

College of Nursing Oral History Project
Interview of Dr. Sue Fitzsimmons
Interviewer: Donna Miles Curry
May 30, 2005

SF: Are you doing this with Carol Holdcraft

DC: Holdcraft, Carol Holdcraft, correct. Yes but she couldn't be here today. So, this is the Wright State University Miami Valley Oral History Project. Interviewing today is Dr. Donna Miles-Curry and I will be interviewing Dr. Sue Fitzsimmons, former faculty and also a colleague with the program from the Community. So Sue, do you want to say "hello" so everyone knows your voice.

SF: Yes, I'm glad to be part of this.

DC: Thank you. Sue, could you just start off and give us a little of your background, like how you came to WSU in the beginning.

SF: Okay, we actually were New Yorkers and my husband was transferred to NCR, then located in Dayton, Ohio, and I went along and started to look about for teaching positions and I had been teaching Nursing in New York at the Community College level. I had a Master's degree in Nursing; I did not have a terminal degree at that time and Wright State was interested in hiring me to begin with as clinical faculty, so that is how I wound up there.

DC: Cool. What was your clinical area?

SF: Med/Surg.

DC: Med/Surg. Good, good, very good. So when was it that you first came to WSU?

SF: Now you are testing my memory.

DC: I know, it was sometime in the 70's.

SF: It was 79 or maybe 80.

DC: Oh okay,

SF: I'm thinking, I sort of remember that we moved in the fall and I may have actually been hired in late 1979 and began with the Winter Quarter. I'm not positive. I have a CV in front of me.

DC: Okay. Very good, not a problem. So tell us about your early years at Wright State. What was it like?

SF: What was it like? Well I started out as clinical faculty, though I was hired full time. It was unique. It was a very different kind of environment. It was a young school and it was a state school. It still is a state school; and it was located outside of Dayton and they had this nursing program set up and in order to get the charter for the school to open, as I recall, there were several diploma programs in the community, among the community hospitals and they agreed to close to allow Wright State to open up. So they opened up the Bachelor program to start with and then, as I recall, built up programs overtime. The majority of the RNs, in the community, were RNs and needed to go back and get a Bachelor's degree; but they started out with, you know, generic 4 year BSN program. When I was hired initially, the curriculum was really very different. It wasn't organized the way I was accustomed to curriculums at the time. There wasn't Med/Surg, there wasn't Pediatrics, there wasn't OB's – it was an integrated curriculum and it was somewhat unique as were the faculty. The faculty were unique. There was the Dean, Marge Stanton was the Associate Dean and we were a very small faculty to start with and so we were a faculty as a whole. We did everything together. We were curriculum committee, we were the faculty promotion and tenure committee, so it was a really unique experience for me as a very young faculty member. I never had that experience of having some input into what this program was going to look like and there was some terrific faculty that Gert brought in; national level people that you know came because of her and helped her build Wright State into an important school in this community. It wasn't so easy because we were always in the mode of having to prove why we needed a Bachelor degree.

DC: Yes

SF: always on the defense.

DC: Very good

SF: I don't know if that is enough for you or not.

DC: Yes. That is very good. So you mentioned that you worked underneath Dean Torrez and it is interesting with everyone I talk with about the early years of Wright State they always mention her name. How would you describe Gert if you were trying to share with me her administrative styles, since you actually went into administration yourself.

SF: Well, she clearly was inclusive and a very visible dean. She had a wonderful sense of humor, but on the flip side she was really caustic. She would drive up to school on a motorcycle with leather chaps, as I recall. I never saw her in a skirt. She was very unique for the time; let's put it that way – in 79/80. Not at all feminine in her approach. She was very opinionated. She was quick to throw barbs at the traditional role of the woman. At one point, I found myself pregnant for the third time and that amused her to no end. (Laugh) I can picture her in my mind with very short hair, very little adornment. Glasses, not at all soft but with charismatic. Probably one of the most charismatic people. I understood charisma after I met her.

