

Seibert, Diane Carole



Diane Carole Seibert received her education at the University of Maryland both College Park and Baltimore and Kent State University in Ohio. She began her nursing career at Kent State University where she received a full scholarship through the Reserved Office Training Corps (ROTC). Following her graduation, she served in the Air Force for seven years at several Air Bases. After a few years of working in the public sector, she returned to school and became certified as an Adult and Women's Health Nurse Practitioner. She moved into the world of academia at Catholic University of American. She is presently the Associate Dean for Academic Affairs at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Maryland, and Chair of the Fellows of the American Association of Nurse Practitioners. She maintains committed to teaching her students the importance of health, wellness, and disease prevention along with genomic and family history.

Interview Abstract

Dr. Seibert was raised in a military household, moving 25 times in 23 years. During her time in High School, while living in Washington DC, she worked as a JANGO (Junior Army Navy Guild Organization) and volunteered at Fort Belvoir Community Hospital. When starting Kent State University, she found herself at one point standing Infront of a desk with interest in ROTC (Reserved Officers Training Corp) and the available scholarships the US Air Force was offering. This started her military and nursing career. At the time of her graduation from Kent, she had developed an interest in becoming a Nurse Practitioner. She notes she even bought a book on Physician Assessment for Nurse Practitioners prior to leaving her undergrad campus. Her career started in the service area after obtaining a full scholarship through ROTC. While in the Air Force, she gravitated to an interest in care of women which lead her furthering her education and becoming certified as a Nurse Practitioner in Adult and Women's Health. She was invited by a classmate to consider a role in education at the Catholic University of America where she is still employed today. Her interested in women's health moved her to an interest in genomics and family health. Through her professional carrier she blends academia with her passion of clinical practice in her teaching methods. All through her career she had continued to have a deep appreciation for the needs of the military personal and her focus has remained on preparing the highest quality providers to serve American war fighters and the community in which they work. She takes great pride in preparing students to deliver the highest quality care in unusual, often under-resourced

and/or hostile settings. She also remains committed to the goal of preparing nursing and APN's in providing genomic care and counseling.

Biographical Sketch

Diane Carole Seibert is from a military family and moved 25 times in 23 years. She started her nursing education at Kent State University in which she became part of their ROTC program. Following graduation, she served in the Air Force for seven years at Wilford Hall, San Antonio, Travis Air Force Base and finally at Hahn Air Base in Germany. She married an Air Force Officer and at one point they worked together at Hahn Air base in Germany. She spent one year on a medical surgical floor and then moved into labor and delivery, it was during her time in active duty, she became very interested in women's health. She returned to the United States in 1986, worked at Mercy Medical Center while her husband completed Graduate School. They then moved to San Antonio where she worked in labor and delivery at Humana Hospital Village Oaks. In 1992 they returned to Washington D.C. and return school to obtain her Nurse Practitioner in both Adult and Women's Health. She continued to work every other weekend as an After-Hours Advice Nurse for Kaiser Mid-Atlantic. She graduated in 1994 and continued to work for Kaiser as a case manager in high-risk Obstetrics in the Towson and Woodlawn Offices. In 1996 she was invited to interview with The Uniformed Services University of Health Sciences and is currently the Associate Dean for Academic Affairs. As she moved into the world of academia, she obtained her PhD in 2002 from the University of Maryland in Human Development/Educational Psychology. During her time, she and a friend created a 10-day genetic intensive for RN's and APRN's working in military OB/GYN clinics. The focus was on educate couples on the cystic fibrosis prenatal screening recommendations. Through her work she developed The Genetic and Genomic Competencies for Nurses Prepared at the Graduate Level, a consensus-based document, endorsed by 25 nursing organizations.

Dr. Seibert sees the move to a DNP as a pivotal moment in the APN education. "The DNP better provides students for their future clinical and leadership role and brings doctorally prepared nurses to the healthcare systems leadership table. She would like to further see more interprofessional relationship building in clinical practice, not just in academia. Her advice to new nurse practitioners is to get the best education and clinical experiences you can. Find people who have similar values, interests, and principles. "Be Exceptional!"

