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

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 stare, 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.

JEAN E. STEEL, PhD, FAAN
Educational Administrator

The opportunity to participate in policy development, create standards of care, and watch students soar to new heights have all been meaningful during my 45 years of nursing practice. While the early development of the NP role was fraught with controversy (in and out of the profession), the outcomes have been awesome. Former students have taken what is known and added many new opportunities while creating a sound standard for nursing care and patient services. To have watched the successes of NPs becoming primary providers of care has been a great joy.

Of equal satisfaction has been pushing out the boundaries of nursing practice. Legal authority has paved the way for changes that affect nursing practice, most notably gaining prescriptive authority. Changing nurse practice acts has been challenging with positive results. Helping others develop curricula for advanced practice in national and international settings has been fulfilling. Infecting others with the opportunity to practice in differing situations has been great. Their enthusiasm and drive have moved to establish new programs and changed national policy. Imagine little old me doing that!

Since knowledge is not owned by any one profession, I have witnessed NPs discovering new horizons by working with other professions in a team or collaborative design. Understanding the independence of nursing but working with others who value quality patient care has been most rewarding. Documenting this independence was most challenging to me during the development of the original ANA Social Policy Statement. Also, one cannot measure the honor of working with nursing leaders in education and policy development. Gaining acceptance by all levels of nursing has been most fulfilling. Most of all, the role of NP has helped me make a difference in patient care. Achievement of that is irreplaceable.

Bio: Jean Steel received a BSN at Cornell University, New York Hospital School of Nursing, an MS at Boston University School of Nursing, and a PhD at Boston University Graduate School's Department of Sociology in 1989. She first served as faculty at Boston University in 1977-1985. After several other faculty positions, she served as associate professor and coordinator, primary care nurse practitioner program, School of Nursing, University of Connecticut, Storrs; professor and chair, advanced practice nursing, graduate program in nursing, MGH Institute of Health Professions; director, Center for International Health Care Education 1997-2001; professor emerita, Massachusetts General Hospital Institute of Health Professions, Boston, 2002; director of nursing and consultant, American Higher Education, Cambridge, MA, 2001-2007.

JOAN M. STANLEY, PhD, CRNP, FAAN, FAANP
Organizational Leader

When I first completed my adult NP certificate program in 1973, people would ask, "Are you practicing to be a nurse?" or "Are you a licensed practical nurse?" Flash forward 45 years, NPs are now at the forefront of the national dialogue on reinventing primary care with strong title and role recognition among the public, policy makers, and other health professionals. The struggle for broad acceptance or endorsement of the scope of NP practice has continued since the role's inception and in some cases increased, mostly due to economic, control, and communication issues and concerns.

In the 1970s, the University of Maryland Primary Care Department, where I began my practice, exhibited strong interprofessional collaboration among medicine, pharmacy, and nursing. Everyone across the University of Maryland Medical Center did not endorse this new role or team approach to care. However, at Maryland and at the national level, this interprofessional collaboration had a significant impact on the early NP movement as evidenced in the groundbreaking collaboration between Loretta Ford, RN, and Henry Silverman, MD.

In those early years, even nursing's leadership was not wholly supportive of the NP role and its scope of practice. At a regulatory hearing in Maryland in 1979, a cardiac care unit nurse testified that she did not believe that a nurse should ever diagnose or prescribe. Unfortunately I never got the opportunity to ask her if she had ever identified PVCs on a patient's monitor and taken action. As nursing began to embrace the NP concept, preparation for the role transitioned from a certificate to the master's degree. I strongly supported this move and personally advocated for the closing of the University of Maryland certificate program in which I taught.

In the 1990s, the NP movement began to flourish as more practice settings began to embrace the role and evidence linking NP practice to positive patient outcomes emerged. In 1990 when I first joined the American Association of Colleges of Nursing (AACN) staff as director of education policy, there were only 93 schools that offered a master's-level NP program in the US. Currently there are 403 schools of nursing that offer some type of graduate level NP program, and within these institutions, there are over 2,100 different graduate NP tracks or programs, including master's, post-master's certificate, and DNP programs in the many areas of practice. Changes in the health care environment, including growing complexity of care, need for expanded access to care,

as well as changes in funding and an increased emphasis on improving care outcomes, have ignited this increasing demand for NPs. The demand and changes in health care also sparked the need for preparing NPs as leaders in health care and with a growing, changing body of knowledge.

Across my 43-year career as an NP, I have not only seen but have had the opportunity to be part of many of these changes. I feel honored to have worked with so many committed and dedicated individuals in advancing the NP movement. The take-home message for me has been that you need to stay involved, committed, and passionate about what you are doing, and you have to step up when the opportunities arise to lead and guide. Taking advantage of these opportunities my contributions to the NP movement have ranged from providing leadership to a relatively new NP organization in the 1970s, now known as the Nurse Practitioner Association of Maryland, to shaping NP education at the national level.

In the late 1970s and early 1980s, while president of the NP organization in Maryland, we were able to legitimize NP practice in Maryland with cutting edge legislation and regulations that gave NPs authority to prescribe and diagnose as well as receive reimbursement from private insurers. The only negative consequence of these efforts and a lesson learned was the compromise made requiring a collaborative agreement between the NP and a physician. As AACN director and now senior director of education policy, I have worked collaboratively with stakeholders to develop graduate APRN and NP competencies that have shaped NP education and practice over the past 20 years.

In addition, working for the past decade with over 25 national organizations has resulted in consensus around a new APRN regulatory model. The impetus to develop the Consensus Model for APRN Regulation grew out of the recognized need to address the myriad of state regulations, education programs, accreditation standards, and certification requirements that limited access to and mobility of APRNs. The Consensus Model brings into alignment the 4 components of APRN regulation: licensure, accreditation, certification, and education. With the target date of 2015 for full implementation rapidly looming, efforts by me and the entire APRN network have become even more imperative. This work has not been done in isolation but rather has (and continues to) require collaboration and consensus building across all advanced practice nursing organizations, schools of nursing, and the APRN community as a whole.

As the transition to master's level education did in the 1980s, I believe the movement to the doctor of nursing practice (DNP) for preparation of advanced practice registered nurses will continue to foster the importance and growth of the NP role. This transition will provide increasing opportunities for NPs to demonstrate leadership, foster interprofessional collaborative relationships, and practice to a continually evolving full scope of practice, which is much needed in today's health care environment.

Bio: Dr. Stanley is senior director of education policy at the American Association of Colleges of Nursing and serves as its representative to numerous nursing education initiatives, including the APRN Consensus Process that developed the new Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. She has provided leadership for the development of the *Essentials* and many major position statements on a variety of nursing education issues, including the RN to BSN, the research-focused doctorate, the move of advanced practice nursing to the doctor of nursing practice degree, and the creation of a new master's prepared nurse—the clinical nurse leader. Dr. Stanley held a faculty position, 1977-1982, in the adult primary care NP Program at the University of Maryland at Baltimore. Since 1973, she has continued to practice as an adult NP at the University of Maryland Medical System. Her book *Advanced Practice Nursing: Emphasizing Common Roles* is in its third edition. She recently received recognition as a University of Maryland School of Nursing Visionary Pioneer.

She received her BSN from Duke University in 1971, an MS in nursing from the University of Maryland at Baltimore in 1978, and a PhD in higher education policy and organization from the University of Maryland at College Park in 1990.

MARIE-ANNETTE BROWN, PhD, ARNP, FNP-BC, FAAN, FAANP

Educator

Becoming an NP was the best decision I ever made. Being an NP has enriched every part of my life; it is the fabric of who I am. Knowing that, it was easy to respond last week when a new NP, in practice for 3 months, asked for inspiration.

Most days when I leave clinic, I experience deep satisfaction along with the pangs of "*Did I miss something or should I have done something differently?"* I reflect on how my NP values about relationship and holistic care made a real difference beyond the traditional form of treatment. I learn something new, expand my worldview, and remember that to be a witness to someone's suffering is in itself healing. These experiences enrich my soul, so to speak. They enhance every relationship in my life. Many clinic days, I also consciously celebrate my ability to practice to the full scope of NP practice. I can easily prescribe a controlled substance, along with other kinds of coaching, for my primary care patient who is experiencing panic after her home was broken into. Our journey together included divorces, family caregiving and deaths, well-

deserved promotions, and celebration that her troubled teen graduated from college as an engineer! I remembered that I worked hard for scope of practice changes that were the foundation for my joy!

