College of Nursing & Health Oral History Project
Interview of Carol Griffith, RN, APRN, ACNP (CG)
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Interviewee: Donna Miles Curry (DMC)

DMC: Today is June 27, 2020. We are here for an interview as part of the oral history project for College of Nursing and Health for Wright State University. The interviewer is myself, Dr. Donna Miles Curry, and today we are interviewing Carol Griffith. Thank you, Carol. Carol, if you just say a few words so the transcriptionist hears your voice.

CG: Hi. My name is Carol.

DMC: Carol, to start off why don't you tell us a little bit about your background. You came to Wright State twice. I have been here 3 times myself to work, so you are like me. (laugh) So tell me about how you first came to Wright State and maybe how you got interested in nursing.

CG: Well, I am probably not maybe your average nurse as far as the calling coming in, you know. I actually started to become a veterinarian and started my college years at Ohio University in 1989. In 1991 is when I left there after 2 years. I grew up in the Dayton area, so basically too much partying going on at Ohio University for my lifestyle and for my GPA, so I came back home to Wright State and was still pursing to become a veterinarian and the more I pursued and got closer, the more I kept putting on the brakes. And honestly kept dreading signing up for courses back in the day of the course catalog. And I truly was just flipping through the course catalog wondering what other classes I could take to fill my time versus the classes I didn't want to take. Then I saw the nursing program. I honest to God opened up the course catalog, and said "I can do that." And that was how I became a nurse. Of course, it was not an easy transition. I had to apply and everything back at that time was truly based on a GPA which I had not been planning on a GPA to matter (laugh), so I did not get into Wright State's program the first time. I got in the 2nd time I applied. That was actually after, and I wished I had remembered her name, but I actually went and met with the dean at that time and said "You guys are basing this strictly on a number" and at that time, they were basing Wright State's entrance on . . . I think if you had 12 credit hours at Wright State, it was GPA only. At that point, I had over 100 hours at Wright State. I had two years in at Wright State. I am like my GPA my first semester was surely much better than it was then. I don't know what I had I think maybe 2.9. It wasn't great. It was really like I said, I had not been trying. I was just trying to get through life. So, she actually changed the process after I met with her, and you had to have a certain number of hours. So, I understand what was happening at that time was that people were coming in with a crappy GPA like mine and taking 12 credit hours at Wright State in anything, and having a 4.0 and getting into the nursing program. So, I was not very happy about that so I felt like I made an impact. Then I think after that I understand they weighted more on like an essay, than GPA, something a little more than just a number. That is what I kept telling her was that I am not a number. I had experience. I had been working for a veterinarian, so I had actually seen surgeries and assisted in surgeries as a young tech.

DMC: Oh excellent, so you really did know kind of how to handle medical situations.

CG: Yes. We had trauma with dogs being hit by cars. Had all kinds of trauma that I couldn't . . .

DMC: distraught family members

CG: Yes, had distraught family members (laugh).

DMC: You know, I did a lot of trips on the side and in the UK, you can get a degree as a people nurse or you can get a degree as a vet nurse, so they have that there. That might have been perfect for you.

CG: Yeah, basically, I had all that on-the-job training for 6 years with this veterinarian including research. Dr. George Anstadt, well he is passed now, but his sons both live here. One is a cardiovascular surgeon associated with Wright State, I believe. The older one still works here and has a clinic. But they had the Anstadt heart cup program, Dr. George, the father was working on. I actually was exposed to that as a teenager. So that is what I was making her know. Basically, you can't base it all on a number. I have a lot more like experience than a 4.0 GPA (laugh).

DMC: So, what year was it that you started your baccalaureate in the nursing program proper?

CG: Uhm, I want to say I was actually accepted in probably '93 or '94.

DMC: Then you graduated in like . . .

CG: in '96 . . . '97. I would have started in '94 or '95. '94 I think, because I had to repeat pathophysiology

DMC: (laughing) Katie Mechlin?

CG: Actually no, it was abnormal phys.

DMC: Oh, abnormal phys

CG: Yes, Dr. Mechlin's class, uhm she is doctor, right?

DMC: Right.

