

November 14

DC: This is Donna Miles-Curry. This is another recording of the College of Nursing and Health - Oral History Project. Today I am interviewing a former graduate of the College of Nursing and Health, Melissa King. Hi Melissa, why don't you introduce yourself and tell us a little about yourself.

MK: My name is Melissa King, formerly Arms, when I was at Adena. I graduated in 2012 from the Adena Program. I'm going to take you back a little bit. I originally started at WSU in like 1998 right out of high school.

DC: Great, Okay

MK: My major was Athletic Training at that time.

DC: Okay

MK: So I did a full year there and then decided that it just wasn't for me and I needed to come home. So I came home and went to work at Mt. Carmel East in the emergency department as a Tech working 12p to 12a. Somewhere around that time, I decided maybe I should go back to school. So I did lots of schooling around Columbus: COTC, OUZ, Columbus State, and I was actually in the Program at OU Zanesville Nursing Program and I severely broke my ankle and had to have surgery.

DC: Okay

MK: That kind of put me down and out and I was not very successful in that program so I took a quarter off. By that time, my mom was the director at Adena's campus and she said, why don't you try to apply because I really wanted to do nursing. I said I really don't know, I'm in my 30's, and I just don't know if this is in the cards for me. She said, just do it. So I did, I applied, I went down and talked to Lisa **Fillio** to figure out what I needed to do and somehow magically got into the program. That was in 2009, I believe. So 10 years later, I had basically circled back around to WSU.

DC: Excellent, very good. So describe what a typical day was in your program there. Was this a commuter campus pretty much, versus a residential campus?

MK: I lived in Rushville or Lancaster, OH.

DC: Okay

MK: So I commuted to Chillicothe. Classes typically were at 8am; 8 to 10am we did class, then we did clinical. It was an all day thing. I still worked full time night shift. At this point I was a Tech still at Mt. Carmel East ER. I worked 4p to 4a so I would work pretty much on the

weekends, some variation of Friday, Saturday, Sunday or something like that then would do school during the week so I could give good effort to the program.

DC: So, what other things did you do on campus? Could you describe what campus was like?

MK: Campus was on the Adena hospital campus, the main hospital and then we were at what they called their **Packer** Center. It was their education building where we would go to school. We had a classroom, a skills room, offices for all the faculty. We would go in and there was a little vending and study area up on the second floor where we could hang out between classes if we had 10 minutes to socialize and talk about or complain about whatever it is that we were doing that day.

DC: Very good

MK: Then we would go over to Adena to do clinicals or we would go to the VA.

DC: So was there a computer lab or a library or something like that for you? Did you have those resources?

MK: I did not have a library, but I can't remember. We had books in an office. We had books in one of the offices that we could use that were kind of a resource.

DC: Excellent

MK: We also had computers – we had laptops that we could use as well or bring in our own. There was also a lab but I didn't use those. It's just that was the type of student that I was, or am, I should say. I looked things up or I used to go home and rewrite my notes.

DC: Sure, sure.

MK: Because that's the type of learner I was.

DC: Sure, so I understood that they use a simulation was just on the cutting edge. Can you explain to me what simulation was and what it was like for you as a student?

MK: We dabbled in some simulation when I was there. I think it was used more maybe a couple or 2 years after I was there.

DC: Oh, Okay

MK: We did have the mannequins. They were almost like real-life mannequins. You could auscultated their lungs, listen to their hearts, they had Foley catheters, you could try to put IVs in. They pretty much simulated what a mock – we did a mock code that we would have to do to make that patient survive and we did do that a couple of times during the couple years I was

there, but it was hard to get down there as far as timing. With Adena, it's self-using the sim-lab.

DC: Oh, I see.

MK: and people running the simulation center and then it fitting into our curriculum, and then I remember there being a point where it was part of our program meaning we got points awarded to us. Then it came about that it didn't count as points awarded to us in maybe a specific class.

DC: Wow

MK: Because they said that, from what I understood, that we weren't going to go down there and use the simulation lab like a clinical-type setting, if it isn't going to count toward their clinical time.

