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.

Greetings from FAANP Chair

Diane Seibert, FAANP

Our 2022 AANP National Conference is rapidly approaching, and I cannot wait to see each of you on Thursday June 23rd, three years is much too long. Speaking of the National Conference, here's a reminder about our Fellows events: Thursday is our big day. The business meeting begins at 11:30 (those of you who recall the past - it used to occur over breakfast but has shifted to a luncheon meeting), the Induction begins promptly at 6:00pm (be early to find a good seat!) and the Soiree starts immediately following that. Our new Inductees are an amazing group, so please introduce yourself to them when you see them around the conference.

Further down in this forum (page 3) you'll be able to read some more about our newest award recipients, Dr. Billy Rosa, the 2022 Dr. Loretta Ford recipient, and our three Legacy Award Recipients: Dr. Ruth Kleinpell, Dr. Lori Martin-Plank and Dr. Henry Silver. During the business meeting you'll hear about the results of our 2022 elections and the grant award recipients.

Thank you, always, for the leadership you provide across our healthcare systems. Nurses are the largest healthcare profession, AANPs are increasingly becoming the engine that keeps many systems running, and Fellows help shape, inform and lead within and across our country. I am proud to call you my colleagues! See you in Orlando!
Greetings, thank yous, and congratulations from
FAANP Members

Congratulations to Dr. Diane Seibert
for two challenging, successful years, as our
FAANP leader and chair.
Your constant support, energy and attention to issues
are an inspiration to us all.
Love, thank you and Best wishes from
FAANP members

Greetings from FAANP Forum Chair

Mary B. Neiheisel, FAANP

The year 2022 is passing rapidly and the annual FAANP and AANP meetings are next month with many professional activities. The entire program is filled with many appealing offers. The FAANP activities all take place on June 23. Congratulations to our new Fellows (page 13).

Congratulations to our FAANP 2022 Award Recipients (page 3): William E. Rosa, Ruth Kleinpell, Lori Martin-Plank and Henry Silver (posthumously).

Thank you to committee members for their contributions to this Forum. Thank you to Michaelene P. Jansen, Kim Curry, and Barbara Sheer for the membership features. Please, read these and learn more about a number of our leaders. Ric Ricciardi is certainly attracting our attention with his art and creativity column—thank you Ric.

The national AANP conference is being held in person and virtually which means everyone will have the opportunity to participate in the many continuing education hours. Congratulations to all retiring and newly elected officers. Your service is greatly appreciated.

Please, submit any items which will be useful to the membership to me and any and all photos and events you would like to see published. Thank you, Mary.neiheisel@louisiana.edu
The recipient of the 2022 Loretta C. Ford Award is
William E. Rosa, PhD, MBE, AGPCNP-BC, FAANP, FAAN
Rosa, an NP, is an assistant attending behavior scientist in the department of psychiatry and behavior sciences at Memorial Sloan Kettering Cancer Center. Rosa’s work focuses on cancer pain disparities, global palliative care inequities, LGBTQ+ inclusive palliative care communication and psychedelic-assisted therapy in the context of cancer-related distress. He is the editor of four books and has contributed more than 150 academic publications in journals and texts. He was the lead researcher for the 2021 Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health policy report endorsed by the World Health Organization.

Recipients of the 2022 FAANP Legacy Awards are:

Ruth Kleinpell, PhD, RN, FAAN, FAANP, FCCM
Ruth is well known for her research related to outcomes after critical illness, patient- and family-centered care, the role of the advanced practice registered nurse (APRN) and APRN outcomes. Most recently, she served as the co-principal investigator on a national survey of more than 7,000 APRNs assessing barriers to practice and the impact of the COVID-19 pandemic on APRN practice.

Lori Martin-Plank, PhD, FNP-C, GNP-BC, PMHNP, FNAP, FAANP
Lori began teaching NPs in 1995 and has continued to balance practice with teaching, often serving as a preceptor for her students. Lori has a passion for advocacy and health policy and has been active in her home state of Pennsylvania, as well as in New Jersey. She is a strong believer in networking, mentoring and sharing knowledge among practitioners, students and educators for the benefit of the profession.

Henry Silver, MD, FAANP(H)
Henry was co-founder of the NP role at the University of Colorado. FAANP honors his pioneer spirit, courage and dedication. Thanks to his collaboration with Ford, a new health care role was created with the goal of improving access to care for underserved pediatric populations. Despite many barriers and fierce opposition to the implementation of the NP role, Silver and Ford remained a tenacious and unstoppable team who put patients’ needs first and forever changed health care in a profoundly positive way. Today, patients make more than one billion visits to NPs annually.

I’ve always felt lucky to not have to count myself among those who must largely fund their academic careers through grant writing and programs of research. I know nurse researchers love it, but to some of us it would surely be a chronically nerve-wracking experience. I also feel fortunate because we have a number of scholarly nursing journals available in which my colleagues and I can publish results of successful studies and projects. We have ample opportunities to publish when we invest the time and tooth-gnashing to put together a manuscript. This is not true of our colleagues in many other disciplines. Competition for authorship can be fierce.

That’s why it was refreshing to read about two biomedical researchers who decided to have some fun establishing authorship credit for a research paper they submitted for publication. As we all know, establishing authorship includes both agreeing on the list of credited authors and agreeing on the order in which the authors should be listed. This agreement is a critical component of writing collaboratively. In fact, it is so important that it should be firmly established before any of the actual writing commences. In particular, order of authorship can be a touchy subject when two researchers each need a publication and have contributed an essentially identical amount to the work.

Two researchers at Stanford University found themselves in this position and decided to get creative about it. Scientists Bokai Zhu and Yunhao Bai chose three games of Super Smash Brothers from Mario Kart as the perfect way to resolve authorship. After letting their characters duke it out for them, Bai won and got first authorship. Zhu and Bai also added a footnote to the paper that both authors could consider themselves co-first authors on their CVs.

While some institutions have predetermined ways of establishing authorship, traditionally the person who conceived of and largely performed the research is first author. The last author may be the senior scientist in whose laboratory the research was conducted. Practices vary, though, and added to this we are seeing more national and international funding sources rewarding multidisciplinary and collaborative research. Working across disciplines will potentially further cloud the waters of whom to credit and where their name should appear. It is best to put our Nintendos on standby.

I’m sure we can all think of a few peers who are not genetically coded to find such a lighthearted approach to assigning credit appealing. However, perhaps it speaks to the need to take ourselves a little less seriously or at least acknowledge some amount of randomness that can occur in such complex equations as establishing authorship. It could be argued that an accurate characterization of nursing is a huge group of people occupying a very small community. Those of us lucky enough to have had long careers have all had the experience of “recycling” coworkers, sometimes from a decade or more in the past and sometimes more than once. It’s a good idea not to burn bridges. It’s also a good idea to be gracious. Maybe that’s the message of Zhu and Bai.