DC: So in what way did you see – can you give me an example of the way you saw her charisma?

SF: Well you were drawn to her. She clearly was visionary for the time that I came from a traditional nursing background, she was not traditional. She believed the finest hour for nursing was in prevention and in the community and I was of the hospital model.

DC: Right.

SF: And that was very different for me. I thought what is all that about but she had such an engaging way of influencing you that you found yourself just sort of following along and her vision of building curriculum was not at all what I experienced. I had a Minor from NYU in education so I took education courses and understood, so I thought, building a curriculum and objectives, but she had a unique way of doing it and it bothered her. We were like little chicks following mom, you know, and in every which way possible, when she came in a room you knew she came in the room. She didn't sit quietly, she was a person, I recall, she liked the attention – she was somewhat loud and all eyes went in that direction and it was clearly her school and her program and she tried to mold all of us after her perspective of nursing. All of us, many of us came from – there were a lot of people who were Ohio based, and I was New York based, but we came with traditional views of nursing and more traditional view of the relationship with physicians, the more traditional view of the role of the woman, and she did not. She did not ascribe to those views. So, it was somewhat startling to be confronted with another way of thinking about it and she brought some faculty in that also thought like her so here you had these national types of people who were known in the literature and then there were those of us that were far younger and possibly forming, I don't think I had a real professional view of myself at the time. You know she kind of set the stage up for me, you know as I watched how she maneuvered, and what she did and how she went after what she choose to go after. She was somewhat fearless.

DC: Yes.

SF: She took risk and I kind of watched and after a while I thought why not me. I'll get in there too, you know. She had a tremendous influence, I think, on especially those of us who were in that part of our professional careers where

DC: Right

SF: we hadn't quite been cooked yet.

DC: Right

SF: a very interesting female. Very interesting and Marge Stanton was sort of the opposite. She was the ying and the yang.

DC: So did you feel when Gert was the leader in the program. Did you have any idea what the motive was behind her actions?

SF: I don't know that – I never thought about her motivation was. She was an inaugural dean.

DC: yes.

SF: she had this opportunity which, I think, comes along once in a lifetime, I suppose, to set something up and she walks into this community, which doesn't see life like she does and doesn't see nursing the way she does, and she has an opportunity to go after it and put it on the map, if you would.

DC: oh yes. Very good. Did you feel feminism at all was a driving force at that time?

SF: Yes – big time and that was different because that was what I was going around the edges on. I was not what I would call – I always was an activist of sorts, but I was not a bra-burning feminist by any means. You know there were a lot of pieces of me that thought about nurses and physicians and women and men in the traditional way and I still do not necessarily the way she saw it and that was unique for me but I was certainly aware of it but had never been so close to it. It was uncomfortable at times. She thought motherhood, and her I was pregnant and I was embarrassed to tell her because she thought motherhood “why on earth would you get yourself pregnant” not that you wanted children but would get yourself pregnant and I had two others too.

DC: yes.

SF: Why would you set yourself up and the role of the woman in marriage and the male. She didn't ascribe to that. You know, you kind of took a double take and those that were kind of like me, you know, were uncomfortable in social situations especially if you brought your spouse and, you know, Ray would kind of sit off to the side and stay out of harm's way as did others. They were not made to feel comfortable as spouses and I don't remember any male faculty. There might have been, but I don't remember it's been too long ago. I think the leader's of the pack ascribed to Gert's philosophy about males and females and at times, it was to me just gross and uncomfortable and unnecessary and that was part of her presentation of self. Her you are in the grand Midwest that you'd never come across this kind of stuff before.

DC: Sure.

SF: They hung it out. Do you remember some of that?

DC: Yes. Very different. I came from a Catholic School – St. Louis University where I didn't even know what a feminist was - it didn't fit into the church's dogma at that time.

