

START OF TAPE 1, SIDE A

MARGARET CLARK GRAHAM

MAY 20, 2003

DONNA MILES CURRY: Okay, today we are here as part of the Wright State University Miami Valley College of Nursing and Health Oral History Project and it is, our purpose today is to interview Dr. Margaret Clark Graham. Today is Tuesday, May the twentieth and we are in 084 University Hall. In addition to myself Donna Miles Curry, the interviewer, being present we also have Amanda Wittenhagen Morris or Morris Wittenhagen, excuse me I screwed it up. Anyway you can write it on the sheet to get it right. And we have Kim Kirby present. See if I've known you too long I screw up your name. And it's okay to interject because the transcriptionist will be cool. Okay and so we're going to start of today and we're going to ask you Margaret to tell us a little about your personal background and how you first came to Wright State.

MARGARET CLARK GRAHAM: Okay. I am a family nurse practitioner and have practiced in, actually graduated in practical nursing first and then was in the U.S. Public Health Service and then since my husband was in the Air Force we moved to many different states. The Air Force, my husband being stationed at Wright Patt that brought here the first time in 1984 and so I taught from 1984 to 1987 then we moved away. Then we came back a second time to Wright Patt and Wright State in 1991.

DMC: In '84 to '87 what was your relationship like? What kinds of things did you do here then?

MCG: Okay, in 1984 I came and I had a joint appointment with the School of Medicine and the School of Nursing. I had a fifty/fifty job, fifty percent in the School of Medicine and

fifty percent in the School of Nursing and in the School of Medicine I worked with the new residency program of internal medicine/pediatrics residency program which was a federally funded program. I worked with residences and outpatient clinics, kind of teaching them how to do outpatient health care. And we had a pediatric group of physicians from Children's, who were stationed in Children's but they came to the Fred White and internal medicine who were at Miami Valley. So then we had clinics at the Fred White Center here at campus. So that was my job in the Med. School, in addition I taught some selective with the Medical School. Then in the College of Nursing I had a fifty percent appointment but because I was in clinic every afternoon I was given mostly elective classes in the College of Nursing. My first being a nursing theories course. (Laughs) So it was really more my joint appointment with medicine and nursing that gave me, that kind of dictated what I taught. While I was here during those three years the then dean Jeanette Lancaster very much wanted to start health assessment in the College of Nursing and so I taught that and that was a 414/614 class. So that was offered to senior students and graduate students and it was an elective initially in both graduate and undergraduate. And that was kind of an interesting thing because there were many people who felt if we taught assessment--. (Speaker breaks off because another speaker enters.)

(Recorder is turned off and then back on.)

DMC: The clock is going. Okay good, that was just an interruption by our Dean and you can delete all that little chitchat at the very beginning. (Laughter) Okay, moving on, okay so your trying to help assessment was interesting.

MCG: Right because there was faculty who felt that we should not move back to teaching things by system.

DMC: Oh yeah.

MCG: And that you know what theorist would we base our health assessment on and that was a bit of a struggle in curriculum committee. I remember that. And then I also taught, I'm not sure what else I taught (Laughs) I think I taught maybe a Community Health Clinical but I'm not sure if I did that. Maybe I didn't do that until I came back the second time because it was just a problem with the fifty/fifty split as far as scheduling classes.

DMC: Right because I'm sure you'd probably answer what my second question was going to be. What you most vividly remembered about your years at Wright State. Anything else?

MCG: I remember when I did my undergraduate and my graduate; my masters program in nursing there really wasn't a nursing theories book. That first nursing theories book was published the year after I completed my master's degree. So, I didn't have a strong basis in nursing theories. We'd used system theories at Vanderbilt and so I do remember learning nursing theories and I was, I co-taught the course with Jeanette Lancaster. And she was going on safari in Africa that quarter. (Laughs) So, I remember that very vividly and I do remember really having very much of a struggle with some people who very much thought that anything that we taught in the Nursing School should be based on nursing theory and how health assessment on system theory fit into that. And it was really very heated discussions at clinical committee and I came here from the State University of New York where I had taught for four years and although there was a nursing theory course it did not have the same theoretical foundation that Wright State's curriculum did. And so I remember learning a lot about nursing theories and also the struggle of how do you fit, how do you fit something that you're teaching about systems or even to try and find a textbook that would allow us to teach health assessment by something other than

systems. We moved from that 414 to 614 to putting health assessment in the course that was there then two, I don't know if it was 217 then or not. I'm not sure if that's what it was.

DMC: Okay.

MCG: Okay and we used a textbook, I think it was Beck and Ballick or something and that one did have the functional, Gordon's functional components. I mean so at least it was moving away from you know models. And so that was probably the thing that was most vivid that was a bit of a struggle my first three years here.

