College of Nursing & Health Oral History Project
Interview with Kristine Scordo, PhD, ACNP (KS)
Interview date: May 22, 2020
Interviewee: Donna Miles Curry (DMC)

DMC: Today is May 22, 2020. This is for the oral history project for Wright State University's nursing program. I am Donna Miles Curry. I will be the interviewer. Today we are interviewing Dr. Kristine Scordo who was a faculty member there for 22 years. Is that right Kris?

KS: I started in 1995, so it is 25 years.

DMC: So, 25 years, very good, so now you have kinda indirectly met Dr. Scordo. Can I call you Kris? Is it okay through the interview that I call you Kris?

KS: Kris, yes.

DMC: So, Kris, give us a little bit about your personal background and how you came to Wright State?

KS: So, I have been a critical care nurse for I think since Florence Nightingale, but initially I graduated from a diploma university in Queens (Jamaica, NY) a number of years ago, and then went on and saw the handwriting on the wall and got a bachelor's and then a bachelor's in nursing. Then went to Ohio State to get my master's and then my PhD. I finished that in 1990 and was working at the cardiology center in Cincinnati. I have been in cardiology so many years. Then I decided I really wanted to do much. I wanted to do research so was looking at opportunities at various universities, and one of my friends at that time that was in the PhD program was at Wright State University. So, I went up, and I interviewed with, Oh my God.

DMC: Was it Jane Swartz?

KS: Yes, it was Jane Swartz, who I absolutely love. She commits me to come there. So I started I believe in September of 1995. I started as a faculty member teaching a variety of courses. I think Donna, you were probably in my interview.

DMC: I got tenured a year before that so yeah.

KS: Yeah so, I remember I got told ahead of time, "Oh, they are going to ask you about curriculum", and I was thinking that was nice I have never been in academia, and they are going to be asking me about curriculum. (laugh) But let me see what I can do (laugh) to be able to answer these questions. I had been teaching critical care at northern Westchester hospital center a number of years ago in New York, and then got involved with Tri-Health so teaching was not new to me at all. And I had been at Bethesda in the diploma program teaching there. So, I had some clue about curriculum. So, I came there, and I remember Jane Swartz…so I think in 1996 or 1997 I heard her saying something about an acute care nurse practitioners or critical care. I

don't know if she encouraged me or if she told me about the grant. I don't remember that, but I do remember that I spent an entire summer writing a grant for the Department of Health and Human Services to get us funded for an Acute Care Nurse Practitioner program. That grant came through . . . I was just checking to see if I had the right date…back in 1998. We had started admitting students then, and I went to….part of that grant was to look at other universities. So, at University of Pittsburg, Kathleen Magic, who had become an incredibly great friend, and we've been on so many committees together. She is recently retired. She was the Director of the Acute Care Program at Kent. At that time, we had a group of acute care nurse practitioners. We later joined the American Association of Nurse Practitioners (AANP) the acute care, so we have an acute care division in that. So, I looked at their curriculum and really kind of modeled our program against what the University of Pittsburg had. Through that met with Ohio State. Met with Miami Valley, and I had all the connections in Cincinnati at Tri-Health so that was really pretty easy. I think we started with 4 students at that time.

DMC: So where did you get your certification and everything?

KS: Because I needed to be certified in acute care, I remember talking to one of the faculty at University of Cincinnati, because they had started a program just a few years before us. So, I did that through the University of Cincinnati—got my certification.

DMC: Did you do that first before you wrote the grant?

KS: No. As a matter of fact, I was teaching and doing all that stuff with UC and taking our physical assessment course (DMC laughing) while the program was going on.

DMC: Oh my gosh!

KS: Yeah, yeah. So, I was trying to think of when I got certified. The exam for the acute care came out in 1995. I think I took it in 1997 or 1998 was the first time. I don't know. I renewed so many times that I can't remember when the first time was. Yeah, so, I was going to school and putting together that program and teaching to get that certification. Then got that certification, oh here it is, it was December of 1999. I got a post-master's certificate at the University of Cincinnati.

DMC: Excellent.

KS: So, we had started admitting students, I believe, in 1998. Then we got the grant which was phenomenal.

DMC: And you got it multiple times, didn't you?

