Transcription: Betty Compton Interview

1. **Community Study**

They did a study of the community to find out where people went for their care, what their issues were about health care, and living in the community. And they would ask a question, "Who do you call when you need help?" And the reason they would call me was because I was out here, so they said "Betty Compton. I ask Betty because she tells me what to tell the doctor or what I need to do to get my child seen by the doctor. So that's how I got involved in the program, because they really did not start out thinking that a diploma nurse could do this. And so it was Glen Pickard's determination that they had to ask the question, "What skills are needed and where are they learned? Where did you learn these skills that help you make these decisions?" The early prerequisite was a strong background in independent decision making and autonomous ability to think on your feet and handle situations without having doctor supervision. So that's how I got involved…they knocked on my door and asked if they could come in. And Margaret Wilkman was one of the team. She was involved in it already over at UNC because she was in the school of nursing.

2. **Finding Local Nurses**

The gist of this was we find nurses in the community that are rooted there and will stay, so we know we can make an impact on healthcare in communities. Most of the time when people get trained they move on. And so Margaret [Wilkman] and I really opened the doors to that clinic. She was masters prepared, but she was very determined and excited for us to practice together.

3. **Recruitment**

I was home with our second child and that's when Margaret [Wilkman] and Toby Atkins came to my house. And then they came back and brought Glen Pickard. That would have been in August [of 1970], and September is when the course started. [Phoebe: So you had never heard of anything like Nurse Practitioner right? So when they came to explain it to you were like what are you talking about?] It made perfectly good sense to me because they explained what they wanted to do was what I was probably already doing unofficially. People just went from house to house all over this northern county and all over Caswell County. They would say, "Well how does she help you help your doctor know what's going on?" [They would answer,] "Oh she would sit right there beside me and tell me what to say on the phone." You know you can't just say, "I think she has an ear infection."

So they knew this was who they wanted to train. I just think they were lucky and I was lucky. I think it was just the hand of God and the determination and confidence these people showed. [Phoebe: How did they get the other six?] A lot of them were already….Evelyn Oville was already a pediatric nurse practitioner. She trained in Denver, and she was already working in the pediatric clinics with Dr. Frank Loda. Margaret Wilkman was around because she in the school of public health and the school of nursing, and she was doing some community outreach. And the doctor from Ralstonberg had come to the university and said, "I've got to have some help. I have a nurse." And by now the medical community was hearing about it, and he wanted to put her in the program. And we had Ruth Eford who was from

just south of Chapel Hill. She had just finished the baccalaureate program, and she had heard about it through the nursing grapevine and applied. So she really hadn't practiced much but if you hear what I'm saying it was very trained and very experienced nurse, a masters prepared nurse who had done community health (which would be Margaret), and a nurse who was a baccalaureate graduate. [They wanted to see] who can do this job. That's what is going on. We had Margery Land who was from the community of Carrboro and Sandy Hogan who was from Chapel Hill. And what was happening over here on the diplomacy and planning side between these three schools and the greater community was the evolving of was the OEO (Office of Economic Opportunity) concept of funding. So some of these selections were from the communities that were known to like the person who came in here to run the OEO side.

And I was their prototype, and how lucky for them and for me that I was well trained enough to be able to assimilate this and be able to put it together in my practice. It would have been very unfortunate for the diploma graduate if you had not been able to say, "It can be done." And I attribute that to Watts training program.

4. **Academic Nursing**

The first class was an awkward dilemma for nursing. Academic nursing, once it took hold and really started to take shape and put us back on the map, nursing really moved to the forefront in healthcare providing (once this nurse practitioner movement really took off). So that first class was Glen Pickard's dream. [Phoebe: Do you think it was Audrey's dream or do you think Audrey was just the facilitator?) Well, Audrey was a powerful force in nursing and having her support and her skills at working the crowd in the medical profession made her a very powerful force in making this happen. The person working the board of medicine, while she was working the board of nursing, was Glen. He was working the board of medicine

