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### Hollen, Linda interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

LINDA HOLLEN

FEBRUARY 4, 2009

CAROL HOLDCRAFT: Okay. We're going to start today's interview. This is another session in the Wright State University College of Nursing and Health Oral History Project and it's February the fourth, two thousand and nine. I'm Carol Holdcraft who's doing the interview. In the room is?

DONNA MILES CURRY: Donna Miles Curry

LINDSEY: Lindsey Weisbecker

CH: And today we're going to be talking with Linda Hollen.

LINDA HOLLEN: Linda Hollen

CH: Okay Linda, we're really glad that you could come and be part of the Oral History Project. And so, we want to just start out by asking you to tell us a little bit about yourself and your personal history and how you came to be connected with Wright State.

LH: It's a long story. I was not a traditional student. I went back to school when I was about thirty-two. I was married and had two children. Different things in my life made me think about nursing as a career. I had seriously considered it when I graduated from high school and went to college the first time. I finally graduated in nineteen ninety-two with a bachelor's degree in nursing. At that time, I said I would never go back to school again. But I did go back to school again and graduated with my master's in two thousand and one.

CH: Okay, so tell us a little bit about what you remember about your early years here at Wright State.

LH: Well, I was scared to death. It had been at least ten years since I had been on a college campus. I think nursing's unique in that my being thirty years old was not that unusual.

I. There were lots of women my age. Because there's so much time spent with the other nursing students both in the labs and at clinicals, I immediately had this group of people that I felt very close to. I felt like the students, and also faculty, were very supportive and encouraged every student to do their best and succeed.

CH: And so what do you remember? What are some specific things you remember about early classes, early relationships?

LH: I think computers. Computers were something very new. They were virtually unheard of when I was in college in the 1970's. I remember using punch cards and then going to some building on campus with a pile of punch cards to run a program. So personal computers back in the early nineties were new for me. I knew how to use a word processing program to type a letter and that was pretty much it. So that was hard. I felt like that was a learning curve that I had to conquer as well.

CH: So, learn how to use that personal computer to get your work done.

LH: Right. Yes. And formatting pages, everything was different from what I had remembered from high school and from my first college experience.

CH: Okay. So your first college experience you were?

LH: I was a business major.

CH: And you had a degree?

LH: I never did graduate. I got married and had babies.

CH: Okay.

LH: I was a mom.

CH: Okay. And where were you originally in your college program?

LH: Right here.

CH: Right here at Wright State.

LH: Yes

CH: So really Wright State you came back into nursing.

LH: Out of high school I had gone to Miami for a year and then transferred here, but I never did graduate.

CH: Okay.

LH: Yes

CH: Okay. Well good. So what then, tell us a little bit about the nursing curriculum was like that you entered into? What are your memories of the curriculum?

LH: I was fortunate in that I had a lot of my gen eds behind me as I returned to Wright State. My first quarter, I took anatomy. I thought anatomy was fascinating. The cadaver lab was amazing. I also took physiology my first year back in school. The instructor was fabulous. I learned so much from her. I found everything about science and nursing to be fascinating. The nursing skills labs allowed time to learn and accomplish skills in a safe environment. So many of the classes I started with when I came back were all nursing related courses. Whereas, had I come into nursing as a freshman taking English and math, I think it would not have been so exciting. I would have had to do a little more digging to get to the nursing, to what I came for.

CH: So we get the sense of you coming back and just kind of diving into it.

LH: Right into nursing.

CH: This new career that you were really enthusiastic about and so forth. So, Wright State always been kind of known for the fact that we actually do have cadaver labs here and many places don't. So, what was that like your first time?

LH: I remember it well. I didn't know what to expect. I think I was actually quite nervous. My first impression was the smell but then it became so fascinating that I was un-phased by the smell. I'm a hands on learner. To learn about the muscles, and the bones, being

able to touch them all was amazing. The people that worked in those labs were wonderful teachers. I learned a lot. And the way that we were tested, that I recall and it's been twenty years ago, but the way we were tested with little flags on these cadavers identifying structures was educational and so different from looking at a cat or a pig.

CH: Something that you might have expected. Yeah. So those were basic science classes. What about some of the nursing classes you had in your first year? What do you remember? What stands out?

