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College of Nursing and Health - Oral History Project

Interviewer: Dr. Donna Miles-Curry

Interviewing Bobbe Nolan

DC: Today we are interviewing Dr. Bobbe Nolan. Bobbe, would you like to introduce yourself

BN: Okay, I am Bobbe Nolan. I am a 1976 graduate from WSU School of Nursing. I live in Texas and Donna is interviewing me here in Dayton, Ohio, while I am here for a visit. I was a member of the class of 1976 and I was a member of the first generic class. I was not a typical nursing student. I was one of a group of older students who had done something else previously or had been waiting for the School of Nursing to open for awhile. So the people that I knew best were the people who were similar in age to me (I was in my 30's) and we were people who for the most part were financially secure and academically excellent. So we were freer than most to express our opinions.

DC: Great. So, how did you decide to go into nursing?

BN: I had been in college previously in the early 1960's when it was normal, just past high school and then I left to get married. I had gone to Carlton College in Northfield, Minnesota. They didn't allow married students.

DC: Oh my gosh.

BN: So the economics of the situation were that I would drop out and my husband would continue and eventually I would have a chance to go back. I dropped out of school in my Junior year and we had children. We moved around a bit and then after he finished his Ph.D., at the University of Minnesota, he said well you have to figure out what you want to do when you go back to school. I had been a Spanish major and had thought that I would probably teach Spanish. When he said that, it was this great gift because I had not seriously thought that I'd be able to go back to school. I thought, you know, that I'd be a mom. You know it was the beginning of the Women's Lib movement and I was feeling frustrated; well he handed me my brains back on a silver platter and I looked at what was available and I thought I don't think I want to teach Spanish. I don't think I will ever speak Spanish well enough to do that and finding jobs might be difficult. I watched my husband and his cohorts look desperately for jobs when there weren't that many college professors being hired; people were being fired. And I thought, I don't ever want to be in that situation, I want something where I will always be able to find a job. Therefore I chose nursing. It was a real analytical decision, not an emotional one at all. I wasn't at all sure I'd like nursing. I wasn't one of those people who had put bandages on dogs and cats. Forced my brothers and sisters --

DC: You hadn't been a candy striper?

BN: No, no. I had no interest in being a candy striper and I still don't and I'm not sentimental. I'm not - I don't do unicorns and rainbows. It was an analytical decision. So, I applied to the University of Minnesota. I took a couple of refresher courses in Mathematics because I knew I was going to have to take Chemistry, and Minnesota used that as a screener for the School of Nursing; if you could pass 10 credits of Chemistry-

DC: Wow

BN: Then you could probably pass anything they had to offer. I was working as a secretary in the Department of Chemistry and I knew what the basic course looked like and I thought I may die, but I was going to try this. So, I took 10 credits of chemistry in 2 summer sessions.

DC: Wow,

BN: and just about died, but I got my C. That is all I cared about, and then was accepted into the School of Nursing at the University of Minnesota. We lived in Western Wisconsin then, that year. We had moved just after Pat finished and was working at the University of Wisconsin at the Falls (River Falls) so I commuted to Minneapolis. First 3 classes: Nursing Concepts, Biochemistry, Microbiology, something else. I think I had an elective and it was something like History of Violence in the American Revolution because that was the kind of stuff my husband did and I knew about that.

DC: Yes.

BN: The first 2 or 3 lecturers made me very angry because they were very conceptual and they assumed that you would internalize those concepts. The faculty there had worked very hard on their curriculum. They believed in these concepts so they presented these and you were supposed to soak that up and then go forth and do it. It really ticked me off, but after about 3 weeks or more, it suddenly felt like swimming in warm water; I understood the vocabulary. I could make that stuff work. I could interlace those concepts and from then on it was just my language. I had been a language major and this was my language now.

DC: Cool, yes.