CG: Actually, I did well in her class, her two classes. It was the abnormal, and I wish I could remember her name, but I was paying so much attention to my first nursing clinical that I guess I got a "D", because a "C" I think we were allowed two.

DMC: allowed two

CG: Yeah, so I had to repeat that and then got an "A" the next time, just because I paid attention. (laugh)

DMC: It all works out. So that Dean would have been Dr. Patricia Martin, was the Dean then.

CG: I wish I could say it was familiar, but it was so long ago.

DMC: Yeah, exactly. It is hard to believe how many years she has been retired, cause we had one other Dean who has been retired but actually gone to another position in another place. Then right now we have an Interim Dean until they reorganize everything from what I understand. So great!

DMC: So, what do you remember about your baccalaureate program. Do you have any memories like, do you have a favorite clinical or favorite instructor or a group of people you hung with?

CG: I actually because I was in two different classes, I actually convinced I want to say three different people who were in my science classes after I switched into nursing, they actually applied as well.

DMC: How nice!

CG: So, one of them is actually Amy Stockholm. I am trying to remember her last . . . Stockum . . . anyway, I think and got her master's also at Wright State. She was actually one of the higher ups at Miami Valley and Good Sam. I don't know if she is still working there. Her and I went through most of our nursing classes together. One went immediately to nurse anesthesiology school. I never talked to him after we all graduated. I have actually been in contact with several people from my class, because they are local. So

DMC: So, like Chris Murray?

CG: That name is familiar . . . Karen . . . I am so bad with last names. Like Mary Beth, she just got married. I cannot think.

DMC: I know with so many (laugh) different last names it is so hard.

CG: laughing—yes. Our badges only have first names.

DMC: Exactly. So, what were your clinicals like?

CG: I actually remember several of them. My first one was at the VA. Probably made the most impact on me and that is actually where I fell in love with old people. I thought I wanted to be an OB/GYN nurse in the beginning, and then was like "no" I like old men. (laughing) So I actually went through that first whole clinical without ever using my stethoscope. (laughing)

DMC: Oh wow.

CG: We just didn't know. Actually, one of those where we were not very well supervised. It wasn't very good. When I look back at it, we were just doing nursing aid skills. When I look back, there was a lot of "Oh, that could have been better." But then after that, in talking through it, I actually had Dr. Scordo her very first clinical that she had. I think she only did one or two in the undergrad program.

DMC: in your critical care class, yeah . . .

CG: Yes, so I actually had her for that. But we were actually in the nursing home.

DMC: No way.

CG: Yes, her very first clinical she was in the nursing home.

CG: You could tell that she was so above it.

DMC: Uhm Hum. Yeah.

CG: (Laugh) and necessarily so over it. She actually helped a lot, and she actually is one of the reasons and I know this is a further question but is why I went back for my masters was because of Dr. Scordo. But some of the clinicals, we had Grandview that I went to and Miami Valley. I can't honestly say that my clinical experience ever got much better. I felt like I was underserved and had to go find answers for myself. But it could have also been like I said I had had prior experience at the veterinary clinic that I always felt comfortable giving shots and starting IV's. I wasn't the one that they had to watch for. I just knew where to use my resources and always use the nurses on the floor as my resources versus my clinical instructor that I could never seem to get any attention to. (laugh)

DMC: Now where was your, did you have a final practicum kind of experience. I don't remember when they started that, but

CG: Yeah, I did it and am still in contact with Joy intermittently. She was at St. Elizabeth. Well, I think they were Franciscan at that point but on one of the step-down units. Joy Fry but I think it is a new last name again (laughing). She was excellent, and it was actually a really good experience. So, her and I enjoyed. She was an older nurse who had been around for a long time, and she had a lot of experience. That was good. My initial placement was actually at Upper Valley Medical Center in the ICU. I had no intentions of every going into an ICU, at that point, but they told me I would be excellent there. I was like "no, no, no" I don't need that, so I asked for a placement somewhere else. They told me that is where I would be going, and I said I don't want an ICU experience. How can I learn just to take care of two people? I would be so bored. Little did I know.

DMC: Truthfully, having been behind the scenes, that was a compliment to you because everyone didn't get, you had to be a strong student to get placed there, so

CG: Yeah, I didn't realize that at the time.

