

2-13-2013

Interview with Dorothy Otto

Dorothy Otto M.S.N., Ed.D., ANEF

Follow this and additional works at: <https://digitalcommons.library.tmc.edu/tmc-whp>



Part of the [Nursing Commons](#), and the [Women's History Commons](#)

Recommended Citation

Citation Information: Otto, Dorothy M.S.N., Ed.D., ANEF, "Interview with Dorothy Otto" (2013). DigitalCommons@TMC, Texas Medical History Documents, *Texas Medical Center - Women's History Project*. Paper 3.

<https://digitalcommons.library.tmc.edu/tmc-whp/3>

This Article is brought to you for free and open access by the Texas Medical History Documents at DigitalCommons@TMC. It has been accepted for inclusion in Texas Medical Center - Women's History Project by an authorized administrator of DigitalCommons@TMC. For more information, please contact digitalcommons@library.tmc.edu.

TEXAS MEDICAL CENTER
WOMEN'S HISTORY PROJECT

Dorothy Otto

Interviewed by: Natalie Garza
Date: February 13, 2013
Transcribed by: Michelle Kokes
Location: UT Medical Center, Houston School of Nursing

NG: This is Natalie Garza and I am interviewing Dorothy Otto on February 13, 2013 in the UT Medical Center, Houston School of Nursing. Can you begin by telling me your full name please?

DO: My full name is Dorothy Otto. My middle initial is "A" it stands for Ann.

NG: Okay. Have you ever been married? Do you have a maiden name?

DO: No, I do not I've never been married.

NG: Okay.

DO: I married nursing.

NG: Can you tell me when you were born?

DO: I was born December 3 the year 1932.

NG: Okay and where were you born?

DO: McAllen, Texas.

NG: Okay did you grow up in McAllen?

DO: For my early years and then I moved to Austin with my parents and then moved back to McAllen when I graduated from high school and then came directly to Houston to come into the nursing program at the University of Houston, Central College of Nursing.

NG: Okay will you talk to me a little bit about growing up? What the atmosphere was like I guess both in McAllen and Austin?

DO: Well I had an identical twin who is now deceased. I grew up in McAllen and lived one year in Brownsville. I moved to Austin with my parents when I was 8 years old and stayed there for 5 years and then moved back and graduated from McAllen High School and came directly to Houston to go to the nursing program. It was a Baccalaureate program in the days of mid 50's, it was unique. Baylor University had a program and certainly University of Texas at Galveston had a program.

NG: And did you have any other siblings other than your twin?

DO: No I didn't.

NG: Were there expectations of you and your sister of what you would do in terms of education?

DO: My aunt was a graduate of the first nursing program at Hermann Hospital here in Houston and she was very influential as were two family friends that were nurses. So I never thought of being anything but a nurse. And of course in those days when I was growing up you either were a teacher, a nurse or a secretary and I had no other goal than to be a nurse.

NG: And were your parents encouraging?

DO: Oh definitely! My father died before I finished high school and both of them were very influential and supportive. In fact my mother wanted to be a nurse but was not able to be because she had her father to take care of.

NG: Did your parents have higher education?

DO: No, neither one.

NG: Okay.

DO: Finished high school.

NG: Did your mom work?

DO: Yes she did, after my father's death.

NG: She did?

DO: They both worked for the telephone company and that's where they met.

NG: Was it unusual do you think at the time for women to be working?

DO: She did not work. Oh well she did before she married.

NG: Oh okay.

DO: No when she married, 10 months later she had the twins.

NG: Okay. So you said that you'd decided from graduating in high school in McAllen to go to the nursing program at U of H. Why U of H?

DO: My aunt and uncle lived here. My mother was a new widow and because they lived here it was just the only choice that my sister and I would come to Hermann Hospital. U of H had a double clinical campus. It was a Methodist Hospital and clinical campus and Hermann. We lived in the Hermann Hospital School of Nursing dormitory and commuted to the University of Houston by school bus.

NG: Was that Hermann Hospital in the medical center?

DO: It was opened in 1925. My aunt graduated in 1928, first class.

NG: And it's in the location of...

DO: Same place...

NG: Where we have now. Okay.

DO: Shape's a little bit different except the main building is identical. The Cullen Building as it's called now.

NG: What was it about nursing that appealed to you?

DO: I was always a very caring child and caring adult and I guess I really didn't think too much about it because that was my goal and I was going to achieve it.

NG: Why did you decide to go for the Bachelor's of Nursing?

DO: Because they were just coming out with the Baccalaureate degree in the '50's and there was no nursing program around the Rio Grande Valley. You either had to come to San Antonio or Houston or even Galveston or Austin, and because my aunt was here and it was a new program. I was in the second class.

NG: And there was never any kind of discouragement or questioning of "Why would you do a four year degree if you could do?"

DO: Didn't think anything about it. That's where I came as a four year student. And you know I think certainly that was the correct decision as opposed to going to a diploma program which there were certainly available, even I think there was one in Corpus. But it never entered my mind that I would select anything different and partly because my aunt was influential in our education and knew the program.

NG: What was your experience at U of H at that time?

DO: It was a four year program however we went every summer except the first one.

We entered in late August and we graduated in August so we went every summer.

Actually it was almost a five year program. Our freshman and sophomore year we went directly to the University of Houston for our classes and they were our liberal arts classes and science classes. We rode the school bus every day and came back to the dormitory

for our residence and we did our clinical at Hermann. We were a small class; we had the Hermann unit and the Methodist unit. By the time we graduated there were 20 in the Hermann unit and 8, I believe it was 8, in the Methodist unit, so we were a small class. At that time it was an expensive education, and my mother (being a new widow) had to put through two of her children through the nursing program. In our junior and senior year, both of us would work in the hospital on weekends.

NG: Was there nursing related work available to you at that time?

DO: We could work as students.

NG: Okay is that what you were doing?

DO: Yes and also the doctors liked student nurses as their children's babysitter. I did like to do the extra work in the clinical setting.

NG: What do you think it meant to your mom to have you all graduate?

DO: Oh very significant. She was very proud of us and my dad would have been too. He died of a heart attack and we were special in our family. I guess being identical twins was part of it.

NG: And was it all women in the class?