Keywords: Military nursing, advanced practice nurse, leadership, nurse practitioner.

Transcript

Diane Seibert

Interview

AANP Oral History Project

Interview: Diane Carole Seibert PhD, CRNP, FAANP, FAAN



Date: 1/17/2022

Interviewers Name; Michaelene P Jansen

Place for Interview: Phone

Education:

1997-2002 University of Maryland, College Park College Park, MD Ph.D. Human Development

1992-1994 University of Maryland At Baltimore Baltimore, MD M.S. Women's Health & Adult Nurse Practitioner

1975-1979 Kent State University Kent, OH B.S.N. Nursing

Certifications;

1994-Present Adult Nurse Practitioner

1994-2020 OB/GYN Nurse Practitioner

1999-2010 Menopause Clinician

1991-2003 ASPO Lamaze Childbirth Instructor

Short Bio: Dr. Seibert is currently Associate Dean for Academic Affairs at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Maryland and Chair of the Fellows of the American Association of Nurse Practitioners. Dr. Seibert began her nursing career at Kent State receiving a full scholarship through the Reserved Officer Training Corps (ROTC). Following graduation, she served in the Air Force for seven years, first at Wilford Hall (when it was 1000 inpatient beds), in San Antonio, then at Travis Air Force Base (near Sacramento, CA) and then at Hahn Air Base, Germany. She became interested in women's health during the years she was on Active Duty, and after working for a few years in the civilian sector, returned to school in 1992, graduating with and becoming certified as both an Adult and a Women's Health NP in 1994. In 1996, a classmate from her WHNP Program (Dr Patricia McMullen, now Dean Emeritus from Catholic University of America) invited her to interview for a faculty position at USU, and she has been employed there ever since, serving in a variety of faculty and administrative roles. Her deep appreciation for and understanding of the needs of the military and her focus on preparing the highest quality providers to serve America's warfighters has served the students and university well. Throughout her professional career, she has blended clinical practice with academia, and is deeply committed to health, wellness and disease prevention, of which genomics and family health

history is an integral part. She has co-authored many articles on genomics, was co-author of the Genetic and Genomic Competencies for Graduate Nurses, and a genomics textbook, *Genomic Essentials for Graduate Level Nurse*.

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

I first thought about going to graduate school for an advanced practice degree shortly before I graduated from my BSN degree in 1979. I actually purchased (and still have in my library) a 1974 “Physical Assessment for Nurse Practitioners” book at the University Bookstore the day I departed from campus. After working in a variety of nursing roles (ortho, urology, oncology, med-surg, ICU, labor and delivery, primary care), I decided that the NP role, specifically the Women’s Health role, was where I wanted to focus my energy. I ended up being dual certified in Adult/Women’s Health when I graduated from the University of Maryland in 1994.

What experiences did you bring into the role?

I grew up in a military family, moving 25 times in 23 years. When I was in the Washington DC area during high school, I worked as a JANGO (Junior Army Navy Guild Organization) Volunteer at Fort Belvoir Community Hospital in 1974. Two days after my parents dropped me off at Kent to start school, they and my 2 siblings boarded an airplane bound for Germany where my father was starting what eventually would be his 4 year final assignment in the Army. For the next couple weeks, as I talked with my dorm-mates, I gradually came to realize that no one on my floor had even been across the Ohio state line....they certainly didn’t understand me. So, during the drop and add period, I found myself standing in front of the ROTC desk, learning more about the military and the new nursing scholarships the U.S. Air Force was offering. The following spring, I received a ROTC scholarship from the Air Force (I must say that being in ROTC at Kent State in the mid-70’s was “interesting” - we did all our drilling in uniform at 0630 on Saturday morning).