DMC: Okay. You want to talk to us about the period of time when you came back the next.

MCG: Well during the time that I was here I was working as a nurse practitioner and while I wasn't signing prescriptions and I can remember talking to the head of the IMT program who's now the president of our university about you know I'm really not sure about the legalities here and nurse practitioners really aren't recognized in Ohio. He said they practice all over the state. You know how can this not work. And he was right nurse practitioners did practice all over the state but and our state boards, when I talked the people at the State Board of Nursing they said that they felt that I, that our regulatory body, the Board of Nursing, was broad enough that it did encompass advance practice nurses but nowhere in our nursing practice act did it speak to nurse practitioners or advance practice nurses. So, it was, it was very unclear as to how we would be recognized. And then there was, then the Board of Medicine did take Gretchen Nicole to court for practicing medicine without a license and she was a nurse practitioner who practiced in Columbus and they did that because she did a breast exam. And so going to a conference and hearing her speak made me really, really leery (Laughs) because I was doing a lot more than a breast exam in working with residence in outpatient clinics. And so, however that Gretchen

Nicole suit never came, they settled right before the court date and you know she had taken out I think a second mortgage on her house and she had children. She felt like she was selling out to advance practice nurses because the feeling was that if it would go out to a jury trial that what she was doing was the practice of nursing and that she would have won but she felt that she could not risk that you know with losing her license and her livelihood. So I remember thinking that when I was here the first time that it was although I felt more comfortable I think practicing because a lot of people were in, nurse practitioners I don't think were exactly on the radar screen so much then. They were, it was a bigger problem when I came back. Jeanette Lancaster was the dean when I was here the first time. When I came back the dean was Jane Swart and she had been in states where nurse practitioners and nurse midwives were very active. She'd been in Colorado and Washington State and South Carolina and all of those states had nice law practice acts for advance practice nurses. I wasn't exactly excited about coming back to Ohio because of the Nursing Practice Act because it was, there were other states that were certainly where I was in Georgia at the time had a broader practice act at that time. So anyway we came back and the first year I was here I taught in the community health, the graduate community health and I also taught the RN community health in Springfield in the outreach program in Springfield. So I enjoyed doing that a lot and but Jane Swart very much wanted to get a nurse practitioner program going. She, that was kind of one of the commitments she made when she came here as dean. And so, we started out by writing a grant to the federal government and we were denied funding because nurse practitioners weren't recognized in the state of Ohio. So having that in writing from the federal government and not getting, and that was the reason we were given that helped. The other thing was when I interviewed here at Wright State to come back there was an opportunity for getting a Kellogg grant, a six million dollar Kellogg grant that had already been

written and Wright State had been selected as one of the ten universities that would possibly get that grant. And so when I interviewed there was a potential for that grant and they were looking at providing primary care using a different model in East Dayton and West Dayton. In East Dayton it was going to be at the East Dayton Health Center and in West Dayton it was going to be at Drew Health Center and it was a grant that encompassed Sinclair Community College and their allied health professions, Wright State School of Medicine, School of Professional Psychology and School of Nursing. And at that time we were the School of Nursing and so that seemed to be a real exciting thing to come into. So when I interviewed with Jane Swart and when I first came to Wright State we thought it was very promising. I think I came in September and I think we found out maybe in November that we were not given the funding and the reason we were not given the funding was because once again advance practice nurses weren't recognized in the state of Ohio. So that was a ten million dollar grant that we had lost and then it actually happened before we wrote the grant for the family nurse practitioner program because I did that as a student here. So then we had two things in writing that we actually were losing money for providing primary care was the Kellogg grant and educating primary care providers and then the () grant was for educating nurse practitioners. And so shortly, sometime during that first year that I was here we started talking to the brand new appointed Senator Merle Kerns. Senator Kerns was not elected to her first term in office so she actually was appointed to take Representative Hopkins place because he had been a state senator and then he won the election for congress for the seventh district of Ohio so he was a U.S. Congressman. So then Merle Kerns was appointed in his position. And so we called her and asked her if she would come and talk to us about this. She did and she came in and that was Jane Swart and me and we just kind of educated her about advance practice nursing and how there were, at that time there were forty-

one states shortly there after there were forty- three states that have prescriptive authority and recognized advance practice nurses and Ohio didn't. And the thing that really she thought would get people's attention was the fact that we've lost a fair amount of money and we had it in writing (Laughs) because the Kellogg Foundation made it really clear that Wright State's proposal was the best written proposal. They were the most excited about that, that they did not feel that the proposal could be carried out because of our laws. As it turned out Wright State then did get not that initial proposal but they did get a six million dollar grant from the Kellogg Foundation to do a portion of what they had originally proposed to do. So that was positive that we did get that and then I was able to work in that program initially.