Ingeborg Mauksch considered faculty practice “a professional imperative” (1980, p. 21). She was one of the earliest nurse practitioners in the country and instrumental in advancing the role and defining collaborative practice with physicians. She was also consultant to the Robert Wood Johnson Foundation for the Primary Care Nurse Faculty Fellowship Program from 1978 to 1982. The goal was to create an intellectual home for primary care nursing, which became part of the impetus for NP master’s degree programs across the nation. Almost 20 years ago, a colleague and I examined faculty practice historically and presented a case study of the development of faculty practice at the institution where we were then employed. She was full time faculty, and I was staff in an adjunct faculty position. Looking at the literature led to the conclusion that “Practice has never left nursing education but has become a forced add-on rather than an integral component of the traditional academic triad model” (Newland & Truglio-Londrigan, 2003). At many higher education institutions, faculty appointment, promotion, and tenure decisions are based on the triad of teaching, research, and service. The term research has been used interchangeably with scholarship with the clear understanding that scholarship revolved around research and not much else. This may hold true for faculty on a tenure track. What happens for faculty on a non-tenure track or clinical faculty when decisions are made about appointment and promotion. Today, I still ask the question of how faculty practice can be integrated within an institution’s cultural values?

**History of nursing education**

When formal nursing education was established in the United States in the 1870s, practitioners were the educators. The director of nursing in the hospital was also the director of the school of nursing. In the 1940s, nursing education began to shift from hospitals (service) to educational institutions (academia).

With the growth of baccalaureate (first in 1909) and then associate degree programs (first in 1952), the separation between education and service continued. Lacking the master’s degree, diploma-prepared nurses were not qualified to teach in academia. Nurses pursuing master’s degrees were steered toward education and administration. Faculty in academia now had a principal commitment to teaching, not to clinical training or competence. The separation between practice and education grew wider. Medicine and institutional management gradually gained more control over nursing and decisions concerning nurses. Nurse managers were managers. Faculty were so focused on gaining acceptance and respect in academia that the practice aspect of the profession suffered. Soon nursing leaders voiced concerns and stressed the need for nurses to return to the bedside, to develop clinical research, to prepare expert clinicians, and to regain participation in patient care decision making. Four developments in the 1960s helped change the direction of nursing – the development of (1) primary nursing, (2) master’s-level education, (3) the NP role in community nursing, and (4) the nursing process. The profession found a renewed emphasis on the significance of practice (Newland & Londrigan, 2003). I now ask the question, is [faculty] practice not scholarship?
The Challenge of Faculty Practice

Defining scholarship

Boyer (1990) proposed a new paradigm of scholarship – discovery, integration, application, and teaching. The scholarship of application ties the discovery to practice, “We mean moving from theory to practice and from practice back to theory. We mean testing the discoveries of research in the laboratory of real life and, in the process, improving the intellectual insights” (p. 4). Simply stated by Boyer, “Theory surely leads to practice. But practice also leads to theory. And teaching, at its best, shapes both research and practice” (p. 16). Ernst Boyer was an American Educator and at one time President of the Carnegie Foundation for the Advancement of Teaching. The American Association of Colleges of Nursing (AACN) recently released a position paper Defining Scholarship for Academic Nursing, modeled after Boyer (2018) and recognizing practice. Generally, “Nursing scholarship is the generation, synthesis, translation, application, and dissemination of knowledge that aims to improve health and transform health care” (p. 2). The areas of scholarship include discovery or scientific inquiry, practice (application), teaching, and integration across institutional missions. Any faculty who wants to continue to practice while in a primary academic position looks for guidance on what faculty practice is and how to integrate their practice into the general meaning of scholarship to meet the institutional requirements for appointment, promotion, and tenure if applicable. I refer you to the AACN document, which provides many examples of what activities constitute scholarship within each dimension.

Faculty practice

Historically, there have been many different models of faculty practice. But the 2016 toolkit from the National Organization of Nurse Practitioner Faculties describes four main types of faculty practice (FP) in use today by nursing schools, colleges, and/or departments (NSCD):

- FP with external clinical entities or non-university affiliates
- FP with internal clinical entities or university affiliates, such as an academic health center
- FP with a nurse-managed health center, usually operated by NSCD
- Independent practice by faculty outside of academic workload or moonlighting

Faculty practice is “a professional imperative.” The new National Task Force Standards for Quality Nurse Practitioner Education supports this statement in Standard II – Resources. Documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses. Diagnosis and management are only a part in the overall assessment of a patient. Factors that influence patient assessment and short- or long-term health goals go beyond the actual diagnosis and management. What does the NP consider in making a clinical decision and developing a plan of care? The conditions in the places where people live, learn, work, and play affect a wide range of health and quality-of-life risks and outcomes. These conditions are the social determinants of health and cross over and through every course in a NP program – advanced practice role, population health, nursing research and evidence-based practice, statistics, systems and leadership, policy, nursing issues and trends, health promotion, mental health, and the 3 Ps. I argue that the content in every course taught in a NP program is related to practice and is directed toward preparing NP students to become competent NP graduates. Do all nursing faculty need to practice? As a nurse who has always practiced in direct patient care, I answer “Yes.” The next question is, “What is practice?” You can make your own decision.
The Challenge of Faculty Practice

References


National Organization of Nurse Practitioner Faculties. (2016). Faculty practice toolkit. NONPF.


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AANP National Conference

June 22, 2022 – July 27, 2022 Online

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Spotlighting an Exceptional Advocate for Nurse Practitioners Internationally

For this International Column, we spotlight Dr. Shwu-Feng Tsay, an exceptional nursing leader from Taiwan who was inducted in 2021 as an AANP Honorary Fellow, as a non-nurse practitioner for her outstanding support and advancement of Nurse Practitioners (NPs) internationally. She has served most of her career in nursing and health care administration. As part of this work, she has provided critical leadership in steering areas crucial for Nurse Practitioner (NP) role development in Taiwan, and has consistently been a strong advocate for the NP profession for more than 20 years. Some of you may have seen her impressive three part presentations Dr. Tsay’s PRAC talk video at this past 2022 FAANP Winter Fellows meeting in January, but many may know little about her, since she received her FAANP award with unfortunately less fanfare, while we were all sequestered during COVID-19.

Dr. Tsay completed her BSN and MSN at the National Taiwan University, an MPH at Johns Hopkins, and her PhD from the Institute of Public Affairs at National Sun Yat-Sen University. After serving in several nursing, public health, and educational settings in Taiwan, in 2016 Dr. Tsay was appointed as Taiwan’s Director General of Nursing and Health Care in the Ministry of Health and Welfare, and currently serves in that capacity today. In this position she has the responsibility for establishing policy and regulations, and managing a departmental budget of $34 million, supporting 170,000 nurses, monitoring Nursing Homes, and enhancing the health care of the 23 million citizens of the nation including residents of 18 remote islands.

Specifically in terms of Advanced Practice Nursing, Dr. Tsay has promoted the education, regulation, and practice of the nurse practitioner in Taiwan since 2000. Her accomplishments to move nursing forward are quite impressive, and even more so is the list of NP initiatives in which she played a key role, which includes:

- Assuring inclusion of the title “Nurse Practitioner” in the Nursing Personnel Act of Taiwan.
- Establishing a national committee of policy development for the nurse practitioners and initiating research to further develop and expand NP scope of practice as the role of the NP expanded more from the hospital into the community
- Establishing uniform core competences for nurse practitioners and a standardized NP educational curriculum through a platform of partnerships between university and hospitals
- Establishing the qualifications for the graduate faculties and clinical preceptors for nurse practitioner education
- Creating Nurse Practitioner Faculty Training Programs and providing government support for the founding of the Taiwan Nurse Practitioner Faculty Association
- Establishing the first ever scholarship program for graduate education of nurse practitioners from the Ministry of Health and Welfare, with about 50 places per year
- Advocating for nurse practitioner awareness and understanding through Health Ministry sponsored media promotional campaigns
- Evaluating and revising the Taiwan national NP certification examination
- Developing computer systems for nurse practitioner workforce development that allowed the Ministry of Health and Welfare to invest in the development of a tracking system of nurse practitioner talent pool, an NP certification examination database system, and an accreditation tracking system.

