



Diane Viens DNSc, APRN, FNP-BC, FAANP is a family nurse practitioner and was instrumental in paving the way for full practice authority in New Mexico. As director of the first FNP program in New Mexico, there was very little regulation or clarity of the NP role. She took it upon herself to meet with legislators, hospital administrators and community leaders to educate and promote the value of nurse practitioners. Full practice authority was granted in 1993. She was active in the National Organization for Nurse Practitioners, heading the NONPF task force to write pharmacology curriculum for NPs. She used a vetting process involving many organizations to resolve issues or concerns. It is a process that is still used today for NP curriculum guidelines and criteria. She served as President-elect and President of NONPF from 2002-2004. Her clinical practice has focused on migrant and rural health. She also taught and directed FNP programs at the University of Vermont, University of New Mexico – Albuquerque and Yale University.

#### Interview Abstract:

Initially, Dr. Viens had planned on becoming a clinical nurse specialist as most of her nursing experience prior to her masters was in hospital care. During her master's program, she took some NP courses and worked in a migrant camp in Colorado during summers. She became certified as an FNP when it became available through ANCC. She has focused her practice on rural health and underserved populations. One of the most challenging and at the same time, rewarding was her efforts to promote full practice authority for NPs in New Mexico. Her involvement with the National Organization of Nurse Practitioner Faculties provided a greatly rewarding experience. Her main concerns today are the standards of practice for nurse practitioner education. As colleges and universities strive to meet their enrollment goals, Dr. Viens feels that NP curriculum standards have softened to increase enrollments. She is a Fellow in the American Association for Nurse Practitioners.

#### Biographical Sketch:

Dr Viens received her diploma in nursing from St. Francis Hospital, Hartford CT in 1965. She received her BSN at the University of Vermont, in 1972, her MS at the University of Colorado in 1974, and a DNSc at the University of San Diego in 1992. She is certified as a family nurse practitioner. She taught at the University of New Mexico at Albuquerque where she was the director of the FNP program and division director. Beginning in 2002 she became an associate professor at the Yale University School of Nursing for seven years and worked as an NP at Back to Health in Branford, CT for nine years. She returned to New Mexico in 2009 and has been working part time for the University of New Mexico doing site visits for nurse practitioner students.

She was selected as a Fellow of the American Academy of Nurse Practitioners, 2003; President, NONPF, 2002-2004; Member, NONPF's Committee on Clinical Hours in Dual Programs, 2002-2007; Member, NONPF's Doctor of Nursing Practice Taskforce, 2000-2006; and Chair, Education Committee, National Organization of Nurse Practitioner Faculties, 1995-1999.

Key words: family, education, rural health, legislation

Diane Viens

Interview

AANP Oral History Project

## **Interview: Diane Viens DNSc, APRN, FNP-BC, FAANP**

**Date:** March 24, 2020

**Interviewers Name:** Michaelene Jansen

**Place for Interview:** Telephone Interview

**Education:** 1965 Diploma, Nursing, St Francis Hospital,  
Hartford, Connecticut

1972 BSN, University of Vermont,  
Burlington, Vermont

1974 MS, University of Colorado, Denver

1992 DNSc, University of San Diego, San Diego, California



Colorado

**Certifications:** FNP-BC, ANCC

**Short Bio:** Dr Viens received her diploma in nursing from St. Francis Hospital, Hartford CT in 1965. She received her BSN at the University of Vermont, in 1972, her MS at the University of Colorado in 1974, and a DNSc at the University of San Diego in 1992. She is certified as a family nurse practitioner. She taught at the University of New Mexico at Albuquerque where she was the director of the FNP program and division director. Beginning in 2002 she became an associate professor at the Yale University School of Nursing for seven years and worked as an NP at Back to Health in Branford, CT for nine years. She returned to New Mexico in 2009 and has been working part time for the University of New Mexico doing site visits for nurse practitioner students.

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

I became a nurse practitioner by accident. Prior to going back for my masters, I was a hospital nurse and planned to become a clinical nurse specialist. During my program, I had to take some elective courses. At that time, the requirements for becoming an NP were somewhat "soft". I took four courses over one year and became a nurse practitioner. My clinicals were in migrant health care in rural Colorado and that opened my eyes to the world of NP practice. I found that I liked being a nurse practitioner and never went back to hospital care. The opportunity was there and I took advantage of it. After graduating from my master's program, my first position was as a member of the undergraduate faculty in Wisconsin. I then went back to the University of Vermont and taught in their undergraduate program. During summers, I returned to Colorado and worked as a nurse practitioner in the migrant health clinic. There was no certification at that time but I took the exam when it became available from ANCC.

**What experiences did you bring into the role?**

Prior to returning for my masters, I worked as a hospital nurse in medical and surgical units for 8-9 years. I felt that was very helpful because there was no disease in primary care that I hadn't seen or dealt with previously. Most importantly, I knew how to deal with people by then.

**Did you experience any challenges? How were they resolved?**

Early in the 1970's there were almost no restrictions for nurse practitioners working in rural areas. I worked on an island in the middle of Lake Champlain; we were the only health care available at the time. Physicians would call the pharmacy and provide overall approval for any prescriptions we wrote. The University of Vermont was easily accessible and willing to help if needed. The clinic was under the auspices of the Visiting Nurses Association. NPs provided care and ran the clinic for several years until the community decided that a physician needed to be in charge. The community wanted to have a provider who had hospital privileges. The five NPs were then let go.