KS: Well, we got a second one . . . at that time we had specialties, and this is before the APRN conceptual model so then I put in (I had that whole cardiology background and access to tons of cardiologists), and I had such a strong background in cardiology that it was easy for me to put together these courses. So, I put in for another grant and that was funded back in 2003. So,

yeah, that one. In the interim, I had the first NIR grant for the mitral valve prolapse syndrome and that was awarded in 2002. So, it was great since we had the graduate students to be able to work on all of this.

DMC: So, tell me about your first students. What were they like? Any stories you can share about them?

KS: They are still at the VA hospital, and they are characters. I see them every now and then. There was four of them and three of them I have really stayed in contact with them. I see them a lot at the meetings and what not. They laugh cause we had such a success rate. One of the few in the country for you know, it is 21 or 22 years of 100% first-time pass rate. Not second-time, but first-time. And they kid me on how they set the standard for that. But there are two of them that, or maybe, three of them, that are at the VA in Cincinnati.

DMC: So, what are their names if I ever wanted to interview them?

KS: I know first names but would have to look at their picture which I think is in my office. Will see if I got that. I can pull of our list of all my grad students. I have a list of everybody and when they graduated.

DMC: I have the same list for the peds program.

KS: Exactly, so it is just a matter of opening it. . . so where do I have it? I thought it was on my desk top, but it is not. And I remember what your desktop looked like…and I have moved things cause you know how computers fill up so fast. Let me see where I have got it, but I can give you that.

DMC: Yes, you can after the fact either send me that or and if you have a chance, send me your resume. Then I can use it to correlate dates.

KS: Yeah

DMC: That would be very helpful—so very good.

DMC: So, tell me so what was it like for them? Were people understanding what their role would be because that was a new thing.

KS: Yeah, I think we all learned that together to be real honest with you. It was kind of a work in progress. But I knew the general role of an NP in the acute care, and I had been the clinical specialist for a number of years.

DMC: We all multi-task, we all know that.

KS: Yeah, it works but sometimes it doesn't. I think the biggest things was blazing trails. And what is this acute care nurse practitioner? What does one do? And that was working with like

Miami Valley and role modeling and things of that nature. I think when I, oh my gosh, before I moved to Schuester, let's see I worked with…what was his name? . . .Thornton?

DMC: Yeap.

KS: The cardiologist.

DMC: My cardiologist.

KS: Yeah and it was a matter of kinda teaching people what the role was and having done that really with a number of physicians, we're like…okay….what is this all about? Then we had a lot of articles and networking and things of that nature and all of those things helped. It just kinda evolved. It was a matter of working with a lot of people and letting them step back and say "Hey, we know what we are doing." A lot of times with the physicians, it was like let's equate this with you training your residents and such. It did evolve over a number of years to where we could actually do the role of the ACNP and you weren't a scribe or anything along those lines and that you were seeing patients and following patients and diagnosing and doing all the different treatments. It was like this for everybody and not just there. It was all the NP's.

DMC: Sure. So, what you do currently as an acute care nurse practitioner, how do you feel it differs as to when you were a CNS?

KS: Oh, uhm…you're really getting into a lot of ….CNS is really systems. What I was doing at the cardiology center was more than that. It was seeing patients and writing notes and doing treatments. I was functioning it kinda a dual role at that time—way back in the 80's. So, I had great mentors at the Ohio State University, but I was also doing a lot with the system. It is funny, when you go back and look at the old curriculum in the acute care program, when the DNP came about, I literally pulled stuff out of that list to master, because I was having to work on guidelines. I was having to work on a lot of stuff really that was maybe what a CNS would be doing. Because supposedly indirect care versus direct care. And I know it is a lot of blurring of lines, but the true CNS is at the systems level doing indirect care, and the NP's are doing more direct care. So, it was interesting. I think we do a lot of everything nowadays particularly with the DNP.

DMC: Yeah, exactly. I think you are right on it.

DMC: So, we have been talking about your early years there, so what challenges did you find in your early years? Any particular challenges?

KS: I think that biggest thing was. . . Initially, no, no. Because I had great support from you know everybody. They kinda just let me do my thing. I don't think anybody really realized what this was all about, so I had the freedom to develop the curriculum, update the curriculum, have students work with me in my practice, spend the money on the grant, getting really good speakers in, and things of that nature. It was 10 years before Ohio State opened their program,

so I didn't really have any competition with clinical sites. Then in the last 5 to 10 years, everybody has been in the same boat. It is trying to get preceptors.

