



Dr. Barbara Resnick, PhD, CRNP has a long history of work in long term care starting as a nursing assistant at the age of 16. Her education focused on long term care throughout her undergraduate nursing program and then she became a geriatric nurse practitioner. She currently practices as a nurse practitioner, where her clinical work includes providing primary care to older adults across all long-term care settings, as well as working in senior

Interview Abstract

Dr. Resnick notes that she has been doing geriatrics her whole life. She grew up around nursing homes and went every day during her preschool life. She started working in healthcare facilities when she was in high school and did a work-study program at the age of 16, where she worked as a nursing assistant. She received a BSN from the University of Connecticut, an MSN from the University of Pennsylvania Gerontological Nurse Clinician/Nurse Practitioner program, and a PhD in nursing from the University of Maryland. Dr. Barbara Resnick currently is a professor in the department of organizational systems and adult health at the University of Maryland School of Nursing and holds the Sonya Ziporkin Gershowitz Chair in Gerontology at the School of Nursing and maintains a clinical/faculty position with clinical work at Roland Park Place, a 'life care' community. She teaches in the Adult Gerontological Nurse Practitioner Program and co-directs the Biology and Behavior Across the Lifespan Organized Research Center. The center promotes the conduct of interdisciplinary research related to the influence of biology and behavior on health and human outcomes.

She also practices as a nurse practitioner, where her clinical work includes providing primary care to older adults across all long-term care settings, as well as working in senior housing to facilitate healthy aging. She is a fellow of the American Academy of Nursing and of the American Association of Nurse Practitioners and was instrumental in developing this program as a way of recognizing Nurse Practitioners and focus on mentoring and expanding the role and outcomes of the nurse practitioner.

Biographical Sketch

Along with her work as a professor at the University of Maryland and a practicing nurse practitioner, Dr. Resnick's professional activities include membership in numerous nursing and interdisciplinary organizations. She has served as a board member in many of these organizations and serves on many editorial boards and boards of organizations focused on care of the older. Dr. Resnick is also a well-recognized researcher and education consultant in projects and activities involved with care of the older adult. Dr. Resnick has received numerous awards for her research, teaching, and clinical work. These include the University of Connecticut Researcher of the Year Award, the University of Pennsylvania Award for Clinical Excellence, and the Nurse Leader Award in Aging. She is also the recipient of the Springer Geriatric Nursing Research Award and the National Institutes of Health Nurse of the Year Award, among others.

Dr. Resnick's research interests focus on care of the older adult and include health promotion and disease prevention; outcomes following rehabilitation, functional performance, and a special focus on motivation related to functional activities and exercise behavior, and testing outcomes of restorative care nursing programs and other innovative long-term care projects. Dr. Resnick has over 150 articles published in nursing and/or medical journals, numerous chapters in nursing and medical textbooks related to care of the older adult, and a book on Restorative Care Nursing. For the past 15 years, she has served as the editor of Geriatric Nursing and serves as an associate editor and on the editorial board of numerous journals. She has also presented on these topics nationally and internationally.

Through her research, she has demonstrated that Function Focused Care can help residents in institutional settings maintain or improve function and physical activity; her findings have provided guidance for revisions to the Centers for Medicare & Medicaid Services' quality indicators related to activities of daily living and changes in resident function. Her work is widely acknowledged to have contributed to major changes in the underlying philosophy of care for older adults across all settings, including individuals with Alzheimer's disease and related dementias, and through this, to have improved the health and well-being of older adults.

Dr. Resnick is known to not see obstacles, but sees opportunities and inspires constructive change, and getting others to make the most of these opportunities. She is an accomplished leader who has a keen ability to meaningfully connect with people—professionals and patients alike. She encourages everyone she mentors to become active in the profession by writing manuscripts, serving on editorial boards, and participating in national meetings. She feels it is important that fellowship programs continue to acknowledge work that addresses clinical expertise and leadership as an Advanced Practice Nurse, innovate research activities and teaching. Further she hopes that nurse practitioner fellowship programs continue to acknowledge those that incorporate clinical work, teaching and research into their daily lives. She would also like to see nurse practitioners work with more with other members of the health care team and make sure we understand the role we play in the health care arena. She wants to see nurse practitioners celebrate the differences in the health care team and demonstrate that together we can provide affordable, high quality and accessible care.

