



# FAANP Forum

Spring 2020

*The purpose of the AANP Fellows Program, in support of the mission and vision of the AANP, is to impact national and global health by engaging recognized nurse practitioner leaders who make outstanding contributions to clinical practice, research, education or policy.*

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Dear Fellows,

Thank you to all those who attended the Winter Meeting (WM) held at the end of February in Austin, Texas. The meeting was packed full of speakers and interactive presentations centered around the theme of Mentorship. Many attended the welcome reception on Friday evening and the tour of the new building on Saturday afternoon, followed by a night out on the town!

As many of you know, our Mentorship Program, under the leadership of Mary Jo Goolsby and Lissa Barker, has been very successful. The WM was dedicated to exploring ways in which to expand the Mentorship Program to reach as many AANP members as possible. We came away with some great insight into what mentorship is and how we can create more opportunities to mentor more members. We are in the process of creating mentorship teams to explore the different ways to expand the program using new tools such as social media and online learning. I had hoped to have some data to present in this newsletter, but due to the COVID 19 issue, our debriefing with our WM team and our speakers has been postponed while they attend to these urgent issues within their own companies.

Over 225 Fellows registered for the event and the feedback we heard was extremely positive. The WM team and Executive Committee are excited about the direction this will move us and expect that within the next 6-8 months we will have several different options for mentorship within the Fellows. Please be patient with us as these innovative endeavors take time to create and put into place. And, this is just one initiative the Fellows have undertaken!

While at the WM, several Fellows recorded PRAC (Policy, Research, Academia, Clinical practice) Talks at the AANP headquarters studio. These short, 10-minute talks, are designed similarly to TED Talks and are meant to give the audience tips, pearls, etc. about the topic discussed. We are going to continue recording these PRAC Talks and hope that many of you will sign up to record one at the AANP Annual Conference in June. We will be sending out further information about these once the final schedule for the Conference filming is determined. These PRAC Talks will be gathered and posted on the AANP Website and made available to all members as part of the Fellows initiatives.



## Greetings from *FAANP Chair*, (continued from p.1)

*Janet Dubois, FAANP*

The Selection Committee met at the WM and conducted a final review of all Fellows' applications. Congratulations to all those chosen to be Fellows, we look forward to your Induction at the AANP Annual Conference in June (see the list of the 71 new Fellows, pp. 18-19). Sponsors, please encourage your nominees to attend the Induction Ceremony and reception and work with your nominees to make sure they complete and submit the required documents. We encourage those applicants not chosen at this time to work with your sponsors and review your applications and re-apply when you're ready.

The Past Chairs' Council created a new award, The Legacy Award, to honor those extraordinary Nurse Practitioners who have had a significant and lasting effect on the role of the Nurse Practitioner. It is my honor to announce the first Legacy Awardees: **Dr. Lee Ford, Dr. Jan Towers, and Dr. Delia O'Hara** (posthumously). These three remarkable women and Nurse Practitioners, have made an everlasting impact on the role and we are thrilled to announce that they will be recognized at the Induction Ceremony and the business meeting at the AANP Annual Conference in June.

This year marks the 20<sup>th</sup> Anniversary of the Fellows and we will be celebrating that during the Induction and the business meeting. In addition, we will be hosting a presentation at the Conference on Saturday afternoon, entitled "The Fellows Turn 20! Celebrate Our Past and Explore Our Future!" Please be sure to attend this presentation and support the Fellows!

Thank you for all your support for the Fellows of AANP! The Executive Committee looks forward to continuing to serve our members and bring you new and exciting initiatives that will take advantage of our expertise and leadership as Nurse Practitioners!

In these days of uncertainty with the COVID 19 affecting us all, especially nurse practitioners on the front line, our thoughts and prayers are with all of you, your families, and especially our patients, in hopes that the virus will soon be contained and we can resume some sense of normalcy in our daily lives. Stay safe and be well!

Warmest regards,

Janet and the EC

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**2020 AANP National Conference- —June 23, 2020 – June 28, 2020 New Orleans, Louisiana**

### **CE: Up to 40 contact hours**

CE pending approval; choose from 400+ sessions and workshops.

Don't miss out on the biggest nurse practitioner (NP) event of the year: the 2020 AANP National Conference (#AANP20). With the theme NPs: Jazzing it up in The Big Easy, you know it'll be a week to remember! Whether you want to explore history and haunts, shopping and swamps or food and fun, there are countless opportunities to make memories alongside thousands of your NP colleagues. The American Association of Nurse Practitioners® (AANP) invites you to enjoy the legendary hospitality of New Orleans while earning up to 40 hours of CE credit; joining discussions on current state and federal legislative, regulatory and practice issues; and making lasting connections with NPs of every specialty. Come see why #AANP20 is the place to be this June! The 2020 AANP National Conference will be held at the Ernest N. Morial Convention Center, located at 900 Convention Center Boulevard, New Orleans, LA 70130.

Fellows business meeting will be held during this conference.

Retrieved from <https://www.aanp.org/events/2020-aanp-national-conference>, March 21, 2020

# ***INAUGURAL LEGACY AWARDEES***

## ***CONGRATULATIONS***

***Dr. Loretta (Lee) Ford***



***Dr. Jan Towers***



***Dr. Delia O'Hara (posthumously)***

## Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, *FAANP*



The FAANP Winter meeting was a successful, well attended meeting. The highlight for many was visiting the new and beautiful headquarters and seeing so many names of the outstanding Fellows we know on plaques outside and inside the building. Excellent presentations on Mentorship, networking, and fellowship were major parts of the time in Austin. The Mentorship content reminded me constantly throughout the day of Dr. Mary Jo Goolsby and the many NPs she has mentored and her efforts in developing the mentorship program for FAANP. Lost in my thoughts and Lissa Barker appears and, of course, should be contraluted for her tremendous efforts with Mentorship. Personally, I want to thank Dr. Mary Jo Goolsby for the many times she has been my mentor—chairing the *Forum*, chairing the Selection Committee, writing an article and as a new Fellow to mention only a few. Thank you, Mary Jo.

Barbara Sheer continues to diligently preserve our history and we are proud of her activities. The film, about early NP leaders in New Jersey presented by Carolyn Torre and Kim Curry was so interesting and very well done—what a treasure. Our 2019 Honorary Fellow, Dr. Winifred V. Quinn, graced us with her presentation on Sunday. The Inaugural Legacy awards will be presented to ***Dr. Lee Ford, Dr. Jan Towers, and Dr. Delia O'Hara (posthumously)***. Kudos to Barbara Sheer, chair of this committee, for her diligence regarding this lifetime achievements recognition honor for these three and those who will be recognized and honored in the future.

Dr. Rosemary Goodyear has resigned from the Forum committee. We are so grateful to her for her interesting and up-to-date columns and hope she'll continue occasionally as a guest columnist. Thank you, Rosemary, for your time and efforts. Dr. Deborah Gray has taken the role as a member of the committee and as the international writer. We welcome her and happy to have her as a new member of the committee. Anyone who is involved internationally is encouraged to submit articles about their activities. The second part of our series on Dr. Lee Ford appears in this Forum. Yes, I am still looking for articles from you about Dr. Ford.

We will be welcoming 71 accomplished NPs to the Fellows group in June bringing our numbers to 876.

We are experiencing so much unknown, uncertainty, and anxiety related to the coronavirus and I want to wish each of you good health with a return to a high quality of life very soon. Please, accept the positive thoughts, good wishes, and positive vibes from your Newsletter team. We are strong, brave, and smart. We have gone remote at our University so students and faculty are in a new learning curve combined with the anxiety about the pandemic throughout the world. Who said challenges will make us stronger? Well, we are headed for a strength that has never been seen prior to this Year of the Nurse. Dr. Lee Ford served in the armed services during the GREAT War and twenty years later developed the curriculum for the Pediatric Nurse Practitioner program. Who wants to predict the outstanding new developments which will be happening after this crisis? And from the young nurse generation who is experiencing the Coronavirus crisis. Through it all we are expected to and want to give our best to our patients and make the world a better place. We must continue to win the battles and eventually the war. We shall survive.



## Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, FAANP



With this issue of the *Forum* we will spotlight Dr. Lee Ford in her years from 1945-1970 leading to her 100th birthday in December 2020. If you have any stories or memories you would like to share, they would be greatly appreciated. Please, send to me and I will use in appropriate Newsletter. It was during these years when Lee was only 44 years old that she envisioned, created, and developed the NP program for nurses. At the age of 45 years she was involved as the initiator and the disruptive innovator with the first NP course at the University of Colorado, Boulder.