BN: And you know that any introductory course is a vocabulary course. So I scooped up the vocabulary and I learned it and I could do this stuff and they had us do things like - well before we had uniforms or anything - like go out and interview somebody sitting in the waiting room at the hospital and find out what was going on in their mind. Not necessarily what was wrong with them, just what was on in their mind. It was great - just great!!! I was elected President of the class and got to hang out with the faculty some of the time. They had us do mock interviews with the grad students and then had the grad students sit with us and critique those interviews for communication skills. I learned a ton and then we moved.

DC: Oh boy.

BN: We moved to Ohio and it was like – what do I do now. When Pat was interviewed for a job at WSU, he was to be the Director of Archives and Special Collection at the Library.

DC: Oh right, yes.

BN: And when he was interviewed he said that he had one problem, “my wife is just completing her first year of nursing school” and the person who interviewed him said, “that is not a problem we are starting a nursing school.” So, we came on down and I wasn’t a resident at first so I took nutrition with Ira Fritz and stayed long enough to become a resident. If you were a faculty wife in those days you could get tuition for \$8 a credit hour and in those days that was a deal.

DC: Yes it was. I was able to interview Ira, it was neat.

BN: He was a good guy. Is he still alive?

DC: I don’t know, it’s been about 10 years since I interviewed him so I’m not quite sure.

BN: It was an exceptional course, that nutrition course.

DC: Cool.

BN: And that pleased me because it was intellectually challenging. It wasn’t just nutrition-yuck, boring stuff, you know.

DC: Yes

BN: But Ira taught it like this had something to do with the world. How to keep people from starving, what kinds of stuff you have to learn if you go into a community you have never been in before; so that was anthropology.

DC: Cool. So how were your nursing courses?

BN: At WSU?

DC: Yes – what was it like?

BN: Yes, of course – well it was floundering.

DC: Because you were in you were like in the first...

BN: Yes, the first generic class.

DC: The very first – the classes were totally brand new then, right?

BN: Yes. Nobody had had any nursing before and I made a deal with the admissions people to look at my transcripts. My biology had been a very long time ago and they wanted me to take biology again – I will make a deal with you. I had one semester of anatomy but it included Cadaver material.

DC: Oh wow.

BN: You have a 2 semester course of anatomy and I will take both semesters, no problem, instead of biology.

DC: That makes more sense.

BN: And they said, okay.

DC: Great.

BN: So I was able to pop in with some of the students that had already had the anatomy because they had been waiting for the course.

DC: Sure

BN: But I had it with Andy Kuntzman and he was wonderful. OMG, I have never seen anyone able to lecture -

DC: Cool.

BN: But there was no cadaver material. We didn't have a med school yet really, I mean it was just beginning.

DC: Right

BN: So we didn't share the thing with the medical students the way we had done in Minnesota, but we had this remarkable good instructor. So I had biochemistry and I had microbiology, and pharmacology was very good but boring; but the nursing classes they were making it up as they went along.

DC: Wow.

BN: There wasn't a curriculum. There were no concepts. There wasn't this incredibly organized thing like I had come from.

DC: Right

BN: They were very smart women; many of them were extremely experienced - Ms. Gregory, Agnes Bennett – they knew how to train nurses, you know; and then there were --- well they hadn't had the opportunity or the leadership to sit down and say...

DC: Right

BN: What kind of Nursing are we going to teach – are we going to be community oriented, are we going to be academically oriented, are we going to be research oriented. Where do we want to put our emphasis? What kind of nurses do we want to spit out, and failing that you are stuck with – shall we want to teach blood pressures today; the skills you know you are going to need, but not the thinking frame you are going to need and I was accustomed to the thinking frame first.

DC: Right, yes

BN: So this felt like this was a bunch of puzzle pieces dribbling around in a box.

DC: Sure.

BN: And there were no books in the library.

DC: Wow.

BN: There were no nursing books in the library at all. Marilyn Higgins, who was sort of the admissions person among other things, became a good friend. She was the one who talked to me when I first got here and she said, "You know that you are going to have to change from what you have come from into what is here and it is going to be a challenge, but this is a new school and a new opportunity."

DC: Right.

BN: As we got to know each other better, she got more and more frank and one of her concerns – she had been charged with developing a collection in the library for the school of nursing.