In her words, “I have done geriatrics forever and I’m a geriatric nurse practitioner, it’s all I do”

Keywords: Advanced Practice Nurse, Geriatrics, NP fellowship programs, leadership, education

Transcript

Barbara Resnick

AANP Oral History Project

Interview with FAANP Charter Member Barbara Resnick with Barbara Sheer

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Bio

Barbara Resnick, PhD, CRNP is a Professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing, co-directs the Adult/ Gerontological Nurse Practitioner Program and the Biology and Behavior Across the Lifespan Research Center of Excellence, holds the Sonya Ziporkin Gershowitz Chair in Gerontology, and does clinical work at Roland Park Place. Her research program is focused on optimizing function and physical activity among older adults, facilitating healthy behaviors among older adults across all settings of care, exploring resilience and genetics on function and physical activity, and testing dissemination and implementation of interventions in real world settings. This work has been supported by the National Institutes of Health, Agency for Health Care Quality, and Foundations such as the Helen and Leonard Stulman Foundation and the Robert Wood Johnson Foundation. Dr. Resnick has over 250 published articles, numerous chapters in nursing and medical textbooks, and books on Restorative Care and Resilience in Older adults. She has held leadership positions in multiple organizations including the American Academy of Nurse Practitioners, Gerontological Advanced Practice Nurses Association, the Society of Behavioral Medicine, Omnicare Pharmacy and Therapeutics Advisory Board, Gerontological Society of American and the American Geriatrics Society.

BLS: It has been 20 years since we first discussed the concept of a fellowship. Since you were instrumental in developing the Program, what were your hopes for the fellowship?

BR: WE DEVELOPED THE FELLOWSHIP AT A TIME WHEN NPS WHO WERE NOT PHD AND WERE NOT DOING RESEARCH COULD NOT GENERALLY GET ACCEPTED IN FAAN. WE WANTED A HOME AND A WAY TO RECOGNIZE NPS. I WAS ALREADY AN FAAN AND COMBINED CLINICAL WORK AND RESEARCH AND SO PULLED FROM THE MODEL OF FAAN TO DO THE SAME FOR NPS. OUR SECOND HOPE FOR THE FELLOWSHIP WAS THAT WE WOULD NOT JUST BE A SOCIAL CLUB BUT THAT WE WOULD BE A GROUP THAT WOULD WORK AS WELL-THE FOCUS BEING ON MENTORING AND EXPANDING THE ROLE AND KNOWN OUTCOMES OF NPS.

BLS: What do you think has changed since the development of the fellowship in 2000?

BR: OUR NUMBERS HAVE GROWN BUT I AM GLAD TO SEE THAT THE WORK HAS CONTINUED. I THINK IT IS IMPORTANT TO STAY TRUE TO CRITERIA FOR ENTRY INTO FAANP. I AM NOT CERTAIN HOW DECISIONS ABOUT FOCUS AND WORK GET MADE. I WOULD LIKE TO SEE US CONTINUE TO ACKNOWLEDGE WORK THAT ADDRESSES CLINICAL EXPERTISE AND LEADERSHIP AS AN ADVANCED PRACTICE NURSE, INNOVATIVE RESEARCH ACTIVITIES AND TEACHING. FURTHER I HOPE WE CAN CONTINUE TO ACKNOWLEDGE THOSE THAT INCORPORATE CLINICAL WORK, TEACHING AND RESEARCH INTO THEIR DAILY LIVES.

BS: What do you see are the pivotal moments in the past years?

