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

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SUSAN PRAEGER  
BEACON  
March 17, 2010

RECORDING BEGINS

DONNA MILES CURRY: Okay, this is a second interview as part of the Oral History Project of Dr. Susan Praeger. Thank you so much for coming.

SUSAN PRAEGER: My pleasure.

DMC: And our focus today will be on the history of the BEACON program and I'm going to allow our graduate student, Pam Namenyi, do most of the interviewing as part of her involvement in the history project. And I will let you take it away, Pam.

PAM NAMENYI: Okay. Good Morning, my name is Pam Namenyi. So, Dr. Curry is present and Susan Praeger, of course. We'll just start with the first question which really pertains to the beginnings of the BEACON program. Could you please tell me about your interest in starting the BEACON program at Wright State and we'll just start from there.

SP: Okay, thanks for having me here today, Pam, and it's good to have you asking me these questions because you're one of the graduates of the BEACON program. So that makes it even more special. I became interested in the BEACON program probably in September of nineteen seventy-nine and that's when I first came to Dayton, Ohio and to Wright State University. I came to take some classes in the College of Nursing which was then the School of Nursing and I just needed some electives to finish up my doctorate which was taking place in Colorado. The faculty that I met here said you know I couldn't enroll in any of their classes as an undergrad student because I didn't have a bachelor's degree in Nursing. So, I'm a graduate of a second degree program and I finished my master's in nursing and I have a master's and I'm almost done with my doctorate and now I need a bachelor's degree in nursing. So, it seemed to

be an inopportune time for me so I left Dayton and went back to Colorado. I left my husband here while I finished up my course work there for that quarter.

So, it's always been on my mind how as a School of Nursing we need to be more inclusive and make sure that alternative routes are available for a variety of people. Over the years prior to initiating BEACON we had heard from the college that we weren't necessarily user friendly to people with second degrees. In other words, they had to start their education all over again. And I know what that was like because when I decided to become a nurse I called the University of Colorado since I was a Colorado grad and to enter into their nursing program they said they'd love to have me and I could get into their nursing program but it would take five years of study to obtain a BSN. I said "Five years? I just finished a four year bachelor's degree." And I thought I can't do that. So I guess I already had some sensitivity towards students that were similar to me. I eventually went through a program that was a two year master's program which was an entry level nursing program. I was licensed as a nurse right off. People who went into nursing with me continue to practice as I continue to practice. Having this type of access to nursing education seemed like a reasonable battle.

So, around the year two thousand I started thinking more about this and how important it was and especially since we have a need for more nursing. With the potential for a shortage of future nurses and also with people not being able to find jobs, the data was indicating if you looked at the census data and different government reports there are an awful lot of people with bachelor's degrees who are working retail, who are working fast foods, who are unemployed or underemployed. We thought there was a market that could bring people into nursing. And also, because a number of those people who are underemployed and unemployed represented disadvantaged groups it was more of an incentive to include them as well.

So during that time we started meeting with faculty, bringing up the idea and we kind of gradually presented a curriculum and I just want to emphasize that because at that point in time in early two thousand we had gone through several programs that to my mind were shotgun programs with, no offense, but they hadn't gone through the proper curricular processes of getting faculty buy in, involvement and input. As someone whose degree is in education that didn't seem to me to be right and it also left people feeling a little disenfranchised, I felt, in the college. You know, "How did you get this program? Who's funding it? Where are we getting the resources for that?" So, part of my motivation was to do this slowly and with support. And so I worked with bringing it up to the faculty, you know are we interested in pursuing this and the faculty said we'll examine it. I was probably pretty obnoxious. You know every month I'd come back and here's an update and it was like oh my gosh, four years down the pike and we haven't gotten this program done. But I think we really tried to have faculty input the entire way so that there was no surprise.

So, we're working on this and it's really a turtle thing. It's a slow but steady kind of process and then in two thousand and two, I think it was, there was an ad, there was something in our university newspaper or something that talked about the Ohio Learning Network. The Ohio Learning Network is a group that's supported by the State of Ohio and funded to promote accessibility to education in the State of Ohio. They were having a conference over in Columbus and I asked the dean if I could go over and do that and it was in the summer time. I went over by myself but there were some other people from the university there. Dr. Steve Fredrick from the department of Health Education and Physical Education was there as well, and we had been put in the school nurse program and went over to think about looking at putting the school nurse program online. That's what this was about was putting degree programs online and it looked like in that meeting that there were an awful lot of our cohorts from all around the state were

there for all kinds of programs and it looked like a school nurse program online wouldn't be enough to get their interest.

