

Wright State University-Miami Valley
College of Nursing & Health
Oral History Project

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Interview with: Gail Moddeman

Interviewee: Donna Miles Curry

Transcriber: Cherri Thompson

DMC: This is the history project for Wright State University College of Nursing & Health. The interviewer today is myself, Dr. Donna Miles Curry, and today I am interviewing Dr. Gail Moddeman. Would you like to say hello so that they have your voice?

GM: Hi, Cherri. Hi everyone.

DMC: Thank you so much Gail for letting us interview you today. You have a lot of things that you can share with us. First, just tell me a little bit about your background in nursing. Where did you go to nursing school and what year was that?

GM: I graduate from St. Elizabeth Hospital School of Nursing in Covington, KY in 1963. Then I got a bachelor's degree from Wright State in 1979, a master's from Wright State in 1983, and a PhD from the University of KY in nursing in 2000.

DMC: Great. One of the things we are interested in is what nursing was like prior to Wright State existed. Were you living in the Dayton area before that all? What stories can you tell us about your earliest experiences in nursing?

GM: Do you want to know just about Dayton or...

DMC: No, you can tell me about KY cause that is close enough.

GM: I've had a great nursing career and also some of the things I have experienced were at a hospital where I first started at St. Elizabeth's in Covington. We had 8-bed wards with no running water and no air conditioning and none of the disposable products that we use in the hospital now. They re-sterilize syringes. They resharpen medical steel needles and reused those. It was a most interesting time compared to now. There were some racial issues when we put non-Caucasians in these 8-bed wards with some of the other folks, men. They smoked in bed. They had snuff which was a nasty.....The snuff powder would be all over the sheets, and we would have to change them. We changed sheets a lot, because they perspired from not having air conditioning. We used to have rubber draw sheets, so we changed draw sheets a lot during those times. I have worked in various areas. Med-Surg (medical/surgical) is my background and then into gerontology, but I have worked at a few hospitals. The most notable is Vanderbilt in Nashville, and I worked surgical intensive. Then part of that was dialysis, so I worked in dialysis and with the transplant bunch too. I have had a great career, and then I have taught at Miami Valley Hospital School of Nursing.

DMC: So tell me about that. How is it that you came to teach at Miami Valley Hospital.

GM: Cause Miami Valley was paying for my master's degree basically back then. My master's went from '80-'83, so I had to work full time, but I had kids and I wanted off in the summers. So I applied over there, and while I was doing my master's I was still able to work at Miami Valley diploma program. That was a really good experience.

DMC: And what was it like. Describe to me a typical term. Like what did you teach?

GM: I taught surgical nursing and post-operative. I was mostly in the post-operative areas. I was in the recovery room with students, and then I was out on the post op units. It was a great experience. Even from students fainting and on and on. It was excellent. And I did orthopedics as well.

DMC: So not prior to doing that, had you worked at Miami Valley Hospital?

GM: No.

DMC: So, you came there to teach?

GM: No, I came there to work ICU in '72.

DMC: Oh, you came there to work in '72?

GM: The decade before.

DMC: So, you had worked at Miami Valley Hospital for 10 years.

GM: 10 years.

DMC: So tell me what it was like....what was ICUs like in 1972?

GM: Wow! Well, ICU's were not very big in 1972 for one thing. And I worked 2nd shift because it worked out with my family, my husband's job, my kids, and with babysitting. They were small and they were nothing—not anywhere near the sophistication that ICU is now. It was a great experience, and we had open hearts. You would have nurse with one open-heart (patient). You called it "specialing" when Ken Oberhue (MD) was there. It was a great experience, but yes the ICU's were nothing like they are today.

DMC: Amazing. And so you worked that because you are going back for your master's then you switched into teaching?

GM: Then I opened up 4NE.

DMC: Tell me what is 4NE?

GM: 4NE is med-surg also. At that time, we got the transfers out of ICU and CICU.

DMC: Oh, it is like a step-down.

GM: Yes, way back when and this was in about '74 somewhere around there. So, I opened that up and that was a great experience for me cause I had never opened a unit before. So, I had a lot of resources and helpers of course. Then I had a very good staff. We did team nursing. I would have LPNs sometimes as team leaders. They were good LPNs, and they were experienced.

DMC: Interesting.