LH: (Pause) I'm trying to think what my first nursing class would have been, probably somewhere early on with Donna Curry, with pediatrics. Not too far into my nursing education I went to work at Children's so I had already developed a love of pediatrics Donna was teaching pediatrics so I remember that. My first clinical was in a nursing home. I think that is still the case. I learned so much in college and then continued to learn so much after I started working. I think you have a foundation when you leave school. Then everything else is learned as you integrate new knowledge into the foundation. There's so many classes I'd like to take now because I could apply them to people and situations I have encountered over the years..

CH: Right. So tell me some more about what some of the challenges were for you as you were fulfilling your role as a student.

LH: I think right off the bat was the fact that I was a mom and a wife. That was a challenge. I think I was a much better student because I had all those other obligations, so when I went to study I studied and when I was a mom I was a mom. And I think I was able to really focus my study time. I was a balancing act.

CH: So those were personal challenges and were those challenges that seemed to be shared by other students?

LH: Absolutely. There were definitely other women my age and then there were the

traditional college students as well.

CH: How did those two kinds of groups mix together while you were a student?

LH: I felt like they mixed really well. In fact, I graduated in ninety-two. Seventeen years later I still run into eight to ten girls who were more the traditional college age and we pick up where we left off. We continue to be friends. We run into each other at conferences, or in the neighborhood, or at Kroger's. . I felt like I had friends that were my age as well as friends that were considerably younger. And we worked well on group projects despite our age differences.

CH: There were challenges but it sounds like they were good kinds of challenges as well.

LH: I think it brings a nice perspective to everything. You have the young perspective of the nineteen, twenty year old and you have the thirty and forty year old perspective too. I think it's nice.

CH: I do think we have been sort of known for having the both the nontraditional and traditional students mixed together in class like that.

LH: I've seen that mix of traditional students and non-traditional students as the clinical groups rotate through Children's. The same is true in my career as well.

CH: Uh-huh. So tell me a little bit about some of the interactions you remember that you might have had with, say for instance first, administrators in the college. Do you remember? Who was the dean, for instance, at the time you were here?

LH: I don't remember that. I made an appointment, probably with Theresa to plan my time at Wright State. Is she still here?

CH: Uh-huh.

LH: And she was the one that had to look at my old transcripts and figure out where I needed to start. She helped me to map out each quarter until graduation. . So, I had an end date in sight. That was nice. Somebody showed me where things were on campus so I knew where I

had to go to register, where I had to go to pay my bill. I'm trying to remember the first nursing faculty I met, I can't remember. You know, I remember Dr. Lipp and you and the women that ran the nursing lab, Cheryl, oh gosh it's been so many years ago.

CH: Well, Barb Bogan was in the skills lab.

LH: That's right. She was and she recently retired right?

CH: Uh-huh. She did.

LH: And there was somebody else in the skills lab and I can't remember who.

CH: At that time it might have been (Pause) Sue Kritzer.

LH: Yes, that was it. And they were just so helpful. The equipment in the lab was the same equipment we would see in the community. The skills as they taught them were current.

CH: What kinds of things do you remember in terms of overall clinical experiences at various hospitals? Obviously, probably Children's was one you recall since you went to work there but what about some of the other places?

LH: I remember the nursing home, of course, and the VA. I had several quarters at Miami Valley. I have really positive things to say about all of them but I believe what you get out of clinical depends a lot on what you put into it too. The RN staff was willing to provide learning experiences if the student seemed interested and I was very interested. That makes a difference.

CH: So, it was a good experience for you.

LH: Oh yes. I don't think I ever had a bad clinical experience. It was great. I mean I certainly decided there were places I wanted to work and places that would not be my first choice but I don't think I had a bad experience.

CH: Any thoughts or memory as a nontraditional student about the wider Wright State community, interactions in general on campus or events that were occurring during...?

LH: You mean on campus events like May Daze?

CH: Uh-huh.

LH: I guess I never really felt like that was part of my life at that time, I was quite a bit older. I did have to take either sociology class or psych class when I came back to school and of course it was in one of the big classrooms. All of the nursing classes were small, a lot smaller. I was in one of the big classrooms and the instructor was speaking when some young person sitting next to me said "Maim, could I borrow a pencil?" And I just wanted to say "Am I your mother or what?" So, that was when I felt like oh, I'm way out of my element here.

EVERYONE: (Laughs)

LH: But May Daze, that was way out of my element. I was thirty years old and that wasn't my thing. I was here to go to school and that was it. But had I been here at eighteen or nineteen I think I would have had a good time.

CH: So, you finished your undergraduate degree and tell us a little bit about your career.