DO: No we had one man and they referred to him as "doctor." He's now deceased but anyway, he dressed in a white lab coat and he wore the military stripes on his lab coat. We had a nurses cap and when we became seniors we got a black band. He became a senior and he got the black stripes. He was not able to do his clinical in the obstetrical unit when we did. He had to take the classes but he did not do clinical at Hermann in the obstetrical unit, nor the nursery nor labor and delivery and post partum. They sent him to have his clinical experience on the GU floor at Hermann, the new building.

NG: G.U. is?

DO: Genitourinary.

NG: Okay, when you graduated what was the experience of getting a job; because as you said it was kind of unique for people to have a Baccalaureate?

DO: It was. I had no trouble. My sister and I returned home to work in McAllen Hospital (in the hospital in which we were born) and we had family friends, two nurses that worked there that knew us. I remember interviewing on a week day and I started the following Monday. She [my sister] worked in the operating room and I worked on a medical surgical Unit. I worked 3:00 to 11:00 and 7:00 to 3:00. Now this was probably 150 bed McAllen General Hospital. I worked there for four months and then they opened the pediatric unit and I became the head nurse. I had one LVN and so it was very easy to be the head nurse because I had a degree as well as my sister who became the head nurse in the operating room.

NG: Did you have a preference before going to McAllen, the hospital there of what area you wanted to work in?

DO: No probably just medical surgical nursing and we combined those two specialties at the time. In other words we didn't have strictly a medical unit or a strictly a surgical unit. And you know we had the operating rooms, I believe there were three. So we didn't have that much choice. It was a general hospital.

NG: Then you didn't work there for very long?

DO: No a year and a half. All work, no play. So my sister and I came back to Houston and we worked at Hermann Hospital, lived in the dormitory temporarily. She went to work in the pediatric unit and I went to work on the segregated medical surgical

unit. They had an opening at MD Anderson about 6 months later and she resigned and went to MD Anderson in the Operating Room to work and stayed there until she married 5 years later. I did not go back to pediatrics. They needed a new faculty member as I enjoyed having students on the unit, my medical surgical unit. I was invited to be a faculty member at Hermann School of Nursing.

NG: Why did you decide to come back to Houston?

DO: All work no play. ...seriously it was a lot of work. I mean you had to cover as you were the RN. I had a LVN who worked 3:00 to 11:00 and one that worked nights or I would work 3:00 to 11:00 and she would cover at night. We had a nurse aide on each shift. I took care of children of classmates of mine in high school.

NG: You are saying that in Houston there was more of a social atmosphere?

DO: Oh certainly sure!

NG: Okay. You mentioned that there was a segregated surgical unit?

DO: Yes.

NG: Do you mean racially segregated?

DO: Racial, yes.

NG: Okay. And that was just common practice?

DO: Oh it was yes definitely. Well it was the African Americans or the blacks and they were in one unit and the whites were on another.

NG: And you said you worked that or your sister did?

DO: I worked in medical surgical nursing. She worked in the operating room.

NG: Okay. Why did you decide then to go on for a Master's degree?

DO: Because that was the “in” thing to do if you wanted to teach, and I did work as a head nurse. I started teaching in 1958 and you needed a Master’s degree. However I taught there 10 years so I didn’t go into my Master’s program until later and I finished that in 1971. But you were expected to have a Master’s degree. Now I didn’t need it when I was at Hermann. But I did want to advance.

NG: Is that, is teaching something that you had envisioned would be an option for you when you were going to school?

DO: No the dean of our school, my basic baccalaureate program when we had our exit interview said that I needed to teach and I remember distinctly saying to her, “Dean Willets I want to be the best pediatric nurse.” And then I went into pediatrics briefly, you know, in McAllen. But teaching was always I guess in the back of my mind because I enjoyed it with the students that came to my unit. I would make rounds with them and we would discuss the patients. I did more for their teaching than the actual faculty member who at that time came to the units with her clip board, “How are you doing?” “I’m doing okay.” You know that type, very brief encounters whereas I was actively involved with them as their nurse, head nurse. I enjoyed it.

NG: What do you think your Dean saw in you that she suggested that you go into teaching?

DO: I don’t know whether it was at that time the director of the school or just association with students and they had an opening and they needed somebody. This was in the summer and I started in late August, probably need based.

NG: Were you able to continue practicing as a nurse while you were teaching?

DO: Not until the summers and sometimes I would... well because you were supervising the students I had close contact with the patients, their patients. But working on my own in a clinical setting, no I didn't. We went all summer so I didn't have that opportunity. Now when I came into the University of Texas program I did work. We had a 10 month program and we had the two months off for summer and I did work during the summer. I worked on the weekends 3:00 to 11:00.

NG: So you got your Master's at Texas Woman's?

DO: I did.

NG: Was that the only program available in the area at the time?

DO: It was here well other than going to Galveston and Austin. I didn't have a desire to leave Houston. My friends were here and so I stayed here. I did work full time while I was getting my Master's degree.

NG: Did the school have a flexible schedule for that?

DO: No I went in the evenings or late afternoons really.

NG: So you did medical surgical was your clinical while at Texas Woman's University (TWU).

DO: Yes.

NG: Were there more options at that point?

DO: Yes.

NG: Okay.

DO: There was obstetrics, there was psychiatry... I'm not real sure the other ones because I was directly involved with the medical surgical. Pediatrics they had pediatrics I'm sure because TCH (Texas Children's Hospital) was opened then.

NG: So why did you decide to go with medical surgical for your Masters?

DO: Because that is what I had been working in at that time and setting.

NG: Okay and you wanted to continue with that?

DO: I did.

NG: What did the Master's program entail?

DO: We had a certain number of clinical hours and then of course classroom (certainly there was no online approach to it). I walked over to TWU from Hermann to the campus for my classes. Then some of them I had to take out at the university but that was more in my doctoral program.

NG: Were there many women getting their Master's at this time?

DO: I don't remember. We had a small number in our class. It was not really the direction that a lot of nurses chose to go. I mean if they were in teaching it was a given that you needed a Master's degree to teach because more and more Baccalaureate programs, well not so much in the Houston area, but nationally. We had a directive through our American Nurses' Association. We called it "the 1965 position paper" and it was that nurses would basically have a Baccalaureate degree in nursing.

NG: That early in 1965?

DO: That early yes and they were to have this by 1980. Well 1980 came and we still, particularly in Texas we had very few Baccalaureate programs. Diploma programs become the associate degree programs community college based. So diploma schools closed. We only have two left in the state today and I'm sure that they will eventually go with community college or with Baccalaureate programs; one in San Antonio and one in Lubbock. So the direction nationally was for us to give Baccalaureate degrees in nursing

through a program and that's why the U of H was instrumental in getting it as early as 1950. Now in 1969 Texas Woman's University came to Houston. I started teaching here [UT School of Nursing] in July 1972. But I took my masters courses and finished in '71.