Let us once again, recognize and extend a warm welcome to Dr. Tsay! She has had such an impact on the NP profession internationally. We are truly honored to have such an outstanding nurse leader amongst us as an AANP Fellow (H)!

Acknowledgement

Many thanks to Rosemary Goodyear (Dr. Tsay’s FAANP sponsor) for providing information and photos.
Dr. Shwu-Feng Tsay and Rosemary Goodyear

Shwu-Feng Tsay
PhD, RN, FAAN, FAANP(H)
Director-General, Department of Nursing and Health Care, Ministry of Health and Welfare, Taiwan

Presentation by
Dr. Shwu-Feng Tsay
Blast From the Past

Barbara Sheer, FAANP

In the past few months, we are reminded of the importance of history. During Black History Month many stories have emerged focused on little known events and now the first female Black supreme court justice has been confirmed. The country seems to be taking a step back on the rights of women and diverse groups. I remember working at a city hospital and having women die from illegal abortions and later the gag rule that prevented nurses from sharing certain information about women’s health. Unfortunately, the country and the world has not learned from history.

There are some hopeful stories in the Ukraine. St Jude Children’s Research Hospital in Memphis has coordinated efforts to transport children with cancer to continue treatment in affiliated hospitals throughout the world and organizations have been assisting with delivering medications and medical supplies to the area. Our hearts and support go out to the nurses as they endure hardships. Their stories need to be told and produced for future generations.

Closer to home the AANP history committee is moving along with the oral history project in conjunction with the Bjoring Center at the University of Virginia. An information sheet will be posted on the aap history website at https://www.aanp.org/history for the steps to interview and be interviewed. We all have many stories to tell. Let’s tell our stories so researchers can have an accurate picture of nurse practitioners through history.

Many thanks to those who applied for our two history grants. The winners will be announced soon. If you missed the deadline, the Bjoring Center at UVA has announced a $5000 grant. That application is due June 1. Additional information is available at https://www.nursing.virginia.edu/nursing-history/fellowship/. We want to encourage everyone to continue to collect information about their state so that we can post it on the website. A link to the state survey monkey is posted on the AANP history website.

As part of our history, we want to remember Dr. Joan Gregory. She was a scholar and mentor who was very active in our the AANP formative years and a charter member of FAANP.

One of our early members Judith Lynch sent the following remembrance.

“The AANP conference that year was held in Williamsburg, Virginia. On the last day, Joan Gregory, a tiny dynamo if there ever was one, approached me and asked how I was getting to Washington, DC on my way home. When I told her of my flight, she asked if she could accompany me. I knew Joan for many years as a fine researcher and a wonderful example of an academic as well as a clinician. She was always ready to converse about her latest work and I knew for a fact that she was a wonderful mentor to students and graduates alike. What I didn’t know was how she would react on a short trip that lasted approximately 15 to 20 minutes. We boarded, and it was obvious that this was one of the tiniest planes I had ever been on. You could see the pilot and copilot checking and rechecking the various buttons that make the trip safe. As we reached cruising altitude, it became obvious that there was a very large black cloud directly in front of the windshield with lightning bolts shooting toward Earth. Joan reached over and asked if she could hold my hand and confessed that she was very frightened. I admit that it was a very scary time but for Joan it was the absolute end. She grabbed my hand and jumped up and down and buried her head in her arms. She was certain that we would die together, especially after peeking at what was going on in the cockpit. (I’m sure it was not as bad as it looked but there was a great deal of conversation at a loud level and much button pushing). This lasted no more than 10 minutes at the most, and we arrived unscathed. We made a pact that we would keep this event to ourselves. Now that Joan has passed to a better place, I felt it was ok to share the story. She was someone I never forgot even though I saw her only infrequently until she retired. She was one of the original Fellows and that says it all.”
An Interview with Dominic Weskamp, NP

For this edition of the Art and Creativity column, we feature an NP colleague, Dominic Weskamp, who served in The Commissioned Corps of the U.S. Public Health Service for 25 years, after starting his career with five years in the Army and three years in the Army Reserves as a medic. Dominic is a graduate of the USUHS NP program and has served as an NP for 22 years. He currently works part-time as an NP at OnPoint Urgent Care in Highland’s Ranch Colorado. Dominic is also quite a photographer, with particular interest in nature and the outdoors, and is invited to share more about his love of photography in this edition of the FAANP Forum.

I posed the following four questions to Dominic:

Many of our readers may not be familiar with the role of NPs in the USPHS. Please share more about the USPHS and your role in the USPHS.

The U.S. Public Health Service is unfortunately the best kept secret in this country. The Commissioned Corps of the U.S. Public Health Service, or the USPHS Commissioned Corps, works on the front lines of public health. Our medical, health, and engineering professionals fight disease, conduct research, and care for patients in underserved communities across the nation and throughout the world. Officers can be assigned to a variety of agencies such as: Federal Bureau of Prisons, Indian Health Service, National Institutes of Health, Food and Drug Administration, U. S. Marshalls and many more. We also have options to be assigned within the Department of Defense. Professions that are serving are nurses, pharmacists, physicians, scientists, therapists, dentists, engineers, environmental health, dietitians and veterinarians.

Please share with us more about your journey as a photographer and your current work.

My path to photography started as many do start,— trying to photograph my children! To this day, some of my most difficult shots were of my young kids. Thank goodness for auto focus and digital cameras. I remember back in the day waiting for pictures to be developed only to receive a bunch of out of focus, too light, or too dark images. Photography has come a long way. The technology allows a beginner like me to go out into nature and capture incredible images. It’s a lot of trial and error, but now the feedback is instant so you can make any adjustments before the perfect moment slips away. My passion for photography started shifting several years ago. I was working long hours and developed some health issues. I realized I was all work and no play. I needed a release from the stress of working in a federal prison. My kids were older and no longer wanted me taking their photos, so I started shooting nature, sunsets, sunrises or things that struck my eye. I would vacation in Colorado, so the mountains were always a favorite subject. After living in Missouri for several years, I discovered hundreds of bald eagles that would winter about 60 miles away. I spent countless hours driving the backroads of southwest Missouri looking for bald eagles. I got quite good and became a bit notorious in the area as the eagle whisperer”. No matter how many eagles you see or photograph that rush of seeing one will never go away. I moved to Colorado this past summer and missed the Missouri wintering bald eagles this year. They are amazing!

How has art and photography influenced your career and success as a nurse practitioner and member of the USPHS?

I feel like the release that photography gives me, allows me to be a better practitioner. A clear and focused mind always works more efficiently. The act of relaxation or decompressing wasn’t a natural thing for me, I had to learn it, and apply it to my everyday life. Photography and patient care approaches are very similar. Assessing the situation and coming up with the best plan to capture the image or help the patient require the same steps. Plan, assess, implement and evaluate the results. Remarkably similar to some of those theory classes I took in the 80s!
What advice would you give to readers of the Forum on how to develop their artistic talents and to strengthen their creativity and curiosity in clinical practice and scientific endeavors?

My advice… Life is so brief! Find a passion outside of work as strong as the one you have for your work! Whether that be music, coaching, exercising, hiking or some kind of artistic expression. Find it, develop it, and make it part of your daily life. We only go around once, a release from the stresses of work will improve your job performance, patient satisfaction and overall quality of life. When that day comes when you hang up that stethoscope for good, you won’t have to wonder what you will be doing the next day! God Bless!