## DR. LEE FORD: Part Two: Years from 1945-1970

Lee Ford, FAANP, and Mary Neiheisel, FAANP



“Yes, I graduated in the fall of '42, was licensed almost immediately and spent my first year out as a Visiting Nurse (this was when we really gave nursing care in the community, all ages from midwifery services in the ghetto to high class dementia patients), and after my fiancé was killed in WWII, I entered the Army Air Corps in fall of '43, serving in Miami Air Corps Hosp. in Miami and Presque Isle, ME. After discharge from the service in Feb. '46, I did private duty until I left for the U of CO in Boulder in fall '46. I was licensed in CO by application and my NJ license. I chose the CU nursing program because it offered a PHN certificate along with the BSN. I met Bill at the UCO in Boulder, he was a student in architectural engineering and I was in the nursing PHN/BSN program. Boulder was his home and all his family were there. We married in May '47 when we were both at the University with the caveat that Education first was at the top of my list! While in school, we both worked, I at the community hospital and he in construction. So, that is the beginning of the story! Lee (personal communication with Dr. Lee Ford,

January 2020).

After the war ended in 1945, Lee Ford learned she could continue her education on the GI Bill and in 1946 headed for the University of Colorado because she had always wanted to see the West. With continued interest from Visiting Nurse Service (VNS) days Lee began to explore public health in depth and recognized issues which she wanted to improve. At the University of Colorado, Ford went on to earn a bachelor's degree and a public health nursing certificate in 1949, a master's in public health nursing two years later, and a doctorate in education in 1961. She received a National League for Nursing Fellowship for Doctoral Study from 1958-1960.

She credits Pearl Parvin Coulter, the chairman of public health nursing at the university, and Henrietta Loughran, the dean, as key mentors. It was Coulter who encouraged Ford to take a position as a public health nurse in rural Boulder County, CO, while she finished her master's degree. There Ford worked in the public schools with tuberculosis patients, in clinics serving crippled children and in well-baby clinics. After the Boulder city and county health departments combined, she served as the public health nursing supervisor from 1947 to 1958.

Loretta met William Ford, also a World War II veteran. They married in May 1947 and their only child, a daughter, Valerie, was born in 1952. (see photos next page.)

## DR. LEE FORD: Part Two Years from 1945-1970

Lee Ford, FAANP, and Mary Neiheisel, FAANP



**Bill and Lee Ford, May 1947**



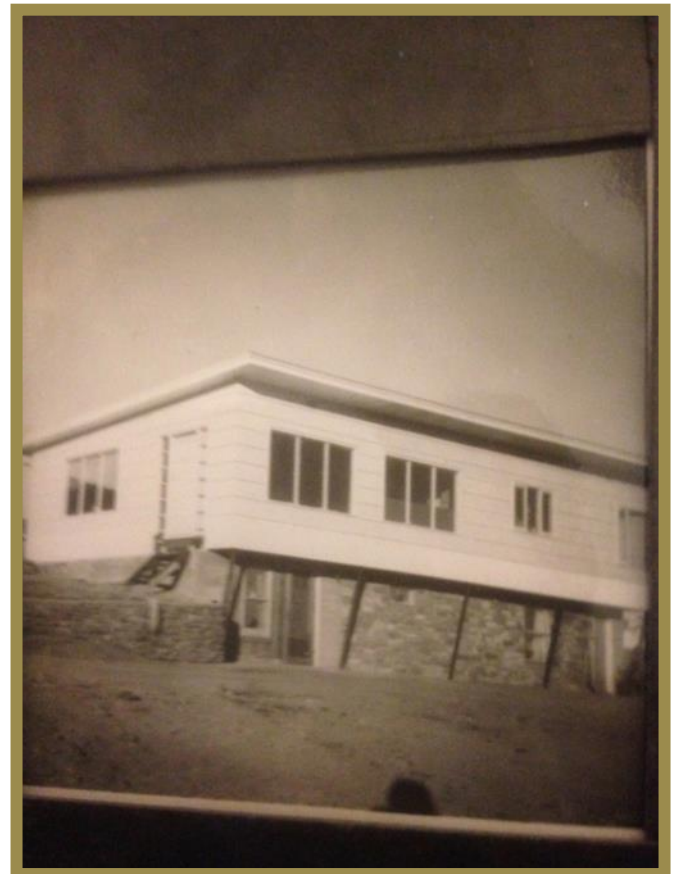
**PS:** It was not love at first sight! We were both vets, he had spent 4 years in the Pacific theatre, and I thought he was a 'hick', a cowboy who didn't like horses! And I was a 'big city' gal. Somehow, I lucked out. He turned out to be one of "God's Noblemen" and my hero, who championed my career and relished in all the great things that happened to me and of course, both of us. How lucky can one get? (Bill's suit was blue and mine was light blue.) Lee  
(personal correspondence, 2020)

My (Lee) graduating class with instructor from Middlesex Hosp. SON in New Brunswick, NJ 1942. Many of previous classmates didn't make it to graduation. Lee

**PS:** If I remember correctly our instructor's name was "Helen Wentland". She was a breath of fresh air from the strict, militaristic, English trained previous instructors who scared us to death. Miss Wentland was a happy, laughing, easy going educator....we just loved her. Unfortunately, she arrived in our senior year! Lee

(personal communication, 2020)

**Fords' first home: Built by Bill Ford**



### DR. LEE FORD: Part Two Years from 1945-1970

Lee Ford, FAANP, and Mary Neiheisel, FAANP

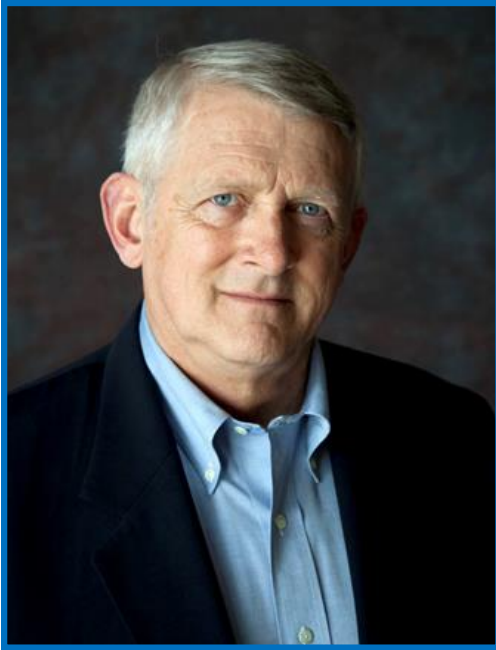
In 1964, Ford had the chance to help create what would become the nurse practitioner program curriculum while participating in a long-term Western Interstate Commission for Higher Education in Nursing project. In that program, faculty members from thirteen Western states were developing the clinical curriculum content for various nursing specialties. As part of the community health group, Ford focused on developing a model for a pediatric nurse practitioner. She teamed with Henry Silver, M.D., a pediatrician at the University of Colorado. Silver had attended a child health conference that year, sponsored by the Colorado state health department, which had addressed the issue of nurses contributing to pediatric health. He faced a lack of interest when he returned and tried to implement ideas from the conference, especially from within the nursing faculty. Ford learned of Silver's interest in the elements of prevention and protection emphasized in her ongoing project, and the two combined their backgrounds, his in pediatrics and hers in community health and maternal-child health. They put their ideas to the test. Through a survey of nurses and physicians, they identified major problems in child care. That list of problems enabled them to evaluate the gray area of decision making between nurses and physicians. Out of that collaboration, they formulated the curriculum for the pediatric nurse practitioner program. The medical establishment struck at all sides of the fledgling program. Both doctors and nurses were initially wary of the role this new type of health professional would play. Ford and Silver shared the brunt of the criticism. "We got flak from everybody," she said.

However, "the more experience people had with the nurse practitioner (concept), the more they could see that the nurses were serving as real nurses and not as 'mini-doctors,'" Ford said. Nurse educators were slow to accept that concept even when presented with data on the program. "Sometimes it's fear of the unknown that gets people to react to something they perceive as a threat," she added. The concept of sharing responsibility was a new one, and the nurse practitioner program produced documented evidence that physicians and nurses could coordinate care as a team, Davis said. "The whole concept of collegial working relationships grew out of the nurse practitioner program," she said. The concept spread rapidly and other programs opened with nation wide enrollments. The controversy was also national and at times ugly. These were the years we heard from Lee at national, state, and local meetings. "The impact was phenomenal." "Professional nurses are coming into their own," Ford said. In 1972, when the School of Nursing at the University of Rochester became autonomous, she served as founding dean. Concurrently, she was director of nursing at the University of Rochester Medical Center.

Dr. Ann Smith, a pioneer for nurse practitioners, graduated from the first class of nurse practitioners in 1966 at the University of Colorado. Before graduate school, Ann had been a public health nurse in rural NJ. In 1965, as one of Dr. Loretta Ford's students, she was completing the nursing master's program at the University of Colorado. Following the information provided by Dr. Ford about the new "expanded role of the nurse" project, Ann accepted the challenge and enrolled in the Pediatric Nurse Practitioner Program. The experimental program was initially based in the University of Colorado School of Medicine. In the early years, the College of Nursing did not accept the new program at the graduate level. As a new master's graduate, Ann was stunned by the 'attitude of the faculty.' Three or four years later, in 1969, the College of Nursing's Continuing Education Division readily welcomed the highly successful new program and curriculum.