NG: And the decision then to pursue a doctorate was not long after that?

DO: Well yes, I didn't start my doctorate until '77. What happened was from a historical perspective in 1970 with the UT System Schools of Nursing. The Houston program opened July 1st and we were a clinical campus from Galveston. Legislatively we did not become our own campus until October '73 but the direction was that employed faculty would work on a doctoral degree. They didn't say whether it would be education or nursing or psychology but you had to have a doctorate degree, certainly preferably for nursing. But the only one we had then was the TWU, Denton Campus or you went to Galveston for University of Texas.

In 1972 this school opened. In 1976, March of '76 the UT System voted to dissolve the System Schools of Nursing. We had campuses across Texas. We had Galveston, Houston, San Antonio and Austin and El Paso. They were reorganized and went to their respective academic or health science center campus. Houston having a Health Science Center we were transferred to the UT Health Science Center. In June 1975 our first Dean, Elizabeth Jones resigned to go to Iowa and I became the Acting Dean. Because of the dissolution of the System Schools of Nursing in 1976 my time was extended for another year. So I was Acting Dean for two years. In July of '77 we hired a Dean and then I became the Assistant Dean of the Student Affairs office.

NG: So going back a little bit with the time line. You taught at Hermann?

DO: Yes for 10 years.

NG: And where else did you teach before?

DO: I've only had 3 jobs.

NG: Okay.

DO: McAllen, Hermann Hospital, and in the School of Nursing and UT. I've never had to go through an interview other than those three.

NG: What did you think about the administrative aspects of the School of Nursing while you were Acting Dean?

DO: I had never been in an administration as such other than as a head nurse. I was Ms. Jones' Assistant Dean. When she left the faculty wanted to vote and I had to get 2/3 vote to be appointed the acting dean. Fortunately I received 3/4 of the percent vote. Administratively our first dean was my mentor. She was beginning to work on her doctorate and that was an impetus for me to be goal directed.

NG: To get your doctorate you mean?

DO: To get my doctorate. It took a little time because I finished the acting deanship in '77 and then I started immediately in the fall for my course work and I worked full time, taught full time. So I didn't get it until 1985, December of '85.

NG: Did you have other encouragement from co workers or friends?

DO: Well yes and my mother was very supportive. My sister, who was also a nurse, married and had two teenagers, was very encouraging. And my friends looked up to me and said, "I could never do something like that I'm not smart enough." It was perseverance. It was goal directed determination and I wasn't about to give up. And in fact my last semester I was completing my dissertation I was trying to get the data analyzed and complete the last part of the dissertation and my adviser at the University of

Houston said, “Now Dorothy do not go on another trip.” I went to Egypt in the summer of ’85. I was asked to be an academic leader and I thought, “I’m not passing this up. I’ve never been to Egypt. I’ve never been beyond England” so I accepted it. Well of course it delayed me. I was supposed to finish in August. I finished in December.

If the opportunity comes and I can make it happen I do. So I did 10 years of academic leadership in continuing education programs and many of the countries that I would have never, ever been able to go to without this opportunity. I made it work for me. I had to do a daily diary. I had to teach at least an hour every day for them to be able to get continuing education credits. It also could be considered somewhat of a vacation. I thoroughly enjoyed going to the hospitals or clinics, even preparing my one hour presentation on the topic of that particular journey. Some were medical surgical nursing some were gerontology or care of the elders. I had ethical legal as a topic also.

What I would do was to look at the country I was going to visit for my preparation. I went to Egypt twice, I went to India once, I went to the Orient once I went to China once, I went to Scandinavia once, I went to Russia twice, and I went to the British Isles twice. I would look at what was the health care system in that particular country. I went to Yugoslavia and then I would also take (depending on the topic) significant areas to discuss from the state side and compare it with the country of we were visiting. So I received good marks so to speak. That’s why I kept getting asked back and I accepted it, went in Spring or Fall, went once a year.

NG: You were giving presentations to nurses that were native to those countries?

DO: Not always, it was rare; number one the language barrier. We would meet preferably at night after dinner, we’d meet for an hour and it was their choice if they

attended. If they attended they received continuing education credit, if they didn't and they wanted to go to an opera or they wanted to do something else that was their privilege. It was not a required mandated attendance, but I did take role to be always fair with those who did come.

NG: What was the purpose of going to different countries to see how other systems worked?

DO: Right, their health care system and it was, you know, somewhat of a vacation for the attendees receiving continuing education credits. For example, Texas our Board of Nurse Examiners at that time it's now called the Board of Nursing required continuing education on a biannual basis. I always achieved it for those years that I traveled. But it just gets into your mind set to see how other people live, their culture, their value system, their beliefs. We were always well received and you saw some abject poverty but yet you also could attend the glorious opera in London. We went to a village in Nepal run by the Methodist Church where the children were so excited about seeing us. We visited hospitals. I remember when I went to Russia the first time and this was in the 80's and they took us to a government run hospital and we went to the operating room. They put this stove pipe white hat on me and I went into the operating room with a lab coat and street shoes right in front of the patient. I didn't even put on shoe covers because they were so impressed they wanted me to see the surgery and it was abdominal surgery. I'll never forget it. Or when I was in China they took us to an acupuncture clinic. The doctor also did Moxibustion the heat from the... it looks like battery cell, glass cells and they were doing a thyroidectomy under acupuncture in the operating room and I'll never forget because the woman's feet were uncovered and I was so tempted to cover that

woman's feet with the sheet! But you know they are kind of a stoic group of people. So many opportunities to see how other cultural people live, and I made it happen. The company was sold in 1995 and that was supposed to be my last trip but I did get 10 years with them.

NG: Why did you decide on education for a doctorate?

DO: Because there was no nursing program here at the time other than TWU-Denton and I didn't want to travel. I also investigated other schools nationally Emory in Atlanta, Vanderbilt but the schools at that time was too costly. I was just making a faculty salary. I made \$11,000 when I came here. I'd been making \$12,000 at Hermann and I had to take a cut. You know salaries were low then for schools of nursing. That's appalling today because a new graduate of today is making four times my beginning salary with a Master's degree and they are just getting a Baccalaureate. Nursing has changed.

