a lot of discussion, maybe we needed to go under liberal arts, I don't think they wanted us to be independent at all, I can't remember exactly, I know Donna you would remember more from a faculty level. I remember a called emergency meeting and discussion and I remember Dr. Torres telling us they were resigning and why they were resigning and what would happen. Well after that had occurred, the School of Nursing was put on probation from the NLN because we had no faculty at that point in time. Now it was at the end of the summer, I mean at the end of the spring if I remember correctly, so there were no classes I don't think that were affected at least by my experience at that point because I wasn't going, I went my first summer. I think everybody had to go between freshman and sophomore year to take anatomy, but after that I think I took some electives like in child abuse and some other things, but I remember at the time sitting down and talking to my parents and we thought that because of being on probation from the NLN the discussion was and the faculty was very honest, if the probation was not lifted, we could not take our state boards. At the time that what the faculty Dr. Torres anti Dr. Stanton explained to me they felt that the

situation would be resolved fairly quickly and by the fall things should fall into place. So, I can remember calling Ohio State and calling the University of Cincinnati and unfortunately because the way the universities were structured at the point, I don't know if they are now, I would literally had to start over at the beginning of my junior year. So, we made a decision, my parents and I, to wait it out and then quickly, if remember and again I was off that summer and working I worked as a nursing aide at Grandview at that point in time, I remember getting letters and things at home that there had been enough faculty with appropriate qualifications that had been hired, that some had decided to stay and that classes would precede as normal in the fall. Again there was a lot of discussion back when we were in clinicals again in the fall out at the hospitals, a lot of discussion, physicians that were working in the hospitals and discussing the whole situation. It was in the papers everyday so again it was something that somewhat distracted you. But again, when I think back again, all of those experiences I think helped with maturity and those kinds of things. I felt that I received excellent education at Wright State and again when I got to University of Cincinnati and started working on my masters, I think I fully appreciated what that education was about and in the fact that I started in intensive care unit, the neonatal intensive care unit at the University of Cincinnati soon after graduation, I didn't see any differences in the length of time that I needed to orient, in fact, as was typical back in those days, I oriented for four weeks and then it was the Christmas holiday so I was off orientation and had a full assignment [Everyone is laughing] and after Christmas I was back on orientation for another month. [Everyone laughing] So as I

worked Christmas Eve and Christmas Day and New Years Eve and New Years Day on my own. [Laughing] So anyway I didn't struggle really at all. I didn't feel I had any deficits from my education and again the faculty I think in addition to the faculty that resigned you know and I think that when I talk to some of my peers at the time I think we were a little bit resentful, I think that we had felt that we had been a little bit abandoned. I think we understood what was happening and why and I think it was courageous for the faculty who left but I also think it was very courageous for those faculty who had stayed and the faculty who came and picked up the program and who tried to help us end up graduating. So I think both groups of nursing faculty were courageous for what they did and the reasons that they did that. And I am sure the faculty that decided to stay that was a little bit difficult for them and working through those aspects.

C. Berger: Go back a little bit; you said that when you were in your clinicals after the faculty had resigned

C. Brown: Uh-huh, uh-huh.

C. Berger: there was a lot of talk, like physicians

C. Brown: Right.

C. Berger: do you recall?

C. Brown: I can just remember, you know at that point in time, um some of the discussions, you know obviously in those days, we had the school was um letting each class decide whether they wanted to wear caps and we had voted not to and we just had our patches. And some of the doctors you know when you were out and again as seniors I

think education is a little bit different there were not combining [sic] clinicals or anything back then. You pretty much just had your regular patient assignment with your faculty person but when they would see your Wright State patch they would say, they would just make comments about, "boy there are a lot of things going on over there" and "what is it like being a student?". There wasn't really, that I can remember any negative comments per se. Actually again I think, unfortunately, sometimes I don't think nurses are as kind to each other as they need to be. More of the comments were actually from the nurses that were working on the units. Actually once you had proved yourself as a student, which I think is true in any situation, somewhat depending on your faculty person too, I think things kind of settled down. I remember there being a lot more turmoil within my junior year than my senior year. I think actually after some of those things had resolved, I think it was a little bit easier.

D. Curry: And how was your senior year? You were under some new faculty and

C. Berger: New faculty

D. Curry: new administration, did it seem much different or?

C. Berger: No, really I think the philosophy of the school continued the way it had always been and I think there was a strong focus. I think that some of the politics that had been decided maybe were getting in the way of the establishment of the College of Medicine as well as the School of Nursing, College of Nursing. And I told Cindy one

of the most amazing things I can remember um when we graduated I think that the first class College of Medicine, they graduated in eighty or eighty-one. I think it was eighty wasn't it?

D. Curry: Close to it. Yeah, yeah.

C. Berger: And um it was interesting because we shared the Medical library and we got to know a lot of the medical students obviously. The medical students dissected cadavers and we used them in anatomy and those kinds of things. And actually I think there was some movement then to having some joint experiences. I don't think it is nearly as strong as it is now, I understand there are a few joint classes and things from talking to some of the student we have at Children's now

D. Curry: Multidisciplinary classes.

C. Berger: Which I think is great

D. Curry: Yeah.

C. Berger: But, I can remember when the College of Nursing was announced the entire College of Medicine class stood up and applauded for us, which was really I think a great thing and they had been announced first and we kind of felt bad that we hadn't done that for them. But I think at least at the student level, the students were kind of caught in the middle of all this, and we were trying to show that nurses and physicians could work well together.