So, my original intention was just to get money to put the school nurse program online since we had students from all over the state who do that. So I came back from that and said nah, this isn't going to fly and Dr. Frederick wasn't sure they wanted to go that route and everything. So, I came back, talked to the Dean and said you know I'm wondering if we ought to consider a bigger picture and look at the feasibility since we'd been doing that all along, the feasibility for a second degree program and what we can do is bring back the school nurse program onto that for people who graduate who can then take those courses online.

So our original interest was to consider having a totally online second degree program and it had to do with access to care and dealing with populations that didn't have easy access to care and improving the amount of nurses there. So we were envisioning nurses all around the state and so remember Pam, you came from the southeast part of the state. So people who didn't have ready access to a nursing program could stay in their communities and learn everything online, all of their content would be online and then they would do their clinicals in their home communities with mentors and preceptors in their local hospitals and local health departments. And so you would be linked with that facility from the very beginning and our faculty would do site visits and we would do training for mentors and things like that. So, it was a pretty, I think, innovative and exciting idea. It was a little nerve wracking for a lot of our faculty who said "Wow, how can we let go of all of this to do that?" But that was the premise for putting in a grant to the Ohio Learning Network and it included not only the second degree program but it included those courses added on for school nurses and we got funded low and behold.

As it turns out we probably could have gotten the school nurse thing because OSU got it for theirs but we went big and so we got a couple of hundred thousand dollars for that and we

had to revise our proposal a couple of times and the reason I had to do that was because our faculty weren't really comfortable with having this be a totally online program. And so what we wanted to do because of the accelerated nature of the program was to be able to have all of the content available online for people for review, for support and then the faculty would spend more time with the students but that information would be available so that the students could in fact review. That because it was so accelerated they had the option to go over it again as if someone who had heard it in sixty minutes you know instead of six years if you hear it over and over again kind of thing. So, we had the money and we had at this point in time revised the program somewhat and got it going. So, I think I'm probably moving on to fast but that's how we got interested in it and sent it through at this point by the time we had the Ohio Learning Network funds in hand we had sent it through the university undergraduate curriculum committee after approval by the College of Nursing and Health and then it was approved as a new program through the faculty senate at that point in time.

PN: Can you tell me how you chose the name and what it means?

SP: Well BEACON stands for, I always have to kind of think about what it might stand for, I think it's Baccalaureate Education Accelerates Career Opportunities in Nursing. I'm just sitting around writing acronyms all the time like shining light, BEACON, QUICK, and coming up with any kind of word that might capture what we're trying to do and then link it together. So, it was really a matter of just kind of writing a puzzle and kind of figuring it out. So there were lots of different ones and BEACON really seemed to be a good acronym for this because it really is shining light on the nursing profession and attracting people who might otherwise not have the opportunity to study nursing. So, it's the light that goes both ways but also bringing in disadvantaged people, minority people to really light the way for other people in terms of health care and improving the health of the nation. So, we just thought it worked.

PN: Very good. I know you touched on this a little bit but could you just tell us a little bit more about the grant writing process? Who was involved and how you succeeded in getting grants for the program?

SP: Well, as I said in two thousand and two the Ohio Learning Network had a grant competition and it wasn't terribly difficult and that's always a good thing, it wasn't four thousand pages, it was a fairly doable kind of process. It was at the state level and because of that, my guess is, that the competition wasn't terribly overwhelming. It wasn't like there were four thousand universities to be competing for that and it was in the summer so people had to be motivated to take the time and things like that. So, I came back from that and pretty much since we had had the curriculum for this online delivery kind of conceptualized, wrote it up and said that's what we were going to do. I found the people by knocking on doors saying would you like to work on the medical surgical part? Would you like to work on the pediatrics, the obstetrics, and so eventually got people's agreement to do that. I pretty much wrote it out and proposed that and the money for the project was really to enhance faculty development and support so that they could develop online courses. There was no staff money in the sense of I wasn't getting extra money or anything but really people would be paid to develop a course as if they were teaching a course but it was for online delivery.

