

7-1-2006

Susan Heimbach interview for the Miami Valley College of Nursing and Health Oral History Project

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Repository Citation

Holdcraft, C., Heimbach, S. M., & Baldwin, S. (2006). Susan Heimbach interview for the Miami Valley College of Nursing and Health Oral History Project. .

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START OF TAPE 1, SIDE A

SUSAN HEIMBACH (MCCLELLAN)

JULY 1, 2006

CAROL HOLDCRAFT: We are doing this interview as part of the Wright State University College of Nursing and Health Oral History Project. And so, I'm Carol Holdcraft, also in the room as our sound-check person is Dr. Donna Miles-Curry.

DONNA MILES-CURRY: That would be me.

CH: And our GA assistant--.

STACEY BALDWIN: Stacy Baldwin.

CH: And our interview subject today is

SH: Susan Heimbach.

CH: And Susan, just for a little bit of background, tell us exactly when you were here as a student.

SUSAN HEIMBACH: I came here in eighty and I didn't initially start out in the nursing program. I thought, believe it or not, that I was going to going to have Spanish as my focus and I was going to be an interpreter. So I went for a year and decided no. I also thought don't want to teach spinach [sic]. So, I started thinking about what type of jobs I could do that that I would always be able to have a job once I got out of school. I then switched over into nursing. So a lot of my classes for my Spanish transferred as some electives for me.

CH: Sure.

SH: I was here fall of eighty until June of eighty-five. I graduated with my BSN in June of eighty-five.

CH: Okay. Very good. So that really is some about your personal background and really how you came to be at Wright State in nursing.

SH: Right.

CH: How did you select Wright State University?

SH: WSU is close to my house. I lived ten minutes away and grew up in Fairborn. I lived at home while I went to school. I worked part time at a Burger Chef putting myself through school. I would go in and do the morning shift from five-thirty to eleven and then come over here to do my elective classes. Since a lot of my Spanish classes counted as my electives, I just focused on my nursing classes per quarter as I got further along in the program.

CH: Uh-huh.

SH: And then I backed down on some hours so I could focus more on the nursing.

CH: And so at that time at Wright State a lot of the students were commuter students on campus.

SH: Right.

CH: Did we have one dorm at that point, do you recall?

SH: Yes.

CH: Just the one dorm since a fairly small majority of students lived on campus.

SH: Right. So nothing like we have now with the apartments that kind of go on forever into the woods. And they did have the campus ministry there. It was more wooded and kind of seemed more hidden then now. It seems more open over there with a steady stream of students going over to the houses now and to the apartments. So, that's all changed.

CH: So, tell me some of the things that you remember about your early years at Wright State.

SH: I remember that it was stressful. I felt like I was studying almost every weekend while friends at other colleges were going out and running around on the weekends. I remember I always had a ton of reading and a ton of studying to do. I felt like I always had to do it and

stay on top of it because you couldn't let it go and wait 'til the end and try to cram for a test. But I remember what helped me get through was a study group we formed. A total of five of us ended up forming a study group and not really coming right out and saying "Lets form a study group", it was just like we were the five that tended to always get together. And what we would do is, we would study on our own first, and then we would come together and meet. The med library used to have the little rooms, in the basement and you could reserve them. We would go down there. If we studied first and then met, we could drill each other and ask questions and be prepared for the test. That's how we got through really.

CH: So do you recall how you came to set that up? You said it just seemed to be people who got together?

SH: It just seemed to be people that I sat by in class and just kind of clicked with personality wise. It was also some that I took some separate electives with. When I went through as an undergrad, Margaret Graham was here doing an elective for the head to toe physical assessment class. It wasn't required, it was an elective, and so I went through there with a friend, Sheila. We went through that. We purposely signed up to be partners in that class and she was one of my study partner students. I don't really remember making it a formal thing about us getting together. It was just that we seemed to be always together and always in the same classes. And even if we were in separate clinical, we tended to still get together for the tests. For the nursing classes and the sciences, we got together and kind of ran down through everything.

CH: Right.

SH: So it was fun but it was stressful. Having a group together is what really helped relieve the stress and then be prepared for the test.

CH: Uh-huh. Go ahead.