D. Curry: That is neat.

C. Berger: Because I think that when they did that it really showed that we were trying to achieve that. I think that with all that discussion and some of the things that were going on, I think there has always been that traditional aspect of whether nurses and physicians can get along, I think that it probably did some harm to that in the community. But, once my senior year came and all that settled down, I think the faculty who were left, although they were still carrying on the philosophy of the School of Nursing, nurses being independent practitioners and those kinds of things, I think they were willing to give up a few of those battles and try to show that we could work together with the College of Medicine. And the College of Nursing did not go under the College of Medicine.

C. Berger: Which is interesting that you've discussed that

C. Brown: In the long run it did not happen.

C. Berger: You know we've discussed was it ever really going to

C. Brown: Uh-huh.

C. Berger: Was that a ploy on the university's part?

C. Brown: Uh-huh.

C. Berger: Was it a ploy, on you, who knows, but it never really happened.

C. Brown: Uh-huh.

C. Berger: How has, you have talked a little bit on how your experiences have affected your career when you became a grad student. You have been in education really

since you have graduated with your masters. Did your experiences here at Wright State; has it affected your career especially as you educate nurses, since then?

C. Brown: Well I think, again, I had really always wanted, I had wanted to do bedside nursing, and I think it is extremely important part of what we do as we care for patients, but I really went into nursing with the thought becoming either a faculty member or working in an advanced role. When I started in even in seventy-seven there were no advanced roles, and then the clinical nurse specialist role started popping up as I finished and then when I started my masters degree at the University of Cincinnati, that role was a newly established track and in fact that's my understanding the reason Dr. George went down there was to start the pediatric which was called Parent-Child Health at that point in time and I think that when I worked for about five years as a staff nurse and was always interested in education and became a clinical nurse specialist and worked in that role ever since. I think I was a faculty member for about four years, throughout those early years, I taught at two diploma schools actually because at that point in time, that is all that was available in Cincinnati. But I think that it helped me realize how important it is to have a good relationship with students, and work with them. I think that it taught me that nurses have as important role as physicians do or any other team member in the healthcare environment. I certainly spend probably close to fifty percent of my time now educating physicians and I feel very comfortable with that and always have. I think early on, even in my role as a staff nurse and being in charge, I think one of the things that Wright State prepared me to do was to challenge physician's authority and I never had a

probably [sic] with calling attendings at home. They respected my judgment. I didn't call them unnecessarily but I am not so sure that if I had had a more traditional nursing education that I would have been prepared at twenty-three to do the things that I did. I think that is probably the one thing I feel most fortunate that I was educated at Wright State to do was to respect physicians, pharmacists, and other healthcare workers but to always know that there is if you are confident in your judgment, assessments and what you know about patients that there is certainly another way to look at things. Certainly now in my role as a clinical nurse specialist at Children's, I encourage nurses and also do that for them and role modeling to make sure that they know when there are times when physicians are not right and that nurses have as much input or more and that we can work together as a team. So I think that is probably what Wright State taught me more than anything was to be an interdisciplinary member of the health care team long before it was known and to be an advocate for patients regardless of whether I am at the bedside or not and to help nurses understand that they have an important role and to help physicians primarily understand that nurses are major reasons why patients get better.

C. Berger: Is there anything else that you would like to share with us? Donna?

D. Curry: Can you think of a favorite story of something that happened during your school nursing days with other students, just a memory that you would like to share with us, just something, a snapshot. Who did you hang out with? Who was your favorite clinical instructor?

C. Berger: Oh gosh. Well I have

D. Curry: I just think it is neat, what memories have come, stayed with you, what little snapshots?

C. Berger: Well my best friend in college who I still correspond with was Janine Dice. She lives in Cincinnati and she is a school nurse now.

D. Curry: Excellent.

C. Berger: We stayed in touch through many years. Her name is Janine Blat now. Fortunately I run into a few of my co-students occasionally I see Candy Vest occasionally, an um Bev Philips who is now Bev Dutro, she's actually married to a surgeon here in town, I run into them occasionally. Probably in terms of faculty, Doctor Peggy Chin was one of my all time favorites and again I didn't realize until I got out of school how well known she was in the field of pediatrics. And I think that is one of the reasons I went into pediatrics. I loved working with Doctor Jean Sullivan; she was fantastic even though I didn't like that psych area she was just really interesting to get to know. One of my favorite clinical instructors was Barb Jones and I think she is still at the VA I believe. I ran into her at a conference a few years ago, but she did my ICU rotation. And I can remember we had to give lasix IV, it is funny how these things just kind of stand out in your mind, and I went in there and started pushing it real fast and she just calmly took my hand and said slow it down a little bit. You know that kind of thing.

D. Curry: Uh-huh, uh-huh.

C. Brown: But probably one of the neatest memories I have was Dr. Torres did workshops with us and I can remember sitting out somewhere on that direction of the

campus, I can't remember, and telling us how important nursing is, what role models we can be, and we can influence patient outcomes, and I think she did that with all the classes. She did a, it was just a, I don't know if it was a whole quarter course but I can remember sitting out there and thinking how inspiring that was that we can make a real difference when in that point in time in the community nurses were not thought to be at the same importance that physicians were in the health care team. Those are probably some of my favorite memories.

C. Berger: Thank you very much.

D. Curry: Thank you.

C. Brown: Thank you for including me.