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Q: How has NC been a leader in nursing?

Oh boy, now I'm going to have to remember what I wrote down.

Knowing you can edit this, but some of it I'm not exactly sure of and I don't know the date, but like the first cardiac care unit was at Memorial Hospital, what was then Memorial Hospital, now UNC Hospitals, it was the first one in the country. The BON was either the first or one of the first few boards and the state was the first to create the legislation for a BON. So that was another first. I think I mentioned the nurse practitioner movement. And we weren't the first in the county, Colorado had a pediatric nurse practitioner program for a couple of years before then, but following that we were one of the first 3 family nurse practitioner programs in the country and the first state to really utilize them like we did just throughout state in such a coordinated effort between the AHEC program, the Rural Health program and the educational programs at UNC and then later at East Carolina and Mountain AHEC.

Q: Could you list the firsts and explain the significance?

Well, a first Board of Nursing, a first critical care unit, one of the first nurse practitioner programs. It was a state that was trying to do better. It had some very poor statistics in regard to health at least in the middle part of the century when so many men failed the draft. And it was a poor state and so it was trying to be more progressive. It had further to go so that, than many other states, so that when it started to move, just new things kept happening, really one right after the other. It was sort of one set off the other.

Q: Why were baccalaureate programs needed in the '40s and '50s?

Well, I think that one, there was a move to recognize nursing more as an independent profession and under the current educational structure, nurses were trained in hospitals. They were really almost beholden to hospitals. It was an apprentice kind of system. Medical knowledge was beginning to explode. I mean, it's exploding now at a much quicker rate, but it was beginning to explode. And so, nurses needed more science background, just more knowledge to the care and skills they brought to the bedside. And the university setting was a more appropriate setting to move the profession forward in all sorts of ways.

Q: What were the shortcoming of hospital diploma programs?

Well, to be perfectly honest I can't tell you exactly, particularly in NC, but I think from what I understand, there were several factors. There was a shortage of faculty, or at least people qualified to be faculty. And there was very little new knowledge and information coming into those programs. I mean people went to a diploma program, they worked in a hospital, that hospital, for a period of time, and then they taught in that hospital. So, the same old stuff was being taught and retaught and there was very little new material, new

knowledge being brought in to give life to these programs and to shape them for the future. And then you couple that with the shortage of faculty so that really every program became weak because the few faculty were being spread out over too many programs.

Q: What sort of nursing school did Elizabeth Carrington lobby for?

Well, Elizabeth Carrington, and everyone in nursing needs to, in the state, needs to be grateful to her. What she wanted foremost was a school of nursing that was an independent school of nursing. That was run by a nurse, did not report to either a hospital or a dean of medicine, but was its own free-standing school. And that was her most passionate crusade, and she wanted a baccalaureate program. She came, moved back to the state from U. of Pennsylvania. And she saw what a baccalaureate education could bring to nursing, now to the practice of nursing, to the profession of nursing. So, those were her 2 critical issues, an independent school and a baccalaureate program.

Q: How might nursing education in NC be different if there had been no Elizabeth Carrington?

Well, Bill Friday would say nursing would be very different. And I think it would be. It would just be much later out of the block. Who knows when we would have gotten the first baccalaureate program in the state. My guess is it would have been at least 10, 15 years later. And so we would have been behind in every other development that comes from establishing the first one. I mean, you establish the first baccalaureate program and soon other schools and other universities say 'get ready,' and they're ready to offer a baccalaureate and then they're ready to offer a master's program and eventually they're ready to offer a doctoral program. So we probably wouldn't have a doctoral program today in this state, at least at this time, had we not had the first baccalaureate program back in 1950 thanks to Elizabeth Carrington. So everything would be behind.

Q: What caliber of faculty was attracted to UNC SON at first?

Well, the first faculty, people came who were really experienced and well known nationally. And one of the attractive features was not only did we have a good university but it was a university that had all 5 health schools on one campus and in one division. You had medicine, you had dentistry, you had public health, you had pharmacy and then you had nursing. And so it was a very comprehensive health science center. And it was one of the first comprehensive health science centers that had all 5 of those schools on one campus. So that environment just attracted well-known and well-experienced faculty. We also had some local people who Elizabeth Carrington brought on and groomed. Patty Lewis being a perfect example who eventually became a great leader in nursing you know across the country. But it really attracted people from all over the country because of the health science complex.