SF: Well, I knew what it was and I thought I was one until I saw this, you know. But I ascribed to and I was very comfortable with a lot of the traditional females and I am today. I'm not unhappy picking up a pot and a pan. We are old enough and I still ascribe to some of the more traditional roles and I am okay with that. I never thought I was lesser for it.

DC: yes

SF: but she went after that piece of it in you and made you squirm. That is my memory of that and I do remember my husband not wanting to go to social events because he was made to feel pretty uncomfortable.

DC: So when the majority of the faculty resigned, did you resign at that time?

SF: No. I was all part of that was there. You are talking about when they marched on the board?

DC: Spring of 1980.

SF: Yes, I was there.

DC: The Dean and all the administrators resigned and a certain percentage of all the faculty.

SF: No, I stayed.

DC: You stayed.

SF: There were a lot of us that were clinical faculty. That was quite the time and I wish that I had written some of these things down. Again, we were not a very big group and we all went together and marched on this Board of Trustees and demanded. It was all part of it, this activist piece. Maybe in retrospect, this was all part of her design. I don't know as I was just too flat out naïve to know that or understand some of that. Some of that, I think, went over my head but throwing out mandates to the university about the School of Medicine, and the Dean, and all this stuff and I had never seen or participated but you went along with it. I went along with it, it was sort of crowd mentality and a part of me I still remember being exhilarated with the power but scared to death. I was all of about 32, or maybe 31, I wasn't exactly a bold New Yorker – that just wasn't me. So it was quite an experience and quite a time that I have never seen replicated in my lifetime. I have been part of the Me Too movement and went on women's marches, all that stuff I have always done stuff like that but never anything with the aggressive I don't care what the consequences are. It was almost a behavior. I always cared about consequences. I didn't come from a Catholic school Donna, but I got to tell you there was always a nun in my head from grammar school,

DC: yes, yes

SF: but it was like the consequences didn't matter. I remember being afraid of that a little bit but you were swept along, you know, with the group and was sort of bolstered up with the group so you went along and were braver than, I think, I felt in my stomach. They wanted Ray to get involved because he was an attorney, like your hubby, and help

DC: Right

SF: and he backed off. He felt it was not appropriate for him to be involved in the politics of what was going on at the time. He has said on more than one occasion that he is sorry he didn't, which I always found interesting. In retrospect he looks back and was a little bit afraid too. You know young in your career and feeling somewhat exposed by it, you know.

DC: when I think back, Gillium was on the board of Trustees and he was a senior partner in Bob's firm and I asked Bob "well can't you talk to him and talk some sense into him, and he did send him a letter. When I think back I didn't realize at the time that he was not a partner yet – well, he loved me a lot. (laugh)

SF: you get exposed. At the time there was not much sympathy. People, I think, just didn't understand what the hell the big deal was anyway. I don't get you ladies. Again, I think it was just the era, appearing to make something perhaps at nothing, but I think Gert enjoyed the fight.

DC: I think that is a good observation. So, let me think. Were you finishing working on your doctoral degree during that period of time also?

SF: Yes. I became aware, I think one of your questions sort of alludes to what imprint did this all had on you. I became aware that I needed to go back to school. I never really thought much about it when I got there; I thought good for me, pat on the back, I have a graduate degree but as I watched I thought, no no I really need to get this Ph.D. If I am going to stay in the academic setting, then I want to go back and get a degree; so it was clearly – she encouraged sort of that life-long learning and pushed at those of us, like me, to go back to school and at the time, I thought I wanted a career in academia, just straight academia and I knew that the doctoral degree was a piece of that. The irony was that I didn't but I never never regretted going back and getting that degree and that was the perfect time to do it, you know.

DC: Yes yes. So at what point did you leave Wright State and go over to Miami Valley?

SF: Well I actually went – well my third one was born in June 79 and I started, I forget now, when I started at Ohio State. I started to go full time and work part-time – sort of flip it over.

DC: Right.

SF: It was going to take too bloody long so I went to OSU and would drive from Dayton to Columbus and so I had the added pleasure of commuting 3 hours every of commuting every

day with these 3 little kids so I decided I needed to get these credits faster. So I decided to go to school full time and finish this bloody degree and when I got out, I went was recruited by Miami University at Oxford.

