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# Elizabeth Madigan interview for the Miami Valley College of Nursing and Health Oral History Project

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## ORAL HISTORY PROJECT FOR WSU COLLEGE OF NURSING AND HEALTH

Today we are going to be interviewing Dr. Elizabeth Madigan, one of our alumni. I am, for the purposes of the transcriptionist, going to have everybody introduce themselves:

I am Donna Miles-Curry, the main interviewer

I am Liz Madigan – interviewee

I am Stacie Harris – one of the graduate students helping to work on the project

DC: Liz please start off and tell us a little bit about your personal background and how you became involved with Wright State.

LM: I grew up in Wapakoneta, about 55 miles north of Dayton, a small town of 8,000 people at that time. When I was looking at colleges, I had looked at a couple different places and Wright State felt right to me as an 18-year-old. I suspect that is because I was coming from a small town so an urban campus like Ohio State being that big and that urban probably wouldn't have felt the same, but Wright State felt good to me. I was also impressed with the caliber of the nursing program, although retrospectively looking back, it was more luck than sense that I ended up there because of the program. It was a pretty progressive program at the time and I didn't realize that until I got out.

DC: Very good, so tell us about your early years when you first came to campus and your first nursing course.

LM: This is one of those embarrassing things? My first nursing course was taught by the Dean Unger???-spelling at the time.

DC: No fooling. Tell us about that.

LM: What happened is that it was an 8:00 AM course and so I like didn't go to class most of the time.

DC: Oh, no.

LM: Yes, I'm like so much kicking myself now because at the time I had no real appreciation for her stature and Marge's stature within the nursing community. I just didn't appreciate, as an 18 year old, and so my first course was a spring semester course and because it was 8 AM, I maybe made half of them. Is that embarrassing?

DC: So that was like your introduction to the nursing or the nursing theory class.

LM: It was the Introduction to Nursing class. After that I got more serious, but as a freshman I was sort of a flake in some respects, not academically but sort of time-wise. I just 8:00 classes

DC: Just was not your thing. What was your favorite class when you were in the undergraduate program?

LM: Favorite class. I think the Community Health Classes at the very end.

DC: Okay, tell us about them.

LM: I think part of it is that by that time we were seniors and there had been a group of us who had been together for quite awhile so we had a good sort of bonded group and it was an unusual group in terms of some who were young, like me, but there were also adult students. Wright State was really different than a lot of other undergrad programs at that time, again, something I didn't appreciate until I got out is that we had a lot more adult students in the program and so in some retrospect that was good because I think it helped to provide maturity to sort of the social group and at the same time it was a challenge because they never hesitated to let us know that we were the young ones.

DC: Wow!

LM: So it was just an interesting dynamic. It wasn't abrasive, it was just very clear and I'm sure that we were annoying in some aspects because we were 21 and thought that we knew everything and they were sort of like "clearly you don't". You know, I think it actually really improved the group dynamics because we had this sort of mixed age group.

DC: And what did you do for your community.

LM: Actually, our community was Yellow Springs. So talk about an interesting timing, like 1978 and 1979, was to do Yellow Springs as your community as the community assessment.

DC: Did you guys plan an intervention also.

LM: We did and I don't remember what we did but I do remember that we did do something. We talked to like the mayor and like different community officials, but I don't remember what our intervention was.

DC: Any special memories of things that you did with other students there when you were in the nursing program.

LM: You know – I lived in the dorm for my first year so there were nursing students in the dorm so they became really pretty good friends because we had sort of shared experiences, but I was also friends with students from other majors and disciplines. What became pretty clear, pretty early was that we were working a lot harder than some of other students were. I mean, just in terms of the course work stuff.

DC: Interesting.

LM: In terms of the other nursing students, things that I remember

DC: Do you keep in touch with anybody from your class.

LM: Just periodically. Glen, who was Bornhorst at the time, Stevenson now. She is in Piqua or Sidney, somewhere in that area.

DC: Okay

LM: She is at one of the Community Colleges. I think she is director of one of the programs at one of the community colleges.

DC: Neat, very good.

LM: ??? and I stay in touch from the nursing program but I stay in touch with other folks from Wright State who were sort of longtime friends.

DC: So what challenges did you feel like you faced as a student at Wright State.

LM: I don't know that I had, I don't think that I had anything that was that particularly unusual. I think the academic coursework was challenging, but I think that is nursing programs in general so I don't think that I had any special challenges.

DC: Where did you go to work right out of your nursing program.

LM: Lima Memorial Hospital.

DC: Okay

LM: Now there was a challenge.