GM: I worked with them. I helped change beds. I would make rounds everyday. Make rounds with doctors also. The LPNs had certifications to pass meds, so they could do that but I did all of the narcotics. At that time, I am trying to remember if this was at Miami Valley. I have to tell you at some places doctors smoked at the desk. There were ash trays. I can't believe I am saying this, but there were ash trays on the desk, and then nurses smoked in the break room or the report room. Well, very much the antithesis of what today brings.

DMC: Interesting. GM: Yes, it was very interesting.

DMC: So now when did you go on for your baccalaureate degree and why did you decide to do that?

GM: Then I went part-time in about '76. Well, I just knew that I needed to have a bachelor's degree, and I went to Wright State. At that time, they really did not have a program set up for RN's to come back for a bachelor's. So, I had to basically go through the whole program or much of the program. Fortunately, my diploma program had a collaborative effort with Villa Madonna College which is a small Catholic College in Covington, KY. It is now Thomas Moore College. So, I had some of the liberal arts things and gen eds taken care of--very few but some. I went there pretty much the first year. And then I decided I needed to get a bachelor's and I went part-time on 4NE, and I went to Wright State.

DMC: So, when you did your baccalaureate degree what was it like when you were going to Wright State. You are mixed in your classes with traditional students we will say. What was that like?

GM: Very interesting. Some of the traditional students clung to me, because I had so much experience. And I will just tell you at that time when I announced I was leaving to go to Wright State some of my staff members said "Oh, are you going to be one of those dumb Wright State Students?" Cause they were not very much into skills it seemed when they got their bachelors. Which has improved greatly over the years, but yes, that was one of the comments.

DMC: One of your peers at the hospital said that?

GM: Yes, am I going to be one of those dumb Wright State students that didn't know anything.

DMC: So, did you have any instructors that you had during your baccalaureate program that you remember?

GM: Oh yeah.

DMC: So, tell me about that.

GM: I remember Kathy Eckerle.

DMC: Oh, yeah.

GM: I remember Julie...I can't think of her last name. I remember she was a young OSU grad. I had her for clinical. I think I had Jan Belcher for psych. I don't remember who I had for OB.

DMC: Carmen DeCosta?

GM: No. I don't remember who I had and peds. Let me think about peds. No, I really didn't do peds I don't think.

DMC: Did you have any opportunities to place out of any of the clinical courses?

GM: They did a little later. They had where you could take a test and get out of them. I think the attitude...I will tell you, the dean at that time, Gert Torres, she thought that diploma grads were all a bunch of dummies. She would say "Oh, you diploma grads" very berating. Anyway...

DMC: Didn't you find that interesting since she herself was a diploma grad?

GM: I didn't know that. I did not know she was a diploma grad.

DMC: Yeah.

GM: Anyway, I got my bachelor's in '79 and then I went full time back at Miami Valley in Med-Surg. Then I started on my master's degree. Their tuition reimbursement was basically a full salary. It was a cool deal.

DMC: How great.

GM: Which of course is not now. None of the hospital give that deal. But anyway, so I had to work full time while I was doing my master's which was not an easy task.

DMC: Right.

GM: At that time, let's see, I started that in '80 and finished in '83, and there was quite a turnover of faculty at that time. And there was a faculty walkout, if you will, and I wasn't sure after quitting a job as a nurse manager that I was going to even have a master's program to go to, because the faculty had left—many of them.

DMC: So tell me about your master's degree. What was the title of that degree?

GM: Our master's degree was Community Nursing. I can't remember the whole long title. But as I said, my area was med-surg. I did really have some good experiences out in the community. That helped me a lot when I got master's students at Wright State later on as far as resources, facilities, and interesting things like that. I remember now I did do some peds cause I remember checking some kids' heads for lice in schools. We did a school project and mine was in Enon, Ohio. We did a thing on toothbrushing for third graders. And I don't remember the faculty, but I do remember that.

DMC: And that was part of your undergrad program—the baccalaureate program. Right?

GM: Yes. But my master's program, Sue Falco taught a theories course, and I did not do well in that. My mentality was not that theoretical at that time. I had never heard of nursing theories, because I had come out of a diploma program. She had just gotten out of a PhD program, and I had to repeat the class.

DMC: No way.

GM: Because I got a “D” in it, and so did one of my classmates who is now an MD. And she was out of a diploma program also. Anyway, it was most interesting. So we met with the Dean, and she was not receptive for any of our ideas.

DMC: Was this still Torres?

GM: Dean Torres.

DMC: So, she had not left yet.

