NEW PATHS FOR NURSE PRACTITIONERS

With growing recognition of NPs’ value in the health care system, faculty are preparing students for expanded roles and bringing their skills to different settings.
At a time when the United States is grappling with ways to contain health care costs while providing for the basic health needs of the population, nurse practitioners are increasingly being seen as a major part of the solution. NPs perform physical exams, order tests, diagnose conditions, refer patients to specialists and prescribe drugs; while regulations vary by state, it’s estimated that nurse practitioners can treat 80-90 percent of patients’ chronic problems. NPs are not only affordable, but also effective, because they have the time to take a long view, and provide more preventive care. They have a well-earned reputation as excellent educators and good listeners. Not surprisingly, nurse practitioners consistently score high in patient satisfaction surveys. When a patient has a headache, it is common that the NP is the one who decides whether the patient needs an aspirin or a neurologist.

It’s also not surprising, then, that the ranks of nurse practitioners across the country have grown from approximately 30,000 a decade ago to about 80,000 today. Many of these advanced-practice nurses work in primary care settings. But increasingly, nurse practitioners are moving into new environments, bringing the same strengths that patients have found so appealing to these settings. In addition, nurse practitioners in traditional settings are seeing an expansion of their roles as it becomes clear that their skills go beyond the traditional well-child and well-adult care to include management of most chronic and some acute conditions. For the cover story of this issue of UCLA School of Nursing News, several of our faculty who are on the front lines of these changes discuss the new roles of nurse practitioners.

The UCLA School of Nursing has always been a pioneer in the nurse practitioner movement. The school was among the first to educate nurse practitioners and, more recently, has led the way in developing NP roles in new specialty areas such as acute care, oncology, gerontology, neuropsychiatry, and occupational and environmental health. Today we are proud to have as members of our clinical faculty a number of nurse practitioners who are helping to expand and redefine the nurse practitioner role. These faculty impart their experiences to our nurse practitioner students, who continue to graduate from our programs well prepared to move into leadership roles in providing the high-quality, affordable health care our society needs.

Marie J. Cowan, R.N., Ph.D., F.A.A.N.
CLARA ARNDT MEMORIAL LECTURE – Dr. Linda Burnes Bolton, vice president and chief nursing officer of Cedars-Sinai Health System and Research Institute, was the distinguished lecturer at the school’s first Clara Arndt Memorial Lecture, held in February. The generous contributions of many of the school’s alumni, friends, faculty and emeritus faculty made possible this educational opportunity in honor of the beloved former faculty member.

School’s Faculty and Staff Receive Prestigious Awards

Dr. Colleen Keenan, associate adjunct professor, is the school's first winner of the campus-wide Distinguished Lecturer Award, presented by the UCLA Academic Senate Committee on Teaching. The award is based on the lecturer’s impact on students; scholarly approach to teaching; size, number, and diversity of classes taught; involvement in community-linked projects and profession; and teacher ratings. Keenan received a $3,000 cash award, and will be recognized in a September ceremony.

Nancy Jo Bush has been awarded the Advanced Oncology Certified Nurse of the Year Award. The annual award, bestowed on her by the certifying body for the Oncology Nursing Society, recognizes the outstanding achievements of an advanced oncology certified nurse who has made significant contributions to advanced oncology nursing practice and oncology service, and who has supported and promoted oncology nursing certification.

Nancy McGrath, a pediatric nurse practitioner and lecturer at the school, received the American Academy of Nurse Practitioners State Award for Excellence for California. The award recognizes nurse practitioners at the state level for excellence in practice, research, education or community affairs. McGrath, who practices in the pediatric emergency department at Harbor-UCLA Medical Center, is also a nurse representative to the Los Angeles County Pediatric Liaison Nurses and the State of California Emergency Medical Services for Children Technical Advisory Committee.

Eloise Luera, an administrative analyst for curricular and academic affairs, was honored as a 2001–2002 Excellence in Service Award Finalist by the UCLA Staff Assembly. The award is presented “for exceptional service in support of the university’s mission of teaching, research, service, and patient care.”

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FOR MORE THAN FOUR YEARS, SHELLY COTE AND JOY MARTINEZ HAVE TAKEN THE NURSE PRACTITIONER ROLE TO A PLACE THAT, NOT LONG AGO, WOULD HAVE SEEMED UNFATHOMABLE.

THE OPERATING ROOM.

As members of UCLA Medical Center's cardiothoracic surgery team, Cote and Martinez (both of whom are UCLA School of Nursing clinical lecturers) manage patients from admission to discharge – including preoperative workup and management, postoperative management, and assisting the cardiothoracic surgeon, Dr. Hillel Laks, in the OR.