DMC: So it, that was for the Center for Healthy Communities that was part of that?

MCG: That was initially, yeah and I think the Center for Healthy Communities came after it; initially it was a Kellogg program.

DMC: And then they changed their name eventually.

MCG: Right because the Kellogg thing was funded for three years. And so in that I was in charge of educate, I was an associate director of that project and Cheryl Merano was the director of the project and I was in charge of education and that was really fun. I worked closely with Gordon Walbovhel from the School of Medicine, with Mary Talen from the School of Professional Psychology and Sheraneta Hemphil who was in the Dental Hygienist and we, our responsibility was to teach all of our students how to provide community based health care. For nursing that was real easy because we'd been doing it through our community health rotation and so but to put med students and residents and professional psychology students in that rotation was a challenge. It was just interesting because we would do home visits and we'd carry families who had high-risk children we'd treat them. We had senior citizens and so we were

going into families that had very high risk, many times dysfunctional families. We would have a med student, a psychology student, a nursing student and an allied health student. Anyway that was kind of, those were fun things to do and nursing was the shining star and I think that everyone will tell you this; it was a shining star because we had been doing community based health care for years. That was our history. That wasn't the history for medicine or for the School of Professional Psychology but then also trying to figure out the roles you know we can't have a mental health tech or a dental hygienist going in and looking at medications. I mean it was looking at the different roles for the different professions. It was all really quite challenging but it was interesting and it was nice to work with Sheraneta and Gordon and Mary. But in the mean time we were still trying to get the FNP program and trying to get a grant. So Senator Kerns did come meet with us in the spring and we actually heard from her in July of that year and she had been working with a couple of legislators to add an amendment to a bill. So it wasn't a bill that she was sponsoring actually. It was a bill that had already gotten through the Senate and it was passed, it already got through the House. It was House Bill, I can't remember that House Bill but it was one forty-eight or forty-eight or I can't remember. Anyway, it was a House Bill, the Sick and Health Illness Insurance Bill but it did open up a part of the Nursing Practice Act and so that allowed her to work with the sponsor of that bill from the House to ask to add this amendment when it was in the Senate. And what she did was she added a pilot project at Wright State University and Case Western Reserve. Case Western Reserve had also been turned down, had been denied a grant from the Robert Wood Johnson Foundation and theirs was for a nursing center. And in their nursing center they hoped to deliver primary care in an under served area and also have a birthing center because they have a nurse midwifery program and their CRNA's would be working in the birthing center. So they needed all of the advance

practice nurses, the CNS's, the nurse practitioners, the nurse CRNA's to have enough of an independent practice in order for them to establish a nursing center. And so since they had been denied funding and since we had been denied funding I worked, we worked with Case Western and Senator Kerns. It was real interesting because she faxed us back and forth this very short, it was just a very few pages of this amendment, of this very large bill and we thought it looked okay. We also were working very closely with Ohio Nurses Association and with their lobbyist who at the time was Carol Roe to make sure that you know we were, our goal was never to have a pilot project. Our goal was to work and get legislation so that all advance practice nurses across the state could be recognized. What Senator Kerns explained to us was that we were in July of the second year of the general assembly and that the general assembly had a session of only two years and that she had run into enough opposition that within six months she would never get a bill out of the Senate out of the House because it was also an election year. That we would never get that accomplished so that we would take it in baby steps. And that the very best we could do would be to get recognition for Case Western and Wright State so that we'd hopefully could get the funding that we possibly could get us from Kellogg's and Case Western from Robert Wood Johnson. And then the very next legislation session she was running, actually she wasn't running again. She didn't have to run that year but that she would work very hard to get statewide recognition of prescription authority and she was very committed to that. At that time there was the Advance Practice Nurse Coalition in the state of Ohio and when some of the leaders of the coalition got word that this was happening it was not a pleasant experience. They were really upset and I was called a lot at home and was told that we had to pull that bill. I said that was never our intention. We had never once talked to Senator Kerns about just recognizing the two schools. That it was our intention always to try and get legislation for all

