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Karen Stormer interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

KAREN STORMER

OCTOBER 30, 2007

DONNA MILES CURRY: Testing, testing, testing, one, two. Testing, testing, one.

CAROL HOLDCRAFT: Today we are doing an interview for the College of Nursing and Health Oral History Project (?)

CH: We are talking with Karen Stormer who graduated from our (?)

CH: So, let me go ahead and get started and tell me a little bit about your personal background and how you came to be at Wright State.

KS: Oh my, okay, I'll try to give you the short version. I graduated from by undergraduate, my BSN degree in nineteen seventy-eight from the University of Kentucky. I worked there for five years on the pediatric floor. And due to a personal change in my life, a divorce, I moved to (?) and worked there for (?) and remarried and my husband got relocated out to (?). Moved to Troy and started to work at Dayton Children's Medical Center and that's why I came to Wright State.

CH: Is it taping?

DMC: It is picking up. Yeah it is picking up but when I talk right into here I can hear myself.

CH: (?)

DMC: Well it's not getting any better so it's fine. Talk in the mike. We'll do a recap and we can edit out so let's just continue to record.

CH: Okay.

KS: Do you want me to start over again?

DMC: No. We'll have Carol start over though.

CH: Okay, we are doing another interview today in our Oral History Project of the College of Nursing and Health. It's October thirtieth, two thousand and seven. I'm Carol Holdcraft (?) Donna Miles Curry and Ana Roche and we are interviewing today Karen Stormer. Karen, I'm going to start out by asking you to talk a little bit about your personal background and how you came to Wright State.

KS: Okay, I graduated with my bachelors from the University of Kentucky in nineteen seventy-eight, worked at the University of Kentucky for five years on the pediatrics floor. Due to a divorce I moved to Columbus, Ohio and worked at Columbus Children's Hospital for about ten years doing very different roles and remarried. My husband relocated back to the Dayton area, to Troy and I started to work at Dayton Children's Medical Center in nineteen ninety-three and it was there that I met Beth Lipp and she asked me to come to Wright State.

CH: Tell us a little bit about that. Tell us about how Dr. Lipp convinced you to come to Wright State.

KS: Um, I think that getting my graduate, master's degree was always a personal goal. I'd actually started graduate school way back after finishing my bachelor's program and again due to my personal life I just couldn't finish it or complete it. I tried again when I was in Columbus to start back into the program and again that's kind of the time that a lot of people do that. When I got to Dayton I met Beth Lipp. I was working on the floor as the (?) and she came up one day and said to me "Oh, I heard about this great CNS position for a (?) nurse". So, she told me all about it and I said, "Wait, I'm not a CNS" and she goes "You're not?" And I said "No". She said, "Well you need to do be." So the next day she brought me in an application for Wright State and she said, "Fill this in and have it back to me by tomorrow." And it actually worked out well. I was relatively close. I do have to take (?) so that worked because I'd already taken it twice. And it worked well and I was able to continue my job full time and go to school. So, it was a good fit.

CH: Okay, so it was a good set up for you at the time really in your life and yet if Dr. Lipp had not talked with you really about this opportunity it sounds almost like she had a real say in you having that (?)....

KS: Yeah, I think that it was kind of interesting because when I first graduated from my bachelor's program and started to work at the University of Kentucky, they started talking right off the bat about go back to graduate school, go back in and get your masters. That was in nineteen seventy-eight. I worked there for five years and never finished. And like I said I started to go back but I never did anything. And then when I went to Columbus Children's they were always saying oh, you really need to go back and get your master's degree. And when I came to Dayton I didn't find that was necessarily at the Hospital but Beth encouraged me again and really that's what I needed was another push to say you really need to go back and do this and I'm like you're right. And that's how I ended up at Wright State.

CH: Okay. Well, tell us a little bit about some of your experiences (?)