NG: Were the majority of faculty women?

DO: All of us were.

NG: Okay.

DO: We did get a male faculty transfer from the UT Austin campus a little later in our program but when we began we had 10 women.

NG: Do you get any kind of sense of how that atmosphere was different from maybe some of the other schools within the UT Medical Center?

DO: We were in the Texas Medical Center and of course Galveston was somewhat similar with the hospitals there. Compare it with say Austin is proprietary hospitals or no health science center. So Austin had private hospitals, and one city hospital, Breckenridge. We had our Harris County Hospital, well it was Ben Taub but we had

access to Hermann, to Methodist, eventually MD Anderson, St. Luke's, we used those hospitals.

Our School of Nursing, the UT School of Nursing in '72 was opened in the Hermann Professional Building Annex. The annex was the garage and we had first floor classrooms but they were on the Fannin Street side and on the Main Street side were the administrative offices and library. You know what was in between us? We called the driveway carbon monoxide lane. We had limited classrooms. We admitted 98 students in our first class in 1972. We had from July 1st to the end of August to get our curriculum together. But of course we had the other UT System schools so we borrowed from them. San Antonio was already open, of course Austin was the lead school, had come from Galveston and also Fort Worth or its now Arlington. So we borrowed because we were a System School of Nursing we interchanged our curriculum.

We had 10 weeks essentially to get it all together and we admitted 98 students and our class rooms were limited in size. For example we had class in the basement of the Hermann Professional Building or in the Annex in the garage and we were sitting on stored furniture and we'd have our group of students meeting there. Or we would get a class room like at Methodist Hospital. To get our materials (and in those days you'd use a overhead projector if you wanted to show transparencies) we would be going down Fannin pushing this overhead projector on a cart over those sidewalks that were not necessarily smooth with our materials to get to either the TCH auditorium or to a Methodist Hospital classroom. However, when I was teaching at Hermann and we walked to Methodist and had to walk through the forest where they had the rabbit hutches for their research. So times have changed and now we've got classrooms in this building.

NG: Do you think the culture, the environment was different because the faculty were all women; than say if you were like in the medical school or one of the other schools?

DO: Well women didn't at that time go into medicine, rarely, certainly not what it is today or even two decades ago or one decade ago. No, the men wanted leadership roles, supervisory roles, emergency room, intensive care, operating room. We had a male student in our...well we had him at Hermann but we didn't have many. I was trying to think who our first ones were at UT. In '72. We had a young couple, the Grays, and Chris wanted to be a nurse just as much as his wife Linda. Men and nursing occurred later in the decades and now we have probably 15% or 20%. We are multicultural. We had cultural diversity at Hermann but not to what we have today. And we have certainly more men than we ever had at Hermann.

NG: What do you find is the most rewarding thing about teaching?

DO: I think the students. I have a sign on my door that says, "Those who dare to teach never cease to learn" and I think that is a true statement for me as well as the student. True I'm called the teacher and they are the learner but that's reversed also. Now that we're online it's not as frequent obviously because I don't know the students other than by roster name. They don't come to a class. Now if I have a class session then I get to know them and now I have three online classes. Currently I'm teaching to the undergraduate students, Professional Practice and Leadership, and it's predominantly online. So I really don't get to know them. I grade their assignments and then I know them by name. But certainly there's opportunities for the give and take of learning and teaching.

NG: What is your opinion about this shift to more online?

DO: It has its advantages but I don't believe anybody that tells me it's easier to do online courses, no way. There's much preparation. The course I teach I teach every semester. We have a week between summer and fall semester which you've got to change all your dates and if you want to change your assignments or you want to update your slides you are working over the semester break. At Christmas we have a longer break, you have a little more time off. In the Spring we have 2 weeks but there's meetings sometimes planned because that's when you have the time to do it. But again you're changing your syllabus or your schedule of activities, assignments during that time. I am doing it for three courses. So I mean it's a full time job and you're supposed to take your vacation. Now I did last June when I took 2 weeks. We had started the semester and two weeks later I went to Africa on a safari and I had to have coverage. I could do online and I had no assignments due that needed to be graded while I was gone. So for that, that's a benefit. The disadvantage is that when you get back you have over 200 emails and you've got assignments to be graded.

This past fall I had the three courses. I graded in probably a 6 week period 5 to 6 weeks period because the assignments clustered for due dates, 461 assignments. Unbelievable! And students want it next week. "Have you graded my paper?" "No." You know it's amazing what they expect you to do. But they don't understand and that's kind of like the 80/20 law, there's that 20% that get anxious to have their grades. "It took her two weeks to grade a paper. It was only a one page paper." And then there's others, just the other day there was this graduate student. I was getting out of the elevator and she was going to get in. So she stayed outside of the elevator and she said, "You know Dr. Otto, I've been wanting to see you." I said, "Oh okay. Here I am." She said, "You

told us to get interested if we wanted to in an ethics committee in our hospital” and she said, “I’m working at a medical center hospital” and, “I did what you told me to do. I asked the ethics staff person if I could follow her around on occasion and she said she’d let me follow her around.” She said later, “Would you like to be on the ethics committee?” The student explained, “I would not have denied that opportunity, it’s all because of you.” Now how many nice compliments do you get like that? That’s what makes you keep teaching; there’s challenges, there’s your down days but there’s a lot of up days, too.

You know I’ve never done anything but teaching. I’m not in clinical anymore because we’re using preceptors. I used to go every semester and it became one semester a year at MD Anderson. I enjoyed seeing the patients that the students had, working with them if they needed some help.

NG: When did that stop that you would do clinical?

DO: 2007. I started at MD Anderson in 1981.

NG: Okay.

DO: Well I had bilateral knee implants at the same time and obviously that took me out for a semester at Anderson. I worked in the high acuity course and that included the perioperative unit and the intensive care unit. But you know at Anderson their high acuity is the complex patient care. Well what’s on the units of MD Anderson was our ICU when I was working back in the 70’s.

NG: Has your standard teaching load always been like 3 courses per semester?

DO: It varies, 3 to 4 courses. Our enrollment is increasing for example, I had 126 in my course last summer. I had fortunately my first ever teaching assistant and it was wonderful. She did all the grading; had 5 assignments, she did all 126 students.

NG: So before when you first started what kinds of teaching?

DO: Oh when I was at Hermann?

NG: More so when you first came to UT.