# DR. LEE FORD: Part Two Years from 1945-1970

Jeff Bauer, FAANP (H)



The following content is part of an article by Dr. Jeff Bauer, Honorary Fellow and his knowledge of Dr. Ford and her initial experiences. Content based on his observations as he had never met Lee.

## **“(Almost) Present at the Beginning in Colorado: Reminiscences of Lee Ford”**

Jeffrey C. Bauer, Ph.D., FAANP (H)

Like Forrest Gump—completely by chance, with no realization I was doing something of historic significance—I ended up involved in the early years of the nurse practitioner movement when I was hired as a health economist at the University of Colorado School of Medicine in 1973. One of my first assignments was to evaluate a new graduate program that trained nurses in specialized child care. Initially called the child health associate (CHA) program, it was a joint effort of the Medical School’s Department of Pediatrics and the College of Nursing. It was known before long as the Pediatric Nurse Practitioner (PNP) program. The rest, as they say, is history.

The physician who co-founded the program, Dr. Henry Silver, was still involved in its activities on a fairly regular basis. I worked with him in several capacities and had the opportunity to share remembrances in a *fest-schrift* upon his retirement. The nurse co-founder, Dr. Loretta (Lee) Ford, had recently left her position as Dean at Colorado to found the School of Nursing at the University of Rochester. She parted with an excellent reputation, as I learned from several experiences.

I did not meet Lee in person until the 1990s. However, I felt like I knew her as soon as I started evaluating PNPs in the 1970s. She had done a superb job defining the program’s objectives and developing its early curriculum. The blueprint for quantitative and qualitative program evaluation was well-established, in program plans and in the curriculum. Defining baselines for comparative studies was difficult in most of the other programs I studied, so the clarity of Lee’s early vision and implementation strategy made evaluation relatively simple.

As further proof of the PNP program’s strong foundations, Dr. Eunice Blair did not need to fight to defend it when she replaced Lee as Dean the year before I was hired. I got to know Eunice quite well as I worked on surveys and other data collection efforts. Dr. Blair deserves recognition for her active leadership in ongoing development of NPs’ training and practice models because she was totally supportive of her predecessor. In my opinion, things could have turned out very differently if Lee’s successor had wanted to go in different directions—an altogether common event in academia.



# DR. LEE FORD: Part Two Years from 1945-1970

Jeff Bauer, FAANP (H)

I definitely remember some medical school colleagues' opposition to the PNP program—expressions of their belief that nurses were less qualified than physicians and therefore could not be trusted to practice without supervision of a “real doctor.” I'd like to think that Drs. Silver and Ford pushed program evaluation so strongly because they knew the PNP model would not survive if data did not show that advanced practice nurses could provide child health care at least as well as pediatricians. It was probably helpful not only that the data supported nurse practitioners—showing that nurses were ever better in some important dimensions of care—but also that the program evaluations were performed by faculty from the medical school department that hired me, not just by nursing school professors. Nobody could claim that the evaluations were biased in favor of nurses. I wouldn't be surprised if Lee engineered this desirable outcome. The early success of Lee's pioneering work was also aided by a propitious political climate in Colorado. Richard D. Lamm ran successfully for Governor in 1974 on a platform of making innovative-but-tough choices to deal with Colorado's problems, which included a serious shortage of rural doctors. He was a strong advocate of nurse practitioners throughout three terms in office, as were his appointees to state health agencies. (Full disclosure: I served as Dick Lamm's Health Policy Adviser from 1980 to 1986.) Having been heavily involved in health politics in Colorado from the 1970s to the 1990s, I never had to try to change politicians' minds about the value of PNPs. I have no doubt that Lee Ford played a strong behind-the-scenes role in briefing political leaders on both sides of the aisle while she was still in the state. Of course, the principal result of my early involvement in the NP program at the University of Colorado was the first edition of Not What the Doctor Ordered (1993). I met Lee for the first time a year or two later when she tracked me down at an AANP meeting to thank me for my work. I have had the pleasure and honor of interacting with her ever since, at conferences and via fairly regular email exchanges. She provided some input for the second edition (1998), and we served on a few discussion panels in the following years. Our most significant interaction occurred, quite unexpectedly, at the 2017 AANP annual meeting. I had just decided to retire, a decision that included a promise to my wife and myself that I would not write any more books. I was the last of several speakers at a plenary session honoring Lee. Right after the session ended, she walked up and put her finger on my nose—a real feat, since I'm a foot-and-a-half taller—and said she wanted me to write a 25<sup>th</sup> anniversary edition of Not What the Doctor Ordered. (I'm not making this up; there are several witnesses.) I responded immediately that I was honored by the suggestion, but had sworn not to write another book. I explained there was no money in writing books, and I was retiring. She immediately turned to Sarah Thompson, then Dean at Colorado, and told her to get me a grant to write the book. Dr. Thompson followed Lee's wish, and the rest is history because the third edition was published a few months ago—very prominently dedicated to Dr. Loretta Ford. Thank you, Lee, for basically making possible the first and last acts in my 50-year career as a health economist. I can't say or write enough to express my appreciation for all that you have done for nursing in particular and for health care in general. The main conclusion of my final edition of Not What the Doctor Ordered is that every American deserves direct access to nurse practitioners, able to work independently at the full scope of their state-licensed practices. I couldn't have reached that conclusion without you.

\* Bauer, Jeffrey C Not What the Doctor Ordered: Liberating Caregivers and Empowering Consumers for Successful Health Reform, Third Edition (New York: Routledge, 2020)

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## DR. LEE FORD: Part Two Years from 1945-1970

Lee Ford, FAANP and Mary Neiheisel, FAANP

It was a privilege to discuss the NP initiative with Dr. Ann Smith and to be reminded of the opposition to and the struggles of our NP pioneers. Our founder called them 'lone rangers' and said: "I'm pretty proud of them. I get a lot of credit for thousands and I don't deserve it," "They're the ones who fought the good fight. They took the heat and they stood it and they've done beautifully." "We were the 'Lone Rangers.' We had to make decisions." "Earl Warren said that any time he tried to do something worthwhile, he took hell. I was happy to take hell for all of you." **Loretta Ford** on the opposition to the NP role she encountered. FAANP Forum, September 2015.

Her two loves-teaching and nursing-merged when she became an assistant professor and then a full professor at the University of Colorado School of Nursing in Boulder, where she taught from 1960 to 1972. During the many years she spent in hands-on community nursing, Ford realized that nurses involved in public health outreach needed authorization to make higher-level medical decisions about the health of their patients.



The “pioneers”, the “lone rangers” the first class, 1965. I think the tallest and in the back is Ann Smith, and of course, Lee in front, and Maddie Nichols next to Lee. “Maddie coined the term “the originals.”

(If you know others, send me their names.)



### A Mentorship Community—Mentoring Gone Large!

I recently stumbled upon Stacy Cassio's Pink Mentor Network (PMN) in Charlotte, NC. PMN is mentorship gone big! It is evidence that one determined woman's quest for a mentor can lead to a movement and that the desire for mentorship is considerable. Beyond offering engaging content in group settings, this growing mentorship community provides a diverse network from which members share their perspective and from which more intimate mentorships organically evolve.

In early March, I had the pleasure of speaking to Cassio to learn more about the PMN and the impetus for its creation. The following discussion is informed from this personal communication and a variety of documents available through Cassio's websites, listed below.

Cassio is a remarkable young woman whose journey in creating PMN illustrates the value of "grit", a characteristic described in the September Forum (Goolsby, 2019). Her journey began when she became the first and only female lead on the engineering team at the manufacturing company in which she worked. She knew the value of having a mentor from previous experiences. She sought an external female mentor, but found it more difficult than anticipated. In 2017, recognizing other women likely shared her need for mentorship, she devised a plan to organize "mentor dinners" through which she and others would benefit. Believing successful female leaders would commit to a one-time event where they could share information to a group of like-minded mentees, Cassio individually invited female leaders from varied settings and roles to share their wisdom over dinner with Cassio and other invitees. In this way, Cassio was able to obtain one-time mentorship and the invited mentor was given a small audience. Through word of mouth, growth in attendance led to the emergence of an expansive mentor-mentee network based on the belief that everyone has something to offer others.

In 2018, Cassio developed PMN as a membership model business. It continues to grow and holds several events each month—the signature events sometimes attended by dozens of women and a newer small-group Pop-Up Mentor (PUM) model. Leaders from a wide range of positions and industries continue to willingly share lessons learned through their journey, with Cassio describing this form of mentorship as learning from another's unfiltered experience. Cassio's programming serves over 200 mentors and 4500 women and includes sponsorships from Charlotte companies, which engage Cassio to bring mentorship to their settings. This year, Cassio launched a digital platform to further extend the reach of her model and community. Her mentor community reminds me of a "tribe" (individuals connected to one another, a leader, and an idea) as defined by Godin and described in an earlier Forum column (Goolsby, 2015).

