

College of Nursing Oral History Interview

July 23, 2018

Interview of Carolyn Murphy Bradfield (CM) and Carleen Bradfield Turner (CB)

Interviewer: Donna Miles Curry (D)

Donna Miles Curry (“D”): Very good, this is the oral history project in the College of Nursing at Wright State University, Dayton Ohio. Today is July the 23rd, this is Donna Miles Curry, the interviewer. I will be interviewing a mother and daughter unit today, this is very exciting. First, I will be interviewing Carolyn Murphy Bradfield and then her daughter Carleen Bradfield Turner. Thank you, ladies, for agreeing to participate because I think you will have wonderful things to share with us about your careers in nursing and I’m glad that they’re very different. So, Carolyn, we will start with you. Tell us where you went to school, what year did you start, and why you picked nursing.

CM: Well, I started in 1955 at Good Samaritan Hospital in Dayton. Back in the 40’s and 50’s primarily the only jobs available to women were mostly nursing and teaching. I had three siblings and there wasn’t a lot of money in the family and the nuns in high school worked very hard to get a scholarship. I had always tested very high in sciences and mechanical ability. So, I was awarded a three year full-ride scholarship to Good Samaritan Hospital School of Nursing. Back then, three years cost a total of \$384.

D: That’s amazing!

CM: I know, people are always amazed when you say that. The only stipulation was that I had to stay at the hospital for a year after I graduated. So, my first clinical specialty at the end of my freshman year before becoming a junior was the operating room. For some reason I clicked. My

mentor was a nurse named Rosa Lee Weinert who later became our state director of our board of nursing. She really was a great mentor, educated me even as a student I learned so much. This was 12 weeks in the operating room. Back then, every specialty in nursing had a certain number of weeks and most of them were 12 or 16. You were totally immersed in that clinical area of nursing. Nothing ever satisfied me as much as the OR. I liked OB, but I liked working with patients, especially surgical type patients. Pediatrics, I don't know if I should tell you this or not, when we were freshmen, we had to be in every Sunday night by 8:00, it was our curfew. After we had been there six months, we were capped, and on this day, we got to stay out until 11:00 pm. Well we were having a neuro exam the next day in anatomy and physiology and our teacher was Dr. Weekman, who also taught A and P at the University of Dayton. We all knew we had to get a good grade on this so there were four of us who decided to stay in and really study. That week, one of our nurses had been in the tub area and had the water so hot she almost did herself in and my room was kind of across from that in the hallway. We heard this horrible splashing and we went in and we were able to pull her out. So, it kind of stayed with me. Well on this night, one of the nurses studying with us always liked to take baths. She went to that area and tried to get in and so she went over to the shower area and said, "when you're finished, would you please knock on room 16?" and on response, but you could hear the water going and everything. This went on and she went back two more times. Well finally we heard all of this crashing water like we had heard before like when our friend was in trouble. So I go into the shower room I step up on a locker bench and look over and it's the nun who is the supervisor of our floor. She happened to be in charge of pediatrics. She came to the room and said, "I will see you in Sister Seton's office tomorrow morning after mass!" I just knew that it was the end of my nursing career. Come to find out, she wasn't supposed to be in there. They had their own shower and bathing facilities in

their rooms, so she really couldn't rat me out for where she was. So, I was given a reprieve. But when I went to pediatrics, I was a junior, I spent all 12 weeks on nights in charge. I had two aids with me and we usually had a pretty full pedes department. We had everything from babies to teenagers. Talk about being petrified! Then you would have to give report to her in the morning. Not to the head nurse or anyone, but to Sister. Well, I made it through, no thanks to her. That's one of my most vivid memories of my nursing is how I did peds. I'm surprised I learned anything I was so scared all the time.

D: So did she not answer the door because she knew she wasn't supposed to be there?

CM: I think so. She didn't want us to see her out of her habit, because back then they were in the full habit. Everybody still talks about it that was with me that night because they still remember. They were not accused, but it was me because I climbed in and looked over.

D: What were any other particular challenges that you had when you were in nursing school?

CM: I think the biggest thing was when we seniors we essentially were in charge from 3 to 11 and 11 to 7. On many of the floors we would be the primary ones responsible on those shifts and you really did learn how to be an in-charge person. How to delegate. It really was a great learning experience, although, you were in great fear a lot of the time that you would not deliver the care the patients needed.

D: Did you have role models there? Like other nurses that you could learn from?

CM: Oh yes, a lot of times if you were a junior they would have a senior nurse with you. If you were on nights, she might be on 3 to 11. They were usually very careful with us and they might stay over an hour or another hour and a half just to get us really acquainted and oriented with things that were going on and might change. Back in those days, on surgical floors, the

orthopedic and urinary patients, especially TUR patients that had constant drainage going, you never wanted to let that run out. Oh and the pain on orthopedics, keeping them comfortable, positioning and so forth. The one thing I remember about medicine were people who had myocardial infarctions, as we called coronaries back then, they were in an O₂ tent for six weeks. We would always have to wrap them in bath blankets. It was cold in there with the oxygen and they would be on bed rest for three or four weeks. It was total patient care, you bathed them, you fed them, you made sure they turned, and you back rubbed to be sure there were no bed sores. Then at maybe five weeks they would get to sit up, so you would crank the head of the bed. We didn't have electric beds, everything was physically cranked. They would sit up for maybe ten minutes every two hours. Then they might advance to sitting on the edge and dangling. It was totally amazing how we took care of coronaries back then.

D: What was nursing like when you graduated? You finished in '58.

CM: It was all clinical experience, but I had loved the OR. When I had left the OR the nun in charge had said, "We would love to have you come and be on our staff when you graduate."

Rosy was actually sitting in the next room and heard her say that and she said "I'll vote for that." So that's where I wanted to go and I did. For some reason that was my bailiwick and I was very good at it.

D: So how many years did you work in the OR then? Till' what year did you continuously work or did you take some time off?

