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Mary Ann Rosencrans interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

MARY ANN ROSENCRANS

OCTOBER 29, 2007

Donna Miles Curry: Today this is part of the Wright State University Miami Valley College of Nursing and Health Oral History Project and today we will be interviewing Mary Ann Rosencrans. The interviewer will be myself, Dr. Donna Miles Curry. Present we have two graduate students and I'll let them each introduce themselves.

Anika Surratt: Hi, my name is Anika Surratt.

Ana Roche: And Ana Roche.

DMC: And then Anna Roche. So those are the two students. And at the end of the interview, Mary Ann, we will let them ask questions if they have additional questions. Okay, are you ready to go?

MR: I've actually met one of the gals at an NAPNAP Conference recently. Right?

DMC: Right!

MR: I remember you.

DMC: Very good, yes.

MR: And I've talked to Anna many times.

DMC: Excellent. Very good. How nice. Okay, well our first question that we'd like to start out with is, tell us a little bit about your personal background? In particular how you came to Wright State?

MR: Um, it's very interesting. Back, I'm a diploma grad from nineteen sixty-eight at St. Elizabeth Hospital School of Nursing and interestingly enough at that time we actually talked about the four year baccalaureate people as knowing the page of the book the procedure was on but we had done the procedure. And then as all wise nurses eventually find, I wanted to get my bachelor's degree and back in the mid seventies I came to Wright State University and Gert Torress was the dean at that time and she had done an awesome thing getting the School of Nursing out from under the School of Medicine and making it a separate entity. However, Dean Torress did not seem to hold returning RNs in as much esteem as she did her generic students. And so when I came out there to see about getting my bachelor's degree at that time I thought oh, no, no, no this is not going to work for me.

DMC: Sure.

MR: And, like I said, she was a wonderful woman and did a lot of things but she wasn't all things to all people. But anyway, and you can edit this out if you need to. So then much time elapsed. Then back in nineteen, I think it was about eighty-five or eighty-six I came back to Wright State to get my bachelor's degree and much had changed in the interim. And so in nineteen eighty-eight, it only took me twenty years, I got my bachelor's degree from Wright State University.

DMC: Excellent.

MR: It was excellent. The nice thing about all this is I can see how Wright State has evolved.

DMC: Great.

MR: Um, it evolved, actually, from under Dean Torress, who like I said, did a marvelous job getting it out from the School of Medicine and making it a separate entity. And then when I

came back it was improved. It still isn't where or it still wasn't where it is today as far as RN students. So okay in nineteen eighty-eight I got my bachelor's degree from Wright State and it was a wonderful experience even painful things help us grow.

DMC: So, can you share with us a few, maybe stories about what it was like when you were a student? Maybe about your classes or did you have to do clinicals, tell me what it was like?

MR: Oh my gosh! Okay, I did have to do clinicals; and at that time Wright State had the idea that they wanted to build this community with their baccalaureate students and their RN students which, in my opinion, was a mistake. One of the situations that brought it home the most was I had been an RN for nearly twenty years. I worked at Miami Valley Hospital. I was doing clinicals at Miami Valley Hospital and I was on the rehab unit, which was a wonderful experience because I'd never taken care of adults, but they had a patient that needed an IV started and all my experience had been in the intensive care nursery. So one of the nurses on the unit said, "we'll get Mary Ann to do it". "She can do it". Well yeah, I was thrilled to do it however my instructor said oh no, you're a student you can't do it.

DMC: Oh my gosh.

MR: I know and you know I'm working under my own license. I work at this hospital and all of a sudden I'm being told I can't start an IV. And IV's, you know, I mean, well anyway.

DMC: Sure.

MR: So that kind of is an example of how they tried to have, how Wright State tried to have the RNs and the baccalaureate persons work together and apply the same principles and it just didn't fly.

DMC: Sure.

MR: And I'm also one of these people who thinks, if you have a problem then you better be part of the solution and so I was actually on the curriculum committee as a student.

DMC: Oh great!