Cassio developed the *Pop-Up Mentor (PUM) Model* to guide the network activities and provide a shared language. It identifies six types of mentors needed in varied situations. Members use the model to consider the type of guidance from which they would benefit, so as to purposefully seek relevant mentorship. It also encourages members to identify knowledge they share with others in each of these six categories. In this way, prospective mentees and mentors are less likely to miss opportunities when they are prepared to engage in brief or extended discussions as the need presents.

### Brief Mentor Definitions

**Early stage:** Provide guidance related to a new job or setting, helping to be successful when starting out

**Leader:** Support leadership development regarding skills and traits such as communication styles, strategic planning, entrepreneurship, courageousness, identification of personal strengths and uniqueness

**Industry pioneer:** Share knowledge beyond foundation, based on mentor's experience as a trend-setting, having navigated innovative opportunities; creative processes

**Early adopter:** Lend understanding of how to innovate within an area or industry, consider what lies ahead, available resources

**Connector:** Help to make connections beyond an immediate setting (or within a larger one), opening doors and introducing the mentee into a broader network

**Advocate:** Endorse and advise based on direct experience with and confidence in the mentee, encouraging at times of self-doubt

As the number of NPs grows, I hope you will join me in encouraging and/or supporting varied types of mentorships and mentor networks in our communities. I encourage you to visit the websites listed below to learn more about the Pink Mentor Network and the Pop-Up Mentor. And if you are in the Charlotte, NC area, you should check it out!

In the next issue, I will share some other examples of smaller-scale mentorships. As always, I welcome feedback and invite others to contribute to this column.

Please take time to visit these online resources and details about the Pink Mentor Network and Pop-Up Mentor:

Pink Mentor Network: [pinkmentornetwork.com](http://pinkmentornetwork.com)

Pop-Up Mentor: [popupmentor.com](http://popupmentor.com)

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Goolsby, M. (2019). Grit & self-control: Important ingredients for exceptional success. *Fellows Forum*, 10(2), p. 12.





# FAANP Around the World

Deborah Gray, FAANP



## Passing the Torch

In case you hadn't noticed, my photo is a little different from the one that has been attached to this column now for several years. Rosemary Goodyear has long kept the Fellows connected to the international nursing community, so I thought it only fitting that for my first installment of this column we highlight and honor her and her international nursing accomplishments—although this is much to Rosemary's chagrin, as she doesn't like the spotlight.

My colleague, mentor, and friend, Rosemary Goodyear is recognized as a stalwart pillar, scholar, and truly a force in the global nurse practitioner and advanced practice world. Her accomplishments are numerous, and I'll leave the dates off, but suffice it to say.... she's been doing this for a long time. She was one of the founding members and first leaders of the branch of the International Council of Nurses (ICN) specifically for Nurse Practitioners and Advanced Practice Nursing. She authored the position paper, *International Scope of Practice, Standards, and Competencies of the Advanced Practice Nurse*, for the International Council of Nurses defining the advanced practice nurse for the international community. She was both a Fulbright Scholar in Malta, and also a Fulbright Specialist working on developing the nursing and advanced practice nursing role in Taiwan, and still is active on the Fulbright review board. She started an international nursing consulting business,

Nurse Consultant Associates, which specializes in curriculum, program development, regulation, accreditation, nurse managed clinic consultation and international nursing program consultation. Through this she has collaborated with partners around the world including the Bethel School of Nursing in Germany, the Institute of Health in Botswana, and more recently currently working with Hung Kuang University in Taichung, and the Ministries of Health and Labor in Taipei Taiwan. And these are just a few of the things she has accomplished internationally.

So, when Rosemary asked if I'd like to takeover the column, I most immediately said "Sure", but later thought..."Oh my, those are big shoes to step into." As Rosemary reminded me, I do have my feet planted firmly in the international advanced practice world with lots of global connections, from living and working as a Fulbright Scholar for the last year in Botswana, to working with the ICN on a Global Nurse Prescribing Guidance position paper about to be released, and Co-Chairing the ICN Nurse Practitioner/Advanced Practice Network Research group. Also, as part of this, I have the honor to work with amazing advanced practice nurses from around the world, and I hope to bring you, the Fellows, some of their stories as well as word of advanced practice global events. My goal is to provide insights on our international nursing colleagues here and globally, and hopefully pique your interest in joining us.

Note: Dr. Deborah Gray has joined the FAANP Forum committee as the International reporter.



***Drs. Rosemary Goodyear and  
Deborah Gray at  
FAANP Winter Meeting***



### The decision facing new faculty

The nursing faculty shortage is real. According to the American Association of Colleges of Nursing (AACN) (2019), the national nurse faculty vacancy rate in 2018 was 7.9% with 90.7% of the positions requiring or preferring a doctoral degree. Several reasons listed for the faculty shortage have been constant – aging of faculty, expected surge in retirements over the next decade, lower wages for faculty compared to clinical positions, and a low pool of potential nurse educators being produced. Examples of strategies that have been implemented to develop new faculty have been the Jonas Nurse Leaders Scholar Program and the Johnson & Johnson/AACN Minority Nurse Faculty Scholarship. An incentive enacted in five states to date – Colorado, Georgia, Hawaii, Maryland, and South Carolina, is to give tax credits for nurse practitioner (NP), physician assistant (PA), and physician providers who precept NP and PA students during clinical placements (Phillips, 2019). The exact rules for a preceptor to meet eligibility requirements may vary from state to state. But preceptors are clinical educators and can provide a pipeline for recruiting new faculty.

Many schools nurture their preceptors with the hope that they will transition to academia in the future, while also encouraging those with master's degrees to pursue a clinical or research doctorate.

As an expert clinician when I made the decision to move to a full-time faculty position, I was a novice educator and acknowledged that I did not have the knowledge and skills necessary to teach in higher education or be effective in a teaching role. What I knew so well in the clinical setting was difficult to transfer to students in the academic setting. In accepting a faculty position, I was forced to move out of my comfort zone. Therefore, I took advantage of a program for NPs and nurse midwives which prepared you to teach, the Teacher Education Program (TEP) at the University of Pennsylvania (Krisman-Scott, Kerschbaumer, & Thompson, 1998). These three authors were the lead faculty for the program when I enrolled during my PhD education. You could earn either continuing education credits or a post-master's certificate in teaching; I opted for the latter.

Even though TEP was rigorous with three 1-week residencies over a 9-month period, the program was also revitalizing. Included in the curriculum were lessons on learning theories and philosophies, adult learning principles, student learning styles, curriculum development, student formative and summative evaluation, teaching methods and strategies, and expectations of the academic role. There were other topics, multiple experiential learning opportunities, and an abundance of work that was completed independently in between the residency weeks. TEP provided the tools and support, such as a willing mentor at your home school, needed to launch a novice educator on the journey to master teacher. The total experience was humbling for an expert clinician but made the transition to academia more authentic. My cohort of 13 felt the outcome was worth the effort. We at some point all expressed feelings very similar to those identified by the researchers in two studies (Brown & Sorrell, 2017; Jarosinski, Seldomridge, Reid, & Hinderer, 2020).

Brown and Sorrell (2017) conducted a qualitative case study interviewing seven faculty who were teaching in an associate degree nursing program to better understand the challenges novice nurse educators experienced during their transition from clinical practice to academia. Additional data were obtained from the program's self-study report and faculty demographic characteristics. The average time teaching nursing students either in an academic or clinical setting was 1.6 years. All seven had successfully completed the state Board of Nursing requirement of at least 45 contact hours of structured, individualized development activities for all part- and full-time faculty teaching in a nursing program.

### The decision facing new faculty

The researchers identified four major themes:

1. Wanting to give back by helping others (motivation),
2. Work is always with you and Teaching in the dark (perceived challenges),
3. Making a difference (positive experiences), and
4. A shoulder to lean on and more structure/mentoring (perceived support).

Overall, participants recommended that novice faculty would benefit from a more structured plan or path to guide them using mentorship and orientation to lessen the feeling of having been thrown in the fire with no support.

Jarosinski et al. (2020) studied the phenomenon of “learning how to teach” with 71 expert clinicians through focus groups over the course of 3 years. All had just completed a structured program that prepared them to be clinical faculty in a pre-licensure nursing program. The researchers wanted “to gain a deeper understanding of their experiences and explore their sense of preparedness for their roles as educators” (p. 51). Using interpretive phenomenological analysis, three main themes were identified:

I'm not sure I can do this,

Changing perspectives – learning to teach, and

Instilling confidence.