Q: How was Duke's program unique in the '30s and '40s?

Well, Duke had a traditional program, hospital diploma program. But what the nursing faculty of that program did is that they made arrangements with the university at Duke to allow students who graduated from the diploma program to enroll in Duke U. to get credit for some of the work in the diploma program which was really unheard of at that time. And so the way in which nurses who graduated from Duke with a diploma could get their baccalaureate degree, even though the baccalaureate degree was not in nursing, they could still earn that baccalaureate degree with ease and could move into the university system with ease which was otherwise difficult for nurses.

Q: Was this the first RN to BSN program?

Well, you can't really call it an RN to BSN program because they did not earn a baccalaureate in nursing. They earned a baccalaureate in, I think, virtually any field they might choose, although after a period of time, the school of education or the department of education of Duke took nurses in so that they earned a baccalaureate in education with an emphasis on nursing education. So it's not really a BSN, a baccalaureate of science in nursing, but it was a baccalaureate degree.

Q: What should be said about the development of master's degree programs in NC?

Well, the need for the master's program became, was again the critical shortage of faculty throughout the state, not only in UNC's baccalaureate program but in all the hospital diploma programs throughout the state. Faculty were a critical need. We couldn't produce, at that time, enough nurses. I mean the demand for nurses was rising and there just weren't the faculty. And at that time,

in the '50s, master's education in nursing had what we call a functional emphasis. People either got a master's degree to become teachers or they got a master's degree to become administrators in hospitals. So the master's program at UNC when it started in the '50s prepared nurses to be either teachers or administrators. So they were meeting the need to get, to prepare faculty for schools of nursing across the state.

Q: What was NC's position in relation to other states in terms of master's education for nursing?

I don't think it was particularly early, but there were waves in nursing education, in terms of when programs began, and there were certainly baccalaureate and master's programs before the '50s and they were the early wave. But then in the '50s we had sort of the second wave of the development of new programs. And so UNC, North Carolina, was early in the second wave in the development of master's programs.

Q: What about Duke's program?

Well, Duke wanted to start a, their master's program with a clinical emphasis. And they were really one of the first schools in the country to think of that. And it was so early in fact that it was not well accepted by the profession in general, which was unfortunate

because it sort of pushed back the development of clinical emphasis in our master's programs, but they were really ahead of the pack in the thinking about where master's education ought to go in the future. They had trouble getting accreditation for that program and again, that's because it was not well accepted yet as the way of the future by the profession at large.

Q: Why were nurse practitioners necessary in NC and in the nation as a whole?

Well, some people might say, and some people of my era anyhow, is that many nurses were doing what nurse practitioners do anyhow so let's just legitimize it. But the real need at the time came from this critical crisis we had throughout the country in primary care, particularly in rural areas. Country doctors, family doctors were leaving or dying and there was no place to go for people to get care. There weren't enough physicians to fill all those spots and secondly, you couldn't really attract physicians to many of these rural areas. Nurses lived in these rural areas and it was really felt that with just a little additional education they could really meet most of the primary care needs of most people, and in fact legitimize much of what they already know and enable them to do what they were capable of doing. And with a little extra training they would be capable of doing even a whole lot more. But it really met a need to deliver primary care to people wherever they were, whatever underserved areas be it rural area or underserved urban areas.

Q: What factors in NC combined to make the nurse practitioners movement possible?

Well, you had, NC was a rural state and so the problem of primary care in rural areas was just accentuated in this state because of the rural nature of the state. The other factor I think is that there was at that time, just a lot of new, creative thinking about health care and the health care system in this state which provided an environment in which all sorts of new ideas could really flourish. If they would work, let's try 'em. And so with those 2 factors coming together at the same time, one a great need and two, just an environment in which we said we need to do something about health care in this state, so let's do something innovative led to, I think, a real acceptance of nurse practitioners.

Q: What was the communication among the health care disciplines, the communities and the politicians?

