Advanced Registered Nurse Practitioner Care

Vol. 18, No. 5

Official Newsletter of ARNPs United of Washington State

May 2007

Member Spotlight: Teresa Colley, MSN, ARNP

I opened Grace Clinic, a family practice clinic in November of 2006. I had a desire to provide quality health care service to people who were having a difficult time finding quality care, due to the type of insurance they had or some other circumstance.

I had previously worked in a physician owned clinic for 7 years. The care given was excellent, my colleagues were great, but I wanted a different approach to patient care and to run my own practice. I had a desire to *know* my patients in a way that a 10-15 minute appointment just doesn't allow. I really felt that I had a calling on my life to give people compassionate, understanding care not just a diagnosis.

My clinic is a very small clinic with a very big heart. It is only 950 sq feet but in a lovely location with a great landlord. I have 2 fully equipped exam rooms, a lab and storage/sample area, waiting room and reception area. There was a cubby at the end of the hallway where my MA has her desk there and an area behind reception where I have mine. We also have a small table and break area in a funky little corner by the old entrance to the building. The funny thing is, it doesn't feel cramped!

I opened with just myself and a CMA. We shared the duties of rooming patients, answering phones, scheduling appointments and the general duties of running a clinic. I did all of my own credentialing and am a full participating provider with all insurances except Group Health and CHPW. I am fully electronic with no paper charts. I employ an outside billing and coding company. My electronic medical records data base was customized to the way I practice and captures all the data I require. I love it because you are prompted to ask patients about health maintenance and it reminds you if you do not tell it you received results on someone if you ordered them!

I thought it would be 6-12 months before I would need another person on staff to handle the load. However, it appears to have succeeded beyond my dreams. I now employ a full-time office manager, a 2nd NP part-time, and a part-time office support person.

I see between 15-18 patients a day (which is perfect in my mind). I allow 1hour for a new patient visit, 45 minutes for a PE/WHE/DME, and the provider has the discretion to give the patient more time for a follow-up if they feel it is necessary.

Alex Ponomarenko, MSN, ARNP is of Russian nationality. He is filling a need in the local Russian community for a provider who speaks their language and understands their culture. He is also accomplishing what he

dreamed he would be able to do. Provide culturally sensitive care to people of his heritage.

I have been receiving referrals from pharmacies, ER's, the local Health District and past and present patients. I was fortunate enough that quite a few of my patients from the old office have tracked me down and transferred care to me.

I am happier than I could have imagined. No matter what the hour or how late I work to get it all done, I still find myself smiling and saying "I did it!"

I wish every single NP could experience the joy of running their own clinic.

Meet A Board Member!

Name: Deborah Smith, FNP

Specialty: Family Nurse Practitioner

Now living in: Spokane

How long on the board: Prior to the inception of ARNPs United (when it was a fledgling interest group in WSNA), and new member of the transitional board, Fall, 2006.

Current work place and position: I have practiced in a small family practice office with a physician colleague for the past 21 years. I also teach in the Department of Nursing at Gonzaga University in all areas of our program – pre-licensure RN, RN to MNS, and in the graduate school, in the advanced nurse practice pathway. I am engaged in DNP (Doctor of Nursing Practice) studies at Case Western Reserve University.

Brief work history: I became a Family Nurse Practitioner in 1981 (University of Washington) and began practice in Sumner with the Urban Health Initiative in Pierce County. Upon returning to Spokane in 1986, I have worked in my practice as an FNP. Given my longevity I have worked with families through all growth stages, and now care for three generations. I love continuity! In 2001 also I began work part-time at Gonzaga University, as an Assistant Professor. I very much enjoy my work with students. My practice informs my teaching, and teaching informs my practice.

Why you chose your specialty: I wanted to "finish" my work with patients, rather than referring them for continuance nursing/health care. I also wanted to "make a difference" in a substantive way. Working as an FNP has exceeded my expectations, has challenged me to the hilt, and has been a delight and a surprise on a daily basis. It is indeed a privilege and an honor to work with remarkable people and the incredible human body on a daily basis.