The transition from expert clinician to novice educator was filled with uncertainty and insecurity; a different approach was needed to learn the knowledge and skills to develop competence in teaching; and all throughout the program the resources and support of the program built their confidence in seeing themselves as educators.

Where do we find new faculty to fill current and projected vacancies? Nursing is a practice profession so one might logically believe that an educator should first be an expert in the content they teach, having clinical experience. But as I have noted, there are challenges and barriers to recruiting clinicians into academia; sometimes the decision to stay or to leave presents itself. Strategies that have some proven success in retaining new faculty include offering fellowships and student loan forgiveness (assistance), shared academic-practice partnership appointments, growing your own, and mentorship initiatives that support transition from the clinic to the classroom. Current faculty must be proactive and put in place programs will support expert clinicians who are interested in academia and decide to take the leap. Information on certificate programs that prepare nurse educators similar to the one in which I participated are searchable on the internet. I am happy to say that I have joined the ranks of retired nursing faculty but am in reality in “preferment.” *The work never ends.*

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In the last issue of the Fellows Forum, this feature included both a recent and a classic publication that had broad applicability to NP leaders. Continuing that approach, the first recommendation in this issue is an article published in 2019 in *Nursing Outlook* entitled “The role of Doctor of Nursing Practice-prepared nurses in practice settings” by Beeber et al. The authors studied DNP programs, identified the nonacademic employment settings of graduates, and interviewed those employers about the role and value of their DNP employees. The study included 130 DNP program directors, 155 graduates and 23 employers, and the methodology included an online survey of the programs followed by semi-structured interviews with the employers. Interestingly, the authors never explicitly state that they limited their study to DNP-prepared APRNs as opposed to graduates of non-NP DNP programs, but it is implied in their statement “...how the role of the DNP-prepared nurse differs from the role of other APRNs in their organization” (p. 356).

The authors found that employers perceived the DNP role to be one that is still developing, and employers in general did not have significant experience in utilizing DNP graduates. Employers lacked knowledge of the potential value of the DNP prepared APRN, but they valued the flexibility of these employees. Many organizations did not have specific positions that required a DNP yet.

The tables provided with this article include very useful comments from employers about the DNP role that could guide DNP faculty in educating students. In fact, the authors specifically recommend that schools do a better job of preparing DNP students to articulate the meaning of their degree to their employers. They do an excellent job of pointing out the ongoing evolution of the DNP role in the non-academic work setting, the need for much more education about the usefulness of the role, and the crucial need for research to document the presence of, or level of, the return on investment.

In 1992, Barbara Safriet, then dean at Yale law school, argued for a fundamental restructuring of our health care system and better utilization of health care personnel in “Health care dollars and regulatory sense: The role of advanced practice nursing”, published in the *Yale Law Review*. Safriet, now an honorary AANP Fellow, provided a detailed assault on restrictions to nurse practitioner scope of practice in the various forms that hamstrung nurse practitioners 28 years ago. Reading (or re-reading) her extensive discussion of the issues will make you angry, but in a good way I hope.

The always-quotable Safriet lambastes the approach to health needs in the United States, calling it a “system” but always enclosed in quotation marks because she points out that the word “system” implies structure, organization, and coordination, three things we don’t have. Serious problems of access, quality, and cost of care are all addressed and extensive footnotes provide the legal precedents. The monograph begins with a review of nursing regulation, going back to early state nursing acts and registries. This alone is a valuable history lesson. She then discusses role expansion and the development of advanced practice nursing. An especially interesting section to read concerns APRN titles, which she cautioned were approaching such a level of confusing nomenclature that they resembled the rubble of the Tower of Babel. Safriet stated “...it is counterproductive to continue the use of (all of these terms). The easiest solution would be to have a single statutory designation....in each state.” Her advice predated the Consensus Model by sixteen years.



A few other words to live by:

“Setting out to change the status quo without questioning its underlying norms is futile.”

“One could argue ... that what some physicians do now, especially given the disease and illness framework embedded in the medical practice acts, is in realty nursing, at least in regard to preventive and wellness care.”

And presciently, “The very fact that APNs offer a cost-effective alternative to our present system suggests that the potential for anti-competitive regulation will grow more intense as time goes on.”

Readers of the Forum who take the time to explore Safriet’s article will find a discussion of many problems still awaiting resolution and recommendations still awaiting legislative success. It is educational, infuriating, and motivating. I count myself fortunate to have obtained two copies of the original journal in which this article was published. I found them sitting on a dusty university bookshelf, targeted for the recycling bin. I now have them safely enshrined in my office and plan to donate one to our AANP history display when it finds a home.

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***Dr. Rosemary Goodyear***  
***Thank you for your service to FAANP***  
***And your columns for***  
***FAANP Forum***

# ***CONGRATULATIONS***

## ***2020 FAANP INDUCTEES***

The Fellows of the American Association of Nurse Practitioners (FAANP) announce with pride the *2020 Fellows*. The 2020 FAANP Induction Ceremony will be held during the AANP National Conference in New Orleans, Louisiana will take place the evening of Thursday, June 25, 2020. (subject to change).

<i><b>Inductee</b></i>	<i><b>State</b></i>	<i><b>Inductee</b></i>	<i><b>State</b></i>
Kristi Acker	Alabama	Tearsanee Davis	Mississippi
Bimbol Akintade	Maryland	Wesley Davis	Wyoming
Anthony Angelow	New Jersey	Carolyn Dickens	Illinois
Erin Athey	Washington DC	Lauren Diegel-Vacek	Illinois
Hilary Barnes	Pennsylvania	Susan Doughty	Maine
Mary Bnbenek	Minnesota	Lacey Eden	Utah
Christina Blanco	Texas	Christie Erickson	Minnesota
William Brown	Germany	Brooke Faught	Tennessee
Susan Bulfin	Florida	Sharon Fruh	Alabama
Deborah Busch	Maryland	Stefanie Glenn	Maryland
Virginia Carreira	New Jersey	Diane Hanna	Kansas
Adele Caruso	Pennsylvania	Stacia Hays	Florida
Jennifer Clifton	Utah	Christopher Hemmer	Missouri
Keven Comer	Montana	Rhonda Hensley	Louisiana
Calli Cook	Georgia	Deborah Johnson	California
Kathleen Cox	Texas	Honey Jones	North Carolina
Nicole Crenshaw	Florida	Kirstyn Kameg	Pennsylvania
Renee Dahring	Minnesota	Tsui-Sui (Annie)	Michigan

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<i><b>Inductee</b></i>	<i><b>State</b></i>	<i><b>Inductee</b></i>	<i><b>State</b></i>
Katherine Kemble	Washington	Erin Ross	Ohio
Debra Kosko	North Carolina	Michael Sanchez	Maryland
Kathryn Kreider	North Carolina	Assanatu Savage	Washington
Karen Kverno	Maryland	Denise Schentrup	Florida
Denise Linton	Louisiana	Trisha Sheridan	Ohio
Ryan Mallo	Michigan	Guillermina Solis	Texas
Stanley Marchuk	British Columbia	D'ann Somerall	Alabama
Brenda Marshall	New Jersey	Helina Somervell	Maryland
Laura Mcree	Arizona	Jennifer Sonney	Washington
Carol Mest	Pennsylvania	Regina Spratling	Georgia
Benjamin Miller	Washington	Angela Starkweather	Connecticut
Michelle Nelson	Georgia	Wendy Thal	Texas
Olivia Newby	Virginia	Kathryn Tierney	Connecticut
Johis Ortega	Florida	Paula Tucker	Georgia
Leslie Parker	Florida	Justin Waryold	New York
Courtney Pitts	Tennessee	Janice Wilson	Pennsylvania
Kristen Rawlett	Maryland	Heidi Worabo	Texas

Welcome to 2020. This is an historic year for women and nurses. This year we celebrate the 100<sup>th</sup> anniversary of the 19<sup>th</sup> amendment ratifying the right for women to vote. Wearing white dresses with their sashes, the early reformers prevailed through persistence trial and error. It was not an easy battle that lasted for decades but in the end the early reformers won, giving women the right to vote. This is a privilege many of us take for granted.

In a parallel universe nurses and nurse practitioners who have been labeled “disruptive innovators,” are all familiar with years of struggling to obtain full practice authority on a state by state basis. Two of our members Carolyn Torre and Kim Curry have just completed a video of oral histories and documentation, from nurses facing legislative challenges in New Jersey. The project was funded by a grant from the University of Virginia Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. This video can be used as a prototype for other states to tell their stories. We need to also acknowledge the work that Sue Hagedorn has done in telling our story. Maybe this will serve as a road map to document the challenges faced by all 50 states.

In continued celebration the world health organization has named this year the Year of the Nurse and midwife <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020> commemorating the 200<sup>th</sup> anniversary of the birth of Florence Nightingale. A global nursing campaign has been launched by the Duchess of Cambridge, the International Council of Nurses (ICN) and Nursing Now. International Nurses Day will be celebrated on May 10th.