SH: And I finally got it the last year here to go over the objective to prepare for the test. (Laughter) When it said identify three of something, if you truly could, you would do well on the test. I finally went down through there and was looking at that and thinking ah, that's what the test was over. And I finally studied that and did better than ever. (Laughter)

CH: So you learned to be a good student.

SH: Yes. And if I would have listened sooner about, "look at the objectives and that's how we're testing". I finally got that my senior year.

CH: So that's interesting. I just want to go back and reiterate a little bit. So you took a separate course that was an elective that was a head to toe assessment course and you recall that as being different from the nursing assessment that you were learning routinely.

SH: Right.

CH: That all the students were learning.

SH: It was more involved. It was more in depth. We went through systems each week. We had to assess our partner and we had to do a write up on them using nursing terms. And it was demanding, but I felt like I learned so much. Now it's required and ironically now Margaret's back and teaching.

CH: Right. That's interesting. So at that point she was a nurse practitioner and was probably bringing perhaps a little different skill set in terms of physical assessments that hadn't really been part, as much a part of nursing prior to that point.

SH: Right and I think for our clinical we met up in the nursing skills lab on the fourth floor of Allyn and I had an instructor that came from the VA. She came and taught specifically our labs. Margaret would teach the whole class and then the different groups would break on different nights and have their lab. I cannot remember the lady's name but she came from the VA. She had worked out of the VA and was doing this part time to help out.

CH: Okay. That's interesting. Anything else that you recall about your nursing classes that seems, you know different than perhaps then what's going on now?

SH: I just remember in the lab that we had a self pace as far as going in and watching Lippincott videos, and slides. We had to watch those and then go take tests and there were graduate student workers that would grade the tests. You would move at your own pace and they weren't scheduled classes in the lab. You just went in whenever it was convenient for you to go have a demo done. So the poor people in the lab were doing demos sometimes, twenty, thirty a day because you went in when it was convenient for you. A lot of people waited until the last minute to check off because there was no scheduled time frame that you had to have it done. Now they have to have it done a week from when they saw the demo. They also have scheduled classes that they are in now. We never had that.

CH: Right

SH: We just had to go in and do it when it was convenient for us. I think it kind of made it crazier for the faculty that were in the lab.

CH: Uh-huh, and was Barbara Bogan in the lab at that point?

SH: Yes, Barbara Bogan, Sue Kritzer, and graduate student workers were in there. I'm trying to think of any names that were in there. I think Debbie Oberer, a graduate student, might have been in there at one time right near the end of when I was graduating. Student workers that would sit there at the desks and grade the papers when you came out of the little video rooms.

CH: Uh-huh.

SH: But I remember the lab was a place where we would go and meet up with other students. We would eat lunch in there and kind of de-stress. We would then head off to our classes.

CH: So, it's always had that environment that it is a welcoming place.

SH: Yes.

CH: So, challenges that you faced when you were here as a student, you've already talked that it was a demanding--.

SH: I thought it was demanding. They tried to "weed" out people that weren't serious. They knew that if you can handle the stress of nursing school then getting out into the field you should be able to handle the stress of providing care for numerous patients. I understood that they expected high quality. Other students that I grew up with that were in different colleges seemed to have a lot more free time and not a lot of stress. It was just a different atmosphere in nursing. I thought it was a lot more demanding.

CH: Uh-huh. And you made the decision to change your major into nursing in about nineteen eighty it sounds like. What was your recollection of the turmoil that was occurring in terms of faculty at that point?

SH: Miami Valley Hospital's School of Nursing was still open. I took my anatomy over there. I drove out there to do my anatomy and studied the buckets of brains and hearts on the weekend. I studied with the nurses that were going through the diploma school there. I took my microbiology out there too. I did that to get me on track with the other students. I was a year behind for doing the Spanish for the whole year before. And faculty wise, I felt like we met administrators here or there in classes but it was just a real quick hello. They would come in and introduce themselves, but I don't think we really ever interacted with them. We never really saw them. When I look back at a lot of my clinical, I had several clinical instructors that were military, so they were here for short term. They were part time or adjunct and they would come and do a clinical, and then they would be gone in a year or so. So, it seemed like I always seemed to get the one that was here for a little bit, and then moving on. So, I didn't have many

full time faculty. I had Mariann--.

CH: Lovell?

