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6-25-2002

Kinney, Marjorie interview for the Miami Valley College of Nursing and Health Oral History Project

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Repository Citation

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College of Nursing Oral History Project
Interview of MARJORIE KINNEY
JUNE 25, 2002
Interviewers: Carol Holdcraft and Donna Miles Curry

Carol Holdcraft: And, it's June 25, 2002 and we're here with Dr. Marjorie Kinney.

Marjorie Kinney: Thank you.

CH: So, what I'd like to start out with Marge is just to have you tell us a little bit about your personal background and how you came to be at Wright State.

MK: Let's see. I came to Wright State in September 1974 and I believe that was the date when the RN students came to complete their degree. Oh, there's the fire alarm.

CH: Oh, my. Can we ignore it? Do we need to go anywhere?

MK: I think it's not a--.

CH: They're testing, huh?

MK: Anyhow, my time period that I will be speaking about is 1974 through 1984. A ten year period and my retirement years are about twice as long as my service years at Wright State.

CH: Ok.

MK: And so I'll start at 1974 and I think it's great that the community had the willingness to go ahead and want a degree program because all of these hospitals in the Dayton and Springfield area had schools of nursing. And most of them had closed. And so there was a big need for nurses to practice in the Dayton/Springfield area.

CH: Uh-huh.

MK: And so the first thing when I got there, I understand that the ten nurses had been, RNs, had been selected to be part of the first class and I'm not sure who interviewed and screened them. But they were and they were all ready.

CH: So when you came on board they were all ready?

MK: They were all ready and their curriculum, there must have been about five faculty members and there was--I found out there was no dean coming at this time. And--

CH: So, you had told us a little bit earlier at lunch time that you had been teaching prior to being at Wright State, you'd been teaching at Case Western--.

MK: Uh-huh.

CH: Reserve University in Cleveland and you, do you want to just tell us what you had done at that job? And what--.

MK: Yes, I worked both of the master's and the undergraduate program. And I really liked it there. But there was no funding and most of the people had come because they wanted to do research.

CH: Oh.

MK: And so there was a shortage. And they said I could stay if I wanted to, so I did. And I stayed for two years there and then I finally would move on. And, um, but I enjoyed working there and I, I'm always pleased that I did stay because we had a program for nurse practitioners and I had just completed my clinical program in rehab and neuro nursing so it was an opportunity to stay there. They said I could stay in the undergraduate program, but not the master's.

CH: Ok

MK: Because of the--and a lot of doctorate students were there also. But what I remember about the program at Wright State were the ten students and they were quite eager to get started. Some were already taking courses in the basic sciences, bio-psycho-social and clinical. So that I'm not sure how much theory had been planned for them. Other than just the program. I often wonder how we could have helped them more with their sciences. Would we have been allowed to go and work with the professors in the science courses. There were two professors that were supportive of the group. And one was Andy Kuntzman.

CH: Right.

MK: And he was our support person and there was also let's see, what was his name. There was something in this--was it Ira Fritz?

CH: Fritz? Ok.

MK: Uh-huh. And I just noticed in our retirement program that Mr. Fritz is --. I'll read you what it says about him. Ira Fritz bio cam. Retired 1993--is working as a core faculty professor at the Union Institute where he works with the doctoral students. He also serves on the National Certification Board for the Nutrition Specialist of the American College of Nutrition where he is a fellow.

CH: Uh-huh.

MK: So, he's make good use of his retirement, hasn't he?

CH: Yes, he has.

MK: And he was so eager to teach nutrition to the RNs. And he always available and he would bring certain things over to talk with them about. And I think they had more nutrition than in their theory than almost anything.

CH: Uh-huh.

MK: But of course, being biochem, he would also be good in pharmacy.

CH: Ok.

MK: And Andy Kuntzman was a professor in anatomy.

CH: Right.

MK: And I'm not sure about pathophysiology, who taught that, but that's a very important subject.

CH: So, even, even back then, even in the very early years, they had a separate anatomy course and they had a separate physiology?

MK: Uh-huh.

CH: See lots of courses. And I don't recall either who was teaching the physiology at that time.

MK: About the social sciences they're, I think they're very important in Nursing.

CH: Uh-huh.