As soon as I realized that each small victory for NPs planted a seed for the future, I saw the power of renewal through each collective success. Whether it was a Health Resources and Services Administration grant to expand our university's NP program, the 1985 WA State Advanced Practice survey (the first of its kind), or our new DNP post-BSN program, the possible value to my students and practice colleagues re-energized me. I *know* what it means to "take a village." Over the years I designed multiple NP surveys and the doctoral courses about questionnaire design finally seemed worth it! I loved my 1985 pink APRN survey that built academic-practice bridges, empowered clinicians, and supported legislative and practice changes!

What if we had a regular practice to share what keeps us going? Now I fully embrace the value of talking with family, friends, and coworkers about what went well today. Ironically expressions of gratitude about the day's opportunities nurture my mindfulness and motivation. Recently, I wondered, what if documentation of these small gratitudes were required to turn off our computers?

As my ability to celebrate successes increased, I was able to relish local, state, regional, and national NP meetings! I am now eager to attend our medical center's NP professional practice group meetings, even when we are updating bylaws (honestly!). My joy grew with good reason. Twenty years ago I realized that my treasured clinic NP practice colleagues felt invisible. I encouraged the 4 of us to meet in a basement room at the end of a long day. It was our dream then to someday have our voice heard. To maintain progress, I organized our meetings, took notes, and solicited a personal favor from 1 of our nursing PhD graduates to volunteer to be our liaison, even though it was not in her job description! Each new member was cause for celebration. Imagine our joy when, after 5 years, we became a formally recognized practice council! Our small dedicated group grew, and formal leaders were appointed. Now, 20 years later, we have medical staff appointments, bylaws that reflect our autonomy, and a chief NP who tirelessly advocates for NPs!

Birds that stay together are more likely to survive in the face of strong winds and predators. Whether you are an introvert or extrovert, run, not walk, to your closest NP group! When I began my academic NP position, I received a seminal piece of advice from a retiring colleague: become involved nationally. Quickly I realized the isolation of NPs in western states, even though Washington State was a pacesetter with full scope of practice. I felt rejuvenated and re-inspired to have found my flock of birds! In gratitude for my newfound sanity, I poured my heart and soul into the National Organization of NP Faculties. NONPF helped me feel less alone and enriched my analysis of curricular issues. My participation in NONPF and national NP organizations helped me survive. My experience as a practitioner and advocacy for our NP program did not seem valued by my academic tenure line colleagues. In my faculty practice setting, where clinical productivity is paramount, the relevance of my academic work, research, and teaching remained unexplored.

My experience taught me that engagement in the "now" is paramount. Paying attention to the present may ironically enable me to spot a promising idea, especially in today's world of accelerated change. A powerful influence on career decisions are vigilance, awareness, and a sense of salience.

I have been surprised, shocked actually, to discover how every chapter of my NP journey, both large and small, provided knowledge, skills, experience that became invaluable in subsequent chapters. Sometimes it's easy to feel impatient about one's current situation as temporary or merely a stepping stone. I might have dismissed my work as a per diem NP at an organization during my graduate studies as simply about supporting myself. Unexpectedly, that role led to teaching women's health to FNP students and the invitation to lead the university's FNP program. When I began the PhD program, I was simply an NP seeking to grow, open to who I would become. In the past 40 years this theme has repeated itself many times.

It is easy to remember the anxiety, churning stomach, and self-doubt as a novice NP clinician or the new president of a fledgling national organization. Sometimes I still feel anxious about being a "good enough" NP clinician, advocate, leader, teacher, or researcher. I will never forget walking across the university campus in tears as a new PhD student, thinking, "Why did I think I could do this? This is really hard." I had let go of a rewarding and comfortable NP position to become the only NP in my PhD cohort. I felt like a stranger in a strange land. As a practitioner, the academic language and jargon seemed very foreign.

The world seems very different now. My identity as an NP is even stronger. It is the core of who I am. I am enormously grateful for 50 years of NP collective work and wisdom and to my colleagues who created a world where NP practice flourishes.

Bio: Dr. Brown is professor of nursing at the University of Washington and a primary care provider/NP at UWMC Women's Health Care Clinic. Her BSN is from Vanderbilt University and her MN and PhD are from the University of Washington. First a women's health care NP and mental health CNS, she later became an FNP. Her career successfully combined research, teaching, and clinical practice. She served as president of NONPF, received their Achievement in Research Award and the Washington State Nurses Association Outstanding Researcher Award, and was highlighted by the 2014 Seattle Met magazine's "Among the Top Docs and Nurses" in 2014. The UW

School of Nursing celebrated her work with the Excellence in Teaching Award. Further leadership is reflected as a fellow in the American Academy of Nursing and in the American Academy of NPs. Dr. Brown has authored over 80 research and clinically oriented publications, including 3 books, all of which originated from her research. Through her leadership, teaching, and practice, she is devoted to building the nursing profession and supporting NP students and colleagues.

SUSAN WYSOCKI, WHNP, FAANP

Organizational Leader

I became an NP in 1975. There were 8 of us in my state (Maine) and 5,000 NPs in the US. There were no regulations for practice or prescriptive authority. We just forged ahead. Perhaps we were naïve. I prefer to think of us as pioneers. At the time, NPs were the "black sheep" of nursing—stepping out of traditional roles. NPs were not welcome into traditional nursing organizations until much later. Organizations representing the interests of NPs did not exist.

NPs who lived in Washington, DC, were assets to the development of the NP role.

Local NPs became the "face and voice of NPs" to the federal government. It was a small group of committed individuals who moved the profession forward. We met wherever we could meet. Sometimes it was my studio basement apartment on Capitol Hill that later became the "headquarters" of the organization for NPs providing health care to women.

We worked without pay or with meager payment. In my own case, I barely paid my living expenses by doing consulting work. Although the organization paid me some money, I never cashed checks until I knew there would be money left over for the mission. I always provided raises to the staff but often that was the end of the money.

As time progressed, our Capitol Hill nurses group grew, including Delia O'Hara and Jan Towers, my co-chairs at different times; Nancy Sharp, Marilyn Edmunds, Janet Selway, and other "rebels," representing various NP specialties; and occasionally a participant from a state NP organization helped the group evolve.

The National Alliance of Nurse Practitioners was formed in 1985 to bring together the leaders of national specialty and state NP organizations. There was a PO box on Capitol Hill where I collected mail, and we had an organizational letterhead. It was the start of NP visibility.

In 1994, a summit of NPs from specialty and state organizations was held. The steering committee included Phyllis Zimmer, Eileen O'Grady, Claire Mills, and me. The goal was to form a national organization that could represent national specialty and state political interests. I became the first president of what was first called the National Coalition of NPs, and a year later morphed into the American College of NPs (ACNP).

In the meantime, I was growing what would become the National Association of Nurse Practitioners in Women's Health (NANPWH). The pharmaceutical industry realized that NPs were the ideal providers to care for women and were the first group to openly support the WHNP role and use provider neutral language in their ads. This type of support meant that we could provide office space for both NANPWH and ACNP because I traded my consulting services gratis to pay the rent. Meanwhile, my own salary remained meager but there was some health insurance, no other benefits except a few years of retirement.

Despite few material resources, I had the credibility that allowed me to testify in Congress, the Food and Drug Administration, and Centers for Disease Control and Prevention on several occasions on behalf of women and NPs. When NPs were not allowed to do laboratory microscopy because of the Clinical Laboratory Improvement Amendments regulations, I believe my testimony had a major impact in changing the regulations. Bringing a folder 5 inches thick documenting NP curricula, showing worksheets for checking off individual NP competency in microscopy, I provided the data to demonstrate that NPs were, in fact, competent to do in-office microscopy. The rule was changed.

Time passed by. My own organization, NANPWH, became quite successful. We owned our own building on Capitol Hill. NPs became the darlings of the nursing profession and a real force in health care. *O Magazine* devoted a full page to the NANPWH organization and CNN covered a meeting of the National Coalition of NPs, among other accomplishments.