SH: Lovell for my peds. She was probably one of the ones that were here the longest term that I had as far as clinicals. I also had Jean Sullivan for geriatrics and geriatric design.

CH: So it sounds like you are saying you were, as a student, you weren't particularly aware of change or, within the administration--.

SH: No. No. I tried to rack my brain to be prepared for the interview. We didn't really deal with the administration. Maybe we were too stressed as students and trying to stay, you know, above water. We didn't really have a lot of interaction with the administration.

CH: Uh-huh. So as an advisor it sounds like you had some advising issues since you were transferring and you were actually taking courses that were the science courses that were really, designed or delivered at Miami Valley from Wright State. Did you have any recollection of any particular advising of ways that made that happen? It sounds like it was enabled to happen in a way-

SH: I just remember coming out here to the admissions office and sitting down with a counselor who had me take a test on strengths and weaknesses and what kind of field you would be good in. He was trying to push like the English major on me. I thought I don't want to teach that and you know you want to work with people. So I kind of chose nursing even though he wasn't pushing towards nursing.

CH: Uh-huh.

SH: And I was just thankful that the Spanish classes that I took transferred over. And now I'm still trying to keep my Spanish up. I just finished a continuing ed offering for Spanish for the health care worker and I'm doing one for the Latin or Hispanic patient right now. I want to try and keep my Spanish up and I just think that's going to be the language for the future.

CH: Isn't that the truth. That sounds good. So being able to take those courses at Miami Valley, that just seemed natural to you. That didn't seem like anything out of the ordinary?

SH: No. And I knew that's what I needed to do to stay on track otherwise I would be sitting out a whole other year just to stay. And things transferred very easily, so it wasn't a problem.

CH: Sure.

SH: And those students that lived there in that dorm, you were just like one of the group when you went in. It wasn't like you were an outcast because you weren't in the diploma class.

CH: Right.

SH: I remember feeling a little jealous that they got to go out into the hospital their first week and even do something as simple as mouth care for a patient. When we did clinicals for my undergrad, we waited until we were almost seniors to get skills under our belt. In the lab we got the skills later in the program. I think it's more fortunate that they can get their skills under their belt rather quickly, so they can do more when they are out there at the clinical sites. I think that's a plus.

CH: Right. Well if you were taking your sciences you were taking those courses that you really needed to be in a nursing program at that point.

SH: Right.

CH: So a little bit different curriculum pattern then with other people.

SH: Right.

CH: Well that's really interesting. We had heard before when we interviewed Dr. Kuntzman and he talked about taking Wright State anatomy classes too in other nursing programs as part of his early days at Wright State. And so that tradition and those were, they

were Wright State courses?

SH: Uh-huh. Yes.

CH: They carried the same credits and I'm sure you paid your tuition here for those as well

SH: Yes. So it wasn't a problem.

CH: Somebody knew about that and kept you going and that's a good thing.

SH: Right.

CH: Okay. Mainly you were trying to accomplish, it sounds like, you just trying to get this degree. Any other things that you felt like you were trying to accomplish during those student years at Wright State?

SH: I would come here go to class, go to work, or go home and study. I wasn't real involved in the campus here. I did get involved near the end of my time here. I joined the Student Nurses Organization and helped out with like "May Days." We had a booth out there and sold things. I didn't really get involved in the whole campus activity.

CH: Working and putting yourself through.

DMC: Can you describe the Student Nurses Association? What were they like and what kinds, what did you do and how often you met?

SH: Um.

DMC: What do you remember about that?

SH: I'm trying to remember. I just remember that I jumped in here and there for different functions they were doing. So I didn't routinely go to meetings. We did have an office but it wasn't really opened very often. You just kind of had to do luck of the draw if somebody was in the office or not. Oh, and I do know that when I went through and took pathophysiology with K.T. Mecklin, the SNO's office would have tests from years past that you could borrow to

study from. That always helped because she was very good about writing the test question in several different ways, but if you went down through and knew what information she really was testing on, then you could kind of figure that this was the information that you needed to know. And that helped. I remember the SNO's office would provide the tests and give you some guidelines on how to study for that.

CH: So even then that physiology was considered a really tough course to get through.

SH: Yes it was. Yes it was.