LH: Well, I finished in ninety-two. At that time I had already been working at Children's as an aide. I was hired as a staff nurse in the NICU. I worked there as a staff nurse until I went back to school. During those years, I precepted many students and new hires. I did transport for the NICU. I served on several committees at Children's. I did go back to school to get my master's. I graduated in two thousand and one with my FNP. When I graduated I went to work for a pediatric practice north of town but stayed pool at Children's as a staff nurse. And then about a year ago a new nurse practitioner position opened at Children's. I like the idea of a new challenge. And so, I came back to Children's full time into this new position but stayed pool at the pediatric office. I work once a week at the office in primary pediatric care and then full time at Children's.

CH: So, for many people the decision to come back into graduate school is sort of a



major decision to make. You get out and you're a busy person, a busy professional. Tell us a little bit about your whole decision to come back to school and what motivated that.

LH: I like to be challenged. I like to learn new things. Margaret Graham is a good friend of mine. I had a lot of encouragement from her as well. Hearing her talk about what she was doing with her career was exciting, it was a challenge to me. At that time Wright State didn't have a PNP program. They had a CNS in pediatrics but they did not have a PNP program and I wanted to be a practitioner. I decided to do family which would allow me to work in numerous fields. FNP was a good fit. It just seemed like the right time. It fit into my family schedule and my husband and kids were very supportive. That makes all the difference in the world.

CH: So, were you a full time student when you came back to school to get your master's?

LH: Well, pretty much yes but I also worked full time. One good thing about nursing is twelve hour shifts. I could work two twelves or three twelves a week and go to school. That first quarter I started back with one class, statistics. That was a fabulous class and I thought oh, I can do this. So the next quarter I took two classes, not quite so easy. I then continued through the basic classes doing two at a time. The final four quarters were mostly clinical. I had classes all day, every day for one week, then spent the rest of the quarter in a clinical setting. We would return to campus for testing. But I was still able to work.

CH: So, you were pretty busy.

LH: Definitely, but it was okay. It was good.

CH: So, tell us a little bit about your perception of that FNP program of study in terms of what were you learning that was new and different and exciting.

LH: All of it except for pediatrics was new and different and exciting because I hadn't done anything in the adult world. I know for my undergrad degree I learned a lot and had I gone

to work in the adult world I would have been well prepared. But I stayed in pediatrics. Even now I couldn't go back and work in the adult world because I have again settled back into pediatrics. So, I'd have to go back to school again if I ever wanted to do adults. There's a lot of new information.

CH: Yeah, new roles, new level of practice.

LH: Absolutely. The nice thing was when I went to work; I went to a place where there were other nurse practitioners. The community was used to practitioners. And the physicians were supportive of the role I wasn't a pioneer. I had peers that I could lean on, draw from, and learn from. And I learned a lot. I think it would be a hard as a new grad to go into a practice and be the only nurse practitioner. My current job is like that. I am the first, and only nurse practitioner in this role. It's a new role, but I feel I had good experience and confidence from my previous work experience.

CH: You had a support network where you were.

LH: Absolutely. Very important. I recommend that to everyone.

CH: Tell us more about your new role and what you've been able to do based on the degree that you've gotten, the education that you've got.

LH: I was hired to be the nurse practitioner for the pediatric surgeons. My title is Surgery/Trauma Nurse Practitioner. They had never had anyone in this position. In fact, only one of the surgeons has had experience with mid-level providers. We've been developing my role as we go along. We've been doing this for about ten or eleven months. Some of my day is spent seeing patients in the hospital. Some of it's spent seeing patients in the office. I am often the liaison for surgical issues that arise on the pediatric units and I provide education for staff I've also become involved with the surgical resident orientation. The pediatric residents have a very rigid, defined orientation program to the hospital. That has not been the case for the

surgical residents. They do not generally have pediatric focus. They've been primarily adult trained and then spend six to twelve weeks at Children's. So, one of my tasks is to help revise their orientation to Dayton Childrens by integrating their surgical knowledge and my pediatric knowledge. . Learning about burns and caring for burns is another part of my new job. I have been fortunate to attend several good conferences on this topic. I certainly still have a lot to learn but welcome the challenge. I have also become involved with trauma patients as they progress through the institution. Again, I have lots to learn.

CH: Sounds like a pretty good challenge.

LH: It's very interesting. There is not as much hands on patient care as I do at the office in primary care but a lot of interesting educational pieces.

CH: Um, let's see. I think that basically I want to find out from you what about your experience we have not asked you about that you'd like to share with us. Is there anything you can tell us about?