MR: And got to participate with an RN when they came to Wright State and talked about their RN program and the kinds of things that were required. It was interesting because at that meeting that we had, the panel, it came out that no, you don't have to do the same identical program or hold your RN students to the same criteria that you hold your baccalaureate students. And so, and I think, in fact I know that it's gotten better and better as time goes by for the RN students to come back. But it did give me the opportunity to meet some awesome people. I will never ever, ever, ever, ever forget, (Pause) oh, my god now her name, I forgot already.

DMC: What did she do?

MR: She was Murphy, Barbara Murphy.

DMC: Yes, Barbara Murphy was in charge of the RN, BSN program.

MR: Oh, Barbara was wonderful. And there was Cross, what was her first name?

DMC: Oh, JoAnn Cross.

MR: JoAnn Cross. She was awesome and Mariann Lovell.

DMC: Yes.

MR: There really were some awesome people there and oh, golly, and who's the gal that has since died? Just wonderful...

DMC: During that period, I'm trying to remember. Oh, well if it comes to us we can chime in.

MR: Right. She was sixty and oh well, okay, if it comes to us we'll remember.

DMC: Was it Virginia?

MR: No.

DMC: Wasn't the other Virginia, um. She went to Tennessee or something?

MR: No.

DMC: No, it wasn't that one?

MR: Huh-uh. No.

DMC: Okay.

MR: It's kind of sad because she was a neat lady. When she moved to the area she had her lawnmower in the back of the car and inhaled the gas fumes from the lawnmower and she had asthma.

DMC: Oh no.

MR: And she died of asthma on a cruise.

DMC: Oh, no. We'll have to rack our brains too. I bet you Carol will remember, Carol Holdcraft.

MR: She was wonderful. Yes, I think she would.

DMC: Yeah. Very good.

MR: Anyway.

DMC: Well that was a neat experience there. So, you got to interact with the faculty in a different level then didn't you?

MR: Right.

DMC: So, what would you think the strength was from that baccalaureate program? What did it give to you as a practitioner coming out of it?

MR: Um, it gave me the rest of not just being there and knowing what to do but being there and knowing what to do and why I'm doing what I'm doing as a nurse.

DMC: Great.

MR: There's more theory involved. I think as a diploma grad I really was, it was a good program and I was a good nurse and I did what I did because I knew it was the thing to do but the baccalaureate degree validated why I was doing what I was doing. And gave me more theory behind it. Like I said, it wasn't I'm doing this because, because I was doing it because and I could tell you why I was doing it.

DMC: Yeah.

MR: It really it makes the better nurse. It makes you a more rounded nurse. It gives you a whole lot more other experiences that's just not one dimension.

DMC: Great. So now let's move forward a little bit. You went on for your master's and your PNP from Indiana.

MR: Absolutely.

DMC: And then worked for some years, and then were involved in our master's program here in the child and adolescent program. So tell us what was your first experience with that program? When did you like first hear about it and anything you recollect related to that?

MR: Okay, well let me backtrack just a moment.

DMC: Please.

MR: As a nurse practitioner I was involved with my professional organizations, the Ohio Nurses Association, and being involved with the Ohio Nurses Association. I was involved with advance practice nursing and I did have the opportunity to meet Dr. Grahamn.

DMC: Right.

MR: And prior to Dr. Grahamn starting the FNP program at Wright State she needed letters of support and Dr. James Bryant who has been a wonderful role model and actually my employer for seventeen years, we wrote letters of support for Margaret's program and of course Jane Schwart was dean at Wright State at that time. And we really did want Wright State to take on that role as preparing advance practice nurses in the practitioner role. And through that, I was also able to be a part of the pilot program that allowed nurse practitioners to have prescriptive authority in taking care of the underserved. So, fortunately I was one of the nurse practitioners in the state, Wright State, University of Cincinnati, and Cleveland...

DMC: Correct. Case.

MR: Case Western, exactly were pilot programs. So that also was a link with me and Wright State. Then Beth Lipp approached me about teaching as adjunct and doing assessments. And so I started doing that and I think that was back like in ninety-six.