BR: THE SIZE OF THE FELLOWSHIP HAS GROWN WHICH IMPACTS THE GROUP GREATLY. THAT BEING SAID I THINK WHAT IS TERRIFIC IS THE CONTINUED FOCUS ON MISSION AND MEETING GOALS- DOING SOME WORK WHICH FAAN STILL DOES NOT DO. I BELIEVE THE FOCUS ON MENTORING IS CRITICALLY IMPORTANT AND WOULD LIKE TO SEE US DO MORE OF THAT... PARTICULARLY MENTORING AROUND THE ABILITY TO HOLD ACADEMIC POSITIONS AND DO CLINICAL WORK AND RESEARCH AS WELL AS TEACHING. WE HAVE A RESPONSIBILITY AS WELL TO HELP INDIVIDUALS MAKE DECISIONS ABOUT GOING ON FOR PHDS EITHER FOLLOWING OR INSTEAD OF A DNP IF THEY WANT TO ENGAGE IN THE DEVELOPMENT OF NEW KNOWLEDGE.

BS: How have you been able to impact the nurse practitioner movement?

BR: I BELIEVE MY GREATEST IMPACT ON THE NP MOVEMENT IS WORKING WITH INTERDISCIPLINARY MEMBERS OF THE TEAM CLINICALLY AND IN ORGANIZATIONS AND LEADERSHIP ROLES. THIS HAS HELPED TO EXPLAIN THE ROLE AND INCREASE TRUST IN OUR SKILLS AND ABILITY TO PROVIDE CARE TO OLDER ADULTS.

BS: Is there anything you would change if you had it to do over again?

BR: YES I WOULD HAVE US WORK MORE WITH OTHER MEMBERS OF THE HEALTH CARE TEAM. I SPEND A GOOD DEAL OF MY TIME WORKING FOR AND WITH MY PHYSICIAN COLLEAGUES AND COLLEAGUES IN PHYSICAL THERAPY, PHARMACY, SOCIAL WORK AND OTHER AREAS. THIS IS CRITICALLY IMPORTANT IN GERIATRICS BUT ALSO IMPORTANT IN MAKING SURE WE ALL UNDERSTAND THE ROLE WE PLAY IN THE HEALTH CARE ARENA. I BELIEVE WE NEED TO WORK TOGETHER AS A TEAM TO PROVIDE THE MOST COST EFFECTIVE, ACCESSIBLE CARE POSSIBLE. WE ARE BETTER TOGETHER THAN INDIVIDUALLY.

BLS: This is so true. Back in the beginning we were focused on np's. We went to conferences and supported each other. I was thinking how there were about 100 of us belonging to AANP, NONPF, going to NPACE, the NP Symposium, NAPNAP, AWHONN and GAPNA conferences. We were focused on our clinical skills but at the same time we were preaching to the choir

politically. Perhaps we should have been more active in the hospital associations, insurance conferences etc. Several years ago, Rosemary Goodyear and I represented ICN at health conference. There were ministers of health, insurance companies, hospital administrators and 1 nurse. We asked why there was only 1 nurse speaking and the response was that it was unclear what nurses had to offer to the big picture. You have made a significant impact in the interdisciplinary arena related to older adults.

BS: What advice would you give to yourself in 2000.

BR: TO CONTINUE TO WORK AS A MEMBER OF THE INTERDISCIPLINARY TEAM. I DO NOT ALWAYS AGREE WITH THE STATEMENTS THAT COME OUT OF AANP RELATED TO INDEPENDENT PRACTICE OF NPS AND DO NOT BELIEVE THAT WE ARE EQUAL TO OUR PHYSICIAN COLLEAGUES. WE NEED TO CELEBRATE OUR DIFFERENCES AND DEMONSTRATE THAT TOGETHER WE PROVIDE AFFORDABLE, HIGH QUALITY CARE.

BS: How would you like to be remembered?