CH: Can you describe May Days and what kind of a booth the Student Nurses Organization had?

SH: We just had an ice cream social booth. They had bands in the quad and a lot of the sororities and fraternities had little booths of things happening. And there was food, good food to eat and there was beer-drinking going on and it got pretty crazy. Yeah, do they even do that any more? (Laughter)

CH: Well let's see, what's the legal age of drinking beer at that point was probably

SH: Oh yeah, what eighteen?

CH: Was probably eighteen at that point.

SH: Yeah. But I remember it was all out here where the parking is now. And I don't know where people ended up parking but it was all booths set up and you just walked around from one booth to the other.

CH: So what about, what hospitals do recall in terms of your clinicals?

SH: Um, my first clinical was a med surg clinical at St. E's, St. Elizabeth's. And, I think I had an instructor named Alice but I can't remember her last name.

CH: There was an Alice Davidison here.

SH: Yes.

CH: That's who it was?

SH: Yes. I'd know it if I heard it and yep. My first patient was a patient from a nursing home that was contracted and I gave a complete bed bath to her. I just went in there like I knew what I was doing. I thought how would I want to have a bath and be clean so I just went at it. And Alice asked me later, "Now you must work at a nursing home." Huh-uh. (Laughter) So anyway I had a good experience and I was in that clinical with some of the girls that I'd studied with and that's probably how I initially met them. We would drive out to do preps the night before and get our patient and try to car pool to go out there and get our patients. At St. Elizabeth's I had my maternity and OB rotation with Debbie Ulrich. So I think I was out there twice for the med surg and the maternity and OB. I was at Children's with Mariann. I had Jean Sullivan at the VA. I think I had one with you out there but I'm trying to think if it was. I had a psych rotation but I also had a med surg rotation. I did a geriatric med surg rotation out there. And then one of those was with an instructor that her husband was military. Her name was Trish, blonde hair, real high energy. Her husband was military and she was my, actually, my instructor for my last med surg.

DMC: Tonya? Was it Tonya? With red hair?

SH: No. It was blonde.

DMC: The one that went to Arizona?

SH: No. Can't think of her last name but it was Tricia or Trish and she was my last med surg clinical at the VA for my senior year and I carried two or three patients. We finally worked our way up from carry more than one patient at a time. Community I did out at a senior center downtown Dayton. I had to take trial runs to make sure I knew how to get through the one-way streets down there. So I wasn't going to end up hitting a car head on. And I had Shirley Buck?

CH: Uh-huh.

SH: As a clinical instructor for that. I did the locked ward at Dayton State and that was an experience and an eye opener. I'm trying to think of who my clinical instructor was.

CH: So that would have been a psych experience. I'm trying to remember if I ever did a psych group there.

SH: No.

CH: I did psych at the VA in that era and Jean did Geropsych. Sounds like you had a lot of psych in your curriculum.

SH: I did. I did. And I had another friend who was like six months ahead of me in the program and it seemed like for some reason when they were being taught maternity or moms and babies or maternity and OB, it seemed like she then would have the lecture on it. And my group was kind of out of sync so that we might have had the lecture on it but I might have been in a psych rotation and then I might get that like two months down the road or two quarters down the road or whatever. And I felt like I would have retained it better if I could have gone right out and applied it right when I had it.

CH: Right. You had what we called the integrated curriculum.

SH: Yeah.

CH: If you recall it started with wellness and ended with sort of the most high acuity or critical care.

SH: Yes. Right.

CH: And chronic was sort of in the middle and the lecture portion didn't necessarily fit all the students to match up with where they were in the specialty area.

SH: Right.

CH: Do you recall any advantages? The disadvantage is that it was probably a struggle

to match up.

SH: I just think it gave me a wider view of what was out there as far as nursing opportunities when I graduated. But like I said, I felt like it clicked better for my friend to have that class and then go apply it right then. And things made sense to her, like she would say something about something we learned in lecture and then she'd say, "Oh yeah, because I just saw in a clinical." I think that it would have stuck with me better to if I would have gotten to see what that was.

CH: Right. So, one of the disadvantages of that and as curriculum changes were made student input like that was part of what carried into that as well.

SH: Yes.

CH: Did students wear a uniform back when you were here?

SH: No.

CH: So your uniform was?