MK: And let's see. In the clinical area we used non-risk clinicals because I was not familiar with the hospital. I had never seen the hospital and Barbara, Barb Bogan, was the other person assigned. And neither of us were too familiar with Miami Valley Hospital. But the staff of nurses were very cooperative and we had four hours of practice on Saturday morning.

CH: Uh-huh.

MK: And, as Barb will remember that neither of us slept--[laughter]

CH: The night before the clinical?

MK: The night before. And so we were always a little laggy after driving there and getting there and finding our way around.

CH: So you all used the Saturday day, um. I mean, that seems like an unusual day to have clinical--.

MK: It is.

CH: Do you remember what the reason for that was?

MK: I don't remember. But it was all arranged by the Nursing Staff at Wright State.

CH: Ok. So the first clinicals you had were with these RN students that were in the very first class. And it was at Miami Valley on Saturday mornings, I guess?

MK: Yes, Saturday mornings. And I had thought that to pull it all together the best thing was to utilize the written nursing process plan of care. So sometimes Barbara and I would go in before the laboratory, the day before, and work with the nurses on the ward where they worked and then make assignments. And the, working with them on a plan of care, they seemed eager to do this. But they after they had to do, you know, one after they'd been there, they found that it was a lot of work.

CH: So initially it sounded like a good idea, huh?

MK: It was a lot of work. But we continued that and I thought it probably helped them to do something they're capable of doing. 'Cause all of them were graduates of RN programs, of accredited schools of nursing.

CH: Probably mostly diploma programs.

MK: Yes, uh-huh, mostly diploma programs.

CH: What was the area that you felt like you wanted them to get more of or to understand better by coming?

MK: Well, in the unit where they were would be medical surgical nonrisk.

CH: Uh-huh.

MK: Because I didn't know about contract risk. What it would be.

CH: Ok, so they weren't really complicated patients or they weren't, they weren't--.

MK: Well, they would be comfortable with the nursing procedures

CH: Right.

MK: But couldn't draw in the theory to support their interventions.

CH: So what you were trying to do was to help them learn to do that.

MK: So we did that and, let's see, all of them graduated excepting two and they withdrew on their own. One was because she had never been sure that she wanted to be a nurse and there was a male student who wanted to be in pharmacy.

CH: Ok. So he found out that the nursing--.

MK: He thought there would be much more money in pharmacy than in the nursing.

CH: Ok.

MK: So he did withdraw, but that was a good average of the total and --.

CH: What were some of the challenges as you see it in your role during the early days? [pause]

MK: Well, I think it was no different than with the four-year program that was started after the (). And that there was, I'm not sure that the students were good

readers. The most, most of the students on campus were commuters and they came in and they never read their assignments.

CH: Some of the same complaints we hear from faculty today --.

MK: After having been to Case Western, that would be students like that.

CH: So at Case Western, the students were a little more serious as far as being students.

MK: Uh-huh, they were more serious as students and they were full time students. And so that was the thing that I didn't like about it.

CH: Right.

MK: But I think that during the years that, uh, the library program did improve, I was one of the members and worked with the people in the school of medicine to get more books on nursing in the library. Because at Case Western, the library there is for all disciplines.

CH: Right.

MK: --in health. So it's really a health science. And, so that's--.

CH: So that was a goal that you had to really to work with the library to get a better selection of nursing.

MK: Uh-huh. And there was a committee formed at Wright State and we would review new books that had been ordered and react to them and say whether to purchase them or not.

CH: Uh-huh.

MK: That was one of the things that I thought about in terms of increase of library resources on campus. And the School of Medicine and I think Dunbar also did

that. And then were branch libraries at different universities like Middletown. And some of the students that were working on their degree, they used libraries where they attended, like in southern Ohio there were quite a few nurses that were working towards their degree. And they had libraries and so we sort of got so that library holdings were better.

CH: Right. So did you make recommendations to some of these outlying university libraries as to ways to improve the nursing holdings as well?

MK: Yes, and I think--particularly --.

Donna Miles-Curry: Carol, hold the mike up to your mouth.

CH: Did I do something wrong with it?

DMC: Ok, at least the lines are moving now --.

CH: Ok.

DMC: It's just funny how it stopped. I was messing with the volume --.

CH: Ok, so we'll come back after a little technical difficulty [laughter], but kind of keep going again.