When I think back to that practice in Vermont and compare it to my last practice in Connecticut, there are now more roadblocks to practice. In the early days, I never had to call insurance companies or seek prior approval for a treatment or medication.

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

After obtaining my doctorate, I returned to New Mexico to teach family nurse practitioner students as well as directing the FNP program at the University of New Mexico in Albuquerque. I decided that I needed to be involved with the National Organization of Nurse Practitioner Faculties (NONPF). It was one of the best things I ever did. It made me a better educator and person. The leaders at the time, Cathy Gilles, Janet Allen, Pat Burns, Chuckie Hansen, Phyllis Zimmer as well as numerous others were so visionary. As a board member in 1993, Cathy Gillis, then President of NONPF, thought that I would be a good fit with the Education Committee. At the same time, NONPF was awarded a large grant to write pharmacology curriculum for NP programs and was asked to head this task force. We worked with many nursing, advanced practice nursing organizations and the National Council of State Boards of Nursing (NCSBN). This vetting process hashed out problems and issues and is still a process used today for NP guidelines and criteria.

I was also heavily involved with obtaining legislative approval for independent practice for nurse practitioner in New Mexico in 1993. I acted as an unofficial lobbyist meeting with legislators, physicians and community groups. We initially did not realize that we needed bring in the insurance companies so that work had to be done later for reimbursement. Physicians were often asked by legislators if there was any reason why nurse practitioners could not practice independently and they could not come up with any valid reasons. On the day of the vote, we had the spectator gallery filled with NP students and the Speaker made the comment that he hoped it would pass because he might have one the NP students caring for him some day. It has been smooth sailing ever since.

**What was most challenging in your career/ most important?**

One of my early challenges occurred when I came back to New Mexico as Director of the Nurse Practitioner Program. Since we were the first family nurse practitioner program in the state, one of my goals was to make the state aware of nurse practitioners and their scope of practice. I had

to get involved politically. I traveled to many committees, hospitals and talked with nurses, legislators, physicians, citizens. I was a one-person lobbyist for nurse practitioner practice at the grass roots. It was very tiring but in the long run, rewarding.

Another challenge came later in my career when I worked at the Yale School of Nursing. I went from a state-run university program to a private institution. Cathy Gilles was the first outside dean and she recruited me to teach in and later coordinate the FNP program. National guidelines for NP education were just being introduced and change was difficult. I feel that I made good changes while I was there. Site visits were integrated, change were made in the sequencing of courses, and more clinical application was integrated into theory based courses. I also practiced as a primary care provider in a chiropractic clinic. I ended up having a large case load and could integrate holistic care.

Perhaps the most important aspect of my career came in the 1970's. I was teaching in the undergraduate nursing program at the University of Vermont and working in migrant health during the summers. The University of Vermont then started a certificate family nurse practitioner program. I was teaching in the program and went through the clinical program as well to be better prepared as a family nurse practitioner. My program in Colorado focused on adults. I then became Director of the Lake Champlain Island Clinic from 1980-1982. I left Vermont in 1982 but gained so much from that experience.

Another highlight of my career involved my time as President-elect and President of NONPF. I was President-elect in 2001; Lucy Marion was President. NONPF was deeply involved in discussions related to the DNP. In 2002, the Task Force for NP criteria for accreditation was formed. NONPF and AACN (American Colleges of Nursing) brought together all the advanced practice nursing organizations and met regularly. The NCSBN was also involved. It was the first time that we all heard different points of view of the different advanced practice groups. The Consensus Model emerged from those meetings.

### **Is there anything you would want to change?**

I don't think there is much I regret; maybe I'd be more tactful in some situations. But I was lucky that there was always someone in the wings keeping me in line. One never does anything alone; it takes many people and organizations working together to make changes. I have been very fortunate to work with such wonderful colleagues over the years.

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

I have concerns for nurse practitioner education at this point. Previously everyone knew that educational institutions were putting out good practitioners. What I have witnessed is the softening of standards. NP education doesn't seem "crisp" any more. I see site visits being replaced with objective structured clinical examination (OSCE) or are conducted via various modalities. I just don't see how physical assessment can be done online. I am concerned that NP faculty may not have to practice and that clinical hours decrease. Schools are feeling pressure to fill spots and they are admitting people who should not be in the role. Accrediting associations are not doing enough to maintain quality of NP programs. There is a need for someone to step up to maintain standards of NP education and practice.

### **What advice would you give to new nurse practitioners?**

I would advise new nurse practitioners to make sure they get satisfaction from their jobs and that they have a connection to their patients. It is a difficult job with little reward in the current health care system. The rewards for the NP come from connecting with patients. We need to advise nurse practitioner educators to infuse the concepts of nursing and the connection to patients. It is not just a job with a decent salary. The ANA recently published the revised Moral Code of Ethics. In today's world, it is impossible for NPs to practice according to the code because organizations are telling the practitioners what to do. We need more than just passing certification exams. We need to examine what we are doing. We need, as a profession to examine our practice in this health care environment and continue to shape the nurse practitioner role.

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

If changes are not made, we will see nurse practitioners practicing like mini-docs, where there is an emphasis on production, not care. I am afraid that nursing as the main component of care will fall to the wayside.