Bio: Ms. Wysocki graduated in 1975 from the Planned Parenthood/New Jersey College of Medicine Family Planning NP program, and in 1979 completed the OB/GYN requirement at the Planned Parenthood program for OB/GYN NPs in Philadelphia. In 1982, she joined the board of what was then called the National Association of Nurse Practitioners in Family Planning. Early in 1988, she was the Director of Public Affairs for NANPF and soon became the first CEO/President of the Association. The organization morphed into the NPs in Reproductive Health to the NPs in Women's Health (NPWH). She is currently the president of iWomansHealth in Washington, DC, focusing on how women and men can work together to understand how the traditional roles of men and women harm both sexes and keep them from fully realizing their potential for creating a better world for themselves and future generations.

CHARLENE M. HANSON, EdD, FNP-BC, FAAN
Educator

My work revolved around 3 major areas: scope of practice, health policy initiatives, and preparing NPs for primary care practice through curriculum and standards for education. I have been a nurse since 1959 and an FNP since 1972. My educational journey from RN to doctorate was long and arduous. My original NP program in NY was 3 months long, completely physician taught with a 9-month preceptorship. So the adventure began.

A few years of clinical practice as an NP in New York preceded a family move to Georgia and my life's work in educating NPs for primary care practice and challenges within the scope of practice arena. Early on I worked to enhance rural practice and care of the poor and underserved, developing a certificate program. The restrictions to scope of practice for NPs were significant and my state and national work in policy circles began, one step forward and 2 steps back.

I became a member of NONPF in the early 1980s and this led to my first national leadership position. During my tenure as chair of the National Alliance of NPs, NPs lost their malpractice insurance. Rates went from $39 to $500+ in 1 year. We were able to initiate risk management endeavors at this time. The Alliance of NPs was the precursor to both the AANP and the ACNP, which evolved over time into our current American Association of Nurse Practitioners. The early work of bringing NPs to 1 voice was difficult.

During these years, I was privileged to be appointed to 2 Congressional committees: under President Clinton for Rural Health in 1988-1991 and under President Reagan (1994-99) for nursing. (I chaired the subcommittee for Heath Care Personnel during the Clinton appointment and some of the work for Medicare reimbursement for APNs was accomplished).

My tenure in leadership at NONPF has been rewarding and helped me to advance NP education in many areas. During my NONPF presidency in 1994, the first NP Core competencies were developed and promulgated. These competences continue to be used as a baseline for NP education. In 1995 I was co-chair with Dr. Janet Allen of the National Task Force on Criteria for Educational Approval of Nurse Practitioner Programs, which is now in its 4th edition. This work initially was met with opposition but today sets quality standards for NP education across the nation and in some cases internationally. National accreditors use these criteria as a vehicle to accredit NP, MSN, and DNP programs.

Around 2004-5 the National Council of State Boards of Nursing's (NCSBN) Advanced Practice Committee, along with other national NP organizations, had a new vision for APRN nursing regulation. I served as a consultant for the APRN committee for more than 12 years as the vision for APRN regulation was challenged repeatedly and ultimately gave birth to the consensus model for APRN Regulation. This important work brought to consensus multiple players with a stake in NP education and practice. A major endeavor has been my role as a national and international curriculum consultant helping faculty implement new NP programs or revise programs that are not up to standard. I continue to champion strong clinical components in NP education. As well, my work as a motivational keynote speaker has encouraged NPs and others to carry on the work of scope of practice and to understand the pivotal role NPs play in health care. For several years I served as co-editorial director of the *American Journal for Nurse Practitioners* and editor for *NP World News*, which served as a forum for NP practice nationally and internationally.

My work with Ann Hamric and others led to 5 editions of our APN textbook that identified the primary criteria, central competencies, and core competencies of advanced practice nursing. This work has served as a foundation for faculty and students to further the role and work of NPs both here and abroad.

My legacy, I hope, through my work in scope of practice and in education has advanced NPs from certificate to master's to doctorate education and to full partners in the primary care of patients.

Bio: Dr. "Chuckie" Hanson is professor emerita in nursing at Georgia Southern University. She received her RN at St. Peters Hospital, Albany, New York; her BSN at SUNY Oneonta; and her MSN at Syracuse University. She earned the doctorate in education from the University of Georgia in 1986. She was the recipient of the Loretta Ford Award for Excellence in the Advancement of Nurse Practitioner Education in 1995 and is a fellow in the American Academy of Nursing and the National Academies of Practice. She teaches occasionally in the FNP program that she founded in 1981 at Georgia Southern University and to mentor faculty and schools of nursing who offer NP education. She maintains a part-time rural clinical practice in Georgia as an FNP.

LINDA PEARSON, DNSc, MSN, ARNP,BC, FAANP
Editor

I remember throughout 1980s and 1990s fellow NPs saying to each other, "Without the *Nurse Practitioner Journal* (NPJ), we would have all felt SO isolated and alone." These were the years before strong national NP associations, wide utilization of the internet, and broad use of social media.

My University of Washington faculty advisor Dr Cynthia Jo Leitch launched the NPJ from her

basement room in the late 1970s, and she asked me to become increasingly involved to the point of becoming editor-in-chief in 1983. The NPJ's monthly publication was the tie that bound NPs throughout the nation; we included cutting edge interviews, political content, clinical content, and NP role development within each issue.

In 1988 I started writing an Annual State by State NP Legislative review, which covered the status within each state of NP titling, certification, educational requirements, and the degree of practice autonomy legislatively allowed. In the early years of this annual review, most states had atrocious legislative barriers disallowing full autonomy for NPs (ie, through legislation or Board of Nursing Statute restrictions against NPs independently diagnosing, treating and prescribing). As the years progressed, the state legislators gradually and increasingly wrote laws and statutes that acknowledged the autonomous practice many NPs were already providing for their patients.

I bow my head to all those early pioneers within each state who fought tirelessly for NP state legislative recognition for the right to be appropriately titled, and to independently diagnose, treat, and prescribe. Our early year NPJ articles sought to feature and honor the NP rebels who believed the "heresy" that NPs provide safe and patient-desired medical care equal or better than physicians. Throughout those first 2-3 decades of NP existence, many of us worked with devoted and wonderful physicians who supported NPs. But state organized medicine and the national Medical Association's coordinated putdowns of our profession often centered on evil lies (eg, NPs are nothing but "quacks"). I look back today in awe: in comparison to my early days as an NP, the care provided by NPs today is almost universally supported by patients and widely acclaimed by valid research as safe and oftentimes superior to physician care.

I hope the new NPs of today and the future will take up the mantel of those of us who were "radical disruptors" and become NPs who are indispensable health care advocates, powerful health care decision makers, and progressive health care system revolutionaries so that all citizens will have a chance to receive safe patient centered health care.

Bio: Dr. Pearson has worked as a nationally certified NP for over 40 years—for 25 years as an FNP and the last 15 as a family psychiatric mental health nurse practitioner. She received her doctoral degree in 2002 from the University of Tennessee, Memphis and her master's in nursing as an FNP at the University of Washington in Seattle in 1974. She served as a member of the Colorado Board of Nursing for 8 years, including a role as president. Dr Pearson served as Editor-in-Chief of *The Nurse Practitioner Journal* for over 20 years, writing many articles on health care issues including authorship for 25 years of a State by State Annual Update on the Legislative Status of Nurse Practitioners. Additionally, throughout her professional career she has lectured extensively and nationally including radio and TV appearances on the topics of wellness, psychiatric issues, and parenting. She has written 2 books, including a nationally distributed lay parenting book.

Dr Pearson has received multiple professional honors, including in 1999 the Lifetime Achievement Award at the National Conference for Nurse Practitioners, in 2006 inducted as AANP Fellow, in 2007 received NONPF Lifetime Achievement Award, and in 2011 received the Loretta C. Ford Lifetime Achievement Award at the National NP Symposium.

ANN O'SULLIVAN, PhD, FAAN, CRN

Educator

I hold the Dr. Hildegarde Reynolds Endowed Professor of Primary Care Nursing and am in the 42nd year on the faculty of the School of Nursing and School of Medicine at the University of Pennsylvania.

