



Dr. Carolyn Jaramillo Montoya is certified as a Pediatric Nurse Practitioner. She received her BSN, with honors, and her Ph.D. in Nursing and Health Policy, with distinction, from the University of New Mexico. Her MSN Nurse Practitioner education was completed at Yale University. Additionally, she graduated from the Robert Wood Johnson Foundation Health Policy Collaborative. Dr. Montoya has dedicated her career to serving rural and underserved populations as well as educating students living in poverty. She has advocated for children's health and full scope of practice for nurse practitioners by influencing health policy. Dr. Montoya has taught at the undergraduate and graduate levels. She currently holds the position of Professor and Associate Dean of Clinical Affairs at the University of New Mexico, Health Sciences, Center College of Nursing. She has received numerous honors including Fellow of the American Academy of Nursing and Fellow of the American Association of Nurse Practitioners. She is a past president of the New Mexico Nurse Practitioner Council, the American College of Nurse Practitioners, and the National Association of Pediatric Nurse Practitioners.

Interview Abstract

Dr. Montoya has dedicated her career to improving children's health through clinical practice, education, and influencing health policy. She has created opportunities for students in poverty to reach their educational goals, and she has advocated for full practice for nurse practitioners. Dr. Montoya is board certified as a Pediatric Nurse Practitioner and is educated with a Ph.D. in Nursing with a Health Policy Concentration. She is also a graduate of the Robert Wood Johnson Foundation Health Policy Collaborative. She is recognized as a Fellow of the American Academy of Nursing and the American Association of Nurse Practitioners.

In the interview, she tells about obtaining Advanced Nursing Education Workforce (ANEW) grants from the U.S. Department of Health and Human Services Health Resources and Services

Administration (HRSA). As project director of these grants, she found creative ways to work with community partners in providing preceptors with additional resources. Students receiving ANEW grants also learn about health equity and cultural awareness. Her biggest challenges have been poverty and access to health care for patients with complex problems. New Mexico has a high poverty rate compared to the rest of the United States, and all but one county in New Mexico is underserved. Project EchoTM has connected expert consultants with rural providers, and TeleEchoTM has provided patients in rural areas access to primary care providers.

Practicing to the full extent of her education has been another challenge in her career. She describes her involvement with health policy and achieving full scope of practice at the state level. Her success in overcoming barriers to practice in New Mexico led her to help other states to remove barriers to practice for Nurse Practitioners. She has influenced Nurse Practitioner policy at the national level through her work as President of the American College of Nurse Practitioners (now a part of the American Association of Nurse Practitioners).

Dr. Montoya recognizes that challenges still exist for Nurse Practitioners. The COVID-19 pandemic has allowed Nurse Practitioners a provisional greater scope of practice in some states. Due to backlash by some stakeholders, it is not known if these expansions will be permanently extended. Federal restrictions also affect advanced practice nursing even in states with full scope of practice. Other challenges include possible future educational degrees of the DNP or Ph.D. for nurse practitioners to obtain reimbursement. These advanced degrees would be limiting for some students who do not have financial resources.

Looking to the future, Dr. Montoya recommends that everyone identify a mentor. The mentor-mentee relationship was pivotal in her career. She also advises nurse practitioners to take care of themselves by knowing their scope of practice, recognizing burnout, and by becoming involved in local, state, or national organizations. She is confident that Nurse Practitioners will continue to improve health outcomes and will lead others in ensuring health equity.

Keywords: Nurse Practitioners, underserved, rural, poverty, health policy, advocate, full practice

Biographical Sketch

Dr. Carolyn Jaramillo Montoya, Professor and Associate Dean of Clinical Affairs at the University of New Mexico (UNM), Health Sciences Center (HSC), College of Nursing (CON), has had a progressive career of teaching, clinical practice, and leadership during her academic career. She has taught at the undergraduate and graduate levels and has served as Chair of the Practice Team and Coordinator of the Family and Pediatric Nurse Practitioner concentrations. Prior to her administrative appointments, Dr. Montoya maintained a clinical practice as a Certified Pediatric Nurse Practitioner. She is a graduate of the Robert Wood Johnson Foundation (RWJF) Health Policy Collaborative at the UNM-HSC CON. Dr. Montoya is a past president of New Mexico Nurse Practitioner Council, the American College of Nurse Practitioners (now a part of the American Association of Nurse Practitioners) and a past president of the National Association of Pediatric Nurse Practitioners. She is a Fellow of the American Academy of Nursing and the American Association of Nurse Practitioners. Dr. Montoya remains active in regards to influencing policy issues concerning scope of practice as well as children's health. She recently completed a four-year appointment on the U.S. Health and Human Services Rural Health Committee and currently serves on the New Mexico Medicaid Advisory Board.

