

Dr Barbara Todd began her nursing career as a Registered Nurse at the University Hospital in Cleveland Ohio working in both general care and pediatric ICU. She then moved into a managerial position as night supervisor in a small non-teaching hospital in West Virginia. After 4 years working as a Registered Nurse, she opted to return for her Nurse Practitioner (NP) at the Commonwealth University in Richmond. In 1985, she started her first role as a Nurse Practitioner at the Hospital University of Pennsylvania in cardiac surgery. Through her years Dr. Todd made one move to Temple where she developed an advanced practice model in their cardiac surgery service line. After 14 years, she returned to the Hospital of the University of Pennsylvania as the Director for Advanced Practice Providers and Nursing Staff in the Department of Surgery. She is also an Adjunct Instructor for the University of Pennsylvania School of Nursing and was the Director of the Greater Philadelphia Consortium for CMS Graduate Education Demonstration Project completing her post in 2018. Dr. Todd is nationally certified as an Acute Nurse Practitioner through the American College of Nurse Practitioners. She is a Senior Fellow for the Centers for Health Outcomes and Policy Research and a Fellow in both the American Academy of Nursing and the American Association of Nurse Practitioners.

Interview Abstract

Dr. Todd has spent most of her career working as an Acute Care Nurse Practitioner and teaching in Advance Practice programs. She has been instrumental in developing advanced practice models of care and transition to practice programs. For most of her career, she has balanced working in clinical care and administration. She noted that from the day she completed her undergraduate program she wanted to continue and become a Nurse Practitioner. Once she moved into cardiology, she found her niche. She loved the continuum of care in cardiology and the role advanced practice played in preventive care and health maintenance. She began her career during a time when Nurse Practitioners were basically only doing history and physicals and getting patients admitted for surgery. Her role provided a lot of care coordination and transition of care for her patients along with working closely with interns and residents.

Biographical Sketch

Dr. Todd received her Bachelor of Science in Nursing from Howard University in Washington, DC. She went to get her Masters Degree as a Family Nurse Practitioner at the Medical College of

Virginia (now the Virginia Commonwealth University) in Richmond VA and her Doctor of Nursing Practice at Thomas Jefferson University in Philadelphia Pennsylvania. Working in acute care, she continued her education by getting her Post Masters in Acute Care also at Thomas Jefferson University and is certified as an Acute Care Nurse Practitioner. She has held both clinical and administrative positions throughout her career. Presently she is the Director for Advanced Practice Providers and Nursing Staff at the Hospital of the University of Pennsylvania's department of Surgery and notes that her focus is on mentorship and transition to practice for Advanced Practice Providers as well as the clinical learning environment. She has remained in educational roles through her time as a nurse noting her career led to be part of the landmark project that impacted nursing education as Director of the Greater Philadelphia Consortium for CMS Graduate Education Demonstration Project from 2012-2018.

Dr. Todd notes that some of her early challenges was role identification and clarity. There was a lot of confusion as to understanding the role of the Nurse Practitioner. She found that building relationships and trust with both her peers and patients was critical. She also notes that although she is a minority provider, she willingly accepts the challenge. She notes she was the first black practitioner student in her NP program and the first black NP hired within the cardiac service line at present employer. She notes at times it was a lonely journey, but development of some great relationships helped her with her path. She found strength in knowing that she was doing the right thing for the right reason and providing care to many who desperately needed it.

Dr Todd notes that a pivotal moment in her career is the movement of states to adopt full practice authority for nurse practitioners. As this develops, she hopes for payment of NP services and the recognition of Nurse Practitioners as a provider group by various state and federal entities.

Her advice for new graduates is to be visible to the patient and the public. One needs to articulate their value and demonstrate positive patient outcomes. "The future of Nurse Practitioners is bright and in time the role will be in all aspects of care." Dr. Todd feels nursing has a tremendous opportunity for health care innovation and exploration of alternative models that will drive positive outcomes.