DMC: That sounds about right.

MR: Approximately then, anyway that was my first introduction actually as adjunct faculty at Wright State and that was a great experience. Terrifying, because you are preparing nurses to go forth and these were all RNs who were either school nurses or in the clinical nurse specialist role to do assessments. So that's what started it. At the same time I was also on the Ohio Board of Nursing and with recognition of Advance Practice Nursing in Ohio there came certain criterias all states would have and one of the criteria in Ohio was that you had to be certified by a national certified body. So Wright State had been preparing clinical nurse specialists, pediatric clinical nurse specialists however, there was no national certifying body for the clinical nurse specialist. So all those nurses that had been working in such a role were grandfathered. However, new nurses graduating with their master's degree, as a clinical nurse specialist in pediatrics could not attain advance practice status because there was no certifying body for them. And also at that same time, I had been precepting students from Ohio State University, University of Cincinnati in their PNP programs. It's like okay we should have one here. So, Dr. Beth Lipp and I talked about the, and I talked, see it's been too long, I talked along the lines of many different kind of foci. One of which is what is the ethics of preparing advance practice nurses if they are not able to obtain that role of advance practice nurses and so the role of a PNP is what was accepted in the state and so that's what we worked on. And at that same time there was also, at one time the FNP program at Wright State was everything to everybody. If you went through the FNP program you could sit for any one of the certifying exams that ANCC offered. Well, at that same time National Council of State Boards for Nursing was saying you know, I don't know if this is such a good idea and if you're going to be a PNP you should be educated in a pediatric program. If you're going to be in women's health, you should be educated in women's health programs. So by holding the certifying bodies to a higher standard that also meant that the FNP students could still continue to be the excellent FNP student that they are and I don't know how they learn all they know but it could not

fit for PNP certification as well as their FNP certification. So that left me an opportunity to say to doctor, who's your dean?

DMC: Patricia Martin.

MR: Dean Martin, that's it. To Dean Martin, you know, this is why we need to have a PNP program at Wright State because we need to do advance practice nursing for Pediatrics and this is what is going to be required if you want to be a PNP. And so Jane had alluded to all of this before she died that she would be open to having this program. So between Dr. Lipp and I we convinced Dr. Martin that a PNP program, the time is right and we should do this at Wright State. So with Beth who is the administration and me who's a PNP we put together a program.

DMC: Great.

MR: And the first year out, we got recognition by the certifying body with NAPNAP and that we sit for the NAPNAP presentation and it's been growing and growing ever since. I think that was nineteen ninety-nine?

DMC: Yeah, I think that's when they started it. I think the first graduates we had were two thousand one.

MR: That would make sense because it was a master's program.

DMC: Right. So that would be the two years to get through it.

MR: Right.

DMC: Very good. Great! So, what would you describe as your interactions with some of the students in the program at the time when it first started? Do you have any special memories of that?

MR: It was so very, very humbling. And I really do, at times, live vicariously through my students because my students have so far and away surpassed. My first student was Sherry Kahn. And Sherry is working in neurosurgery at Children's Medical Center. And the second, and there are others but Sherry will always be my first graduate and very special to me and Angela Enix who is one of my students or was, is very instrumental in the acute care nurse practitioner program, pediatric acute care nurse practitioner program at Wright State.

DMC: Correct.

MR: And I said to her one day when she told me what she was doing and I said, "What are you doing? How are you doing this?" And she just looked at me and she says, "You did it."

DMC: You were a good role model.

MR: She honored me so much by that. And again my students are just out there doing things that I talked about doing but have never done. And Angela has authored a chapter in a book and she really has been a role model for other nurse practitioners over at Children's Medical Center and just an awesome woman and I have others. I could talk about Laura Langdon who is over in pulmonary. And I mean just so many awesome students who have gone on and done really, really, really, really wonderful things.

DMC: Cool.

MR: But for two years I did that. Once the program got off the ground I never left my private practice, the practice that I was at. So after two years in the academic setting, I went back to working at the office.