DC: Oh

SF: I went to Miami University

DC: I did not remember that.

SF: I remember it alright because now I had to commute to Oxford from Dayton which was worse than the commute to Columbus.

DC: Yes.

SF: They hired me to teach Research and Leadership and Dotty Y was the CNO at Miami Valley Hospital and she was on the advisory board at the School of Nursing and that is how I met Dotty and Dotty recruited me to MVH.

DC: Oh.

SF: Yes.

DC: So she recruited you to be in charge –

SF: It was 10 minutes away

DC: Oh yea. So you were recruited to be in charge of their diploma program.

SF: No I was not. I was to be in charge of their continuing ed – that whole kind of stuff in the hospital and that is how I began. I was there about a year when she called me into her office and told me that the director of the MVH School of Nursing, Ms. Rutten (I think her name was) was retiring and they had this great opportunity for me. (laugh)

DC: I love it.

SF: yes. So that is how I got to be the Director of the School. That was in addition to the other pieces of the job that I had.

DC: Okay.

SF: So you know I had – I used to chuckle to myself that I had a name tag that flipped over with several jobs on it. I thought my assisting role was full-time and then they handed me this thing with the School of Nursing and told me in one full swoop that my job was to close it up because

they deal in order to open up Wright State that they needed to close and they were the last school left. Good Samaritan had closed, St. Elizabeth had closed, I don't remember if there were others, but those two for sure had closed and Miami Valley had made a commitment in writing to the state to close that program; plus philosophically they believed in bachelorette education. I walked in to close the program.

DC: Okay.

SF: That was my role to deal with the state, the regulators, the students, the alumni. It was quite a thing for a young person who never had any experience with any of that.

DC: Interesting.

SF: Yes, it was. I was probably one of the best experiences I've ever had.

DC: So after that happened – was it when Dotty retired – you moved up into that position.

SF: Well, they kept adding on responsibilities to me and then she decided to step-aside and she took on a different administrative role. She had, I don't know, different departments and she gave up nursing and I was promoted to take on nursing and became the Chief Nursing Officer, rather than the Associate Chief Officer. I was her Associate Chief Officer.

DC: Okay.

SF: Probably another – I want to say – maybe 3 years or even 4 before she retired so she became my peer.

DC: Neat.

SF: Yes and I stepped into that role at Miami Valley and by then the School of nursing was either closed or closing because I think it was 84 or maybe 85.

DC: Yes – I think – was J????Minor in the last class?

SF: could have been

DC: she

SF: was Jan in the last

DC: class at Miami Valley School of Nursing

SF: I don't remember that but you might be right.

DC: I have interviewed her, but I don't remember. I know that she has been active in their alumni association. I have also talked with Tara Brodbeck. I don't know if you new Tara at all.

SF: A little bit, Jane very well. Tara not so much.

DC: Oh yes. One of the things I am really interested in is also what was the state – what was nursing like: Nursing as a profession and Nursing as an academic situation in the early 70's like in Dayton and now we are transitioning in the 80's to basically now there is no longer any diploma programs. Right?

SF: Correct.

DC: and stuff in Dayton

SF: Not in Dayton but in the state – I believe Cincinnati still had

DC: Christ Hospital –

SF: Yes, I think so.

DC: Very good. So let me see, what haven't I asked you about. Interaction between colleagues and students anything with students that you wanted to share with us? Do you have any memories?

SF: Depends on what programs you were looking at. If you thought about a completion program where you had RNs coming back to school, there was the continuous tedious battle of having to prove why it is important to have ongoing education and why nursing needed to be taught in the academic setting and not in the diploma school. There was a huge backlash always with that.

DC: I can imagine.