And then we used some of the money for lots of equipment for PDAs for all of our students coming in, we had iPods so people could record things, so lots of electronic things and staff development. So that two hundred and thirty some odd thousand dollars went a long way because over the time of course in the first two years faculty kept changing. So our first year faculty we paid them all to do this up front so pretty much the year before we started the BEACON program faculty had all this time to develop their courses. Most of those people stayed and taught the course the first year and then they left and then we had a whole new crew

come in the second year and we had enough money left over so we paid them to it as well and then they left. And by the time we finally had the faculty who are here now with the program and have been kind of the heart and soul of keeping it on track we didn't have any money for them. So it was kind of an interesting thing.

So, that went in with the approval of and this went in kind of early fall so there was some notice to faculty that we were doing that and then it went in under my name through the university and through the research and sponsored programs thing and supported by the dean. Because the College of Education and Human Services was involved in the school nurse program they signed off on it as well.

So then that year, that was two thousand and two, I put in for funding for two thousand and three, well we liked to have support in our college for all sorts of other things like for secretarial support and things like that so I wrote a grant for HRSA, Health Resource Services Administration which is part of the Department of Health and Human Services and they had a grant, I'll look it up and tell you what it's called, The Nurse Education Practice and Retention Grant Program and they were soliciting proposals for education. And so I submitted an application very similar to the OLN about using the curriculum and following the guidelines and pretty much outlining what the curriculum would be and how the money would be spent and the outcomes over time and then the government of course wants all of that information and it was reviewed and not funded. And so then it was like oh jeepers what are we going to do? And you know at this point if we had enough students we could start the program and we had the courses going and faculty to do that.

SP: So that year because we had some money from OLN and the dean had some money we went, Dean Martin and I took a trip to D.C. and met with the people at the Department of Health and Human Services in the Division of Nursing and talked to them about what they



wanted and kind of getting a sense of how we could strengthen this grant. So we met with the director for that portion of it and some other people in the Division of Nursing and kind of got a sense for what they were doing. We came back and we wrote the grant you know pretty much tightening up the parts that were loose and strengthening it and looking at measurable outcomes and things like that. And so we submitted it again in two thousand and four and I probably submitted it in two thousand and three in the fall or December of two thousand of three and then got funded in two thousand and four and they said that at that point there were three hundred thirty-six applications under that announcement and thirty-eight would receive grant awards and so we were one of those.

So that was really nice because that paid for faculty to teach that so that the college wasn't hurting for that initial time if our student numbers were low. It just released the college and the university from the financial burden of starting a new program. I mean I believe in funding any program, so this is on the side, but if any program is worth its salt you know you bring in enough people and they make the program successful. This took some of the pressure off of that. So we were able to pay for graduate students, teaching assistants, tutors, and support staff as well as faculty time. So the college didn't pay for the faculty teaching, it came out of the grant so it really didn't cost the university although we had to do some cost sharing. When you are writing a grant you have to consider all of that. So cost sharing would be use of office spaces, telephones, equipment, classrooms, and things like that.

One of the parts that we touched on was what made the BEACON program attractive to HRSA was probably this involvement of disadvantaged, under represented people and so one of our goals was to partner with Historical Black College/Universities (HBCU's). Wright State University is really unique and fortunate in being in a county that has two HBCU's that are directed by colleges and universities. I don't think there are many places that can, at least in

Ohio there aren't any other places that can say you've got two HBCU's in the county that you are in. So, one of our goals was to partner with Wilberforce University and Central State University and make it easier for their grads to move into the BEACON program. So we were really trying to target Wilberforce and Central State graduates. And for that purpose we had faculty who were designated to go over there and to facilitate that process. LaTonya Davis was one of our faculty at the time and I think LaTonya is now an FNP grad and works over at the VA and so LaTonya, one of her eight hours a week was designated to be over at those schools recruiting students, advising them, finding tutors for potential Wilberforce and Central State students to come into the BEACON program. And so does that answer your question about grant writing?

PN: Yes, thank you. We'd also like to know how the very first class was selected and who was involved in selecting the candidates for that first class.