GM: Oh no. And she could leave on her motorcycle at any time. (laugh) And her colleague was Marge Stanton. She was like an Associate Dean at that time as well.

DMC: Right.

GM: There is another lady named Pat something, and I can't remember. Anyway, but my master's program, again, there were a lot of beneficial community options in clinicals. I remember doing a clinicals at the family health center at Miami Valley, and I did another clinical with Hospice Home Health. I had at least three clinicals that I did during my master's program. I finished my master's in '83, but at that time, I was still teaching at the School of Nursing at Miami Valley.

DMC: Oh, through that whole period.

GM: Yes, through that whole period.

DMC: So, what did you do for your thesis?

GM: I didn't do a thesis.

DMC: Oh, you didn't have to do a thesis?

GM: Well, yes you could. You had an option. You could take qualifying exams for two days.

DMC: I did not know they had that option.

GM: Yes, so I took that cause I needed to get out of school by then. I was 40 years old when I finished my masters. So don't ever be afraid to go back to school at any age! So, I took some sort of qualifying exams, no that was for my doctoral program. But I took some sort of

qualifying exams and that was not exactly what they called them, but it was something like that. Somehow, I survived those. I don't even remember what I had to write on.

DMC: So, when you completed your master's degree, did you change jobs at that time?

GM: I stayed at Miami Valley but I was like a clinical educator, and at that time, I had also gotten more interested in pain, post-op pain, and also in the elderly, because we were getting a lot more elderly folks there. So, I started to go down the lane toward gerontology as well which I picked up a lot more in my doctoral program at KY. Anyway, I was clinical educator, and I did work with the geriatric folks. I had a pager/beeper and wore a lab coat over street clothes. I got involved in a little bit of research. When I left there, I was the educator for surgical services, and so I did an article with, can't remember the name—it has been a long time ago. I think it was a terrible article, but it was on arterial blood gases, and I did another one. It was about elderly surgical patients who were high risk for hypothermia, because it is so cold back there. Those were an ARON (Association of Recovery and Operating Room Nurses) that was back in the 80's. Then I did one with Kate Boyle, who was at Wright State. I can't remember what the topic was. It has been awhile.

DMC: So, around the mid '80's I understand Miami Valley made the decision to close their diploma program. Tell me what your prospective is and what you saw happening. What is the whole story behind that?

GM: Well, Sue Fitzsimons she was VP of nursing or that wasn't her title then, but basically that is what she was. She had a PhD. Of course, I had interacted with her at Wright State in my undergrad as well. Then I had a master's degree. We were fine with it, but the people who had graduated from Miami Valley especially some of the older, older grads, many who were married to the older physicians, they were not happy to see their school close. That was like closing a chapter in their life basically. We finished out the classes that were there. I believe it was about in '86 or '87.

DMC: 1987 yeah.

GM: This was when this merger, not even a merger, but a collaborative agreement occurred. I was the first one from Miami Valley to have a joint appointment between Wright State and Miami Valley. It was really an excellent experience. I did clinical. I was a clinical instructor for Wright State at the Valley, and it was wonderful, because I knew the system and I knew the resources. I could pick up the phone and call my friend in surgery and say "Hey, what have you got on for tomorrow? I have 2 students I want to send." It was just a great opportunity all the way around for anything, whether it was home health or just different options and all kinds of different clinical experiences for those students.

DMC: So, when did you consider yourself a Clinical Nurse Specialist at all?

GM: I had taken some additional courses. Let's see, I have to think about that one. I was a Clinical Specialist, a Clinical Nurse, they called them at that time. And then a Clinical Specialist so to speak. Oh my gosh, I don't know, but I got all wrapped up in this gerontology thing. And then when I went to KY is when I picked up the pharmacology that I had to have. I had to take the pathophysiology. I had pharmacology from the College of Pharmacy. More theory of course, a couple of theories courses. Three statistic courses. Fourteen semester hours of statistics. But I picked up lots of clinical, and I also was a Research Assistant. So, I saw patients daily to collect data for my advisor, and her project. It was on cervical cancer and radium implants that time (Brachytherapy). Let me think what else I did besides...so I had clinicals. Oh, I did real clinicals with collecting research data too at some of the hospitals there but mostly at the University hospital. I think I went to St. Joes hospital one time. Mostly, at the University of KY at the Medical Center. It was most interesting. I started there in '90 or '92...into the '90's. Took me a long time to do my doctorate. I had a few surgeries in there. I had kids get married. I moved to Texas. I had a lot of intervening variables.