DC: Oh right.

BN: And she had developed a list, a good long list, and there was money to buy these books but the dean had, after about the first 5 or 6 boxes of books, the Dean had said that she wanted to read through these to make sure that these are the ones we want before we go any further.

DC: Oh my gosh.

BN: And of course the dean never had any time to read through these books and so she was stymied because there was nothing on the shelves. I think there was a medical dictionary and that was about it. So the instructors were xeroxing their own textbooks and putting them on the closed reserve and then you had to take turns reading them and xeroxing them yourself.

DC: Oh my – wow.

BN: You know, to have anything to take home.

DC: That is amazing.

BN: They hadn't really decided on what textbooks we were to purchase.

DC: Sure.

BN: That is something the faculty has to come together with a consensus.

DC: Exactly.

BN: And they hadn't had that time together.

DC: Wow.

BN: So, you can see that it was, it was bright people, very well meaning, sufficient experience to pass on thinking skills, conceptual skills, hands on skills, but without the framework to make it cohesive. And it became clear, in that first year, that there was a lot of friction or something and I'm not the most insightful person in the world when it comes to the people around me. I'm thinking in here and not thinking out there; and I certainly didn't think it was my job to question any of that. I was brand new in Dayton, Ohio, what did I know. My husband was new on the faculty, but the people that I was hanging out with also were feeling some of the tension.

DC: Sure

BN: We talked about it at lunch.

DC: So you didn't have – you were saying there wasn't a lot of structure to your classes?

BN: No, not at the beginning.

DC: So, during that first year that you took classes, did you go to a clinical agency at all?

BN: We, I'm trying to remember. Of course there was a lot of classroom stuff. That first semester I was in nutrition and not much else. Then the next semester was when I started actual nursing classes.

DC: Sure.

BN: And we learned some things, pulses, and blood pressures, and things. We were divided into clinical groups and my group went to WPAFB.

DC: Okay

BN: and Hilda Roundtree was my clinical instructor.

DC: Okay

BN: and we did not yet have uniforms so we had lab coats and we had a classroom there at Wright Patt, at the hospital, and we would start in the classroom and then she would send us out to do something. So our skills, at this point, were I knew how to wash my hands and I had a couple of basic assessment skills but that was it and we had some communication skills. All of us had some and they sensibly decided, lets start there. So, this is the room number of your patient, go there and start a relationship; and it worked. Actually, my first patient was a retired serviceman, of course, who had come up from Kentucky because he had been having some balance problems and some digestive problems and once they scanned him, he had a grapefruit sized tumor in his liver.

DC: Oh my gosh.

BN: And he was very nice, very courtly, we started a relationship and then the thing was that I would go on Tuesdays and somebody else would go on Thursday and I would go back the following Tuesday. I believe that Carol Dixon had him on Thursday. By Thursday he was becoming jaundice and wasn't able to talk as clearly as he had when I talked with him on Tuesday. That was just 48 hours later.

DC: Oh.

BN: The following Tuesday when I went in to see him, the orderly who had just finished bathing him, said that there was no point in your staying, he is going to die very soon. He was unresponsive and I thought well I'm on assignment and I know what being with an unresponsive person is like because of personal things. So I thought, what else am I going to do – go to the nursing station and say I'm a nursing student and I don't know what I'm doing.

DC: Yes.

BN: So I sat next to him and held his hand and he died; and so I sat there and held his hand for awhile and went out to the nurses' station and said that he just died and everybody went "Oh my God!, Oh my God!." Somebody had to go in and pronounce him and all this stuff, none of which was a crisis. It didn't have to be exciting and Hilda came back; she had been helping another student, and said that "it just occurred to me that you might really need some help or some support;" but I was okay.

DC: Sure

BN: But I thought that was sweet and I said to the nurses at the nurse's station that the family was coming in and if they wanted to talk to someone who was there when he died, I would be happy to talk with them.

DC: Oh, how nice.

BN: and they didn't.

DC: Because they were too far away.