SP: Okay. And I probably need to go back to some minutes to be exactly sure about that. We spent part of our monies from both OLN and HRSA and I'd have to go back to the papers to see, I know we spent the appropriate monies from each grant. (Laughs) I don't know how we did that. But we advertised in the Dayton Daily News and we sent flyers to all of the area hospitals and then also in the Dayton Daily News and then Health Care Today which is a local newspaper that comes out, a supplement to the Dayton Daily News about health care to recruit. So we did a pretty big media blitz and then LaTonya went and visited all of the area African-American churches and would go and meet with them and at some of their Sunday services, their worship services she would get up and talk about BEACON and so that was part of her job with recruitment. So it was a yearlong effort about doing that and we would have open houses fairly regularly bringing in people and we would have anywhere from thirty to a hundred people coming in with their families and they'd heard about it through the newspaper,

through media, through the church contacts and would come in. And we really, at our open houses, we really did have a good return of people who represented diverse populations so that was really rewarding.

When it came down to people who had all of the prerequisites and time for our first class our numbers were much smaller. And we need to check with Greta or the paperwork to see exactly how many were admitted to that first class. I have the picture on my desk but let's just say we admitted fourteen or sixteen to that first class and I think, and again we'd have to check our numbers, we graduated maybe eight or ten. It was probably twelve in the long run. Actually we might have graduated everybody in that first class but over time. They might not have graduated on time; they might have worked harder on that. How they were selected was we had a team representing the sciences, Dr. James Scott, who was the Chair of the Department of Anatomy who served on our committee. We had five or six faculty who sat in on all of the interviews.

And our interview questions we were talking about the reality of going through an accelerated program, what their commitment would be, how long they thought they would stay in nursing, what their background was, what their study habits were, what they hoped to gain from this and what their commitment would be to the profession. So we were looking for people who had the capacity so that we took into account their GPA and their undergraduate work particularly in the sciences, their motivation, you know if this was something to pass away the time or if this was something they are going to do, and then their emotional maturity because we knew in fifteen months there would be a lot of stress and strain and bumps along the road and if people can't handle that if they're discouraged then it's a waste of their time as well as ours.

We had made a commitment at that point in time that anybody who represented underserved or minority groups would have priority. So if five people came in and they all had

the same criteria and credentials but some were minority or came from disadvantaged groups they would have access to the program. We were really fortunate to have one other source of funding at this point in time, because one of the realities was that many people who are underemployed or unemployed after their baccalaureate degree probably haven't paid off their undergraduate loans, don't have a lot of money set aside. And particularly if they were already a minority or disadvantaged people, so Dr. Lillie Howard of the Provost office set aside some money for scholarships for our students. And the other thing that we did in terms of planning for the program was work with area health care providers and particularly our partners with Premier Health to identify students who had a loan assistance program. In our first class every single student who was given that opportunity was guaranteed a job, they had scholarship money from Miami Valley Hospital or from Premier Partners and were also guaranteed a job upon completion. Dr. Howard's money was mainly to go to people who were disadvantaged or minority students. So we were able to provide some support because HRSA or OLN did not allow that money to go to students.

PN: What have you found most successful about the program and what would you change in the program for the success of future students?

SP: Well I think our outcome measures are real clear in terms of what's acceptable in terms of the State. So we've had pretty close to a hundred percent successful rate on our RN NCLEX examination. We had one class where there was, it was ninety percent and those students on their second time passed it but other than that all of our students have passed the first time and that's significantly higher than other programs across the state including more traditional BSN programs. So, I would say that that's a pretty good success indicator.

I think some other indicators are what makes BEACON students a little different than some of our traditional graduates but it's not an across the board kind of a thing, is their

commitment to really doing the best that they can, wanting to, building on what they already know and believing in themselves and that they can do it, that kind of I can do attitude and moving onto the profession and taking on leadership roles. A number of our graduates have entered into master's programs and leadership programs and been recognized by their clinical practice areas for excellence. So, it's not unusual at all to hear of BEACON grads being recognized as the Employee of the Month, Employee of the Year, and so those, I think, are the success measures that we hear. When faculty or patients come back and say we had a nurse that took care of us and she was a BEACON graduate and you know it was a really wonderful experience. Those are the kinds of things that we're looking for.

What could we do that was different, what would I change? I think that part about emotional maturity. How do you help somebody kind of keep that eye on the target focus and that maintenance of balance in their lives throughout an intense program? I'm not sure what we could do differently about that. But continuing to warn students that they need to be prepared, that their families need to support them, that this isn't easy, that there will be bumps in the road even if they come in as 4.0 or 3.0 or whatever students who know that it's ok not to be perfect. One of our standards is that you recognize your mistakes and that you are willing to improve those.