CM: Well I met Dick and we married in '60. Carleen was (born) in '61. I had taken off like two weeks before she was due and intended to be a stay at home mom. Well then the hospital called. I had been on the team that did the first open heart that was ever done in the city of Dayton in

July of '59. So, in '62 for some reason the OR had lost a number of nurses. Husbands who were in the Air Force were transferred and they called and they said, "we desperately need a scrub nurse for open hearts, can you help us?" I said, "I can't, I don't have anyone to watch our baby daughter. There's just no one available, my parents aren't here." They paid a student nurse to come down and baby sit her.

Carleen Bradfield Turner (CB): That's why I turned out the way I did.

[laughter]

CM: I would go in and I would scrub the open heart and then I would come home. It was a good thing because the supervisor of the OR actually lived across the street from us and she understood our situation. Well then they still needed help and she said, "would you consider taking some night call? Because that frees up a nurse that we can have for the weekend. Would you consider working the weekends?" Well, Dick is an educator, he would be home on weekends so we agreed that I would work Saturdays and I would take night call. So I did that for like 27 years, I would work part time because our second child, Scott, because of birth trauma was profoundly mentally challenged and had many physical challenges. When we found out, Dick and I decided that one of us would always be there to take care of him so the part time was very good for that. Her youngest sister was born fifteen months after Scott was born. It was like having twins almost. He was going out to Barney's, which is now Children's, but it was Barney's Convalescent back then. This one [Carleen], even though she was four or five, she would carry the tote bags and I would have one of them in each arm. That's where she got her first early nursing care. Then she started school, so I still continued to work all of that part time and it kept my skill level up. Then Dick, because he was a public-school teacher, they were always off the three months in the summer. He had worked for the city recreation department

while he was attending college and they chose him to be supervisor of one of their swimming pools in the summer. He would go to the pool in the day time and I still worked part time. Finally one year he quit and the hospital needed help in the summer so he would be there with the kids and I would go in and fill in for vacations. When he retired he said, "You've never really been able to experience your nursing career full time. If you want to do that, why don't you go ahead and do it." And it happened, there was an OR shortage again.

D: I think there always is, it's so specialized.

CM: There is, it's more profound now than it was then. So that's when I started working full time, back in the '80s. He was home with Scott and it just worked out and then I had an opportunity to become what they call coordinator of the OR.

CB: No, that happened in '89. Because that's when I had to go to 3 to 11, I was a newlywed, it was early '89.

CM: Oh, that's right! I couldn't supervise a family member. We couldn't work in the same department.

CB: I had to go to 3 to 11 at first and then they tried to send me to surgicare. I didn't want to work 3 to 11 because I was a newlywed and my husband worked days and I wanted to see my new husband. Her career advancement impacted me. So I left and went to another hospital is what I did. I used all of that great training I received from there and used it elsewhere [laughter].

CM: I was so proud of her. She was in UD, she had been in business, and it was in May because it was before finals and she called and Dick answered the phone and she must have said, "I'm not coming back to UD, I want to be a nurse, I'm enrolled at Miami Valley Hospital." I

remember him saying “Where did you ever get such a stupid idea?” Then when I found out what he said and boy...

CB: He said, “You’re going to talk to your mother!” and so he hands the phone to her. I thought aha, that’s where the idea came from because I grew up reading AORN journals. My mom would come home and we would be eating spaghetti and she be talking about varicose vein stripping surgery. I mean, we’d talk about anything and everything at the dinner table and I was always fascinated by that. Originally, when I was deciding what I wanted to do in college I didn’t want to be an educator because that’s what my dad did and I didn’t want to be a nurse because that’s what my mom did. I was good at science and math and all of that so I kind of drifted towards biology. And then I went into business and I just wasn’t happy, and I wasn’t motivated and so I decided that I wanted to be a nurse. Then I ended up being a nursing educator and ended up combining what both my parents do and I loved it.

D: So, Carolyn, you were active in the nursing at the time when the first baccalaureate program opened which was Wright State in 1973. Tell me what your perception was about that event.

CM: I remember, to me, it was so controlled. There was always this absolute sequence of study and we would occasionally have student nurses come over for clinicals. I was never impressed with their depth of knowledge, it was like they had good book learning, but it wasn’t able to be translated into clinical care. From that standpoint, I often wondered about it. The thing is, at one point I wanted my degree in nursing so badly. I did start at Sinclair accumulating some of the courses that I could transfer later on. Then Scott really took a turn and it just wasn’t practical to do. You just have to realize where your obligations are. That’s one thing nursing really did give me was an ability to look at something and make decisions about what’s the best path to follow, and so I gave it up. I acquired 88 hours towards a degree, but it just wasn’t practical. Scott

needed me and I felt the family did to, so that ended that. But then I achieved this coordinator in surgery, which is like middle management. I really enjoyed that, and I was good at it. The docs and I go along great, I enjoyed so much that rapport that we had. They learned to trust me as I did them and it was a great working relationship. I had a great retirement party [laughter].

D: What year did you retire?

CM: I retired in '03. When I turned 65. I mean everybody expected you to retire, but I was still feeling really good. Then as it turned out it was prophetic, because I retired January 17th, Scott died May the 7th of that year. I was home and otherwise if I hadn't retired I wouldn't have been home. That was one good thing that came out of the retirement. Dick went into really a clinical depression over this.

CB: Well when you have a special needs child, you know that always for your entire life you're going to be taking care of that special needs baby. My parents even in the '60s they were told put him in an institution and they didn't do that. My parents were way ahead of the times. Growing up with a brother like Scott gave you life lessons that you would never have had you not been a part of that. My dad, he thought he was going to be taking care of Scott for the next however long. Then his [Dick's] older brother, his wife had died the month before my brother died, she had pancreatic cancer so mom had the two sad brothers on her couch every night.