BN: Well, I think he had a daughter in Dayton and somebody did come, but I think they just wanted to get him home. So, that was fine. So, I was the first person, in my group, to have somebody die. So we talked about that in the after post-conference. Truthfully, I'm sure I took care of other people at Wright Patt, but that is the only one I remember.

DC: Sure. Now, you said - you were talking about how your interactions with some of the faculty. Would you like to share about you interactions with administration in general? Did you have some opportunities to be involved in some activities?

BN: As the year wore on, the Xenia tornado -

DC: Oh my gosh, yes.

BN: The Xenia Tornado occurred in April and we were in pharmacology class when it occurred and that was in the basement of one of the buildings and they just didn't let anybody go out.

DC: Right.

BN: But some of us had small children at home and there were some people who were people who were absolutely frantic and wanting to go home and they let us out to go home as soon as they could. The next day was clinical day and we met at Wright Patt and we were all shaken and part of it was two of our classmates lived in Xenia and we didn't know if it was okay with them as they didn't come to class that day and what should we do. People kept saying we want to be nurses, so we should be able to do something; and Hilda said. "Well, I'm sure there are places that need what you know how to do. You know how to bathe new patients, how to take

vital signs, I'm sure that there are places that need you – do some research and find out." She was really smart, and she didn't say that she would find something for us, so somebody did – somebody called the Red Cross. They placed us at Bergamo which is where they had evacuated a bunch of nursing home residents whose roof had fallen in.

DC: Very good.

BN: The nursing home staff had come and Bergamo was a conference center and they had no nursing staff. They had these little cells that used to be where the monks lived and so we went and did the night shift and we turned people, we changed people, and I only remember doing it one night, but it was something - some nursing that we could do.

DC: Nice.

BN: And that made us feel very empowered. So we went back the following clinical day saying that we did feel empowered and somebody said we wondered why there hadn't been a conservative effort on the part of the school to offer the services of the students to the community; and then also why aren't there any books in the library, and why can't we use the lab. We had a Susie Simon (mannequin) and some of us wanted to practice more than we had time for in class and we were told that there wasn't sufficient faculty to monitor it so several of us offered to monitor it. We can go be monitors, no problem and we were told, no somebody might steal something. This was with a meeting with the Dean and Carol Dixon says I have a \$200,000 house, what makes you think I would steal "Susie Simon",

DC: Laughing

BN: But anyway, the answer was no. So we felt frustrated the next several weeks. And Hilda said that the person we needed to talk to is the Dean - Andy Kuntzman

DC: Kuntzman

BN: Andy Kuntzman, the dean. The faculty had been waiting for the students to speak up and that was the only hint I ever got that there was anything going on with the faculty. They were very professional. None of their stuff came out to the student body. Nobody was lobbying for anything. The faculty had been waiting for the students to speak up and apparently the group ahead of us that was going to graduate -

DC: Correct.

BN: Was feeling very frustrated and did want the administration to improve things.

DC: Right.

BN: To them, this bachelor's degree was really a huge investment for those people. They were already RN's they could already do all kinds of stuff, except move up in administration so this was terrible. They wanted to be able to get NLN certification to be able to go to grad school. So the group that had spoken with the Dean about the lab and library and so forth decided that we need a group of spokes people and it needed to be people who were invulnerable, good grades, financially secure.

DC: Cool.

BN: And so, it was me, Carol Dixon, Linda Delaney, and Ken Krebs, and Norva (I have forgotten her last name), but anyway she was the only black student. There might have been one or two more but those are the ones I remember. These were all people who were all on the honor-roll and you couldn't boot us out of the school.

DC: Right

BN: Or anything. We sat down and talked. We wanted to start a newsletter, we wanted to have access to the lab, we wanted more books in the library, and stuff like that and what we got from the Dean was "I can't wait to get down on the floor in uniform with you girls and –"

DC: Right

BN: And of course, that never happened either.

DC: So did she pick the uniforms?

BN: She did. The yellow ones with the button on aprons.

DC: The whole uniform was yellow?