DMC: Great. So, where there any particular challenges when you guys, when you and Dr. Beth Lipp started up the PNP program?

MR: Well, we had to develop a curriculum.

DMC: Okay.

MR: And I had certain ideas about what I thought should be involved with the system, but I remember one of them was I was very adamant that genetics be required.

DMC: Yeah.

MR: And it's interesting, probably for a year before I was actually hired by Wright State as, and Dr. Lipp was head of the program and as nurse practitioner I was the lead instructor but probably for a year before I was even hired, Dr. Lipp and I had been meeting and been talking and talking and talking and like I said, I had certain ideas about what this program should include. And I wasn't a part of some of the meetings that Dr. Lipp had to be present at and present the curriculum and I'd say probably defend the curriculum and that sort of thing.

DMC: Sure.

MR: And I do remember her telling me that there were certain faculty members who weren't quite sold on the idea that genetics should be required. And the thought being that once the child is born that's it and no, no, no, no you grow into your genes and Dr. Lipp was wonderful. When I was there, genetics became a based required course in the program and I still think that's a very valid course. Let's see. The other thing that we did was we tried to integrate case management into the program. I think that's one of the things that as a nurse practitioner we bring to the practice, in that, in my practice for example there's nine pediatricians and now we have three nurse practitioners but I think of us as the thread that holds the whole tapestry together. And so that you can have various physicians seeing one child in the medical home but you need somebody who knows what's going on with that child and to navigate the territories that you have to travel in. And so Dr. Lipp and I were very much on the same page about case management and

the nurse practitioner being the one that works with the multidisciplines to keep everything going good for this child. And so we've tried to weave that into the program. What else? Clinicals weren't an issue. You did a nice job with family, which was a very, very, very, very important thing. And you actually had some of your students going out into the homes for these children that had chronic illnesses to see what was going on there. Okay Donna bring me back in. Where am I going?

DMC: You've done well. One of the projects that I thought you had a pretty big hand in with Beth in developing was the child advocacy project. Would you like to tell us about that project?

MR: Oh yes. One of the things that I felt very strongly about in the program was our students did not have to do busy work. They are graduate students. They are awesome as core nurses although that doesn't mean that we don't have that young nurse who is very determined and knows what she's going to do and doesn't need, unlike some of the rest of us, spend twenty years out in practice before she accomplishes her goals. So one of the things that I thought was very, very important was that nurses learned the role of advocacy. And whether you're speaking about an individual or a group, you need to know how to advocate for your patients. And it didn't mean necessarily that you would always succeed because we have tried and tried and tried to accomplish a lot for children and we haven't always succeeded. One example is the legislation that would mandate all insurance companies to provide specialized formulas for kids. Meaning those kids who have terrible soy milk, protein allergies have to be on the very specialized formulas that can cost thousands and thousands and thousands of dollars a month to feed their baby, but that legislation has never passed. There's still families who are out there struggling to purchase the formula. But on the other hand there are little things that can be done to benefit children. So in the program they have to do a child advocacy project. And it would start in the beginning of the

program and it would pace through the whole program where they would develop, initially, the plan and then they would implement the plan and again it wasn't whether or not they succeeded, but that they did everything they could to make the plan go whether it was trying to get bike helmet ordinances passed in communities. I had one student who had worked to get children with cerebral palsy into dance classes. So it really spans a lot of different arenas as far as what these students thought would benefit children and it was great.

DMC: Great. Good. So now you've switched hats. You're no longer faculty, you're out in the community and I'd like to tell you how much we really have appreciated how much you've been a preceptor for so many of our students. Would you give us a little perspective of being a part of the community know what you see the relationship with Wright State and what you see Wright State's relationship with the community as a whole, not just with for example your specific agency.