Outstanding experiences and opportunities began for me in 1972, right after delivering my only son, Chuck, when I was appointed by Dean Mereness and Martha Lamberton to lead the pediatric portion of the family nurse clinician program. I collaborated with a physician colleague, pediatric neonatologist Paul Branca, to develop the curriculum and co-teach the classes for 15 weeks; including assigning 240 hours of clinical precepting for each student by many community pediatricians.

In 1977, I was chosen as 1 of the first cohort Robert Wood Johnson (RWJ) Primary Care Fellows to study in Baltimore, with nurse educator Maureen McGuire and physician preceptor Catherine DeAngelis. What a fabulous way to become a pediatric nurse practitioner! On my return I practiced in several Children's Hospital Of Philadelphia settings until falling in love with working with teen parents and their infants. In 1984, I finished my PhD in educational-anthropology and administration with a study of "How teen parents decide to go back to school after having a baby." I was so lucky to be partners with a physician RWJ Clinical Scholar Donald F. Schwarz, who practiced and conducted research (over 6 million in funding) with me for 25 years. Oh, what we learned about each other and our teen parent families!

In 1983, as a visual learner I had the opportunity to shadow and be mentored by Dean Claire Fagin and President Judith Rodin for an independent study on leadership. From this experience I learned being a dean or president was not for me, but maybe a leader in the policy arena. So after another fellowship, in 1998, first cohort of Executive Nurse Fellows of RWJ, I asked for a governor appointment to the Pennsylvania State Board

of Nursing and was appointed in 2004 while president of NONPF. Working on the Consensus Model from 2001-2003 as NONPF president-elect, then 2004-2006 as NONPF president, 2008-2012 as the National Council of State Boards of Nursing (NCSBN) APRN Committee Chair, and 2012-2015 as NCSBN Board Member allowed me the opportunity to be 1 of over 20 representatives seeing an education, accreditation, certification, and legislative model take hold in our country regarding APRNs at long last!

Working with Dr. Lucy Marion and Kitty Werner while at NONPF (2002-2003) on the doctor of nursing practice (DNP) competences was key to my understanding the important place of the practice doctorate in relation to the research focus of the PhD. Health care systems demand higher levels of knowledge, critical thinking, change agency, and leadership skills from APRNs.

One thing I continue to reflect on is leadership starts from within so one must "know oneself" so one can better know one's clients, students, and colleagues and know how hard it is to change. This has led to a new project in 2014-15. Our students will be assessing their emotional intelligence and their view of patient self-management over 12 months. Hopefully, using emotional intelligence learning, we all improve on self-awareness, self-management, social awareness, relationship management, and patient support for self-management. Our clients (patients or students) need support to be independent actors.

Now I continue to practice as a pediatric NP at CHOP, teach with a wonderful team of faculty the best and brightest students to become PNPs and FNPs, participate on the PASBON and NCSBN boards, and educate legislators on the importance of full practice authority for all APRNs.

I still believe NPs and physicians may help patients best by working in tandem, but this does not mean having an influence over each other's license to practice! We all have a unique and personal kaleidoscope of values that helps us to be successful in our personal and professional lives. Success involves maintaining balance in the various aspects of life that bring happiness and a sense of fulfillment (eg, grandparenting, theatre, jazz, teaching) over one's lifetime. Balance all the beautiful pieces in your personal kaleidoscopes and recognize that you do not need to give up one piece to have the others!

Bio: Dr. O'Sullivan is a nationally known and an internationally consulted expert on working with teen mothers and their young children. Her work was recognized with the receipt of the 1998 American Nurses Association Honorary Practice Award. She has attained a reputation as a teacher of impact and lasting influence that is attested to by both students and colleagues. She was recognized by the university as a distinguished teacher through her selection as a Lindback Awardee in 2000.

Her other professional accomplishments include being past president of the Penn School of Nursing Alumni Association; appointed to the Pennsylvania State Board of Nursing (2004 to 2016) and elected to National Council of State Boards of Nursing (NCBSN) 2012-2015. She received the Lifetime Achievement Award from NONPF and the Meritorious service Award from NCSBN.

JEAN JOHNSON, PhD, RN, FAAN

Educator

My career as an NP has been the most rewarding and challenging of any profession I can imagine. I have been privileged to be part of the "NP movement"—particularly the policy and education aspects. It is remarkable to think back to a time when few people knew what an NP was, the educational requirement was a certificate, and there were no national exams or NP organizations. The Robert Wood Johnson Foundation spurred the movement by funding the University of New Mexico to create curriculum guidelines for family nurse practitioner programs as well as funding the development of faculty at schools of nursing to become NPs in order to disseminate the NP model.

Amidst these activities were efforts to develop an NP educational organization. I recall a meeting at the University of Rochester where there was serious discussion about forming an organization of NP faculty and ANA representative, Jean Steel who was among the early NPs, entered the meeting and made a plea for the educators to stay within the ANA. However, there were strong feelings among the group that the ANA was a practice organization and could not meet the needs of the emerging NP program faculty. The decision was made to form a separate organization that became NONPF. I was very new to being an NP and it was my first meeting. I was completely captivated by the quality of the conversation, the tension in the room and was very pleased to be part of something that was momentous. The next step was creating an official organization in 1980 that was named NONPF, led by the first president Darlene Jelinek.

The early days of NONPF were precarious because there were very limited funds. There was a pivotal moment in the mid-1980s when Leonide (Lennie) Martin was president and I was president-elect and responsible for the next annual meeting. The organization was basically had very little funding since the organization was still small and the only real source of income was an annual meeting. Unless the next meeting was well attended, we could not pay the hotel and speaker travel costs. We knew we needed to decide whether or not to have the next annual meeting. If we did not have the meeting, NONPF would essentially go out of business, but if we had the meeting and did not have a very good turnout, we would go out of business. The only way forward for the organization was to have a successful meeting.

Lennie and I had one of those high stakes conversations and agreed that is was important to continue NONPF and we would take the risk—and then talked to the board members about the decision and they were also supportive of moving forward. Fortunately, we were able to attract a good number of faculty and that meeting actually created a surplus of funds, enabling NONPF not only to continue but to consider hiring a staff person. NONPF has become a strong, highly effective organization with excellent leadership over the years.

Bio: Dr. Johnson is the founding dean and professor of the School of Nursing at the George Washington University. She was the first writer of a policy column for the *NP Journal*, directed an NP program, and was president of NONPF and the American College of Nurse Practitioners. She was very involved in policy issues working with many others on reimbursement and scope of practice issues. She directed a national program for the Robert Wood Johnson Program, Partnerships for Training, creating opportunities for NP, CNM, and PA education in underserved areas throughout the US in pioneering the use of technology to deliver education in rural areas. In addition, she co-chaired the National Task Force on Quality Nurse Practitioner Education establishing the *Criteria for Evaluation of Nurse Practitioner Programs* and facilitated the process leading to *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education.* She is a recipient of the Lifetime Achievement Award given by NONPF.

DOREEN HARPER, PhD, RN, FAAN
Educator

The opportunity to voice my vision for NP education, professional organization, and policy potentiated the NP workforce, its leadership, educational program standards, continual learning, and collaborative partnerships. I've always been someone who looks toward the future; this is what led me to the world of NP education and organizational leadership. As a new NP graduate and faculty member, I realized that NPs, unlike their nurse midwife and anesthetist counterparts, did not have organizations that represented their unique professional, educational, and policy needs. After identifying this gap, I was on a mission! I set out to learn from mentors, partner with nursing and NP colleagues, strategize on designing and collecting data about NP professional and educational organizations, and report the data that substantiated necessary change.

My first venture into NP organizational politics began in the mid-eighties when I co-authored a series of articles in the *NP Journal,* entitled "Extinction of the nurse practitioner: threat or reality?" and subsequently followed with "Organizing for power." These articles thrust me and my co-author into NP educational and professional meetings to address the call to action for an organization representative of the unique needs of NPs. But this was just the beginning. I remember contacting the early giants in the NP movement, Drs. Lee Ford and Ingeborg Mauksch, among others, asking that they write letters to support the need for NPs to organize. To my surprise, they all did! Their support validated the need for an NP organization and eventually, two groups evolved: The American College of Nurse Practitioners and the American Academy of Nurse Practitioners. So I learned the value of taking a risk when you believe in a cause, working collaboratively with NP and other nursing colleagues, and relying on great mentors for their sage advice. What great satisfaction I felt, when more than 25 years later in 2012-13, these 2 NP groups united as 1, AANP, strengthening the organized power and political force of NPs.