CM: I was doing a lot of psychiatric care. Then in '06 the outpatient surgery center at Good Sam North called me and said, "would you like to come help us when we're busy?" Dick was in a good place at that time.

CB: He still worked, mind you, my dad still worked. He did in home tutoring for the Dayton Public School system.

CM: He was good at it, and he loved it. It was great for him to have that to do. So I did go back to work but I was a pool nurse.

D: Kind of interesting to step back I bet?

CM: Well, I was working three and four days a week!

CB: And running circles around the younger nurses. Some of the girls I worked with at the Valley had transferred out there and worked with my mom and said, "Your mom's amazing!"

CM: You know, and so I did that for another six years and then one day they needed some help out front in the pre-op area. No one else would go, they just hated that, it wasn't their comfort zone. They said, "Hey Murph, would you consider going out there and helping them?" and said sure I'll go. To me it's patient care, you can always contribute something and I after I was out there that day they said, "you do so well out here why don't you just stay out here and help us?" and so I'm still out there working two days a week. Yes, I discharge cataract patients for two of the ophthalmologists that work out.

CB: They get the best post-operative teaching of any patient in town.

CM: I really do think they do. I can relate to them, I've had cataract surgery. If they have concerns, I can really tell them in depth what's going to happen and how to take care of it. I do get good reviews.

D: Are you still active in AORN?

CM: No, I gave that up when I retired. Being part time and the organization changed.

D: Oh, did it? Tell me about it, how do you think it changed?

CM: Well, back in the old days, it was very much about new procedures but it was all about the care of the patient and how important the whole area was for the wellbeing of the patient. The sterile nature of the place, how the team work evolved, and it seemed like over the years that just changed and became more casual.

CB: Well, my experience with it when I first became an OR nurse, I joined AORN, I was going to get my CNOR. I was very motivated and drive to do it all and so I went to the AORN meetings with mom and in the beginning my experience was okay, we started to laparoscopic cholecystectomies I want to say in late '80s early '90s because I was working at Sycamore when we were doing those. So you might have the general surgeon whose gone out and trained to do this procedure and he would come to our meetings and you had nurses from every hospital in town which was one thing I really liked about it, you got to meet your nursing colleagues. They would talk through the procedure, show us a video, bring some instruments if they had them, and then you might get a nurse that they work with at their particular hospital to stand up and talk you through the nursing side of it. Here's how you need set you back table up, here's the instrumentation, here's some very important points, as the circulator this is what you need to be aware of, and it was like the full perioperative experience the patient. That's what it was in the beginning and I mean we had neurosurgeons come in and every month a different hospital hosted so you got to go to home base with everybody and everybody got a share of that which was fun. Then, it kind of morphed into "well, we're the Association of Perioperative Nurses, so we don't really need the surgeons to come in, we don't want physicians coming in and educating, we need this to be nurse to nurse, peer to peer education. It wasn't as interesting anymore because I know what we as nurses are doing, I want to know what's in his head, I want to know how I can be a better nurse for this position because ultimately that's a better nurse for my patient. They took

that out of it and I also found that they were becoming obsessed with who's doing a poster for congress and who's going to congress and when's congress and I mean congress is held once a year and they would start talking about it eight months before and three months after so you might get one meeting where they weren't talking about congress. To me that was just a total turn off and so I quit. The membership dues were expensive, the local chapter especially. I don't know, the leadership was always the same three or four old people.

CM: The young ones did not take over.

D: Yeah, I'm just curious, because I hear themes from you that are similar in other organizations. I was not in your organization, but very interesting

CM: One of the best AORN meetings we had occurred out at Wright Patt, it was in the '90s. I don't know if you [CB] were there. They talked about virtual reality. I mean, it was unreal to hear this being discussed, you know about them sitting at Wright Patt and talking with someone over in the Sea of Japan on a ship, teaching them how to do something. It was so difficult to wrap your mind around this, but it certainly opened you up to all of the possibilities that were out there. Then like she [CB] said, it changed. They wanted it all to be nurses and I agree with her that the docs contributed a lot. They truly did, and I learned so much from them. You know, some of your highlights when you're a scrub nurse is actually being asked to scrub on some very complicated surgery.

CB: Or that they're happy you're there. They walk in and say, "Oh, thank god you're here." It's like you know they trust your skillset and your reactions and responses. I remember at Good Sam, I never called her mom, I always called her Murph and work, there were just some clueless surgeons out there. I was scrubbed with Dr. Ravendeli and mom was circulating and it was one

of the few times we actually go to work together, but Dr. Ravendeli, he was an amazing surgeon but he could be rough. But I got along with him, he didn't know I was her [CM] daughter, but he was never mean to me, he never yelled at me. I remember we were doing our needle count and we were supposed to have 151 needles, I still remember the number to this day. I only had 150 and I said Dr. Ravendeli, we're missing a needle and he said, "Oh, don't worry about it!" I go, "My mom's in the room!" and he turns to her and he goes "what? Murph's your mom?" and I said yeah. He asked, "She's your daughter? No shit?" and mom's like "no shit." He had no idea because we didn't behave like relatives, we were doing our jobs.

CM: We were professionals, in the extreme, we really were.

CB: And we found the needle.

D: Where'd you find it?

CB: I don't think we shot an X-ray, I think we just found it. It was a thrill to get to work with my mom in her element because I could see. When you're the daughter of a nurse, and I don't know if your kids experience this, but you don't call your mom at work unless somebody's bleeding out an eyeball. I remember it was a Saturday and my dad was working on his master's degree or one of his degrees and I was babysitting my brother and sister and they were having company that night and I was supposed to put lasagna in the oven. She didn't tell me what temperature so I thought, "oh my god, nobody's bleeding, should I call mom at work? But I've got to have an oven an hour ahead and she'll be mad if I don't get it." So I called the OR and she was scrubbed so they put me on the speaker phone and I said "Mom, I'm sorry to have to call you but you didn't tell me what temperature to cook the lasagna at." You hear all of this laughing. When you're raised by a nurse it's kind of a different way of life, and I think you're tougher.