MK: I wonder if any studies have been done on just the RN students and how successful future programs have been? Now in the first class, let's see, I think there were six that went to Ohio State and got their masters. And I believe there must have been some encouragement from some of the faculty for them to do that. And they did like the nursing care plan.

CH: Right.

MK: And Ohio State was working on that also. Now when I got my degree in rehab one of my preceptors of course was in New York University and they had done quite a bit of study on, with Martha Rogers.

CH: Ok.

MK: To me, she's the only person that might be qualified to say that she had a theory of nursing.

CH: And so in your program while you were getting your degree in rehab, was a time when Martha Roger's name was really being talked about?

MK: Oh, yes, uh-huh.

CH: And that was, she really had sort of a revolutionary idea about things as well.

MK: Yes. When the book that Gert recommended that the faculty, that the faculty write a book on nursing theory, she was one of the theorists that was in it. And most of them you couldn't classify as a theorist.

CH: As you recall being part of that, you talked a little bit about the first class, the first year when you were there and doing some of the clinicals--.

MK: Yes.

CH: --what do you remember coming in to the next year in '75?

MK: Well, when Dr. Torres came that she was recognized as an NLN accreditor. And she was well known and so it was really a benefit not only for all the faculty to participate in going through the standards and the guidelines of the books and so, it was a big relief that we went on and worked towards developing a curriculum for the School of Nursing for the BSN four-year program.

CH: And were you part of the search committee that interviewed and hired Gert Torres to be the Dean or did you have anything to do with that?

MK: No, that must have been done sometime before,

CH: Prior to that?

MK: Maybe Julie did that.

CH: I don't know. I don't recall. But you do recall then you were busy teaching that year it sounds like.

MK: Uh, uh. Now the faculty that were there when I came was Joanne Cross, Barbara Bogan and, um, let's see. Donna Dean, I think was there. But most of them, and Julie --.

CH: Julie George. Uh-huh.

MK: And those were sort of the leadership people and Dr. Kuntzman. So, we went from there. And when Gertrude came, she brought all of her staff with her. Sue, and her, let's see, Marjorie--Marg, and I think that was about it.

CH: So, and Marjorie Stanton was her colleague who came and became the associate dean.

MK: Yes.

CH: And Suzanne Falko--.

MK: --was an associate professor.

CH: Ok. So she just came on as a faculty member at that point.

MK: Yes.

CH: And what do you recall that the focus was during those early days then with the transition with Gert Torres was it primarily on doing a curriculum revision?

MK: Well, it was really beginning a new one.

CH: Um-hum. A new curriculum almost from scratch.

MK: So I think what was done before, I couldn't answer. They had course outlines then and I don't think I even have one that would --.

CH: But that was an energetic time of really coming up with a new curriculum plan at that particular point.

MK: Uh-huh. That was the entire focus.

CH: And was that something that you were eager to do and eager to participate in?

MK: No. Well, oh, yes, I know that the school needed help, but my interest was more when it was over, that I would retire or leave.

CH: So you really thought you would just stay long enough to kind of get the curriculum in place and then retire.

MK: Yes, uh-huh. I was there with, I guess, two four-year programs.

CH: What do you recall about your interactions with administrators, with some of your colleagues, perhaps with some of your students? Do you have any thing stand out in your mind as far as your interactions with those groups?

MK: Well, they were pleasant associations. It seems like that our load of students was much greater as the new program was developed. And we did a lot of lecturing for the, for people, adults and I didn't teach any, but children. And it was more progressive health problems and symptoms. Some of them disease-related.

CH: But that was a little bit of a different focus at that time from what prior curriculum models in nursing had been. It wasn't focused as much on the disease.

MK: Uh-huh. It was pretty much focused a way, I would say, that Clark has it organized now for the acute care, but we didn't do a whole lot in acute care. But we did

in certain disease related areas. Now like I taught more in internal medicine type of problems and neurological.

CH: Right. And the long term care I recall.

MK: Yes. Now there were 3 threads that further ran through was prevention, promotion and maintenance and restoration. And, um, so in the junior and senior years, it was primarily more acute problems and maintenance and restoration. Whereas in the freshman and the sophomore, it was more prevention and promotion of health.

CH: And that was kind of a new idea at the time.