5. **Historical Beginnings of Nurse Practitioners**

In probably the first three years of this (now that it's forty years behind us) everybody like Louse may think that she was the first class, and that's because Louse was a very powerful African American nurse. And she ended up having a job with the Prospect Hill Orange Chatham program at the senior administrative level as one of the major decision makers, but she wasn't in the first class. To me it's interesting and almost comical what people remember from the time they start. I don't think they mean anything by it. I mean it feels like it started when I started. And the reason for the challenge about that first class is when Dean Connant left (I think '74) by that time it was catching on so well that nursing thought "we better get our hand wrapped around this. We need to make sure we're running this boat. We need to make sure we design and determine protocols and whose going to be doing this and what credentials you need." So when Dean Connant left, the muddier the water got about who ought to be doing this. And nursing, like always, we really are our own worst enemy. So now as you know physicians are not involved in the training of nurse practitioners. [Phoebe: "And they're trying to get them off the oversight committees. Do you think that's good or bad?"] I don't think it's good at all.

6. **Nurse Practitioner Concept**

This is not a brand new concept. I think they had nurses in the outpatient clinics at UNC (Glen Pickard's wife being one of them—Fay Pickard). And then they

started tweaking this thing and pushing the buttons—giving them some freedom to make decisions. There was a Mary, and she was probably the first one emerging over there in the clinics where Dr. Bryan and Glen were working. And then Fay (Glen's wife) was pretty independently doing these things. And I'm sure all around as the medical community and nurses they worked with were starting to push this concept. And when Glen called me back, he said that Betsy Burgess [the Dean of the Watts Hospital School of Nurisng] just could not imagine a nurse that would want to give up her nursing profession to step into a world owned by doctors. So I called the two doctors I had worked with and they wrote letters, and that was really my way in. I didn't fill out an application…never saw any paperwork. So that's really how I got there, and I did well.

7. **Nursing School**

Why did I choose Watts? I looked in the book at my high school to see where you could go to school for the money that I wanted [to go]. I had never seen it. I sent them my money….I didn't even have an application filled out. I wrote them a letter. This was 1958. Well, they kept my money, and they sent me a letter of acceptance to go to school. I grew up like everybody else in my neighborhood. When I went to Watts I realized I had probably grown up poor. When I got there (I think I probably have a picture of the whole class at Watts) in the dresses my mother had made…

Later on there was Atlantic Christian that became Barton College, but they didn't have a nursing school. Literally, I went in the book and looked for…and I sent them my whole check! …Well the expectation in the community was you finished high school and then the girls got married and had children. And I knew I did not want to do that, but I would have to figure out a way. My brother was in college at East Carolina already, and he would be a rising sophomore when I finished [high school]. You get the boys to school you know. So if I was to go…and my mother wanted me to go. And she was working to make it happen, but it would have taken a while. I probably never would have been a nurse because it had never crossed my mine. Never. Well I looked in the book for WHERE to go to school…not nursing school, just school. How bless I have been. I've always felt like God was taking care of my plans (what I was going to do). My mother said, "You can't even stand to see somebody sick. How will you every do this?" I said, "I don't know, but that's where I'm going." [My mother] was always proud because early in school I had leadership opportunities as a student. But she was quite a model for me because she was an early believer in women's rights and women's opportunities.

That's how I got there, and I had no idea what was required until I got there. It's really the truth. It felt right. It never scared me. I never thought, "Oh dear lord what have I done?" Except…the first morning I woke up (I was in a house at Watts. You had White House, Field House, and Staff House. I was in Staff House.)…the city bus.

But anyway that's really how happen stance my education was. So it was good. I enjoyed it. I was President of my class the first year. So it says people are comfortable with you and your leadership. It's been a natural thing for me to help make things happen. [Phoebe: So you graduated and were night supervisor?] Well, I graduated, and back then you had already been the charge of a ward from the time

you got your uniforms but there was someone nearby. So as soon as you graduated they offered you jobs.