As acute care nurse practitioners (ACNPs), they are emblematic of the dramatic changes that have taken place in the NP role since nurse practitioners emerged in the 1970s and 1980s as valuable players in the health care system – but almost exclusively practicing in primary care settings, and initially only with pediatric patients.

While nurse practitioners continue to thrive in such settings, managed care and other changes in the health care system, along with a growing recognition of the contributions NPs can make, have opened the door for NPs to work in myriad new settings and roles.

For example, the acute care nurse practitioner position came about in the mid-1990s when, after residency programs were reduced and training for medical residents moved away from the acute care setting, facilities concluded that nurse practitioners could provide the same quality care at lower cost. The UCLA School of Nursing’s Acute Care Nurse Practitioner Program, the first on the West Coast, was launched in 1994.

At UCLA, Cote and Martinez bring something to the cardiothoracic-surgery patients that their predecessors couldn’t: continuity. “The medical interns, who used to do what we’re doing, rotated every month,” explains Cote. “Now, patients see the same nurse practitioner every day. And we’ve both been here since 1998.”

The traditional role of the nurse practitioner as educator is an important part of their job. “We talk to patients about diet and nutrition,” Cote says. “Our focus is on the whole patient – not only the physical, but also the patient's emotional needs. We’re not just looking at the heart and the lungs.”

Like Cote and Martinez, another member of the school’s clinical faculty, Nancy Jo Bush, finds herself in a position that barely existed a decade ago. Bush is an oncology nurse practitioner (ONP), working in a specialty traditionally occupied by clinical nurse specialists. “Fifteen to 20 years ago, when I was a new oncology nurse, cancer patients were always hospitalized for their treatments,” she explains. “Now, they’re getting treated in ambulatory care and private practice settings, and so there is a need for nurse practitioners to assist in managing their care and the symptoms related to their treatment.”

ONPs are bringing to these new settings traditional nurse practitioner skills – everything from patient education to prescriptive authority. But in addition, today’s oncology nurse practitioners are being educated to carry out skills specific to cancer patients, Bush explains. ONPs become experts in...
the physiology of cancer, and in aspects of screening, early detection and prevention for all of the most common cancers. Their knowledge base includes the different treatment modalities for cancer, including chemotherapy, radiation, biologic therapy, and clinical trials; the side effects from such treatments; and how to manage expected and unexpected symptoms from cancer and its therapies. The focus is also on cancer’s psychological and social ramifications, and on follow-up care. Meanwhile, Bush notes, as the ONP specialty has evolved, subspecialties have developed. Many ONPs end up in a specialty area within oncology, such as bone marrow transplantation or radiation oncology.

“In the future, as this role continues to be validated, nurse practitioners with these special skills are going to make even more inroads in patient management and care as part of an interdisciplinary team,” Bush says.

The trend toward specialization of nurse practitioners can be seen even with pediatric NPs, where the role has its roots. Nancy McGrath, a pediatric nurse practitioner and clinical lecturer at the school, spends only a few hours a week in the traditional role of providing well-child care. The vast majority of her time is spent in the emergency department at Harbor-UCLA Medical Center, providing care to persons with non-urgent, urgent and emergent conditions. McGrath can also be found in the elementary and secondary schools of the surrounding communities as a representative of Harbor’s Injury Prevention Center’s Risk Watch program.

“It used to be we all did primary care,” says McGrath of the PNP role. “Now, although most pediatric nurse practitioners still work in primary care, many more pediatric specialty services are bringing in nurse practitioners to provide specialty care. These services have found that nurse practitioners can provide effective, cost-efficient health care, especially when they’re well versed in a particular specialty.” At Harbor-UCLA, PNPs work in pediatric specialty clinics including adolescent, cardiology, development and learning, failure to thrive, neurology, hematology-oncology, nursery/delivery room and the suspected child abuse and neglect (SCAN) team and child crisis center.

McGrath points to another change affecting pediatric nurse practitioners, particularly those who practice in Los Angeles: Most of the patients, and their parents, are Spanish-speaking. “As a nurse practitioner, a big part of our role has always been serving the underserved, and in Los Angeles, a large percentage of these patients are non-English-speaking,” she says. “Among graduating pediatric nurse practitioner students, the ones who speak Spanish tend to be the first to find jobs.”

As a family nurse practitioner for 12 years, Deborah Rice has seen significant changes in the types of patients who come to her. “The role has expanded considerably,” says Rice, a clinical lecturer at the school. “When I was starting, nurse practitioners were viewed almost exclusively as providers of preventative care – we would get all the once-a-year physicals. Now we’re managing more acute and chronic patients, such as those with uncontrolled hypertension or diabetes. We’re getting a lot of patients who in the past would have seen an internal medicine physician.”

Rice expects the demand for family nurse practitioners to continue to grow, particularly in medically underserved areas, where nurse practitioners can step in and fill the void created by a lack of primary care physicians. “The health care industry looks at us as being able to provide good care in an efficient and economical way,” Rice says.