DC: Okay

LM: Because I was one of the few BSN prepared nurses in the hospital and I have this favorite story that I like to tell.

DC: Sure

LM: I worked 3-11, straight evenings and one weekend there was an old-time supervisor who was covering the house and I don't know; well after I got into nursing administration I realized that you just have to cover what you can so they must have called her out of retirement to cover the house ever so often. She was a real old-timer and she came up to me and she tapped me on the shoulder and she said "Dear, you need to put on your cap" and I said "I don't have a

cap” and she said “if you lost your cap, your training program can provide one for you” but I said “I didn’t have a cap in my program”. “Well, where did you take your training, dear”. I said “I didn’t take training, I went to college at Wright State” and she said “oh, you are one of those”. She threw up her hands and walked away.

DC: Laugh

LM: Because as students we had a lot of power and we voted the cap out of the dress code.

DC: Seriously.

LM: Yes, it was like because at the time I started we had a cap and by the time we were seniors we had voted it out of the dress code.

DC: Do you remember what the rationale was – why you decided to

LM: I think we tried to use the scientific rationale about infection control is also sort of, at that time, sort of the women thing.

DC: Right, very good

LM: And we also, because we had a number of guys who were from Wright Patt, who had been in the Air Force and had come into the nursing program and they weren’t wearing caps.

DC: right.

LM: So we were like “wait as second, we have to wear them and they don’t”.

DC: Right

LM: So between the women’s issues, infection control and all that kind of stuff that was the rationale we used but if you look back you will see that maybe in 78 or 77 the cap was voted out of the dress code. My recollection is that the students had control of that.

DC: How neat!

LM: Can you imagine now giving students control of the dress code?

DC: No.

LM: It just doesn’t happen.

DC: no, no.

LM: It is a very different era.

DC: Very good. So tell us about any of your interactions with any of the faculty there.

LM: The faculty were really good to us, as students. I think really good to me so one of the things – we did a lot of stuff with nursing theory which I didn't really appreciate until I got into my masters and even my Ph.D. program because at the time I didn't realize how unusual it was for undergraduates students to get exposed to the nursing theory but that was at the time that the Wright State faculty were writing the book. I think they wrote a book.

DC: Exactly

LM: So, we got exposed to theories all the time so when I got into my master's program and had my first theory course, I was like "this is boring and stupid, I've already had this".

DC: yes.

LM: And then when I got into my Ph.D. program and they start talking about this and I'm like, wait a second, some of this is new to some of these folks and I had this like in 1976. So I felt really lucky in that aspect.

DC: Cool

LM: and the faculty were actually very good in terms of clinically good and they were didactically good so I can't really think of a bad experience I had with faculty there.

DC: Can you name any faculty that you have any special memories about?

LM: Jean Sullivan was always very good to me.

DC: Very good

LM: Then Connie Esposito.

DC: Right

LM: Connie, I think taught Psych, right ?

DC: Correct

LM: I was scared of Psych. I wasn't scared of anything else, but I was scared of Psych and I think just because I didn't know how to interact with those folks and she made it very comfortable.

DC: How nice.

LM: yes. And then Trish Tragenstien who did sort of the critical care stuff.

DC: Right, my roommate

LM: So I remember some of those folks and I'm sure I could think of other names, but those are the ones that sort of pop into my head.

DC: How neat. So I know that you have talked a little bit about the interactions with the wider Wright State Community. Did you get involved in clubs or any activities when you were on campus? What was there to do?

LM: Well, I had a unusual thing. I was a freshman, living in the dorm and then I got married between my freshman and sophomore year so I didn't really have that social interaction because I was married. I mean I wasn't in sororities or doing that kind of stuff so I didn't really have those social interactions. I had friends who did but I didn't have those.

DC: Very interesting. So, what was it like when you went out in the community as a Wright State Student?

LM: We got a little bit of flack and I think it was because I think that the Miami Valley program was so strong at the time and it was sort of that whole era about "Well this BSN thing is fine but you don't have the same number of clinical skills", sort of that kind of message in some aspect. So, I was also confident that I was going to do just fine and I was.

DC: Did you work at all while you were in school, like as a nurse's aide?

LM: No, I didn't.

DC: I was just curious to see if there was any other way that you felt like you supplemented your clinical.

LM: No, I didn't but I did campus jobs. I did reading for the blind and some other campus jobs but we only had one car and he worked so he needed the car for work so I couldn't work. It was just complicated.

DC: That's amazing. How do you feel like your experiences at Wright State have affected your career?