As an NP faculty and program director, I was elected to the Board of NONPF. I began my term asking questions about the data on NP Programs. Once again, I noted gaps. We needed data on the number and types of NP programs, the numbers of students enrolled and graduated, as well as standards and competencies of programs by specialty. I reached out to experts in nursing educational associations and the Division of Nursing- all whom suggested that this data was crucial to the viability of the NP role. The NONPF Board supported and collaborated on the design, collection and ongoing reporting of this data to develop both standards for curriculum and NP enrollments and graduations. Currently, NONPF and the American Association of Colleges of Nursing partner to collect robust data sets on NP curriculum, enrollments, and graduations that are published annually. As dean in an academic health center, where UAB School of Nursing is home to master's and doctoral programs with multiple NP educational tracks, I continue to advance and translate the NP role as I partner with stakeholders and the public. Although gaps exist in NP scope of practice nationally, I know the quality of NP curriculum and its standards have continually improved and that the numbers of prepared NPs are making a difference in quality and access to care for people around the world. My dream's come true!

Bio: Dr. Harper is Dean and Fay B. Ireland Endowed Chair in Nursing and Director of the PAHO/WHO Collaborating Center for International Nursing at the University of Alabama at Birmingham (UAB) School of Nursing. She holds a bachelor's degree from Cornell University, a master's degree in psychiatric-mental health nursing from Catholic University, a PhD from University of Maryland, and post-master's NP certificate from University of Maryland at Baltimore's School of Nursing.

During her tenure, University of Alabama's School of Nursing has added new educational opportunities, including the Accelerated Master's in Nursing

Pathway, five NP specialties, Joint DNP Program, Nurse Anesthesia Program, among others. The school has doubled student enrollment and graduations with federal and foundation support. She has grown research and practice through the Veterans Affairs Nursing Academic Partnership and research programs focused on technology driven clinical interventions and workforce development. A hallmark of her leadership is her collaborative and interprofessional approach to research, education, and service.

JAN TOWERS, PhD, NP-C, CRNP, FAANP, FAAN
Organizational Leader

As I think back to our beginnings as NPs, I find myself dividing the past 50 years into 4 eras: before our official beginnings, the first 20 (or so) years, the post Medicare recognition years, and the Patient Protection and Affordable Care Act (PPACA) years. In the beginning, many of us, as nurses, found ourselves in the position of needing to expand our role, but having no legal authority to do so. I remember in the 1960s when, as a public health nurse in North Carolina, we were prepared to conduct well baby examinations in our immunization clinics and later, in Maryland, when as faculty members in a baccalaureate program we worked with public health nurses who conducted pelvic examinations in their maternity clinics. I remember how we talked about the need for professional nurses to be prepared and authorized to manage what we now call primary care services. This was particularly true for the underserved who could find no willing care providers in the medical community.

At about the time we stuck our necks out to address this issue, the federal government began to provide funding for the formal preparation of nurses to expand their role into what would become known as the NP. Loretta Ford was a consultant for the educational program with which I became involved. Interestingly, at that time we had more support from the medical community and less from the nursing community. I remember, as a faculty member, being asked by our new graduates to help spearhead the formation of a group that could meet to share and support each other. Although they had been given the tools and knowledge to practice, the pushback in their work environments was frustrating and discouraging. As we looked around, we found we also needed to legitimize the role being assumed by our graduates, which we needed to be proactive rather than reactive. We subsequently formed not only local support groups, but a statewide coalition that began pushing for authorizing legislation and regulation as well as reimbursement for our services. Being located closest to our state capitol, our local group became the on-call group for any relevant action taken by the state boards, the Department of Health, or the state legislature. Back in those days we had telephone trees (no internet or email), which actually were pretty effective.

So began my life of advocacy as we struggled to establish a role and reimbursement for NPs in Pennsylvania. Similar activities were developing in other parts of the country as well. As we began communicating with each other, we found that we all had similar unmet needs that led to the formation of an alliance of nurse practitioners consisting of nursing groups that included this new entity of "advanced" nursing called NPs and a new NP organization open to all specialties called the AANP. As we searched for ways to work together to become authorized participants in the health care system, we were encouraged to "get on the hill"—which we did.

Our first landmark accomplishment at the federal level was to support the passage of a Federal Employees Health Insurance bill that authorized NPs to be medical providers and receive payment in that system. Then, after obtaining authorization to be reimbursed by Medicare in long-term care facilities and non-metropolitan statistical areas, our next major accomplishment was to obtain support for passage of legislation that authorized reimbursement for NPs who provided services that were equivalent to physician services among all Medicare and Medicaid patients. This was a major turning point as NPs became authorized Medicare and Medicaid providers in the fee for service reimbursement system of the federal government.

Most recently the passage of the PPACA has provided the opportunity for NPs to become full participants in the developing health care reform provisions, opening more doors for us to provide high quality care to patients of all walks of life. Looking back at the days when there were only a few NPs to where we now number more than 205,000, where we struggled to find ways to interact and obtain such things as continuing education, authorization to practice (including prescriptive authority in all 50 states), and title recognition across the country, I can only say: Wow! When the pushback got particularly strong in the early days, I remember someone saying, "Let them go, if they're needed, they will grow, if not, they won't."

Well, it is clear that we were needed and that we did a good job. Here we are with 50 years under our belt and we're still moving forward. As I sit under my now famous apple tree and reflect on our past, there are many tales to share about the things we undertook (and endured) to get to where we are now. So congratulations to us. I am proud to have been a part of those undertakings. Here's to the past and, more importantly, to the future of NPs, the best health care providers in the world.

Bio: Dr. Towers received her BSN from Duke University, Durham, NC; her MS from the University of North Carolina at Chapel Hill; her FNP post-master's

certification from Pennsylvania State University; and her PhD from the University of Pennsylvania in Philadelphia. She held faculty and clinical positions in the School of Medicine, Pennsylvania State University, Department of Family and Community Medicine and the NP program at Pennsylvania State University. She served as director of the NP programs at Georgetown University and Widener University.

Clinically she is an FNP at Health Care for the Homeless in Frederick, MD. She held clinical nurse practitioner positions in the Department of Family and Community Medicine, Pennsylvania State University, Hershey, PA; Dickinson College Health Program in Carlisle, PA; and the Adams County Migrant Clinic in Gettysburg, PA.

Dr. Towers served as the director of health policy and the director of federal government and professional affairs for the American Academy of Nurse Practitioners for over 20 years. Over the years, she has served as a health policy consultant for multiple government and private programs and agencies. Currently she is serving as a senior policy consultant for the American Association of Nurse Practitioners. The author of numerous publications related to NP practice, she is also founding editor of the *Journal of the American Academy of Nurse Practitioners* and the founding director of the AANP national certification program. She is a fellow of the AANP, the National Academy of Practice, and the American Academy of Nursing.

NANCY J. SHARP, MSN, RN, FAAN

Administrator

It was May 1985 when Judy Collins, an NP from Richmond, VA, and I walked out onto Michigan Avenue feeling very pleased about what had just happened at the "Chicago Forum." Nudged by articles written by Doreen Harper about the need for NP organizational unity, over 150 skeptical but passionate NPs had gathered to question why as many as 10 national NP organizations existed. Some attendees suggested creating 1 integrated and unified organizational home for all NPs to be established in Washington, DC. It would have a laser-beam focus on current and emerging policy issues having an impact on NP practice. Others felt that all NP organizations should remain as originally formed to address either their state-based or specialty-focused issues.

Judy Collins became chair of the "Implementation Task Force" whose task was to explore creation of a single unified national NP organization. The Task Force established the bones of a National Alliance of Nurse Practitioners (NANP) which became an organization of organizations of all state-based and specialty-focused NP organizations. Without state and specialty-focused support, unfortunately, the NANP structure proved too weak to endure and eventually dissolved. The vision for a national NP coalition-style organization did not die and a fiercely determined group of NPs with "fire in their bellies" would not let go of their original vision of one unified NP organization.