“Live as if you were to die tomorrow, learn as if you were to live forever.” Gandhi

Please visit Dominic’s website to see more of his photography: https://www.dominicweskamp.photography/
Congratulations
2022 FAANP Inductees

The Fellows of the American Association of Nurse Practitioners (FAANP) announce with pride the 2022 Fellows

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When I called Dr. Gregory for her interview in 2018, memories of her came flooding back. Dr. Gregory was on my dissertation committee and was well known by all nursing students as a kind but no-nonsense teacher and a great role model. Originally from Georgia, she has long resided in the Tampa Bay, Florida area where she taught for many years at the University of South Florida.

I well remember one diagnostics class in which she was trying to bring home the point of not skipping past obvious things in our physical exams. After a short lecture, the students were told to pick a partner and conduct an ocular exam. Students, of course, were intensely struggling to find any type of pathology to report. After the focused physical exams were over, we turned back to our teacher for the test. The first question was “what color were the patient’s eyes”? Many students were unable to recall. Her point was made.

As a nurse practitioner, Gregory worked and mentored students in a variety of primary care settings around the area. She had a special interest in American Indian health and much of her scholarship was focused on this area. Dr. Gregory is completely retired but stays very busy with family activities. Her interview reflected that. She wanted to keep it brief so that she could move on to other things that she had planned. She reported that she still pays her retirement dues as an AANP member, and reads her journals to stay in touch.

**Q & A**

*In 2000 you were selected as a charter fellow. What has changed since then?*

The changes have been very gradual. There is no one specific thing that I would cite.

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

I can’t cite one thing, but we are moving forward. It would be nice to move forward faster.

*How have you been able to impact the nurse practitioner movement?*

I was always very active in conferences and as a speaker. I had many students who have had successful careers as clinicians and faculty.

*Is there anything you would change if you had it to do over again?*

No, not really. I don’t have any strong opinions about that.

*How would you like to be remembered?*

As someone who stayed connected and provided leadership to others. Someone who helped in leading meetings and who was a frequent speaker at NP events.

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

Keep in touch with your NP organization and stay involved.

The following was published about Joan at AANP.org 2000

as a charter member,
Membership Feature Column

Diane Carole Seibert, FAANP

Education:
1997-2002 University of Maryland, College Park College Park, MD Ph.D. Human Development
1992-1994 University of Maryland At Baltimore Baltimore, MD M.S. Women’s Health & Adult Nurse Practitioner
1975-1979 Kent State University Kent, OH B.S.N. Nursing

Certifications:
1994-Present Adult Nurse Practitioner
1994-2020 OB/GYN Nurse Practitioner
1999-2010 Menopause Clinician
1991-2003 ASPO Lamaze Childbirth Instructor

Short Biography

Dr. Seibert is currently Associate Dean for Academic Affairs at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Maryland and Chair of the Fellows of the American Association of Nurse Practitioners. Dr. Seibert began her nursing career at Kent State receiving a full scholarship through the Reserved Officer Training Corps (ROTC). Following graduation, she served in the Air Force for seven years, first at Wilford Hall (when it was 1000 inpatient beds), in San Antonio, then at Travis Air Force Base (near Sacramento, CA) and then at Hahn Air Base, Germany. She became interested in women’s health during the years she was on Active Duty, and after working for a few years in the civilian sector, returned to school in 1992, graduating with and becoming certified as both an Adult and a Women’s Health NP in 1994. In 1996, a classmate from her WHNP Program (Dr. Patricia McMullen, now Dean Emeritus from Catholic University of America) invited her to interview for a faculty position at USU, and she has been employed there ever since, serving in a variety of faculty and administrative roles. Her deep appreciation for and understanding of the needs of the military and her focus on preparing the highest quality providers to serve America’s warfighters has served the students and university well. Throughout her professional career, she has blended clinical practice with academia, and is deeply committed to health, wellness and disease prevention, of which genomics and family health history is an integral part. She has co-authored many articles on genomics, was co-author of the Genetic and Genomic Competencies for Graduate Nurses, and a genomics textbook, *Genomic Essentials for Graduate Level Nurse*.

When did you become an NP? What was the motivation?

I first thought about going to graduate school for an advanced practice degree shortly before I graduated from my BSN degree in 1979. I actually purchased (and still have in my library) a 1974 “Physical Assessment for Nurse Practitioners” book at the University Bookstore the day I departed from campus. After working in a variety of nursing roles (ortho, urology, oncology, med-surg, ICU, labor and delivery, primary care), I decided that the NP role, specifically the Women’s Health role, was where I wanted to focus my energy. I ended up being dual certified in Adult/Women’s Health when I graduated from the University of Maryland in 1994.

Did you experience any challenges? How were they resolved?

I have found that maintaining my clinical skills in academia is something of a challenge. I have found a way to focus on health and wellness by talking with my patients about their Family Health History and genetic risk. I also try to focus on interprofessional education and practice, and am committed to finding ways to make sure nursing students are interacting with medical and graduate students from other disciplines in meaningful ways.
What experiences did you bring into the role?

I grew up in a military family, moving 25 times in 23 years. When I was in the Washington DC area during high school, I worked as a JANGO (Junior Army Navy Guild Organization) Volunteer at Fort Belvoir Community Hospital in 1974. Two days after my parents dropped me off at Kent to start school, they and my 2 siblings boarded an airplane bound for Germany where my father was starting what eventually would be his 4 year final assignment in the Army. For the next couple of weeks, as I talked with my dorm-mates, I gradually came to realize that no one on my floor had even been across the Ohio state line….they certainly didn’t understand me. So, during the drop and add period, I found myself standing in front of the ROTC desk, learning more about the military and the new nursing scholarships the U.S. Air Force was offering. The following spring, I received a ROTC scholarship from the Air Force (I must say that being in ROTC at Kent State in the mid-70s was “interesting” - we did all our drilling in uniform at 0630 on Saturday morning).

For five months between graduation in May and when I entered Active Duty in November of 1979, I worked in a civilian hospital rotating every month between orthopedics, urology and oncology. I was already thinking about an Advanced Practice Nursing Role and reached out to several CRNA certificate programs to learn more about that role. Once I entered the Air Force, however, I set these future goals aside to focus on the new community I was entering. In November, I started a six-month nurse internship program at Wilford Hall in San Antonio, TX and after completing that, moved to Travis Air Force Base, CA to start my military nursing career. At Travis, I worked in orthopedics and ICU but still had time to meet and marry my husband John, who was also an Air Force Officer (he was a Bioenvironmental Engineer). In August, John and I got in the car and drove to New Jersey, put the car on a boat, and flew to Hahn Air Base, Germany where we worked together in the 35 bed hospital. I spent a year on a medical-surgical unit, 18 months in the Family Practice Clinic and my last year at Hahn (and in the military) on labor and delivery. I decided at that time to become a Women’s Health Nurse practitioner.

After we returned to the states in 1986, I worked for 18 months (John was in graduate school at the University of Pittsburgh) at Mercy Medical Health Center, a brand-new outpatient care clinic in Squirrel Hill, PA, just outside Pittsburgh. After he graduated in December 1987, we moved to San Antonio, TX and a few months later I started working labor and delivery at Humana Hospital Village Oaks, where I worked until we left to come to Washington DC in 1992.

