

Advanced Registered Nurse Practitioner Care

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April 2007

Meet a Board Member!

Name: Ann Darlington

Specialty: Certified Nurse-Midwife

Now living in: Seattle

How long on the board: since the beginning, in the early 80s

Current work place and position: staff CNM in 7-member nurse-midwifery practice, Midwifery and Women's Health, part of Puget Sound Neighborhood Health Centers. "PSNHC" is a consortium of community health centers offering medical and dental services to our region's underserved at 16 sites throughout the Puget Sound region. My group provides OB/Gyn care at 5 of the clinics, and births at Group Health Central's in-hospital birth center in Seattle.

Brief work history: Became CNM in '81 (University of Utah) and worked at Virginia Mason Nurse-Midwifery Service from then until their OB lay-off in early 2002. (Our group was hired by PSNHC 10 minutes later.) I also serve as (unpaid) clinical faculty at UW, mostly as student preceptor and occasional guest lecturer.

Why you chose your specialty: Birth is a marvelous combination of an everyday event and a true miracle. In my younger days I was a political science major on track to be a lawyer when I realized I wanted something more direct and hands-on. I am woman-centered in my thinking about life, so midwifery keeps me immersed professionally in areas I care about personally. It is never boring and the employment (and volunteer) opportunities are diverse and thus far, never-ending.

Why you volunteered for the BOD: At 1st I wanted to help create a statewide organization to empower NPs and their clients. The work we did then was a great meld of my political and health care interests. We worked so hard and long to get full prescriptive authority for NPs! More recently, we weighed in on the medical malpractice scene, sounding "the voice of reason" that was missing in the debate. I remain committed to AUWS, and continue to volunteer as we re-energize our organization, by broadening our membership base through improved outreach and communication with NPs. I want us to be ready for The Next Big Political Thing (and there is always one just over the horizon). I agreed to be President of the BOD during our transition, to be sure it thrives throughout this "organizational revival" period (and because no one else on the BOD could take it on now.)

What you most care about regarding NPs: That we and our clients have the power to provide and access

our services; and that NPs can hold on to what makes us special (the "nurse part" of who we are) and be respected for our good work. Respect is politically defined in many ways, including fair compensation and unfettered opportunity within our scope of practice.

Your hopes for AUWS: That AUWS can grow and expand our influence, within our NP practice world as well as in the world of state politics. That we stretch to more fully represent all NP specialties, geographic locations, and issues. And that we continue our work with other groups (nursing and other professions) to promote safe, accessible, affordable health care for all. I also want AUWS to rev up and maintain a vibrant, web-based NP-to-NP referral system, accessible to NPs and consumers.

Name: Karl W. Lambert

Specialty: Family/Primary Care with subspecialty of Occupational Medicine

Now living in: East Wenatchee, Washington.

How long on the board: Transitional Board Fall, 2006

Current work place and position: Opened RediMedi Clinic, PS in East Wenatchee, December, 2006.

Brief work history: I started my career as a nurse 1986 at the Fred Hutchinson Cancer Research Center. Completed my graduate degree from University of Kentucky, 1997 and then started at the Wenatchee Valley Medical Center as a family nurse practitioner. The last 2 years prior to resigning and venturing out, I specialized in Occupational Medicine.

Why you chose your specialty: I love the gamut and variety one gets with primary care. I love that we can make a significant difference in the lives we come in contact with. I tolerate Occupational Medicine only because it does reimburse generously which helps to pay the bills.

Why you volunteered for the BOD: Starting a nurse practitioner practice in a very conservative area kind of forces one into the political limelight. I do not consider myself political, but I will need to be much more astute to the political winds and changes. Being a member of the BOD will help.

What you most care about regarding NPs: Nurse Practitioners love what they do and it is evident by not only the care they provide, but also the overall outcomes.

Your hopes for AUWS: I expect and hope for a more uniformed front from all nurse practitioners across the

State of Washington. There is no better time or place to be a nurse practitioner. I believe the best for nurse practitioners is yet to come, but having a more unified voice will help.