DMC: Oh, I think Dayton Children's Hospital is a good example of how they have incorporated nurse practitioners and enhanced their role. More and more departments are hiring nurse practitioners and Dayton Children's has done a marvelous job as far as credentialing, And we know that's what's necessary for advance practice nurses to be able to practice in other settings and so they have a whole mechanism in place to credential advance practice nurses and the criteria they need to meet in order to do that. So that's one. Miami Valley Hospital doesn't have PNs but they certainly have advance practice nurses. I can't speak for some of the other community agencies because I don't know about them. I do know that the Children's Urgent Care uses advance practice nurses. The emergency room uses advance practice nurses. There are more and more private practices that are recognizing the role that advance practice nurses can make in their setting. I just hired someone at Wright State.

DMC: Any particular challenges that you've seen just being a preceptor? Now a days that aspect of educating future PNP's?

MR: I guess it depends on the background of the student, the drive of the student. There is so much knowledge that we want to give the students. On one hand we want to make them feel that they are prepared to meet the challenge. On the other hand there are some students who feel that they're just going through the motions. And it's really kind of keeping that balance there between making them feel that they are capable and they are prepared but yet you've got a lot to go and learn and this is the best time while you are in school to go and learn without feeling that you can't.

DMC: Great. Very good. Are there things you would like to share with us about your experiences with Wright State either when you were a student...

SIDE A ENDS

SIDE B BEGINS

DMC: Okay, we'll start back up here. I forgot where I was going with this. Oh, I was going to ask you if you had anything you'd like to share with us?

MR: It's really been a wonderful experience watching Wright State grow and watching the nursing program grow, watching the nursing programs evolve. There have been some awesome people that I've had the pleasure of meeting there at Wright State, people that don't mind putting on different hats. I don't know how many hats you've worn, Donna. There are also people there that, keep your words clean, I know I'm supposed to do that. There were also people there though that I do remember nursing has this reputation for eating it's young and I am certainly not young but there was times there that I felt, I don't know if it was pensive or just what. But there were some people that were just really, really, really willing to go over and above to make me feel

welcome, to help me with the academic setting because it was so new to me. And there were people there who were the challengers. And that's okay, because that's how we grow and learn and get exposure and that. I'm really, really looking forward to the doctoral nursing practice because I think it will put the masters program much more in perspective in what should be, there's often been said that nurse that does so much over and above and beyond what some of the other nurses can do. And so there are some people, nurse practitioners that I have talked to that feel a little bit threatened by the doctor of nurses practice program. But I think it will be just wonderful because it will set everything in it's place and the master's prepared nurse will no longer have to do double, triple duties to show that she has earned her master's and this is my understanding of how the program goes.

DMC: Sure.

MR: And the doctorate will be well earned.

DMC: So do you think it will make them be treated more as equal players at the table?

MR: In a sense.

DMC: Yeah. Very good. Well, what I'd like to do at this point is see if either of the students who are present who are in this graduate program have questions that they'd like to ask of you. You can introduce yourself so that...

AS: Hi Mary Ann, this is Anika.

MR: Hi.

AS: Hi. Do you have any words of wisdom as a graduate student going through and going out because technically, for me, I will be graduating in the Spring. So any words of wisdom for me coming out as a new grad?

MR: You know we have collaborative practice. And long ago I found that even though I seemed certain of my impression of the patient, if I had an uneasy sense from the parent, I would bring the physician in and more often than not what happens with that is it validates your judgment call. The physician respects you because of your judgment call and the parent then in the future it's like oh, she knows what she's doing. If I wasn't certain it still validated that oh, hey if she doesn't know what she's doing she'll check with somebody else. So it was always a win, win. So I just learned very early on you just don't take a chance when you're talking about kids. You bring in the expert and the wise expert always puts you in a wonderful position as to not belittle you because you should have known this but again validating your concern and it's a win, win for everybody. So the bottom line is don't be afraid to ask, don't be afraid to refer. It makes everybody come out on top.

AS: Thank you.

MR: You're welcome.

DMC: And then Ana doesn't have another question, so that's very good. So, Mary Ann thank you very much. This will conclude our interview with you and I just have to go to my machine then.

TAPE ENDS