MK: Yes.

CH: To focus on that.

MK: So that went through it. And we worked in a variety of clinical settings.

CH: What were some of the clinical settings that you recall?

MK: Oh, my goodness, I think that I was in about all of them. Well, it was usually a medical surgical unit. But there was Miami Valley. I only used it once when the RNs were there. And then Good Samaritan, and they used that more for cancer and cardiovascular problems. And, um, St. E's, I used it almost entirely for the rehab. And that's something else--.

CH: Ok, yeh.

MK: So it was always that I functioned in the junior and senior year and with students after they'd had the lesser illness

CH: Yes, and health prevention. Tell us a little bit about your experiences with St. Elizabeth Hospital and why you selected that hospital to focus on.

MK: Well, I --. When I first came I was in communication with one of the physical therapists that was quite well know at Miami Valley Hospital. And she had also been at St. Elizabeth. And St. Elizabeth has a rehab unit that is not as large as the one at Miami Valley. But they have more experienced people I think. And one of the reasons I like St. E.'s was because of Dr. Richard Burke. He was an M.D. that had polio in his youth and so he became educated as a doctor and that was his work. He devoted his whole life to that. But he had his own office at St. E.'s and the office door was always open so that patients could come in if they were able to walk, they could walk in or wheel themselves in. And he would take all the time that he could with them. And then the staff had a good system of records where that was like the nursing care plan that I knew.

CH: Uh-huh.

MK: And so the students were able to be a part of that team and be--pick responsibility on their own as well to collaborate with the different multidisciplinary people. There were PTs, social service, and psychologists and whenever their patient went for treatment, they went with them.

CH: So the students really had a thorough, in-depth experience it sounds like in that sense.

MK: And in the later years, there were often quite a few patients with head injuries--trauma to the head. And they were a different kind of experience, but also neurologically based and so, let's see. I think that's--. [Pause] And the staff was very accepting of the students. The students might have been a little fearful because some of the patients were their own age.

CH: Oh.

MK: And so they felt that it must be terrible to have an injury and they wanted to protect the patient for that reason.

CH: Right. They really empathized a lot with--.

MK: You probably might have done a little differently with the care.

CH: Interesting, that's an interesting recollection that it was a difficult thing for students.

MK: Yes, it was difficult, right. And most programs in rehab are master's programs.

CH: Right. So did you feel like you were able to provide really an experience in that setting that was more advanced than some baccalaureate programs would have been?

MK: Oh, yes, uh-huh.

CH: Well, that's interesting.

MK: Because quite a few of the nursing skills were different, like perhaps they had never done a transfer on a patient, whereas--or they didn't ever have a psychologist work with a client--.

CH: To really understand that full multidisciplinary team--.

MK: And social worker. But they did get to see family members react with patients and how the social worker worked with the client.

CH: Uh-huh. That's good. You talked a little bit about some of your experiences with the rest of the Wright State campus, with the library and with the science professors. Are there other aspects that you remember about the wider Wright State campus, the other departments and faculty across campus for that particular time?

MK: Well there was the rehab on campus.

CH: Tell us about that a little bit.

MK: There was a person in charge of that and I think he wanted to keep it the way it was. So I really didn't have a lot of contact with it, but I did recognize that they had done quite a few things for students to help them, like the elevator and maybe other students couldn't see the reason for it. And how they learned to ambulate on campus and some of the things that they had done and the Garden of Senses.

CH: Right.

MK: And, so I tried to keep aware of all the things that they did do. And I would meet and have a good relationship with the person in charge, but there didn't seem to be anything other than helping them to perceive what their chosen field at Wright State was.

CH: So that was really the goal with the handicapped students was to just help them get a good solid education.

MK: Yes, uh-huh. Right.

CH: Were you on campus also at the time when they were doing the research on the spinal cord injured patients or was that after you had retired?

MK: I did remember reading about it and what the School of Medicine and Wright Patt was doing. I saw the ceremony where the man, or the person walked.

CH: Uh-huh. But really didn't get involved yourself, even though--.

MK: No, that was research that had been planned through government funds, so it wouldn't have been proper for me to try to get into that.

CH: Right, right, right. How about--you talked also about taking students to St. Elizabeth and Good Samaritan and Miami Valley. Did you have any interactions with

the wider hospital communities or community-based kinds of settings while you were at Wright State?