BN: It was a yellow dress with a button on apron that buttoned here, right here, and there and little peter pan collar.

DC: The pictures we have are only in black and white – we don't have any in color.

BN: They were seriously geeky, but you know, what the heck. Nursing student uniforms were geeky and we weren't at the point yet where suit uniforms were well accepted. In Minnesota I had been part of being in charge of selecting the uniforms; it was up to the students who voted on designs. We picked out some that were made of the exact same material only blue and white and you could get the dress or get the dress cut short and wear pants under it. It had the stupid button on apron too, but the guys got to wear scrubs. We couldn't figure out how come the guys got to wear scrubs and didn't have to button an apron on.

DC: Laugh – that is amazing. Great.

BN: So when we came here it was the same but I was past the point of getting all upset about that. Just wear the silly thing and get through. The dean chose it and a little bit later after the dean had left -

DC: Did the students wear a cap, or you didn't have the cap?

BN: We didn't have a cap yet. It was the following year that they had a cap competition.

DC: Okay.

BN: And the students were invited to help design a cap.

DC: And was it one of the people in your class—

BN: One of the people in my class designed the cap.

DC: And that was who?

BN: I've forgotten who it was; but, Geri Richmeyer knows.

DC: Okay – I will talk to Geri. So at that point was the cap only for when you graduated or did you wear it as a student? Because some programs have programs that have caps you can wear as a student.

BN: We wore it as soon as it came.

DC: Okay.

BN: and it was white and green and gold stripes on it for Wright State.

DC: Okay.

BN: I don't remember – we never did the black ribbon thing that some nursing schools do.

DC: Sure.

BN: You know where you wear maybe your school color as a ribbon and then when you graduate you switch to the black.

DC: You switch to the black stripe.

BN: We never did any of that and frankly as soon as Gert got there, the caps pretty much disappeared.

DC: Sure.

BN: I wore it as a student and then later I wore it as a graduate at my first job.

DC: Without the stripes?

BN: With the green and gold stripes.

DC: Interesting.

BN: this is quite aside from the school thing - my mentor, the woman who hired me, at the Jewish Home for the Aging -

DC: Sure

BN: Was a marvelous mentor and she had a master's in Public Health Nursing. She took me on as a new graduate which was a courageous move and she said, "Well, you know, the other nurses will help you and I will help you and I think it will help if you wear your cap and a full uniform. You will feel more confident and the resident's will love it."

DC: Oh, that is neat.

BN: And she was absolutely right about that. I had little old Jewish ladies who would come up to me and say, "Are you an RN"? I'd say, "Yes ma'am." "A real RN"? "Yes I am." "With a cap and everything. Wait till I tell my son that a real RN is taking care of me." And the fact was all the other nurses were RN's too.

DC: Oh, that is interesting.

BN: But they were in more relaxed uniform and...

DC: So, there was that perception

BN: The symbolism of the cap, for that generation, was terribly important.

DC: For sure. That is so true

BN: yes. It is pretty much gone now, but

DC: You mentioned that there was a lot of dissatisfaction with the way things were going, so did this all come to a head?

BN: After Hilda suggested we meet with Andy, a group of us did. We went and met with him and said here are specific concerns that the faculty seems to be on edge that there aren't any books, we can't get into the lab, that we want to be sure that our program can get accredited. Why go through all this if the program doesn't get accredited. What can we do? And he said, "I'm glad to hear from you, NLN is actually coming in a couple of weeks and they will be meeting with the faculty and with the students. There is already a meeting set up for the group ahead of you and we would love for them to have a meeting with you." This was a revelation to us – that things were already in the works.

DC: So was he the interim dean at that time? Had Dean **Mo???** No, no he wasn't the dean.

BN: No, he wasn't the Dean of the School of Nursing. He was provost or whatever she reported to.

DC: Oh, he was the person she reported to?

BN: Yes.

DC: Okay, I didn't understand that.

BN: He was a very nice man. You know, we were a little on edge. Carol Dixon knew him because her husband was faculty, but I didn't really know him and he was very gracious and listened.