DC: So, I see – so as far as the hours being there won't count as clinical.

MK: correct

DC: I see.

MK: So, I think that is why it wasn't used much when I was there.

DC: Sure, interesting.

MK: It was very chaotic at times, at least for me.

DC: Did you like it at all?

MK: I liked it but as a Tech and working in the real world -

DC: So you came from a bigger experience base than some of your classmates?

MK: yes, I was in my 30's and a non-traditional student. I have a group of 4 girls that I still talk with who were the fave 5. They were all younger than me, they were in their 20s and they were barely close to 21 when we were graduating. So they went right from high school to the Adena program and for me I had a completely different overview because I had worked in Health Care since I was 19-20 years old.

DC: Neat. So tell me more about – so you had a kind of informal like related to the school. So how did that group form?

MK: I started with Kelsy. She is Kelsy Cloud now; she was Kelsy Green at that time and we sort of hit it off. We were partners in some video we had to do. I can't really remember what it was we had to do.

DC: Sure

MK: So we got to know each other that way. And Grace and Amber, they sat next to each other and they, Grace, Amber, and Kelsy, kind of knew each other from high school.

DC: Sure,

MK: So they kind of all started to hang out and then Kelsy and I got together and then our friend Bree kind of ended up back in the circle with us. Breanne is her full name. We just clicked. I don't know, we really – well I was in my 30's, still in my 30's now but I have 2 younger sisters so I kind of was the mother hen over the group. Then my mom, who was the director, we were able to all go down to her office and speak freely, and say what the heck is going on? This is not clicking and here is what the class is saying about this. So we had a different relationship with her than any other normal student would.

DC: So, did you guys do lunch together? What sort of things did you do together? Study together?

MK: We did lunch, we studied together, and we tried to get our clinical groups together if we possibly could. We learned from each other so we would sit in Adena's parking lot after clinical. We liked the night clinical

DC: oh yes

MK: It was like 2-10 and we would all sit in the parking lot and chatter, giggle, before we went home. Yes, we did lunches or we would sit in the common room outside of the classroom and study. We would help each other with notes. We would just help each other.

DC: Did your nursing program have any traditions? Like when you started in it was there any kind of a beginning tradition? Did you have regular activities, I know it was a young program or things that you did or ceremony's that you might have had?

MK: We brought back the Smart Program. So there was a Smart Program on the main campus and our group started that back up on the Adena campus.

DC: And Smart – can you explain that to me?

MK: I would have to

DC: Student Mentoring and Retention Team

MK: I'm not sure that I ever knew what it was – we just called it the Smart program.

DC: So you did tutoring?

MK: We did tutoring, we'd do fund raisers and tried to bring money into the program to help with different various things.

(Mother talking in background but can't make out what she is saying – too far from microphone)

MK: It's been a long time.

DC: Sure, sure, Okay. So you were very responsive to what was going on?

MK: We tried. We had started back up – I think the class behind us did a little bit better with it than what we did. We had some issues with trying to get our students. Our class was very clicky, for lack of a better word.

DC: Within the class proper, there were specific clicks?

MK: Yes

DC: Okay

MK: Yes, I do say that we were the funnest class; however, I think we were definitely the most outspoken from what hear. Other professors, clinical educators, and faculty were saying that we were definitely the outspoken class.

DC: So tell me what a clinical day was like. Describe what maybe was your favorite clinical, who was your instructor, and what the day was like.

MK: My favorite clinical was probably my OB rotation.

DC: So, tell me about it –what was that like?

MK: You went in, you were assigned a mom or a mom and a baby if you were in post-partum. I really liked the labor and delivery part where – that was something that was new and interesting for me working in ER you don't see labor and delivery.