I started my NP education in August 1992 and graduated from the University of Maryland with my Master of Science degree with certifications in WHNP and ANP in 1994. The whole time I was in school, I worked every other weekend as an After Hours Advice Nurse for Kaiser Mid-Atlantic (that was a great job for a student!). Immediately after graduating, Kaiser offered me a position as a case manager for high risk Obstetrics patients in their Towson and Woodlawn offices. The following year (1995), I received a call from a private OB-GYN physician group looking for an NP. I worked with them part-time for the next 4 years. In 1996, a former classmate of mine from the University of Maryland, called asking me if I’d be interested in a faculty position at USU. I had always been interested in education, so I jumped at the opportunity and I have been here ever since.

It was clear from the moment I started working in academia that a doctoral degree would be required. The DNP wasn’t available at the time, so I started working on my PhD in 1997, graduating in 2002 from the University of Maryland with a degree in Human Development/Educational Psychology. Two years later, I collaborated with a military OB/GYN who had completed a fellowship in medical genetics. She and I created a ten day genetics intensive for nurses (RNs and APRNs) working in military OB/GYN clinics. The focus was to prepare this community to talk to couples about the new cystic fibrosis prenatal screening recommendations. This project (and my wonderful physician colleague/mentor) created my genetics nursing network.
What experiences did you bring into the role? (cont.)

I met so many amazing nurses focused on improving the genetic/genomic competency of nurses working in every healthcare setting. One key community/organization (that sadly, no longer exists) was the National Coalition of Health Professionals in Education of Genetics (NCHPEG) a group of people from every imaginable healthcare discipline (Dentistry, Nutrition, Biochemistry, Pharmacy, Nursing, Physician Assistants, Family Medicine, etc.) who came together to talk about developing genetic/genomic competencies for their community. As a result of these interactions, I was invited to work with Karen Greco and Susan Tinley to develop The Genetic and Genomic Competencies for Nurses Prepared at the Graduate Level, a consensus-based document, endorsed by 25 nursing organizations. I remain committed to the goal of preparing nursing and APRNs to provide genomic care.

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

The military and nursing are my ‘people’ and I am deeply committed to them. I take deep pride in preparing our students to deliver the highest quality care in unusual, often under-resourced and/or hostile settings. We are blessed at USU because all our students are Active Duty military, and their service branch pays them to attend school full-time. We purchase their books, we find all their clinical placements, and we pay for them to travel to rich clinical sites around the world to get the best clinical training possible. In return, each student pays the military back through continuing service. We have some unique issues; many of our students are a bit older, have children, or haven’t been in school for a long time, or they may have PTSD after a deployment, but none of them are working; their full-time job is to attend school. The other advantage we have is that we know exactly where our graduates are going to work after they cross the stage. They will go back to their service to function in the role we prepared them for, and we talk regularly with the services. The Federal Nursing Service Council (composed of our Dean, the Chief Nurses of the Army, Navy, Air Force, Public Health Service, Red Cross, Defense Health Agency and Veterans Health Affairs) meet regularly to discuss federal nursing issues. Through this council we get information we need to ensure that our curriculum is meeting the needs of the military. For example, at their request all our graduates receive training in battlefield auricular acupuncture; bedside ultrasound training (so they can perform a FAST exam to screen for retroperitoneal bleeding), Advanced Trauma Life Support, and Tactical Combat Casualty Care. Our curriculum is also shaped by alumni experiences.

What was most challenging in your career/ most important?

Keeping up with the changes in academic nursing such as accreditation requirements, nursing and specialty Competencies, Essentials and Standards is an unending process.

Another challenge is to make sure our students are prepared to provide care ‘tomorrow’ in very unusual places. Right now, many military medical assets are supporting civilian pandemic needs, while the service are closely monitoring the activities in Ukraine. War injuries vary significantly by conflict, so education needs to shift as well. WWI injuries included mustard gas exposure, poor nutrition, and cold injuries; WWII brought more penetrating and blast injuries (as weapons became more sophisticated), Korea presented a very cold mountainous environment, and Vietnam the opposite, as troops fought in a jungle. Most recently, soldiers were exposed to blast injuries in Iraq and Afghanistan, and we are now dealing with less obvious concussion injuries. What injuries do we need to prepare for if a conflict breaks out near the Arctic circle? The trick is staying one step ahead with our education.
What was most challenging in your career/ most important? (cont.)

Finally, it’s tough to maintain important working relationships with military officers outside USU because of the constant transition of military personnel. Half of our GSN faculty are in uniform, many of whom are our alumni. This is wonderful because they are highly skilled, experienced clinicians who know the curriculum and the faculty, and we have many alumni in our Military Treatment Facilities who serve as preceptors or as Phase II faculty. We can use our faculty experiences to offer unique elective courses like mountain medicine, cold weather medicine, dive medicine etc. We have also collaborated with military nurses from other countries as well. For example, we had a train-the-trainer program in Africa where we taught trauma and disaster skills to Ugandan (or Kenyan) military nurses for a week, then selected the best students to serve as teachers for the second cohort of students while we coached from the side. The downside is that military faculty are only with us for three or four years before they rotate out again, and we start the faculty development process all over again. One way we adapt to this constant change is to make sure that every course has at least two faculty assigned to it in case someone leaves unexpectedly.

Is there anything you would want to change?

I would not change anything about my choices for career: nursing, advanced practice, military or academia. I want to see more interprofessional relationship building in clinical practice, not just in academia, but this is DEFINITELY a marathon and not a sprint, because it takes years to get it going, and more years to “get it right”.

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

The transition of NP education from the MSN to the DNP. The DNP better prepares students for their future clinical and leadership role. The DNP also levels the playing field by bringing doctoral prepared nurses to the healthcare system leadership table.

The time to focus on writing has also been pivotal. I have enjoyed collaborative projects and writing with Ken Wysocki and others on genomics.

What advice would you give to new nurse practitioners?

Get the best education and clinical experiences you can. Find people who have similar values, interests and principles. You need to be excellent; our patients deserve it. Our NP community needs you to be exceptional – mediocrity is not okay and “I wasn’t taught that in school” is unacceptable. Each of us is responsible for maintaining our knowledge and skills – it’s a lifetime of work.

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

I think NPs will eventually outnumber physicians in primary care; and honestly, I’m not thrilled about that. I really value my physician colleagues and like having them in my world to bounce questions off, consult with and honestly, just share wonderful and sad moments with. The vast majority of men and women who choose to become physicians have their hearts in the right place - they want to provide exceptional care in primary care (to keep people healthy and out of the hospital), just like I do.
Membership Feature Column

Joyce Pulcini, FAANP

Education:

1964-1968 B.S. Nursing. St. Anselm College, Manchester, NH

Short Biography

Dr. Joyce Pulcini is an expert on the evolving roles of nurse practitioners throughout the world, focusing on nurse practitioner education, reimbursement, political advocacy and removal of barriers to practice. Over the course of more than 40 years as a pediatric nurse practitioner, educator and author, she has become a leader in health care and nursing policy at local, state and national levels and is known for her work in the global development of advanced practice nursing and survey research she and an international team conducted on education, practice and regulation of advanced practice. She is a fellow of the American Academy of Nursing (AAN)—serving as the inaugural chair of the AAN Expert Panel on Primary Care—a fellow of the American Academy of Nurse Practitioners (AANP) and was a Distinguished Practitioner at the National Academies of Practice and a former Primary Care Policy Fellow in Nursing. Dr. Pulcini serves as a senior associate editor for the journal, Policy, Politics and Nursing Practice and has authored more than 70 peer-reviewed articles, chapters, and policy papers and two editions of a textbook on pediatric primary care. Her most recent book with Dr. Susan Hassmiller was published in 2020, entitled, Advanced Practice Nursing Leadership: A Global Perspective. NY: Springer.