SH: We had to wear all white when we went to clinical and you had to have your hair off your collar and at that time I had hair down to by lower back. So I just wore a big, fat braid that weighed a ton. But I had it up off my neck.

CH: Did you have a nursing cap?

SH: They gave you the option for the picture when we graduated and I think very few wore it but we didn't wear the cap in the clinical setting.

CH: How about for community clinicals? What did you wear?

SH: You had to wear nice street clothes. You couldn't wear jeans. You had to wear your lab coat that had your Wright State badge identifying you as a Wright State student and you name tag.

CH: Uh-huh. Do you recall, did you have any experiences with mobile health units or

those types of things?

SH: Um, I remember getting to go to a senior high rise and I think that was with Shirley Buck where we got to do the screenings for the cholesterol and the blood pressure screenings but I don't know if we took the mobile health unit or we just grabbed the blood pressure cuff from the lab. So, I can't really remember.

CH: You don't an image of being in the van or anything?

SH: No. I knew that existed but we didn't use that. We just, I think, grabbed supplies from the lab and went out.

CH: Yeah. So how, as you think back now to your time as a nursing student here at Wright State, how did that experience affect your career as you came away from here?

SH: Well, I know when I went out of here I felt like there was a lot more that I didn't know. I felt like I needed to know a lot more and then I was getting turned loose out there in the real world. And I did work with a lot of students that came from a two year program out there in the clinical setting and I can remember when we graduated they said, "Oh, you'll do fine. It will be a little rough like the first six months but then you will surpass all those two year grads because you'll know the rationale why." Well, I really got to see that in force when I got out there. I was at Grandview for a year part time and then when Miami Valley's freeze came off and they were hiring again I went back to there full time on a renal floor. And I did work with both BSN and associate degree and you did get to see that um, at the bedside explaining things to the patients, you got to see the BSN's explain things better. The nurse seemed to be able explain things to the patient and give them the reason why something's being done and the associate degree, although I did work with a few that were very good, Um, a lot of them weren't able to give the rationale. They could just do the skill and there was like something, a piece missing and you could see that. But when I left here I didn't think I was going to see that but I

did.

CH: Uh-huh. You felt that somehow that you didn't have what was going to be expected of you

SH: I felt like there was a lot more that I needed to know just because I got some clinical experience here but not a lot that I felt like I could adequately go out and manage patients, like more than one at a time.

CH: Right.

SH: Because when we went through, we kind of stayed with one patient at a time and then like I said, the senior year, I think I got two or three. I had a hard time prioritizing like what was the most important thing that I needed to get done with that patient for that time period when I was with them.

CH: Right.

SH: And now it seems so obvious now that you've been out and you've done that. As a student, I remember thinking you know, how do I decide? And I was like a little perfectionist that everything had to be met; all their needs had to be met before I clocked out and left for the day. It took me awhile to realize it's a continual process. You do the highest priority, most life threatening and get that done and then gradually, you know it just keeps going from shift to shift. So, I think that was a struggle to try and figure out the priority of what needed to get done.

CH: You mentioned that you worked part time when you first graduated and that there was a freeze on at Miami Valley for hiring.

SH: Right.

CH: So tell me about what that was like.

SH: I was a trained attendant, which is what a PCT is now (Patient Care Technician). Miami Valley had a freeze on their hiring when I graduated so--.

CH: That was because?

SH: Um, just that they had an influx of nurses they said and they didn't need any more nurses. Also Miami Valley's budget played a part. I mean they weren't hiring anybody, so I went to where the jobs were. I got on part time at Grandview and did a second shift, a three to eleven job. It was on 5100, which was a med/ surg floor. We were told also to get one year of med/ surg under your belt. So I went to Grandview for almost a year, I then went back and checked the board at Miami Valley and they were hiring again, so I got full time on a renal floor there.

CH: Okay.

SH: I really didn't have a preference to head toward the renal. I did well on the renal in the physiology class and things clicked with that, so that's where I ended up. I did a rotation of full time of six weeks days and six weeks second shift. We dealt with a lot of transplant patients. We would have them at that time for a couple of months in the hospital. So, we got to know them very well and now it seems like they try to get them in and out of there sooner, so that no infection sets in.

CH: And so Miami Valley at that point had primary nursing as their module?