DC: Good, good.

BN: So then the NLN people came and they had – it was in the auditorium somewhere and we told them what we thought and they said thank you. I think it was the second day that they were there that we met with them.

DC: Sure, sure.

BN: Within, I don't know, 48 hours after that the dean had left.

DC: Really.

BN: It was really, really fast.

DC: So, I had not heard that there was that event that was – all I heard of the story was that she left.

BN: She left. I asked around later.

DC: Sure.

BN: And, you know, because there was a search committee appointed and I was asked to be a student on the search committee for the new dean.

DC: Okay.

BN: It was wonderful, it was very rewarding.

DC: So exciting, yes

BN: And I asked if they knew why she had left so quickly, I guess; and they said because it turns out that part of her resume was falsified. Some of her publications weren't real.

DC: Oh my gosh.

BN: I never checked out any of that

DC: That was the rumor or something.

BN: That was what the people on the committee said.

DC: Oh my gosh.

BN: So I said well having a student on the committee is mostly symbolic, but I will make it my job to read the publications of the people we interview since you people don't have time.

DC: Laughing. Who else was on that search committee?

BN: I think Carol was; I don't remember

DC: You don't remember any others, who the chair was?

BN: I do not and it is terrible that I don't but it was a long time ago and I'm old.

DC: Sure, sure. Well, you are the first person I have met that said they were on that search committee. So I am very -

BN: I was the only student who was.

DC: And I don't know of the older faculty that mentioned to me of being on it. So tell me what that experience was like. What was the process?

BN: Well they had -I don't remember if they had hired a search firm or anything. By the time that I had started meeting with them, they had resumes of a bunch of people and so it was a

matter of picking out who to interview. I went and read all of the publications that were listed on the resumes and a lot of them I didn't understand very well, but I had enough to figure out whether it seemed like good research or not.

DC: Sure, yes exactly.

BN: And whether it seemed to have any relevance and like to teaching to being a dean with administration. It was so obvious that somebody being in administration needed to know what administration was all about.

DC: Right.

BN: We certainly had a lesson about that. So, really I think I sat in on two or three interviews but the only one I really remember was Gert. She stood out so strongly as someone who had firm opinions, spoke up for nursing under any kind of conditions. Her publications were real and when I said that I had read them, she looked at me funny and said "You read that stuff?"

DC: Can you image that.

BN: Okay – I can work with this person and she seemed to have an idea that she really really wanted to get in on the beginning of something and built something wonderful. She wanted excellence and she was uncompromising about that.

DC: Cool.

BN: And that flamed high for me. I didn't have a vote, I was a symbolic person but the feeling among the committee was unanimous – this was what we needed. We needed something that would pull it together and that is what happened.

DC: Great.

BN: She talked to the assistant faculty; she told them they would be working really hard, would have lots of meetings, would build a curriculum and then she looked for scholars outside to bring in. She brought in a constellation of people. I don't know where the money came from.

DC: Who knows.

BN: But she brought in – and most of those people showed up after we had graduated.

DC: Ok, for sure.

BN: For the most part. There were some. You know Carol was a rising star and I'm trying to think who else. But the whole feeling among the faculty changed after Gert came. Yes, they were spending lots of time in meetings and working really hard but they felt purposeful.

DC: That is good. So what did your curriculum look like that you graduated from? Did you see some impact of her on that? So she was the dean for your Junior and Senior year?

BN: Yes.

DC: Those were pretty significant years.

BN: Her impact really was attitudinal. You didn't take no shit from nobody.

DC: Okay.

BN: Forget the caps in a hospital, they get tied up in the IV tubing. You are not standing up when a doctor comes into the room, you are entitled to a chair just as much as he is. We respect each other on an equal basis; we don't mess around and we know what we are talking about. If you take a stand on something, you give a presentation on something I expect you to know the behinds of it, why are you doing what you are doing. What philosophical theory are you using when you put together a care plan for patient X, Y, or Z.

DC: Excellent, very good. So what impact do you feel your education had on you for the rest of your career because you didn't stay in nursing.