DMC: We were not good about telling you guys when you were really good. We were good about telling you when you weren't. (laughing). It is sad. Yeah, you had to be really good to get placed there.

CG: Yeah, like I said, I took it as an insult. I was like "Two patients, that is what they want me to learn how to take care of, two." (laughing)

DMC: You know now. Don't you? So now when you graduated from your undergrad what did you do?

CG: I graduated in ninety and I always get this confused because of my wedding as to which one was which (laugh). I graduated in '97. I got married in '96, graduated in '97, child in '98.

DMC: Oh my gosh!

CG: Yes, I had just started my first nursing job, and two days later got pregnant. So, it was not how we had planned anything.

DMC: So where did you work?

CG: I went immediately to St. E's which I was there as or Franciscan. I was already there as one of their HUCs (Health Unit Coordinator). I really enjoyed the people I worked with and actually the Assistant Nurse Manager that I was working under as a HUC, went to be a manager on one of their step-down cardiac units and asked me to come work with her. I have never interviewed for a job. I have always been asked to come. So, which is that is actually where I go . . .

DMC: You can pat yourself on the back for that.

CG: She had talked to Joy cause they had been friends. St. E's was a small community. So, she had talked to Joy, and she had seen how I worked as a HUC. They had monitor watchers back at that time, so I had some EKG experience which became a base for my whole cardiac issue. You know the whole cardiac lifestyle that I have had since then. I was there for 2 years and when what I call when the rats started living the ship, I followed. I started seeing all the nurse managers leaving and my nurse manager at the time, Sherrill Johnson, went over to Good Sam and she asked me again to come over. So, I followed Sherrill to Good Sam. I stayed there for 5 years. It was a step-down cardiac unit, and they started having race issues over there.

DMC: Really, wow!

CG: Yes, and I understand now it is probably not a good thing, I always considered myself race blind. I never really kind of saw color. But they started dividing over there, and it because an issue on our unit. So, the nurse manager at that time called me into the unit and told me I was no longer allowed to speak, and I was a team leader there, unless I was having patient care. I could not have personal relationships. I was very strange. (laughing)

DMC: Like with you patients you couldn't . . .

CG: No, with other nurses. We had a pretty good mix of both white, black, and Filipino. I had trained and am still in contact with some of the black nurses. They were graduates who had placed with me. So, it really was an ugly time. I was actually devastated that this was happening cause it was friendships that was being lost over it. I was somewhat outspoken about it. Was like "Hey, we are all one team." I was not well liked (laugh), because I am outspoken. So anyway she told me I was not allowed to. . . now I remember . . . one of the, what do you call them, administrator assistants, or AO's, she came in and asked me how things were going, and I said "I think we are doing okay, we are starting to do well." Someone overheard that and said "Carol is spreading rumors to the AO about this race issue." I flat out told the manager "No, that is not what I was doing." She asked me the question, and I responded in a pretty diplomatic way that was positive. She told me that I wasn't allowed to speak anymore unless it was about a patient care issue. You can't have a conversation at the nurses' station. I actually quite on the spot. I told them it was effective at 3:30 which was about an hour and a half later, and at the end of my shift, I quit. To this day, I have thought it was probably the wrong thing to do. I probably should have went above her. But she was eventually removed from her spot, because she was the instigator of the issue. From that point, I still was working at Springfield Mercy Hospital before they had joined together with Community, so there were two locations at that point. I had a pretty sweet job out there. It was a PRN position. I had to work 72 hours in a month. This was in, I want to say, 2004, and I was making $50 an hour working second shift.

DMC: WOW! That was fantastic.

CG: I was also very vocal that nurses should be paid more. Good Sam should be paying more. Of course, they didn't like me very well as I was very vocal about it. This was also the time when unions were going through, and of course, they thought I was trying to start a union. (laughing). Oh no, they would just take my money. No, you guys should just pay us more. All these things were happening at Good Sam. So, after that, I left and went to what I call the devil. I went over to Premier—over to Miami Valley.

DMC: (laughing) I know so many people who would call it that.