advance practice nurses because we wanted to educate advance practice nurses and we wanted them to be able to practice but in meeting with our legislator this was what she had come up with and that she had actually faxed us the amendment after it had been added to the bill and that she was committed to us. I think that the members of the coalition had been working in Ohio for so long and was so concerned that if the legislative did this one thing for us that it would be an eternity before they would do, you know they would say oh, we did something for nursing last year and we're not going to look at that this year. And we did talk to Senator Kerns about that. Jane Swart and I talked to Senator Kerns and we explained to her that there was some concern and she said you know that's ridiculous. (Laughs) We will keep working on this but this is the best that we can do and we need to do this. And so, but we were keeping very quiet about it. The Ohio Nurses Association and Case Western and the members at Wright State we weren't telling that because we didn't want to generate a lot of opposition to that one amendment. As it turned out there was a lot of opposition to that one amendment. The Ohio State Medical Association actually put two full time lobbyists on defeating that amendment. So what we had to do is we had to come to the table and change the amendment some and one of the biggest changes that I recall is that we required to have a formulated committee and that the formulated committee had to have physicians and pharmacists because the Ohio Pharmacy Association also got involved. So we sat and negotiated that amendment and made changes in the amendment in September and October and for us the biggest change was to require a formulated committee that would have three physicians appointed by the Board of Medicine, a Pharmacist appointed by the Board of Pharmacy and three nurses appointed by the Board of Nursing and then that formulated committee would be responsible for identifying what advance practice nurses could do. In the bill it says that a quorum of the committee requires two physicians and two nurses. So then what

happened from that, actually that bill did pass and it passed the very last day of the general assembly that year at two a.m. in the morning.

DMC: Oh my goodness.

MCG: We were shocked. We were just shocked because we thought that OSMA had garnered enough support for that not to pass. So that happened in December--.

DMC: What year was that then? '91? '92?

MCG: I think it was '92. You didn't bring that bill?

DMC: No.

MCG: Okay. I'm pretty sure it's December 17, 1992. I'm pretty sure but I'm not positive. I think that's what it was '92. Then it was signed, I have it, I did have a slide upstairs I can tell you but it was signed by the governor in January. And then, eight months later the Board of Medicine had not selected the physicians to serve on that committee and when the legislators found that out they were livid because the Board of Medicine is just like the Board of Nursing. It is responsible for upholding the law. The law had been passed and so the Board of Medicine gave as the reason of not appointing any physicians that it said in the law that the physician had to have experience working with an advance practice nurse. They said we do not recognize advance practice nurses in the state of Ohio so we don't have physicians who have that experience. The legislators were very unhappy and within the week once that was discovered the Board of Medicine found three physicians who in fact did have experience working with advance practice nurses. (Laughs) They put John Vargo who was a DO, they put Arnold Friedman who was very, very involved in the pediatric association, the Physician Pediatric Association of Ohio and they put Mark Clasen who is chair of our Family Medicine here. Mark had worked with nurse practitioners in Texas where they had a pretty good practice. John Vargo and Arnold

Friedman had, I think always practiced in Ohio. John Vargo had practiced with advance practice nurses. I'm not sure about Arnold Friedman. And then the Board of Nursing had to put a nurse practitioner, a nurse midwife and a clinical nurse specialist and I was the nurse practitioner that was appointed by the Board of Nursing and then Ruth Plant was the pharmacist that was appointed by the Board of Pharmacy. So we all came together finally and it really was the hardest working committee I've ever been on. The very first day that we met because of the sunshine laws they had to move our meeting three different places in the building because in Ohio due to the sunshine laws any public meeting can be attended by people. They can't necessarily speak at the meeting but they can come and observe. We had more attorneys from the Board of Medicine and from, and more lobbyists at that meeting. It was really incredible. And quite a few physicians who were just so upset about it and so they came. We did decide going in that we very much wanted a nurse to be chair of the committee. We felt that you know we didn't like having to formulate a committee but if we did have to have one we would have a nurse. Arnold Friedman walked in and his comment was okay I think advance practice nurses should be able prescribe prenatal vitamins and that's it.

DMC: (Laughs)

MCG: And so that was a problem. It turned out after working with him for several years he became one of our biggest supporters but he walked in I think with no experience of working with advance practice nurses. However John Vargo and Mark Clasen were supportive and I was elected chair of that formulated committee and I served as chair for that committee until my term expired and I think it was a three year term. The other thing that Dr. Friedman really, really pushed hard for, he was an intensivist, a neonatal intensivist is what he spent most of his time doing although he did do some primary care pediatrics. He was very concerned about advance

practice nurses writing prescriptions for neonate and so he wanted us to devise a formulary up and to do it by age groups. And we did do that. So in our first formulary we had a woman's health formulary, a geriatric, an adult, a pediatric, we had five--.

DMC: Neonatal?

