Who Are We?

By Linda Soaft, MSN, NP, CCTC

The Advanced Practice Council (APC) was established in 2006 to give the staff an opportunity to focus on professional autonomy, establish interprofessional collaboration and enhance communication within the multidisciplinary team to provide safe patient care and optimize patient outcomes. The APC was also part of the magnet journey to implement shared decision making about clinical practice. The APC meets monthly and communicates electronically about issues and projects as needed. The APC also provides a supportive milieu for professionals in advanced practice roles to discuss clinical needs and advanced practice issues (Quigley 1991).

The APC is composed of 2 co-chairs and consists of members with Master's or doctorate degrees from various practice settings and represents the interests of all advanced practitioners within UCSD Health System: **certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, nurse educators, nurse practitioners, doctors of nursing practice, physician assistants and other healthcare professionals with advanced degrees employed by the healthcare system. The CNO is also a member.**

DEFINITIONS OF ROLES:

Advanced Practice Nurses are R.N.s with graduate (post-baccalaureate) academic preparation and advanced clinical skills qualifying them as experts in a defined area of knowledge and practice. Graduate academic preparation in nursing is at the master's and doctoral level. Advanced practice roles include:

Nurse Practitioner (NP) – NPs specialize in the primary health care needs of individuals and families. They are skilled health care providers who perform many of the tasks traditionally done by physicians and can conduct complete medical exams, diagnose and treat common acute illnesses and injuries, administer immunizations, manage chronic problems like high blood pressure and diabetes, order lab services and X-rays, prescribe drugs and counsel patients. The NP works in collaboration with physicians and as an independent member of the health care team, working in hospitals, clinics, HMOs, private offices, nursing homes, etc. (American Academy of NPs – www.aanp.org)

Clinical Nurse Specialist (CNS) – CNSs have advanced clinical expertise in a particular specialty (e.g., oncology, cardiovascular nursing, etc.), providing expert patient care or facilitating clinical research to improve patient outcomes. In addition to clinical practice or research, responsibilities may include education and consultation. They provide leadership to other nurses in hospital, ambulatory or home care settings. (National Association of CNS - http://www.nacns.org)

Certified Nurse Midwife (CNM) – CNMs specialize in the practice of obstetrical and gynecological care of relatively healthy women. They practice in hospitals and medical clinics, and may also deliver in birthing centers and at home. CNMs provide care to women from puberty through menopause and may work closely with an obstetrician, who provides consultation and assistance to patients who develop complications.

Linda Soaft, MSN, NP, CCTC, began her career at UCSD as a Case Manager for UCSD Managed Care Department in 1999. She enjoyed working in outpatient case management and in quality assurance but subsequently moved to inpatient case management at the Medical Center.

Graduating from USD Linda became Board Certified as an Adult Nurse Practitioner and was hired by the Liver Transplant team after graduation as a pre-liver transplant coordinator. She achieved her Clinical Coordinator Transplant Certification in transplant the following year. Linda has co-chaired the Advanced Practice Council for the last 2 years and has chaired the subcommittee for the Advance Practice Spring Symposium held during Nurses Week.

(American College of Nurse-Midwives - http://www.midwife.org/)

Certified Registered Nurse Anesthetist (CRNA) – CRNAs are specially trained to administer anesthesia. They work as licensed independent practitioners or require some degree of supervision from the operating physician or surgeon, depending on state law. (American Association of Nurse Anesthetists - http://www.aana.com)

Nurse Administrators/Educators are RNs with master's or doctoral-level academic preparation and advanced clinical skills enabling them to work in hospital administration, nursing policy, research or in nursing education.

Physician Assistants: The physician

assistant came about in the 1960s as a response to the need for more clinicians (there was a shortage of family physicians) and better access to health care. The first PA program was developed by Dr. Eugene Stead, chairman of the Department of Medicine at Duke University, to train PAs for rural areas with dwindling numbers of physicians and nurses. Today the term "physician assistant" has a more precise definition as it applies to a practitioner who is able to practice medicine under the auspices of a licensed physician. Although the physician need not be present during the time the PA performs his or her duties, there must be a method of contact between the supervising physician and the PA at all times. The PA must be competent in the duties he or she is performing and the physician for whom the PA is working must also be licensed and trained to perform the relevant duties. – http://www.medterms.com)

Mission Statement of the APC

- Strive to improve the health of patients and their families through interdisciplinary participation in clinical, educational, research and administrative activities using evidence based practices.
- Support the professional growth and development of the members of the APC and nursing staff at UCSD.
- Provide consultation, leadership and resources for the broader health community.

Function of the APC

The council functions as an integrated team. Members of the APC provide expert care across the organization, publish book chapters, abstracts, practice guidelines and articles annually beyond the walls of our organization, and act as mentors and resources for other healthcare professionals. They consult with patients, family and the interdisciplinary team in the management of burns, palliative care, congestive heart failure, stroke, newborn services and serve as an expert resource for the nursing staff in oncology, cardiology, critical care, trauma, high risk obstetrics, reproductive medicine, orthopedic injuries, pulmonary, pediatric neurological development, lactation, interventional radiology, maternal child, hepatology, liver transplant and clinical research.