CG: I worked there, but that is where I first entered the ICU. I entered there, because I liked the girls that were there. And I actually still work with them now. We have all moved onto different locations and am now reaccumulated. I was there for 5 years. I guess um that is where I actually interviewed for a job, but if you want to call it that. But interviewed there, but from that point on, I stayed there 5 years, and then Miami Valley Cardiologist asked me to come and work with them as what they considered a nurse rounder. So still a bachelor-prepared nurse, but they actually had it functioning somewhat in a nurse practitioner role.

DMC: They used to call them clinicians in other places.

CG: Yeah. So we would go in and interview patients and do basically a whole H&P with them and then present it to the physician who then would spend like 2 seconds it seemed in the room with them after we did all the work and dictated the notes based on the information we had gathered. I was there up until I graduated. One of the physicians I used to work with at Miami Valley Cardiology had left the devil and left that big paycheck they were giving him and opened up a new practice. Well, joined a practice. I did my last clinical with him. As soon as I finished my clinical with him, and said, "Hope I will see you once I am done with graduation." He said, "What are you talking about? Go talk to Tammy the Manager. You are starting work here tomorrow." (laughing). He wasn't ready to give me up quite yet even as a nurse.

DMC: That is wild.

CG: But I have been there and that is Buckeye Heart.

DMC: Oh wow. If you don't mind, I would like to go back and get a little clarity. What was the race issue that was going on at Good Sam? Like right now racism is a big issue. I was just curious about what it was about.

CG: I, actually, to be honest, don't remember too much other than . . . cause Sherrill was black, the manager that was there that I followed from Good Sam. After she left, we had almost a 2-year period where we had interim nurse managers. Then the other nurse manager came from Grandview. She actually was a nurse manager from St. Elizabeth. I thought that she had a really good reputation there, but I don't honestly know if, I don't know what the initial sighting issue was, except that it became a very hostile work environment.

DMC: Oh my gosh!

CG: People were being asked to take sides and which went to the Filipino nurses particularly asking them "Are you on the White side or on the Black side?" I don't remember what started it.

DMC: Yeah, what was the issue?

CG: I don't know. I always considered us an excellent team and a really good spot to work. So, I don't know if somebody's feelings got hurt and blamed it on race and could have been from either side as there were just as many nurse team leaders that were Black, Pilipino, and White. From what I remember, there were pretty equal numbers, so I don't know like if someone's feelings got hurt over a position or an assignment. Then went to the nurse manager who seemed to be, I thought, stirring it up. So, I kind of think that it started with her and ended with her.

DMC: It is interesting how politics happen and just within a unit.

CG: It was almost awful to go to work, because there were those of us who were friends and we all had little kids at the time. It was pretty much a young unit with mid 20's to 30's with a lot of little ones that we had pictures of hanging up everywhere. So, we didn't have a big social life outside of work. But we had a lot of mom sharing stories. So, I really don't know what it was, but it just became hostile to work there.

DMC: Wow!

CG: Like I said when somebody tells me I can't speak unless it is about patient care, it is not a very big. . . I am one that listens more than talks . . . it really is like yeah; I don't think so.

DMC: That is amazing. That is fascinating.

CG: It was so long ago probably 15 or 16 years ago, but the girls that I was friends with then, I am still friends with now. We have a Facebook sort of relationship. Actually, if I think about it, only one of them is White. (laughing).

DMC: That is amazing! So now you worked a lot in critical care. How did you decide to go onto grad school?

CG: Once again, somebody told me I couldn't! (laughing). I remember hearing about the nurse practitioner program when I was at Good Sam and that Dr. Scordo was starting it. I was a relatively new nurse there, and I thought I needed more experience. I thought that would be something pretty cool to do. Then doing the job kind of through the Miami Valley Cardiology and that I had as much experience but not all the knowledge . . . still had a lot of experience in cardiology. No paycheck. None of the responsibility. Then one of the younger nurses that I

had actually trained, she went through the program. Now she is one that I would call way ahead of the game. She easily did the program, and Dr. Scordo actually loved her. But she had only had 3 years of experience when she went into the program.

DMC: Wow.

CG: At that point, I had had about 15 or 16 years of experience as a nurse, and I went "okay I have put off doing it. I have plenty of years of experience. My kids are older." They were in high school, and my husband was the final push. He had actually been telling me I need to do it for a long time.