I think one of the things we did learn early on was that I think our first class we told the students how special they were and even in their end of program evaluations, well we were so special but it's almost, I teach a course on adolescence and it's almost very much like the adolescence development about egocentrism. You know if I'm so special then nothing bad can happen to me and I won't have any problems and so consequently I saw a little bit of that in our first few BEACON classes. "If we're so special then why are you making it hard for us. Well, why are you giving me a B? Why aren't I getting a ninety-nine as opposed to a ninety? And

why aren't our faculty more nurturing?" And things like that which reminded me a little bit of that egocentrism of adolescence. And not to say that anybody was an adolescent but just had that sense of being special. I think we've had to work hard to let people know that we picked you for your capability, your motivation, and your capacity to succeed but it's up to you. And you know it's not a guarantee and you really need to work hard for that.

I think the other thing that I would do differently is our goal, well there's probably a lot of things I'd do differently, so I'll talk about two things, one is working with our HBCU partners and the other is working with minorities, people representing diverse populations and I don't think we've done a good job with representing diverse populations in BEACON. I think we have admitted a number of students that represent diverse backgrounds, from different countries, different educations. We have had a good gender distribution in BEACON so I think we've done really well about that but we are in the Midwest. We are in Ohio which is a pretty much a monolingual state. Dayton, Ohio is pretty much a monolingual health care facility state and we have admitted and encouraged and supported students who come from many bilingual backgrounds who've graduated from English speaking universities, whether or not they are in this country or not but who have accents that are difficult to hear who have social and cultural ways of looking at the world that are very different than perhaps what's the norm here in the Miami Valley region. And I think that's caused problems for the students and for the faculty who aren't used to working with people from another culture. I'm not sure that this would be different in New York or California or Texas or Florida or Minnesota but I anticipate it might be a little bit; they might be more experienced in working with students from other cultures and different countries. So I'm not sure how we would have, how I could have anticipated or we could have worked with faculty to see that just because somebody has a really, really strong accent and speaking very fast you can't hardly understand them or speaking very quietly that you

can't hear them that that doesn't mean that they don't know and it doesn't mean that they're not capable or competent. And I think those stereotypes have gotten in the way of our teaching ability and some students learning ability.

So I would take that back and rework that and there were some people that I met during the course of BEACON and working with BEACON in south Florida who had a program for physicians from other countries and they in fact had a hundred percent success rate on their licensing exam for physicians after they brought them into this program and I thought their model would have been something that we really need to think about. So, I feel bad about that. I don't think we were successful with that and I think we still continue to struggle with that and then that has affected, I think, how we have admitted students. So, I guess what I'm pleased to say is that those students who have gone through our program who have had difficulty based on language and culture have, if they wanted to, if they were motivated, have continued our passing program, maybe going through the traditional program and are getting licensed first time as nurses. So, maybe the pacing, maybe the opportunities for some other things, maybe the luck of the Irish that they found somebody to help them do that or more patience. So, I don't think we were wrong and I think people know when they want to be a nurse. If they really want to do it, they're motivated, they'll do that. So, I feel good that some of those people haven't been lost by the wayside but some have and that's a terrible loss of capable people who could make a difference.

I think with the HVCU we have had a couple of challenges. One is the graduates of one of our partner HVCUs didn't graduate with a GPA high enough to come into BEACON. And you have to have a certain GPA by the end of your first quarter to take graduate courses and so in order, if they didn't have the GPA to even be admitted into BEACON and who were willing to overlook that if we thought that they could do that but what we found was that none of our, one

of our partners really applied. You know we worked with them and there were just really some discouraging kinds of things. I met monthly with the faculty in the sciences over there.

LaTonya went regularly and had pizza parties, she had advising sessions, tutoring sessions, so we weren't very good at attracting those students. And again, after four years and you've left your home community, paid all this tuition and now you've got to go back for more and it's going to be really hard is really discouraging. So, we weren't very fortunate with that and there were some other issues. I think we needed to work harder with that particular program.