DMC: Yes, that is a challenge.

KS: Yeah, it was and then all of the sudden we have all these guidelines and only one person is going to take care of this at the University and things of that nature. Then all these people have to have this training which is ridiculous. I remember being on a conference call, and I am going to ask your physicians where the nearest fire extinguisher is, and obviously, no one can answer it. So, we got out of a weeklong training which was totally inappropriate. These are registered nurses, they are critical care nurses, and they have been practicing. So, it was a matter of really finding solid clinical sites.

DMC: You are right that is a big challenge.

KC: Yes, really!

DMC: So, tell me when you were there, were you aware of when they were having the issue of getting advanced practice nurse recognition . . .

KS: Oh yeah.

DMC: . . . for the state of Ohio. What are your memories of how that went out?

KS: Absolutely, absolutely, and I remember one of my classes going up with the signs to the state capitol. I was involved with all of those committees, initially too. And that is when Margaret (Clark Graham) was there and was a great advocate for APRN's and the prescribing. I remember inviting her to the cardiology center in Cincinnati, because we had one of the physicians there who really opposed that and he was heading a big division of OSMA. So really interesting time. I remember the faxes coming into the center how the nurses are going to harm their patients and things of that nature.

DMC: Oh, wow.

KS: Well yeah, cause he was OSMA? and I remember stopping some of those faxes. I remember some of the conversations with him, "Oh no, I don't mean you." And I said "Yeah, you say no to everybody, you are saying 'no' to me also." We had some pretty interesting conversations. I remember I took a whole class of students and we met up at the capitol. It was a great experience for them for the politics and what not and those courses. So, I got the students involved. I remember actively working with different organizations and basically telling people if you don't get what you want it is your fault, because you are not doing a darn thing! I was always up there for those meetings. We were really involved at the state level, because it was really important. You know testifying. Since I have been on a number of those committees. So, it was really important to us to be able to prescribe, because it was ridiculous some of the stuff. It was just absolutely truly asinine.

DMC: Were you part of the pilot project?

KS: Yes, I was part of the pilot project.

DMC: Where you worked as an APRN, you were considered one of the WSU participants?

KS: Margaret was really smart in saying to me that if you become part of this you will not have to worry about doing all the hours and stuff that we have to do. So, myself, and I got one of my other friends who worked there at that time, definitely become part of the project so we could just transition right into without doing any extra to have that certificate to prescribe during that time that transition. Obviously, now we don't need any of that. Yeah, still, it is still, so many things that need to be resolved and this whole standard care arrangement. Jesus, we need to get rid of that. I mean it is a real impediment.

DMC: Not all states have that do they?

KS: No, there are a lot of states that have independent practice and such. We are just not there. Baby steps. If you look at OSMA, they have a lot of lobbyists. We just don't have that. We don't have the money that the physicians' groups do. There is a lot of opposition. We have a lot of physicians who were phenomenal and testified for us. They were great. I think it was like a half a million dollars in how many years--five years or six to get Schedule II prescribing. It took quite a while. It took a while to be able to prescribe and then it took time to get the Schedule II. And still we have . . .

DMC: So, if I have it correctly, the first legislative change was to get name recognition. Then the next was prescriptive authority, right? And then adding Schedule II's?

KS: So, the initial one was to be able to prescribe and that well, let me think. I have this all on my pharmacology slides. I can send you the whole history.