KS: I just really remember one thing and that is that you have to realign your time because I continued to work full time. I had a daughter in high school at the time. I think the biggest thing is that when you first start you think how am I ever going to finish all of this? And then as time goes on, pretty much every Sunday was reserved for schoolwork, so any other events came along on Sunday I just couldn't do. So you put a lot of your personal life on hold when you were in school but then you reach a point when you're about a little over half way and it's like whatever I need to do to get this done I'm just going to keep on pushing through.

CH: Right.

KS: So, you know you start to really double up on your classes and things like that. But I do remember feeling like when I finally finished all the coursework, oh good I'm done. But I had to finish my thesis yet. The thesis was, took me about a year to complete after I finished all my

coursework. Partially because of my hours and procrastination. I just have trouble facing it sometimes. (Laughs) But again with your mentor, Beth, pushing you along and she was my student chair I managed to get it done finally.

CH: Okay because that thesis was for a lot of people was really the hurdle at the end of the program.

KS: It's huge.

CH: And what did it take as far as the thesis, to really keep you going to accomplish that goal?

KS: Well part of it is at that point you'd be stupid not to. I mean you need to finish that to complete your degree. You've done all this work up until this point. You really need to complete that piece as well. I think a lot of it is persistence and pushing through it and Beth pushing me there and saying you need to keep doing this. And although I will tell you every time I gave her a draft and she wrote red lines all over it and gave it back to me I'd always have a little crying spell and I'd throw it down for about two weeks before I would pick it up again. (Laughs) But again you know just having someone there that kept saying you can do this; you can finish this, pushing you through. And she wasn't really the only one, I mean you do get attachments to a lot of the students through the different classes you have here, your peers that are and again part of it is the drive to just try to get that, past that point and be done with it so that you have accomplished your goal and move on.

CH: So, what are your recollections of any other class that you took or?

KS: I think graduate school is very different from my undergraduate school. Now, again there was how many years in between the two, fifteen to twenty. But I think the thing that I thought was so incredibly fun about graduate school if that's the correct term is that it was all a matter of people, as long as you could present your point and support your opinions and your

thoughts on, it was more of a growth issue as far as critical thinking and again being able to show something to support your position and ideas versus my undergraduate I felt was so much memorization, you know. Anatomy and physiology and who was the nursing theorist. This was more of an in depth study of those kinds of you have the basic foundation here and now, find something in that and support it and give us a reason why you believe this and show me proof. There was no necessarily right or wrong or at least I never felt like there was in graduate school. I never felt like there was right or wrong I felt as long as you could support your position then it was right. So that was a very good point and it was very enlightening to go into class and hear other people talk and present their positions and you just always felt like you around a lot of people who were very smart. (Laughs)

CH: It's kind of a heady environment.

KS: Very heady environment, yeah.

CH: But the re-enforcing of what you were doing and why you were doing it.

KS: Right. You were doing something special.

CH: What kind of recollection do you have about how your experiences in the graduate program affected your job or other nurses that perhaps weren't going for their master's?

KS: I always felt like the people that I worked with were very supportive of me going back to school and I really tried to make sure I didn't cross those lines. You know when I was work, I was at work and when I was at school, I was at school. But it's virtually impossible not to have some gray areas between those two because they both impact the other. But I felt supported by people that you know; they did whatever they needed to do to make sure I accomplished my goal too. So I thought it was a good thing. I'm not sure I totally answered your question but I never felt like anyone was saying you know you didn't do this part of your job because of school.

CH: You weren't being criticized.

KS: Right. Probably, I do remember missing one of my daughter's choir practices and that was tough but that was the only one and you know and she was upset about it but it was test night and it was hard to reschedule and that kind of thing but that was the only real family thing that I missed and she understood. And what's really interesting to me is that now that she's an adult she will say well you did it, I can go back to school and work full time too. So it's, she's got the role model. She got that feeling from me and I think that's really helped her too.

CH: Right. Yeah and that's satisfying too.

KS: Very satisfying.

CH: Because I think most women worry about am I somehow damaging my children.

KS: Right. Yeah, I got there and oh my gosh I shouldn't be in school and what am I doing? I'm already working full time and all those things but the bottom line is when all is said and done she doesn't remember ever feeling (?) by me being in school. So, I think that's really, good positive feedback for me.

