

Berg, Judith



Dr. Judith Berg was educated as a Women's Health (Primary Care) Nurse Practitioner. She began her career as an RN, following graduation from a BSN program, in a private Catholic hospital where she gained considerable experience in maternity nursing. She relocated and Dr. Berg took a school nurse position, where she worked for a year before relocating again and worked night shifts in the maternity department at the local hospital. Another move saw her work as educator at a high school where she supervised students interested in careers in health care. It was at this time that Dr. Berg enrolled in the MSN program with a CNS maternity nursing curriculum. As part of the elective portion of her curriculum, she enrolled in a few classes in the newly created women's health nurse practitioner certificate program.

Immediately following completion of the MSN, she completed the WHNP certificate program and began her lifelong work providing primary care to women. Dr. Berg has held the positions of NP administrator, educator, and nurse scientist.

Interview Abstract

During the interview Dr. Berg recalled in the early days of the NP role, practice was based more on the medical model because all clinical experience was precepted or even supervised by physicians. There were no NP role models from which to learn. Dr. Berg and her colleagues became the role models. Dr. Berg worked as a WHNP at Planned Parenthood from 1975-1997 and in 1993 she took the position of managing NPs and PAs in 15 clinic sites and enrolled in the PhD program at UCSF with a focus on women's health. Dr. Berg relates that the management position at Planned Parenthood put her in the role of serving as Medical Director for the organization. The actual Medical Director was merely a titular head who rarely was present; however, he was available for consultation if at all necessary or to sign documents which it rarely was. Dr. Berg noted the greatest challenges were related to creating the role and identifying nonexistent practice parameters, such as scope of practice and role acceptance by other health care professionals as well as patients themselves. She goes on to discuss her role in the development of health policy and her and her work in NP education.

The interview concludes with how she sees as the role of Nurse Practitioners evolving. She replied it is critical that NP educators and practitioners insist upon quality and rigor in all NP education programs, both on-line and face to face. NPs must be invested in high quality education that prepares NPs to care for the needs of their patient population. Dr. Berg states the trend of moving immediately from BSN to doctorate cannot be stopped, but programs can be scrutinized so that quality is assured.

Biographical Sketch

Dr. Judith Berg received her MSN and WHNP from the School of Nursing, University of California-San Francisco (UCSF) in 1975. She has practiced as a WHNP at Planned Parenthood in California for almost 30 years. Dr. Berg received her PhD from UCSF in 1997 and completed a postdoctoral fellowship in symptom management at UCSF. She is currently an Associate Professor, University of Arizona College of Nursing. Dr. Berg teaches women's health and research design and utilization in the NP options. Her research focuses on women's health promotion and symptom management strategies across the lifespan. She is a well-known speaker at national and international scientific conferences and has contributed to the literature via numerous articles on the perimenopausal experiences of Filipino American midlife women, use of health promotion strategies by Mexican American midlife women, and long term physical activity continuation in Mexican American sedentary elder women. Dr. Berg is currently conducting an intervention study on the use of a multimodal treatment package of health promotion behaviors for perimenopausal symptom management in special populations, including Mexican American women and breast cancer survivors. She is also studying breathing perception and distress in asthmatic women across the menstrual cycle.

Key Words

Nurse Practitioners, Nurse Practitioner education, NP practice roles, women's health, health policy

Interview Transcript

Judith Berg

AANP Oral History Project

Interview Judith Berg PhD, RN, WHNP-BC, FNAP, FAANP, FAANP

Date: 7/11/19

Interviewer's Name; Mary Koslap-Petraco

Place for Interview: telephone

Education

BSN University School of Nursing in Portland 1967

MS University of California San Francisco (CNS/NP certificate Women's Health) 1975

PhD University of California San Francisco

Certifications; Women's health NP (primary care) from National Certification Corporation

Short Bio:

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Interview

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

Dr. Judith Berg was born in Oregon and is one of five children. Her parents insisted all their children work during summers harvesting crops. Half of the money earned was saved for college and the other half was spent on school clothes and supplies. While neither of Dr. Berg's parents were college educated, her parents insisted that all the children at least consider a college education. With the upbringing Dr. Berg received is it any wonder that she has excelled in both academia and clinical practice? She was an



excellent student and entered the Pre-Med Honors College at Oregon State University right from high school. It was 1962 and Dr. Berg's college advisor, Dr. Peas, called Dr. Berg into his office and asked her if she planned to marry and have children. When she answered 'yes' Dr. Peas told her she had no business taking up a seat in the medical college! An absolutely jaw dropping thought by today's standards! Dr. Berg left that meeting and switched to pre nursing and planned her transfer to the University of Oregon School of Nursing in Portland which is now Oregon Health and Science University.

At that time students did a year of prerequisites and then transferred to SON in Portland. Dr. Berg had joined a sorority and wanted to live in her sorority house so stayed for a second year at Oregon State in order to do so. She describes that second year at OSU as one of the best years of her academic life. She took Shakespeare, wrote a novel, studied Great Americans and a host of other subjects unrelated to her future career. But, at the end of that year (June 1964) she transferred to the University of Oregon School of Nursing in Portland, Oregon, to begin the BSN curriculum. Of interest, her choice to work for a BSN was not a popular one in 1964, as most schools of nursing were diploma schools that were associated with hospitals. In those programs, students were immersed in clinical training and essential to the running of their host hospitals. BSN students at University of Oregon School of Nursing received no more than eight hours of clinical/week until their final quarter as students when they were assigned to a hospital unit almost full time. BSN graduates were generally not as facile with clinical practice as diploma graduates but did catch up and even exceed their diploma colleagues' clinical abilities once they acquired sufficient experience. However, Dr. Berg benefitted from being poor as she had to work as a student nurse in the maternity unit (Delivery Room, Postpartum, Newborn Nursery) at least three shifts a week in order to pay for her education. In this way, she enjoyed the many benefits of a college-level education coupled with work experience obtained as a student nurse—work that mirrored that of a nurses' aide in the early years but quickly became the level of a graduate nurse. Dr. Berg married a medical student, they both graduated in 1967, moved to San Bernardino CA for his internship while she worked in a private catholic hospital where she gained considerable experience in the three areas of maternity nursing without the presence of interns and residents.

Dr. Berg moved to San Diego in 1968 with her husband and took an elementary school nurse position. While in San Diego, her Naval officer MD husband was "given" to the marines, sent to El Toro Marine Corp Air Station and then on to Viet Nam. At the end of the elementary school year, the pregnant Dr. Berg resigned from her school nurse position in San Diego and moved back to Oregon to await her son's birth and her husband's return. After the birth of her son, Benjamin, Dr. Berg worked night shifts in the maternity department at Multnomah County General Hospital in Portland, Oregon where she worked as a student nurse. Her experiences in maternity nursing set the tone for her life's work in women's health.

When Dr. Berg's husband returned from Viet Nam, they moved to Oakland, California, where he began his residency in Internal Medicine. Although the marriage did not survive, Dr. Berg enjoyed her work as an educator at Berkeley High School where she supervised students at Alta Bates Hospital rotating through various hospital departments to experience some of the possible careers they could adopt. In addition, she enrolled in an MSN program at University of California San Francisco (UCSF) School of Nursing in a CNS maternity Nursing curriculum. As part of the elective portion of her curriculum, she enrolled in a few classes in the newly created women's health nurse practitioner certificate program. She immediately fell in love with the role and saw real potential for positively influencing the health of women. Once she completed her MSN in 1975, she completed the WHNP certificate program, also in 1975, and began her lifelong work providing primary care to women.