Well, I, the nurse practitioner movement in many ways is a great example of major social change. You had people in the universities, physicians, nurses, people in the school of public health who were all talking together saying how can we solve this problem, what can we do at the university to help solve the health care problem in our state? We had people in government who were saying how can we deal with this rural health problem? And the Rural Health Program was created at that same time. We had people in government and the university talking about the rural health, the rural nature of NC and how can we get all sorts of health professionals out into the rural areas. So you had people in government talking with people in the university and the AHEC program was

created. And then because you had to have legislation to enable nurse practitioners to practice, you had to bring in politicians to change laws. And what really happened oftentimes is you had sitting in one room people from the university, people from the legislature, people from the medical society and the nursing society which are political organizations in many ways, and then you would also have people from communities who were saying we need this, we need A, we need B. And so they would all sit in the same room at the same time and strategize as to how to make this work. And first it was a few people and then it was twice that many people and pretty soon the circle just grew until it spread throughout the state.

Q: Why were nurses particularly suited to provide care in these rural areas?

Well, I mean first they were nurses and they knew the local communities. They were from the local communities, they knew the local communities, they knew the people in it, they knew the culture and the mores in the community so that they could work with community one in establishing the clinic and in caring for patients. It's much like why were people in rural areas drawn to their family doctor. It's because they knew him. They gave birth to their children and they buried their parents and they watched their kids grow and the same is true of nurses who lived in those rural areas. So I think the issue is they were from the rural area and therefore, they could really tune in and provide care that was sort of tailored to the people of their community.

Q: How was UNC School of Medicine suited to help the nurse practitioner movement?

Well, Glenn Pickard who is the father, really of the nurse practitioner movement in the state, would talk about the medical school and the, in the medical school at that time there was a growing number of physicians who were interested in community care and both, if they were in internal medicine or pediatrics or obstetrics, but they were interested in community care and primary care. So they all converged on UNC at a very similar time, with very similar interests and then, became extremely supportive of the nurse practitioner program.

The dean of medicine, the dean of nursing, the dean of the school of public health formed a policy board which sort of gave initial direction to the nurse practitioner program. They all gave it their wholehearted support.

And then there were any number of faculty from the medical school who gave their support to the nurse practitioner program and did much of the initial teaching and did a great deal to bring the Medical Society along to get support for this program because without the Medical Society's support we wouldn't have gotten too far.

Q: Was there opposition?

Well initially, the Medical Society was against it. The Board of Pharmacy was against it when we were trying to get prescribing privileges for nurse practitioners. The nursing

association was not in favor of it, no nursing association across the country was, in fact, they viewed us as handmaidens to physicians. Oftentimes local docs were opposed. In the school of nursing, the mainstream faculty were not in support of the nurse practitioner program. In the school of medicine, there were faculty not associated with the nurse practitioner program who were not in favor of it. So, you can just name about any conceivable group in the health care system and at some point in time, they were against. But, you know, against those odds, we just forged ahead.

Q: Was this a cause?

Well, it was a cause. It was a cause, one because it was, it was something, it was an innovation that would work, that would help solve the primary care crisis in this country. It was a cause because many of us believed it would be better. The primary care that we would deliver would be better. It was a cause because it brought nursing's role to an entirely new and higher level of functioning. It was a more independent role, how we interacted with patients was more significant. So it was good for nursing, good for nursing, good for the health care system, good for the state of NC, and so on that basis it became a cause. And it was a cause because there was opposition, so when there is opposition, you need to fight a little bit harder to make something work.

Q: Can you talk about Prospect Hill?

Well, Prospect Hill was prototypical. It was a rural community. The family physician had left. People in that rural area were without care. People in the community got together and tried to figure out what they could do. First they tried to recruit a physician. They went to the med. school and said can you get us a physician out here. But then as they learned about nurse practitioners and what that might do, they were willing to experiment with the university. So Prospect Hill then became an experiment. A rural community in which there would be 3 nurse practitioners and one physician who would come out periodically to see patients and to consult with them. So, and then it became a very successful experiment and it still today works.

Q: What about the NP program in Tarboro?