HPV Vaccine Findings

Ongoing evaluation of a phase II trial of a human papillomavirus vaccine, developed to prevent cervical cancer, shows that the vaccine continues to protect against HPV types 16 and 18 at five and a half years into the study, according to researchers from the University of Louisville. Their findings also show that the vaccine offers significant cross-protection for HPV types 45 and 31.

The study follows 1113 women between the ages of 15 and 25 in North America and Brazil randomized to receive three doses of either the vaccine or the control. The vaccine, made by GlaxoSmithKline, which funded the study, is designed to protect against two strains of HPV, types 16 and 18, which together are thought to cause nearly 72 percent of all cases of cervical cancer.

At over five years into the study's follow-up, the researchers found that approximately 98 percent of subjects still maintained protection against HPV types 16 and 18. Regardless of HPV status, the vaccine also appears to prevent most occurrences of cervical intraepithelial neoplasia lesions – abnormal, precancerous cell growths found in the cervix.

They also found that the vaccination offered significant protection against genetically similar viruses. They determined the vaccine to be 88 percent effective against HPV type 45 and 54 percent effective against HPV type 31.

“Overall, it is not a surprise that the vaccine offers protection against additional types of human papillomavirus, as they are all related genetically,” said Stanley Gall, M.D., professor at the University of Louisville. “However, as you get genetically farther from types 16 and 18, you would expect to see less cross-protection.”

According to Dr. Gall, effective preventative treatment with the vaccine will depend on the long-term and broad protection the vaccine can offer against cancer-causing HPV types.

Success Stories

Listening

Allegra Klein

The intersection of Caring Theory, listening skills and classism in health care will be addressed in this article. Classism occurs when there is an uneven power structure in an institutional setting. Bernice Lott (2002) states that power is defined as access to resources.

Some groups of people have more access to a set of rules for interaction. Often, we, the health care providers, unintentionally occupy the power spot, and we are particularly aware of the behaviors of groups of people who consume health care differently than what we might think normal.

A two year old arrives with a complaint of constipation. Her mother states that Janie has not had a bowel movement in days. The child looks well and is playful. Her mother, who is distracted by her other children who are coughing and crying, looks disheveled, and does not maintain eye contact as she gives the history. The child's aunt is also at the visit, and conversations begin between the aunt and mother that are time consuming and only peripherally related to the visit today. The mother describes the stool as hard and ribbon like and states that the child just can't "go". Then the other children cough, get into a spat, need to go to the restroom, and there is chaos in the room. It is easy to remember that this family has been here 3 times in two weeks for different minor complaints, and it is hard to remember that chaos in the exam room changes how we see and connect with a patient, and how well we listen, tempting us to move toward solutions and treatment instead of listening.

Because she has been frequently consuming care, and because of her appearance and the chaos in the exam room, it is possible to disregard or value less what this mother is saying about Janie's constipation, not maintaining belief in her (Swanson, 1991). She takes a lot of time because she answers in a circular way, losing her train of thought as the other children distract her. Often, as professionals, we respond to a situation like this by unconsciously distancing ourselves and by not giving credit to the mother as the expert about her child.

At times like this, when we sense a disconnect, if we can focus on a behavior that is resulting in our desire to leap forward to conclusions, we can make a conscious choice that results in a better connection with a patient and a much better outcome will result. In health care delivery, listening, really listening, is something we often neglect to do with poor patients (Lott, 2002). If the chaos is too great in the room, consciously choosing to calm the environment by politely asking the aunt to take the other children to the playroom would allow more connection with the mother and child, an application of Swanson's (1991) being with concept.

Kris Swanson's Caring theory (*knowing, being there, maintaining belief, doing for and enabling*) relates directly to ARNP care delivery. Because of the schedule, we may be tempted in this case to rely on our ability to predict the outcome of a patient visit to speed our care. There is room for concern when we move to the Caring

Theory step of *doing for* before we address *knowing, being there and maintaining belief*.