From the ashes of NANP, the American College of Nurse Practitioners (ACNP) emerged in 1993. It was established with 1 crystal clear focus: development of public policy having an impact on NP practice. ACNP's office was opened at 2401 Pennsylvania Ave and I was hired as staff. ACNP hired a Washington, DC, legal firm to help deal with policy issues in Congress and the regulatory agencies.

On January 1, 2013, ACNP and the American Academy of Nurse Practitioners (AANP) merged. This merger provides strength and resources to continue the mission of advocacy for the NP professional role.

I am deeply grateful for the opportunity to serve the NP community in my tenure as founding executive director of ACNP from 1993 to 1997. Further, I am deeply humbled by ACNP's establishment of the "Sharp Cutting Edge Award" for individuals who come forward to champion the work of all NPs.

Bio: Ms. Sharp was founding executive director of the ACNP from 1993 through 1997. As ACNP's most fervent cheerleader, she championed the course of the fledging organization in Washington DC. She received her basic nursing education in Illinois at Augustana College and earned her master's in science in nursing at Catholic University of America in Washington, DC.

Early clinical work was in nephrology nursing with dialysis and transplant patients. During her tenure in association management she directed 9 years of "Nurse In Washington Internship" (the precursor to the ACNP National Legislative Summit) and authored The Nurses' Directory of Capitol Connections in Washington, DC, reinforcing her advocacy reputation. Her connections with other DC-based nurses and the ANA were integral to ACNP's development as a credible and legitimate representative of NPs in DC.

GERALDINE POLLY BEDNASH, PhD, RN, FAAN

Organizational Leader

As I reflect back on my lived experience of working as an NP and advocating for the important role that NPs serve in health care, I remember years of joy, frustration, and success. The revolutionary changes in nursing practice are the result of the hard work of revolutionary leaders like Loretta Ford and Henry Silver, but more importantly, the success of NPs has been driven to a great extent by the individuals who were willing to be risk takers and follow the lead set by these 2 individuals.

I began my career as an NP through my fellowship experience as a Robert Wood Johnson Foundation Primary Care Faculty Fellow in 1981-82. I spent a year at the University of Maryland at Baltimore under the tutelage of several very important leaders in nursing: Dr. Rachel Booth, Judith Ryan, and Dr. Joan Stanley. As a fellow, I undertook the certificate-based primary care NP program taught by Joan and Judith. This experience changed my life and changed my understanding of the ways I could intervene to work with patients, families, and communities to deliver primary care. I also have never experienced 2 more rigorous and sophisticated teachers as Judith and Joan.

As I began my work as an NP, I practiced in a primary care family practice residency and practice program based at U.S. Army Fort Belvoir, Virginia. I saw patients daily for many months and learned the importance of interprofessional collaboration as I worked with physicians, social workers, psychologists, and nurses in an environment that was collegial and respectful. This was the best practice experience I ever had. The purpose of the fellowship was to prepare faculty NPs who could return to their academic community and either open or work in existing NP programs. That was a challenge I was not going to be able to complete. When I finished the fellowship program, our academic leaders and faculty were not inviting of this new nursing role. I was accused of having moved to the dark side as I tried to develop the graduate level NP program that I knew would transform nursing. My lack of success was likely not just due to resistance from the faculty in that academic program, but was also likely due to my over exuberance about this being right. Whatever the barriers, I left that position discouraged that the academic programs were not supportive of this work.

Fast forward to now and see the changes that have occurred over those last 30 years since I moved out of that position. Over 400 academic institutions now offer programs to prepare individuals for practice as an NP either at the master's or doctoral degree levels. This amazing transformation has been one of the most significant outcomes of this transformation of nursing practice. The clear understanding by faculty, albeit slowly at first, that the skills and knowledge added to the nurse's armamentarium through this type of educational program made these clinicians important in addressing significant health care problems was an important stimulus for this change. Moreover, the employer interest in hiring these clinicians and the student demand for this type of educational program were the facilitators that led to the rapid work to offer these programs and grant a graduate degree to those completing them.

In 1989, the American Association of Colleges of Nursing (AACN) received a contract from the Health Resources and Services Administration to establish a network of NP faculty who would serve as recruiters and information guides for entrance into the US Public Health Service. At that time, only 76 academic institutions offered graduate level preparation for NP practice. Over the next decade that number exploded. Today, NP students represent the largest portion of the graduate degree student population. And, annually more graduate NP programs open.

The growth in degree granting NP programs and the closure of certificate level programs as the entry level for NP practice were important steps in the process of both norming the expectations for practice as an NP and for providing the public with assurance that these clinicians were well educated and competent providers of care. The process was slow for complex reasons having to do with change and resistance to change. But the end result was a validated national consensus that graduate level programs were required for practice as an NP and an agreed upon normed process for certifying this level of practice.

The work to develop this national consensus was only possible through a coordinated, and often difficult, process to develop agreement about the educational standards, certification procedures, and legislative recognition required to shape NP practice. This work has evolved to now be represented through the licensure, accreditation, certification, and education standards (LACE) process for all graduate level advanced nursing practice. And, NP leaders have been key in this work.

Change is a very arduous and difficult experience as players in any change process must work to move to a new set of expectations often with the result that the comfort level established with existing frameworks must be abandoned. Clearly, the very brave and risk taking individuals who decided to start graduate degree granting NP programs were willing to risk being marginalized in communities that were not enamored of this new role. But in the end, the success has been amazing. NP education is now undergoing another significant educational transformation as the profession moves to advance the doctor of nursing practice (DNP) as the established degree for practice as an NP or other APN.

Our profession, and the NP community, now have the potential to either revisit the history of resistance to this change or can move ahead to create this new norm. The transition to the DNP is a direct result of the growing awareness that graduate degree programs were advancing the academic requirements for this role to a level that was far beyond those requirements for master's degrees in general. Moreover, the significant transformation of practice expectations was demanding new and different skills and knowledge for the NP clinician. This transformation was certainly driving the expansion of the academic requirements, but the student in these programs was not receiving the degree recognition for this. Thus, the community of NP educators, clinicians, and leaders in nursing education has validated the need to make the DNP the required entry into NP practice for now and the future.

We all have the potential to avoid our history of creating communities of nursing professionals divided by educational preparation levels. We can shape the future by celebrating the important past and moving forward to the future. We did that with certificate programs. We need to do that now with graduate level education.

I know I was in a privileged position to lead AACN and took great joy in pushing the envelope on so much of the work done to transform NP education and practice over time. I have been really blessed to have been part of this.

Bio: Dr. Bednash earned a BSN from Texas Woman's University, a MSN from the Catholic University of America, and a PhD in higher education policy and law at the University of Maryland. She has served as the chief executive officer/executive director of the American Association of Colleges of Nursing since 1989.

MJ HENDERSON, MS, RN, GNP-BC

Educator

Reflecting on my career as an NP, I remember that the first strong NP who influenced my career was Dr. Jean Steel, PhD, RN, NP, who taught at Boston University where I was a graduate student. She was a formidable role model for all of us aspiring NPs in 1984. Her policy class was a great introduction to the role of NPs in shaping health care policy. When I graduated in 1986 she was at my first ANA meeting to show me the ropes of association policy.

Initially I worked in Hawaii with a very astute NP, Valisa Saunders, MN, GNP-BC, GCNS, who introduced me to politics in a small state. Together we made a great team and our policy efforts have continued to this day. Joining ACNP was pivotal in my career because ACNP was all about policy. The annual "February Summit" was a stimulating meeting of like-minded NPs who were all learning about Washington etiquette and how to negotiate with policy makers "on the Hill." Reimbursement from Medicare was a huge accomplishment for all NPs, and I remember well Margie Koehler MS, RN, GNP-BC, and her impassioned speech to get us up and moving on that issue. When I relocated to California in 1990, Suzanne Phillips PhD, MN, PNP, was the Energizer Bunny who tirelessly went to Sacramento time and time again to support NP issues and bills in an attempt to change restraining California laws for NPs.