DO: Oh when I first came here? We had an integrated curriculum by that I mean, I followed the first class until they graduated in May of 1974. They came in, in late August of '72 and I followed them in every course that we had each semester and we went around the year except for two months in the summer. So I followed an assigned group. When they went to obstetrics, I went to obstetrics, when they went... well I didn't go to psychiatry. We had a psychiatric nurse then, faculty member. So I followed students in clinical essentially, but I taught in every other courses.

NG: So then how many classes were you teaching at that time?

DO: Probably two. We had, as I was beginning to say, an integrated curriculum. So our first semester in this new program, students had 15 hours. It was one course and we took modules or segments and taught the course throughout the 16 weeks, 15 or 16 weeks and I would have certain modules to teach.

NG: Do you find that women faculty are promoted at the same rate as men?

DO: Then we had very few men. Now we have I think four men. All faculty seeking promotion must meet specific criteria. Now I can't say that that's true or not, but you know there should be no difference. You look at the qualifications of the faculty member. I'm on the Admissions Promotion and Tenure and Review (APTR) Committee

and we have specific criteria. I don't care if there is a racial difference, gender difference, you meet those criteria. And of course there's a range for your salary, so I hope they don't make a difference in promotions. The final decision of course is made by the Dean. We are a recommending body as far as APTR committee.

I've never had the real desire to spend hours in the medical center library looking up salaries of state employees. First of all I don't want to know if they make more or if I make more. Salary is not that much of an impetus for me to keep my job. I have to enjoy it, I have to find it stimulating, challenging. I can't say that I've ever been really bored with teaching. I told a student one time at MD Anderson, she was sitting at the desk just looking around, "Oh" and then she saw me come up and I said, "Tell me about your patient?" "Well let me get her chart." And I thought, "You ought to be able to tell me right now about your patient." On the other hand she said, "This is really a boring unit!" I said, "Don't ever ever say that to me. This is not a boring unit. You are bored because you want to be." I gave her a little sermon-ette. I said, "There's so much more you can learn here." So I got her patient's chart and we went through it. There's always something to learn. You're never on a [boring] unit.

Now of course today this might be a little different because we have the HIPPA law and sometimes it's very difficult for nurses who like to communicate with each other and there's confidentiality that we sometimes forget about. But the teaching opportunities are still there. I tell them to look for teachable moments. When I was doing the international journeys I would make that comment every morning, "Okay today look for a teachable moment and if you see something that is significant to nursing or a culture for us to observe you let us know. For example, "Did you see that elderly

person?” We were in India [and saw a man] with a wooden leg. And I remember he was in this city square and here he was walking up, elderly man I don’t have a clue how to assess his age but here he was walking across this square with a peg leg. Well when you look at it we were discussing leprosy. Now whether he lost his leg to leprosy I don’t know but he had a peg leg and leprosy was discussed as a disease. Now how many times would you see a peg leg? Or the mother breastfeeding on the curb, her baby that looks to be about a year and a half? So teachable moments are important.

NG: I want to talk a little bit about you have in your C.V. a current position with the John P. McGovern Center for Humanities and Ethics?

DO: I was appointed last year. I was invited to be it because I have been on the Campus Wide Ethics Committee and Dr. Cole is on that committee and I’ve been teaching ethics, legal aspects ethics since 1981. That’s a primary focus of mine. I teach it in my professional practice course by way of a module on ethical and legal issues in nursing, I teach it to the students who are in gerontology, and I teach it to the Master’s students.

One of my primary focuses regarding the legal aspects particularly with the Professional Practice and Leadership course is that the students, the undergraduate students, know their scope of practice. We have a Nursing Practice Act that is amended every two years. I want them to know their scope of practice and I can tell you having just completed two surveys one with RN’s and one with LVN’s, nurses do not know their Nurse Practice Act. Texas now requires all new graduates either before they graduate their last semester or immediately following it to take a Jurisprudence exam. That covers the Nurse Practice Act of Texas and endorsees coming into the state to work also have to

take it. Now why do I want them to learn that? Because they are responsible, accountable for their patient care and the standards of practice in our Nurse Practice Act is what guides them in their practice. We are protecting the public. We protect our nurses but the first and utmost responsibility is that we practice safely and we promote healthcare.

I know of one individual who I was told failed the jurisprudence exam but you can take it more than once. If you don't make a 75 on that jurisprudence exam you repeat it until you make a 75. So that's why I think it's very important for me to teach the Nurse Practice Act. What is unprofessional conduct? What are the standards of practice? They don't mirror each other. So if you leave an assignment unannounced and something happens to your patient, who is responsible? You were because you didn't tell anybody you left the unit. Of course these are for RN's but they are going to be graduates within 6 months period. So Texas is in the forefront for I believe promoting the healthcare of our citizens safely hopefully.

NG: I was looking at your research of, and articles and things that you present on and it seems like much of your focus is on professionalism.

DO: It is.

NG: What aspects of that do you feel would accurately describe your research and your work in teaching?

DO: Of course I use research as I teach the module, ethical and legal foundations for nursing. I haven't done ethics research as such, but I've done it with the legal aspects. But to ethically practice, that includes your conduct. What are your beliefs? What are your patient's beliefs? Do you honor them? Ethics as principles are to me most

important... such as accountability, honesty, tell the truth, fairness, respect.

Accountability, we have a scope of practice algorithm that we can use. First of all do you know what you are going to be doing? You have an order, an official physician order, hopefully it is written versus verbal. The 6th step is how will you accept accountability for your action? So important! Now if you do something and it's an error, you give a wrong medication unintentionally then you can account for it. You did it, be honest with it.

My research, as far as professionalism has centered around conduct. Right now it's finishing up manuscripts on the LVN and the RN surveys. One was done in the 2011 (RN) and the other was done in 2012 (LVN). And what we are finding out is that they don't know the Nurse Practice Act. You as an accountable LVN or RN, the very first standard of practice is that you know the Nurse Practice Act. What are you doing? It's not that difficult to understand. I don't know why they don't do it, but that's professionalism. It's a legal document. We have cases that go to court for unprofessional conduct and it's because of the errors or unprofessional conduct of the nurse. And the board provides workshops annually as updates. I would hope that every individual, licensed nurse in state reads the Nursing Bulletin on a regular basis. It lists every nurse LVN or RN that has had unprofessional conduct with disciplinary action taken on their license. It should be a sign to them how important it is to know the Nurse Practice Act.

NG: Was your dissertation on a similar topic?