For five months between graduation in May and when I entered onto Active Duty in November of 1979, I worked in a civilian hospital rotating every month between orthopedics, urology and oncology. I was already thinking about an Advanced Practice Nursing Role and reached out to several CRNA certificate programs to learn more about that role. Once I entered the Air Force, however, I set these future goals aside to focus on the new community I was entering. In November, I started a six-month nurse internship program at Wilford Hall in San Antonio, and after completing that, moved to Travis Air Force Base, CA to start my military nursing career. At Travis, I worked in orthopedics and ICU but still had time to meet and marry my husband John, who was also an Air Force Officer (he was a Bioenvironmental Engineer). In August, John and I got in the car and drove to New Jersey, put the car on a boat, and flew to Hahn Air Base, Germany where we worked together in the 35 bed hospital. I spent a year on a medical-surgical unit, 18 months in the Family Practice Clinic and my last year at Hahn (and in the military) on labor and delivery. I decided at that time to become a Women’s Health Nurse practitioner.

After we returned to the states in 1986, I worked for 18 months (John was in graduate school at the University of Pittsburgh) at Mercy Medical Health Center, a brand-new outpatient care clinic in Squirrel Hill, PA, just outside Pittsburgh. After he graduated in December 1987, we moved to San Antonio and a few months later I started working labor and delivery at Humana Hospital Village Oaks, where I worked until we left to come to Washington DC in 1992.

I started my NP education in August 1992 and graduated from the University of Maryland with my Master of Science degree with certifications in WHNP and ANP in 1994. The whole time I was in school, I worked every other weekend as an After Hours Advice Nurse for Kaiser Mid-Atlantic (that was

a great job for a student!). Immediately after graduating, Kaiser offered me a position as a case manager for high risk Obstetrics patients in their Towson and Woodlawn offices. The following year (1995), I received a call from a private OB-GYN physician group looking for an NP. I worked with them part-time for the next 4 years. In 1996, a former classmate of mine from the University of Maryland, called asking me if I'd be interested in a faculty position at USU. I had always been interested in education, so I jumped at the opportunity and I have been here ever since.

It was clear from the moment I started working in academia that a doctoral degree would be required. The DNP wasn't available at the time, so I started working on my PhD in 1997, graduating in 2002 from the University of Maryland with a degree in Human Development/Educational Psychology. Two years later, I collaborated with a military OB/GYN who had completed a fellowship in medical genetics. She and I created a 10 day genetics intensive for nurses (RNs and APRNs) working in military OB/GYN clinics. The focus was to prepare this community to talk to couples about the new cystic fibrosis prenatal screening recommendations. This project (and my wonderful physician colleague/mentor) created my genetics nursing network. I met so many amazing nurses focused on improving the genetic/genomic competency of nurses working in every healthcare setting. One key community/organization (that sadly, no longer exists) was the National Coalition of Health Professionals in Education of Genetics (NCHPEG) a group of people from every imaginable healthcare discipline (Dentistry, Nutrition, Biochemistry, Pharmacy, Nursing, Physician Assistants, Family Medicine, etc.) who came together to talk about developing genetic/genomic competencies for their community. As a result of these interactions, I was invited to work with Karen Greco and Susan Tinley to develop The Genetic and Genomic Competencies for Nurses Prepared at the Graduate Level, a consensus-based document, endorsed by 25 nursing organizations. I remain committed to the goal of preparing nursing and APRNs to provide genomic care.

Did you experience any challenges? How were they resolved?

I have found that maintaining my clinical skills in academia is something of a challenge. I have found a way to focus on health and wellness by talking with my patients about their Family Health History and genetic risk. I also try to focus on interprofessional education and practice, and am committed to finding ways to make sure nursing students are interacting with medical and graduate students from other disciplines in meaningful ways.