LH: One thing that occurred to me as I was thinking of this interview today is how all nurses need to really look for the students in our work places and offer them opportunities to learn. Nursing's a wonderful career and I think that we need to encourage the more experienced nurses need to help new nurses succeed.

CH: Were their things that happened, memories that you have of staff nurses along the way that sort of lead you to this philosophy or this way of thinking about it?

LH: There may be or it may just be me as watching what's going on with students at different places in the hospital. When a nurse has a student they should look to the other people that are working with them ask, "What could a student learn from you today?" What kind of patients do you have today that would be something out of the ordinary or something very ordinary that the student could learn from? And I do realize nurses have crazy assignments, are

so busy, and that it takes time to have a student. What I would love to see is institutions recognize staff nurses that go out of their way to help the students. You know, if they get feedback that says Lindsay was a wonderful nurse, you know she helped my student do this, Lindsay should be recognized either that day or at evaluation time. I think that is important.

CH: Good ways to build in some rewards for.

LH: And it's good for the student and it's also good for the staff nurse because that staff nurse, she knows that she's being recognized for doing good work. Yes, it did take her longer to get her job done, but it's worth while time.

CH: Donna?

DMC: That leads me to one thing that, you've been a preceptor for our nurse practitioner students for both, I think, the FNP and the PNP program and I thought you might want to share, because it's like I heard your philosophy come through and probably why we've always been able to call you a lot to help us out. Do you want to share anything about what you think it's been like to work with, now being on the other side, with the students, the Wright State students, the nurse practioners?

LH: I think it is fun. I love my job and so I want other people to see what a great job I have. Sometimes I look back on my first days at my job in the pediatric office and I think oh, my goodness somebody trusted me with their child. So, I do explain to people that everyday I'm still learning. I'm still learning a lot. I think it's important that we all know our limitations and then own up to the fact that I don't know but that I can go find somebody who will know the answer. I love having students. I think having students keeps me on my toes because I feel compelled to know the answers to their question.

DMC: So, did you ever have a really challenging situation with a student or anything?

LH: I have and I have to say that student was not from Wright State.

DMC: Oh.

LH: Was from an institution in Ohio. I think the student has the same obligations that the preceptor does including timeliness and a commitment to learning. She didn't have the dedication that I felt like she should have and that I have witnessed from other students both in undergrad and in grad program.

CH: Well, we're glad to hear that, obviously.

EVERYONE: (Laughs)

CH: But um, so, what did you do in that situation.

LH: You know, it's very hard for me to give negative feedback but when the instructor came I did explain that these were concerns. The student knew they were concerns.

CH: So that she really would, truly...

LH: I don't think this was what she needed to be doing. I think she started down this path and it wasn't the right thing for her.

DMC: Interesting. Yeah.

LH: There are so many avenues one can take with nursing that if you're not happy, change and find something else to do in nursing.

DMC: So with all of your experience with both our undergraduate program and graduate program do you have any insight of things that you could change, the perfect world for, in nursing, in nursing education from your insight what might it be?

LH: I'm afraid we might lose students who come in and year one and year two they haven't a single nursing class. It would be so nice if some of those introductory classes could be in the freshman and sophomore year so that they could either decide yes, I love this or no, I need to change majors. I think that would be nice. There is a shortage of clinical places for students. I think that's a shame. I was working with a group from Ohio Northern about three or four months

ago and they were doing Saturday clinicals. A great idea, except that there's a lot of stuff that doesn't go on on Saturdays in a hospital. I think they were losing. It's a challenge. I don't know. I'm sure if somebody had the answer everybody would be doing it.

CH: If you were to give advice to a new student starting at Wright State right now what would be the kinds of just words of wisdom or advice that you would give them?

LH: Give it your all. That and I really think that working a little tiny bit in health care while you're going to school is helpful. I think I learned so much because I was already working and I could put the two pieces together. What I learned in school I could see in the clinical setting and what was happening in the clinical setting I could understand because of what I was learning in school. And I don't mean working full time, five hours a week in a nursing home would be wonderful just for the lingo, and for the equipment, and communicating with patients.

CH: We really thank you a lot for coming today and participating in the Oral History Project.

LH: You're welcome.

CH: And we will be finishing up today and we will go ahead and transcribe what you've done and we will let you see that so that you can, if you have any corrections that you would like to make, sometimes we say things that are a little different than what we actually thought we said.

LH: I'm sure that's very true. It's kind of scary to think about going back and reading it.

TAPE ENDS

This transcription has been edited by the interviewee.