In the US we are honoring our original disruptive innovator “Dr Loretta Ford” as she will celebrate her 100<sup>th</sup> birthday this year. AANP celebrates 35 years from the Chicago meeting when the American Academy of Nurse Practitioners was formed. Part of the ground work was established by Marie Eileen Onieal speaking at NPACE meetings and other conferences across the country. Marie Elieen was AANP president when FAANP was formed 20 years ago. This year also marks the first year of our Legacy Award to recognize our leaders for their lifetime achievements.

The AANP history committee has completed the timeline for the wall in the new building in Austin. As time goes on media files will be added. Joyce Pulcini has developed a survey to identify the location of historic documents before they disappear. It will be distributed through AANP to state representatives and is available to all fellows. We are working on a document retention policy for AANP. This has been a learning curve and we now know that there is a difference between documents that are legally required and those of historical value. A fact we hadn’t thought much about until recently. Many of our historical documents have been destroyed in the effort to conserve space.

Our interviews are continuing and have expanded to early leaders. Michaelene Jansen was able to interview MJ Henderson a frequent MC for many of the NONPF meetings. We are including as many early leaders as possible and the interviews are open to all. They are currently being archived. In conclusion we continue to move forward and encourage you to apply for the \$5000 grant for NP Historical Research which is being offered again this year. Applications are sent to Barbara Wall PhD, RN,FAAN [bmw8y@virginia.edu](mailto:bmw8y@virginia.edu). For additional information email [sheer@udel.edu](mailto:sheer@udel.edu).

May we celebrate our past this year and remember a quote from Florence Nightingale,” Were there none who were discontented with what they have, the world would never reach anything better.” As we move to the future, we will continue to break barriers and continue to change the face of healthcare in globally. This is our year to focus on our accomplishments and highlight our impact on global health. Let the celebrations begin.





#### Biography

##### Education:

1964 BS Barry University, Miami, FL  
1974 MS(N) University of Colorado, Denver CO;  
1976 FNP certificate University of Miami, FL;  
1989 EdD University of Gainesville, FL

Dr. Hauri is currently retired from academia yet still maintains a part time practice, teaching and consulting. She was Director of the NP Program at Barry University, Miami, Florida, for 21 years, previously eight years at the University of Miami, FL She is known for her innovative teaching strategies and mentoring. Through her company Educated HealthCare Choices she advocates for Retarded Citizens and continues to educate individuals and groups regarding the need for advanced directives and health care issues.

She has been active in supporting prescriptive authority in Florida since the 1980s and has contacted legislators' numerous times seeking support for important health care bills. She has been past President of District 21 in south Florida & facilitated the merger of 21 with District 5 so nursing would speak with a united voice. She has been a member of Florida Nurses Association (FNA) since 1975.

In addition, Dr. Hauri has presented extensively both nationally and internationally in the Netherlands, Switzerland, Australia, Columbia, Peru, and Chile and is committed to advanced practice nursing globally. She is fluent in German and Spanish.

##### When did you become an NP & what was the motivation?

I became an NP in 1976 from a continuing education program at the University of Miami. Dr. Luisa Murray received a HRSA grant in 1974 for 3 + 2 years to educate RNs in the correctional clinics to become NPs and earn the BSN at the same time. There was a paucity of applicants, so the program was opened to RNs with a BSN. After the five year grant it was expected the NP program would be transitioned into the master's program.

During this year I was encouraged by Luisa to write a grant with Dr. Wm. Caldwell, MD, Pediatric Neurologist, to prepare nurses with BSNs to provide healthcare to children & adults with developmental disabilities/challenges ( DPNP) as the federal law of '...live in the least restrictive environment....' was enacted. Group homes & schools were being planned in & near residential areas. The grant graduated 32 NPs but was not renewed. I continued as faculty for the FNP program for the remaining grant years & then taught in the RN to BSN program.

I loved the NP role from the moment I knew about the role when I attended the University of Colorado, School of Nursing for the MS(N). I wanted to do the PNP major but was too late to enroll since the cohort was full. I became an NP and taught upcoming FNP's.

I met Dr. Loretta Ford in Santiago, Chile in 1983 when both of us were presenting Primary Health Care for the future to diverse populations. I have enjoyed our friendship ever since. At my first FAANP meeting I remember meeting Margaret Fitzgerald, Charon Pierson, Delia O Hara, Barbara Resnick and Judith Dempster. I was thinking 'Am I part of this group?' Not only were these women leaders within but were also business owners and above all caring individuals.



#### **What experiences did you bring to the role?**

As an NP I brought the wonderful world of different cultures beyond that of America. Since my mother was from Munich & father from St. Gallen Switzerland, I grew up with a love of global travel with respect for the various cultures in Europe, South Africa & South America. I attended the last 3 years of High School at St. George's School in Harpenden, Hertfordshire (NE of London) and came home with another 'language'. I learned German & Spanish by spending summers in Germany, going to school and working as a nurse. My older brother and I also spent summers in Spain buying groceries from a list in Spanish from my mother, going to Spanish class at the University of Barcelona, and one summer I shadowed a nurse in an adult hospital from 4-8pm to increase my health care vocabulary. The experiences seeing Margot Fontaine in *Giselle* at Covent Gardens in London, hearing Brigitte Nielson sing opera *Tristan and Isolde* in Vienna, watching the opera *Aida* in the ancient amphitheater in Rome, museums everywhere, let alone churches & cathedrals from Spain to Norway was truly amazing. I return to England to see classmates, Germany to see friends, and Switzerland to see cousins every 2-3 years. The traditions, languages, culture have become part of my life. I hosted an NP from Australia (1980) and England (1995) to stay with me for 2 weeks to experience/learn about the NP role in Miami in a variety of clinics, offices, and hospitals. Views of cultural differences and similarities were shared by everyone. I also shared my practice with the Arc of South Florida monitoring the health care of children and adults who were developmentally challenged. I also hosted a nurse from Australia for 2 weeks as she was returning home from a conference. In 1993 I was granted a sabbatical, planning to be a Visiting Professor at the University of Hawaii (Oahu) and University of New South Wales in Liscombe. When I met Judith Dempster at an AANP conference she graciously invited me to spend a week in Oahu speaking to students about the Nurse Practitioner (NP) role and the future of NPs. From Hawaii I flew to Sydney and then to Liscombe. I spoke with students about the NP role in America and the expanding areas in which the NP can be employed. I also spoke to the lack of independent practice in Florida. My love of teaching and passion for nursing has led to my participation on the education committee and the international committees of AANP. I plan to do more hosting of international NPs.

#### **Is there anything you would change?**

Yes. My lack of planning for my professional future. Like many others at that time I did not have a clearly defined goal. I began my career working as a staff pediatric nurse 2 days after receiving a BSN and passing the RN NCLEX exam. I then became an Associate Head Nurse 3-11- shift. Then off to work in Germany from 05/1965, to 12/1966 and was offered Head Nurse Pediatric position. I began teaching in Diploma program in 1971 and received my MS(N) in 1974. I began teaching in FNP program and received an HRS grant to educate NPs to provide primary health care to developmentally challenged children/adults. As I moved up the career ladder and started my EdD, I was politically clueless. I published, presented in Bogota, Colombia and in Santiago, Chile, (where I met Loretta Ford) as well as another presentation in Bogota. I was happy in my dual Director of NP Majors and being an Associate Professor, guiding thesis and dissertations, being on and leading College of Nursing Committees as well as University Committees, unaware and totally oblivious to political games. As my position at the university became less secure I seriously thought about leaving nursing for architecture (designing hospitals), psychology (my second love), and a JD to represent nurses in trouble.

#### **What was the most challenging in your career?**

Throughout my teaching career there were times I was not supported by faculty colleagues. As nurse practitioners (NPs) we were not always accepted by other nurses and physicians and faculty colleagues which was hurtful. My mentor Loretta Ford said, "Don't let the ...get you down". I learned to gain support from other colleagues in similar positions across the nation. As a group we have become resilient. I developed a feeling of hardiness and joked about becoming Hardi Hauri.

Nurses and NPs can learn the traits of tenacity, resilience, persistence and hardiness which will serve them well in their career and in the workplace. This is something we need to continue to address in the future. If nurses are caring why is it difficult to care for each other?

### **What do you see as pivotal moments in the past years?**

Changes in scope of practice in each state. After fighting for Controlled Substances (CS) since the early 1980s, Florida NPs have finally achieved this prescriptive right by law. NPs are becoming more independent in all states and are moving to full scope of practice and prescribing in all the states. Education has also changed from certificate programs in 1975-80s in Florida to the MSN and now to the DNP or PhD today. Seamless degree learning and on-line programs are now in place all over the US. My hope is that now the profession of nursing will speak with one voice and repeat the words of the Institute of Medicine (IOM) report ‘...allow nurses to practice to the full scope of practice as their education has provided....’. We cannot, as Dr. Ford says ‘.... continue to change the laws task after task after task as this will take forever’.