DO: No my dissertation was taken after a business direction. At that time that was 1971 I was trying to find an important subject matter. So I spent hours in the library

looking over dissertation topics. I was at the University of Houston in the education department (non nursing) however I found this business dissertation that looked at the role of the external consultant. You know, bringing in someone when we've got the consultant expertise right here in our own program, but we think it's much better to bring in somebody from outside. So I adapted the business dissertation into a nursing dissertation. We have the National League for Nursing and they accredit schools of nursing. I adapted the questionnaire so that the consultant role did fit nursing and made it work for me. It was a business opportunity placed into a nursing context. It was administrative and faculty focused. Going into education at the University of Houston I tried as much as possible with my courses to make them applicable to nursing. In other words I remember writing a paper on the Coordinating Board of the State of Texas related to schools of nursing.

NG: Recent research or recent work that you've been doing centers around cultural diversity in healthcare?

DO: Right I'm on my 6th edition of "Leading and Managing in Nursing," a text book. The chapter is on cultural diversity in healthcare. It takes it from an organizational point as opposed to a teaching point. In other words we do include case studies which I'm supplying case studies that I use in my own course when I teach the module on cultural diversity and elder care.

I have five cases that relate to the four primary races. I've also included the Arab American. The reason for that is because we look at the population increase that we have here in Houston and students' Arab American ethnicity in our programs. So cultural diversity in healthcare involves topics such as: What's acculturation? What is culture

sensitivity? What is cultural competence? How do you integrate your knowledge about the culture in your patient care? What do you know about their culture, their rituals? What do you know about death or dying in a particular culture? What are their religious aspects? So I like to integrate that in my teaching but the text book itself, the chapter does not get into that type of specifics, it's more of looking at the cultural diversity in your workplace, a particular clinical unit. How can you become more knowledgeable?

One of the exercises that we use is that you look at the rituals of your staff. Look at the diversity of your staff and at MD Anderson that was my reference point you may have four different cultures. Several years ago I had a Russian student and I used to use this as a case. A Russian student who lived in New York for seven years, spoke very good English, came to Houston to come to our program with her friend. She was assigned at MD Anderson to a native Hispanic from Mexico City, Mexican, Latino whatever you want to identify them. The patient's physician was from Egypt, spoke English and I was the American Caucasian. I said to the class, "How do you think we communicated?" We created cards with Hispanic wording on them and here's the English. We are multicultural society.

Growing up in the Rio Grande Valley I know *poquito Español*, and I can get myself into trouble by trying to interpret. But I think it's so important for us to respond to our cultures. I don't care whether you are in a foreign country. I go to Honduras every January on a medical mission for 8 days to a Barrio outside of Copan, Honduras on the western side of Honduras, six miles up a mountainous dirt road. It took us 40 minutes because it rained every day except Friday. They don't speak English but somehow we can (with translators) we communicate with the Chorti Indians.

Within a major hospital such as we have here in the medical center in our chapter we write about the translators. They should be professional translators. You cannot depend, at least here, with the complexity of illnesses on a family member telling their loved one what you want them to know and unless you speak the language you're not going to know what they tell them. That's why I think it's important for the students to know about communication. What are the death rituals? Who's the matriarch? Who's the patriarch? Is there one? Who makes the decisions in the family? It's usually the patriarch or they rely on their elders to make the decisions. One of the cases I give them is the wife dies of cancer and her husband of 47 years is now left alone. Who is going to help him? He has two sons that live out of state, this gentleman needs help. What are his cultural beliefs? So it's important to understand one's culture and it's important for our students.

We used to have more time. On occasion we would have a special day to recognize the cultures of our students and they would bring snacks related to their culture. Or I had them in my class they would divide into their respective culture. I remember one student had a relative that was Native American on her father's side. So she left her group, went and called her father to find out what are some of the cultural beliefs about the Native American. I'm a first American citizen in my family, I mean American born in my family. My father came from Germany, my mother came from Canada. So I'm a first born American. Kind of surprising and that's in our classroom setting. Similar situations involve our students.

NG: Is there emphasis as well on cultural diversity within the profession?

DO: Yes, of course Caucasians are the predominant culture, but we get statistics from the government on our racial mix and they categorize it in the four major ones, Blacks, Hispanics, Asian and Pacific Islanders and who did I leave out?

NG: Native Americans maybe?

DO: Native American. So we know those statistics. We know that of course now I think here at least in Texas maybe the Southwest portion of the United States are gaining more Hispanic nurses because previously they didn't come into nursing. I didn't have a Hispanic in my class. I had a black classmate and the rest of us were white, one black; one male. I think the African Americans of today take to nursing but so often in the past they were the homemaker. Women of today have so many more opportunities. We are in the competition with other professional careers.

People come into nursing and on occasion you'll have a student that will come into the program and say, "This is not what I wanted. This is hard work." Well certainly it is. You are taking care of lives. But you either like it or you don't. And if you don't really like it I say, you know, you have made a wrong choice. You haven't failed, you made a wrong choice and you need to find something that will give you satisfaction and nursing is not right now. They don't know whether to be a teacher, a lawyer or a med student or whatever so they decided to come in and see what nursing was like and they either liked it or they didn't but nursing today is difficult.

I didn't have family responsibilities; I didn't have older parent responsibilities. A student told me in class he got up at 4:00 a.m. to study for his exam yesterday morning. He was in my class at 4:00 p.m. yesterday afternoon and he looked tired. So much is in their life now. Commuting, you know they want out of class before 5:00. Some live in

The Woodlands or Katy or Sugarland. I walked out of the hospital classroom and into the dorm, so different. Funding, financial assistance; we have scholarships and they need to apply for them. We don't want them to work; it's not that we mandate that they don't work the first year at least, at least for our undergraduates we do not want them to work. They should not jeopardize their success in this program by having to work for financial reasons. It's not healthy. It's too stressful. They need to apply for a scholarship and we have them. We encourage them to do it, and for some the learning is more than they can absorb. ESL students have some difficulty but we have a counselor that works diligently with them. She is wonderful. So we are here to help them.

It's not necessarily the culturally diverse, it's the Caucasian just as much. I don't know what the percentage is but some students are the first people in their family to get a degree. Certainly in my situation, my parents didn't have a degree, they finished high school. I guess I could have said my dad would have been an engineer by his work with the telephone company. My mother was a homemaker and I think we need to commend the homemakers. Life of raising children today is so different.

NG: Can you talk a little bit more about the changes that you see in nursing not just specific to this school but just overall as a profession?