- 1986
  - Ohio passes H.B. 529 – CNMs and CRNAs are now regulated by the BON; specialty certification recognized by the BON
- 1990
  - OCNSC founded (Ohio Coalition of Nurses w/Specialty Certification – prior name of the OAAPN – Ohio Association of Advanced Practice Nurses
    - two main tasks were to obtain prescriptive authority and direct reimbursement
- 1992
  - H.B. 478 established the "pilot projects" which provided prescriptive authority for Ohio APNs affiliated with the three pilot project sites
- 1994
  - H.B. 656 (Rep. Sykes) introduced Feb. 1994
    - first attempt at recognition and prescriptive –bill dies in committee 12-94
- 1996
  - (Feb) Rx component removed from S.B. 154. Bill passed by Senate same month.
  - (April) S.B. 154 unanimously passes House; recognizing all four groups of APNs
  - (June) governor Voinovich signs S.B. 154 into law
    - established a collaborative relationship with physicians
    - defined scope for all four groups (http://codes.ohio.gov/oac/4723-8-03)
- 1999 Prescriptive Authority
  - March 10 Introduction H.B. 241 for prescriptive authority for Ohio APNs (same language as H.B. 667) sponsored by Senator Merle Kearns, and Representative Nancy Hollister
  - December Sub.H.B. 241 passed by the Ohio House of Representatives, only one dissenting vote (dentist)
- 2000
  - January 12, 2000: Sub. H.B. 241 unanimously passed by the Ohio Senate
  - February 15 241 signed into law by Governor Taft
  - May 17, H.B. 241 effective
  - August 14, Committee for Prescriptive Governance holds first meeting
- 2002 Ohio APNs began to apply for externship certificates and begin to prescribe
- 2004 January - The Ohio pilot projects ended
- 2012 Schedule II
  - SB 83 passed February14, 2012
  - Advanced Practice Nurse may prescribe schedule II medications, *subject to the APRN formulary*, and OAC/ORC rules (http://www.legislature.state.oh.us/bills.cfm?ID=129_SB_83
- 2016 Ohio's 131st General Assembly passed HB 216, the APRN Modernization Bill HB 216
  - Starting late March 2017 APRNs who apply for authorization to practice in Ohio will receive two licenses if all requirements from the Ohio Board of Nursing are met.
  - The first license will be as a registered nurse.
  - The second license will be as an advanced practice registered nurse with role designated (CRNA, CNM, CNS or CNP)
  - The new APRN license provides prescriptive authority for CNMs, CNSs and CNPs. *The certificate to prescribe and the externship has been eliminated.*
  - APRNs who currently have a COA and a CTP/CTP-E will be grandfathered into the new APRN license.

[Composite of information on slides from lecture]

DMC: Oh, that would be very nice.

KS: You know what, I will just send you those. From whence we came. Then you can see the different senate bills and things of that nature. Margaret should have gone through that with you.

DMC: She did, but to be a historian you have to have 3 sources that say the same thing.

KS: Oh, well I will send to you and there are pictures of people signing the bill

DMC: Because it is a bill, it is a fact. Margaret gave me a lot. I feel like when we pull it all together, I will go back and say, I don't want to be misrepresenting something…

KS: No, years ago, she came to my pharmacology class and she went through the whole history and that CTP Committee, and how they voted against it. She was part of that so she is perfect to give you that. She does a beautiful job with that.

DMC: Yeah. I think that is an exciting piece of what has gone on.

DMC: So, during those early years until recently, would you like to describe any of your interactions with your other administrators that you worked with? You don't have to mention me.

KS: Like I said, I don't remember having issues with Swart, because she just let me do my thing. Then was it, Pat Martin after her, right?

DMC: Yeah.

KS: Pat was fine. Rosalie let me do my thing, so I really didn't have…I can't remember anything outstanding with those deans. I think they just kinda stepped back and just let me do my thing. Rosalie started the graduate director's group which was really good and such. Things became a little bit more organized. We were in compliance. Then we had a lot of Directors. We had a lot of programs, and I remember, let me see, it was during Pat, I remember working with Jan Belcher and Pat Vermersch. We started Graduate Director's before that come to think about it.

DMC: Right, Pat Vermersch was…

KS: Heading that and I remember working with Jan and then working with Pat to get us reimbursed for all we were doing. We were doing all the site placements, all the advising for the students and admitting them, way more than any typical faculty was doing. I remember fighting to get those monies, and then when I started doing CCNE visits I was looking at how these people were getting paid $3,000 and getting paid per student elsewhere. I remember coming back and working with Rosalie and getting increases. Then it all went by the wayside with budget cuts. Then we lost our course release which was totally wrong, because the Directors should be rewarded for all of their work. It is not easy being a Program Director. It is just not. And you have to, according to CCNE, whoever is directing the curriculum, has got to be certified in that area.

DMC: Sure.