DC: Sure

MK: You see a little before 16 weeks but anything after 16 weeks, we send upstairs to the department they needed to be in. So Kelsy and I actually got to see a C-section together and I

just thought that was the coolest thing. We went in, got permission from the mom, dressed up in our space suits (as we called them) and got to go in and just witness this tiny little human being born. I can remember seeing this big – it was this big balloon that had these like fingers off the end of it and it looked like an opal color and I said “what is that?” The nurse is like “that is just the uterus.” I thought “what,” it was just sitting on top of the stomach -

DC: Really, wow

MK: and I thought that is the coolest thing I’ve ever seen. Then they just popped it back in. So for me that was a great learning experience. I actually did the best, I think, on my HESSI’s, my tests, and my OB rotation because it was something new for me. I liked to learn, I liked new stuff.

DC: Great – and tell me what HESSIs were.

MK: HESSIs were testing that we took at the end of each – so like OB, Peds, psychology, geriatrics – we all took a big test that prepared us for the boards.

DC: Okay

MK: and if you got a certain number on it – they predicted that if you got this certain number or higher than you would do well on that portion of the boards.

DC: Did you feel like that was true for you? Can you even remember?

MK: Yes and No. My boards I got 111 questions and when my monitor shut off, I thought I broke it – it was just running so slow when I took my boards. Thankfully, I did pass and I didn’t have to repeat it.

DC: Did they tell you right away? How soon, under the format that you took it, did you find out your results?

MK: So, you don’t know right away. We were told that there was a trick so if you would go back to the website and try to log on and like reschedule, a screen would pop up that” # 1) would take you to the credit card form, which means you failed -

DC: Which means you need to take it again?

MK: or #2) It would say that you need to contact the Board of Nursing as you have already sat for this class. So I took my boards in the morning, I went to Panera, and met my boyfriend, at the time, (which is not my husband) we were having lunch and I was on my phone trying to figure out, so I knew that day that I had passed.

DC: Isn’t that amazing.

MK: But I didn't know until a couple of days later that it was official on the website.

DC: So did they give you your numbers, your score or not?

MK: No.

DC: You don't get any of that feedback?

MK: No. Now I do know that my friend Kelsy, she got all the questions and then she tried to do the trick and got a message something about her test was under review.

DC: Oh, scary

MK: Yes. Now she did pass. I am told that you do get some kind of an email that shows your strength and your weakness, from talking with other students; but it is not specific questions.

DC: Okay, very interesting. So now did you have to write – in the old days the nursing students had to write notorious papers called "Care Plans." Did you have to write care plans and what were they like?

MK: We did have to write Care Plans. Every instructor was different on what they wanted – which was very frustrating.

DC: Sure

MK: I can remember going to my OB clinical and saying I don't know what you want from me because I think I'm doing everything that I think I'm doing and you are still marking these wrong. We had to have a nursing diagnosis, something that it was related to, and we had a book we could use

DC: Correct

MK: But I felt like I kept using the same diagnosis over and over again for the same person.

DC: Yes, yes

MK: And there was nothing new and different about it. Since I worked in the ER, I didn't use Care Plans in my day to day job now.

DC: right

MK: Now we do get psych patients that I do have a paper, but it is just check here, X here, what do you think they should do here. It is nothing like it was in nursing school, very tedious. You

had to have when they could do it, if it was actually feasible for them – some of the Care Plans, I think we were making these astronomical ideas that we thought the patients could do and they didn't make any sense at the time.

DC: That is part of the learning process?

MK: Right. You wanted to sound smart.

DC: Yeah, very good. So, overall what was the best part of the nursing program? Like if you were trying to sell it, if it was still in existence, if you were trying to sell it what would be the best part that you would tell somebody about?

MK: I liked the smaller classes. I did not do well and I don't do well in a bigger one personally, so for an adult learner coming in, frustrated that they've been through a million other schools and they have not been successful

DC: Sure

MK: This smaller classroom sizes, the more one on one with the teachers, I was very lucky in having my mom be my instructor, be my director as well, that I could speak freely, and myself and my friends could speak freely and this worked.

DC: So it was a like an open channel to administration?

MK: Correct

DC: What would you have liked to see changed, that was perhaps not your favorite part of the whole experience?

MK: Not my favorite part. Not my favorite part – I honestly don't know.

DC: That's fine.