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

The military and nursing are my 'people' and I am deeply committed to them. I take deep pride in preparing our students to deliver the highest quality care in unusual, often under-resourced and/or hostile settings. We are blessed at USU because all our students are Active Duty military, and their service branch pays them to attend school full-time. We purchase their books, we find all their clinical placements, and we pay for them to travel to rich clinical sites around the world to get the best clinical training possible. In return, each student pays the military back through continuing service. We have some unique issues; many of our students are a bit older, have children, or haven't been in school for a long time, or they may have PTSD after a deployment, but none of them are working; their full-time job is to attend school. The other advantage we have is that we know exactly where our graduates are going to work after they cross the stage. They will go back to their service to function in the role we prepared them for, and we talk regularly with the services. The Federal Nursing Service Council (composed of our Dean, the Chief Nurses of the Army, Navy, Air Force, Public Health Service, Red Cross, Defense Health Agency and Veterans Health Affairs) meet regularly to discuss federal nursing issues. Through

this council we get information we need to ensure that our curriculum is meeting the needs of the military. For example, at their request all our graduates receive training in battlefield auricular acupuncture; bedside ultrasound training (so they can perform a FAST exam to screen for retroperitoneal bleeding), Advanced Trauma Life Support, and Tactical Combat Casualty Care. Our curriculum is also shaped by alumni experiences.

What was most challenging in your career/ most important?

Keeping up with the changes in academic nursing such as accreditation requirements, nursing and specialty Competencies, Essentials and Standards is an unending process.

Another challenge is to make sure our students are prepared to provide care ‘tomorrow’ in very unusual places. Right now, many military medical assets are supporting civilian pandemic needs, while the service are closely monitoring the activities in Ukraine. War injuries vary significantly by conflict, so education needs to shift as well. WWI injuries included mustard gas exposure, poor nutrition, and cold injuries; WWII brought more penetrating and blast injuries (as weapons became more sophisticated), Korea presented a very cold mountainous environment, and Vietnam the opposite, as troops fought in a jungle. Most recently, soldiers were exposed to blast injuries in Iraq and Afghanistan, and we are now dealing with less obvious concussion injuries. What injuries do we need to prepare for if a conflict breaks out near the Arctic circle? The trick is staying one step ahead with our education.

Finally, it’s tough to maintain important working relationships with military officers outside USU because of the constant transition of military personnel. Half of our GSN faculty are in uniform, many of whom are our alumni. This is wonderful because they are highly skilled, experienced clinicians who know the curriculum and the faculty, and we have many alumni in our Military Treatment Facilities who serve as preceptors or as Phase II faculty. We can use our faculty experiences to offer unique elective courses like mountain medicine, cold weather medicine, dive medicine etc. We have also collaborated with military nurses from other countries as well. For example, we had a train-the-trainer program in Africa where we taught trauma and disaster skills to Ugandan (or Kenyan) military nurses for a week, then selected the best students to serve as teachers for the second cohort of students while we coached from the side. The downside is that military faculty are only with us for three or four years before they rotate out again, and we start the faculty development process all over again. One way we adapt to this constant change is to make sure that every course has at least 2 faculty assigned to it in case someone leaves unexpectedly.

Is there anything you would want to change?

I would not change anything about my choices for career: nursing, advanced practice, military or academia. I want to see more interprofessional relationship building in clinical practice, not just in academia, but this is DEFINITELY a marathon and not a sprint, because it takes years to get it going, and more years to ‘get it right’.

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

The transition of NP education from the MSN to the DNP. The DNP better prepares students for their future clinical and leadership role. The DNP also levels the playing field by bringing doctorally prepared nurses to the healthcare system leadership table.

The time to focus on writing has also been pivotal. I have enjoyed collaborative projects and writing with Ken Wysocki and others on genomics.

What advice would you give to new nurse practitioners?

Get the best education and clinical experiences you can. Find people who have similar values, interests and principles. You need to be excellent; our patients deserve it. Our NP community needs you to be exceptional – mediocrity is not okay and “I wasn’t taught that in school” is unacceptable. Each of us is responsible for maintaining our knowledge and skills – it’s a lifetime of work.

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

I think NPs will eventually outnumber physicians in primary care; and honestly, I’m not thrilled about that. I really value my physician colleagues and like having them in my world to bounce questions off, consult with and honestly, just share wonderful and sad moments with. The vast majority of men and women who choose to become physicians have their hearts in the right place - they want to provide exceptional care in primary care (to keep people healthy and out of the hospital), just like I do.