8. **First Job**

My first job was the night charge nurse on a male surgical ward. So I worked there, and really said maybe three years in that the next step is supervisor. And I looked at all the supervisors and most of them weren't married. They had chosen this as a carrier, and you had to choose one or the other. That's why I went to the health department and said, "I want to learn some other ways to be a nurse." I was married to Dwight, and we had had our first child. We were not in this house, but not too long after we were married we came out here. I was driving to Watts with the baby, and I would drive him in with me. And the lady across the street that I knew when I was a student next door to our house kept him for me while I worked. If you worked you were in charge after you graduated. So it felt right to me that it was time to move on, so I went to the health department and did that year of public health training. They had a program in public health nursing in the state that you could be trained to have the right credentials to be a public health nurse in a one-year trainee"ship." You got a certificate.

9. **Early Career Development**

It was here in Cedar Grove, and what they decided to do was you'd have the right names of and right history about who was joined in this venture to reach out to this community of Prospect Hill. Because the community came to the university and said we have this clinic building and Dr. Warren is not here, but we want you to help us get a doctor to come here. And Glen Pickard and all sat down in this meeting and said we don't have a doctor but we have an idea. And that's really how this started.

10. **The Voice of Nurse Practitioners**

So I became the voice. It was because it was fine with Margret. She wasn't here to make any statements. Margret was a New Yorker. She lived in Chapel Hill. She knew they were looking for the prototype to make sure this would work, so for her she nudged me. She really was the person saying let's see how this goes. Where I was fortunate was that I was well trained.

11. **Training**

[Phoebe: "So what was the training like in the very first class? Who were your teachers?"] The first teachers were physicians. What they were going to do was add to our base of knowledge as nurses. So while we were covering the topics, we were helping them write the first nurse practitioner guidelines. We were sent home with assignments to come back with otitis media as a diagnosis and write down how you got there. And then as this was evolving we were drafting the concept for that very first nurse practitioner guideline, and they recognized the six of us as contributing authors to that very first edition. [Phoebe: "So what text did you use? Medical texts or just notes?] No we had Barbra Bates. What they did was pull for us the step from our traditional nursing protocol for patient care and take us the steps…what do you add to this history? What do you do in a physical because of what we added to the history? And then what in that physical gets you to the assessment? And what are you going to do about it? So we did it by disease entity. We did those first. We just went through the most common diseases…We worked on this September through January. Then we went into the clinics at UNC (outpatient clinics), and we worked

there. And we didn't open the Prospect Hill clinic until July of 1971. A lot of that had to do with getting the funding together and making sure it was secure. The notion was, however, that we needed to practice so we were in the clinic. But June Bays who was from Raulstonberg went back to Raulstonberg. She went back sometime in the spring, but we continued there until they got ready to open the doors of that clinic. So you had a lot of experience in the emergency rooms and outpatient clinics. We really didn't go on inpatient unless we followed what we had seen at the clinic that needed to go into the hospital. So the first curriculum…and Glen Pickard was the core of that curriculum…so the people we added to that were Dr. Parkard. We added somebody from orthopedics, somebody who believed in this from the medical school faculty, somebody from psychiatry, [somebody from] pediatrics, and medicine. Each of these faculty positions came on board. [Phoebe: "It sounds like there was a lot of med school buy-in?"] That tells you how good Glen Pickard was in his commitment. [Phoebe: "How about Isaac Taylor? Did he help?] Oh yea, he was the dean. Well he believed in it. I got to know him really well because farther along in the mid-70s one of the things that the medical school decided was that their residents needed to go to Prospect Hill. So periodically he would just sign off because he just wanted to see that they were giving us a good review back in the medical school and that they were learning a lot over there. He would sign off and follow me around and see patients with me. He's the one who invited me to start teaching in the first and second medical school classes.