LM: Because Wright State at the time, we spent as much time clinically in the community as we did in the hospital. I got into the community stuff and I was very comfortable because I had spent so much clinical time in the community so I think it really – You know my program of research is Home Health, and I had a Community Health Certification at one time and it has just sort of been a pervasive piece for me and I was always very comfortable in the community

because we had spent so much time doing community health kinds of things, we were very comfortable and it was a very unusual program from that perspective.

DC: Right, exactly. What would you have thought was the hallmark of the Wright State program when you were there?

LM: I think that piece about spending as much time in the community and with family then in the hospital.

DC: Very neat. Is there anything that I haven't asked you about that you would like to tell me?

LM: I was there right at the beginning and the end of the whole thing with the walk-out of the faculty.

DC: so, tell us what your perception – if you were telling someone about the story, what would you say?

LM: You know, I wish I had and I actually am going to come back and re-read about that at some point just because. I graduated in December 1979 and the faculty walked out in the Spring of 80.

DC: yes.

LM: So, I was there with a lot of contentious arguments and President Kegerreis being in meetings and things. I was sort of baffled by it all, I mean that I understood the issues, I think, but I was sort of baffled by the approach. Some of that was because it was the 70's so there was a lot of pestiferous students and some of the students were students who were older and had done protest marches and things like that which I hadn't done so they would try and organize these kinds of protest, but I could never quite figure out why this couldn't have been worked out in a different way.

DC: Yes, very interesting.

LM: That's what I mean and at some point maybe I'll come back and re-read about that just to sort of get a sense of what was actually going on versus my perception because I was just mostly baffled by it and had a hard time figuring out what was going on and why it couldn't be resolved at the administrative level and why it ended up with the students involved because thinking back on it, I'm like if we had that kind of thing going on, we wouldn't have the students involved.

DC: Right

LM: So I don't know if that was just a reflection of the era.



DC: Yes, Good point.

LM: Or if it was just a bad situation that wasn't handled well. I don't really have a good sense.

DC: Stacie, do you have questions:

SH: I actually have a couple. You said that you had your Community Health Certification.

LM: Yes.

SH: What made you steer away from like keeping that current.

LM: What happened is that, this is an unfortunate thing Stacie, when you become a faculty member, if you don't have a clinical practice which is very hard to do on a tenure tract position as a Ph.D. prepared person in a research extensive university like Case Western, if you don't have a clinical practice you can't maintain your certification. So at the time I lost mine, they didn't count teaching or any of my research toward my certification, even though I am convinced that I can actually make the argument that I'm probably as clinically astute as my colleagues who are practicing in community health because I have to be on top of it to be an accurate researcher and to actually have accurate publications, but that was a decision made at the time. To get it back, I would have to go back into clinical practice with hundreds of hours and re-take the exam and I could do that but have chosen not to do that.

DC: Sure.

SH: You keep talking about how the students had voices like with the walk-out and also with them being able to talk about the dress code. Is that something that you valued that at the time or is that something that you kind of overlooked as a privilege.

LM: Well I think at the time it was just like expected; you know we expected to have that kind of influence and power. I think in looking back, our current students don't have that kind of influence and power. They just don't so I think it was a reflection of the era. Because in the 70's there were a lot of colleges and universities that let students sort of design their own majors and you know some of these kind of things, which there are still some universities that do that but it is very rare.

SH: yes. My last question would be if you had one piece of advice to give, what would it be?

DC: Good question.

LM: To Wright State Students?

SH: yes.

LM: Wright State is a unique place because of its history in terms of it was not a traditional undergraduate institution when I was there, because we had adult students and we had military folks and we had military dependents and so we had a very diverse group of students and that is a real asset because it really gives you different life experiences in the classroom and in the clinical settings from what you get if you have a bunch of 18 year olds together.

DC: Do you feel like you would have gotten the same out of the program had it been a different school than what you got out of it through Wright State.

LM: No, I think it is because of the focus on community health and public health where we spent half of our time doing that kind of thing versus my colleagues who did undergrad programs where they spent 75-80% of their time in the hospital and 25% in other places, I think I had a very different experience.

SH: That's all I have.

DC: Well thank you so much.

LM: it was my pleasure.

DC: It was very good chatting with you.

LM: it was good talking with you.

DC: Maybe we'll cross paths again. Are you going to MNRS?

LM: Since I'm the vice-president they expect me to show up.

DC: Oh, I forgot about that. Okay, well maybe I'll see you there.

LM: you will definitely see me there.

DC: Alright, thanks

LM: Thanks and take care.