SF: It was – the belief was that they were constantly trying to prove that the students were inept, that the graduates were not competent to take a full load – you know that whole thing went on and on and on and the students themselves were – may of them reluctant and felt pressure to be in the classroom and not excited. A lot of them got excited as they got into it and then could see the benefit, but oh my

DC: yes, yes.

SF: Man, they had 100 reasons why this was just a waste of time. The physicians were a part of it. I would sit and talk to the physicians about it – you know – they thought it was all phooey. I remember one of them telling me it was cocktail party talk- this notion that a nurse needed further education and exposure to the humanities and different ways of thinking. It was just

cocktail party talk. I remember him telling me – good for me since I was an administrator and that was just dandy but for your run of the mill staff nurse – no way. There was still that hierarchy view and man but the students over time I still remember I loved the students. The students were great – they were my – the reason I did it. It was always great fun working with the students. I always loved working and seeing them grow and development. Then ?? Malls who actually was my successor at Miami Valley was one of my students. What nicer thing is something like that?

DC: That is fantastic, yes.

SF: But early on you got warn out with that attitude and because the hospital was staffed by its own graduates, probably 95% of the staff at the hospital were Miami Valley graduates. They never went anywhere. They never saw anything and never knew anything different. It was the culture and it was tough. It was tough to begin to turn the tide and bring in bachelorette students and everybody was just very happy to decorate them. You know about what they couldn't do vs. what they could do – is my memory. So you are always trying to put the case forward for why this well rounded individual was going to be healthy and more productive. There were little slits of circles of research at the time to prove the difference and then my peers when I was in the hospital setting went out of their way to talk about what these graduates couldn't do and I found that tedious.

DC: yes.

SF: I had been faculty and understood curriculum and at that point I had been one of Gert's disciples; and I got sick of the hospital CNO's always denigrating the graduates. I don't think that they understood that they were part of the problem. This went on for years – for years talking about what they can't do and even up until probably a year or two years ago, I would sit at the state level in Connecticut and listen to what bachelorette graduates needed to do to become competent, you know. That right right?

DC: yes. So talk to me a little bit about the process of what ended up as the collaborative agreement between Wright State and Miami Valley Hospital. How did that kind of evolve and anything you would like to share about it? I will be honest that I have four ringed notebooks of the minutes of all of the meetings. (laugh)

SF: You probably have more detail than I remember.

DC: What jumps out at you as far – how did it evolve, double processes, it looks like it was a several year process.

SF: It was. You know, I got the opportunity to lead the closure of the diploma school and the board of the hospital definitely had a vision and I am sure that Dotty influenced it – that they wanted to stay in the business of education and they believe it was important for the hospital to be involved in the education of the nurse but not the diploma school. So they envisioned the

closure occurring, concurring with the opening of a new program. They wanted to have say in it and they wanted to have some control in it and they wanted to have Miami Valley hospital to be the prime site for this education to occur because there was recognition that the staff of the institution at the time were many many years of Miami Valley graduates and they believed it was the finest hospital in town and it had already a strong alignment with WSU to sponsor residencies and fellowships and ultimately the school of Medicine and they wanted to maintain a presence in nursing education but they didn't necessarily want to own it the way they did the diploma program. There were a lot of run sheets done on revenue and income and expenses and what it was for the diploma school and what it might be with the bachelorette program, but the real issue was wanting to maintain some level of control and making sure those students had the exposure to the culture, the way of doing business, and to employment opportunities in the future once that diploma school closed. There were a lot of different motivations and they were good ones. So I was put into the position of being the lead for the hospital and Janet Lancaster was my perfect partner.

DC: oh yes – definitely

SF: I couldn't have asked for a better partner because we viewed the world through the same rose colored lenses, she and I. We got along very well and we had a really nice relationship. It wasn't so easy with the faculty on either side of the street. It wasn't easy with parents trying to say that we are closing this but this is what we can do for your daughter. I think there was a son in the diploma school classes. But this is what I can do for your daughter and describing credits and again having to prove the value of education and the cost effectiveness of what it would be. So it was a most interesting and fascinating time – always getting up and making speeches to the alumni, the community groups, this group, that group, and Jeannette and I did a lot together and I even remember the brew-ha-ha with the name.