I brought my political experience to the classroom, teaching NP students in California and Massachusetts. It has been extremely rewarding to teach new NP students who are bright, full of energy, and enthusiasm. I have strived to be a role model for students and colleagues alike to help them become motivated to support policy changes for the betterment of the profession. I have been on a crusade to not only encourage NP faculty to become politically involved but also to join NONPF in order to share ideas about creative ways to educate NPs.

My most recent challenge was the fight to prevent the startup of a new PA program at my school. This decision was in direct competition to the already scarce resources that the school of nursing held dear. Unfortunately the leadership saw no problem with this endeavor, leaving me feeling like the lone voice of reason crying in the wilderness.

As a proud past President of the Gerontological Advanced Practice Nurses Association (GAPNA), then NCGNP, I remain one of the last board-certified gerontological nurse practitioners, a dying breed thanks to the Consensus Model. I am and always will be a fierce supporter of caring for older adults in a proactive and respectful way. "My people" are always in my heart. As I always admonished my students, "Be kind to the old people, for one day they will be you!"

Forty years of *Saturday Night Live* and 50 years of NPs—that is quite an accomplishment! There is much to celebrate. In the words of Wayne and Garth, "It's time to party on, party on!"

Bio: MJ Henderson is a gerontological NP who has worked in multiple clinical settings since graduating from Ryerson University in Toronto and Boston University's Graduate School of Nursing. MJ has also taught at several schools of Nursing in Canada and the US and has recently retired as assistant professor of nursing and coordinator of the adult gerontology nurse practitioner specialty at Massachusetts General Hospital Institute of Health Professions in Boston.

She has held elected positions on boards of directors of professional nursing organizations and sits on advisory boards for nursing publications. She has won several awards from nursing organizations and is a sought-after speaker both nationally and internationally.

MARGIE KOEHLER, MS, ANP/GNP

Policy Activist

NPs play a major role in the delivery of care to Medicare patients. The broader expansion of care to this segment of the population was enabled by changes in Medicare reimbursement to NPs passed in the Balanced Budget Act of 1997.

I graduated from the University of Maryland at Baltimore's adult/geriatric primary care NP program in 1993 and immediately joined the Nurse Practitioner Association of Maryland (NPAM). I held a variety of

leadership positions in NPAM between 1993 and 1998 when Maryland NPs organized to begin removing political and regulatory barriers in Maryland.

While president of NPAM, I participated in an American College of Nurse Practitioner meeting in Washington, DC, where NP leaders determined that the passage of Medicare reimbursement was a legislative priority for all NPs regardless of geographical location. Historically, Medicare recognized NPs in rural areas only and required they work under physician supervision. Several previous attempts to revise this legislation had failed. Proposed federal legislation in 1997 recognized NPs, regardless of geographical location, and would reimburse NPs at 85% of the physician rate. The consensus was that if Medicare recognized NPs as legitimate providers, then there was a greater likelihood that NPs would eventually be recognized by other payers.

I decided to develop a focused, home-based, grassroots strategy, which used the medium of e-mail as the primary tool for communicating the day-to-day progress of this key piece of Medicare legislation. The core of this email strategy was based on the assumption that NPs needed a unified voice to lobby for a key piece of legislation to underscore their legitimacy as a profession. Under the encouragement of a well-recognized lobbying firm in Washington, DC, I developed a "Medicare packet," which contained Medicare talking-points and a "how to" guide on mounting a local grassroots effort. Initially, the email packet was sent to ACNP affiliates and other NP organizations. Ultimately, this packet was emailed to any NP who was interested in being part of the solution. These NPs adhered to the common strategy of speaking to their congress person, providing email feedback, and fine-tuning their message: "If NPs were recognized in rural areas, why couldn't they be recognized as providers in the urban arena?"

My e-mail communication/feedback loop grew exponentially over a year. Meanwhile, I tracked the progress of the proposed Medicare legislation and provided timely, email feedback to NPs and outlined specific strategy to NPs nationwide. I elicited more grassroots buy-in through a public relations campaign. I accessed the medium of NP publications and agreed to speak at national conferences. "Want an interview? I have a story" was my motto.

Next, I augmented email communication through the occasional phone call, mentoring NPs on how to lobby their respective policy makers on the merits of this legislation. These NP issues transcended specific NP organizational affiliation. It wasn't unusual for me to spend my Saturdays speaking to NPs around the country about how to lobby a policy maker about the merits of this legislation. I encouraged timely grassroots feedback so that NP responses could be relevant and timely. I particularly focused on the underserved areas of the country to help argue the case for passage. Timely, bi-directional, email feedback reduced the likelihood that the bill would be held up in committee. Even student NPs participated in this email communication loop and lobbied Capitol Hill.

Over the course of 1 year, I solidified an effective email communication loop for grassroots NPs. The strategy targeted bipartisan support and rallied the grassroots to work together to ensure the eventual passage of the Balanced Budget Act of 1997, which provided the enabling Medicare legislation so desired by NPs.

Bio: Ms. Koehler received her BSN and MS degrees from the University of Maryland at Baltimore. She became the ACNP Medicare consultant during the promulgation of the 1997 Medicare regulations. Because of her role in the 1997 legislation, she was awarded the Sharp Cutting Edge award for her successful efforts in developing the grassroots email strategy. In 1998, the *NP Journal* awarded her the National Nurse Practitioner of the Year Award, while in 2001, ACNP awarded her the Margie Koehler Legislative Advocacy Award, an award named in her honor. She was also honored by several state ACNP affiliates for her leadership. Since 2002 she has served as the Clinical Coordinator of the Chronic Pain Service at the Veterans Administration Hospital, Maryland Health Care System, in Baltimore.

LUCY MARION, PhD, RN, FAAN, FAANP

Educator

Advancing APRN faculty practice has been my most innovative and gratifying achievement. My career-long faculty practice involved NP direct care, system design and implementation, consultation, legislative change, organizational leadership, policy development, article and grant writing, and speaking. In the mid-1970s, my first faculty practice (University of South Carolina) was in an upscale Family Health Center where I was FNP and sex educator for children, singles, couples, and groups—which led to my PhD and an NIH-funded, NP-driven sexually transmitted infection prevention study.

Onward to 1980s and 1990s, I worked as NP faculty member in a prison, psychiatric acute care units, shelters, vans, free clinics, women's safe house, and occupational health—always with students in tow. With growing understanding and compassion for people with serious mental illness (SMI), poverty, social isolation, and comorbid conditions, I was eager to provide them with culturally competent, evidence-based, efficient primary and mental health care. We were a team of APRNs (University of Illinois at Chicago) developed Integrated Healthcare Center within a large psychosocial rehabilitation agency. Students at all levels learned to provide holistic care within living communities. Our able community board included then-state Senator Barack Obama, best-selling author Sara Paretsky, and other advocates.

Forward to the 21st century, our Georgia Regents Nursing Associates opened a convenience care clinic and unfortunately closed it due to reimbursement and other barriers. We nevertheless celebrated the 3000 satisfied patients and the NP students who learned the role. We now recruit, employ, and support nurses, including faculty NPs, to grow and develop the nursing workforce at our state institution for people with SMI and intellectual disabilities. We also have placed up to 18 faculty members in faculty practice positions.

All of my achievements were direct the results of support and commitment to APRN faculty practice. To you, please accept my deepest appreciation.

Bio: Dr Marion earned a BSN and MN at the University of South Carolina (USC) and PhD at the University of Illinois at Chicago (UIC). She has over 25 years of FNP practice and 40 years in NP education and college administration. She initiated NP faculty practice in 3 universities and served people from all walks. Captivated by academe, she taught at USC, chaired a department at UIC, and is dean at Georgia Regents University. She was co-author of the first ANA NP scope and standards, a National Institutes of Health-funded NP intervention researcher, US Preventive Services Task Force member, and president of the NONPF.

JOANNE M. POHL, PhD, ANP-BC, FAAN, FAANP

Educator

Almost 40 years ago I made the decision to pursue an APRN role—NP. I have never regretted that decision. After completing my MSN at Wayne State University (WSU) and later my PhD from the University of Michigan, I experienced, for 35 years, the deep joy of a career that I never could have fully anticipated or imagined! I have been presented with an enormous range of opportunities through which I was able to combine practice, teaching, administration, research, and policy to impact changes in health care nationally.