She has supported the nursing profession through her service on numerous advisory boards and panels, including the Agency for Healthcare Research and Quality Technical Expert Panel and the nursing research Advisory committees of the National Association of School Nursing and Children’s National Medical Center.

When did you become an NP? What was the motivation?

After working for a year in a hospital after becoming a registered nurse, I worked as a public health nurse in Washington DC. I covered four elementary schools over four years. Although I enjoyed the experience, I wanted to do more. I received my masters in Maternal Child Nursing at Boston University in 1973. I then worked in Cambridge at school based clinics with Dr. Phillip Porter and received my PNP certification from Northeastern University. My first PNP job was through the City of Cambridge/Harvard system and I absolutely loved it. We provided primary care through school based clinics, were school nurses and did newborn home visits. At that time the scope of advanced practice was quite narrow. We had pre-signed scripts and protocols. It was a good way to start.

What experiences did you bring into the role?

Since I had my master’s degree, the Director of the Northeastern University asked me to teach part time and gradually I became the director for this second oldest NP program, which originated as the Bunker Hill-Massachusetts General Program. I ended up closing the program in 1983 secondary to funding and changes in nursing education. I obtained my PhD at Brandeis University and then taught at Boston University. I directed the graduate programs until John Sliver, President at BU suddenly closed the nursing programs in 1988. There were over 100 PhD students enrolled at BU at the time.
What experiences did you bring into the role? (cont.)

It was very difficult to close the nursing programs at BU but I stayed and helped to transition the NP program at BU to a master’s program at Northeastern University in Boston in 1989.

After a year or so, my husband was transferred to New York. Initially I was Director of Training for Nursing, Westchester Institute for Human Development, Valhalla, NY and became active in health policy which was the focus of my doctoral studies. I also taught briefly at Columbia University but then went to Hunter College of the City University of NY and developed and taught in the PNP program there. Hunter is a great school and very diverse. In 2000, we moved back to Boston and I taught in the graduate nursing programs at Boston College, directing the PNP program. Throughout my academic career, I always maintained clinical practice as a PNP. In 2012, Dr. Jean Johnson recruited me to become the Director of Community and Global initiatives at George Washington University in Washington DC which opened new horizons for me.

Did you experience any challenges? How were they resolved?

I believe an ongoing challenge is trying to keep NP curriculum appropriate, current and maintain integrity of advanced nursing practice. Competencies rather than clinical hours are more meaningful. I support residencies as new NPs need to transition into their roles. Otherwise bad habits or burn out could develop.

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

I think that moving around geographically throughout my career helped me to know a lot of people. I was very involved in the NP organization in Boston which helped expand my professional networks. Through the Nurse Practitioner/Advanced Practice Nurse Network (NPAPNN) of the International Council of Nurses (ICN), I connected with so many people internationally. I have taken students to Haiti, Nicaragua and Ecuador through my work at BC and GWU. I conducted a survey that examined NP programs globally with international colleagues through the NPAPNN. I also contributed to the Guidance Paper prepared for the International Council of Nurses that articulated the roles of the NP and CNS in 2020.

What was most challenging in your career/ most important?

Probably the most touching and personal experience was receiving the National Organization of Nurse Practitioner Faculties (NONPF) Lifetime Achievement Award. That meant so much to me professionally, Another important milestone for me was the promoting and obtaining full practice authority for NPs in Massachusetts in January 2021.

Is there anything you would want to change?

No, I don’t think so. Perhaps I could have done more research but my interests focus more on practice, education and health care policy. I have had a great career and feel very fortunate. I think I was ahead of the curve in terms of my own education which opened many doors for me. For example, I obtained a BSN when most nursing programs were diploma based. I then got my masters four years later and my PhD in 1987.

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

My twenty-year involvement in Nurse Practitioner Associates for Continuing Education (NPACE) was very empowering. That group was the first NP continuing education business. I was fortunate to be one of the founders and although it was hard work, the founders were all leaders in NP practice from various states. We still get together on a regular basis. NPACE was a pacesetter and planned its own conferences. AANP started during a Washington, DC NPACE meeting in 1984.

My doctoral program was interdisciplinary and focused on health policy. My international experience also opened everything for me including international contacts, expanded world view, broader teaching perspectives.
What advice would you give to new nurse practitioners?

Take every opportunity that comes your way. It’s all about choices. We took risks and it paid off. We were fortunate not to be constrained financially; financial assistance was readily available for education. Unfortunately, NPs today worry about the bottom line; there is minimal funding or financial assistance available for students. The pandemic also placed financial hardship on NPs and students. Therefore, it is harder to take risks today. There is a very different world view now.

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

Nurse practitioners need to keep going and move the role forward. Students and NPs need to be socialized into nursing. Full practice authority will help legitimize the role. Nurse practitioners will be at the forefront globally. Currently, in other countries, nurses are poorly paid and have low social status and as a result the brightest individuals tend to go into medicine. The rise of nurse practitioners internationally will help improve their status and value globally.

https://www.aanp.org/events/2022-aanp-national-conference
Membership Feature Column

Susan D. Ruppert, FAANP

Education:
Illinois Valley Community College, Oglesby, IL, AAS Nursing 1974
Northern Illinois University, DeKalb, IL, BSN, 1976
The University of Texas Health Science Center at San Antonio, San Antonio, TX, MSN, 1979
Texas Woman’s University, Houston, TX, PhD, 1992
The University of Texas Medical Branch at Galveston, Galveston, TX, post-graduate FNP certificate, 1995

Certifications:
FNP-C American Academy of Nurse Practitioners Certification Board
ANP-BC American Nurses Credentialing Center

Short Biography

Dr. Susan Ruppert is a professor and Associate Dean of Graduate Studies at the Cizik School of Nursing at The University of Texas Health Science Center at Houston (UTHealth). In her time at the institution she has served in multiple faculty and administrative roles. She began her nursing career as a critical care nurse and became nationally involved early in her career with the American Association of Critical-Care Nurses serving on the board of directors and on numerous committees. After obtaining her PhD in Nursing in 1992, she changed her focus to primary care becoming certified as a family and adult nurse practitioner (NP). She has continued to balance teaching and practice throughout her career. She is a Fellow of the American Academy of Nursing, American Association of Nurse Practitioners, National Academies of Practice, and American College of Critical Care Medicine.

Dr. Ruppert has held numerous national leadership positions within professional organizations. She is a past chair of the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. She also served on the CCNE Accreditation Review Committee, CCNE 2018 Standards Committee, and 2015-2016 National Task Force on Quality Nurse Practitioner Education. Currently, she is vice-chair of the American Academy of Nurse Practitioners Certification Board Commissioners, co-chair of the CCNE Nurse Practitioner Residency/Fellowship Standards Committee, and a member of the CCNE Report Review Committee, American Association of Colleges of Nursing (AACN) Essentials Revision Task Force, and American Academy of Nursing Primary Care Expert Panel. She is an appointed member of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nursing Network Education Subgroup representing the United States.

When did you become an NP? What was the motivation?