BN: I stayed in nursing. I stayed in a different kind of nursing. For a couple of years, I worked at the Covenant House. I liked gerontology and had planned to be a gerontology nurse.

DC: Sure

BN: In the middle of it I went to Rush Presbyterian St. Lukes in Chicago and took a 6 months geriatric nurse practitioner course.

DC: Wow, I didn't know that.

BN: It was a government grant. I had gone to some kind of career fair in Dayton with another girl, whose name I have forgotten, and Luther Christman was there talking about this program. It was a government sponsored program, you could apply from anywhere, you'd get a stipend, you would go to Chicago, you would learn these cool skills, you would go back home and do an internship in your home community. I got the papers from Luther while I was there and went home and talked to my family about that, my husband and my kid, who was 9 or so and said I'd be gone for 6 months and it was not too far away to come home and visit. I didn't want to go to graduate school right away, I wanted to become a real nurse first.

DC: Yes, yes.

BN: And I had been watching the nurses in the classes ahead of me who were real nurses first and then went back to school and listening to the nurses on the floor at Wright Patt and other rotations and also at the nursing home. I could understand the feelings of people who were real nurses about people who had academic degrees and I didn't – I lived in an academic world my whole married life. I wasn't going to mess around with that. I wanted to be a real nurse before I went to grad school. So this practitioner program seemed like a good bridge, so I went up to Chicago, and I did that. I came back to Covenant House and the deal I had with them was that their resident physician would let me come in with him when he came to see patients and that would be the mentorship I was supposed to have, but that never happened. Once I got back and was a real person, and the director said "Well now Bobbe is ready to go with you to see patients," and he said "Nobody touches my patients but me." So that never happened.

DC: Interesting, Oh, that is too bad.

BN: But now I had these hand-on skills and I felt much more confident now than I had when I was passing meds prior I went to Chicago. I had agreed to work for them for a year to make up for having 6 months. That was good. While that was going on, I heard about a new program, in adult protective services, that was being organized by the Area Agency on Aging and the Dayton Senior Citizen's Center and my understanding about this was they were going to have a geriatrics nurse practitioner in this program as a resource for the social worker, who would do most of the work and that Grandview was willing to partner to be the home for the nurse.

DC: Cool.

BN: And I also heard that there was a person already selected for the position, so I didn't think much more about it, but then that person decided not to take that job so they called me and asked if I would be interested in this job and I said "Sure." So I left the nursing home and I went to work for Grandview as a geriatric nurse practitioner, not working in the hospital at all. My office was in what was then called the ambulatory care center down near the Dayton Mall.

DC: Oh, okay.

BN: Now it is Grandview South or something.

DC: Whatever it is, I don't think know what it is; one is Sycamore and one is Southview, one is part of Kettering and one is part of Grandview.

BN: This was the one that was part of Grandview. Anyway it was an ambulatory care center that was there with an emergency facility and they also had some doctor's offices and that is about all it had. Anyway they had empty offices and I got an office and so for 4 years I was the Nurse Practitioner for Adult Protective Services and the social worker and everybody else was housed at the Senior Citizen's Center downtown Dayton, so I was the down there a lot.

DC: Sure, yes.

BN: And my job was probably the most interesting job I ever had. And my job was to go out with the Social Workers and see a client where there was an allegation of abuse, neglect, or exploitation of an older person, and, of course, to look at the health care aspect of that person.

DC: Sure.

BN: And a lot of them were people who hadn't seen a doctor in many many years and had lots of stuff going on, were scared of doctors, didn't have any money, couldn't access benefits or whatever, had no transportation and to see, first of all, if we could help with any of that and second of all whether these people were a risk to themselves.

DC: Sure.

BN: Some were, some weren't. Sometimes they were in a situation that was marginal, but they were doing their best and you didn't want to haul in the authorities where you have a bunch of people struggling to do their best; you want to support that situation and eventually be able to turn it over to the regular outreach workers and get them food and all that. I did that for 4 years and it was wonderful. They were the people I wanted to become.