MK: I mean – there is always things that you didn't like when you were in the moment – I didn't like this instructor, I didn't like how you

DC: right, right

MK: Like when you had to write a million WAC papers – Writing across the Curriculum.

DC: Okay, that is a very good point.

MK: So, why do we have to write another one when we just wrote one. I would say, maybe, if I had to think of anything – they Skills lab.

DC: Okay

MK: We had Skills day. We had one instructor for all the students and it would have been easier/better if we had multiple instructors with littler groups

DC: Like we have in clinical?

MK: Like what we had in clinical

DC: Good point

MK: Only because when you are trying to pass a sterile field or you are trying – I remember the first time I was drawing up medication it was the first time I ever drew up medication and I was so nervous because I had my entire clinical class behind me watching. You know when you are doing this for the first time, you are all hands.

DC: Yes – so what was the ratio when you had the skills lab? One instructor and how many of

MK: One instructor, I would say at least 15 students at least

DC: Oh, exactly. Very good. So you have talked a little bit about your relationship with the outside wider community. How would you describe your connectiveness with the general university?

MK: Main campus in general? I felt whenever people ask me where I graduated from, I say WSU, they say main campus, oh is that in Dayton? Well, yes, but I went to Adena which was an off-site nursing program. I don't feel like I was a traditional student. I feel like – because I was also in my 30's I missed out on some of the normal college stuff – like football. Well, WSU doesn't have a football team so basketball games, etc. So, now my sister just went to the Nutter Center and had a volleyball game. So that makes me feel like that's my school and I'm very proud of that but there is still a little bit of a disconnect.

DC: So, am I correct that you never really came to campus, Dayton campus?

MK: I was at campus when I graduated.

DC: For Graduation?

MK: Yes

DC: Did your class have the students inducted in Sigma Beta Tau?

MK: They did. In fact I missed that by like one point.

DC: Oh, it is harder when there are smaller classes because they can only take 15%.

MK: Yes. I missed it, but I think it was one point shy. So, I never went to main campus

DC: Alright. Anything else you would like to share with us? Let me – before I do that – how would you say your experience at WSU has had any influence on your career? Where you are now?

MK: I would say that it had a good influence on what I'm doing now. We do get a lot of vets that come to Mt. Carmel East either because the Columbus VA sends them there

DC: Okay

MK: Or they come to Mt. Carmel because they don't care to go to the Columbus VA. There are some of them that I have been really able to connect with and when doing their discharge I tell them that I know that you don't like the VA in Columbus and it is a bit of a drive, but the one down in Chillicothe was wonderful when I did my clinical there and they have a lot of resources. So I have been – the older population or the younger population don't necessarily know what is there and what services they provide, so I've been able with my experience being there send some of my patients that way to get better care for themselves because they don't feel comfortable up here in Columbus. Then as far as – I have lots of Techs who are nursing students right now that are studying and asking questions and there are some things that I do remember from nursing school.

DC: That is always comforting.

MK: That is always good and comforting. I am able to say listen that you can get there one test at a time, one day at a time.

DC: right

MK: You will get there. I think the mother hen in me is still very much there trying to get – instruct all these little ones.

DC: What do you see as your professional goals now? Where do you see yourself going?

MK: So, I recently took a charge nurse position. A relief charge so about 2-3 days a week, I'm normally there 3 days but 1-2 days a week I'm in charge. Honestly, I don't know. I do love to teach and I still teach their orthopedic class so splint application, I teach. I really have no desire to get my nurse practitioner.

DC: Sure

MK: So if I went back to school for a master's it would probably be something in education. Honestly I don't know.

DC: Sure –

MK: Maybe in Administration

DC: You are happy doing what you are doing?

MK: right. I've been there for 17 years and we are going to be a level II trauma center in 2018 so I am preparing for that. Taking extra classes like trauma tactics, TNCC which is Trauma Nurse Certifications. I will be taking emergency pediatric trauma certification in February, so I am keeping myself busy and keeping my line going with other

DC: is there anything I haven't asked you that you would like to talk about or share in relationship to your experience as a student at WSU

MK: I don't think so.

DC: Well, thank you very much.

MK: Thank you