SH: Yes. Yes. And so when I got hired in on the renal floor, my patient load was probably four or five patients per nurse for first shift and maybe six to eight on second shift. I felt like it was very "do-able" then. I don't know if Carol Schulkers went through here as a grad or not, but she was my nurse manager on the renal floor. They basically let her go and Jean Corrin took over on that unit. At that time, I came back to go to graduate school here, so about eighty-nine.

CH: And so as you left Wright State as an undergraduate did you have a sense that you would come back and get a master's degree?

SH: No, I did not.

CH: Okay.

SH: On my exit interview with Jean Sullivan I told her, "I am never going back for anymore schooling," She told me, "Never say never." And I thought this woman doesn't know what she's talking about, because I am so burnt out on studying that I am never going back. And then, lo and behold, one day I came out here to have lunch with a friend who still works out here. I told her I'm going to run up and say hi to Barb in the lab. I'll talk to everybody in the lab and say hi real quick. And I peeked my head in and started talking to Barb Bogan. She handed me a graduate handbook and said, "Why don't you think about coming back for your graduate degree? If you work twenty hours a week in the skills lab, they'll pay for your tuition and fees." And I'm like "Barb, I just came out here to have lunch with Cathy. I didn't want a major life decision." I said, "Give it here, I'll think about it". So, I went home and that was through a whole summer. When they let Carol go at Miami Valley Hospital and brought Jean Corfin in, I was thinking well, these renal patients are awfully demanding. Do I want to do this for the rest of my life? They're just so chronically ill, I thought, okay, that's a sign from God that I'm going to go back. I'm going to give it a try. And so that's howl ended up back in school.

CH: And so that change over in your, in the leadership in your unit, what did that mean to you?

SH: We all loved Carol a lot but I know the hospital looked at it as she wasn't a money making unit, because the patient load was so good for having four or five patients per nurse. And I know that they frowned on that with her, that she needed to be more budget oriented. So, when she was let go and Jean Corfin came in I felt like it was a sign that I needed to move on too. Carol left and I needed to go figure out that this wasn't what I wanted to do for the rest of my life. Physically could I do it for the rest of my life? And so that's when I decided to go back.

CH: And what was your, what tract did you take in your master's?

SH: My love is the geriatric population, so I thought about doing a clinical nurse specialty in gerontology. I thought of doing like a dual major and doing the clinical in the education tract.

CH: Uh-huh.

SH: Since the clinical nurse specialty area was still kind of foggy. They were still trying to figure out what that tract was going to involve. I decided just to stay focused on the education tract and that's what I went for. So when I went through the graduate program and did my practicum hours, I did it out at the VA with Anna Jones as my preceptor. I did a continuing ed offering of spirituality for the elderly patient. I really got to utilize a lot of my information from my thesis that I worked on because it was dealing with spirituality and life satisfaction in the elderly. So, I think a hundred and twenty-five hours was the requirement to do for the teaching tract.

CH: Yes.

SH: And then they videotaped it and Susan Praeger was my instructor at that time.

CH: Uh-huh. So, I'm hearing some connections, just in my mind as I listen to you talk, but you're very first patient was a gerontology patient and even though you had not worked in a nursing home, your faculty member commented you seemed to know what you were doing already.

SH: But let me tell you when I went out there and I dealt with the geriatric patient through undergrad, the ones that were gruff and mean, they scared me. And I thought well I don't want to work with him. 'Look how mean he is.' I then went to peds and I'd go walking in with a thermometer in my whites and they'd start screaming and crying like I was going to hurt them. And I thought well, I can't reason with him because he's too little. I can't say I'm not here

to hurt you, just to get your temperature. And so I was thinking where am I going to end up. But I think I have an old soul in me. I gravitate towards the elderly and that's where, when I did get through with my master's, I did end up. I did case management for the elderly for a year and a half out at Springfield at Mercy Medical Center. And that was the ultimate for me. We kept them in their homes for as long as possible so they didn't have to go to nursing homes. And I kind of did things that really weren't in my job description but I balanced check books or I took them to the grocery store but I also monitored them for their congestive heart failure. But I loved it because they got to stay in their own environment and, even though some of them weren't the cleanest environments, it was their home. And you just kind of had to accept where they were coming from and that's truly what I loved. I loved being with the elderly patient.