CM: I remember she said, I'm sure it was you [CB] that said it, "With a dad for a teacher and mom for a nurse you had to be at death's door to be able to stay home a day from school."

D: Did you ever cross paths with or hear anything about Gert Torres when she was dean of the nursing program? Could you share with me whatever memories you have about her?

CM: I remember the name and I remember, I think, she was the one that became credited with really giving the school of nursing good credibility. Where it earned that in the nursing community. I can't tell you specifics, I'd almost have to check with Freida, she might remember.

D: Well that's exactly what I wanted. I just wanted to know what did people hear.

CM: I wasn't out there, but I do remember hearing that. I would go to professional meetings here and there and seminars and I always tried to keep up that way. I loved education, I wanted to be a teacher and teach OR nursing so badly and so when she [CB] became an educator in the OR I lived vicariously through that. I was just so proud because that's what I always wanted to do, always wanted to teach.

CB: But you did, because you were such a good preceptor to so many people who came through the OR. If they scrubbed with Murph you knew they were learning how to do it the right way.

D: So, we'll shift a little bit, but before I leave you Carolyn, any specific thoughts about where nursing has come. You're still a nurse, you're still an active nurse, I tell people I'm not a real nurse because I'm not active in practice. If you have any observation you would like to share with us?

CM: Nursing has really evolved, in some ways I regret some of the things we've lost. But I think the Space Age really brought so many changes to medicine, and they were good changes, but it

also changed nursing. I remember we used to have an arm cuff, we would take temperatures with glass thermometers. One of the nurse on one of the real big orthopedic units that really had four beds in the room when there were twenty rooms one down each side. She would put all of these thermometers in a towel and she would stand there and wring this thing to shake them down because it would take you forever if you had to stand and wait for them.

D: That's a great trick!

CM: Yeah but let a student nurse try it and didn't have it wrapped right and then you've got mercury everywhere and you had to pay for them. We were so close to the patients because of the equipment and the care in the way we had to take care of them. Every morning when you went on a floor you went and you helped them brush their teeth and we did morning care before they had breakfast. Well now, you know, we don't change bed sheets as long as they are in the hospital the beds don't get changed. That was one of the priorities, of course back then all of the hospitals had their own laundry. Then, as expenses grew and everything, different hospitals would combine different services trying to save money and then they would contract these things out. There was always the shift, the biggest shift I really did notice was with the space age. I thought that was good because of the new equipment that we were able to use. We could really monitor the patients so much better. When we did the first open heart, we did not have an ICU, we closed the entire operating room that day. It was a ten hour surgery, it was successful, but we had to bring the equipment from the cardiac lab to do monitoring. We didn't even have all of the monitors that they have on all of the anesthesia machines now. Anesthesiologists paid attention to the patient, they had a blood pressure cuff and stethoscope, they had their hands on the patient. They weren't watching all of these machines and everything, it was just different. It has just evolved to where we look at monitors. The patients are hooked up to monitors, you don't go in

and really check on the patient any more, put your hands on them, talk with them. I think that was such an important part of nursing, to really let that patient know you were there for them. So I do think there's been a big change in nursing and now they really don't get the clinical experience.

CB: Not like you did.

CM: I'll tell you, I was amazed at her education. I really was, because she came out and there were no jobs in Dayton.

D: Oh, really?

CB: I graduated in December of '85. There just weren't any nursing jobs, so I went to Cincinnati.

CM: I called a sister friend, a nun, who was a vice president at Good Sam Cincinnati. I had met her through my original nun supervisor in the OR. We remained good friends through her whole career. So I called her good friend, Sister Glenda Rhymer, and she actually had a brother who was in the military but her parents were Mennonites. It was so unusual to have a daughter become a nun and a son become a general in the army. I think her other brother was somehow involved in oil fields and stuff. At any rate, she said, "You tell Carleen to come down here and you tell her to see me. Do not go to HR." So they hired her and I remember thinking "Oh, dear lord, please--"

CB: -Don't screw up, it's my reputation on the line. [Laughter].

CM: They put her on an ortho-neuro floor with a mentor. They paid the mentor \$500 dollars for your year of orientation. \$250 when she started and if she was still there at the end of the year they got the other \$250. I want to tell you, her skill level, I couldn't believe it, all that book

learning just seemed to coalesce with what this mentor clinically was teaching her. I became so impressed with that, I really did. I had a new appreciation for the BSN program at Wright State.

CB: Well that was back in the day when the primary patient initiative started and Good Sam, when I started there, and I started January of 1986, they had just moved into a new building and there was no central nurses station and we had a conference room where we gave a report. You weren't necessarily given primary patients we were given primary rooms so I always had [rooms] 8, 9, and 10 and those were my rooms no matter what shift I worked, those were my rooms, my patients. We even had the medicine cubbies there so there was no go to the pharmacy. Our meds were delivered for every shift. The chart was right there, you were right there with your patient and it was definitely primary nursing at its best. So, I felt like Good Sam was ahead of its time. They were also doing what I had been taught in nursing school. Here's the model that is the future of nursing and they were doing it; so, I was ready to roll. I showed up. The thing about Dayton, Ohio at that time was the Wright State nurses didn't always have the best reputation because we didn't have the same clinical skills when we graduated that the Miami Valley grads did, but I always thought to myself, "in four to six months, I'm going to have that same set of clinical skills plus I will have that other background in my degree." Not that I'm a braggadocious person, but I knew I would catch up clinically pretty darn quick. Plus, I had great clinical experiences while I was at Wright State, I really did. But when I got down there to Good Sam the University of Cincinnati had a batch of BSN programs but those nursing students stayed at Cinci. They didn't come to Good Sam. They did not do many clinicals at Good Sam because the University of Cincinnati Health had everything they needed in the building. And they might go to Cincinnati Children's for pediatrics. So, they didn't have a lot of bachelor's degree educated nurses at the time and so when I first go there I remember my manager said, "So, do

you know about nursing care plans?” Dear God, I had lived and died nursing care plans, yes I do. She says, “Well, we would like for you to develop nursing care plans for the care of the orthopedic and spine care patients that we take care of. So I took it on and I wrote up care plans, and back then even if you were having an arthroscopy you came in the hospital the day before so we did great pre-op teaching and I always loved that part, I loved teaching my patients things. So I wrote up all the care plans and everything and they had me do that because I had a BSN. I was using my degree immediately.