DMC: Oh, wonderful.

CG: But I had anxiety and thought I would have to take the GRE test which I saw a lot of people going into like nurse anesthesia, and they had to take this GRE, and I was like I am not doing that. (laughing). But then my husband went back to school. Started straight from the beginning. He already had an associate's degree, but started back and got his bachelor's from Wright State. Got his master's from Wright State, and no joke he said "Now that I have my masters and you don't, now you have to call me master." (laughing). I said "no". So I applied. Dr. Scordo told me I couldn't, and she actually didn't let me in. I had to beg her. I truly begged her.

DMC: Really? I thought you would have.

CG: It was the GPA.

DMC: Oh, I see that is what she was looking at.

CG: I again had to say the number does not count for what I have, cause I am a terrible test taker (laughing) but I told her I could. I told her I would prove it, so she let me.

DMC: So, what did your husband get his degree in?

CG: He is actually a math teacher. He was a machinist at the time I started way back at Mercy in Springfield making that pretty money. He became "Mr. Mom." I think my daughter was a first grader and my son was 4. So, he stayed at home, and once they got into basically the take care of yourself age, he went back to school. Started from the beginning. Started at Sinclair. He was a machinist like I said before that. Then went to Wright State and got his master's. Had planned on teaching math, but Sinclair had opened up a program for someone to teach math and machining. So, it was the perfect spot.

DMC: Yeah, perfect.

CG: Now he's been there. He is a tenured professor there. It has just really worked out well.

DMC: It is a wonderful place there. That is great. Good for him.

CG: My daughter actually graduated just this 2020 with her master's at Wright State, (laughing) so we are a Wright State family.

DMC: You are! Excellent! Cool.

DMC: So now tell me about . . . you shared with me about the challenges of getting into the program, so what was the program like for you?

CG: The master's program?

DMC: Yes, the nurse practitioner program.

CG: I absolutely loved it. Loved it. Cried probably every day (laughing).

DMC: Cause?

CG: Cause it was tough. You know I was still working full time which Dr. Scordo said "you cannot work full time." At the time my husband was . . . we probably could have afforded to do it, but we were barely making it by. We had my kids in school—private school and trying to pay for Wright State. But it was tough. With trying to work full time and doing the clinicals. Well, not necessarily the clinicals, but the first part with 2-3 classes every semester.

DMC: That is a lot, yeah.

CG: It's, you know, come home from work, do the class, work every weekend on papers. The first little bit was not as bad, because a lot of it was you know the fluff courses. But as soon as you reach into Dr. Scordo's classes, there is no, there wasn't no, you couldn't just float by. She would not let you (laughing). The courses were tough. The other ones were, I don't want to say just busy work, but they were your nursing courses.

DMC: Do you think because you had done Wright State's undergrad a lot of it wasn't like new to you?

CG: Wright State's bachelor's program I remember being quite tough as far as I had to study a lot. But was working full time at the same time too. I think maybe it might have helped. It still had the same like puff courses. They were not challenging as far as hard to understand concepts. It was just a lot of work. I actually remember the community nursing course was the hardest one (laughing). There were a lot of people that actually did not do well in that course. I think it was because there were a lot of new concepts in there.

DMC: It is very different.

CG: That actually is the one, and I can't remember what it was called in the master's program, but for me, again, what? this is not something I even know. It was the same kind of struggle to try to figure it out.

DMC: Interesting, yeah.

CG: You know the theories you can behind and pull from them. You know the same theory courses. Those I think were kind of similar a little bit from bachelor's to masters. They were basically a step above a different one.

DMC: So how were your clinicals in the graduate program? What kinds of places or settings do you get to go?

CG: Those you found yourself. Some of my peers had difficulty finding them. Maybe it was because I had been at Miami Valley 10 years and a lot of the same physicians I knew through Good Sam as well as even St. E's some of them were the same. But I had made a lot of connections with those docs. And being in the ICU, for those couple years, you know 5-6 years, you work with them a little bit one-on-one. Then of course working with Miami Valley Cardiology as the nurse rounder, I worked a lot one-on-one and had a lot of good relationships with the docs. I personally didn't have any trouble. I actually could have done 3-4 different ones and helped some of my peers connected.