In a quieter room, we can begin to look for the unexpected, the less common possibility, such as anal stenosis in a two year old. In order to create a connection, we might begin with: "You have a lot going on. The kids have all been sick, and this problem has just been coming up over and over. What are you most worried about with Janie? What do you think might be wrong? What do you think needs to be done to check this out that may not have been done before?"

References:

Lott, B. (2002). Cognitive and Behavioral Distancing from the Poor. *American Psychologist*, 57(2), pp. 100-110.

Swanson, K. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 151-166.

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I would also like to thank my instructor, Janet Lenart, MN, MPH, RN. In her UW CAM course, Integrating Health Care and Culture, she has drawn attention to issues that occur in the provision of culturally sensitive care.

CE Opportunities

Pacific NW 30th Annual Conference for Advanced Practice in Primary and Acute Care

November 7-10, 2007 • 6.0-20.5 contact hours • Washington State Convention & Trade Center, Seattle, WA

Enhance your clinical competencies • Acquire new assessment and management skills • Examine critical issues at the state and national level and their impact on primary care practice • Foster a strong coalition of primary care providers • Learn about new products, services, and pharmacotherapeutic agents at this highly-acclaimed conference.

For information call CNE, 206.543.1047 or email: cne@u.washington.edu or [uwcne.org](http://www.uwcne.org)

Classified Ads

ARNP

Busy Urology Clinic looking for energetic ARNP to join our 4 physician group. Responsible for office and hospital physician based support. Candidate should enjoy autonomy; have excellent assessment skills diagnostic ability and personable interaction with patients and staff.

Reply to Eva Samtmann @ Northwest Urology Clinic, 1311 East Division St., Mt Vernon, WA. 98274

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Full Time Positions

CliniCare of Port Angeles, a NP owned facility (18 years), is seeking one or two FT FNPs. This is a challenging fun position requiring the right personality. Applicants must enjoy people as well as their chosen profession. Experience preferred, but we are a teaching organization with the goal to work efficiently, independently and cooperatively. We have an excellent staff and great clients with a wide variety of challenging problems, acute care, family practice, mentor to students. Enjoy the Olympic Peninsula of Washington State. Visit: <http://www.visitsun.com> or broaden your focus, <http://www.hometownlocator.com/CountySearch.cfm?County=Clallam&StateCode=WA&SCFIPS=53009>. This is a solid career opportunity in a busy thriving practice. Salary and benefit package DOE. Email for details along with CV to medic@olympus.net CliniCare, Atten: David Kanter, ARNP, Port Angeles

Seattle University College of Nursing Faculty Position Start Summer 2007

Family Nurse Practitioner Track Coordinator

Master's or doctoral prepared, experienced family nurse practitioner with current ARNP licensure. Preference will be given to applicants with strong clinical background teaching, and curriculum development experience. Reports to Assistant Dean for Graduate Studies.

- Designs, plans, implements and evaluates the FNP track curriculum to assure congruence with CCNE and NONPF guidelines
- Coordinates the faculty who teach in the FNP specialty
- Serves in the admissions process for immersion and RN applicants
- Coordinates and advises FNP track students.
- Coordinates the Standardized Patient Program for FNP students in the Clinical Performance Lab
- Teaches courses in the specialty.
- Maintains FNP student and faculty information website and files
- Assists with recruiting preceptors and evaluating sites
- Assists with marketing

Contact Dr. Katherine Camacho Carr, Assistant Dean for Graduate Studies: kcarr@seattleu.edu or call 206.296.5666.

Healthy Humor

Interesting Trivia

- The human body has less muscle in it than a caterpillar.
- Eye balls are 3.5% salt
- The average person falls asleep in 7 minutes
- Pain threshold is 9 times stronger in women than men.
- Cold weather improves human memory and concentration.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$550 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

Inspirational Quote
No one can make you feel inferior without your consent.
Eleanor Roosevelt

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