CH: And were there some roots of that philosophy, you think, back in your original nursing program?

SH: Um, probably being out at the VA with Jean Sullivan, that geriatric psych floor, we really got to know the patients really well and Jean helped us connect a lot with the patients. I think that's really where the turning point was.

CH: Sounds like it.

SH: Yeah.

CH: Interesting times. So, is there anything that I didn't ask you that you think about those times that you would like to share?

SH: I'm going to look at my little cheat sheet.

CH: Did you make some notes about that?

SH: Yes. (Pause) Cause it looks like I've touched on almost everything just talking to you about how we did a self pace in the lab with studying and taking those written tests on the slides and the group I studied with. Oh, and I do know that being there as a student at Miami

Valley Hospital and then coming around back as a nurse there just knowing staff and then even further down the road when I did clinicals because I worked there, I knew a lot of the staff and so whatever clinical I did teaching wise I knew staff on different units because I floated support there. So, I think that helped.

CH: So, you're talking about how originally you worked at Burger King--.

SH: Burger Chef.

CH: Burger Chef and then when you got into the nursing then sometime during your nursing student you became a patient care technician at Miami Valley.

SH: Probably my last year, year and a half of my undergrad, I became a trained attendant. I did Burger Chef, I'm sad to say, for almost five years but it helped get me through school. And I went to Elder-Beerman's for about a year because my friend's mom worked there. I went and did the trained attendant position and I did that like probably my last year and a half of nursing school.

CH: Was that something people advised?

SH: Yes. Just to get out there and what I found was true also was taking state boards, things that I saw as a trained attendant that I picked up on that I didn't even realize I picked up on. So, I'd be there taking my test and when I went through and sat for the state boards it was in Columbus. It was a two-day test. We had to spend the night in a hotel. We had to go in and take a written test. There were proctors all over the place and you had to have your ID and make sure no one was taking the test for you. But I remember questions on there of things that I had seen because I had worked on a urology floor as a trained attendant and I remember things that I could answer on the state boards from being a trained attendant. And it wasn't really something that I as a trained attendant could do skill wise but I just remember it from being involved on that unit. It helped me answer questions on the state board by just being surrounded in that. So,

I'd say it helps. And we encourage them now to go and get some experience under their belt and just be able to walk into a patient's room without passing out on us. You know they're just very scared to just go in and introduce themselves.

CH: Get comfortable in the environment.

SH: Right. So, I think you've touched on everything that I had written down here.

CH: Well you've shared a lot of interesting you know concepts and interesting perspectives about being a student at that time.

SH: I felt like I wasn't going to remember enough to give you feedback because it's been a long time. (Laughs)

CH: It has but the things that do stick in your mind are sometimes things that are just, and you were very descriptive and described what things looked like and felt like to you as a student. I think those things are interesting.

SH: Well good.

CH: And a few perspectives on how the nursing scene has changed in the Dayton area for that span of time.

SH: Yes, it has.

CH: Do you recall at any point, it sounds like you had a real affinity for Miami Valley having worked there and then when you couldn't get the full time job there you took a part time job.

SH: Yeah, my heart was there. I didn't care for it at Grandview. I felt like I was on a brand new unit that was huge and it had four different wings and being part time they would like throw me with four different keys for four different wings. I would have patients on all different wings. So, I ran my butt off and I felt like just continuity wasn't there because if I did work part time and if I did do two days in a row that was rare but mostly I got thrown into a new situation

and patients that were demanding that the other nurses wanted a break from. And it was pretty stressful. And then they didn't have dietary aides so you were responsible for emptying your trashcans of your patient's rooms each night. You were responsible for picking up the meal trays and passing the meal trays and bringing them back to the galley, to the kitchen area. I just felt like you know if you're practicing primary nursing somebody has to help out and you know so you can focus really on the patient's care.

CH: Uh-huh. Right. As a part time person, did you have benefits?

SH: I could have gotten those and paid more out of pocket but I was covered under my husband's so I didn't have to pay for them.

CH: Uh-huh. You didn't have to do that.