MK: I don't think so.

CH: Those were the main areas that you were involved with?

MK: Except the staff like in Good Samaritan. You always got involved with the staff and they were pleasant memories. Nothing, some of them were more helpful than others, but I don't think we had a program except for the person who went around and made agreements for the students to have experience. But in getting more involved than that we probably could have and made it easier for the students, but because we never had our own hospital, we were always behind in that area.

CH: Uh-huh. You were always--felt a little bit like visitors to--.

MK: Yes, uh-huh.

CH: --the hospital rather than really being a part of them.

MK: It was really hardest for the students because they never were free to always go to the hospital to look at, maybe charts--.

CH: Right--.

MK: Or to interact with the staff there. It was just a big handicap for everybody. So when the community did decide to have baccalaureate students then we should maybe have taken the ball more.

CH: Uh-huh.

MK: And helped to get better experiences for them by overcoming some of those things.

CH: Some of barriers.

MK: Uh-huh.

CH: Right. And I'm not sure if we, if the College had the collaborative relationship with Miami Valley while you were still on staff.

MK: Well, that was--see--I tried to pick out--.

CH: Some highlights--.

MK: Three things that were significant events--and that collaborative-- establishing a collaborative relationship with Miami Valley and with the School of Nursing. Now who all was on those committees, if they were the right persons I don't know. But there had to be a lot of talking to give up the power of their physicians.

CH: Right.

MK: And I was there through '83 and they were just talking about maybe changing from cooperation to collaboration.

CH: Ok.

MK: And I remember those discussions cause there's a big difference between a cooperative relationship and--.

CH: A collaborative one.

MK: So do you think--I'm just asking you off the--.

CH: Off the record [laughter].

MK: That the collaborative relationship has benefited the Wright State School of Nursing?

CH: Yes, I definitely think that it did. I think it accomplished some of what you were saying in that it gave the students a place where they could feel they were welcomed and taken under the wings of some of the more experienced and that they had a place

there. And the--I think the exchange of faculty between the clinical agency and the faculty status--because for a while there we had joint appointments and some of those types of things made a difference.

MK: Well, I--as an explanation for the events, that it did assure access to clinical nursing.

CH: Right, uh-huh.

MK: And also there's a certain relationship with collaboration and maybe at first you were their enemy [laughter] and then you became supportive and helping each other. And then you began to analyze the situation and to see the value of it. I didn't get to see the value of it, but I knew it was coming. And I knew it must be the most action from an administrative view that helped in the growth of the College.

CH: Right. And it was sort of a painful time, though, wasn't it? The coming together and the meetings--.

MK: Oh, yes.

CH: I had sort of forgotten that until you brought it up, but there were really heart-felt discussions about language and words and philosophies, and--.

MK: But I feel a little gratified that they changed from cooperation to collaboration.

CH: Yes, and they recognized that.

MK: Before I left.

CH: And I think Donna Dean had a lot to do with moving that process along. I think--I believe she was involved at that point. And she had a strong reputation for

integrity among all parties and I think that really allowed her to help the process move in that direction toward true collaboration.

MK: Uh-huh. Well, I think Donna had a lot of strength in terms of the value of the clinical.

CH: Yes.

MK: And by working with other staff that had worked with Pat Martin on research, it must have had something to strengthen that nursing stand.

CH: Uh-huh. Yes. So you said there were three things that you had thought of. What are the other ones?

MK: Well, the other significant event was the development of the on-campus clinical laboratory. They could practice nursing procedures on campus away from the client and use a program that was based on knowledge and so it didn't just bring the procedure. It brought a--the program had a lot of knowledge base to it.

CH: Uh-huh.

MK: So it helped them in the assessment of the client and the interacting and it also helped them in administration of self-medications. And just being secure before they went to clinical.

CH: Right, uh-huh. And do you remember how that transition came about? Were you actively involved with--.

MK: Well, Barb and I probably had talked about it. But I give Barbara credit for that.