KS: That is not the case now. And then keeping up, and if you look at the NONPF (National Organization of Nurse Practitioner Faculty) guidelines, if you look at the clinical courses, you have to be actively practicing. So, it was a matter of keeping up the practice piece. We were kinda left alone when it came to that. And I remember the conversations even with some of the union stuff years ago. But in order for us to keep our certification and certificate to prescribe, and be program directors, we had to practice.

DMC: Right.

KS: So, a lot of us did weekends and maybe our so called "research day" that occurred.

DMC: So, what was I going to ask about, so the University had a strike a few years ago, can you tell me what your perception of what that was all about and maybe what you feel like the impact it had for your program or the nursing program?

KS: Well, I remember I was teaching pharmacology at that time, and I live in Cincinnati. I was able to stay away for most of it, but I do remember doing the class and getting applause from the

students. Because if we got, …it was crazy, there was something about you couldn't use, it was crazy what happened there. And I needed, to be real honest with you, I needed the insurance with all that was going on with me. There was such a mess with that so I remember getting a standing ovation from the students, because the problem was if they got backed up and couldn't finish pharmacology, they couldn't start clinicals. So, it had a huge impact, at least, on the NP programs cause those were the students who were in there, and the majority of them were acute care. I do remember sort of having some lectures online and remember coming in there once or twice without any issues.

DMC: So, faculty had the choice to either be on strike or not.

KS: Right. I think the faculty were great. Nobody ever said anything to me. I kept quiet. I kind of remember I was up there once or twice during that whole thing and it lasted that long. Like I said I just kept quiet and that was it. I was never on the picket line—not that I didn't believe in what they were doing, but it was just that I couldn't give up insurance. And I really didn't want to do that to the students, because it was a mess.

DMC: So, what was the reason? If someone ask you "I heard Wright State had a strike. What was the reason?" if you don't know, that is okay.

KS: I don't even remember. My memory is gone on this.

DMC: That is okay (laugh). I know it is documented someplace.

KS: It is embarrassing!

DMC: Very good. Not a problem.

DMC: Now the University has gone through financial things. How do you feel like that is impacted?

KS: I don't know, because I am not there. But I think that I worry about them staying afloat. I really do. I mean I think you know with the current administration in the College of Nursing, the thoughts were that this person just wanted an undergraduate like a technical college, because the graduate program is just not as strong as what it was. I worry about the graduate program in the College of Nursing. I think the baccalaureate program will probably be okay, but I don't see it. So, with the DNP, there is not the faculty, the clinical faculty. We don't have the people that are out there. Maybe just a couple that really know just what is going on in practice and what is going on about what are DNP's really doing? So, I am not too sure. Then you have a lot of people who are going to be leaving or retiring. We have a loss for a lot of people.

DMC: That is a big thing that is happening.

DMC: So, backtracking on the DNP program, so did you actively teach any of the courses in the DNP program?

KS: Yes, quite a few of them.

DMC: So, what do you remember about dealing with them cause that was a consortium with University of Toledo. Right?

KS: Yes.

DMC: So, any thoughts about that.

KS: Well, I will tell you what. At the beginning, it was a challenge. I remember there were two courses that I taught and it was funny, because I was teaching a marketing course and the students asked me to teach the diagnostics course which I did. I don't remember what the course name was, but I remember there were so many issues. I remember bringing in the students and discussing them. Pat Martin was really good and I said part of doctoral education is socializing. So, months ahead of time, I would tell them that we would come in on Saturdays. Weren't you involved in that too? Yeah. We met at the Chinese restaurant and Pat was good enough to pay for it which was great, and they loved it. So, they need to see one another, and talk to one another, because so I really believe that and a lot of places do that though up front, they have people come in, but uhmm. So yeah, I enjoyed it. I really didn't have any issues with the students or working with them or on their projects. We had some great projects. Tracy (Brewer) getting involved, and she was the expert on that. She was a big loss to our University, but she is doing phenomenal down in Tennessee. She is doing an amazing job down there. Doing everything she wants to do and is teaching DNP so and she might be teaching some other stuff. So that was great, and then, you know, we got a divorce (from UT). And they put in for another program. Tracy and I and Barb and who else was in that room? Someone else and we put together a really good DNP program. I remember meeting at my house years ago, and we put together a DNP program and that was where everything was going. That got squished. Then I don't remember how or what we were doing but we were told to put it on hold. Then a whole new group of people came and put this thing together. I am not sure how good it is to be honest with you.