DC: oh yes. There is still some Brew-haha with that.

SF: If that so.

DC: yes.

SF: Well originally the hospital put forward as Wright State University Miami Valley School of Nursing (with the hyphen).

DC: yes.

SF: There was so much concern, mostly from the WSU faculty. My member is that the name hospital in the name, they thought that then would depict another diploma program and ultimately everybody agreed as long as the name Miami Valley was in its name it was fine. We then dropped the campaign, if you would, to have the word hospital there; but that created some problems in the ranks.

DC: yes. I can imagine.

SF: Ultimately, the right name was Wright State University-Miami Valley School of Nursing. It was not college of nursing, it was School of Nursing. We had to design a new pin, a new cap, and all the new crapola that went with that at the time. It was really an interesting experience. I don't know that I appreciated it as I did years later. You know. Working with Jeanette, she and I could spin a tale. We had great ideas and we weren't the best at figuring out what was reasonable to implement. We would turn it over (laugh) you figure out how to make that happen. We sure had grand ideas and believed it was the right thing and the hospital sealed the deal with \$80,000 is my memory.

DC: yep.

SF: is that right?

DC: Yes – I have a copy of it.

SF: That was to be an annual check and there was even a babble about where those monies would go. The university wanted it to go to the general fund and the school of nursing wanted it into their budget and I actually don't remember where it landed.

DC: It landed in the school's budget which is fortuitous.

SF: But there was a lot of pressure from the university to put it into the general fund and \$8,000 was a lot of money.

DC: oh yes.

SF: back then, you know. And we did all sorts of things. We defined faculty roles, we defined joint appointments, we tried to – we defined that all the students had to take their clinicals at Miami Valley unless if the content area was not offered; so, like pediatrics – they went to Dayton Children's.

DC: right

SF: We didn't have pediatrics and Public Health Nursing, Community Based Nursing, there really wasn't areas at the hospital but almost everything else was done there. Then those students had first dips on all the clinical environments, which created over time a lot of goodwill with the other programs because Miami Valley grew in stature, grew in importance, grew in its programs, and grew in its quality. It wasn't, I don't know if I would say it wasn't as good when I started but boy-oh-boy it got good overtime and brought in a lot of new programs. It was an exciting institution compared to St. Elizabeth's, Grandview, Good Sam, and the rest of them, it was the place to be and the other programs would be beating on my door to say that these students over here take all the clinical time and energy but that was contractual.

DC: right

SF: Absolutely contractual so we had first dibs on those graduates and over time the culture changes from that diploma mentality and you watched nursing blossom. That was my era as CNO.

DC: yes.

SF: When I think about the opportunities I had, I didn't appreciate it as it was dammed hard work to do all that, but it was great opportunities. We built that from scratch.

DC: So examples of things you feel like maybe had an impact from all that, would that be like the clinical ladder, the shared governance model?

SF: Absolutely.

DC: The fact that I can say that and I didn't work there shows that they were well known.

SF: They were well known and the environment for nursing was, for the day, it was a powerfully good place for a nurse to learn how to nurse and for students to learn. The role of the nurse evolved and the role of the leaders of nursing evolved from the old – you know when I got there, you had the old head nurse model and you know that changed to a real leader at a unit or department level and I had everybody go back and I made it mandatory to have a Bachelor's degree and then I made it mandatory to have a Master's degree. They were up in arms, but they always supported me so it took time. I was there 15 years and it probably took 8-10 for that mentality to – you now people just went back. If you wanted to say – if you wanted to be a nursing leader at Miami Valley Hospital, then you went back and you got that education and if you chose not to, then goodbye. They left if they chose not to and overtime you watched the mix of staff begin to change from 5% BSN to 20% BSN. People were starting to go back to school because there was peer pressure. We had CNS's and APRN's and practitioners and people in different roles and that occurred in my era and it was exciting and it was a magnet environment, well before the place pursued being a magnet institution. Nursing was very well respected. When I left, Tom ?? said to me, "you have had one hell of a time. (laugh) You won't be Cinderella where you are going." People called me that in the State, because they believed I got everything I wanted.