CH: Uh-huh. That she really spearheaded that. One of the things that she told us was that she felt that in 1980 when so many of the faculty resigned and the administration

of the University really wanted the School of Nursing at that time to stay afloat and to be a viable entity, that they really gave her the resources, the money to go ahead and start up the kind of skills lab, the kind of procedures, nursing care laboratory that she wanted or that she could see the value of. And she felt they were willing to put the money in because they really desired to keep things afloat.

MK: I'll bet I know who those people are, but I'm not going to say [laughter].

CH: Ok. You made a decision at that point to continue on when many of your colleagues did resign and I don't know if you feel comfortable sharing a little bit about your personal decision and what you wanted to accomplish by remaining.

MK: Well, there were quite a few people that approved of our continuing I think. And they were supportive people and from different parts of the university. And I think that would be my reason. I don't think it was because I was going to leave, you know, after it was completed. I think there were enough strong people to see that we should continue.

CH: Right. And so you wanted to be a part of continuing. And do you think there was value and merit in doing that and continuing?

MK: Yes, because there was such a need for university-educated nurses. And to make use and to help those that were already RNs. So those programs were needed. But I would like more of a record to what extent they have utilized that and that it has been successful.

CH: To what extent the university-based? I think that is a difficult thing to measure.

MK: It is. It is.

CH: I know just on a personal level I think that we see many of our graduates just in every setting in the health care field that we go in to at this point. We've gotten enough of a mass of Wright State educated nurses out there that they certainly are a presence.

MK: So it's showing up in your alumni.

CH: Uh-huh. I think so. I think in terms of the alumni. And in terms of the directions they've taken, because many of our alumni have gone on for advanced practice degrees and are taking leadership roles.

MK: Wasn't there a nurse by the name of Yoger that started something in this area?

CH: Ruth Ann Yoger?

MK: Uh-huh.

CH: Ruth Ann Yoger was employed at the VA for a number of years and she died a few years ago.

MK: Oh, did she?

CH: Yes, she did. She suffered a stroke.

MK: Did she leave records?

CH: Of? Records about?

MK: The Alumni.

CH: From the Alumni association or what the alumni had done? I'm not sure. We can look into that.

MK: Now there's another person that might have something whether or not she recorded or not, was a person by the name of Blankey.

CH: Luvetta Blankey, yes. Uh-huh.

MK: She's had an interesting mind.

CH: And Luvetta is a long term supporter of the Wright State and the College.

And also I think was involved from early on with some connections.

MK: Uh-huh.

CH: That's a good idea.

MK: Now the other thing beyond that, I think, was the [pause] first was the collaboration. The second was Barbara's, and the utilization of library resources--.

END OF TAPE 1, SIDE A

START OF TAPE 1, SIDE B

MK: --technology. But that was just the beginning of the--.

CH: Right.

MK: And it was helpful to have people come and assist you with technology so that you could show a video [laughter] and make it helpful to the student and the communication from that department was helpful. They were willing to do that.

CH: Uh-huh. Yes. The media services at that time--the media services now they're called the Center for Teaching and Learning and have really grown and expanded because so much of your teaching involves technology and involves the use of media today. So that was really an early aspect of that. You felt like they had a strong support program at Wright State.

MK: And there were other courses other than the clinical courses and like the undergraduate research course. I really was involved in that quite a bit. And I enjoyed it. But it was so difficult to get students in it to read, to identify a problem.

CH: It was a challenge, wasn't it?

MK: My goal was to identify a problem and to get them to think through the steps of the research process. And to begin to analyze and not just take for granted everything that they read. So, interpretation analysis, you couldn't do that all in a short period of time, so what we did was to try to, after we knew the research process, to critique, or evaluate a little bit, to what extent a published piece of research carried it out. So that was one way we got around.

CH: Uh-huh.

MK: And you were asking about pictures. In my retirement book, there is such a good picture of how these students decorated [laughter] my door.

CH: They decorated your door for your retirement?

MK: For my research.

CH: Oh, that's right. I remember our students used to have the tradition when they were ready to graduate they would come some night during final exam week, right before they graduated and they would decorate the halls and the doorways.

MK: And it always had to do with research.

CH: It always had to do with research [laughter]. So the research course was one that you were, uh, it was near and dear to your heart. You really felt it was important.

MK: Oh, yes.

CH: --for nurses to learn that process.

MK: Now when is it introduced now?