### **What advice would you give to new nurse practitioners?**

I would advise new NPs to become critically involved in their career choice. The NP role is NOT a junior doc role, NOT a hamburger helper to the docs, NOT a midlevel practitioner. Know what the role is by reading articles by Dr. Ford and many others who believe in the role as begun by co-founders Dr. Ford and Dr. Silver; to provide primary health care through education and prevention to those in need. You may be a new NP when you graduate but many have years of valuable experience as RNs. Don’t ever negate that experience. Speak clearly and firmly from knowledge within. Own your knowledge and the ability to think critically. Be prepared.

Nursing is not like any other profession: not only is it an art and a science, it also requires lifelong learning. Invest in your retirement from the day you start working. Know what you know and don’t know. Don’t be afraid to ask a question or directions! My practice was part time and I limited the medications I would prescribe and medical acts I would perform on the protocol because I could not keep up with the ever-changing new drugs and technology, research and equipment. Know what you know and know when to consult. Don’t let criticism get you down. Remember tenacity, hardiness, resiliency and persistence (THRP) will help build nursing as an independent profession. You don’t have to become a Senator, but you can achieve by writing to, talking with, going to your state Capital to meet with the legislator in your District. Become politically involved at ANY level. Remember if you are a ‘good’ NP the patients/clients/consumers will come to see you and return as well as spread the word to their family, friends and community. Utilize the expertise of others and gain support from state and national professional organizations. It is important to keep moving forward.

### **What do you see as the role of Nurse Practitioners in the next 25 years?**

It is my hope that we continue to be advocates for mental health and special populations: homeless, immigrants, those with PTSD and victims of sexual abuse. We need to take a stronger stand in addressing these issues in our educational programs. Think space health care at the intergalactic space station. Think prevention (handwashing) as the microbes, bacteria, & cockroaches mutate.

### **What do you plan in your retirement?**

I will probably never ‘retire’. I have to many places yet to see, teach people to stay out of hospitals if possible, by preventing illness, keeping active, have a natural/palliative/hospice death. My interests are in volunteering with veterans and working with parents of developmentally challenged individuals. I have planted another herb garden in my new residence, the bike is ready to be used, continue to travel, sitting on the lanai and reading journals, newspapers, books, and magazines.

## Membership Feature Column

### Jamesetta Newland, FAANP

Mary Koslap-Petraco, FAANP



#### Education:

Gustavus Adolphus College in St Peter, MN. BA in nursing 1972

FNP Program MS Pace University Lienhard School of Nursing Pleasantville, NY. MS 1987

Post-Master's Certificate in Teaching 1999 and PhD Nursing Research University of Pennsylvania 2002

Certifications; family ANCC

#### Biography

Dr. Jamesetta (Jamie) Newland is a clinical professor at New York University Rory Meyers College of Nursing and a family nurse practitioner in an ambulatory care center where she practices as a primary care provider for a diverse population. She received a master's degree (FNP) from Pace University in New York and a PhD from the University of Pennsylvania. She has always been an advocate for nurse managed health centers and faculty practice, having years of experience with both. She teaches in the NP and DNP programs at NYU Meyers and enjoys mentoring students and junior faculty. She publishes and is editor-in-chief of *The Nurse Practitioner* journal and the *FAANP Forum* Education column coordinator. Dr. Newland consults internationally on advanced nursing practice, assisting countries interested in starting NP programs to introduce the role in their country; she is a Fulbright specialist. She has received numerous honors and is a Fellow in five nursing and other professional organizations. But she is most proud of keeping the nurse in nurse practitioner.

#### When did you become an NP and what was your motivation?

Dr. Newland's first nursing position was working in intensive cardiac care and step-down units at Montefiore Medical Center, Bronx. Although a new RN, within 9 months she became head nurse in CCU; that was almost unheard of at that time. Dr. Newland was specifically recruited from the Midwest to Montefiore because she had a BA degree. She held the head nurse position either full time or temporarily as coverage for over 10 years depending on her family needs and needs of the institution. As time passed, burnout set in and she decided it was time to leave such sick patients. Dr. Newland wanted to care for patients who had more say and could be partners in their own care, so she moved out of the hospital and into the community.

Dr. Newland was ready for graduate school but there were no FNP programs around, so she enrolled at Adelphi University for three semesters in the med surg CNS master's program. During that time, an FNP program opened at Pace University but it was not accredited. As soon as Pace received its accreditation, Dr. Newland transferred. It was as a young teen that she decided to be a nurse. Her family was very active in the Baptist church; her mother was a "nurse" in the church. Nurses wore white uniforms and nursing caps. The health care and educational systems in Minnesota were much more progressive than on the coasts, and her basic program was founded in the primary care nursing model. Her first contact with an NP was during this undergraduate education. A pediatric nurse practitioner came to the hospital to speak to her clinical group. Dr. Newland remembers the PNP discussing how she followed children in the home, school, office, and hospital, and Dr. Newland was in awe of that role. The seed was planted then, so when Dr. Newland was suffering from burnout she wanted to go back into the community.

#### What experience did you bring to the role?

Dr. Newland brought vast experience with her as she embarked on NP education. She had been head nurse in CCU and so had developed leadership skills. Additionally, she mentored numerous new nurses. Dr. Newland worked nights by choice because it gave her a greater degree of autonomy. Working nights, she was able to function much more independently with families, staff, and nursing and physician colleagues. It was on those night shifts where she honed her communication, clinical, and leadership skills, which gave her the depth and bread she needed to make decisions that resulted in quality health care for patients. Dr. Newland developed a comfort level working with all departments in the hospital and personnel on all shifts. She recalled on the first day of her BA education, the dean advised the class, "We are preparing you to be nurses but more importantly to be leaders."



## Membership Feature Column

**Jamesetta Newland, FAANP**

**Mary Koslap-Petraco, FAANP**

Pace University was the first FNP program in the NYC area. Pace was also the first nursing school to create a primary care NP managed clinic in an academic setting. When Dr. Newland found herself working in the NP managed health center, she provided consultation to faculty at other schools of nursing all over the country who were interested in starting a nurse managed center and/or faculty practice. She also later worked with the Institute for Nursing Centers, based in Michigan, providing similar consultation.

### **Did you experience any challenges? How were they resolved?**

Dr. Newland did encounter challenges during her career. She worked for three years at Columbia University in student health, which was physician centered but most of the patient visits were seen by NPs. Dr. Newland then went back to her alma mater Pace, where NPs managed the health center and provided services to students, faculty, alumni, staff, and immediate family members of each group, such as children, spouses, and parents. After 9 months, she found herself again in a leadership role as university director for the NP managed student health centers on all three Pace campuses. As director, she had to negotiate with physician collaborators to determine practice protocols, which could be quite restrictive. The NPs at the center developed their own clinical protocols because at the time, there were no published practice protocols for NPs. The protocols were unique and were so well suited to college health that Pace was able to sell the protocols for use in NP college practices across the country. Change in physician attitudes and the development of trust over time brought more autonomy to the center. Dr. Newland steered the implementation of HIPPA and CLIA regulations while working in the nurse managed center, writing detailed protocols for these as well. She also gained certification for all the NPs as Medicare and Medicaid providers so the center could bill for these services. She hired consultants for tasks needing specialized knowledge and skills. Administrative knowledge and training are not something Dr. Newland learned in school. She learned “on the job” with the assistance of dedicated mentors. What made life easier were good communication and knowing how to set a culture of civility with staff. Dr. Newland had one motto for staff, “We are here together for 8 hours and everyone WILL get along.”

### **Are there any experiences that you would like to talk about?**

When asked if there were any experiences she would like to talk about, Dr. Newland immediately mentioned her primary mentor, Dr. Lillie Shortridge Baggett. Early on, Dr. Shortridge Baggett told Dr. Newland, “Hold onto my apron strings and you will know when to let go.” Dr. Shortridge Baggett included Dr. Newland in many of her projects. They developed innovative models of practice in the community and taught advanced nursing research together for years. Dr. Shortridge Baggett also advised Dr. Newland to become involved with professional organizations such as NONPF where she eventually served on the Board and *The Nurse Practitioner* journal for which she is now the editor-in-chief.

### **What was the most challenging experience?**

Dr. Newland notes that challenges in her career also included balancing personal and professional responsibilities. During graduate school, she had three young children, and 9 years later with two in college and one still home, she began commuting to Philadelphia for her PhD studies. She held various positions at Pace University and for 3 years was full time faculty, maintaining her administrative and practice roles with the nurse managed center. But ultimately, she went back to a full-time staff position and taught as adjunct faculty. She has continually practiced as an NP since she graduated. Dr. Newland’s challenge was to balance all her roles and advance professionally. She learned to leverage available resources and supports. Sometimes the balance was better than at other times but overall, things worked out successfully.