CM: I remember back in the day, like she said, the patients came in the night before because we had to do all this prepping. But when we worked in the OR, we actually went down to the floor and you visited the patient, you discussed their surgery with them. You wanted to see how much they knew, they knew you because you were going to be assigned to them the next day. I always liked that part of it.

CB: I never really got to do that unless we were doing a heart patient or something like that but I've always told people that challenge of being an OR nurse especially in surgery, you have five to ten minutes to go out, meet someone, assess them, interview them, gain their trust, you know, “I'm taking you back here and you're going to be asleep and I'm your eyes and ears while you're asleep, you're in our family, we will treat you like you're a family member, we're going take the best care that we can but we have five to ten minutes to do that. When you work on the floor, in the unit, you have an eight to twelve hour shift to do that, we have to do everything on a speed dating cycle. You studied you patient's chart before you got out there because I was never one, even once we got the electronic medical records, I never put my back to the patient, I never logged into the computer in front of them. Some people felt you should do your checklist before you get in the OR. No, I need to hold this person's hand and talk to them, I don't need to be

doing this. So when I would orient people I would tell them that the most important thing in this room is not the thing it's the person. Ignore the thing, but that was my style.

D: Very good! So lets backtrack a little bit. So, Carleen, to summarize, you started at UD looking at a business or science thing and so, how did you decide, you said earlier you were thinking about going to Miami Valley's program, how did you decide to go to Wright State? Your mother did?

CB: Yes, so she said, "You will absolutely get a bachelor's degree; that is the up and coming trend for nursing and you will get the nursing degree. You are not going to a diploma program." She was the reason that I ended up at Wright State.

CM: Back in the 50's when I graduated they were saying that a BSN was going to be the entry level into nursing by the '60s.

D: It was supposed to be 1964.

CM: Yeah, it was, and I mean I just kept going and going. I always wanted the degree but then you have to put priorities first but that's why I said "You are getting a degree. You've already put in two years, the Valley's three, you know, you're going to be five years and not have a degree."

CB: And that would be silly. It's like I already had biology, I had calculus, I had a lot of prerequisites. What I didn't have and to keep me from going too long that summer I went to Sinclair and I took anatomy and physiology 1 and 2 which transcribed to anatomy at Wright State. And I took organic chemistry, so I took 15 credit hours in five weeks. And that's pretty much all I did that summer was study. I did well and then I get to Wright State and I took the first physiology, I think it was 218 taught by Katie Mechlin and Emily Wiseman and I got a D.

Thank you, got straight A's at Sinclair and then I get to Wright State. We studied our butts off. Those women were powerhouses. But I can tell you, every nurse I worked with, almost every nurse I worked with at the Valley had Katie and Emily because they would teach at Miami Valley too because I work with a lot of Miami Valley grads. So everybody had them, everybody was traumatized by them, but everybody knew their stuff because those women could write as fast as they could talk, I kid you not. So, this is a HIPPA, one of them was having surgery with us and were all looking at her name out there and we're all going "Oh my God, I had her physiology, she kicked my butt!" So we're all out at the nursing station in preop and so four or five of us go in there and tell her that she is being cared for today by nurses that she taught, and so she did a good job. We had a great time catching up with her because it had been 20-25 years but we all still remembered her. So the transition from UD to Wright State was pretty seamless. I see this question, "Tell me about your early years at Wright State?" So living at UD with my UD friends, luckily I still lived on campus because we had a house from a private landlord so I could still live at UD and have my social life at UD with my friends because at the time Wright State was mainly a commuter campus. I remember driving out there the first day for class and thinking "there's no parking!" So I was late to my first class because it took me an half hour to find a parking space so I was like, "Note to self, get here early." The campus at the time, I thought it was hard to find your way around but I had grown up in high school going down to UD.

D: So you already knew UD?

CB: I knew UD really well where I don't think I'd ever been at Wright State until I registered. I think in the beginning it was hard because you're in those weed out classes with 200 to 250 people and that's what you get at a bigger university so by the time my junior year hit, that's when I was really in the nursing classes and I just thrived in those. I loved the nursing classes, I

didn't like the nursing theory, I mean, I'm just not a big theorist person but I enjoyed learning it and then you were in class with the same group of people and my class had a eleven male students in it. So I think we were one of the larger classes to have as many men in the class. We all became pretty close. We would study. I would have people over. By the time my senior year came along I was back at home. We spent a lot of time studying together and then I was in the student nursing organization of students "SNOS" and my senior year I was the vice president of that. I became very involved, I decided to get very involved with things. I still remember, I did an elective clinical in the ICU at Miami Valley with Mary O'Brian who was the wife of an open-heart surgeon and it was six weeks, it was during the summer and it was totally elective. I learned more in six weeks and then I had Jerry Brandlin, loved Jerry, still love Jerry. I had her for neuro, and because she was Dr. Bernstein's nurse practitioner, she had that relationship with him, so we got to do rounds with him the morning. I learned so much from Jerry Brandlin. And then when I was a nurse educator in surgery at the Valley she was a higher up educator at the hospital, so I got to interact with her quite a bit. I loved neuro because of her. When I was at Kettering and I got to work with Dr. Bernstein in the OR. It was such a treat because I wasn't really afraid of him. My OB experience, I can't remember my instructor, she's a real pretty blonde lady and we would always go to Dominic's after clinical once a week and we'd have dinner together. Had a great clinical in OB at the Valley and the first baby I got to see be born, she was an OR nurse at the Valley and I worked with her for fifteen years. I said, "Do you remember there being a nursing student when your first daughter was born?" and she said, "Yes" and I said, "that was me."