But perhaps the greatest change, she adds, is in the perceptions of patients.

“The general population understands the role of the nurse practitioner and what we’re able to do much more than when I was starting,” Rice says. “It used to be a patient would come into my office and I would have to spend 10 minutes just explaining what a nurse practitioner was. Now the patients are much more educated. Many of them never even see the physician I work with; they actually request nurse practitioners. That is an incredible change.”
Franco Dombkoski, a 71-year-old man, has come to the clinic complaining of shortness of breath. The UCLA School of Nursing student who sees Dombkoski under the watchful eyes of a preceptor is being put to the test, with the opportunity to take a history, conduct a physical exam and order lab tests where necessary. The student will receive feedback from the preceptor for how thorough and efficient he or she is in the encounter.

It sounds like the same process advanced-practice nursing students have gone through for years in their clinical training. But this is different. Mr. Dombkoski isn’t a flesh-and-blood patient, but a case presented as part of a Web-based instructional computer software program called DxR Clinician, which enables students, from the comfort of their home computer, to learn about clinical decision-making and diagnosis in a way that simulates the clinical environment to the extent that lectures and textbooks can’t.

“Nothing is going to replace working with actual patients and an actual preceptor,” says Dr. Colleen Keenan, associate professor at the UCLA School of Nursing, who is leading the effort with Dr. Lynn Doering. “But our clinical faculty are part-time, and with changes resulting from managed care, our preceptors are very busy. They can’t take all the time it takes to do clinical teaching with beginning students.”

So the school has purchased DxR Development Group’s software and, beginning last fall, integrated it into the coursework for all clinical graduate students. The DxR Clinician program, which was designed to teach both medical and nurse practitioner students, simulates real cases such as Mr. Dombkoski’s. In “interviewing” patients, students can choose from more than 250 questions in 20 categories, ranging from present illness to questions about the patient’s history. Eighteen exam tools that produce more than 425 physical and neurological exams are available, presenting real heart and breath sounds with each case and, in some cases, digital video presentations. Thirty-two common labs with more than 400 other labs and procedures are available for each case, including X-rays, magnetic resonance imaging, nuclear imaging, and electrocardiograms. (Sample cases can be found at DxR Development Group’s Web site, www.dxrgroup.com.)

All along, students report their hypotheses and interpretations as they collect data that lead to a final diagnosis. Later, the instructor can download the student’s work and trace the clinical decision-making process, providing evaluation and feedback on how it might be improved.

DxR Clinician is the latest and most extensive adoption by the school of the teaching methodology known as problem-based learning, which has gained favor among clinical educators. “A lot of instructional approaches don’t reflect clinical realities,” Keenan says. “When students see a real patient, the patient comes forward with a symptom and a set of complaints, and it’s up to the student to ask the appropriate questions and select the appropriate diagnostic tests in order to reach the correct diagnosis. That’s very different from the way things are presented in textbooks, where the diagnosis is already assumed and then you backtrack and learn about how you got there.”

In addition to giving students a more realistic experience than would be possible in a lecture or textbook, the program offers the additional advantage of being accessible to students any time and anywhere as long as they have a computer with an Internet connection. “Students can spend as much time as they want on the case, and it’s very convenient to be able to do it at home,” Keenan says.

Keenan points out that the school is still evaluating the program’s impact on the curriculum, but so far the signs are positive. “Our students already had an excellent reputation among our preceptors,” she says, “but this will help them to be even better prepared to start seeing patients when they walk into the clinical sites.”
The Center for Vulnerable Populations Research (CVPR) was established at the UCLA School of Nursing in 1999 with a $1.48 million National Institute of Nursing Research grant award. The center, directed by Dr. Deborah Koniak-Griffin and co-directed by Dr. Adeline Nyamathi, brings together faculty at the school, from other parts of the UCLA campus and from the community, with the goal of improving the health of social groups that are at increased risk for health problems. Partnerships are established with communities through mutual definitions of needs and the identification of strengths and resources. Based on this assessment, interdisciplinary scientists, research participants, and community collaborators develop and implement research to eliminate health disparities. Study results are then disseminated within the communities of research participants, scholars, ethicists, and policy-makers.

Three years after its establishment, the center is thriving, with regular presentations and a number of ongoing studies and community projects, including:

**Lay Health Advisors and Health Education**

Obesity, lack of physical exercise, and exposure to tobacco smoke – health problems that contribute to chronic disease and decreased life expectancy – are on the rise in Southern California, and affect some community groups more than others. Particularly vulnerable are those groups with limited resources to deal with these problems. A joint project by the CVPR, the Los Angeles County Department of Health Services, and the local community seeks to address this concern with an educational community outreach project conducted by lay health advisors, who promote health in the areas of nutrition, physical exercise, and smoke-free living environments. Lay health advisor outreach programs offer a resource to communities with unmet needs, and have been shown to be successful.