CH: It's at the same. It's at the junior level. They get a brief introduction to the research process just an overview of it, in their very first nursing course. But then they

get the in-depth nursing research under graduate course in about the middle of their junior year.

MK: Because too early, they really didn't know what a problem was.

CH: Right. Right, they needed to have some clinical experience to be able to put some context to it.

MK: Let's see. There were a few other just courses besides clinical, was the nursing theory.

CH: Uh-huh.

MK: And I didn't have a part in the book because I didn't believe in it.

CH: You didn't believe that they were really theories at that point?

MK: I didn't believe they were theories.

CH: Uh-huh.

MK: But I can see how many of them might be, have a basis for directing care. But that was not a theory.

CH: So, you didn't join the band wagon at that time.

MK: But I did teach some of the classes when I was asked.

CH: And so, would you teach them from the perspective of analyzing them and attempting to understand what they have to say --.

MK: Yes, right

CH: --and applying them to practice?

MK: But I thought it was good that they had a book and were trying to do that. Now has a second book come out?

CH: Well, that, the theory book has been revised and new editions have come out over time. But there was also the nursing process book. And I don't know, were you a part of the group that wrote the nursing process textbook?

MK: Who--

CH: Griffith, Kinney and Christianson, Paula Christianson.

MK: Oh, that's the one I was--

CH: Is that the one you were thinking of?

MK: Uh-huh. But that was pretty much based on what was out there.

CH: Right. And I think it was based a lot on you talked about the fact that when you first came and began teaching clinicals, you really focused a lot on the nursing process.

MK: Yes, uh-huh. And I think the RN students appreciated that we did that. And they probably appreciated it at Ohio State when they went for their masters.

CH: And they knew it already.

MK: They knew it already.

CH: Uh-huh. What other courses were you a part of?

MK: Well, we all had the opportunity of having an independent course. So I did give one in rehab and the--.

CH: An elective?

MK: To go into more depth in some of those areas of rehab. And I always had enough students who would sign up who would want it which was encouraging to do that.

CH: Uh-huh.

MK: But I think it's great that you could do that and develop a course in your interests and that students would respond to it.

CH: Right. Right. It was a way of adding to the curriculum with some in-depth type of knowledge in a particular area.

MK: So I think those are all of my special events.

CH: Did you get involved, Marge, with the beginning of the Master's program at Wright State?

MK: Well, yes, not the beginning because they limited that to the faculty that would be there. But, in my last two years, I taught at two levels. I taught at the baccalaureate and also the master's program. And taught some classes related to nursing service organizations. I think they probably still have a component of that. And Sue Praeger, I think it was one of her courses that has this element. I enjoyed that.

CH: Uh-huh. She was a creative teacher.

MK: Yes. I enjoyed that.

CH: Our--the master's program when it started was a community health rehab was the title of it and was the focus. And I wondered whether you had any input into getting that rehabilitation focus that was a part of the--.

MK: Well, probably. In some of the research that Sue carried out, it was related to use of the community and the students during their scholarly paper or whatever you call it--.

CH: The thesis, uh-huh--.

MK: They were involved. So one of them had to do with the cognitive program and how we could utilize the community to use and the patient and the different ones in

the family, to utilize the community resources that were available for Alzheimer's. And, so I think it sort of lead in to what she had in mind. But she's already started that, hasn't she?

CH: Now who's that you're referring to?

MK: Sue Praeger is organizer for school nursing--.

CH: For school nursing, yes.

MK: But did she bring a lot of community into that?

CH: Yes, quite a bit of community.

MK: She's always been a person in the community because of her children.

CH: I think so, yeah. So is there anything else that I haven't covered--.

MK: I think that is it--.

CH: --that you'd like to share with us?

MK: But I enjoyed teaching two levels. I wish--well I did that at Case Western, too, because--but I had a clinic there where the patient came in and I could write drugs for them.

CH: Oh, really?

MK: Yes.

CH: Ok, now tell us about that a little bit.

MK: We wrote our prescriptions and--.

CH: So that was really at the very beginning of nurse practitioner activity.

MK: Yes, right.

CH: And so even though, because we, we've sort of evolved we've more recently in the last few years that prescriptive authority was something that came through the Ohio

law. At that point, it wasn't really part of the law because you were considered to have the expertise?