DMC: That was nice.

CG: Some of the other ones who had not been a nurse as long or were from other areas, they had more difficulty. Dr. Scordo made sure we had a spot. I actually came into the program and one of the things that let me in was that I had already gotten my clinical placements. You know I am already there. I used two of them the last one. I was with the physician I work with now. I could not have used him, because I was working for that group. But since he left and was with a different group, I was able to use him as the preceptor. But the clinicals first I did one with the nurse practitioner who actually started in the same kind of spot I did with the pulmonary group. So, she knew basically the struggle that we go through from nurse to nurse practitioner. That was extremely important that Dr. Scordo had us first do a clinical with a nurse practitioner rather than a physician.

DMC: Okay, yeah.

CG: She kind of helped me learn roles a bit more and try and figure out the jump . . .

DMC: What was the biggest piece of the jump? How would you describe that when you are talking to somebody?

CG: I think it is more the autonomy and the responsibility. It is easy to stand at the bedside and go and make the phone call "I think he needs some lasiks. He's got rales and stats too low, urine output's low." But to actually put the order in under your own name.

DMC: Oh yeah . . .

CG: I didn't think it would be that way. My friend, Allison, whom I had trained as a new nurse, she went through the program before me. She also came and worked for Miami Valley Cardiology as a nurse rounder and then jumped right into the role. She is like it is different. I am like "Allison, you are fine. You know what you are doing. You have been trained. You have the backups of the docs if you need it. They will help you." She was like, "No, it is so much scarier. I am going to kill somebody." I am like "No, you are not." Then to go through it myself, was like "oh!" And I didn't really truly experience it as a student. It was more in the office setting which surprised me. Now I worked primarily in the office versus some in the hospital. The hospital I am still just as comfortable. It is fine. I have got it. We are going to check labs within 24 hours instead of sending someone home with a new medication they are going to take and nobody's going to be watching them (laughing). With a major, like I said, it is scary.

DMC: That is very good. So, then you finished it and where did you say your first job was . . .

CG: I worked for a cardiologist. I say, "I work for," but I should say "I work with."

DMC: Right, yeah.

CG: And if you ask him, he says he works for me (laughing).

DMC: Oh how . . . I love it! I love it!

CG: I have probably one of the best jobs I can think of, honestly, cause it is a small group. We don't necessarily work for money. I mean yes, we work for our paycheck, but we always feel like we are working for the patient. Even during this COVID thing, before we ever knew what was going to happen with people being laid off and furloughed and such, we shut our doors down for one week. Well, 4 days, because our office was exposed early.

DMC: My gosh!

CG: And the other nurse practitioner that works for us actually became sick with COVID. So, we closed our doors to figure out who was going to get sick and who wasn't. Then we opened

back up, and we were trying to figure out how we were going to patients. For us to see 45-50 patients between me and the other physician that I work with in an 8-hour day, was nothing. There would be waiting plus testing. We have a nuclear camera in our office so we would have a waiting room full of people in a small, small space. We really backed that down, but that meant less staff. So, the physicians that I worked with actually stopped taking a paycheck themselves, all 3 of them. They paid staff for 32 hours, basically whether they were working 32 hours or not. They said "This is what we can afford. We ran the numbers." Looking back though some of them said "Oh if we would have just furloughed them, made more money." Yeah, with that $600 extra per week, but we didn't know that. But those were the kind of guys, like I said. I never lost a pay check. I was working from home during all of this for two months. Doing telehealth visits which don't pay hardly anything. But the guys were paying everyone. Despite us literally losing money, they still paid everyone. And that is who I wanted to work for. Those were the type of people. And that is why I said I never had to go work for the devil who were laying nurse practitioners off, having to take their vacation, instead of just saying "no, we have the money."

DMC: Wow. So, when you say the telehealth doesn't pay explain that.

CG: I would have to go back and look.

DMC: They don't pay as much for telehealth?

CG: No, you don't get paid.

DMC: I didn't know that.

CG: They did open it back up and we were not using video because we are a small company. We didn't have video technology that we knew what we were doing with. Looking back, we probably could have used like the Zoom and some other things, but it took us a while cause we didn't have the resources. I would have had to have a camera (laughing).