DO: I think with the healthcare system changing, ever changing. What are we doing? Funding. How do we access the healthcare system? Accessibility, availability, insurance, they either have it, it's inadequate, or they don't have available sources. I think that has changed. The hospitals of today are all acute care settings; very acute in many instances. The situations that I was exposed to at MD Anderson with the students, were very sick patients. The expansion of experimental drugs for their type of cancer,

chemotherapies, radiation, whatever. These patients are sick. These patients that are at Ben Taub in trauma it's not just the broken legs, it's not just a burn it's a severely burned patient. So the acuity level in our hospitals, combine that with a shorter stay is not atypical.

Several years ago we got what we call the 23 hour hospital stay. You came in, you had your non-major surgery, and the 23rd hour you were discharged for a one day basis with charges. If you stayed over it became two days. We [now] have one day surgeries. I think here in the Medical Center to my understanding we don't have the shortage like we have say in the rural areas. I think that's changed. We have nurse practitioners. We had this thrust of primary care physicians who were returning to specialization. Nurse practitioners are going to be very involved with our new healthcare delivery system. Primary care, we have a program for family nurse practitioners and they are going to be doing much of what the primary care physician was doing. Those individuals are saying well, "The money's not there. I'm trying to pay off my med school loans from way back. I'm going to specialize." So they are returning to more of a specialization as a physician. We've had this family nurse practitioner track versus gerontology track where they had only the care of the elderly. Well that's now in family, same way with pediatrics, same way for psychiatric nursing. Emergency care comes in with acute care. So the nurse practitioner is an important role. We are in a legislative session right now and we're trying to expand the nurse practitioner's authority in writing prescriptions. So it's changed... that is, nurses roles.

NG: And are you in support of those kinds of changes?

DO: The stay in a hospital now is shortened. So we are sending individuals home not in a better condition maybe kind of the status quo but somebody needs to be there to take care of them. I haven't been that sick that I've needed somebody to come in and take care of me and none of my family has either. But there are... the caregiver burden and the care of the elders, these boomers are coming up and their parents are elderly. Who takes care of them? Where the baby boomer who is on the cusp is well into his 60's and he's got parents in their 90's. Well he or she is now responsible for taking care of their frail elderly parents and then you've got the generation X that is coming along and they have to take care of their parents, taking care of their parents. You know it's a complex family health care situation.

NG: What about the educational requirements changing for nursing?

DO: Of course we try to follow the national trends and right now we support (obviously) becoming a Baccalaureate program enrolling and graduating students with a BSN, whereas we still have the associate degree programs, and that's appropriate for some, and it may be the choice to go that approach because of finances. We have an RN to BSN program. These people are either diploma graduates or they are associate degree graduates, and now they are in the BSN program. Then we are going to encourage them to go to the Master's program. Perpetual student! Now I started at a BSN, went to an MSN and then went to an Ed.D., non nursing because that's what at that time in the 70's was available here and I didn't have the resources to establish a residency in another state.

NG: Why the encouragement of the MSN is this for all nurses?

DO: No if you want to go into management you really need that as well as becoming an Advanced Nurse Practitioner.

NG: Okay.

DO: I'm not saying that the BSN is a bed side nurse. We used to talk about the associate degree nurse being the bed side nurse and the BSN becoming a leader. These people also can be leaders but now at least at Medical Center hospitals BSN graduates are preferred. It depends on what the area has available, need versus demand. We have Prairie View, TWU, HBU and we have UT right here in Houston for BSN graduates. So we are okay as I perceive it because I'm not in the clinical setting. But we encourage the BSN if they want management then they need to go into a Master's program and we have a track for nursing administration whom now we are going to track those individuals with a nursing administration MSN into our Doctor of Nurse Practitioner program.

Incremental educational but you know you're a student it seems like forever, I mean I was. Until I finally finished in '85.

NG: You mentioned a little bit before about the opportunities that are available to women now. Can you talk about that a little bit more about what you see as the role of women in the future of medicine?

DO: Certainly in nursing women do hold high managerial responsibilities. CEO's Or V.P. of nursing are not too uncommon too much but at least here in major medical centers I think. However it depends on the values and beliefs of the hospitals, the facility as compared to areas where they are not available. We don't like it to go to a rural area just like some others don't want to work in a major environment. I think those opportunities are out there, but you have to be flexible. You have to have mobility and

you have to have the degrees to go with it, and the past experience. We have students that will come in, in our Master's program and know what they want to be, where they want to be and if it's in management this is the track they should go. If you look at nationally on a business situation, we're getting hopefully more and more women at the top as the head of companies. I'm not sure about nursing administrations since I'm not involved in the clinical settings anymore.

NG: You've been working in the Texas Medical Center for a long time.

DO: A long, long time! Since 1956 as a Registered Nurse.

NG: What kinds of changes have you seen apart from the physical growth of the medical center? How do you think it's changed?

DO: I think it's changed in gender for nursing because we are certainly seeing many more men. I think it has changed in age. The average age of the clinician in the hospital, average is 47 or 48 years of age. The 50 year old finds it difficult to do shifts because shifts have changed. We used to have the 8 hour shift, now we have the 12 hour. Well that 50 year old trying to work a 12 hour shift, manage a home life, that's a lot to take on. The younger nurse now has, "Well I have the right to have some leisure time, my time is valuable to me. No, I can't work that." The dedication is different. I think the cooperation is different. It's different with me, all these years I would think nothing of working until 10 o'clock at night in my office, for safety reasons I won't. I mean it's dark and I'm out of here alone. I think trends have changed our lifestyle, trends have changed our work style. We used to talk about the "me" generation. "What am I going to get out of it?" We were the generation that believed "What could we give to it?" and we

gave a lot; time, effort. I did and there are many others. I'm not saying that we don't have that still today but it has changed.

NG: Did you ever feel like you experienced any kind of prejudice or obstacles being a woman working in this field?

DO: No I don't think I had obstacles because I did what I wanted to do. I was my own problem solver. I wasn't one that sought help unless I really needed it. I needed to be in self control, independent (and maybe to a fault at times). Not necessarily that I would do it my way but at times I find it difficult to delegate because I prefer to do it my way.

NG: Did you have difficulty balancing personal and professional life?