Leaders

The members of the APC are proactive on legislative issues that affect patient access to care, such as, healthcare reform. Healthcare reform has set the stage for advanced practitioners to help bridge the healthcare gap in access to care. To help achieve this goal, and to underscore the need for healthcare reform and professional development, the APC has coordinated educational opportunities on contemporary topics for several years now. This year the APC presented "Healthcare Trends: the impact on 2013 and beyond", to the clinical staff during Nurses Week.

This was the 3rd annual symposium in which we have addressed the healthcare reform, advanced nursing education and the importance of advanced practice members to be able to practice to the highest level of their profession and continue collaboration with all staff members. NP's and physicians have worked together since the 1960s. Working together, physicians and NPs have had a positive affect on the health system and the role of collaboration continues to exist between NP and physicians. However, barriers do exist and the physician's lack of knowledge on NP scope of practice sometimes makes it difficult for them to give an NP complete freedom to practice. In spite of the American Medical Association's resistance and opposition, APNs, other health care professionals and consumers will continue to introduce and support bills in state legislatures and in Congress eliminating any and all forms of required physician collaboration or supervision over an APN. The APC as a group are united in supporting the expanded role for NPs which will result in improved access to safe quality care and lower costs. Most recently Senator Ed Hernandez, who chairs the Senate Health Committee, introduced SB 491 to amend the scope of practice to allow and authorize a nurse practitioner to practice autonomously without a standardized procedure or in consultation with a physician or surgeon and would bring California in line with 17 other states that have adopted full practice authority for nurse practitioners. The bill was approved by the Senate Appropriations Committee and then introduced to the full Senate, and was passed on May 28. The bill will proceed to the Assembly for review.

Our members act as mentors and resources for the nursing staff and other healthcare professionals. We also promote advanced practice by reviewing Medical Center Policies and bylaws in order to remove restrictive language that affects or is a barrier to our scope of practice. We are full partners as professionals in the healthcare system strategic redesign and welcome the opportunity to work as a team and lead the way to improve our quality of care and for a seamless healthcare delivery system.

Each one of us has a different story about how we reached our goals either through the traditional educational path or by working in the field and having to balance a professional career and pursue higher education at the same time. Please enjoy the following insightful and moving stories from the perspective of two Advanced Practice Nurses at different stages in their careers and what keeps them in the profession:

Sharing the Experience of Becoming A Nurse Midwife and Nurse Practitioner

by Rebecca C. Garrett-Brown, CNM

Rebecca C. Garrett-Brown, CNM has been in San Diego since graduating from Georgetown University's School of Nursing in 1986 and a CNM (Certified Nurse-Midwife) since 1991, after completing her Master's in Nursing at UCSF (University of San Francisco). She has worked in the home birth setting for 2 years, NMCSD (Naval Medical Center, San Diego) for 20 years and has been back at UCSD Medical Center since October of 2011. She has delivered over 2000 babies and loves taking care of pregnant women and their babies.

I am a Certified Nurse Midwife (CNM). I grew up in Philadelphia and my great aunt was an Obstetrician. She delivered over 4,000 babies and was a role model for me. The first woman doctor; "Elizabeth Blackwell" was my great, great grandmother's cousin and my uncle was a large animal veterinarian, so I come from a long line of medical personnel! When I was 14 years old, a good friend of ours had her baby at Booth Maternity Center in Philadelphia, which was a very successful and popular out-of- hospital birthing center, run by CNMs. I got to see our friend and her newborn baby shortly after delivery and I just thought it was amazing.

I decided that I wanted to become a CNM and applied for early decision to Georgetown University's School of Nursing and was accepted in 1982. My OB instructor was a CNM, so I was able to ask her a lot of questions about the profession. I was lucky enough after graduating to only have to work 3 months in Med/Surg before I could work in the brand new maternity center at Paradise Valley Hospital (PVH) in National City, CA. PVH was a Seventh Day Adventist Hospital and like Georgetown, which was a Catholic Hospital, I liked the philosophy about family centered maternity care. PVH had an ABC (Alternative Birth Center) room that was low tech. After being at PVH for 2 years, I was able to work Per Deim at UCSD Medical Center (in 1988), where they had a huge community based CNM program called the Comprehensive Perinatal Program (CPP). The RN who oriented me to L&D at UCSD is still here after all these years, which I think speaks volumes about what a wonderful place UCSD is.