MCG: Neonatal might have been separate. I didn't think, neonatal though we didn't work on right away because we didn't have any people, any nurses with neonatal experience. So that one, those drugs came a little later. And so, like a family nurse practitioner could give drugs across the age span in all of those but an adult nurse practitioner was limited to eighteen and older and a pediatric nurse practitioner was limited to the age of eighteen whereas if you're certified as an adult you can start at the age of twelve, national certification could start at the age of twelve and pediatric certification goes until the age of twenty-one. And so our formulary guidelines didn't match the national certification and so that was one of the problems that we had with the formulary. But anyway, and the other thing was that the nurses, it was real clear that the nurses had the right to formulary. Dr. Friedman wanted every drug, he wanted the dosage, he wanted how it could be given and so our first formularies were hundreds of pages long. Then the next year when we started reviewing those some pharmacists pointed out that we had some mistakes in our formulary in dosage. I don't know whether those mistakes were typos or whether they were mistakes in writing but it was one of the biggest changes that we've ever seen. We went in asked that I have had a pharmacist, I've had two pharmacists review our formulary and then pointed out some dosage errors. And I said that I was really concerned about that because I felt that if there was a dosage error and an advance practice nurse made that dosage error I wasn't sure what responsibility the formulated committee would have with that. Man, there was a move right away to get rid of those doses. (Laughs)

DMC: (Laughs)

MCG: The list of drugs. And I don't know if we have a copy of one of those first formularies but that would be an interesting thing to see because it so unwieldy. I mean there was just so much, I'm pretty sure I do have a copy of that.

DMC: I remember you bringing it back.

MCG: Yeah and then there was so much of it but it was real clear that we didn't write that. So, I wrote the geriatric, the adult, a nurse midwife wrote the woman's health one and I wrote the pediatric one but I did get a PNP from Cincinnati to help me with that. And Cincinnati was added to that bill, to the pilot project six months later. They were added in the budget bill in the following July. So then we did have three different schools that were working on that. Another problem that we had was that the Board of Pharmacy went in and once advance practice nurses got prescriptive authority the Board of Pharmacy went in and they had to change their law so that an advance practice nurse was recognized as a prescriber but instead of using the word prescriber that they had been using previous to that they started listing what, they would list the prescriber like a dentist, a veterinarian, a podiatrist. So we were left out in many places. The advance practice nurses were left out. If they would have just put the word prescriber we would have been okay. There was nothing in the law that said anything about us dispensing medication but it was nothing that we ever thought we had to address. Then we realized that advance practice nurses couldn't dispense samples and we working in these underserved areas because that's what the three pilot project was set up to do. So as chair as the formulary committee, the formulary committee voted unanimously that advance practice nurses should be able to dispense medication that we could write for. And they asked me if I would go meet with the Board of Pharmacy and represent the formulary committee and let them know that unanimously we felt

that we should be able to write, I mean should dispense the medications that we could write for. That was an eye opening experience for me to go to the Board of Pharmacy. And the Board of Pharmacy also is a sunshine you know so there were people around the () and the people around the () were compliance monitors who go out and visit clinics across the state. The Board of Pharmacy really didn't know about the formulary committee so they were asking me questions. The Board of Pharmacy is made up of mostly people who own their pharmacies. So I think there was a concern of retail pharmacists who are worried about any competition. So once they recognized that we were working with the underserved and there wasn't much competition I felt that they seemed more relaxed about it but the compliance monitors kept speaking up even though they weren't necessary recognized and kept saying you know you're asking us to break the law. It's nowhere in the law and if you want that you're going to have to get a law that says that you can dispense and we'll fight that and which they did. So we made four attempts to try to get dispensing because we and this is where Arnold Freidman, I thought, really worked so hard because he did know what it was like to work with the underserved and he knew if we gave the underserved the prescription if they weren't able to get a bus token to get to see us they weren't going to be able to fill the prescription. And he just thought that was so ridiculous. He was really concerned about that but it took us three attempts and finally on the fourth attempt we were able to get yet again another little amendment to get dispensing. But the only, at that particular hearing we were trying to get to be able to dispense what we could write for which was limited because it was limited by the formulary. The right to lifers came about and were talking about would we be able to give RU486. And I can remember testifying and some of the legislators who had said they would support us being able to dispense caved just right then when those questions started coming up. I kept saying RU486 is not legal in this country. RU486 is

not on our formulary. We have such a conservative formulary I can't imagine even if it becomes legal. Well can you guarantee us that you would never have that on your formulary and I said well I can't say that I can guarantee but I can pretty close to guarantee you that we have this very conservative formulary. Anyway we were shot dead in the water. And so finally through negotiations we came down to five drugs and those were things that were public health base like antifungals, scabacides, prenatal vitamins, antibiotics and contraceptives and those were the only things that we could dispense. That actually continues to this day. And so we are trying now yet again to get legislation. We have the bill drafted so that at least in underserved communities that we can give more than those five classifications of drugs, that we can dispense those. We have met a lot with the Pharmacy Association since then and I think the Pharmacy Association it is a trust issue although anytime we've, anytime throughout granting prescriptive statewide that the Pharmacy Association is there they always say it's a safety issue. That it's a checks and balances. So, anyway but we finally did move forward but it took us a long time. It took us until '97 to get recognition and reimbursement statewide for advance practice nurses and it took us until 2000 and in some ways calling a pilot project a pilot project was a hindrance to us.