CH: It is.

KS: Because you feel guilty as a mother and a wife and all those things.

CH: Like you can never do enough.

KS: Right.

CH: What were some of the challenges, you sort of alluded to one. The one challenge being kind of managing these different roles.

KS: That was the biggest thing. I'd say the second biggest thing was, there were things I missed. I mean there were family events and things like that that I just simply couldn't do because I had to dedicate that day for working on school work and that kind of thing. I think that, I always thought that when I finish school that I would have all this free time left over

because I was no longer doing school work which is not true either.

CH: Correct.

KS: It all somehow gets filled up. But I think the biggest challenge was that I was never, I never felt like, at the time I never felt like I was doing justice to my (?).

CH: Start over?

(PAUSE)

(?)

(PAUSE)

(?)

KS: She did one of our assessment classes.

(?)

KS: Yes. (?) I actually did a couple of different things. I followed a nurse practitioner. I did a couple (?). Yeah, they allowed me to rearrange my schedule at work and work twelve hours a day so that I could get my work done in four days and then I'd have another day to do (?).

(?)

CH: Well, I think we stopped and paused as we were talking about some of the challenges.

KS: And like I said the biggest challenge was just missing, not being able to do all the things I wanted to do because I needed to do schoolwork. And there was struggling between working a full time job and taking care of a child and a husband and all that stuff. They were all (?).

CH: Tell us about some of the things you remember about (?)

KS: I remember that most of my (?) came from a group project. You didn't always get to

pick the people that were on your group projects and that was always an interesting experience because we all have unique personalities. You know some need to be in control, some need to be; some of the ones would sit back and let everyone else take care of it for them. I think that as an adult student we're much more anal about trying to be perfect and sometimes it gets in our way because we can't hardly tolerate anything less than perfection. So, and you run into that a lot with graduate students because most of us are adult students but occasionally there would be some that were more of the girls that just finished up their programs and were coming right back again. I don't have any specific examples of people but that's the biggest thing I remember was in group projects. Often times without much preparation as a group you know we each had our piece to do and then you had to do the presentation to the class and you just hoped it all fall together when you did it and it usually did. (Laughs)

CH: Uh-huh.

KS: But that's the main thing I remember.

CH: Some of those stressful situations. What about any of your classes? What were your favorite classes that stand out in your mind?

KS: Oh my. I mean I guess I enjoyed my clinical experiences a lot because those were the times you got to see advance practice nurses kind of in action and see the different roles where they performed. Those were probably my favorites were the clinicals. But I'm much more a hands on person than I am you know read these three chapters and come to class. I'm much more kind of want to see it and action, you know. To me that's much more appealing than being in a class.

CH: And so were there advance practice nurses that were out there?

KS: Yes, actually I went and did some work with some advance practice nurses that weren't, I mean I'm pediatric oncology. So that's a really limited field and there weren't a lot at

that time to go and shadow around for a while. So, I did a lot of different, various things. I followed an advance practice nurse, I can't think of what they call that, Miami County Well Child type clinical.

CH: Okay.

KS: That was so much fun though. There were a couple of dates that were not something I want to do but those are the kinds of things that I found really fun is to see what other people because it kind of helped me define where exactly I wanted to go with my career. I can't tell you that I ever sat down in my life and said some day I'm going to be a clinical nurse specialist in pediatric oncology. After a few years it became my love but then not having a whole lot of role models to see in this field I wasn't quite sure what I would have done. So, I need to take pieces from what other people have done with their roles and rolled it into your area.

CH: Think about how it would fit.

KS: Yeah, how am I going to apply it.

CH: So any of those that were particular role models?

KS: I can think of one role model, which actually was before I got to Wright State. It was at Columbus Children's and she was a master's prepared nurse and I always thought I want to be Lisa when I grown up. And I guess she was kind of the person that I always, when I thought about going back to graduate school because she was a true clinical nurse specialist for the oncology department there at Columbus Children's and I just liked what I saw her doing. So, that's what I wanted to do to be an educator and know the family and that kind of stuff.