Carolyn Montoya
Interview
AANP Oral History Project

Interview: Carolyn Jaramillo Montoya, PhD, RN, PNP, FAAN, FAANP

Date: February 12, 2020

Interviewers Name: Michaelene P Jansen

Place for Interview: Telephone Inter view

Education:

University of New Mexico, Albuquerque, NM PhD, Nursing, Health Policy Concentration, with distinction, 2013 Yale University, New Haven, CT MSN, Pediatric Nurse Practitioner, 1981

University of New Mexico, Albuquerque, NM BSN, Cum Laude with Departmental Honors, 1976

Certifications:

RN, CNP – New Mexico

CPNP – Pediatric Nursing Certification Board

Short Bio:

Dr. Montoya, Professor and Associate Dean of Clinical Affairs at the University of New Mexico (UNM), Health Sciences Center (HSC), College of Nursing (CON), has had a progressive career of teaching, clinical practice, and leadership during her academic career. She has taught at the undergraduate and graduate levels and has served as Chair of the Practice Team and Coordinator of the Family and Pediatric Nurse Practitioner concentrations. Prior to her administrative appointments, Dr. Montoya maintained a clinical practice as a Certified Pediatric Nurse Practitioner. She is a graduate of the Robert Wood Johnson Foundation (RWJF) Health Policy

Collaborative at the UNM-HSC CON. Dr. Montoya is a past president of New Mexico Nurse Practitioner Council, the American College of Nurse Practitioners (now a part of the American Association of Nurse Practitioners) and a past president of the National Association of Pediatric Nurse Practitioners. She is a Fellow of the American Academy of Nursing and the American Association of Nurse Practitioners. Dr. Montoya remains active in regards to influencing policy issues concerning scope of practice as well as children's health. She recently completed a four-

year appointment on the U.S. Health and Human Services Rural Health Committee and currently serves on the New Mexico Medicaid Advisory Board.

Interview

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

I became a pediatric nurse practitioner in 1981. I first heard about the role of the nurse practitioner as an undergraduate and was intrigued by the possibility of interacting with my own patients. My focus has consistently been to care for children and their families with an emphasis on preventative care and safety.

What experiences did you bring into the role?

I grew up in a semi-rural impoverished environment in New Mexico. I have a strong commitment to New Mexico and rural settings. I am very devoted to patients and work with students who have similar backgrounds in order to assist them in reaching their educational goals. In particular I have been committed to providing financial assistance for students by successfully obtaining workforce grants from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). As the Project Director of two HRSA Advanced Nursing Education Workforce (ANEW) grants I have been able to provide students who have a commitment to serving rural and underserved communities with financial stipends. These grants have also increased our community partners throughout the state of New Mexico and have allowed us to provide our preceptors with a variety of resources ranging from treatment of opioid addiction to “pearls” for precepting advanced practice students.

Did you experience any challenges? How were they resolved?

The most significant challenge to providing care for rural and underserved populations and educating students is poverty. New Mexico (NM) has an overall poverty rate of 19.5% while the U.S. poverty rate is 11.8%. In terms of our students we continue to look for opportunities at the state and federal levels for programs which provide funding for students. Fortunately, NM accepted federal Medicaid expansion which has enabled more families to have health insurance.

Thirty-two of the 33 counties in NM are underserved. Access to health care can be challenging in rural areas and many of the patients have complex problems. The role of the Nurse Practitioner is much broader in rural and underserved areas. Project Echo™, a network of expert consultants that providers in rural and underserved areas can easily access, was developed at the University of New Mexico Health Sciences Center. TeleEcho™ was a huge leap in providing care for the complex patient in rural settings. Telehealth has also been important for connecting patients with primary care providers. For example, we have made significant gains in fighting opioid addiction due to our ability to access additional resources; however, more resources are needed to expand broadband in the rural areas.

Another challenge for me was to be able to practice to the full extent of my education. I became very involved with the New Mexico Nurse Practitioner Council (NMPC). In 1993, when I was President of the NMNPC, we were successful in obtaining full scope practice. While many barriers were lifted in the state, we still faced barriers at the national level that we continue to work on today.