Keywords: Advanced Practice Nurse, acute care, cardiac services, leadership, education

Barbara Todd

Interview

AANP Oral History Project

Interview: Barbara A. Todd, DNP, ACNP-BC, FAANP, FAAN

Date: March 3, 2022

Interviewers Name: Michaelene Jansen

Place for Interview: Phone

Education:

BSN: Howard University, Washington DC, 1978

MS: Medical College of Virginia (now Virginia Commonwealth University), Richmond, Virginia, 1984, Family Nurse Practitioner Program

DNP: Thomas Jefferson University, Philadelphia, Pennsylvania, 2010

Post Masters Acute Care Nurse Practitioner (ACNP): Thomas Jefferson University, Philadelphia, Pennsylvania, 2010

Certifications: American Nurses Certification Corporation, FNP 1985
American Nurses Certification Corporation, ACNP, 1998

Short Bio:

Dr. Todd is currently the Director of Education and Practice for Advanced Practice at the Hospital of the University of Pennsylvania. She has been instrumental in developing advanced practice models of care and transition to practice programs. She has practiced as a family and acute care nurse practitioner in the Philadelphia region for over 30 years, primarily in cardiac care and cardiovascular surgery. For most of her career, she has balanced working in administration and clinical practice. She was the Director of the Greater Philadelphia Consortium for CMS Graduate Education Demonstration Project from 2012 to 2018. The project was funded as part of the Affordable Care Act. She is also a Senior Fellow for the Center for Health Outcomes and Policy Research as well as Adjunct Assistant Professor of Nursing, University of Pennsylvania School of Nursing. She is a Fellow in the American Academy of Nursing and the American Association of Nurse Practitioners.

When did you become an NP? What was the motivation?

I graduated from the NP program in 1984. I knew the day I graduated from my undergraduate nursing program that I wanted to become a nurse practitioner. I was always fascinated by their autonomy within the sphere of nursing. I thought that becoming a nurse practitioner was the perfect way to exemplify nursing and affect patient care outcomes. When I first became a registered nurse, I worked in a general care unit at University Hospital in Cleveland, Ohio. I also worked a year in pediatric ICU and learned

quickly that pediatrics was not my calling. I worked in a small non-teaching hospital in West Virginia and got into management as a night supervisor. I chose to go back to school after four years of clinical practice. Virginia Commonwealth University in Richmond was the closest master's NP program to where I was living and had an excellent reputation, so I went there. My first job as a nurse practitioner was at the Hospital University of Pennsylvania in cardiac surgery in January, 1985. I continued to practice even as my administrative responsibilities increased over the years.

What experiences did you bring into the role?

I really liked the family nurse practitioner program at Virginia. I initially thought that I would return to Appalachia and practice in primary care. However, I loved the continuum of care in cardiology. I fell in love with the NP role in cardiac care and even though there was high tech intervention, there was also a significant role in preventive care and health maintenance. In the mid 1980's, the nurse practitioner role was still relatively new and rare in hospital settings. Initially, I did a lot of history and physicals prior to cardiac surgery. Those were the days where patients would come in the day before surgery. I admitted patients, wrote orders, facilitated plans of care, collaborated with the health care team and helped to drive patient care outcomes. At that time, acute care practitioners were not doing much in terms of invasive procedures. I also saw patients in the cardiac clinic. I worked closely with interns and residents. I provided a lot of care coordination and transition of care. It was a busy service and I worked very long hours. There were only about five nurse practitioners practicing in the hospital at that time, most in cardiac surgery and one in urology. The educational background of the nurse practitioners was diverse as well. Now in my current setting, there are nurse practitioners in all clinical practice specialties. It is so gratifying to see the growth of NP provided care across the continuum.

I left the University of Pennsylvania to work at Temple and developed an advanced practice model in their cardiac surgery service line. I was the director of clinical services for Cardiac Surgery. I was there fourteen years and developed and led many initiatives. I returned to the Hospital of the University of Pennsylvania in 2003 as the director for advanced practice providers and nurses in the Department of Surgery. I was a preceptor for many years and have been connected with the University of Pennsylvania School of Nursing since the early 1990's. I am currently an Adjunct Assistant Professor within the School of Nursing. I have always enjoyed watching the evolution of the NP role and mentoring current and prospective NPs. Mentorship is key to retention and growth within the profession. Now as an administrator, I focus on mentorship and transition to practice for advanced practice providers, as well as the clinical learning environment.

Did you experience any challenges? How were they resolved?

