

Nurse Practitioner Pioneers—Celebrating 50 Years of Role Development

ABSTRACT

This article features the reflections of 18 nurse practitioner (NP) pioneers who were intimately involved with developing different facets of the NP role. These individuals were among the most prominent leaders: educators, clinicians, organizational directors or presidents, deans, lobbyists, and national role models who have shaped the role of the NP as it exists today. Many have devoted their professional lives to the NP movement.

Keywords: NP leadership, NP role models, nurse practitioner

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Editor's Note

It is with great pleasure on this 50th anniversary of the nurse practitioner (NP) role that we present some reflections from early NPs about the part they played in the development of what we celebrate now as the NP role. While all early NPs were guided by the vision of Dr. Loretta Ford, each individual had to solve many social, professional, educational, and political challenges on their own turf, often serving as the lone voice in their fledgling endeavors to find colleagues and patients with whom to work.

The stories of the leaders presented here are only a small sample of those NPs who have provided tireless leadership over the past 50 years. The names of deserving individuals were suggested by the editorial board members of *JNP: The Journal for Nurse Practitioners*. In some cases we were unable to locate people, they did not respond to invitations to participate, or they were unable to do so. We hope that this article will stimulate many of you to remember the NP colleagues who inspired and guided you if their names are not listed here. Perhaps you will contact them and thank them directly for their personal assistance to you.

As Susan Wysocki has said, “When you forget your past, you backtrack on the future.”

—Marilyn Edmunds, PhD, NP

ROSEMARY GOODYEAR, EdD, APRN, FAANP Educator/Solo Practice



During my master's education in 1970 at the University of Colorado in Denver, I was assigned to a Faculty advisor, Dr. Loretta C. Ford. It was during this time, through my advisor's direction, that my career was changed from the administration track to the education track. It was also when our group of graduate students was called a bunch of “reluctant leaders.” Lee, as she asked us to address her, denies she said that (but she did), and as a result of her friendship and mentoring, I have worked to overcome that moniker. I asked Lee at that time if I could take the practitioner courses as electives, and her reply was “no”; it was a different program. Only later did I realize the issues of the NP program being a certificate and not graduate level. I received my NP in a post-master's program at Rochester in 1977. Dr. Ford had moved to Rochester, NY, and had a federally funded program to prepare educators, so I followed her there.

Starting a master's school nurse practitioner program (SNP) in southern California was the merging of a decade of earlier nursing experience with the evolving nursing role in an academic setting. The dean, Dr. Irene Palmer, was responding to the request from school nurses in San Diego to begin a master's program in school nursing, and I was recruited to take on the task. As the only one of 10 faculty who was prepared as an NP, the challenge was not limited to program development but also addressing the skeptics' questions of the new role.

At that time existing standards and criteria for school nurses in California required the completion of a 30 credit credential beyond the bachelor's degree to be employed in the state public education system. When investigating why these credits were not part of work toward a graduate degree, I received no satisfactory answers from existing state leaders. I viewed the requirement as a punitive action and lack of respect for nursing's education that had been completed. Therefore the challenges were 1) develop a program that incorporated the post bachelor's school nurse credential content; 2) meet the national curriculum guidelines of National Organization of Nurse Practitioner Faculty; 3) integrate the SNP into the existing accredited graduate nursing program; and last but not least 4) meet the Board of Nursing regulations and be approved as offering a qualified NP program in California. The concept of "mapping" was not popular in this era of nursing education, but that is what I used, in its crudest sense, to develop an SNP program and include and meet all the variables from all the factions involved.

The political and professional tests were equally demanding as southern California was very conservative and roadblocks were numerous. Finding qualified and willing preceptors was not easy and took many hours to build a repository of willing professionals. Following 2 years of research, development, hearings, and visits from external agencies, the program offering a MSN for school nurses enrolled its first class of students. Options for the MSN with or without the NP component were available to the nurses in the community. It was the first such program in southern California and now most programs in the state offering the school nurse credential are based in institutions where the credits can accrue toward a higher academic degree or are part of a MSN program.

A second exciting adventure was testing the system for NP independence. In an outlying agricultural community north of San Diego an opportunity became available, was explored and the idea of a family NP (FNP) practice took root. Starting an independent practice was new in the late 1980s, and in this case the idea required knowledge that had to be gained before anything could be initiated.

Working with the legal staff in the state nurses association, dissecting the regulations that directed nursing and medicine, learning how to start and operate a solo practice, writing a business plan, and being denied a loan were all preparation for undertaking a solo for profit practice as an NP. Interviewing and independent contracting with physicians who served as medical directors and consultants was a unique experience. There were no other role models to follow.

When the state medical association began investigations about my practice and was making noise

about taking me to court, my homework and research paid off. In this state, as in many others, it is illegal for a physician to be employed by anyone but another physician or a hospital. I used independent contracting in my business, and this is what prevented any interference of the medical association. Physicians have always been able to "independently contract."

Getting paid for services was another demanding part of a practice. State legislation cleared the NP to charge and be paid for MediCal services 3 years after the practice opened. However another change in the state law to not include the solo NP as a provider in managed care plans was unfavorable and forced the practice to close after 7 years. In spite of this many FNP students rotated through the practice and were able to gain experience in a nurse-owned and -operated solo practice.

My work now is taking the APN role to the international community of nursing through International Council of Nurses Network of Nurse Practitioner/Advanced Practice Nurse and the Fulbright program as a scholar and specialist. Some of the nations where I have visited and consulted with nurses are England, Australia, Finland, Germany, Sweden, Botswana, Taiwan, Malta, and Russia. They hear about the NP/advanced practice nurse and since the early 2000s I have seen many programs begin to evolve. The NP role has become very global, and we should be proud of how we have been able to help this change in the global community.

Bio: Dr. Goodyear has been a registered nurse for more than 50 years, a nurse educator for 30 years, and an NP for 35 years. She is an associate faculty member at the University of San Diego. She received her BSN in San Antonio from Incarnate Word College, her master's in nursing at the University of Colorado, and her doctoral degree in educational leadership in the School of Education at University of San Diego.

Her work as a professional nurse includes hospital nursing, school nursing, and nursing education at all levels of nurse preparation, program coordination and directorships. She has also owned and operated a private NP practice in a small community with a patient census of 2,000 clients where she provided primary health care services, health promotion, and patient education. Since retirement from university education in 1999, she established Nurse Consultant Associates, where she works as an independent consultant providing clients with assistance on accreditation, regulation, and program development. In 2000 she volunteered with the International Council of Nurses as a leader in establishing and developing the International NP/APN Network, as well as a facilitator in the authoring of the Scope of Practice, Standards and Competencies for the International NP/APN.

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