DMC: Yeah.

MCG: It was never meant for it to be but every time we would go back with proposed legislation our rep would state you know and say well we don't have any data from the pilot projects and so how could you pass this with no data from the pilot projects and there was no state money appropriated for the pilot project. Everything that was done was done on a volunteer basis almost on a lot of the pilot projects. But it did become really clear that we had to collect data and so we collected data out the wazoo. And so then we were able to go back and offer patient satisfaction. We were able to offer information about what the advance practice

nurses in the pilot, interesting Wright State was the only place that, was the only one of the three that offered data. But we offered enough data to cover any question they could ever ask for. We have that data that we used in testimony. So, that day once all the data was presented we did pass and we were able to get recognition and reimbursement but we still couldn't get the prescriptive authority for three more years. So it was you know again in hindsight I called it a pilot project. It was never and Senator Kerns was so good about that at every single hearing and every time the legislation came up she made it real clear this was never meant to see if advance practice nurses could work. We knew that they were working and prescribing initially in forty-one states and then forty-three states. So it was never meant to be a test. It was meant to get, so we could get funding to these institutions and then move it across the state.

DMC: Move it forward.

MCG: But I think the advance practice nurses in the coalition did realize that she was very committed and that she worked tirelessly. And so some of that initial concern and hostility about the pilot project, however if I had been an advance practice nurse working for ten years trying to get legislation and I found an advance practice nurse at a university get it I would have felt the same way. You know I would have felt what are you doing? (Laughs) And so some of that initial concern and hostility certainly did go away when they recognized how hard everyone was working. And we learned a lot from that formulary committee. Things that we couldn't repeat and so you know and then things that did work well.

DMC: And then back on campus you had to start the FNP program graduate people. Was that, that was during the time of the pilot project?

MCG: Right. The FNP program started, we wrote a grant, another grant for that. Once we got the legislation that we were a pilot project then we reapplied for funding and we did, we

were successful in getting that. And so the grant was written and sent in December of '93 and we were notified in June of '94 that we could start the FNP program but that meant we had to start it in September. And so we started an FNP program in September of '94 and we had nine full time students. And the first student actually was Susan Baker who is from way up north transferred in from another College of Nursing. So she had here theories and research. She had a few of her courses. So she was our very first graduate and she graduated in December of '95. The rest of the class graduated in March because they didn't have quite as much, she brought in some course work or otherwise she wouldn't have. And so then they set for their exams; she set for the exam in February and the people who graduated in March set for their exams in June. So we had a hundred percent pass rate from our first class. And many of them practice you know in the area now.

DMC: I think you've answered my what you wanted to accomplish at Wright State pretty succinctly. How would you describe your relationship at Wright State with administrators?

MCG: I think it's been real positive. The, initially the Dean of Nursing was Jeanette Lancaster and I think that I had a really positive working relationship with her and we've remained friends. She's now at my alma mater University of Virginia. So I see her every once in awhile. And you know I thought that Jeanette was really good at bringing visibility to the College of Nursing. She was very much a socialite. (Laughs) And was good at I think trying to bring in funding and you know she was very, I think she was a good external representative of the College of Nursing. At the same time the chair for Department of Medicine which was were I was housed in the College of Medicine was Verdain Barnes and we had a positive working relationship. And the head of the IMP program was Kim Goldenberg who is now president of

the university and Kim and I worked together real closely. We shared offices for a long time and had a very, and so I felt very supported both in the College of Nursing, by the administration and the College of Medicine by the chair of Medicine and the head of the department of IMP. So that was good and then when I came back I worked with Jane Swart and she had, she was the total opposite of Jeanette Lancaster. She was very much into trying to work on the budget and trying to advance nursing. I think Jane was, she obviously was very supportive, I had to spend so much time in Columbus and she felt that that was time well spent because we had to get nurses recognized and reimbursed in prescribing in order to move the curriculum forward. I won't say that she gave me a lighter load to do that but for instance if there was a meeting, if there was a meeting on a Monday and we had a faculty meeting she'd send me to Columbus. So she was real supportive of all of, all of that, very supportive and very supportive of advance practice nursing. And so, and then the administration that we have now Pat Barton I think is also very supportive of moving nursing forward and nurse's larger agenda in both the state and the country and her work in O&A. Jane was very involved in O&A. Pat's very involved in O&A. So I think that speaks to their interest in nursing as a whole. I felt very supported by Pat as well.

DMC: How about your relationship with colleagues?