MK: Uh-huh. Well, I think it was because each of us worked in our own area. We had our own doctors and doctors approved of what we did.

CH: Ok, ok. So you wrote the prescriptions and it was sort of under the authority.

MK: Particularly, patients that were on-going.

CH: Ok, ok. So when you were there you actually had a clinic and you ran, you had a faculty practice as well as teaching.

MK: Yes, uh-huh. We wrote orders to each other and it was fun to be consulted to present a patient and then the rest of the nurses on the unit would benefit from it.

CH: Uh-huh, so it sounds like--.

MK: It was a good system.

CH: Yes, that was sort of a progressive time then that you came from. Did, when you came to the Dayton area and that sort of thing wasn't going on as much in nursing--.

MK: Now, it took, it was a step backwards--.

CH: It was a step backward for you.

MK: Uh-huh.

CH: Because of that progressiveness. Did you feel like you were able ever to bring some of that progressiveness with you in to your teaching?

MK: I don't think they were ready for it.

CH: They weren't ready for it. Yes.

MK: Now, Pat Martin in her research might have done that also. Do you think any of the findings of nursing research has been carried out on any of the units where there were students?

CH: Oh, yes, I definitely think that--.

MK: In your field?

CH: I think that at the Valley I think the research that Pat Martin was able to help--(recorder is blank) -- that they certainly carried out then the results of the findings in terms of care changes and practice changes that took place.

MK: Well, I included what Pat did under a special event, but maybe it needs to be separated. Do you think?

CH: Well--.

MK: Because I put that she, that nursing research enhanced the nursing care, so maybe that needs to be separated out.

CH: I think it might be something that we need to talk about with people as we move along. So it seemed like to you when you first came to Wright State that sort of the whole idea of nursing research was a pretty foreign topic or foreign idea. That is, you were there and as you taught the undergraduates and then you began to see it happening in the community.

MK: Uh-huh.

CH: And of course, Pat was a graduate of the master's program in 1980. She graduated from the master's program there, so had a strong foundation from the group of faculty that was part of that early master's program. I think that's another area that we'll try to focus our history searching. We plan to talk with students and I think both the

baccalaureate students from those early years and also the graduate students from those early years. And get their perspective on the effect that Wright State had on their careers.

Is there anything else that we didn't cover?

MK: I think that's all that I had picked out that's special. But, it's interesting if you look at this as a record of events affecting the school. I think you'll come out with what's helpful of history to us. It was difficult to select the collaboration, but I believe that was it. Or maybe--and I wish that I'd been there to continue it. But had there been any research done on that?

CH: Um, on the effects of the collaboration?

MK: Uh-huh. Yes.

CH: I don't think there's been anything's that really tried to capture what those specific effects have been. I think that would be an interesting challenge to see if we could do that.

MK: But I think it's good if you'll continue to use that hospital most.

CH: I think it gives us, there's a sense of place that's there. There are things that happen for instance, students wanting to do an independent study. Many times if there's a topic area of interest, they can find somebody that they'd like to spend some time with.

There's either there or at Children's. I think they use Children's a lot, too.

CH: Those are probably--. Every student is at Miami Valley for at least two to three quarters out of their entire time. And every student's at Children's at least once. And so I think having that as you know, some students may go other places, but not every student goes to other places. So it's a common core of experience.

MK: That's just great. At St. E's in the rehab they could have the same patient on-going and introduce another patient as they became more familiar with it. And in the early classes, they really didn't have many experiences.

CH: Uh-huh. Right. It's hard in this day and age to find that continuity over time because the hospitals have such a rapid turn over even, even their long term neuro unit. They turn over pretty rapidly.

MK: Uh-huh. But there are departments of Miami Valley where they have things that you wouldn't have anything on. It was magnet hospital.

CH: Uh-huh. I don't believe they achieved that exact status, yet. But it's something that they're going to--.

MK: Now, Mercy in Springfield, was a magnet hospital.

CH: Was it?

MK: But their program dissolved, too.

CH: Well, Marge, we really appreciate your thinking through and coming up with some of these and did you have any, um, pictures or other kinds of things that you would be willing to share with us?

MK: I think I gave all of my pictures of the students away, but did you see my retirement book?

CH: I would love to see it again, because I think I remember it at the time.

END OF INTERVIEW