I finished my PhD in 1992 and completed my FNP post-graduate program in 1995. At that time, there was a big interest nationally in expanding graduate level nurse practitioner programs. At UTHealth, we had a critical care clinical nurse specialist program but were aware that more nurse practitioners were needed in many areas including acute and primary care. In preparing to convert or develop our MSN tracks, faculty needed to re-tool and become prepared as nurse practitioners themselves. I, along with several other faculty, were chosen to return for post-graduate education as a FNP. At that time there were no ACNP programs in the state. With my clinical expertise, I was instrumental in the development and implementation of the acute care nurse practitioner (ACNP) program at UTHealth, the first in Texas. I taught initially in that program and later led the adult/gerontology primary care NP track. Although my roots were in critical care, I soon developed a real love for primary care.
What experiences did you bring into the role?

I feel that I brought many skills and experiences developed as a critical care nurse to primary care: critical thinking, expert knowledge, resource utilization, clinical leadership, and the ability to think on my feet. In critical care, patients come with a diagnosis and as nurses we always had a lot of data readily available. In primary care, one has to elicit those data, subjective and objective, and put the total picture together for diagnosis and management. When I became a nurse practitioner, I had been in education for some time, but my love for practice pulled me back into practice at a different level on the other end of the health/illness continuum.

Did you experience any challenges? How were they resolved?

Moving from a critical care population to primary care was challenging. In critical care, patients come with diagnoses. In primary care, they often present as a blank slate with just symptoms. Having great clinical mentors was key in making the transition. My favorite faculty practice site for nine years was at a federally qualified health center, even though it was very challenging. As a provider I worked with underserved patients. Outside resources and specialty referral sources were scarce to non-existent making management at times more difficult. The patients were so grateful and engaged in their care. They tried to be compliant as much as possible despite the many socioeconomic challenges they faced.

Another challenge is balancing an academic role with a practice role. Opportunities for faculty practice can be difficult to find and balancing between the needs of an academic and practice position can be demanding. However, I know the tremendous benefit and satisfaction that faculty find in maintaining practice. Life-work balance is also difficult especially if you are highly involved in organizations and with family. I have been fortunate in my career to have a very supportive and flexible family. Of course they might have a different perspective of what I am doing at times. When I was working on my dissertation, I took over the dining room table with all my papers/books and we ate our dinners on TV trays for years. I heard one of my children telling someone excitedly “Remember the Easter we got to eat at the table!” Another time, during my post-graduate NP program, I had to travel to Galveston for a physical exam check-off. I brought my 5 and 9-year olds along for some family time at the beach afterwards. While we were waiting for my turn, my 5-year asked, “Does your mother know you haven’t finished college yet?” I still laugh about these comments to this day.

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

Working within national organizations has not only been a rewarding way to contribute to my profession and health care, but also an opportunity to develop a wide range of highly valued colleagues and friends. Some of my most rewarding experiences have been in serving within national organizations such as accreditation and certification boards contributing to the quality of education and integrity of practice. I currently am serving on the AACN Essentials Task Force which is re-envisioning the Essentials that serve as the foundation for undergraduate and graduate education in nursing curricula across the nation. This work will drive nursing education forward even more in competency development and evaluation.

I have also enjoyed doing some international practice, education, and accreditation consulting, primarily in Hong Kong and Oman. I have been appointed to the ICN Nurse Practitioner/Advanced Practice Nursing Network Education subgroup which keeps abreast of the educational and practice developments in nations and regions around the globe. I always look forward to dialogue and exchange of ideas with colleagues from different countries.

What was most challenging in your career/most important?

I think balance in practice, teaching, and life is an ongoing challenge. The right balance contributes to all aspects in life. I also think that the Covid-19 pandemic has forced some of us to take that time to rebalance and “put the brakes on” for some things in a healthy way. Perhaps a silver lining is that this pandemic makes us realize what is truly important, how to appropriately slow down, and how to cherish what life has to offer.
Is there anything you would want to change?

I think I would try to go through the educational process faster. In the past, many of us completed one degree, then worked, and then returned for education again and again until reaching a terminal degree. I would have liked to have completed my higher education in a more efficient manner to work longer at the top of my career. I would also like to have had opportunities for purposeful leadership education earlier in my career. I am so encouraged that now nurses do have opportunities for more expedite education, particularly with the BSN-DNP, and a more deliberate focus on leadership development.

Overall, I have always been happy in my career. I was fortunate that at age 6 I knew I wanted to be a nurse. I know it sounds a bit trite, but I did read all the Cherry Ames books. I was most fascinated at the wide variety of career and role options that one could pursue as a nurse and have used that as a model in my own career growth and development.

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

One of the most pivotal personal moments was my decision to care for a different population; moving from acute/critical care to primary care. I moved from working with the sickest patients having conditions that may have been prevented to primary care where I could build relationships over time and focus on health promotion and prevention. I valued my time spent in critical care but primary care soon became my passion. The Future of Nursing Report has also been pivotal for our profession and continues to drive the profession forward. The report has been read by many audiences within and outside of nursing communicating our contributions to the health of consumers. Hopefully another silver lining to the Covid-19 pandemic might be in removing barriers to practice. During the pandemic, legal restrictions have been removed allowing NPs to work more fully to their preparation. Public awareness of the critical role of NPs during the pandemic has been evident. Hopefully, legislators and policymakers will continue, with our political efforts, to see the value and benefit of full practice authority past emergent events. The increased use of telehealth during the pandemic will also move us forward quicker, especially in rural and underserved areas and for populations unable to physically access care.

What advice would you give to new nurse practitioners?

Seek out a mentor early and ongoing in your career
Get actively involved in professional organizations at multiple levels early in your career
Seek out experiences and education to develop leadership abilities
Create collegial networks; learn from each other. It is all about building one’s broad and diverse network
Do not leave volunteerism to others; take control of your personal and profession’s future

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

Nurse practitioners will be the main providers in primary care; the keen hope is that all states will pass legislation for full practice authority. A major NP focus will continue to be serving rural and vulnerable populations. NPs will be instrumental in developing innovations in areas such as artificial intelligence, telehealth, and aging in place. Such areas can provide for entrepreneurial opportunities in designing tools for practice and education. We know what we need; we should be the ones developing products such as innovative education and simulation models and tools. We should continue movement toward the DNP as entry level for NP practice; we have been slow but steady in that direction. Nursing education will continue to evolve and online education is here to stay. As professional leaders, we need to ensure that NP education is competency-based and of the highest quality. NPs will continue to become involved in leadership; not just in nursing, but in shaping the global communities where they live, work, and play.
Education:
Air War College, Pentagon Washington DC
University of Florida, EdD
University of Miami, FNP
University of Colorado MS Nursing,
University of Pittsburgh, BS Nursing
School of Aerospace Medicine, Brooks Air Force Base, Flight Nurse USAFR, NC.
Certifications:
Family Nurse Practitioner, American Nurses Credentialing Center
Family Nurse Practitioner, American Academy of Nurse Practitioners

Short Biography
Dr. Smolenski is a family nurse practitioner (FNP) with experience in a variety of areas from primary care, education, military and association settings. She is a retired USAFR Colonel serving as a flight nurse and administrator for thirty years. Dr. Smolenski served as the Director of Certification Services for the American Nurses Credentialing Center, a subsidiary of the American Nurses Association for eleven years. She also served on the Accreditation Council of the American Board of Nursing Specialties and the Board of Directors for the American Accreditation Healthcare Commission/URAC. Dr. Smolenski was awarded the National Organization for Competency Assurance (NOCA) Leadership Award in 2003 for her work in the credentialing field and served on their Board of Directors in 2008.