SH: So then when I came to Miami Valley and then had four or five patients per nurse, primary nursing I felt like I had died and gone to heaven. I was on one wing and then having the transplant patients for several months at a time you got to know your patients so well it was like family. It was good too because you would pick up on when you palpated for the kidney as to whether it was in a rejection state or not. I mean, you had that patient every day so I felt that was good that you had the continuity. So it was like night and day. And I had a hard time leaving Miami Valley even. I tried to do the care coordination with Mercy Medical Center for a year and a half and I tried to stay support and work on the weekends at Miami Valley to keep my foot in the door. Well, I physically I couldn't keep it up. I couldn't keep the forty-hour week and then work so I had to resign and that was tough. But I couldn't do everything.

CH: And so when did you come back to begin teaching here?

SH: Um, in January of ninety-three, I think.

CH: How'd that come about?

SH: Um, Barb Bogan again (laughs) said come back, they're looking for clinical

instructors. I knew that, I, as a full time nurse at Miami Valley precepted a lot of nurses. A lot of them that went through and I enjoyed it. I came back and interviewed for the job and got a full time position and did strictly clinical s. So, I was a clinical person and I had clinicals from one extreme to the other. I had RN's that did RN to BSN so they were out in the field all over as far as Urbana and Springfield. I had beginning level students and I did the head to toe, the 217 and 218. I did a senior level student high acuity on the neuro floor. Just from one quarter to another, I jumped from one extreme to the other. Just kind of got a good taste of everything that first year. And now I'm part time in the lab with Barb Bogan again. It seems like I've come full circle but I'm kind of doing the mom thing and raising an almost twelve year old, and a nine year old. That's where my focus is now.

CH: Different aspects of your career have fit in with that.

SH: Yes.

CH: Donna, do you have anything?

DMC: What's the most significant change you've seen since you've kind of been part of the Wright State family since eighty-three, is that when you graduated?

SH: Eighty-five.

DMC: Eighty—five you graduated?

SH: Yes.

DMC: So any kind of observation over the past couple decades?

SH: I just think back when I went through. The nursing students were more of a traditional student coming right out of high school and coming in. And we had maybe a few token older adults in our program but not a lot. It just seems like these days, the students are older and more mature and more driven, have a first degree already, and coming back for a second degree. I just think the whole student population has changed. I mean there's still some

that are fresh out of high school but I do see a lot more of a wide span of age and in degrees and experience and more committed for what they are going to achieve and dedicated. Oh, I know one other thing I was going to say. When I went through, and had a clinical instructor, I went down through my criteria sheet for everything that was needed to meet that criteria for that paper or that presentation and did a little check mark and that's how I did my paper to make sure I covered everything. I crossed all my t's, dotted my I's. I never would think to call my clinical instructor at home and ask her a question. And when I had students, as an instructor, I would hand out my phone number and they could call me for things. And I thought, I would never think of bothering my instructor at home but they, it's like a whole different generation of people. But I just remember thinking you're almost too scared to upset your instructor by calling at home and asking too many questions or being labeled that you were, you know, too time consuming, but I think that's changed too. I think they are more willing to interrupt your life and find out exactly what they need to get that A. So, I think that's different from when I went through.

CH: Uh-huh.

DMC: You work primarily in the skills lab now, as a nursing educator, any challenges you see or on positive things that you see as the nursing educator in that setting.

SH: I think it works out better now to have a lab where they have to come in and get the content and then test off in a week. When we went through, I felt like you needed to get in there and get your videos done and go in and check off I don't think you really sat in there and absorbed things like they're forced to now with their two hour lab time. I think it is a good thing. Um, there was something else that you brought to mind when you said that.

CH: Has the technology changed things much?

SH: Oh yes. Because now we're using CAI's. We even have them do the Cath Sim

where they start the IV on the patient and they have to do like three sticks and then we sign them off on that. Where before we had the old slide projectors that we went through and did the little Lippincot books which we don't have any more. They do still have to watch some videos back in those rooms and answer study guide questions. Test questions come from both the lecture in the lab and the study guide questions. So, they have to know everything.

CH: Uh-huh.

DMC: Do you have anything else?

SB: No, I don't.

CH: Well Susan thank you so much for sharing your time with us today and sharing your insights.

SH: You're welcome.

DMC: Thank you.

SH: You're welcome. I'm glad to do it.

END OF INTERVIEW