MCG: I think that my relationship with colleagues in nursing when I first came here from '84 to '87 I had lots of support of colleagues that I had. I had you, you weren't here my first year but Susan Praegar you know some of the people that I was, Virginia Nehring wasn't here. She came during the time that I was here the first time and I found her to be supportive. I think my lack of knowledge of nursing theory was a concern to some of my colleagues. (Laughs)

DMC: (Laughs)

MCG: Although I tried really hard to increase it. I think that Wright State was so well known for its theory and its strong theoretical basis and that that was a concern although you know I think socially I felt supported but I think that the fact that I was a nurse practitioner and that was a medical model and it was seen as a medical model and I was told that so many times. I was told that so many times about that health assessment course that I would say that that was an experience for me because I had taught at the State University of New York and I had been a clinical faculty at the University of Virginia when I was in public health service and a clinical faculty at David's and see David's that was in California and so that, I had just never experienced that. So that was interesting. Then when I returned I would say that I've had lots of support from colleagues. And I had support from colleagues before but I was only part time in the College of Nursing and I was coming over here from the College of Medicine, the School of Medicine and you know they had to work my schedule around my School of Medicine because there I was fifty percent and here I was fifty percent. I just think that that caused some people to have some concerns. Now, Jeanette Lancaster told me that no one should have concern about it.

DMC: (Laughs)

MCG: (Laughs) And so she was real supportive but you know I just think that that medical model was threatening to some people.

DMC: Sure.

MCG: And I would like to say that it's not a medical model that it's a health care model the fact that we did use systems theories.

DMC: How about relationships with students?

MCG: I think my relationships with students has been good. I guess we'd have to ask students that but--.

DMC: (Laughs) We will. We will.

MCG: (Laughs) No, I think it's been good. I think that students would probably say that the nurse practitioner program is very, very demanding, very demanding and that they work very hard but I think for the most part that they would say that although our program is certainly not perfect but we try really hard to get students what they need so that when they get out and start practicing that they're prepared for that and that they're prepared to sit for the certification exam. So I think, I believe students and you know this is kind of what we've seen, is that they would say that it's very difficult but that it's fair. But I think I've had a positive relationship with students.

DMC: And then in the recent history didn't you get another grant for your FNP program?

MCG: Uh-huh, I think we now have four. I mean we have been continuously funded since 1994. So our first grant was to start the FNP program, our second grant then was to do a second masters, to work out a program for a second masters and so we did that. I don't know what our third one was but most recently, maybe it's just three. Most recently we have been funded to put the FNP program all on line and we were funded again in July of last year, so July of 2002 and had to have the first classes up and going as you well know in September of 2002. Once they give you money they don't give you much time to work it out. And so we have accomplished getting all of the second masters program on line and we have had students in that. We've got six students in that this past year and in some courses we've had more than six because we've allowed some of the first masters if they wanted to take it and then starting in September of 2003 we will put all of the first masters which that means all of the core courses will have to be put on line this next year.

DMC: Cool. Yeah. Great. How do you feel your experiences at Wright State have affected your career?

MCG: I think my experiences at Wright State have been real positive and have affected my career, now I will say that when I came here the first time I knew that Ohio wasn't terribly friendly to nursing because you look at the map you know in that Nurse Practitioner America Journal and ours wasn't colored. Ohio wasn't colored. (Laughs)

DMC: (Laughs)

MCG: And so then after being here for three years and then going, leaving and coming back it was like oh, can't you think of some place else to go just because you know I had been in states where we had tried to get legislation. I mean I have been actively working like in New York to get legislation and it just seemed more comfortable to stay where legislation has already passed then to have to go back and go through that again. But I, there is a part of me that enjoys working on issues and working with legislators. I find that interesting. I don't get frustrated or offended easily. (Laughs)

MCG: Even though it was real slow and I was called lots of things by lots of different people. (Laughs)

DMC: (Laughs)

MCG: I mean not really feel bad but you know maybe it was from people, some people from medicine who felt so strongly about this but, and so I found that interesting and I liked doing that. And I also think, I thought at the time after teaching at College of Georgia, State University of New York and some other places that we have incredible support system at Wright State and now when go out, just recently we went to Philadelphia to present some of the things we do in the FNP program and people across the country are just shocked at you know that we

can do patients, that we can do on line and we have all of the support that we have. And I think that that's pretty unmatched. I actually interviewed at another university and it, I mean I haven't seen anything close to what we have as far as the support of being able to move new programs forward. And part of that might be because Wright State's relatively new itself and that there are people here who are open to doing things. I mean, I think we are so much farther ahead in this program and that I think just because of the support systems that are in place at Wright State.

DMC: And those support systems come from?

MCG: Well like on line you know the fact that we have a central you know the web teaching and that there is an office and a center for teaching and learning and all of the people who do that because at other Colleges of Nursing that's kind of, the faculty of nursing are kind of expected to do that.