Why you volunteered for the BOD: I strongly believe in this organization. The statewide organization of ARNPs United has the ability to empower NPs and their clients. I would be completely satisfied with ARNPs United if their work was solely within the legislative arena, representing ARNPs and their clients. ARNPs United fills a legislative gap with savvy. It is of utmost importance to practice and to patients to have an articulate and informed legislative presence. Legislative involvement is a part of practice that cannot be left untended.

What you most care about regarding NPs: I believe ARNPs and their clients can continue to work together to explore and individualize options which provide the best "fit" for improved health. ARNPS can work together to provide fair access, unparalleled health care, and to challenge the best ways to react to the present, as well as to shape the future.

Your hopes for AUWS: I hope that AUWS can grow and expand its political influence. In the present and the future, I hope that we can continue to react defensively to challenges lobbed at our scope of practice. I also hope that we can expend our energy to react more proactively in a way to maximize and legislatively build on our unique contributions to our clients, our health-care system and to nursing. I would like to see ARNPs throughout the state support AUWS financially, and to be available to provide expert testimony to further our legislative goals. Our true strength can be realized by supporting AUWS in numbers. If we do so we will fulfill our contract to our patients regarding accessible, safe, fair, and individualized health care.

Success Stories

Listening

By Allegra Klein

Listening to patients and assessing their world view is an important part of well child visits and parenting education in ambulatory care. This month, the patient I will present is a one year old Iraqi child, youngest of four living with his immigrant parents and 3 siblings. This Muslim family has been in the U.S. four years.

I met H in a room full of people. In the room were the four children of H's family and his mother and father. Also present were his aunt and her son who is also one year old. I had checked ahead on my schedule, so I had arranged an interpreter, a larger child proofed room, and extra time for the visit. I had also studied *The Provider's Guide to Quality and Culture* on the Internet in order to be prepared.

H came for a basic check up and developmental screen. His parents wanted to know that he was growing normally. They had seen no problems. While we were doing the developmental screening, H bit his 7 year old brother when they disagreed about a toy. The 7 year old cried and cried.

Different from what I usually see in families, the mother and father did not seem upset or worried, angry, or embarrassed when this happened. I said, "I notice that H just bit his brother. What can you tell me about this? Is it a problem? How often is it happening? How are you handling the biting?" The father looked at me and said, "It is because he was not nursed long enough since his mother is sick. Allah tells us babies must be nursed, and when babies are not nursed long enough, they bite. They just do it. Nothing can be done about it."

I thought about how I wanted to explain why biting occurs, and how the behavior could be changed. I wanted to teach that one year olds get frustrated because they do not have enough specific words to say what they want or need instead of biting. Then, I thought about why I wanted to do those things, and realized that I was believing that the parents could and would want to change or fix this behavior based on my view of the world, parenting children, and my role which included education and guidance for patients and their parents.

Contrary to my viewpoint, they believed that experiences happen because of not doing as Allah instructs. They did not come to me seeking an intervention or a way to fix this problem. Kleinman & Benson suggest a discussion with a patient about how they see an event or illness or situation, and what they would normally do about the problem. They point out that a provider may stereotype a patient as non-compliant or a poor parent without an understanding of how the patient views the situation.

I remembered that I had learned from my references that many Muslims do not believe that it is up to the individual to change behaviors that relate to illness, because Allah gives illness, and Allah takes it away. Then I thought about Swanson's Caring Theory and how knowing means listening to patients and helping them to feel understood. Swanson also points out that maintaining belief means that the provider believes that patients can manage transitional experiences from their viewpoint, and not necessarily our United States viewpoint, as long as there is not significant harm to another. Swanson encourages understanding the beliefs and strengths of the patient.

I repeated what the father told me. Then I said, "Some people do find this to be a problem. There are a few things parents can do that might make biting happen less often. Do you want to talk about that?"

References:

Kleinman, A. (2006). Anthropology in the clinic: The problem of cul-

tural competency and how to fix it. PLOS Medicine, 3(10), 1673-1676.