DMC: I didn't know about the newer version.

KS: I don't know if it is at the state. I don't know where it is at but they wanted to do something with big data. I am thinking, these are NP's coming back, most of them, and they want clinical stuff. They don't want some of this other stuff. They are not interested. I don't think we are going to get a lot of people to be real honest with you. And right now, there is not the faculty to teach.

DMC: Right.

KS: A lot of people are going to be retiring, and there are a lot of people looking to get out of there. So that is why I really worry about the graduate program. I am not sure how stable that program is particularly with the enrollment the way it is.

DMC: So, would you say the biggest impact of your experience or what would you say would be the biggest impact for you on your career having come to Wright State? Like, I am not putting words into your mouth, but like would you have ever thought you would have become an Acute Care Nurse Practitioner?

KS: Oh yeah, I think so. I knew what was going on nationally. I think I definitely would have done it whether I went there or didn't go there. I love the research that I had great training at Ohio State. I was in their first PhD course, so we were the experimental group, and we had some ridiculous amount of credits, but we were on the heels of giants there. So, I had such a taste and such a flavor to do research, and that is one of the big reasons I left the cardiology center in Cincinnati as I wanted to more with a doctoral degree. Absolutely loved doing that, working with the students, and I wanted to do more with the DNP. I knew I was sitting on a gold mine, so I did three editions with that book, ton of articles, and publications which I am still doing that and presentations and conferences. Then started to get really involved with a lot of the NP organizations and presented and lectured for them. Still lectured for everybody and their uncle out there now, so I think it gave me that platform to do the research which gives you more of the national (presence) people are reading your stuff all over the world.

DMC: Good point.

KS: I absolutely love that part. Pat was great in sending me down to Florida to represent that A1 team and that was when we ended up getting our NIH grant. And I would spend months, as you well know, writing those grants. It gave me really good training.

DMC: That was good.

KS: I love that so about the other grants that I had . . . I had a number of grants there, and I was funded for I don't think Wright State paid my salary for a good 8 years, so I had really good funding. You know to travel to certain places and to present and had money for certain things for the students. It was a great experience. It was wonderful. Absolutely wonderful. I don't regret any of that and I had the freedom to do that. It was really good and then about 12 years ago, I put into be a CCNE evaluator. That was wonderful. The training for that was wonderful and we have been back for refreshers, and we did webinars. Probably because of that, I got involved in developing these competencies for our fellowship programs which is obviously a little bit on hold because of COVID19. We met back in DC, we had a focus group.

DMC: When was that?

KS: Last year. I think we met four times in a month, but that has been a wonderful experience working with CCNE. It is one of the most organized organizations ever. They really are.

DMC: So, what are the things you see going as a trend in APN?

KS: For sure, the DNP. In the whole thing, 2025, and I think I sat with the heads of like Diane Thompson in ANCC, and Carol, who is retired, in the American Critical Care Association. One of the things we do not have that I know that Ruth Kleinpell at Vanderbilt

especially is working on outcomes. So we don't have differentiation of practice. In other words, if you have your master's as opposed to if you have your DNP, tell me the difference in outcomes if you are an acute care nurse practitioner. That is what we don't have. In talking with the certification board, I don't see that as a requirement for certification for years. They told us when I first went with ANCC, and I ended up being the Chair of the expert content panel for the exam back in DC. When I was first on that committee, and we were there, gosh, I think eight years plus (I can't remember), and I remember when we met with one of the directors there, he gave us the history of what it took to get the master's degree to sit for your certification. It was way over 20 years. So I think that it is going to be 10-15 years, and maybe even longer before it is going to be required for certification. And until that happens, you are going to have these programs that are just doing the masters. But most people, younger folks particularly, they want the DNP. They really want to do the DNP, but not everybody. I will tell you that interviewing the students that I did, they would ask about the DNP. I would say it was maybe about 50/50 depending sometimes on the age groups and their exposure to different places. You have to get the hospitals to believe in it and to support it and then to get reimbursement for the DNP. It is a lot of wheels to be put into motion in order for this good stuff to happen.