DC: That is great. So do you feel like your education at WSU, even though it was kind of growing -

BN: Yes, it was growing. It was having growing pains.

DC: Having growing pains, I like that – that is well put. So, in any way did it have any influence on the direction that you went?

BN: Of course, of course.

DC: In what way perhaps?

BN: Well, the big conflict between Gert and the administration and the medical school happened just as we were leaving. So, we didn't want to be under them – there was a point where there was going to be a pin with the medical school pin with a N on it and we said, “no no not that.”

DC: Really.

BN: We wanted to have our own pin.

DC: I did not know that.

BN: Yes, yes. And there was a lot of things throughout the community. St. Elizabeth went out of business, Miami Valley was concerned about us not knowing our way around in the hospital. Weathering all that gave me a --

DC: Kind of resilience

BN: A resilience and being able to stand up for what I thought was important. Not taking any shit, you know.

DC: I like that.

BN: And then Minnesota was quite analytical; and that helped me to be analytical looking at WSU. When I decided to go to law school, it was because I wanted to improve those capabilities and because I wanted to explore a clinical issue which was where do we draw the line between people who make decisions for themselves and people who shouldn't be allowed to.

DC: Sure.

BN: So that is a clinical issue as well as a legal issue. So that's why I went to law school.

DC: Sure, very good. So, I'm blanking on her name. There was a RN who taught in the Law School.

BN: Yes, It was after I left.

DC: An African American?

BN: Yes, African American, very strong woman.

DC: Yes, very strong. I just remember calling her once and wanting her to come and do a guest lecture, and then her informing me that she would have to be paid. In some ways she is right, and why shouldn't she; but in most of academia, when people were guest lectures, it was gratis.

BN: Right, or they paid your travel expenses.

DC: Right, right. I had heard her at some work shop and she was very very good.

BN: I was on a panel with her at UD.

DC: Wow.

BN: They had a 7 hour student session on death and dying issues and end of life issues and I was invited to talk at that because then I was in Hospice. So, I came and spoke and we were on the same panel and we flipped back and forth about nursing issues a little bit. She was very powerful.

DC: Yes, exactly. So to wrap some of this interview up, are there other memories of experience with WSU nursing program that you would like to share with me.

BN: They were trying so hard, you know coming out of somewhere that had been established for many many years in Minnesota – it was one of the really really earliest BSN nursing programs.

DC: Yes, it definitely was.

BN: Coming out of that so established and so comfortable, to something that was just plowing the cornfield.

DC: Right

BN: They were courageous. Those people who were starting, those new faculty, were working under circumstances that most faculty wouldn't have a clue and not every discipline searches that hard for a theoretical basis. I don't think anatomy does or ...

DC: Right.

BN: Biology, those come, but on day one you are not expected to have one and so for this faculty to try hard and find one when they weren't encouraged to and then to meet up with somebody who says oh yeah we are going to try that and we are going to study all there is before we pick the one to develop our own.

DC: Great

BN: It was as though they were sort of trying very hard and flopping around a bit and then they found a leader and they just blossomed and they were wonderful. Carol Holdcraft encouraged me to submit my senior paper for publication.

DC: Very good.

BN: And it was published and Carol had forgotten about it when I saw her at the reunion. She said I don't remember doing that. And I said oh yes she had and that was so wonderful. It was just so affirming.

DC: So where did you have that published- was it a nursing journal.

BN: It was the Journal of Psychiatric Nursing and Mental Health Services

DC: Oh, very neat, very neat.

BN: We were supposed to do a research study and apply it. So Candy Shankenberger and I had done it and applied it and then the publication asked if I'd write a little accompanying article about the little church group where I had applied it, so I had two articles in that Journal and it came out while I was in Chicago, which was cool.

DC: That's great – that's great.

BN: But just to think that baccalaureate students could publish, that was – you know – the sky was the limit.

DC: Yes.

BN: and I hope it still is but there was a time after Gert left where you thought the sky was not the limit and then things opened up again.

DC: Great. Very good and thank you very much

BN: I appreciate it very much.