12. Teaching at the Medical School

The course I had to teach was called medicine in society, and Dr. Taylor asked to team up with me to teach the course. When I was going to the medical school faculty the chair of community pediatrics called me in (he was on of the preceptors we had) and said, "What would it take for you to come to the medical school and help us train our residents taking care of adolescents?" And I said, "What would you give a doctor?" I don't know what made me ask that question. They gave me the same faculty position and salary. …So I started in the adolescent clinic at Chapel Hill. 1981 is when I went to the school of medicine. The big rub of that career was that I currently had a faculty appointment that was adjunct in the school of nursing, and at that time you couldn't be in two departments.

I had to decide because they gave me an assistant professor position (it wasn't adjunct). So I had to let them know it was a very diplomatic dilemma. That's when Mike Taylor (again) said, "You need to do this." And then Bud Wilson was out of all this was a major champion in this initiative, but the one who would really push the medical school (help make room for it, help do what they needed to do with the medical world, get the right people, make the right phone calls) that would be Ike Taylor. [Phoebe: "What about Lucy Connet? She is kind of a mystery to me?"] Well Dean Connet was the dean for the school of nursing while all this was going on, and they decided to put it in her school instead of the school of public health. I'm sure there was a lot of publics involved. I think it helped that Glen Pickard was married to a well respected nursing in the nursing school, and she ultimately became the chair of nursing for the hospital. She had the same decision making power as the director of the hospital. So she was pretty powerful, smart, sharp, well respected. So it

helped. The inner workings of this are fascinating because it had to be the right people.

She put her stamp of approval on it, and it didn't bother her that you were going to train several levels of education. Some people don't realize what it took. Now she called me in after we were in the class, but I never met any of these folks until I got over there at the school. But as time went on she would call me in frequently and say, "Are you doing okay?" She was a very good mentor for me, and most the others already knew her. Except for June Bays I think everybody knew the powers that be (if you will) that were trying to make this thing work.

13. Adolescent Medicine

Let me back up and say that in 1981 when I went over to the department of pediatrics we needed money to cover my salary, so we wrote a grant to the National Center for Child Abuse and Neglect. I had been working in the clinics. I had been interviewing the teenagers that were coming in to be evaluated for child abuse and neglect. And so they gave us a grant to address this issue in the community with the schools. It was a very fabulous kind of idea, and so we developed this Adolescents in Need Program in Orange County that was based in the schools. This was 1981 when we got our first money. [Phoebe: "Was Susan Spalts a nurse then?"] I know Susan. She was a nurse over in Chapel Hill, and we were doing this in the northern end of the county. The commissioners had to get involved…first with letters of support and then as the National Center funds faded the commissioners had to buy into it. It didn't hurt that in 1983 I got this wonder woman, and it was a little hard to turn me down when you got so much publicity going on. So by the time a year had gone by (1984 was the end of the National Center funding) the commissions started funding this project. I just closed it out last year, and that was 30 years. It was spearheaded, and it helped to have good friends that were commissioners. You can't emphasize enough what it meant that during that 1983 award saga you were on TV, someone was always around writing, and so it was really hard not to fund that project. We became a training ground for residents at UNC, nursing students, and school of public health students.

[Referring to different school system] They would basically say, "We don't have those kinds of problems." Well it meant the commissioners didn't have to come up with double money. They just said, "If you don't want this project, we're not just going to give you money." So my most treasured years of my career are those years of the adolescent need project. What I had already learned in Prospect Hill was that I had a new set of skills that made it easier and a better way to take care of teenagers. They were a big gap in services. They didn't fit. They didn't fit pediatrics anymore, and they didn't fit adults. So in the training programs they didn't fit, so the skills that were in the hands of the predication or family medicine when they left the medical school training was as good as whoever helped them get used to seeing teenagers. It was a combination [of psychosocial and physical]. The long term attending faculty just could not exam an adolescent from the waist down (female). They wanted me to see them all. They had not been trained. Through all these years they would say, "Oh just go over to OB/GYN." They're still over there right now. Havery Hamrick is a tremendous pediatrician, but he would say, "When they get this age and they need this kind of medical care they don't need to be in pediatrics." So for residents to be

able to leave there and go set up a practice in a community they needed to know how to take care of teenagers. So yes it was a history and what's going on in your psychic, but it's also the physical exam. A breast exam was really tough for these really good pediatric faculty and medical staff, but it just was uncomfortable and difficult. So I did as much helping them get comfortable. We even did in-service with our attending faculty to help them get comfortable with these skills. They weren't event comfortable with a speculum because in the old school training they sent them somewhere else. For me (after the nurse practitioner movement) that's where I felt like I found my real niche was to help folks learn how to take care of teenagers.