BR: I WOULD LIKE TO BE REMEMBERED AS A FOUNDING MEMBER OF FAANP BUT MORE IMPORTANTLY FOR CARE RELATED TO OLDER ADULTS AND HELPING TO MAINTAIN AND OPTIMIZE FUNCTION AND PHYSICAL ACTIVITY. FOR THE PAST 30 YEARS I HAVE STUDIED THE FACTORS THAT INFLUENCE MOTIVATION IN OLDER ADULTS TO ENGAGE IN FUNCTION AND PHYSICAL ACTIVITY AND DEVELOPED WHAT WAS FIRST REFERRED TO AS THE RES-CARE OR RESTORATIVE CARE INTERVENTION AND LATER WE CHANGED TO BE FUNCTION FOCUSED CARE. THIS IS A PHILOSOPHY OF CARE THAT CHANGES HOW STAFF / CAREGIVERS PROVIDE CARE TO OLDER ADULTS. THE GOAL OF FUNCTION FOCUSED CARE IS TO OPTIMIZE WHAT THE OLDER ADULTS IS DOING WITH REGARD TO FUNCTIONAL TASKS AND PHYSICAL ACTIVITY DURING ALL CARE INTERACTIONS. EXAMPLES INCLUDE SUCH THINGS AS HAVING AN OLDER ADULT AMBULATE OR SELF-PROPEL TO THE DINING ROOM; HAVING HIM OR HER AMBULATE TO THE BATHROOM RATHER THAN USE A BEDPAN; GOING TO EXERCISE CLASSES; OR WASHING THEIR UPPER BODY DURING A SHOWER.

BS: What advice do you have for the present Fellows?

TO STAY FOCUSED ON THE WORK AT HAND....TO WORK AS A GROUP OF EXPERTS TO ADDRESS REASONABLE SCOPE OF PRACTICE ISSUES, LEAD RESEARCH IN ADVANCED PRACTICE CARE AND SERVE AS ROLE MODELS AND MENTORS FOR THE NEXT GENERATION.

BS: What advice would you give to new nurse practitioners/

BR: I WOULD ADVISE NEW NURSE PRACTITIONERS TO WORK WITH THE INTERDISCIPLINARY TEAM AND TO WORK TO ADVANCE SCOPE AS APPROPRIATE BUT REMEMBER THAT WE ARE DIFFERENT THAN PHYSICIANS. ALSO, I THINK IT IS IMPORTANT TO MAKE SURE WE USE THE REGULATIONS THAT WE HAVE/WORK TO OUR FULL SCOPE. FOR EXAMPLE, I JUST GOT MY LICENSE TO PRESCRIBE MEDICAL MARIJUANA, AS NURSE PRACTITIONERS CAN DO THAT IN MARYLAND. I HAVE YET TO USE THIS BUT....AM PROUD TO HAVE GONE THROUGH THE PROCESS AS IT IS A PROBLEM THAT INSUFFICIENT PROVIDERS ARE GETTING THESE LICENSES.

BS: What do you see in the future?

BR: I BELIEVE SCOPE WILL BE EXPANDED TO ADDRESS THE REMAINING ISSUES IN MANY STATES AND ISSUES AROUND THINGS SUCH AS FIRST VISITS IN NURSING HOMES AND ORDERING OF HOME HEALTH CARE. CHANGE WILL COME AS IT ALWAYS HAS BASED ON DEMAND/NEED. WHAT THE BABY BOOMERS WANT AND NEED IN AGING MAY DRIVE CHANGES!

BS: Is there anything else you would like to add?

BR: I THINK AGAIN JUST MAKING SURE TO BE A PART OF THE TIME BUT NOT THINK THAT WE AS ADVANCED PRACTICE NURSES CAN BE THE ONLY TEAM PLAYER. I ALSO BELIEVE WE NEED TO BE CAUTIOUS AND CAREFUL TO RAISE SCOPE OF PRACTICE ISSUES, BILLING ISSUE AND/OR INTERDISCIPLINARY ISSUES AT THE RIGHT TIME AND IN THE RIGHT PLACE.