DC: Really?

SF: No matter what it was, I got it; and the rest of the world had to struggle, but me – I was the golden girl and so I never had constraints with budget or if I wanted to do something the leadership and my peers, everybody agreed - they had no idea; but that was the belief system and I was on a role.

DC: Excellent

SF: It was hard to go.

DC: That is kind of like indicative of Dayton as the concept of innovation in Dayton. That is, you are allowed to do things in Dayton that you couldn't do other places because it is Dayton. You know?

SF: yes –

DC: So tell me – when you moved to Yale to work there, do you feel like you had things/experiences from Wright State that carried over and had an impact on your career there?

SF: yes, oh yes. I went to an institution that was a “blue blood” place, which was part of its intrigue. It had a clinical ladder. Joyce Clifford had a big influence on what happened with nursing there, through one of her disciples, who was a CNO, somebody named Trisha who just passed away a couple of years ago. Trish somewhat preceded me. There was a well established clinical ladder, there was a believe that input into practice was important at the staff nurse level, but the structure was absent, but the philosophy was there and there was a strong tuition reimbursement program for the staff to go back to school and what else was there? Well, the role was more, the role of the staff was more independent, I guess. I came on the heels of practice redesign and the consultants that had been there were APM and they had redesigned actually the entire place and had really pulled tons of money out of the budget. They had wacked through a lot of developmental programs – almost eliminated them. It was a damaged staff when I came and I spent my first three years rebuilding just to get back to square one before you could move it forward. I always had a lot of support – they didn't give me free money, but they gave me free-reign and they didn't get in my way having of having energy around the division but it took time to convince the staff of 2 things: 1) That they were going to be part of it and 2) I was going to stay. The CNOs that preceded me would stay 2-3 years and get out. It was not an easy place to work

DC: yea

SF: never has been but I got used to it. It was not warm and fuzzy the way I found Miami Valley. The physician role, to this day, is still a very dominant role in that academic setting and it took me forever to kind of move nursing up into that realm. It is still not there, but boy did it progress, I just got tired at the end and I knew it was time to go. But it was not a really woman friendly place and it was hard to find out who were your comrades were to create alliances. The faculty of the school of medicine were building their careers and I didn't understand that so there were very few physician partners. It took me a while to figure out – wow how come. The school of nursing was not aligned the way Wright State was so that took a while for that to happen too. At Yale School of Nursing does not produce Bachelorette graduates it produces

Master degree graduates who are set up for APRN advanced practice and doctoral work so you didn't had the feeder groups.

DC: That's different.

SF: I had just such a string of success from where I came from that I knew the right things to do and I knew the difference it would take but it took me twice as long – twice as long. Anything took me twice as long. But it was good and ultimately once we started to get traction and my credibility was established, and that took time, then we just moved forward, and moved forward, and moved forward. It was nowhere near as advanced as Miami Valley Hospital was and that surprised me. My perception was that the east coast and the west coast would be far ahead for your innovation piece but that is not true. The Midwest was far more advanced we had done far many more things that were exciting in research and the role of the nurse. The east coast was stuck in the role of this “blue blood” tradition, you know and I was shocked. I didn't get it. I always used to think to myself, that I didn't ask the right questions when they interviewed me. (laugh) It took time, but eventually we got there and really started to move it. All that stuff at Wright State influenced me in what I could do, my role, I stood up for myself, that was good and that was Gert ??.

DC: That is just what I was going to ask you – if you compared or contrasted your leadership style, which was always evolving. as we all know, that you used at Miami Valley as well as at Yale – how you compared that with Gert's? I think you hit the nail on the head there.