CH: Her role was to be involved. Do you recall having any interactions with the people that were administrators in the program when you were going here? Deans or associate deans?

KS: I don't remember much experience with the dean and the associate dean. I mean we certainly had a lot of exposure with the faculty. You know you got to where I really knew the

faculty well and, but I don't remember a lot of interactions with the administrators at that time. I don't know if it was just me or if they weren't available. I don't know.

CH: It sounds like that things were running smoothly and so therefore you had no need.

KS: Right. That's exactly right. I mean if I really felt like I needed something from them I would have sought them out but I never really felt that need. Because I was getting what I needed from the faculty people so I didn't really feel any necessary point in trying to find an administrator to solve anything.

CH: Tell us a little bit about what you think going through this program has allowed (?)

KS: I think it's given it, number one I think it's given me more credibility. If that's the right term. I think that people just by the virtue of the fact that you have it, I almost hate to say this out loud because I don't necessarily agree with you know how ever many initials you have after your name speaks to what kind of a professional you are but I do think that having an MS and being a clinical nurse specialist, that title allows people from all over the country they know exactly what I do. You know, they may not know my field but if I said to a nurse in California well I'm a clinical nurse specialist in the pediatric oncology program she knows what that means. And to me that's really big. I like that. I like that comradery with other CNS's. I like the fact that, you know, people understand my role. Prior to being clinical nurse specialist I was a clinical nurse coordinator. No one knew what that meant. So, I think that's one of the biggest pieces, I like the fact that it has a common denominator across the country and no matter what role you're in.

CH: So, people understand and have a respect for a clinical nurse specialist.

KS: So, I was somewhat functioning in a clinical nurse specialist role prior to actually getting that title but I think it also has allowed me to know that I can do more things. It's given me more self esteem, more self-confidence in how I approach my practice. You know, I can't do

anything anymore without making sure that I look at the research and the literature and that kind of thing. That was unknown to me before I went to graduate school. When you're a staff nurse and even some of those other resource nurse roles you don't think about looking for research to back up your practice. But as a clinical nurse specialist you have to. I mean that's part of the, you have to look at the research. You have to be able to truly just support what you are doing.

So yeah, it's changed my practice.

CH: It's changed the way you approach a problem (?)

KS: Absolutely.

CH: And so have you been able to do any interesting things that you'd like to share with us? With your practice, with having the credibility attached with it (?)

KS: I think that the thing I like the most about my job is the various (?). And I don't have any supervisory type; I don't have to be over anyone else. But I'm looked at as the resource for a lot of issues that go on with our patients, coordination issues, education issues. So I like that, the ability, and if I can't give you the answer then I'm going to find the answer for you. I like that kind of antonymous position to it but it gives me the ability to if I wanted to just kind of explore some other avenues then I can do that. And I'm the kind of person that really needs a bit of change. I need to kind of be challenged. When I get to the point where I'm not feeling challenged anymore then I'm not going to function very well. So, I'm constantly looking for new challenges and I actually just started a study, you know, with our clinic patients about health literacy that I'm really excited about that kind of stuff. So, it has allowed me to do things that I think staff nurses don't have that opportunity for.

CH: So to set a project up and think about and then do whatever's necessary to carry it through.

KS: And I also like the idea that and maybe, I also think that I'm excited enough about

what I do that I like to pass that excitement on to some of the students. I mean I want them to feel excited about they teach you. I truly believe that you have to get up in the morning and want to go to work because it doesn't really matter what a patient, you have to like what you do. And I like what I do. So, I think, you know, every nurse needs to find their little niche in life, whatever that is, mine happens to be pediatric oncology which isn't for everybody but I couldn't do ICU or emergency room nurse or anything like that. So, I'd like to think that I can provide the (?) to come into and tell you a little bit about it. Let me tell you why this is going on and let me give you some idea of why (?)

CH: And so was that something that you felt like you did? Was that always in the process (?) or was that something that going back to school and getting your master's degree took you to another level where you could really perform (?)