Malcolm Gladwell, in *Outliers: The Story of Success*, closes by saying, "...Outliers are those who have been given opportunities—and who have had the strength and presence of mind to seize them" (p.267). The numerous opportunities I was offered and the instinct to say yes have placed me in situations and at tables where I have learned so much and have also had opportunities to contribute toward change at an extraordinary level. Here are my most meaningful experiences and lessons learned.

I initially joined a most remarkable faculty practice at a WSU affiliated nurse managed health center (NMHC) (which continues today) in Detroit in 1979. The position included teaching in the Adult NP program at WSU. So early on, I enjoyed the multiple roles of practice and teaching. This proved to be a life altering professional combination and paved the way for my next career move. The practice was primarily with more vulnerable and complex populations which would also become a lifetime focus. This model of care for me reflected nursing at its best, bringing access to the best of nursing and primary care to the community. A myth/notion then, which still remains, is that NPs should primarily address the needs of persons with less complicated health problems. In reality, in that first practice, we learned that there was a need to serve some of the poorest, most complex chronically physically and mentally ill patients because no one else was. AND we found that our outcomes of care with these complex patients were excellent, as was patient satisfaction.

International experiences in the Philippines, China, Zimbabwe, Honduras, and Haiti also had a profound impact on how I view primary care and NP practice. The first of these experiences (1981), early in my NP career, was in a rural area of the Philippines where my husband and I taught for a semester. I had opportunity to work with a local family physician and nurses at a rural health unit. This experience shaped the rest of my personal and professional life. It was so out of my comfort zone, but as Gladwell asserts, saying yes to opportunities that are outside our comfort zones can make all the difference. Understanding disparities, in a way I had never previously experienced, would also significantly inform my teaching, practice and research back in the US. I now viewed primary care and public health from a much broader perspective—and the 2 would be forever linked in my understanding of essential health care.

Teaching NP students for 33 years, another key opportunity, meant I was part of the ever changing and progressing role of NPs and their educational preparation across the years. A highlight was directing the Adult NP program at the University of Michigan, strengthening its development and link within the context of community health. During those years I was elected to the board of directors of NONPF, another significant opportunity for me. I eventually was president of NONPF, which placed me at critical decision making tables. I was able to make contributions to larger national NP and APRN work, and I benefited personally in so many ways. My passion for policy work over a lifetime was enhanced tremendously by my work with NONPF.

Opportunity to practice in and establish nurse managed health centers has been another significant highlight. After leaving WSU and going to Michigan State University, I partnered with a county health department to receive funding from the 1987 initial Stuart B. McKinney Homeless Act to start a clinic that served homeless persons. That clinic ultimately became a Federally Qualified Health Center. At the University of Michigan School of Nursing I was asked to lead the

effort to open a nurse led full primary care practice which led to a decade of significant funding from the W.K. Kellogg Foundation. The funding resulted in the Institute for Nursing Centers and the first and only national standardized clinical and financial database of NMHCs with numerous papers that informed policy and practice nationally.

Of the honors I have received over the years, several stand out. First and foremost, the honor from student evaluations and patient feedback probably means the most. The 2 more formal honors that are extraordinary for me are the Lifetime Achievement Award from NONPF in 2011 and being the first recipient of the Loretta C. Ford award from the Fellows of the American Association of Nurse Practitioners in 2012. The NONPF award was based on successfully developing and promoting the nurse practitioner role and extensive work in nurse practitioner education, policy, and research. The Loretta C. Ford award honored me for demonstrating participation in health care policy while making a sustained and specific contribution to clarification of the role and scope of NP Practice.

After receiving the Loretta Ford award, she sent me an email saying "Keep hanging in there, irritate, initiate, and innovate!" I take those words seriously, as the work of advancing NP education, policy, practice and research does take a sense of sustained persistence as well as the notion of being a gadfly as Dr. Ford alludes to here. The dictionary gives 2 definitions of a gadfly: first, a gadfly is defined as an irritating critic, a nuisance of sorts. Another definition, and one I prefer, is that of being a provocative stimulus. It has taken leaders like Dr. Ford and so many others to consistently be that provocative stimulus and to "hang in there" as Dr. Ford has modelled for us over the years.

The opportunities have been vast, and in "retirement" I continue to contribute as opportunities are presented. What a privilege and honor to be part of this amazing history that visionary Dr. Loretta Ford began 50 years ago!

Bio: Dr. Pohl is professor emerita at the University of Michigan School of Nursing. She brings 35 years' experience as an NP working in primary care, primarily in nurse managed health centers (NMHCs) with underserved populations. At the University of Michigan she directed the adult NP program and served as associate dean for community partnerships. Her research led to the only national standardized data warehouse for NMHCs and focused on the outcomes of care and cost of care, community responses and student experiences in these centers. Dr. Pohl has published extensively and presented at numerous national and international conferences. She is a Past-President of NONPF and received their Lifetime Achievement Award. She is a Fellow in the American Academy of Nursing and the American Association of Nurse Practitioners, receiving the Loretta C. Ford from the latter.

DIANE VIENS, DNSc, APRN, AFP, FAANP

Educator

It has been an exciting 40+ years! Little did I know when I became an NP in 1974 what the future would have in store. Practice was very different then; and even though NPs were practicing independently in many settings, there were many conditions that NPs had not been prepared to manage. For example, at that time NPs did not read x-rays or EKGs. Management of complex conditions such as congestive heart failure and diabetes was handled by the collaborating physician. Prescriptions were co-signed, often ahead of time for whatever we NPs would need to order. But even then, as simplistic as our practice might seem now, NPs were providing care to populations that would have gone without health access otherwise.

Upon completion of my doctorate degree, I returned to New Mexico to become the director of the newly established FNP program at the University of New Mexico. This was a very productive time for NPs and for NP practice. Programs were multiplying and NPs were beginning to be recognized for their contributions to primary care. Because of the rural nature of our state, health care access was difficult for many. A group of NPs, along with the New Mexico NP Council, myself, and our nursing lobbyist from NM Nurses Association, decided to seek independent practice. After many meetings and discussions with our medical colleagues and other parties of interest, Independent practice for NPs was passed by the legislature and became a reality in 1993. The FNP program flourished and has provided numerous primary care providers to rural and underserved areas of the state.

Nationally, the 1990s were an exciting time for NP education. There was a great deal of energy around standardization of NP education to ensure the quality across programs. In 1998, I chaired the task force which produced The Model Pharmacology/Pharmacotherapeutics Curriculum Guidelines for FNP programs. This was a joint venture with the National Council of State Boards of Nursing.

I served as President of NONPF during a time when many significant advanced practice issues were coming to the attention of nursing educators. NONPF took the lead in exploring the concept in NP education with the first task force chaired by Lucy Marion. The Criteria for Evaluation of Quality Nurse Practitioner Programs were updated and became part of the accreditation process for utilization by NP programs. During my term as President, NONPF and AACN moved forward to convene a meeting to discuss challenges for APRNs. This group was the precursor to the APRN work group that later developed the Consensus Model for APRN Regulation (2008).

Last but certainly not least important, it has been a privilege to be part of the growth of NP education and

to see advanced practice nurses take their place as vital contributors to the health care system. Equally meaningful and satisfying is having been a part of helping nurses become competent primary care providers. It has been such a joy to observe the growth of nurses into the professional role of the NP.

Bio: Dr Viens became an RN in 1965 and received her BSN at the University of Vermont, her MS and FNP at the University of Colorado in 1974, and a DNSc at the University of San Diego. She taught at the University of New Mexico at Albuquerque where she was the director of the FNP program and division director. Beginning in 2002 she became an associate professor at the Yale University School of Nursing and worked as an NP at Back to Health in Branford, CT.

She was selected as a Fellow of the American Academy of Nurse Practitioners, 2003; President, NONPF, 2002-2004; Member, NONPF's Committee on Clinical Hours in Dual Programs, 2002-2007; Member, NONPF's Doctor of Nursing Practice Taskforce, 2000-2006; and Chair, Education Committee, National Organization of Nurse Practitioner Faculties, 1995-1999.

1555-4155/15/$ see front matter

http://dx.doi.org/10.1016/j.nurpra.2015.04.004