The other program that we worked with was preparing students with really strong academic backgrounds in the sciences and even a health services administration kind of baccalaureate degree. Again, the issue of coming back in and for money and stuff and some of those students didn't have the 3.0 GPA but many of those had been away from home for a long time and to come into an institution that was so much bigger and less personal than the very small institutions that they had been with had been challenging. So we did not have, we have not had a single HBCU grad from our two partner schools. We have had HVBCU grads from other places and we have been thrilled to do that but we have not been successful with that and have had only one HBCU student who came through. So, I think, what could I do differently? I think we would, and the other problem with the second HBCU is that they changed administration a number of times. So, I mean, it was very difficult to maintain continuity of meeting with them. I would go over and meet with students. I presented a number of classes and talked to them about careers in nursing and what they could do and about the BEACON program but there wasn't continuity in terms of teachers and advisors and administrators. That was difficult and I don't think we met those folks. On the other hand we did graduate over the course of BEACON a number of minority and disadvantaged people representing diverse groups. So we did great there but we could have done better.



PN: How did adding a different dimension to the College of Nursing affect your career?

SP: Well, that's a really good question. I'm not sure that it affected my career too much because I had pretty much at that point been in my career for quite awhile. So, it did a couple of things. One is that it really made me feel that I had made a difference that was good for future nurses. That just felt really good for me. That was just like coming home. I think it helped me in terms of appreciating how difficult it is to implement a program and follow through and manage it and oversee it and that's very, very challenging and if you want to stick with your outcomes all the time. I don't know if you recall but we had ERI testing and we were looking at outcome measures constantly and doing that and looking at board scores and things like that. And so that gave me even a better appreciation of how difficult it is to manage and organize things. I think it helped my career in terms of recognition, you know, getting big grants is really good and that can't hurt and that was good too.

PN: Is there anything else you'd like to add that I haven't asked you about that you can think of?

DMC: Who do you think, of the students, I'm just trying to think, a snapshot of the students, any special memories of working with the students that hits you off the top of your head?

SP: Well, I think...

DMC: There's always just some special memories I call it.

SP: Well, I think every single person in the program is really special.

DMC: Yeah, I mean, you have some really wonderful people.

SP: I think when we first started out we tried to partner with facilities, with the Premier facilities and so we worked at Maria Joseph and that was kind of we did a blend of gerontology and community health. I remember, I just thought it was, first of all Maria Joseph represents a

very diverse population so it was very good for our students to see that. But they did these wonderful health promotion activities for the residents there and took over the downstairs area you know near the post office and dining area and did just great, great activities.

I think in our first class I remember more teaching health and well being. I'm not going to remember this really well but some of the students did a project on urine therapy and it was just very cute. They talked about how urine could be used for killing certain things and they came up with these yellow paper cups that and I forget but they are still in my office but urine in it for us or something like that. (Laughs) It was something really cute.

I think some of our graduates were just so committed to making a difference, to working in missions, to working with underserved populations, and who have gone very torturous routes to get there and I think their commitment, every single one of them, their commitment. Of course we've lost some students, we've lost some students to the profession and that's discouraging. I wonder, again, if that's not because of in those early years not being clear about what nursing was about. So, we have lost some people to that and more so then, I think, our more recent graduates. I could show you pictures of every single person and tell you how they are special.

DMC: Yeah, I'm really curious about what you mentioned about the admission process of finding the motivation key. I think if you could find the answer to that and bottle it we'll have a Nobel Prize for you.

SP: Well, I think you have to ask that and I'll take an example of a student who came who didn't necessarily have all of the prerequisites but was willing to move her entire family over here to take the chance to sit there at the door and beg to get in and who said they are willing to fail but they want to try. They want to have the opportunity to try and they saw some

long term goals and that person has hopefully exceeded her own expectations and is still moving on to where she wants to go.

I mean, I think motivation is not hard to see and find if you have a process for doing that. And I think interviews have that opportunity but interestingly enough in our interview process I would say one person interviews are not the norm. You need to have a variety of dynamics going on to see. And we would have people say, “Nope, do not let that student in. They are not going to do it. I just don’t feel good about them.” And the other person said, “Well, no but think about this.” And I think that’s what nursing is about is looking for those differential diagnosis, looking for that possibility there. And so, I do think motivation you can ask those questions. You know, where do you see yourself five years from now? What is it, you know, how are you going to feel if you get a C in three courses and in order to stay the next quarter you have to get all A’s? What would you do and how would you handle that? And you know, I’m not sticking around for that. I mean you know I think you can find those things. Are they realistic? What are they willing to put into it? And in fact I’m not a firm believer that performance on previous courses is a measure of performance on future courses.