DMC: That makes sense, yeah, that makes sense. I had no idea about that finance background of running a practice. I have only worked in a hospital system, so you are oblivious to all of that. I just got my salary. I did my job. I didn't have to worry about keeping the roof over the . . .

CG: paying the rent, paying the employees and all of that. It is kind of nice being in the small practice, because they do talk to us. Dr. BK who I work with, he's been in Dayton for 25 years or so, he has always taken care of us as far as staff. Even in the other practice, he would buy us lunch and still buys the entire staff lunch nearly everyday that he works. We usually work through lunch (laughing), but you at least, have a lunch coming through. It is just a good practice to work with.

DMC: so, they have like a partnership model the doctors are partners?. . .

CG: The 3 doctors are: Dr. Sinnathamby, Dr. B.K. Srivastava, and Dr. Mark Krebs. It started with doctor Sinnathamby. He actually inherited the practice from his father. Dr. Sinnathamby is a Dayton local. Dr. Krebs is a Dayton local. BK joined Dr. Krebs after he left Premier. Then Dr. Krebs when Good Sam closed did not like the big group of 40 doctors where you are lost. So, he actually left that position as well, so it's a physician-owned company. Nurse practitioners, they are still honestly trying to figure out how to use us appropriately cause they are old school docs. They are all reaching 60. Even though they have all worked with them, they don't consider us as equals. But I am their employee, so there are some learning curves, because BK and I are also friends. There are major learning curves trying to figure out employees, versus business owners, versus all of that so.

DMC: You nurse practitioners are probably different than the family nurse practitioners. Cause I have known some of the family nurse practitioners who are partners and their practice is not much different as to what to do whereas, your position and what you can do, is a little more special with the electro whatever . . .

CG: electrophysiology

DMC: Yes, if you are a physician in that area, you need to do that. That specialty is . . .

CG: So, there is a lot of skill set that they have

DMC: that is different. It is different. You can't do the same thing for everybody.

CG: No, it is different, and we kind of work more as a team. Dr. BK and I more of what I call the mechanics of the heart. Dr. Krebs is the electrician, and Dr. Sinnathamby is our plumber.

DMC: I love it! I love it!

CG: Yeah, we each have, it is just an easier way to, and there is one doc who has a nurse practitioner, and Dr. Sinnathamby has a PA who has worked with him for 10 years or so. Like I said we are on teams in small offices, so we rotate through our 3 locations and be there on different days. The billing on like the Level 4 or Level 3, and if I remember right, like in the office as long as you have all the parts in your notes, you can bill it basically. It is not on a time situation; however, the telehealth is strictly based on time. You had to spend at least 7 minutes for Level 1. Fourteen I think for 2. Twenty-three minutes for Level 3. Yes, 40 minutes for Level 4, and I think it was over 60 minutes for Level 5. So, the billing itself, and I don't think it even paid for like a normal Level 4 for like a cardiology visit is like $200 for an office visit.

DMC: Oh my god, that is not much is it?

CG: No, so if you spend 40 minutes you don't get the same reimbursement. That is not very long. Most of our visits for us nurse practitioners were set up for 30-minute slots. But the Medicare guidelines came through was strictly nothing about what was on your notes. It was strictly how much time did you spend? So, was that time spent just on the phone with them or did it include reviewing the chart? They didn't say.

DMC: Interesting.

CG: So, we played it safe and sent it with the exact amount of time we spend on the phone with them was what we billed.

DMC: Sure.

CG: There were a lot of Level 2's and a few Level 3's. Very rare Level 4's. Like I said we did not bring near the income in that we normally would have.

DMC: Very good. So, in reflecting on all of your Wright State experiences, how would you say that all of your Wright State experiences have affected your career?

CG: Actually, I think in the beginning with the bachelor's, there was that and I think it was because Sinclair had such a good strong program, that you were actually looked at as a bachelor's as not as well prepared as a Sinclair nurse.

DMC: Seriously? Oh my gosh!