Her clinical practice included working in a nurse practitioner run clinic (Short Term Clinic) and working with hospital employees and patients of the primary care doctors at Jackson Memorial Hospital. She also saw her own patients in a faculty run clinic at the University of Miami (Daystar/clinic) while teaching in the Masters level Nurse Practitioner program there.

She was the principal investigator on a Tri-Service Nursing Research grant to complete the Air Force Nursing Service History. Her publications include co-editing a textbook for APRNs called Health Policy and Advanced Practice Nursing, Impact and Implications now going into its third edition, and various articles on credentialing and certification, advanced practice nursing, and the use of on-line portfolios as a professional tool. She is currently retired but continues working occasionally as a consultant on projects and writer on certification, accreditation, advanced practice issues and other health related projects.

When you did become an NP? What was the motivation?
I began my career as a BSN staff nurse on a med surg floor and as a flight nurse in the Reserves of the Air Force in Florida. I found the staff work in a small hospital (250 bed) unchallenging and wanted more. I then moved to the coronary care unit at Jackson Memorial Hospital in Miami and later began teaching critical care courses in the diploma program at Jackson Memorial Hospital School of Nursing. Being a critical care nurse and a flight nurse, it was a natural progression to move into a more autonomous role as a nurse practitioner. I later became a visiting assistant professor in the Family Nurse Practitioner Program at the University of Miami School of Nursing and practiced in a nurse practitioner run clinic at the university. Being a nurse practitioner and maintaining a clinical practice at the dual physician/NP run University of Miami Daystar clinic opened the door for a varied career and unique opportunities.
What experiences did you bring into the role?

Having experience as a staff nurse, flight nurse, and educator I brought a unique perspective into the role. I had flight and critical care experience and had the opportunity to begin my nurse practitioner career teaching, mentoring and practicing in a nurse managed ambulatory care center when the role was still being developed.

Did you experience any challenges? How were they resolved?

My varied experiences and roles gave me a good foundation for practice. I became active in the local NP organizations in the early 80s and tried to advance the role and its capabilities within the state. Having worked side by side with primary care physicians who were pro nurse practitioner and provided many learning opportunities, I couldn’t understand why it was so difficult for people not to see the value in our role. Diagnosing, physician oversight and prescribing were fought heavily by the medical association in Florida and I soon felt I could use my energies elsewhere. These issues have been around for the last 35 plus years in FL and at least now seem to be getting the traction they need.

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

Being in the credentialing world gave me so many opportunities for learning, growth and sharing with individuals nationally and from all over the world. I gained an appreciation for the importance of standards of practice and need for certification. I met and worked with so many knowledgeable individuals and individuals who were accomplished in their fields. These experiences helped form a groundwork for my writing and consulting. With my practitioner work, credentialing experience and military work I feel like I have friends all over the world.

What was most challenging in your career/ most important?

One of the most challenging things in my career was finding a way to keep up with clinical practice in a work environment where there was always more work to do, not enough time to do it and lots of last-minute requests. And trying to keep up with my military reserve duties added another element. I failed to negotiate a contract that guaranteed me time for clinical. Trying to find volunteer practitioner time/position at a clinic or facility was impossible with the schedule I had so this affected my ability to recertify. This was at a time when “hands on” clinical was the only type of clinical accepted. Ironic for someone who worked in a certifying body. One lesson I learned (after the fact) was to be able to manage my time better with learning how to say no when needed and putting self first.

Is there anything you would want to change?

I wish that the role of the nurse practitioner had been more advanced when I was in clinical fulltime in the 80s. I would probably have stayed in clinical rather than moving into teaching and credentialing when I did. I have never been one to be satisfied with the same job for a long time. I always felt the need for a challenge where I could learn, make an impact and show results.

I made/make decisions based on the information and data I have at the time. I like to take advantage of new opportunities, which my career frequently offered, such as working at the Pentagon in the AF Office of Health Promotion (which required a leave of absence from teaching and clinical). I loved patient contact and the personal connection so would probably have ventured into a solo/joint practice of my own if the role was more advanced in the 80s. But as far as a career -being a nurse/nurse practitioner along with my advanced education and military background, I’ve had a wonderful career with many varied positions from clinical, teaching, consulting, credentialing, writing and editing to highlight some.
What do you see as pivotal moments in the past years?

—Finally getting some consensus across states for recognition and regulation of advanced practice nurses (Consensus documents, LACE)
—Merger of AANP and ACNP (strength in higher numbers)
—Introduction of DNP

What advice would you give to new nurse practitioners?

It is important to do what is best for the patient and to put the patient first. Being a new nurse practitioner is the beginning of a career that requires lifelong learning. Continue to expand your knowledge base and be aware of what you know and what you do not know. Health care is changing at such a rapid rate it is imperative to keep current with best practices. The social aspects are also important. Join with other nurse practitioners and groups to attain full practice authority so that we can effectively be the face of healthcare. Don’t be afraid to ask for what you want when applying for a job as your career advances - like time for clinical if the job keeps you at a desk most of the time.

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

Due not only to the shortage of MDs but also to the recognition (finally) that NPs can handle the majority of primary care problems, NPs will become the mainstay and first step in health care. Everyone will have their own NP PCP. (PAs may also play a part in this) Physicians will be SCPs - specialty care providers. So each person will have a PCP and a number of SCPs if needed. NPs will also be the primary caregivers for the yearly wellness visits and follow up for the majority of Medicare patient visits. There will still be NPs caring for chronic illness patients and doing specialty care but MDs will focus more and more on specialties leaving primary preventive care arenas to NPs.

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FAANP 2022 Award Recipients

Call for Papers: JAANP Fellows Column

“The Fellows Speak” is a recurring special feature of JAANP. Each column, written by an AANP Fellow, informs readers of: issues, trends, and factors impacting the NP role, professional responsibilities and related strategies to promote stewardship of the NP role.

This broad purpose provides opportunities for Fellows to share their reflections on current issues, informed by their experiences, knowledge and expertise in NP practice, policy, research, and education. Fellows Column manuscripts should provide thoughtful, scholarly discussions of topics with informed and/or opinion of their topic. Manuscripts primarily written as clinical articles or research reports are not be suitable for the column.

Fellows Column manuscripts are limited to approximately 1500 words and nine references. They are submitted through the JAANP Authors Submission Site. In order for a manuscript to be considered as a Fellows Column, authors must select “The Fellows Speak” as the manuscript type during submission. Fellows Column manuscripts undergo peer review, although reviewers are aware of the authors’ identity.

Questions can be referred to members of the Fellows Column editorial review committee:

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<tr>
<th>Elayne DeSimone, column co-editor</th>
<th>Pat Kelley, column reviewer</th>
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<tr>
<td>Patricia Pearce, column co-editor</td>
<td>Mary Jo Goobshy, column reviewer</td>
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<td>Gary Laustsen, column reviewer</td>
<td>Leslie Taub, column reviewer</td>
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<td>Debra Hain, column reviewer</td>
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Reminders

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)
FAANP Officers and Committees

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Mary B. Neiheisel, MSN, EDD, FAANP, BC-FNP
Veronica Wilbur, PhD, APRN-FNP, CNE, FAANP
# Newsletter Team and Contact Information

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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

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**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](https://www.surveymonkey.com/r/FAANPAchievements) Your accomplishments will appear in the Forum, our fellow’s newsletter. (Note: we reserve the right to edit your entry to conform to allotted space).