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

One of the most significant experiences was my involvement in health policy at the state level to achieve full scope of practice. I was quite frustrated with barriers to practice. I am very motivated when someone tells me that “you can’t do this”. We had an amazing lobbyist, many dedicated NPs willing to push this endeavor forward and an American Medical Association that was not well organized at that time. The group accomplished this phenomenal feat. The success we had at the state level led me to become very involved in the American College for Nurse Practitioners, assuming the role of President at one point, in order to help other states eliminate barriers to practice and to have a voice regarding policy issues affecting Nurse Practitioners at the national level.

Health equity continues to be a challenge. The curriculum at the UNM, College of Nursing integrates cultural content throughout our undergraduate and graduate curriculum. We emphasize cultural humility and awareness of cultures other than our own. With the support of the HRSA ANEW grant I am able to expand student knowledge regarding Native Americans by supporting their attendance at the biennial Navajoland Nurses United for Research, Service and Education conference held in Flagstaff, Arizona. Students who receive ANEW funding are also required to take a medical Spanish course and we have been able to offer a poverty simulation experience utilizing ANEW funds.

What was most challenging in your career/ most important?

A continuing challenge is scope of practice for Nurse Practitioners (NPs). Although we have full scope practice here in New Mexico, there continue to be federal restrictions that affect Nursing and advanced practice nurses remain a primarily female profession. There continues to be salary inequities as well as having “a seat at the table.”

An educational challenge is the proliferation of online programs for NP education and the need to ensure that students are receiving adequate oversight and appropriate clinical experience. We also face a serious shortage of preceptors for our students.

Is there anything you would want to change?

I would like to see more national work to assist states that are working on full scope practice issues. Additionally, there is a strong movement to establishing residency programs for NPs. While I recognize the increasing complexity of patients, I am concerned that if NP residencies become the norm we have an even greater shortage of preceptors for NP students.

I am also concerned that the Center for Medicare and Medicaid (CMS) will, at some point, require a doctoral degree (DNP, PhD) for reimbursement. Some states do not allow schools to grant doctoral degrees, but do have strong master's programs that allow students to live and work close to home. If CMS requires a doctoral degree for reimbursement the NP master programs will no longer exist.

I would like to see more registered nurses in primary care roles. There are so many practice and educational opportunities for RNs in ambulatory care. I believe it would enhance our ability to provide comprehensive primary care.

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

The COVID-19 pandemic has brought to light the impact of social determinants on health particularly among people of color. This crisis has also impacted scope of practice for Nurse Practitioners as some states which do not have full scope of practice have moved to extend practice related activities for Nurse Practitioners on a temporary basis. This expansion has led to a backlash from some physicians and it remains to be seen if these extensions of practice can be maintained once the pandemic is under control.

As far as pivotal moments on a personal level, I would recommend to everyone that they consider identifying a mentor and establishing a professional mentor-mentee relationship. I was very fortunate in my early career to have the mentorship of Dr. Diane Viens, a past president of the National Association of Nurse Practitioner Faculties. I would not be where I am today without her mentorship. The decision I made to obtain my PhD with a concentration in health policy through the Robert Wood Johnson Health Collaborative at the UNM, College of Nursing changed my career trajectory. The PhD enhanced my ability to work on policy issues and led me to assume administrative positions as an educator.

What motivated you to become active in ACNP?

Given our success with full practice authority in New Mexico, it was natural to move to a national platform to continue promoting independent practice for NPs. At the time, ACNP was the driving force for changes in health policy for NPs. When I served as President of ACNP, talks were starting about merging ACNP and AANP. I think the merger was good in that there was less dilution of power and increased our ability to present a more unifying message for Nurse Practitioners on Capitol Hill. Becoming one organization, made our voice stronger.

What advice would you give to new nurse practitioners?

I would advise NPs to learn to take care of themselves. They should be very comfortable and secure in knowing their scope of practice. They should not be afraid to speak up for themselves. Continuing education should be part of their contract. They should recognize signs of burnout. I see many NPs burn out in primary care due to the demands of the job and seek out specialty practice opportunities. We need to keep new and experienced NPs in primary care. I would also

advise NPs to become involved in local, state or national organizations to obtain a broader picture of APRN practice.

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

I think that we will see more adoption of NP residency programs. I also hope that we have full practice authority for all states within the next 10 years, if not sooner and that the healthcare workforce more closely mirrors the diversity of our population. We are going in the right direction but need ongoing efforts by everyone. After 44 years as an RN, 39 years as a PNP, and 35 years as a nurse educator I can say that I remain passionate about the impact nursing has on improving health care outcomes. Future generations of nurses and Nurse Practitioners will continue to lead the way to ensure health equity for all.