KS: I think it took me to a different level. Because I don't think I ever really viewed myself as a mentor so to speak until I finished my graduate program and felt like it was after that. I've always kind of thought of myself as an educator but I really didn't feel like I had the credentialing and things to follow through on the education. I thought I'd never be able to speak in front of a group but now I can do it because I know my material and also, I'm comfortable with it. So, if someone wants me to talk on a topic that has to do with childhood cancer I will do that. So, it definitely has increased by self-confidence to a higher degree.

CH: Go ahead Donna.

DONNA MILES CURRY: Is there any area that we haven't included (?)

KS: Writing a thesis. No, I mean the thesis is a good practice. (Laughs) I can't really think of anything.

DMC: (?)

KS: No. I mean they really gave; we got a little bit of everything. You know,

community service and ...

DMC: (?)

KS: No.

DMC: (?)

KS: That would be (?)

DMC: (?)

KS: It's hard to separate that out. Whether it was my, you know, graduate program or if it was just maturity. I mean, you know, I can remember being a staff nurse and thinking I don't have time to get involved in all these professional organizations. And then as you go through your practice you realize you have to get involved in your professional advocacy because otherwise these organizations, they don't stand by themselves. You have to be, they need you to push them along and as nurses if we don't support ourselves and our roles there's no one else who's going to back us up either. So, I don't know. Maybe it's a little of both. I think definitely graduate school gave me the initiative to feel like I could be a (?) support. So, I don't know.

CH: Is there anything that, about your program that we haven't asked about? (?)

KS: I thought the program was, I mean it was really designed for those of us who were working full time. It allowed me to continue to work and still go to school at the same time. I mean that was a huge plus. It made it easy. Beyond that, I mean, I think, I really have no complaints.

DMC: (?)

KS: Well, I think the one really exciting thing is that when I first started there weren't a lot of nurses involved in further education. And in the years since I've been, since nineteen ninety-three when I started in Dayton and there was one advance practice nurse there at the time and one going to graduate school and now we have a lot of advance practice nurses. I think it

speaks very highly of Wright State because if the program wasn't here to be available to these nurses it would probably wouldn't be the case and yet what advance practice nurses can add to the profession of nursing, I think, is huge. So, that would be the one thing that I would say is the numbers have increased greatly and we've got lots more who are trying to go back and get their degrees and I think that's great.

CH: It really feels like it does something the community of nurses (?)

KS: Yeah. Now we have the advance practice nurses (?). I think there's about thirty-five or forty nurses on it. That's incredible.

CH: That's amazing.

KS: You know? That was something that wasn't there ten years ago. So, I think that's very, and that's really a great thing.

CH: Uh-huh. And when you first got started, those advance practice roles were sort of in isolation. They were doing good work but it probably felt a little lonely at times when they were working in isolation. But then a network of (?)

KS: It is.

CH: (?)

KS: Transition in to an APN role? I think (?) and then sometimes even in these days it requires convincing other people that there needs to be an advance practice nurse. But I think that proving yourself overall, you know like when you start practicing as an advance practice nurse, in my situation it took awhile before I was recognized as that but I just decided that I was going to practice that way anyways and then maybe eventually they'd believe that yes that was what I was doing and they did. I don't know if that's the answer to your question but just keep striving to that goal and just find for yourself what it is that you want to be. I've known for a very long time that I'm a hospital nurse. I know that. I'm not a teacher, instructor in college. I'm not, you know, a

pediatric office. I'm just not. I'm a hospital nurse. So, I defined myself there and then I went further and defined myself, as what I really loved was pediatric oncology. So I found my niche and found my place. But we absolutely need to be proactive in changing our roles and making sure that we're growing and providing stimulation and making sure that we don't get stagnant.

CH: Okay. It's really interesting. I didn't know what you would tell us. I really enjoyed listening about your career and your perception on things. And it makes me proud that you're a graduate of our program. So, thank you.

KS: You're welcome.

TAPE ENDS