After working at UCSD for a year, I applied to UCSF's School of Nursing for Graduate School and was accepted in 1989. At that time, you could spend your 1st year in San Francisco and your 2nd year in San Diego, which was perfect for me. The UCSD CNM Program was moved over to Naval Medical Center, San Diego (NMCSD) in 1998 and so when I graduated in 1991, they asked me to stay on as a Staff CNM and I said "Yes!" Many of the women I cared for came from other countries and I thoroughly enjoyed learning about different cultures and how these women went through labor and delivery. For example, Japanese women are usually very stoic and you have to be prepared that they could deliver without much noise at all. On the other hand, Hispanic women are very vocal and expressive during their labors and births. I even took care of a West Indian woman once who had come from the same little village in Antigua called "Potter's Village" that I had spent 3 years living in as a child, when my mother moved to the British West Indies!

I ended up spending 20 years at NMCSD and attending over 2000 births. When my contract was up, I applied to UCSD to come back as a CNM and I have been back at UCSD since 2011. We do about 1/3rd of the births at UCSD and have the only in-hospital birthing center, west of the Rockies! We have a very low cesarean section rate, about 15%, which is well below the national average of 32%.

We have less than a 1% episiotomy rate and the highest breastfeeding initiation rate in the nation.

I truly love what I do and I feel so blessed that I have always known what I wanted to be "when I grew up". Nurse midwifery is definitely a calling and I have the honor and privilege of taking care of women during one of the most intimate, transformative and powerful experiences of their lives, it never ceases to amaze me!

CNMs take care of women throughout the life cycle and can

provide routine Gynecological care, such as routine pap smears and birth control management. CNMs can fit diaphragms and place IUD's (Intrauterine devices). In many states, CNMs have prescriptive authority and can write prescriptions for medications, including birth control pills. CNMs practice under their state's Nursing Practice Act laws.

Most CNMs work one to two eight hour clinic shifts per week. These visits include new OB visits, routine prenatal care visits, dating ultrasounds, postpartum care visits and Gyn visits. CNMs also work one 12 to 24 hour shift per week at a birthing center or hospital. When you are "on call" taking care of a laboring woman, the CNM evaluates the patient for admission, manages her labor, does the delivery and performs the postpartum exam and discharge. Most CNMs view birth as a normal, natural process and we only intervene if we have to. We are there to support the laboring woman by offering encouragement and recommendations.

CNMs also work closely with doulas. A doula is a non-medically trained woman, who is there to support the laboring woman and her family until the birth happens. Doulas have been shown to decrease the need for anesthesia in labor (ie: an epidural), as well as the need for a cesarean birth. UCSD has a wonderful doula program called; "Hearts and Hands" that offers a laboring woman, free of charge, doula support in labor.

Trauma Nurse Practitioner

by Gabreila Riviello, NP, MSN

Spring, 1995

My last semester at Vanderbilt University, I am about to complete the Bridge Program at the School of Nursing – a direct entry program leading to the MSN as an Acute Care Nurse Practitioner. I am to write a paper on my ideal job post graduation. The title I choose: Trauma Nurse Practitioner.

January 2004

I am about to begin my first NP job: Trauma Nurse Practitioner at UCSD. After graduating from nursing school in August 1995, I took an ICU RN job in South Carolina and soon thereafter moved to San Diego. I began working in the SICU and trained as a Trauma Resuscitation nurse. I found I loved working with trauma patients. At the end of 2003, the restrictions on medical residents' work hours created new positions for Nurse Practitioners in the acute care setting. One of those was in the trauma department. I was given the opportunity to become the first Trauma NP at UCSD. It was an interesting, and challenging, first 2 years. I spent the majority of my time developing the role and educating physicians, nurses, ancillary staff, and myself on the role of the NP and the laws of the state of California. After two years, two more positions were created and I and my colleagues continued to expand the role. As Trauma NPs and PAs we manage all trauma patients admitted to UCSD in Hillcrest outside of the SICU. We round, write progress notes, create and execute the plan of care for the day. We work closely with physicians, the nursing staff, social work, case management, pharmacy, and physical, occupational and speech therapists on our patient's care. We plan the discharges and write the orders and discharge summaries. We also independently manage the outpatients in the NP/PA-run Trauma Clinic. A large part of our role is in education. We develop and provide education to NP students, medical students, interns, and residents, as well as to the patients and their families. We serve as resources for hospital staff in the care of trauma patients. Nine years after starting my first, and only, NP position, I look back at that paper and am amazed at the thought process of a young and inexperienced student nurse. The title and some of the future responsibilities are there. Some are naïve and far-fetched. But the desire to care for trauma patients and develop and expand the role of the NP in this field remains.

Gabreila Riviello, NP, MSN

BS in Cybernetics from UCLA, 1991

MSN in Acute Care Nurse Practitioner from Vanderbilt University, 1995

Started at UCSD in the SICU in 1997 Became a Trauma Nurse Practitioner in 2004.

Member of Advanced Practice Council

Bibliography

Quigley P, Thomason SS. Achieving maximal utilization of an advanced practice council. Clinical Nurse Spec. 1991; 5 (4):218-221.