DMC: Wow.

MCG: You know so I think that is real supportive and I think the idea that we've been able to hire clinical faculty and that our faculty have a place to practice and so we have faculty practice. Those things I think lots of other universities that are struggling with. You know they want to move in those directions but they're not necessarily there.

DMC: You mentioned standardized patients. Do you think that's one of your more creative ways of teaching it? Was that a way you taught at other places?

MCG: We didn't teach, no I haven't used standardized patients at other places. What made us choose to go the route of standardized patients is actually we felt like that we could go out and make site visits but as faculty in a private practice office we really couldn't engage in, we couldn't engage in a nurse patient relationship. I mean literally we can't do that. Our students can because they're, we've negotiated that and but we can't. And we are guests at those

facilities and we make site visits and sometimes you can drive to Cleveland or Chillicothe or Portsmouth and get there and then patients don't show. So you don't get to see your students with as many patients as you would like. So we decided to start having the students come to our faculty practice site to be with us at least one day a quarter so that we could see them in a place where we practice so that you know we have control of the patient and the situation and we are not guests of the facility. Then, but we felt that we needed something more that and sometimes it really depends on the preceptor. You may have a preceptor whose a hammer who really gives a student a not such a great evaluation when it appears that student may not be as strong as that student and they get a great evaluation because I mean, you know relying on the preceptor to give us feedback we weren't sure was all we needed. And so we actually had a student who was in her fourth quarter who the preceptor, we'd made a site visit in September, we had gone back and we called him again and not until the first week in December did they call us and tell us they didn't think the student was ready to graduate. And so then what do you do?

DMC: Right.

MCG: Legally you know you have this preceptor saying they're not ready to graduate but the student been there her fourth quarter and we thought she was. And so we thought that if we could get an evaluation system worked out that we didn't rely quite as much on preceptors it would be better. We were at that time doing various patients in health assessment and so we just moved it in to all the clinical courses.

DMC: Into each one.

MCG: Yeah. And so, and that I think has been you know we have presented that at several national meetings and more and more programs are going to that but we've been doing it now for a fairly long time not in every clinical course. We'd probably only been doing it about

three years but we were doing it in health assessment before we moved over here for several years before we moved to the new building. So we have been doing that for awhile and I do think that that makes us, that gives the student also the, now that we have the viewing rooms where we have the cameras and stuff that this is giving us really good feedback and evaluation about them as well as making it kind of more of an objective.

DMC: Oh yeah. Is there anything I haven't asked that you'd like to talk about related to your experience at Wright State?

MCG: Not that I can think of.

DMC: You guys think of any questions that you might have?

AMANDA MORRIS: Is there anything left that you haven't done that you would like to do? Or do you have any other goals that you haven't achieved yet?

MCG: Um, I can't think of, I think probably what I would like to do would be, no I wouldn't want to do this what I would like to see this. (Laughs)

DMC: (Laughs)

MCG: What I would like to see done would be to actually write up some of the things that we have done. I haven't published as much as I should have because you know initially I had trips to Columbus and then and now we're trying to get all these courses on line but I do think, I mean we have presented some of the things we have done like just recently at National Nurse Practitioner's Conference, Nurse Practitioner's Faculty Conference and we've done that most years and I think we have done some real innovative things and so we have shared those with faculty from other programs at national meetings. We've been able to do national presentations but we probably need to write more of that because, so that would be something, I can't say that I would like to do it but I think it should be done and that is, and since it's

something I'm crazy about doing I put that on the back burner and move on and write a grant or do something else. And so that, I don't think, I certainly haven't done that as much as I should. I certainly would like to see legislation, right now we're working really hard to get the dispensing legislation. I would like to see that. I think we will have great difficulty ever being able to dispense because the retail pharmacists are fighting so hard against that and they have a stronger lobby than we do. So and I would like to see us be able to give samples for more than seventy-two hours and I think that will be difficult as well. And then the other thing is that advance practice nurses are primary care providers or acute care providers depending on where you are you know if you're a CNS you may be in acute care or if you're an acute care nurse practitioner but we are recognized as providers and we need to have patient provider confidentiality and we don't have that. I think that would be very difficult legislation to get passed and then the other thing we need is better reimbursement. We are getting there. We've made great head way. Just in the past year I've been put on more insurance panels and so that's something that were slowly getting but those are the goals, professional goals that I would have would be to see us get more, better reimbursement, to be recognized and get paid the exact same that other providers do or at least recognized by some insurance companies. And then the patient confidentiality issue I think is going, especially with HEPPA requirements and stuff I think that's going to be more and more of an issue.

DMC: Okay. Well, we thank you very much.

MCG: Okay, you're welcome.

END OF INTERVIEW