**HIV Vaccine Trials**

More than a dozen HIV vaccine products are being tested in clinical trials in the United States and the developing world. But little is known of the challenges that will confront researchers interested in assessing the efficiency and efficacy of future clinical trials in individuals targeted for the large-scale trials – racial and ethnic minorities, the impoverished, and substance-using populations. These groups have been historically marginalized and disenfranchised, and maintain a high level of distrust of the federal government and public health research. Thus, Nyamathi and Koniak-Griffin have received funding from the UCLA AIDS Institute to conduct a series of “think tanks” to stimulate research and collaborative endeavors to advance knowledge and skills in preparing for these challenges.

**Boron in China**

As detailed in the last issue of *UCLA School of Nursing News*, Dr. Wendie Robbins, with colleagues in China and the United States, is implementing a study of the relationship between workplace exposure to boron-containing compounds and adverse male reproductive effects. Exposures of workers and persons living in communities near the boron mines and processing plants in certain areas of northeast China were of concern to local environmental officials and the surrounding communities. This fostered a collaborative research relationship between the U.S. and China researchers.

**Latino Health Demonstration Project**

This proposed project, a community partnership between the CVPR and the Venice Family Clinic, is based on a request from nurses at the clinic who designed and implemented a unique program in diabetes education. The study tests the effects of this bilingual, bicultural community-based diabetes education program through medical records review, interviews with patients and providers, and participant observation. Members of randomized and control groups are monitored for measures such as HbA1c, weight, blood pressure, and diabetes knowledge at the beginning of the program and four months into it. This is a particularly important issue for the Venice Family Clinic given that diabetes disproportionately affects Mexican Americans, who represent a large portion of the clinic’s population.
Drs. Jacquelyn Flakerud (left) and Nancy Anderson (right), two outstanding and popular faculty members, have retired from the UCLA School of Nursing.

Flakerud began her nursing career in 1962 as the graduate of a diploma program. She went on to obtain a bachelor’s in nursing and then a master’s in community mental health nursing. And, at a time when there were few Ph.D. nursing programs in the nation, she was the first graduate of the University of Illinois College of Nursing to finish a dissertation and receive a Ph.D., with a minor in anthropology.

Throughout her 40-year career in nursing, Flakerud’s research focus has been on the relationship between culture and various illnesses in different ethnic groups. In the early 1980s, with encouragement from Dr. John Fahey, director of the Center for Interdisciplinary Research in Immunology and Diseases at UCLA, Flakerud began AIDS research with a focus on ethnically diverse low-income women.

In 1994, Flakerud received a grant to train pre- and postdoctoral scholars in research on the health-related problems of vulnerable populations. Work with these scholars and interested faculty led her to develop and publish a conceptual model for vulnerable populations research in 1998. This model is used for the school’s Center for Vulnerable Populations Research, in which Flakerud continues to play a vital role as a participatory researcher.

Flakerud is proud of the numerous professional nursing organizations and university committees on which she has served during her career, particularly those dedicated to ethnic diversity and equal opportunity. She has taught theory development in nursing at UCLA since 1987, and developed the Neuropsychiatric Nurse Practitioner Program, established at the school in 1996. The author of many articles, Flakerud also wrote an AIDS textbook for nurses that has generated four different editions with translations in French, Portuguese and Japanese.

Anderson was inspired to go into nursing by her father, “a wonderful nurse.” She found a way to combine a career in nursing with her childhood passion of anthropology and her fascination with other cultures. Like Flakerud, Anderson began as a “diploma nurse,” graduating from a New York state program and going on to work at a Boston hospital.

In 1973 she became a UCLA student, receiving a master’s degree in 1975 and becoming a lecturer at the school. Anderson went on to obtain a doctoral degree in anthropology from UCLA in 1987. In 1989, she began her second tenure at UCLA, combining teaching, research and clinical practice as a member of the school’s full-time faculty.

Although she has enjoyed all facets of her career, Anderson says that teaching has been the most rewarding. “A teacher, like her students, is always learning,” she says. She feels fortunate to have been able to watch her students’ careers develop, and has stayed in touch with many of them.

Anderson’s interest is in the partnership between nurse/researcher and patient/research participant, and the role of cultural competence and sensitivity. As a master’s student, she created a nursing model that was adapted for use in the undergraduate program as well as in participatory research as a qualitative method of collecting data. Much of Anderson’s research has focused on adolescents in community-based and juvenile detention settings, particularly their risk-taking behaviors.

Working with the Venice Family Clinic, Anderson is co-director with Flakerud of the Social Policy and Dissemination Core of the Center for Vulnerable Populations Research. Even though “officially” retired, both will continue to consult for the center.