D: What year would that have been when you did that?

CB: Probably '84 or '85.

D: I'm trying to think of who you had.

CB: A real pretty blonde gal. Loved her OB and I remember I got a 100% on my care plan. It was my best grade I ever got on a care plan.

D: I just know that Nancy Goodman who was head of OB at St. Elizabeth's was doing instructions for Wright State when I had baby number 1 at the Valley in '82. I had like a whole clinical group at my crotch. Anyway, I digress.

[laughter]

CB: I was on the GYN team in surgery at the Valley, so I can relate.

D: They don't get many experiences some days, so I guess I was it.

CB: You never know. I actually got very lucky because actually some of my fellow students never did get to see at vaginal birth.

D: Yeah it just happens, it's just the way it is. So you were active in SNOS, do you remember who your faculty advisor was.

CB: Hmm, was it Judy? There was a Judy, and I know because she taught one of our senior classes and I remember because this is what we had to do: So, we had our lecture with her on Monday nights. So we had Monday night and then the next Monday started final exams and this was our last senior quarter, November of '85. Because we weren't going to have class that Monday night, she said, "Well you're still going to be accountable for the lecture I was going to present on the exam." And she received pushback for that. So the president of SNOS and I, her name was Jen Vancuren, I still remember her, she and I filled out a petition and got our students in the class to fill it out and we presented it to the dean of the school of nursing, Donna Dean.

We plead our case and said, “You cannot hold us accountable for information that hasn’t been taught.” That’s not right, even if she gives us notice, there’s no chance to ask questions, etc. She said, “Wow, you ladies should have been lawyers.” We presented a case and we were not accountable for that information.

D: So, student nurse organization, what kinds of activities or anything did you do? You’re the first person I’ve actually gotten to interview that was in something like that.

CB: I think what we did, we would put tables out in the Student Union. We would just put information out there about the School of Nursing and what we do. I don’t know that we did a lot of activities as a group but I remember we had a couple of the nursing instructors come to a meeting and have casual question and answer sessions.

D: Nice, so you had programs?

CB: Yeah, so we did some things like, it’s been so long ago. Oh, we also organized study groups for people, we would put sign-up sheets to let people know we were going to have studying group for this and to bring their notes. We just tried to motivate everybody to be prepared. It was fun.

CM: You being in SNOS, I was secretary of the Student Nurses Association of Ohio when I was a senior nursing student.

D: Wow, so you got active at the state level!

CM: With the student nurses.

D: I don’t remember, sometimes are student nurses’ reps from Wright State went to the state conference. Did you guys do that?

CB: No, we never did anything like that.

D: Yeah, it's kind of varied.

CB: I think we were pretty new at the time. I remember we organized the senior pictures, I remember we got the photographer to come in for us. We did some things like that but it wasn't a mature organization at the time.

D: Do you still have your composite?

CB: I do, gosh where would that be? I'm sure I have it somewhere.

D: One of my things is trying to get a digital copy of all of them [the composite class photos]. The big ones got thrown out when they moved us from Allyn Hall to the new building. They put out calls to the alumni but you might not be in the alumni association, a very tiny fraction are and it's hard to keep track of people anyway. One of my 90 million goals as part of this project is to have these pictures digitally copied and put together a digital photo album on the web page, the core scholar here. So you could look up your classmates. We need to do that with both of your class pictures.

CB: Well here's the difference between my mom's experience in a diploma program where you're living, breathing, eating, sleeping, and working with these people versus my experience at Wright State, at a commuter nursing school. She is still in touch with her fellow alumni, like they go to lunch, they're very active. I know most of them myself, like Carol Hartwright, who was on the open-heart team with that first open-heart surgery. Her daughter is a year younger than me and we've grown up as families knowing one another. The nursing student who was trying to take the bath when the nun was in the tub, her daughter and I are four or five months apart, our dads were friends in high school, the mothers went to nursing school together. We grew up as

families, I don't have those same relationships with my fellow alums. In fact, I see a couple of them at the hospital, there were a couple that worked at the Valley, but we don't stay in touch. I don't feel a bond to the Wright State School of Nursing like my mom has a bond with Good Samaritan.

D: I can see that, and so that's something that's different from the diploma program and the way that Wright State baccalaureate program. Even though student's live on campus, they don't necessarily all live together.

CB: I do feel like now that there's more dorms and everything I think the experience is totally different at Wright State than mine. I've worked with a lot of kids; my kids spent a lot of time at the swimming pool so we knew a lot of the kids that were lifeguards at our pool. They would come from out of state to go to Wright State. In fact, we had a young man who was one of our coaches who came from England. He loved Wright State, it's now a real college, it's a real university. It's not the Wright State of the 1980's. My husband and I, and he's also a Wright State Grad, '85, we'd love to see Wright State play in basketball because we know Wright State will win.

CM: When Dick was working on his master's, it was actually Miami, but they had extension classes at Roth High School. Wright State also used Roth High School. That's sort of where some of their classes started back then.

CB: Now when I'm out on campus and I see the new engineering building, the campus has grown in a good way.

D: Very good, reflections, in addition to that, where you think nursing has come since you started your career in nursing?