SF: Yes more and more direct, more and more assertive, more and more politically astute, more and more strategic, thoughtful about the moves I made and I would wait and I understood the power of waiting and had a goal and knew how to set up the steps, sometimes over a few years and I would think it would take me a few years to get there, but get there we will and I was tenacious and people felt – they would say you are stubborn and I'd say no I'm tenacious.

DC: I love that – that is so good.

SF: yes, you won't back me down and the other thing that I got, probably from the hospital setting, I understood the power of physician relationships and when I got to New Haven there was not a strong relationship between medicine and nursing, but when I left there was. I understood nurses needed partners – if it was going to be successful, it couldn't be a nursing initiative, it had to be a patient oriented initiative.

DC: Cool

SF: Yes and that came from that background. I had these great partners and nobody wanted to partner with me because that would ruin their career because any time spent partnering with me with initiatives was taking away from their research and writing grants and I thought how could that be.

DC: Yes, yes

SF: But it was part of my learning curve when I got there, but I knew it couldn't be nursing initiatives. It just took longer to find those partners, but find them, I did. I was persistent with finding them and then making sure we spoke on behalf of the patient. Those were some of the folks that were still my friends when I retired and they came to my dinner.

DC: Very good. I think I have probably asked everything I was going to ask in general. Anything else that you would like to share either at Wright State or with Wright State or in retrospect now looking back at your experiences related to Wright State?

SF: Well, I think that the collaborate work that Jeannette and I did and then Donna Dean after her was unique for the time and we wrote about it and we went on the speaker circuit with it and it was a hot topic, you know; and that relationship with service – patient – people aspired to it but they didn't do it but we did it and it wasn't always easy and it was far from perfect but you know I do think there was mutual respect between Jeannette and myself and ??? from our mutual bosses to let us sort of clean it out a bit. They didn't tell us what to do it or how to do it but that mutual respect for the greater good we always agreed there was going to be this greater good that was going to come of it but I remember how unique it was and it always served me well. The boards I have been on since, the groups and organizations I have been part of, I've always been able to speak to why it is so important to have a partner – you can't just sit up there and demand things on your own whether you are the educational institution or whether you are the provider based. Nobody is served well, but it still happens that the –was it last year there was a new dean at Yale who was appointed. I think she started probably in July of 2016; and she invited me to the first Dean's meeting, the AACN meeting that was held in Washington, DC, for partners and she and I went. Her name is Anne K?? and there were only 40 of us there who came with their partner who was the Dean out of about 400 people.

DC: Wow.

SF: I was struck by how few were invited.

DC: So did the person from Miami Valley come (name)?

SF: I don't think so

DC: you would have remembered him. We just remember the guys.

SF: I don't think he was there. I knew many of my peers. Maybe 40 and I don't think I'm exaggerating and there was probably 400 Deans in the room.

DC: Wow.

SF: There must have been 10 of the 40 who were from the Armed Forces. The Armed Forces came in mass. The Veterans Administration – they were a real interesting group and then there were probably 30 of us and probably 15 of us were from big ANCs like me: NYU, Indiana, Florida, not a lot of community based, I'm sure there were some but I knew a lot of the big ANC people because they were the sort of people I hung around with.

DC: Right

SF: for awhile – well for the better part of 20 years actually so I knew them and knew them well, but I was really struck with how few CNOs came and the whole curriculum for the entire 2½ days was about partnership and future state and the role of the nurse and advanced practice and it was really helpful and very interesting meeting but very few of us were there so I think it ain't there yet. Still a struggle for people to get around the table and see the good in each other.

DC: yes

SF: Well, it is still the blame game for places like in Ohio – it was the Ohio Nursing Association and it is still the blame for these Bachelorette graduates don't know what the hell they are doing when the graduate and I think "oh give me a break."

DC: laugh – that is wild

SF: give me a break. All that came to me from Dayton.

DC: yes – very good

SF: it served me well.

DC: I will stop the recording now and chat with you more.

SF: Sounds good