CG: Yeah, there was a very strong reputation. Sinclair nurses still when they come out are still excellent. Maybe the first year, I would say, that Wright State nurses caught up clinically. But then continued to pass the Sinclair nurse. That was my experience, because we had the knowledge behind. You just didn't have the experience. So, I think Sinclair prepared their nurses clinically so that they could jump right in. They had a lot more on the job training. I think they spent more hours than we did. I don't know where that balanced out.

DMC: I've never really looked at that.

CG: You know the reputation that carried, Sinclair versus Wright State, at least in the beginning was something. Then, of course, now all these online courses started coming through Sinclair still carried a good reputation when the nurses show up on the units. They Wright State nurses show up and still with good standing as far as what we expected. The reputation that the acute care program had at least where I was at Miami Valley with Dr. Scordo, I mean that reputation was if you were a Scordo grad, you could come in, and that has actually had was how I got with Dr. Dr. Siva Ambalavanan who is a renal physician. He asked me what program I was going through because I asked him if I could do a clinical with him. He didn't accept students very often. I said I am doing Dr. Scordo's program. He said, "You can come and do a clinical with me." So, it was her reputation of which he was able to produce a cycle of opening up a lot of

doors for her students. Dr. Siva does not . . . I think Dr. Siva has taken on 4 students that I am aware of.

DMC: Well, it is hard for the physician's cause med school is so big. Competition may take the med students cause they tend to take their own first which I don't blame them. It is a challenge for places. Very good.

DMC: So, anything else that you would like to share with us about your experiences either as a nurse or your experiences at Wright State as we wrap this up. It has been wonderful. You have had a double header career!

CG: In general, I actually am thankful for Wright State's nursing program. I want to say it is more the individual professors versus I have not been a big fan of Wright State's process about how they get in. How they manage students. But I really feel like it is the professors that have done well for the students who invested with it. Even back then, I didn't feel like they knew what they were doing. If you look back at the time, they kept overhauling how they were going to do the bachelor's program. How they were adding, at one point, adding more clinical hours, but it was not actually at the bedside clinical hours, it was write a paper. It is like well wait a minute (laughing). So, it hurt us, but helped us at the same time. I don't know where that all falls now for clinical hours as far as what is appropriate and what is not. Cause we only spent one day a week in clinical which was never enough; whereas, Sinclair students, I know where spending two days a week. So, I think it hurt us in the beginning. Clinical professors were always excellent, and then of course, the online, not the online, but the in-person instruction was always great. Having somebody like Dr. Mechlin, Katie Mechlin, who was teaching that patho or that physiology course, that was amazing how the Wright State students do. That was a nightmare course. She would have given Dr. Scordo's tests a run for their money. That is for sure!

DMC: That is what I heard. I always when I looked at people coming into the graduate program, if they did well in Katie's class, I thought they would do fine in grad school cause if you could make it in her class, you could make it anywhere.

CG: Yes, she was something. She was big on group work. We had to do group presentations all the things you know that we basically did in nursing school that we all hate (laughing).

DMC: I know uhm.

CG: That is worse then trying to get a bunch of people with 4 different schedules all in the same spot, and with different abilities. But it was always good. The acute care program that I went through with Dr. Scordo. I mean top notch. I have zero complaints about the program she ran. Some of the other courses that she did not teach, we gave a lot of suggestions to on how to make them better. What I understand they listened.

DMC: Really?

CG: The class behind me some of the people I knew said "No, we are doing it this way." Well, that is excellent! Like our assessment classes and such we gave them some suggestions for. It seemed like they were really listening. It is really the professors, more than the administration, that has helped the students. I hope they get it straightened out there as there is nothing good to say about them now. So, I have been very vocal about the defense of Dr. Scordo and what they have done to her. I have written several letters and invaded an executive meeting.

DMC: Oh really, WOW!

CG: You find a Wright State Guardian paper.

DMC: Oh okay, I will look for it. That will be interesting.

CG: I am trying to remember when that came through, but we invaded one of the executive meetings and insisted on speaking to some of the people. Wrote many emails to the current substitute fake Dean that is up there now. Basically, told her how awful I think she is (laughing). You can feel free to release all this now. I have not made my Facebook posts. I don't mince words. I am definitely a Dr. Scordo incarnate (laughing).

DMC: Very good. Alright. Well, that is wonderful. Thank you so much. I am going to stop the recording right now.