Provider's Guide to Quality and Culture:

 $\label{lem:http://erc.msh.org/mainpage.cfm?file=5.4.0.htm\&module=provider\&language=English$

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

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 \cdot Acquire new assessment and management skills \cdot Examine critical issues at the state and national level and their impact on primary care practice \cdot Foster a strong coalition of primary care providers \cdot 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

Classified Ads

Family Nurse Practitioner

Busy urban Family Practice seeks a part-time, experienced Nurse Practitioner. If you are a computer-savvy (we use an EMR), motivated individual who enjoys an eclectic mix of patients, fax or email us your resume. Located in the booming neighborhood of Fremont, this position could easily grow to a full-time position with benefits. Salary/hours negotiable. Contact: Dr. Cahn @FAX: (206)-545-0491 or FremontMedical@yahoo.com

Maryland Oportunity

Mid-Atlantic Nephrology Associates is seeking a full-time nurse practitioner to work in the Baltimore, Maryland area and surrounding counties. This is an excellent opportunity to be trained in a growing specialty and to work with a patient-focused team, in a dynamic physician-owned practice. Interested candidates should fax resume to D. Powell at 410-737-2168 or email to dpowell@manapa.com

Full-Time or Part-Time

Fast pace primary care office in Springfield, MA located 90 miles from Boston, MA. Looking for a full-time / part time Nurse Practitioners. Spanish is a plus. Out-patient care only. No nights, weekends or holidays. Competitive pay, excellent benefits package, partnership possibility and relocation bonus. Please email your CV to healthcare 1985@yahoo.com or fax it to 413-739-9352

When ordinary patients are just too...well, ordinary...

...it's time to join Wexford Health Sources - a privately owned and nationally recognized leader in contracted medical services for correctional facilities. Here, you'll get a chance to work in a safe environment with those who really appreciate your efforts. No family interactions. Less charting. Less physical - less lifting. And a lot more REAL nursing care.

We are offering exceptional opportunities to healthcare professionals in the following area: Clark County Correctional Facility:

NURSE PRACTITIONER

At Wexford Health Sources we offer:

- · Highly competitive salaries
- · Extensive benefit package
- Promotional opportunities
 Erin Steele

Staffing Consultant Phone: 1.800.903.3616 Fax: 412.937.8874 esteele@wexfordhealth.com An Equal Opportunity Employer M/F/D/V

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 Kanters, 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.
- $\bullet\,$ 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.

NGOabroad

Nurse Practitioners, nurses & midwives are needed in Asia, Africa, Central & South America.

There is 1 doctor/10,000 people throughout most of Africa. Mothers carry their sick children to closed clinics.

NGOabroad matches your skills to international humanitarian need. nGoAbroad is a unique clearinghouse, referral and career consultation service.

For more information. see http://www.ngoabroad.com/

If interested, email info@nGoAbroad.com: 1) briefly state your skills, interests and goals; 2) please copy and paste your resume; 3) write your skill set in the subject line.

Healthy Humor

You Get What You Pay For

A well known rich businessman broke his hip. The businessman got the best bone surgeon in town to do the operation. The operation consisted of lining up the broken hip and putting in a screw to secure it. The operation went fine, and the doctor sent the business man a bill of \$5000. The businessman was outraged at the cost, and sent the doctor a letter demanding an itemized list of the costs. The doctor sent back a list with two things:

1 screw \$ 1Knowing how to put it in \$4999 \$5000 total

The businessman never argued.

Inspirational Quote

How am I going to live today in order to create the tomorrow I'm committed to?

Tony Robbins

 $Self\ help\ expert\ and\ motivational\ speaker$

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.

ARNPs United of WA State

10024 S.E. 240th St., Suite #102, Kent, WA 98031 253.480.1035 Fax: 253.852.7725 Email: au@nurse.net Web site: www.auws.org

ARNP Care

10024 S.E. 240th St., Suite #102, Kent, WA 98031 253.852.9042 Fax: 253.852.7725 Email: care@nurse.net Web site: www.nurse.org/wa/arnpcare

Editors:

Robert T. Smithing, MSN, ARNP Madeline D. Wiley, MSN, ARNP

ARNPs United Contributing Editors:

Heather Bradford, CNM, ARNP (Legislative Chair) Susan Caverly, PhD, ARNP (President) **Production Staff:**

Sarah Abid, Courtney Kiele, Lisa Forehand

Publisher:

NP Central

 $\,$ $\,$ $\,$ $\,$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ Subscriptions are \$25 per year, tax included. Ad rate sheet available on request.

Prert Std U.S. Postage Rent, WA Kernt, WA Return Service Requested

ARNP Care 10024 SE 240th St, Suite 102 Kent WA 98031