CB: I think nurses have become more empowered not as diagnosticians but as clinicians. I think you have to know your patients because way back in the day your patient came in the night before surgery and then you take care of them for two or three days after it. Now it's all in and out. Nurses have to really be laser focused on getting that patient as much information as possible in a finite amount of time and that patient has to be prepared to go home and care for themselves. Or, working in the pediatric world, when I was still in our ambulatory team we bought this third party program called Kids' Health and its all instructions based on diagnosis or procedure. There's pictures, there's graphics and it was really a pleasure to work on that just because I'm so big on the education piece but not all of our parents can read. We have a lot of under educated parents so to give them pictures and this is what it should look like and if it looks like this call the doctor. So I feel like, moving forward, we are now the electronic generation and when I first started working with Epic I was over at Miami Valley and I was kind of known as the girl who could work with computers. So, we did a little bit of computer charting back then but not much. Then we went up on Epic but not the OR module and I was the person that helped everybody. My director said they wanted two nurses to go work in IT to be clinical contributors and so my director said all that I was so good with the computer that they wanted me to do that. At the time I was working part time, so this meant that I would be working full time and I loved working part time. I was a pool mom, I liked going to the swimming pool with my kids and playing, but I thought this was an opportunity and I'd better take it. This is the great thing about nursing, there's so many different layers and flavors of nursing. You're [D] a scholar and embrace being a scholar. She's [CM] a patient care focused nurse and she embraces that. I like what I'm doing in IT but I love my clinical time but we can all experience different things. So I thought this was an opportunity and my director has faith in me to go do a good job so I didn't

want to disappoint him. I remember getting down there the first day and I was supposed to meet someone and she wasn't there so someone came by and asked if they could help me and I said I was here to meet so and so, I'm on the optime team. He goes, "Oh! Hi I'm Jeff" and I said, "You helped me the other week!" So I knew who he was and as I'm walking back to my office a guy in a white undershirt and shorts is riding by on a bike and I think "Oh Toto, we're not in Kansas anymore, this is total nerdville." The person that was doing that was preparing for a trip to Hawaii to mountain bike so that's why he was riding his bike. There was another nurse, Marianna McGill, who came from Middletown hospital before it was Atrium, she was sent up to be like me. We were the two clinical OR nurses and we had to go up to Epic's headquarters in Madison Wisconsin to take this class and we're sitting there and this was no longer nursing. What have I gotten myself into? I'm not a computer programmer, and you had to do a project you had to take a test and pass it. She and I each had to take the test three times before we passed it. We had the clinical knowledge, we couldn't get past the fact that they weren't using our terms correctly. But, as we got into it, it was fun. We then brought live at Good Sam, then we brought it live at Atrium, and these were supposed to be temporary two year positions that morphed into three years. I had got a letter from my director saying that I could return to the OR, to the position I had no calls on weekends or holidays, same rate of pay once my project was done in IT. So, I decided that after three years and having all their records built it was time to go back home. I went back to the Valley and at the time the educator was leaving so I interviewed for the educator position and became the clinical nurse educator which was the job I always wanted. I think it was because the first educator I had in the OR was so good, Jan Berry, she just inspired me. I wanted to be like her.

CM: She's at Nationwide Children's in Columbus.

CB: Is she? Yeah, she just really inspired me with how she conducted herself and how she oriented me and I just felt like the orientation I had as an inexperienced OR nurse at Good Sam was the best and I am so happy that that is where I learned to be an OR nurse because I was trained by very experienced people who did it old school. There were no shortcuts, you did it old school. So, fast forward, I became the educator at the Valley in surgery and we brought Epic live, worked through some growing pains, but I enjoyed being the OR educator. I had a program where we would take in four or five nurse interns, they were experienced nurses but didn't know how to be a perioperative nurse so we ran that program. I would handle all of the new employees and because I also grew up scrubbing I knew how to scrub so I could orient scrubbing and circulating. Then I also became involved with the Wright State School of Medicine. I became a clinical volunteer instructor, I think was my little title. So two or three times a year I would help orient the medical students who were going to rotate through surgery. I loved that, because pretty soon they were kids my children's age and I was able to say, "Okay, I have children your age, no one's going to be mean to you" because let's face it, there's a pecking order in the OR and they're in the bottom rung. I would teach them how to scrub gown and glove and kind of orient them to the anatomy of the OR, "you can stand here, don't ever, ever, ever go over here. Don't touch the nurses computer, come in and write your name on the board, ask the circulator if you can help them with anything. You will endear yourselves to them, that's how you get on their good side, but if anybody's mean to you, you come to me, I'm your go to." I just loved that and then they have a surgery club at the school of medicine and they contacted me and I would do a separate teaching session for just the members of the surgery club, scrubbing, gowning, and gloving. We would get chicken breasts and we would do little chicken stitches and teach them how to correctly hold the instruments because there's a way to hold it correctly. I would orient

them to the names of some of the instruments. I did a lot of gynecology surgery and loved our Wright State GYN residents, just loved them. You could always tell the ones that wanted to learn more, like they would take to you between paces. They would ask you to open up the tray and talk them through the names of the instruments and which one's doctor so and so likes to use. I loved because they are going to be taking care of me in the future, so I want you to be the best. That's what I always told the medical students: "When I'm old, you're my doctor, I want you to be the best." So, it was just a pleasure. At one point we morphed into two educators and mom now works with Amanda, who was my counterpart. Amanda would do the new interns and then I would do all current staff and hires. We of course were a level one trauma center so we had a trauma room and there was this separate scavenger hunt just for the trauma room because I remember all the supplies that were needed for trauma were kept in that room. I remember we had the four interns in there, one was a guy, one was a former emergency room nurse, and two other experienced nurses and we decided we were going to prank them. So we got our hospital painter, Jerry, he was our patient. We had a couple of care flight nurses and they were acting like they were bagging Jerry. Started out in the ED, we had an anesthesiologist, so there was a door that anesthesia would come in and then patients would come up on the elevator and into the door here. So we have the four of them doing the scavenger hunt and we bust in like we've got a trauma. We say, "Okay, start opening the back table, we've got a trauma, an auto accident victim." Well, so the young man who was in there screamed, and ran out of the room. He literally ran out of the room! [laughter] I still remember his name, he's no longer in the OR. He went on to get his master's in healthcare administration, which is where he should be. The girl that was the ED nurse was right there at the patient and she was ready to do whatever she needed to do, this is her work. The other two were just kind of standing there with their eyes open. Then