DMC: So, did they have a time limit on how long you had to finish?

GM: Yes. Seven years. Then I applied for a one-year extension, so I was able to get that. I had to take written exams for two days, and I can't even remember what the questions were. A lot of it was from your dissertation and the topic you had chosen. Mine was post-operative pain. I saw 85 women on the second day post op, post abdominal surgery, hysterectomy. None of them had cancer. I tried to clean up as many variables as possible. I saw them all between 12-2. I was doing this in Texas, so I had to go through not only the IRB in KY, but the IRB in West Texas A&M where I was teaching, and then also the Herrington Regional Medical Center which is another medical center in Amarillo, Texas. It was most interesting. One of the doctors asked me why a nurse needed a PhD.

DMC: Interesting, and what did you tell him?

GM: I was nice to him. I did not say any bad words. Anyway, it was an interesting experience, and it was good stuff. I found out that 20% of the postoperative pain was accounted for by anxiety for one. Older adults who had previous pain experience, their rating were lower as well.

DMC: interesting.

GM: They tended to realize how they dealt with it before.

DMC: So, you left teaching....

GM: At the Valley. I was educator for surgical services...

DMC: But then...I am looking at your joint appointment. How many years was your joint appointment at Wright State?

GM: My joint appointment would be about 4 years until they got stabilized at Wright State.

DMC: Were you well received by Wright State?

GM: Yes, I was, and I really appreciated it. Some of the folks I consider friends now were there. They were very positive about it. Some of them were a little dubious I think, not knowing how this was going to work. Not thinking that Miami Valley people were going to take their jobs. Cause I had a master's degree, but no I was well received. The whole concept was.

DMC: So after you, how many other people became joint appointments from Miami Valley? Do you remember? Can you name any other people?

GM: I believe Pat Martin did for one thing, because she was nursing research at the Valley. I can't remember, oh, Brenda Stevenson. Well, no she did not go to Wright State till she got her doctorate. But I taught her at the Valley.

DMC: Oh, she taught at MV too. I did not realize that.

GM: And Celesta Warner. I think that is it. But it was a great experience. I had students on med-surg, but I also had them quite a bit on orthopedics. I really like ortho. You can use a lot of physics when you talk about how they had weights on their **stim and pin** and Thompson traction and everything. It was kind of fun for me, but again, like I said I could just call anyplace in the hospital and get students opportunities that might not have otherwise. I was good.

DMC: When did you come back as a full-time employee and faculty member?

GM: After I finished my doctorate in 2000, and I had been teaching at West TX A&M. I was an Assistant Professor then, and I was a PhD candidate at that time when I first came there. So I came to Miami Valley full time. Pat Martin was the Dean. She kind of said why don't you come back here. I kept in touch with some of these folks. Not only that, my kids started finishing graduate school in KY. Two of them Kathy and Mike, and then they moved back to the Dayton area. Then Mark, my other son, at that time was in Virginia. He now has moved back to the Dayton area with his family, so this was just the place to be. It worked out great. I was at Wright State from August 2000 until January 1, 2013.

DMC: Wow! You remember that exactly!

GM: You bet I do. Let me back up. I remember when I was in Kentucky besides the pharmacology and the pathophysiology, I did a lot in gerontology because I was a Research Assistant at the Sandra Brown's Center on Aging which was a great experience. That is where they harvest brains from dementia research. Sanders as in Colonel Sanders gives them a huge chunk of money, so was just dealing with older adults all the time for a year or maybe two years that I was a Research Assistant on that research project. So, it was a very good experience. I did take a formal gerontology course social worker, sociology, at that time, to give me more of a demographics of the topic. So that is how I got into like being a Geri-CNS.

DMC: When you came back and started teaching at Wright State.

GM: Well, I started off in gerontology.

DMC: They had a course in gerontology at that time?

GM: yes, they did. Jan Fulton had already set that up. Jan Fulton had set that course up, and I worked with her. But I did a lot of clinicals in long-term care. Long-term care and I guess some home health, but mostly, long-term care. So, I had students in the clinical area at Yellow Springs, at Trinity. We were all over in different places. So, it was a good experience. I have to tell you this. I had more than one student say, "I don't like old people." By the end of their semester, quarter at that time, they were fine with it. They just had such a negative connotation of older adults which was called ageism, of course, so it was an interesting experience.