Well, yes, I was a master's student at UNC when the pilot FNP program started and the first class came and I worked with Glenn Pickard and others in that program. And when I came back to finish my thesis, Glenn said to me we want to start regional nurse practitioner programs. We have the one Chapel Hill, but we want to start one in the Eastern part of the state and the Western part of the state, so we really could get students into the program who couldn't necessarily leave their families and their homes for a year to come to Chapel Hill. And so he said did I want to start one in Tarboro. Tarboro had just started its AHEC program, it was the Area L AHEC program. The physician who was director of that program, Larry Cutchon, was very enthusiastic about nurse practitioners so I went to Tarboro in the AHEC program in Tarboro to set up a nurse practitioner program there. And we did. We had 6 students in that first program. And

what it taught us was that yes, we could have regional programs and it would make a great deal of sense. It also taught us that it would probably be better if that program were affiliated with a university and 20 miles down the road was Greenville, NC, and Eastern Carolina University that had a school of nursing. So the following year, we went and talked with the dean of, Evelyn Perry at the time, of ECU School of Nursing, and worked with them to help them start a family nurse practitioner program. And at the same time, or about the same time, we went out and talked to people at mountain AHEC in Asheville and got them ready to start a family nurse practitioner program. And so in a couple of years, we then had 3 nurse practitioner programs in the state. One in the East, one in the Central part of the state and one in the West. And we all worked together. We had a consortium. And so all the faculty of all those programs, from the East, West, Central part of the state met as a consortium. And we felt that was important because we wanted to assure the state that, in fact, a nurse practitioner was a nurse practitioner was a nurse practitioner, and that they all had similar training, met similar standards. And given that it was so new and it was under everybody's scrutiny at the time, we wanted to make sure that all the nurse practitioners that were produced in the state really met a very similar high standard. And so we all met together and we had a lot of fun doing it.

Q: What are some distinctions of NC's first FNP program?

It was, NC's nurse practitioner program was one of the first three family nurse practitioner programs in the country. It was, because the nurse practitioner program was started and had the collaboration of medicine and nursing, was working with this newly developing AHEC program, was also working with this new office and state government, the Office of Rural Health, we were able to not only train nurse practitioners, but we were able to work with them, help them establish themselves in community clinics, work with those clinics and the physicians in the local areas so that the whole concept could work well. People across the country just looked at NC because not only were we one of the first three educational programs, but we were a state that really had it all together. And with all those different groups, and different professionals working together, we were the envy of most states. People came to look at what we were doing, asked us to come and talk to them about what we were doing. It was a package, I mean it wasn't just the educational program. That was a big piece of it, but it wasn't just that. It was working with communities to get clinics started. Working with AHEC programs so that there would be a way for nurses, physicians and other health professionals to continue to learn and to have a place in which they could identify with.

Q: How have early NPs in NC influenced practice and education?

Well, I believe that the early nurse practitioners paved the way for what we now know as current advanced practice nursing. It was advanced practice nursing. Now the nurse practitioner role, the knowledge that nurse practitioners have, that's standard fare for all advanced practice nurses. It changed what master's education was. It changed advanced practice dramatically. So, I think if you look at advanced practice now, you look at someone either in a nurse practitioner role or another advanced practice role, even in the

hospital setting, you can trace the core of that role back to the early nurse practitioner role and concept.

Q: How are NPs viewed today?

Well, I think, by organized nursing they are well accepted. As I said, it's sort of the norm for advanced practice. By the medical community, there is general acceptance. There is still pockets of skepticism among some physicians, but by and large, at least organized medicine is not in opposition to the nurse practitioner role. Other health professionals now recognize nurse practitioners. Patients certainly do. I mean the, all the studies that have been done, and I mean there have been myriads of studies over the last 40 years on nurse practitioners and every one of them reports patient satisfaction as extremely high. And in fact, some of them show patient satisfaction with nurse practitioners to be greater than patient satisfaction with physician-only care.

Q: How will you look back on this?

Well, I think if I was 80 or 85 and I was involved with a nurse practitioner, had a nurse practitioner providing care to me, I'd look at that person, he or she, and I'd think I would say, I had something to do with you, with your role, with what you're doing today, and I'd feel very proud of that.