DMC: Sure.

SP: And I’m definitely not a believer that performance in courses necessarily measures what a person is capable of and what they have achieved. I think I look at our test questions and if we just have test questions and if you have pass/fail on clinical I’m not sure that we are getting good indicators of people’s capacity which we believe that the GPA is a capacity and as somebody, let me just go on record as saying I barely got out of high school and college. You know I wasn’t motivated. I was just there having fun. It wasn’t, I wasn’t going anywhere so I think once I knew what I wanted to do I could do that. So I guess maybe I’m a little bit open to seeing some other ways of doing it. And we’ve had people who have doctorates who have

applied to the program who wouldn't be good candidates and we've had people who had doctorates who were outstanding, I mean they had it all, they just came with that whole package. And if you don't have the motivation, I mean I think that's key but if you don't have the emotional maturity to handle the discouragement then you've got to have something else to overpower that. So, you've got to have two strong ones to counter that but if you're missing one you're not going to do it.

DMC: And then how could you tell emotional maturity?

SP: Well, I think that's really hard.

DMC: Yeah.

SP: I think we really don't see that until you're faced with situations. So, we would give students scenarios in the interviews.

DMC: Good.

SP: So, for the first couple of years we would have different scenarios about how would you handle this kind of situation. Situations that we would expect anybody because obviously they're not nurses, to be able to deal with and I remember one of our scenarios was you're walking into, you know and in my mind I envisioned walking into Miami Valley Hospital at their circle entrance and you're walking in and you are getting ready for your shift to go in and you are supposed to meet your instructor in a few minutes and you see these things, like somebody who's obviously homeless, he's smoking and you know kind of drunk and passing out and you see somebody else there and you have to be there and how would you handle that. So, we would put them in kind of uncomfortable scenarios where you could see some critical decision making but also I'm not going near that person, you know kind of a thing. Or interestingly enough we saw, "I would do my A,B,Cs." oh wow, or "I'd get blood drawn right away." Really? And so you could see a little bit, if I could do it I'd use the Myers Briggs and

remind people that you have strengths and you need to know it's not going to be the way you expect it to be and you just have to be flexible.

DMC: Cool.

SP: But I think you don't get it all, obviously. Some of us are really good at the interview process. We can say anything thing and it turns around and that's where you have to make phone calls and find out why, how come they're no longer, how come they've only stayed on the job for three weeks? Is it really because there's no work out there or is it just because they're difficult? So, I think that's really challenging but I think in our students and this is BEACON or any of our students, those students who aren't doing well, we need to see what the reason is. I can't buy that none of them have the capacity. I mean our criteria for admission for every single one of our programs is way too high to say, to say you know if we expect our traditional students to have a 3.0 and it's hard in the BEACON GPA to get in. It's not capacity. And they've stuck it out in these awful prerequisite classes so it's not motivation.

Now there are some eighteen year olds who aren't emotionally mature and there are people in their sixties who aren't emotionally mature but then where do we come in as faculty for helping people move along. So, one of the things that I think that's made a difference with BEACON that we don't see in our traditional program is the concept of advisors. That we, because it has been small and when we started we didn't have assigned advisors but the faculty and student ratio was low enough that people had the sense that they were being advised constantly and I don't think we have that anymore. We used to have that with our undergraduate programs.

DMC: I used to do that.

SP: I used to be you know every fall I'd get a list of twenty new students and I'd have the others who were continuing through and I would see them once a quarter for advising and I'd

find out what was going on in their lives and how they were doing academically but were they motivated, were they working another forty hours a week on top of this? So I think one of BEACON's successes is that. The other is the advising business, our seminar part that takes them out of the content area and looks at pulling it all together. I think that's really, actually I think that's one of the premier pieces. So, I mean I was just thrilled with how we were able to develop the program and revise it a little bit. And some of it didn't come out the way I wanted it. I think that when we ended up putting pediatrics back with the traditional program, I don't think that was the best route but it worked financially with resources and we could probably do better with that.

PN: Well, thank you so much.

SP: Thanks. And Pam thank you.

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