DMC: Tell me a little bit more about what you take it on the fellowships. Is that an area that you get more experience?

KS: They are popping up all over the United States, and unfortunately, some of them are calling them residencies. Get the white paper out on that and look at the specifics on the terminology of using "fellowships". We don't want to confuse with the medical residency type thing. So, we started about 4 years ago, and I was on the committee initially, CCNE wondered if we really need to be doing standards and competencies in accrediting these fellowships. So, they started basically questioning people, and doing huge surveys and coming up with a paper to present to the board. So I was on that, and then the board decided "yes" because ANCC, you have these places that are doing certifications and CCNE is well known, well respected, why are they not involved in this. And I got on the committee to actually develop the standards by which they are going to accredit these fellowships. We developed them, and they went out for public feedback, and we met with the leaders and what not, back in DC from all areas, and different tasks, and there is a whole mess of comments. We went through Standard I and II. We still have III and IV to go through, but obviously, COVID has put a lot of things on hold. I just got an email that we are going to start back up with these conferences so that we are reviewing these comments. We are hoping to have these done and developed. The timeline might get changed, but I think be the end of this year or beginning of next year. Then we will get people and train people, and start doing the accreditation process for this.

DMC: What would a fellowship look like if I have a Nurse Practitioner degree.

KS: There is a lot to it.

DMC: So, what?

KS: You are looking at a year, you know with certain competencies. It is too detailed.

DMC: So, would like a health care agency, like Premier, going to redevelop…

KS: Yes, Ohio State has got a couple of fellowships. The problem though with fellowships is that, and this is an issue, you have to have certain people who are dedicated to take these graduates in. Right? They are preceptors for the graduate program, and that is one of the issues. You need to have some kind of partnership with the academic center and that is loosely defined in the competencies. You have things that are all over the board. Some of these people are calling this residency, but there is an orientation period for a month. That is not a fellowship.

DMC: Right.

KS: Fellowships: Are they going to get a position in that hospital? Who is training them? Who is running the program? What are the competencies? What are their outcomes? What are their curriculum? There is a lot.

DMC: I can remember Yale New Haven had a primary care one in their clinics, at least 15 years ago. They were always saying share this information with our graduates as an option. Of course, we don't have too many people that want to up and move to Connecticut, but I was always interested in what they program had cause I thought it was something we needed here. Sometimes students don't get as much clinical, if you go to the bear minimum of that 500 hours of clinical they are not as strong as they could be. I think Margaret had that program up to 800 hours which is why the graduates of the FNP program were so strong cause she required more hours.

KS: Yeah, and we had more hours too.

DMC: And you had more hours too. I think that was a big factor, but for people who came out of programs who weren't as clinically strong, the fellowships would be a god sent.

KS: Yeah, right. There are a lot of them around the United States. There really are. There are tons of them, but there really is not a lot of consistency. We did a survey. There are hundreds of programs: primary care, acute care. There are some really big ones. But they are kinda all over the board and that is what was important to have them.

DMC: Hey, as we kind of wrap up the interview part of our interview opportunities today, is there any part or anything you would like to talk about or share about? Any humorous or interesting experiences you had when you were at Wright State? I know it is always hard…

KS: Oh wow, gees.

DMC: If you had to tell someone what your funniest moment is, what would you say you had at Wright State.

KS: Oh, I am trying to think even with a student.

DMC: Yeah, that is what I was hoping for

KS: Well, what are some examples you have gotten…trigger something.
DMC: Like Cherri Thompson got her hand stuck in a desk and someone rescued her from that. But If you can't think of anything that is okay. I just thought I would ask.

KS: I can't think of anything. I really can't. I don't know. I mean. I am trying to think of anything crazy with a student.

DMC: What was your least favorite thing when you were a faculty. If someone said, "Well, you don't have to go to these anymore", what would you say?

KS: The meetings especially the focus on undergraduate which was really of not interest to me. I had nothing to do with that. I think some of the meetings. Finding clinical sites (laugh). That was the worst! That WAS the worst! To do that. And I can't think of funny stuff. That is terrible.

DMC: Well, thank you so very much!

KS: Great to talk to you Donna.

DMC: I am going to stop this.

[Note: 6-28-21 minor edits were done to this transcript based on input from the interviewee.]