## Membership Feature Column

**Jamesetta Newland, FAANP**

**Mary Koslap-Petraco, FAANP**

### **Is there anything you would want to change?**

Dr. Newland felt if she could change anything, she would have devoted more time to research in sickle cell disease, the topic of her dissertation. While completing her PhD, she knew she did not want a career in research; she firmly believes that there is nothing wrong with clinicians having excellent research skills. She was at the forefront of developing transitional care models for patients with sickle cell disease. If she had continued to do research, her career path would have been different. She emphasizes that she has no regrets, and that she hopes to participate again in some way with these researchers.

### **What do you see as pivotal moments in the past years?**

Dr. Newland sees the adoption of the APRN consensus model as positive, defining the roles and clarifying standards for certification and accreditation. This is a major plus. She also sees the Future of Nursing recommendations with a hopeful lens and implementation slowly moving forward. The recommendations gave nursing a boost, including advanced nursing practice.

### **What advice would you give to new nurse practitioners?**

Dr. Newland's advice to new NPs comes from her years of experience. Everyone wants the perfect position, especially the new NP with dreams. She advises the new NP to take a position in a safe environment, perhaps not perfect but it will provide experience and opportunity for growth. NPs are valuable and have special skills; they need to learn how to leverage those skills and negotiate their worth. Ultimately, the perfect position for that individual will come along. Never forget you are a nurse. Spend time talking to patients and listen to what they are saying; do not be so caught up in procedures.

### **What do you see as the role of Nurse Practitioners in the next 25 years?**

Dr. Newland was asked what she sees for the role of the NP in the next 25 years. She believes we must move to the DNP as entry. All RNs must transition to BSN. NPs will be leaders in bringing all types of improvements in all health care settings, especially NPs who are competent in evidence-based practice. NPs will be the change agents to improve the quality of health care for all. Dr. Newland further advises new NPs to join national organizations. Do not join just to put the membership on a CV but become active. Become involved with the local chapter first. An NP will not advance professionally unless they become involved and known by colleagues. Dr. Newland also believes that NPs must participate on institutional, corporate, state, and national boards; she serves on the New York State Board of Nursing. She also is the primary advisor for ANA to the American Medical Association's CPT Healthcare Professionals Advisory Committee that decides billing codes. Find ways to have a voice that is heard.

### **Was race an issue in your career?**

Dr. Newland was asked how race factored into her career. She related that educated faculty members had told her that she was where she was because she was African American. Nothing was ever denied to Dr. Newland due to race because she always held the necessary skills and competencies for the task. She has a way of getting along with everyone, no matter what the personality. Dr. Newland, however, did admit to having to work harder for many things. While her degree from a prestigious institution opened many opportunities, she had to have the skills to be sell herself and be successful in any position. She maintained versatility and marketability.

When asked about what got her through challenges, Dr. Newland responded, "I am a person of faith and God does not make junk. Give everyone a chance to show their goodness; I am not here to judge. God will take care in His own way. He helps those who help themselves. I have reaped the rewards of persistence and hard work."

Information was correct at the time of the interview. Dr. Newland recently retired from her full-time faculty and practice positions at NYU. She is now an adjunct clinical professor at NYU.



### What's Happening Now?

Every quarter we receive self-reported accomplishments by fellows. In this issue we are proud to recognize distinguished fellows who contributed much to advance the field of healthcare and or the professional role of nurse practitioners. The following have made contributions in the areas of practice, research, policy and or education.

We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to <https://www.surveymonkey.com/r/FAANPAchievements>. You can gain access to this website 24/7 to submit your achievements for the newsletter.

### Jennifer Ballard-Hernandez, FAANP

**Award:** Received the American College of Cardiology 2020 Distinguished Associate Award.

### Jaibun Earp, FAANP

**Publication:** Earp, J. (2019). A tree with deep roots: 54th anniversary of nurse practitioners. The Fellows speak. *Journal of the American Association of Nurse Practitioners*, 31(12), 685-686.

### Elizabeth Ellis, FAANP

**Appointment:** (1) Elected to The Texas Association of Rural Health Clinics Board of Directors as the only practicing provider representative. (2) Re-appointed to the National Association of Rural Health Clinic Policy Committee for 2020 representing Independent Rural Health Clinics,

### Denise Link, FAANP

**Award:** Honored at the Arizona State University Edson College of Nursing & Health Innovation Winter Convocation with the Daisy Foundation Award for Extraordinary Faculty Member of the Year.

### Kathleen McCoy, FAANP

**Presentation:** McCoy, K.T. Social Determinants of Health in LA and Mental Health,. Panel Discussion. (2019). 3rd Annual I-Help LA Foundation Awards Banquet Luncheon. Los Angeles, CA.

**Publications:** (1) McCoy, K.T., Costa, C.B., Pancione, K., Hammonds, L.S. (2019). Anticipating Changes for depression management in primary care. *Nursing Clinics of North America*, 54(4), 457-471. <https://doi.org/10.1016/j.cnur.2019.07.001>. (2) Costa, C.B., McCoy, K.T., Early, G.J., Deckers, C.M., (2019). Evidence-based care of the human trafficking patient. *Nursing Clinics of North America*, 54(4), 569-584. <https://doi.org/10.1016/j.cnur.2019.08.007>. (3) McCoy, K.T., Pancione, K., Hammonds, L.S., Costa, C.B. (2019). Management of attention deficit-hyperactivity disorder in primary care. *Nursing Clinics of North America*, 54(4), 517-532. <https://doi.org/10.1016/j.cnur.2019.08.001>.

### Minna Miller, FAANP

**Award:** Honored with the Excellence in Nursing Leadership Award by the Association of Nurses and Nurse Practitioners of British Columbia. Presented in Vancouver, Canada in December 2019.

### Margaret (Peg) O'Donnell, FAANP

**Promotion:** Became the Clinical Director for Medical Service Line at Northwell Health.

### Daniel O'Neill, FAANP

**Award:** Awarded the Humanitarian Overseas Service Medal for his service with the Australian Defense Force. The medal is being awarded for his work during the medical mission after a devastating Hurricane hit the island of Vanuatu in 2015. Daniel O'Neill was recognized for his humanitarian service, which aligns with the Regulations that state 'service that gives immediate remedy to needy or distressed persons in order to sustain their life or dignity; or action to assist needy or distressed persons in order to sustain their life or dignity'. The medal can be awarded to members of Australian groups exposed to risk or danger when giving humanitarian service overseas during international peacekeeping operations or during periods of civil or military strife or war.

### Ellie Strock, FAANP

**Award:** Received the Director's Award of Merit from the National Cancer Institute for the development of the first oncology digital health technology platform for risk-based patient monitoring.

**Recognition:** In January, served as an invited reviewer for the Excellence in Nursing Awards program sponsored by St. Louis Magazine, St. Louis, MO

## Reminders

Please, welcome  
Kim Curry (Kcurry@aanp.org) and  
Deborah Gray (dcgray@odu.edu)  
to the *FAANP Forum* Committee

### What's Happening?

**Do you have an achievement you would like to share with us?**

We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to

URL: <https://www.surveymonkey.com/r/FAANPAchievements>

And it will appear in the Forum, our fellow's newsletter. (Note: we reserve the right to edit your entry to conform to allotted space). When entering publication and presentations (podium or poster) please submit in APA format.

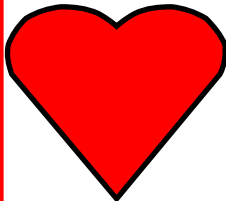
## Announcements

### AANP Open Access Award

Two strategies in the latest AANP [strategic plan](#) include disseminating NP outcome data. As part of this initiative, researchers who are AANP members can now apply for funding so that their accepted manuscripts to a peer-reviewed, scholarly journal may become open access and available to a broader audience. [Learn more or apply here.](#)

FAANP would like to acknowledge Fellows who are ill or who need a word or words from FAANP. Please, notify Diane Padden (dpadden@aanp.org) or

Liza [ecicchini@aanp.org](mailto:ecicchini@aanp.org)





# **FAANP OFFICERS AND COMMITTEES**

## **FAANP Executive Committee**

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Chair Elect – Diane Seibert, PhD, WHNP-BC, FAAN, FAANP

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Member-at-Large – Denise Link, PhD, WHNP-BC, CNE, FAAN, FAANP

BOD Liaison – Cynthia J. Edwards-Tuttle, MSN, EMBA, FNP-BC, FAANP

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Margaret O'Donnell, DNP, FNP, ANP B-C, FAANP

## **History Committee**

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We welcome contributions from our members for the Forum. Please, send your topics to Mary B. Neiheisel at [C00254687@louisiana.edu](mailto:C00254687@louisiana.edu)

## Do you have an achievement you would like to share with us?

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