We did a lot in child abuse evaluation, and I became an expert witness in court for adolescents for abuse accusations and evaluations. You got to know how to do an interview and help them make their case, which you had very little clinical findings to do it with. So teaching that and knowing that you the clinician could be the right voice. That's where I think I made by best impact. I did state-wide training. You know our state developed a Child Medical Evaluation Program. And John Hughes (he and I worked together on the adolescent project) and I ended up with joint jobs in the Child Medical Evaluation Program, which helped fund our salaries. We did the state-wide trainings, but most of mine was with physicians. My role was to take the section on doing an adolescent exam, taking an adolescent history, and what to do with the findings (what's valid and what's suspicion of).

I just retired in 2011, and it was right. It was time to retire. I closed the project down. I would have loved to have turned it over, but the county was cutting back their funding. And we had a change on the political scene with different players, and I knew that I could work that but I didn't really want to.

14. Political Transitions

Our legislator from our section here was Bill Fayson, and Bill Fayson came to see me (must have been Mae Ellie's previous run for the last one…two or three years ago or whatever) and she was retiring. The question was would I consider it. [Phoebe: "Did you consider it?"] I didn't. This cardiac thing…I was honored that it was even a thought in somebody's head. She is a great senator, but I just remember the fact that they had had the conversation with me. It was a very nice thought.

15. Personal Challenges

I learned something tremendously important about learning how to say no, learning that I didn't have to do everything. If it sounded like a good idea and I thought it had to be done, I thought you'd just go on and do it. I've learned how to give myself more time to take care. I do walk, but I don't try to go save the world. And I'm okay with it. When this happened, I knew I needed to scale back, so I take those medicines and I walk. If that doesn't work, then I'm a transplant. I decided not to complicate my stress levels. Even if that's not what I was going to do I probably would have run for county commissioner. What I can tell is it's my stressor. You need to be able to rest when you need to rest. If you didn't sleep good last night, then you need to be able to rest. [Phoebe: "It sounds like you got your hands full with the church and garden and you family."] Well, I don't do any of that anymore. I don't go to the garden and work. I stepped down as the chair of administrative council at church and stepped out of the choir. I did all that since this second episode.

16. **Health Care Partnerships**

All of this is about a partnership for patient care that they get the best of all worlds. And deciding that we (nurses) should be the designer and owner of the kind of care (level of care) that we're seeking to do would short change the patients. Because what we've done is if you finish a nurse practitioner program right now you will not know much about an EKG. You will know very little about a chest x-ray because nurses can't really tell you about an EKG. It's really not necessary for you to assess this patients cause of chest pain because once you know it's a heart attack they need to be in another level of care. I mean I'm using a very general example. Let's say for example that the physician's take on getting to a diagnosis is different then the nurses take on it. So nursing is really committed to owning the nurses ability to know that. I respect that. If you come from that perspective and have schooled in nursing and ownership of nursing skills (the power of nursing), then I'm not a bit adverse to that. I think we did short change the patient care in making the decision to exit physician involvement in framing the nurse practitioner. I think that I'm sort of old school, so I think that the nurses that were trained since the early 1980s this probably doesn't cross their mind. We changed the protocol and format and what it takes to be a more autonomous nurse decision maker. And that place in there where the boundaries should be fuzzy nursing needed it to be really clear.