Early on, one of the main challenges was role identification and clarity. There was a lot of confusion on the part of colleagues, patients and the public as to the allegiance and role of nurse practitioners; i.e. nursing versus medicine. We were able to demonstrate expertise within a nursing framework. I think that building relationships and trust was critical. Once you have trust, you gain respect. In the 1980's, credibility and trust was a tough bridge to cross. When we demonstrated that we were able to provide safe, competent care to patients, many doors open. It is also important to find a champion. I had a wonderful physician collaborator, nursing director and many clinical nurses who became my most supportive colleagues.

Working as a minority provider may be viewed by some as a challenge. I guess I've always had to deal with being the "first." For example, I was the only black NP student in my program, the first black NP hired in cardiac services at the Hospital of the University of Pennsylvania. It was often a lonely journey and at times felt isolated. However, I like to look at tough situations as opportunities and create those "teachable moments". My collaborating physician was probably my biggest champion. I found strength in knowing that I was doing the right thing for the right reason and affecting the lives of so many patients. I focused on the positives and suppressed the bad days. I always try to take the high road when others try to derail or marginalize your efforts. Sometimes you sacrifice a part of yourself so make sure you have sturdy guard rails around you.

Are there any experiences that you would like to talk about?

I loved working with patients that have cardiovascular disease. There are highs and lows and the appreciation you receive in return is difficult to describe. I felt connected with so many patients and families. I feel that I contributed to many positive patient outcomes and it was indeed a privilege and honor to be entrusted to provide that care. I also had opportunities to work with many wonderful NP and physician colleagues, as well as students along the way,

I became certified as an acute care nurse practitioner in 1998 when there was a small window of opportunity for adult or family nurse practitioners who practiced in acute care settings to sit for the ACNP certification exam. I took that opportunity but always felt that I should obtain the formal education for acute care. I received my post master's certification as an acute care nurse practitioner in 2010.

Also, in 2010, my employer, Hospital University of Pennsylvania, was named as one of the five sites to receive CMS funding for the Graduate Nurse Education Demonstration Project. I had the opportunity to lead the Graduate Nurse Education Demonstration in the Greater Philadelphia Region which consisted of 9 universities programs that prepared APRN graduates. The funding was part of the Affordable Care Act and in response to increase the number of APRNs to provide primary care, transitional care, chronic disease management, preventive care and other services to Medicare beneficiaries. It was a greater opportunity and privilege to be part of this landmark project that impacted nursing education.

What was most challenging in your career/ most important?

I think one of the most important things in my career is to see how far nurse practitioners have come. Granted, we have further to go, but the validation of quality outcomes for patients in acute care provided by nurse practitioners is noteworthy. We still need to continue to demonstrate positive outcomes in care. We need full practice authority in all states.

Sometimes being the only minority provider was difficult. Some patients would not see a black provider. However, I am a faith based person and that provides strength throughout my career.

Is there anything you would want to change?

In terms of my career path, I would not change anything. I always wanted to go into nursing and become a nurse practitioner. I think that perhaps I could have written more about my experiences, especially early on in my NP career.

What do you see as pivotal moments in the past years?

I believe that as more states adopt full practice authority for nurse practitioners, it makes a huge difference for the profession. Unfortunately, Pennsylvania is not yet a full practice authority state. The creation of the DNP is also pivotal. It was controversial but pivotal. Payment for NP services was also important. Initially nurse practitioners were not paid for services, but rather covered under global charges. Becoming recognized as a provider group by various state and federal entities is very important.

What advice would you give to new nurse practitioners?

First of all, I would encourage new nurse practitioners to come into the profession and make sure they are visible to the patient and public. One needs to articulate their value and demonstrate positive patient outcomes. Now days, structures are such that we can demonstrate our value. For example, electronic health records help with transparency so that one can follow the metrics. I would also encourage nurse practitioners to commit to life-long learning,

What do you see as the role of Nurse Practitioners in the next 25 years?

The future of nurse practitioner practice is very bright. We will become the provider of choice. Given the projected shortages of health care providers, nurse practitioners will be in all aspects of care. Nurse practitioners will lead primary care and become the main support system for care. We have tremendous opportunity for health care innovation and exploring alternative models to drive outcomes.