we told them it was a prank and we just wanted to see how they would respond. We told Zach he was in time out. It was just such a fun way, because you're always afraid of that first trauma and it was just a way to take the edge off for them. We tried to do creative things like that when we would orient people and I always did my own Epic education when we would have upgrades to the system I did it for the staff, I didn't have the trainers come in because I knew my product better than they did. I loved that job, it was just a pleasure, but then the summer that base employees were being furloughed my husband was furloughed, so not getting paid and then my manager made the jackass decision to cut anyone who was an 80 hour per period employee down to 72 hours. Again, at the time I was the only nurse educator at the department. Amanda had since left. We had all of these clinical nurse managers who could cover for one another. I didn't have anybody who could cover for me. I did a weekly in-service every Wednesday morning for about a hundred, hundred and ten people, I put out a newsletter. I started an OR website with links to policy and procedure pages; that all takes time. So, he's cutting me down and then they decided that I should work clinically a couple of days, which was fine. I didn't mind that but now you've cut my pay, you've cut my hours, you're putting me in the OR two days a week. So, that's time I'm not putting to my education activities and I'm not someone who does a job half-assed. I take pride in my work and I just thought this was a signal it was time to go. I was kind of missing the IT work I was missing working on the EMR, so, the University of Cincinnati Health had a position posted and they were hoping for a nurse with OR experience, because they didn't have anybody like that on their team. That worked; the only thing was that we lived in Oakwood and I was driving to Cincinnati and that ended up not being sustainable. I had done that at the beginning of my career, so then when the position came at Dayton Children's I interviewed and took it. That's kind of the journey of my career.

CM: She's had such varied positions, where me, I stuck with one.

CB: But that's cool too. How many nurses can say they graduated and worked at the exact same place for their entire career?

CM: That's why switching broke my heart, closed Good Sam.

D: That was what, in 2018

CB: Yes.

CB: The thing is, I was born there, I would tell people that I had been there since I was a fetus, how about you? My baby sitters were OR nursing students. Mack and Helen, the supervisors that lived across the street, they babysat me. So, I've been around OR nurses my whole life, and I shouldn't have resisted it early on but I think it worked out.

CM: I remember one incident, she was scrubbed in a room and I was in there helping out, and I was sort of standing sideways but the neurosurgeon was out in the hall scrubbing. He said, "it must be genetic, they both look alike from the side."

CB: I remember one time, and I didn't have an easy time of it being oriented at Good Sam because since mom was there some people were concerned about nepotism. But our OR supervisor lived with one of the nurses. I wasn't even living with my parents at the time, so I just had to be the best at everything. If they taught me something I better do it right the first time because they were a little bit more critical of me than my fellow orientee. They all taught me. I am very grateful I was educated by this staff because they were the best. I always felt like I got to be with the best mentor in each specialty. I was scrubbing for a Dr. in the Weprin group, Kritzer. I was doing a vaginal hysterectomy, first one I've ever done, I knew the Alice clamp, I

was so excited because he asked for the alice clamp and knew that one so I handed it to him. But the idea is when you're scrubbing you stay two steps ahead of what that surgeon needs. You need to be a mind reader and a responder but you've got to stay ahead of the game. I know that now but this was my first one and the lady who was supposed to be scrubbing with me didn't scrub in and so he as on me the whole time. I didn't cry, but I went into the locker room and cried later. He wasn't going to see my tears. I went home and was talking to mom and I said, "mom I've never seen one of those before." The other nurse was of no help to me, she set me up to fail and he was on me and it was very upsetting. Well, mom was on call that night with him and he says, "so I think I might have upset your daughter today." And mom said, "No, you didn't upset her, she had just never seen a vaginal hysterectomy before." It's really hard to anticipate when you've never done one. His response was, "she's never done one before and they let her scrub alone?" I think then every time after that he was super nice when I worked with him. I didn't complain, I never told him about it, because the worst thing you can tell a surgeon is I've never done one of these before, that just makes them mad. You don't say that.

CM: We had some good experiences, remember Julie, and Raymondeli? There are humorous things that do happen. This one gal,

CB:-She became a pre-op nurse at the Valley that mom oriented to scrubbing at Good Sam. She was working with Dr. Raymondeli and had to give him forceps, which some people call "fingers". Dr. Raymondeli looked at Julie and said, "Do you have long fingers?" She shows him her hand and says, "I don't think so." And he looked at her and just cracked up.

CM: It was just so funny, he wanted the long forceps. Those things make it so worthwhile. The one thing I was thinking of too when she was talking are clinicals for psychiatry. We went to St. Louis. I think the Valley had dibs on the only place in Dayton, I think because half of my class

went to St. Louis and the other half went to Lexington or Louisville, it was called Our Lady of Peace down there. We went to St. Charles, Rock Road, just outside of St. Louis. It was God's geese there, we were there three months. We had to go out of town for our clinical psych and that was back in the really old days. Water therapy, insulin therapy, shock therapy. Oh, I hated that stuff.

CB: We got to go to the VA on an Alzheimer's unit. I couldn't have been luckier with that and my instructor was Jean Sullivan, I still to this day remember the Sullivan Sandwich: when you need to be critical of something, start with the positive, get your critical comment in, and then end on a positive note. I still remember that from her and she was this little red-head with the dark glasses and I remember before we started the clinical, "are these people going to be totally wacked out?" She used that line throughout the clinical because she said, "Carleen, that's probably not the proper psychiatric term." She was wonderful. I remember that my first patient was a little guy that thought he was Elvis Presley and he would sing Elvis songs to me. I didn't know exactly how to write a care plan for that. She was really helpful, and I've always lived by the Sullivan Sandwich in nursing.

D: Well, we will wrap up for now, and you guys have shared with me a boatload of wonderful things. Thank you!