The career for me when I was here at home with my child was I knew my career would involve being a public health nurse. And then if I needed more education about public health nursing, then I would go do that. I knew that hospital nursing without a lot of credentials I would become a supervisor pretty quickly. I was thinking that was around the corner, and that's what I would do for the rest of my career because there weren't any other doors open. So I was pretty much ready for this to be public health nursing until something better came along. I had trouble understanding why they wanted me to come to this program, because until then my background had been (I had been pretty well indoctrinated about diploma graduates versus baccalaureates) so I wouldn't have had a lot of opportunities in nursing. So for me this was a really wonderful doo that opened. When I started precepting in the school of nursing in the second year or so the nurse practitioner students came to Prospect Hill. So all over the state (all the ones I know) came through UNC. So they would come to Prospect Hill to work under my guise to help them learn these skills. When we started one of the things we covered was probably my greatest contribution to health care is adolescent health. I started that in 1980. I started my own little adolescent clinic in Prospect Hill. And then all of a sudden the pediatric residents were coming up there in the med 1970s and that was to sit with me in a room and listen to how you interview a teenager. And how you help a teenager sift through their issues and how you sort of lift the layers. It was something innate for me. It was something just there.

17. **Markers of Success**

[Phoebe: "How did they deem that it was successful?"] Well you mentioned Cindy Friend in your writing, and I met her when she was doing her dissertation. She was very interested in this and she wanted to do the research on how we knew it was working. How do we know this nurse practitioner can do the job? Is she cost efficient? Is there patient satisfaction or are they just being heard because there's no

one else there? So she did the stopwatch following me around the clinic day after day. How long did you spend doing the history? How long was your exam? How long did you take on the phone? [Phoebe: "Is that published?"] I'm sure it is. She did the research. A lot of other people came through doing studies from school of public health, school of nursing, medical school. I think hers was published because she was looking for if this was going to work. And that helped funding keep going. She's the one I remember the most. The school of public health was doing something all the time. I just remember her more because you had to act like she wasn't in the room and go on and do your work. And later on she'd say, "Well it took you seven minutes for this." The ultimate gist of that was to show that it was probably going to be cost efficient. …I think she would have a wealth of history about it.

18. Final Remarks

Let me just back up and say that prior to 1983 my husband, Dwight, has a cousin who was an attorney in Washington with the government. She was the chief attorney…I forgot exactly. But she came to visit a lot, and she had a good friend that was a federal trade commissioner. I tell you this because it tells you how things happen because people know people. Anyway, they had been following my career. They were here a lot and would have such fun with something new that was happening. By that time I had done some fun things like you mentioned the Feltzer system in Poland. And Poland came to Duke for a symposium, and they wanted to talk about our nurse practitioner [program] and its similarities to their Feltzer system and what they could learn from us to improve the skill level and confidence. So I got to go do that with the Polish symposium at Duke. [Phoebe: "So why did they choose you and not a Dukie?"] Because it was a joint venture UNC and Duke and Bowman Grey. I'm telling you I was lucky because I was the prototype. So if somebody wanted to serve up this model that you might want to go back home and try that was me. It gave me lots of opportunities. And I think I had a good gift for speaking in forums and such, and that's why I would get to do that. I just had good friends in the arena. I spent a lot of time with Dr. Estes getting the PA program concept aligned with how we were training nurse practitioners so we could go for this joint venture with the board of medicine. [Phoebe: "I always thought there was a lot of animosity with the PAs?"] No it was the nurse practitioners and PAs that had trouble deciding who had the right to do what. You could say that early on it was a challenge about who's doing what and who's doing it because they know how. But I did a lot of that dialog and conferences and discussions and meetings with the school of medicine, with Dr. Pickard, with Audrey Boose. In our state I saw that you mentioned governor Holsowser in the history of starting some of these rural clinics. Prior to starting these clinics he held a statewide symposium on addressing rural healthcare issues and needs, and I spoke at that. …What I remember is that the upshot of that conference was to start the Office of Rural Health and to start setting up those imitatives across the state. And I helped do that, so that year he gave me the recognition of the Order of the Lonely Hearts.