DMC: So now I understood you were involved in getting some kind of special recognition for Wright State...the Hartford. Tell me about that. Was it you and Dr. Pat Vermeersch? GM: Yeah. Pat Vermeersch and I, first of all, were chosen to be Hartford scholars for a week. Most doctoral scholars up at NYU. So, we were up there. What we did is that we worked on research projects, and my project was looking at pain management at home after outpatient surgery in older adults. Then I don't remember what Pat's topic was, but anyway, yes, we spent time up there. Meet people. They only chose 12 a year, so we were really fortunate it be about to have that opportunity. I was not excited about New York City, so you can delete that if you want. (laugh). I am just not a New York city person. Anyway, it was a great experience. I did follow through with that. I got some grants for that research. I also, then, when I was at Wright State I collaborated with the School of Medicine in gerontology. I was on the panel to select a new dean for the med school. Their geriatric program that they have now. I worked with Larry Lawhorn, who is the Dean we selected. Then Steve Swedlund and some of the other geriatricians who had done their residency in geriatrics.

DMC: So now at that time were you just teaching in the undergraduate program?

GM: Yes, until Jan Fulton left. Then I took over the CNS program as well.

DMC: So, tell me about the CNS program. What was it like?

GM: The CNS program, first of all, everyone has to understand, it was on the same level. It's an advanced practice (APRN), Advanced Practice Registered Nurse, which is the same level as a Nurse Practitioner, or a Mid-Wife, or a CRNA (Nurse Anesthetist). They have prescriptive authority after doing a residency, or internship I should say, with a physician. They have some heavy duty pharmacology in there too. They had 3 clinical semesters they had to do by then toward the end of their semesters. Some were home health sort of things. The older folks in the towers on the 5th street. We went there. Some of those people didn't get health care at all. It is kind of a poorer lower-income senior housing. (paused the tape—phone ringing).

DMC: So then tell me more about the Clinical Nurse Specialist program. Did you have many students in it? GM: We would usually have up to 10 or maybe 12 a semester. Well, we were in the quarter system to start with and then it went to semesters. Usually about 8, 9, maybe 10, and they were from all different hospitals. They all were experienced nurses of course, cause they all had bachelor's degrees. I think at that time we required at least 2-3 years experience before they could come into that program. A lot of the CNS students that I had, I run into them today.

DMC: So, tell me about your proud students. Can you remember what they are doing or what they did do?

GM: I had 3 of them from Upper Valley Medical Center that I keep in touch with. There are several at Ohio State. Actually, they came down and took me to lunch about 8 months ago. It was really neat to see them. Then I run into some of my CNS grads as APRN working for the urologist, oncologist, radiation oncology. Anyway, they have gotten jobs, and a lot of them are at Miami Valley or have moved on. Several have gone onto get doctorates. One was in the ER at the Valley. Because of her husband's job, moved to North Carolina, and I still keep in touch with her. She now has a DNP. One of them at OSU has an DNP also. That is **Bevera Brinkman**. I remember a lot of these names. Anyway, it was a great opportunity for me. Another thing is that I did travel to their areas cause the ones in Upper Valley, I would go up there. We would have clinical experiences there. I went to St. Rita's in Lima, because I had a few in Lima. So I made a lot of contacts around the state. I also had someone at Bethesda North. I got to meet a lot of different people in a lot of different areas. Even at Ohio State I was up there once with somebody. It was great cause I liked seeing all the clinical areas again and seeing some of the patients.

DMC: So, tell me do you feel like you had any challenges while you were a faculty member at Wright State. What was perhaps one of your challenges?

GM: One of the challenges, I guess, it was kind of a fun challenge, the Dean would say "Oh, I have got a real opportunity for you."

DMC: laugh...I know that line...yes

GM: I said "Your opportunities are killing me cause I am trying to publish and do research and get some little grants here and there, and whatever." But anyway, I did get all of that and got tenure after 6 years. I got tenure, because I wanted to leave when I wanted to leave. At that time I was collaborating with Kathy Trame. I had lunch with her in FL not long ago. She's in Melbourne and just retired. Her husband's been down there. He works at a golf course. Anyway, I worked with Kathy Trame and Pat O'Malley. I did research there on cardiac cath and other one was with above the knee amputations. Those are just two that I recall instantly. So I had a lot of collaborative opportunities, and I was on the Research Committee at Miami Valley. That was another great opportunity and an opportunity to keep up with what was going on at Miami Valley. So, it was a good ride.