DO: Yes because I think I valued my work often times more than my personal life. I gave up opera tickets because "why sleep through an opera" because you're so tired. Trying to go to the movies on the weekend, I'm trying to see two movies at the River Oaks. Well they come on Saturday afternoon when you're either up here grading assignments or you're doing your chores. You know but you do what you want. Of course now at my age I'm not that desirous to get out at night. So that's a little limiting. But I pretty well do what I want to do. I can because I'm single, don't have family responsibilities and that's a lot different than for many others.

NG: How would you describe the role you've played in the Texas Medical Center?

DO: First of all I've never wanted to leave it. It has given me challenges and opportunities that I don't know [would have been available] otherwise. I mean I'm sure they are there. My almost lifelong residency in Houston, plus what value I have in my friendships with friends of 60 years, and that's important to me. My work is important.

The Texas Medical Center to see its growth and the opportunities it has provided for us, you don't get it very often.

Being in the Health Science Center is significant. Being on the Campus Side Ethics Committee is an important part of my activities. Being able to take students to a variety of hospitals which I only did a rare stint at Hermann and a rare stint at Methodist because I spent over 20 years at MD Anderson with the students. So I think the opportunities and the challenges in the TMC and the UTHSC, and to see each one's growth is special. My goodness! I mean the student of today has so many more job choices if the position is open. They can work in the stem cell unit in Galveston or they can work in the new TCH high risk maternal infant care if there's a job open. Also I had a student that wants to do medical mission work and was wanting to know how she could get into it and still maintain her job because she knows I do it every January for 8 days during Martin Luther King week and she wanted to be like me.

You make it work hopefully. It all doesn't come to you on a silver platter, there's disappointments. I can't say that I really have had what I would call a life shaking failure. There's been disappointments, but another door has opened. You know you don't get your abstract accepted, you don't get your manuscript accepted to need to alter your plan of action. A group of us have worked on a manuscript and we've probably had four or five reviewers, manuscript reviewers and every one of them has rejected it for different reasons. Well do we finally give up? We put a lot of effort into it and maybe that's what we should do strike out for something else. No, I say make it work for you. You can make a difference in your professional life; whether it's mentorship supporting

others in their endeavors, or teaching creatively through discovery or application. I wrote a letter of reference today. I've got four more to go.

NG: What do you feel have been your greatest accomplishments or contributions professionally?

DO: Teaching over 7,000 students. No, one of the recognitions that I value occurred in 2007 I was one of the 41 inaugural members inducted into the Academy of Nursing Education, for the National League for Nursing. [In 2001, The Nursing Systems Department honored me with the endowed "Dorothy A. Otto Professionalism Award," an annual award given to two Baccalaureate students and one Masters student.] And I've received teaching awards in the 90's when they were given. Making a difference in students' lives. Some never come back and others will say, "When you used to make us do that resume and five year goals..." I made them do a five year goal and on occasion they would come back and say, "I did what you told me to do." "What was that?" "Well I did my goals and I'm now in the Master's program." That means a lot. The one that told me she is now on the ethics committee at Medical Center Hospital. But then you've got the one that tells you, "You need to get a different life." That's the 80/20 law! And I'll get my new life when I'm ready.

NG: Have you ever been interested in being part of administrative committees like influencing curriculum?

DO: Oh I have. Being here 40 years I've been Chair of the Curriculum Committee in the early 80s. I'm on it now forever in the Baccalaureate program and I'm on the Master's program curriculum council. But my day of influencing the curriculum other than maybe course wise continues... I thought I wanted to be a dean but that two year

stint as acting Dean, of course it was a time when it wasn't the best for my progression, I mean the dissolution of the UT System schools was a very new type of administration that lasted less than 10 years. One president umbrella, five schools, six schools, seven schools but it lasted a brief time but we'll never forget it; the best of it and the worst of it. We thought the worst of it was the dissolution. "Save our school!" And we didn't save it. That doesn't mean we haven't had progress. Our current Dean is a very progressive visionary about education and she's been Dean since 1984.

NG: What do you see as the importance of influencing curriculum?

DO: I think you need to watch the national trends. I think you can stagnate just because it works for you now. What's new? What's different? I think we need to give faculty the time to really reflect on what are they teaching? What are the national trends? What's important? We can't teach them everything. Some students like in-class dialogue. I don't like discussion board posted on the Blackboard [online learning system], synchronous or asynchronous because it's time consuming and when you've got 126 students there's no way you can respond to all of them. We give them learning opportunities where they write it up and post it on the discussion board. We send them for service learning projects. Right now in our gerontology class they are going to do a service learning project at a senior citizens facility. It can be Amazing Place or it can be Sheltering Arms where they are interacting directly with individuals with dementia, Alzheimer's. I am a strong believer of discovery learning or experiential learning. I can read about it but let me do it. Fore example, let me experience my foreign nursing travels.

I wanted to see a rural clinic or hospital in Africa and when I got the opportunity to make a request I did. I was given that experience that for one and a half hours in a rural clinic. I say to the students, “You need to make it work for you. If you go to a foreign country, you go to a foreign city and you can speak the language or they can speak yours, English, then make it happen. Don’t just observe the building.” When I was in Amsterdam I was on the canal and I thought, “Okay” I was walking down the street and here was this clinic. It looked like a store front. So I walked in and this gentleman in a long white coat asked me in broken English if he could help me. And I told him who I was, where I was from and I would like to speak to a nurse administrator. Could he show me to the nursing office? They were in a meeting. That gentleman kind as he was took me down a “T” shaped hall and I looked into the rooms. It was maybe a 5 or 10 minutes of observation at most and I didn’t want to take too much of his time and I told him that. So I had a business card for him and all he had was his pharmacy prescription pad so he wrote his name on it. One of the things he told me was that he had come to Houston for a “Rotary” meeting and I detected that he was talking about a Rotary meeting. They took him to Methodist Hospital and he got to see Dr. DeBakey operate. That was so important to him. So he gave me his prescription pad and I gave him my business card and he was apologetic that he didn’t have a business card. But it’s things like that that make an impression. So you do what you have the opportunity to do and want to do. Make it work for you.

NG: Well is there anything else that we haven’t talked about that you were expecting to talk about or hoping to talk about?

DO: No I think you've covered it very well. One of the quotes that I always give my students (even online), "The future begins before the present ends." So what they are doing today will affect their future.

NG: Thank you.

DO: You're more than welcome.

End of Transcript.

Addendum: The Health Science Center employees with 35 & 40 years tenure are being recognized on April 4th, 2013. Dr. Dorothy Otto is a 40 year honoree.