Q: Why did doctoral nursing programs become important?

Well, in NC, of course up until '89, we didn't have any doctoral programs in nursing. And so, nursing faculty in order to get themselves prepared at the doctoral level, had to, if they were going to go to school in the state, had to earn their doctoral degrees in other fields. And many of them did, they earned their doctorates in physiology, in some of the sciences, in sociology, in education, in family development. All of which are useful fields for nursing. But there was no avenue for a nurse to earn a doctoral degree in nursing in the field of nursing itself. And what happened was, when nurses would earn a doctorate in another field, they'd have to come back to their schools as faculty, primarily, and they'd have to translate what they'd learned in another field, in another discipline and the ways of that discipline to nursing so that they could conduct research on issues that were really important to nursing and nursing care. And so we in this state knew that we needed to have a doctoral program, we knew that actually from the early '80s, it just took that long to get one, the school at UNC ready to be able to offer a doctoral program, and it also took that long to convince the powers that be in the educational system that in fact a doctorate in nursing, a Ph.D. in nursing was a legitimate in which to offer the Ph.D.

Q: What has the doctoral program at UNC accomplished?

Well, it's put NC on the map again in terms of being a leader in nursing education. But besides that I think that it has for all these schools in the state it is paving the way so that nursing research is recognized as one, legitimate, different than medical research, and necessary when we look at the whole picture of health of individuals and the care of

individuals. The research that is going on at UNC is being conducted throughout the state and literally all across the state. Faculty from UNC are out working with communities, or children in schools or patients in nursing homes or wherever conducting their research. So nursing research is now becoming much more greatly understood by people at large and by people throughout the educational system and schools other than UNC.

Q: Is there anything unique about nursing research in NC/

Well, I think it does in many ways transcend state barriers. And different schools will have different areas of strength. At NC, at UNC, many of the researchers are known for their work in chronic illness and a variety of projects that feed off of that. And some of the faculty there are really internationally known for the particular research and particular areas of expertise. And I don't know how much you want me to get into this Chapel Hill thing, you know I'm sensitive to that...

Q: How is NC a leader in facilitating RN to BSN programs?

Well, of course we had the forerunner of RN to BSN programs at Duke and even though it wasn't a RN to BSN, it really was a forerunner to that. And that was done very early on and was really a leader in that sort of movement. Then, throughout nursing education's history in the state, from the '50s on, there have been mechanisms whereby schools have tried to facilitate the RN/BSN programs, and facilitate the way in which RNs can earn their baccalaureate degree. We also have in this state an articulation agreement between the community college system and the university system which makes it much easier for a nurse who gets an associate degree anywhere in the state to apply to any university in the state and to have the course work that she's done at the community college recognized by the university system. So that articulation agreement is really quite advantageous to nurses across the state.

Q: Why is it important for an ADN to get a baccalaureate degree?

Well, there would be other position opportunities. I think that with a baccalaureate degree many nurses could find other employment settings other than hospitals. There are many different employment opportunities for nurses with the change in the health care system and our movement to managed care. And those doors would be opened. I think the kind of responsibility that a nurse might assume could be enhanced with a baccalaureate degree.

Q: Do you have any NC nursing heroines?

Well, I couldn't think of history in NC without thinking of Audrey Booth. One, she was a mentor of mine in my younger days and she was just very significant in the nurse practitioner movement as chair of the BON, as an associate dean at UNC, as one of the first statewide nursing liaisons for the AHEC program. And she just is almost synonymous with nursing in the third quarter of the century in NC.

Q: Why did she devote so much to the nurse practitioner movement when she was not an NP herself?

Well, it was a cause. And it was the right cause and I think she knew it was right and the right thing to do and her unique skill in bringing together people who disagree and helping them agree was just the right treatment, right prescription for the time.

Q: Can you talk about the Primary Care Nurse Practitioner Council of the American Nurses' Association?

During the, about 1974 or some time in there, several nurses from programs across the country got together and wanted to start a council within the American Nurses' Association and several of the nurse practitioners from NC were instrumental in the development of what was then called the Primary Care Nurse Practitioner Council of the American Nurses' Association. In fact they were among several who started it in the mid-'70s.