DMC: What were your objectives or goals while you were at Wright State? What were you trying to accomplish?

GM: I guess mostly I was trying to accomplish first of all was making sure those courses were appropriate for what the market required. They were appropriate for these students from their backgrounds as well. But I always I did focus on gerontology and med-surg cause that's what it was all about. I would just say that making sure that the courses had a lot of meat in them. Making sure they were more than adequate.

DMC: So now, if you can describe some of the interactions you had with any of your administrators either within the department or you might have interacted with any of the other administrators.

GM: Sure. I didn't really have any trouble with Pat Martin was the Dean most of the time when I was there. Pat Martin was great. She did a great job. She retired and left of the school in very

good stead financially and the program itself. Good state board results. Then well we had another Dean that came in...was Rosalie there for 5 years?

DMC: umhumm

GM: Five years. I had met her previously in the University of KY. I had a class or two with her. That was when they decided to discontinue the gerontology course and have it dispersed throughout the curriculum. You know one of these threads that was woven throughout the curriculum. You know one of those old mentality of weaving the curriculum.

DMC: So, what was wrong with that. Tell me why they shouldn't have done that.

GM: I was not happy. I was still teaching undergrad and grad, and then I had 5 doctorate students when we still had our program with Toledo. So, I stayed pretty busy. I just was not happy to delete the gerontology course on the undergrad level. It was a junior level course, because you just look at the demographics. You go into any hospital, any adult day care. Oh, I helped open that up too when I was at Miami Valley. Adult day cares, assisted living, I mean look at our demographics, and it is only going to get more populated with older adults cause everybody is living longer. I just felt students had a great need to know something about that. The physiological changes as we age are really phenomenal and yet our bodies and our minds and everything we are trying to adapt to this aging process. So, I was very sorry that they decided to delete that course.

DMC: So, do you think they lost that content then? Or a significant part of it was lost?

GM: Yes, I think they lost a significant part. I know they tried to intersperse it with some of the other courses, but just to have a course that was completely focused on gerontology I think it was a real bonus.

DMC: Wasn't Wright State recognized?

GM: Yes, we were. I forgot about that. We were recognized by AACN I think. Anyway, we got an honorable mention when I submitted a syllabus and some of the other things, we did in our course to AACN. We were honorable mention in the county, and that was a pretty big deal for me, or I thought it was. I was really glad to see that, but yes, I forgot about that.

DMC: What was your interaction like with your peers? The colleagues you worked with.

GM: I had some great interaction and many of them have been my friends, and they have come to visit me. I just can't say enough about some of these folks. I learned a lot from them, and maybe even taught them a little bit. Sometimes I am a med-surg consult for a few people who would call me when they had some health issues. But yes, I had a great relationship. I can't even think of anybody who...I got along fine with everybody. I pretty much of a team player. I don't have any ax to grind with anybody, and I didn't have any big goals for myself. I was just happy to be doing what I did.

DMC: You already mentioned about your interactions with the wider Wright State community. Sounds like you did a lot of collaborating with the medical school and other agencies including staying connected with Miami Valley hospital.

GM: Yes, I did.

DMC: So how do you feel your experience at Wright State affected your career.

GM: I think it expanded my thought process like my doctoral program did. It was such a positive experience overall. I just can't say enough. Some of the people are just wonderful and still are. I had a very positive experience overall. I give it an "A"minus.

DMC: Is there anything I haven't asked you about like if someone said, "I want to get a job at Wright State." Or "I want to send my child to Wright State." What would you tell them, or any other observations or reflections you would like to share?

GM: I have a very close, my granddaughter's roommate is applying to Wright State, and I am helping her study for the HESI exam. She is like part of our family and has been for a few years.

DMC: So, you didn't discourage her from going to Wright State?

GM: No, no. Like I said the state board results were excellent like in the 90th percentile.

DMC: 97%

GM: Wow! Can't beat that. I would never discourage anybody from doing that. I mean first of all; I think nursing is just a phenomenal career and mine was. The satisfaction that you get. You know sometimes you stand there and cry with your patients and their families when somebody passes away or get all chocked up. Yes, you run into the ones that are cranky and awful, you just kinda write them off, but you know when you are a young nurse and a young kid going into this, it is kind of hard to do at first. But I would never tell anybody not to go to Wright State.

DMC: Cool.

GM: It was fun. My experience was good.

DMC: Well, thank you very much!

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