In the early days of the NP role, practice was based more on the medical model, because all clinical experience was precepted or even supervised by physicians. There were no NP role models to learn from. Dr. Berg and her colleagues became the role models. During the late 1970s best NP practice for patients came from nursing knowledge. Dr. Berg believes the greatest gift to patient services is to bring the

nursing perspective to our role of direct primary care. This paradigm requires a different skill set from a traditional nursing role but remains a good fit for the nursing paradigm.

Just prior to her graduate studies, Dr. Berg met and married Paul Berg, a Clinical Psychologist who focuses on forensic matters, to whom she has been married for 48 years. They blended their families for a total of four children, two of her husband's, her one child and they have one child together. While raising their children, Dr. Berg worked as a WHNP at Planned Parenthood from 1975-1997. But, in 1993, her youngest child finished high school and was going on to college. Confronted with an "empty nest", she took a full-time position managing NPs and PAs in 15 clinic sites and enrolled in the PhD program at UCSF with a focus on women's health. The management position at Planned Parenthood put her in the role of serving as Medical Director for the organization. The actual Medical Director was merely a titular head who rarely was present; however, he was available for consultation if at all necessary or to sign documents. It rarely was.

At the beginning of her career as a Women's Health NP, Dr. Berg found the greatest challenges to be related to creating the role and identifying nonexistent practice parameters, such as scope of practice and role acceptance by other health care professionals as well as patients themselves. She and her colleagues had no idea what could and could not be done. In the area of women's health, NPs quickly replaced physicians in the areas of sexual and reproductive health, as few physicians were available to provide such services. Most OB-GYN physicians focused on OB, surgical issues, and complex women's health conditions. NPs provided routine GYN examinations, health screenings, and the nuts and bolts of sexual and reproductive health care. Over time, additional services were added, such as pregnancy care, male sexual and reproductive health care, menopause transition care, and care for aging women. What started as focus on contraception and reproductive health issues became primary care for women.

As Dr. Berg's career grew, she felt a need to extend her education to include a doctorate in nursing which prepared her for creating new knowledge as a nurse scientist and for an academic role. Upon graduation from UCSF School of Nursing with a PhD followed by a Postdoctoral Fellowship in Symptom Management, Dr. Berg sought an academic position as a way to positively influence NP practice and to share her accumulated practice expertise. In addition, she sought to contribute to nursing science through research. At the time, the University of Arizona College of Nursing was seeking PhD prepared NPs with actual clinical practice experience, as many NPs in the academic role had little or no such experience. Dr. Berg was appointed to the faculty along with two other PhD educated NPs: Dr. Donna McArthur, Dr. Eline Amella, and Dr. Mary Jo Gagan. These extraordinary NP leaders and pioneers had a combined total over 100 clinical practice years as NPs.

When asked about territorial issues or physician pushback in women's health, Dr. Berg advises these issues were resolved by taking on the NP role and providing exceptional care such that physician colleagues were relieved of routine OB Gyn care. According to Dr. Berg, OB GYNs wanted NPs because they complemented their practice since NPs manage chronic diseases and do things physicians do not have time for or great interest in. Difficulties arose not from physicians, but from a world that is afraid that NPs cannot provide the care, and a fear that NPs do not need physicians to tell them what to do. NPs can care for women's health from menarche and across the lifespan; Dr. Berg is evidence NPs are up to the task.

Dr. Berg was asked if there are any experiences that she would like to talk about. She was very quick to respond! She wanted to speak to building a career and building leadership. She mentioned many NPs are not interested in policy work. But, her many years as an NP have taught her she can positively promote health of women with the patient/provider 1:1 relationship through excellence in health assessment and teaching that includes health promotion. But as an educator of future NPs, she can teach others to provide exemplary care and thus positively affect women's health via a wider net. She has found the most effective way to promote women's health is to be involved in health policy work that can positively

impact the greatest numbers of women. Experience from long time practice and the development of a skill set has provided her with knowledge that is beneficial when policy is being formed. NPs need to think about local, state, and national arenas and use their knowledge to influence health policy.

The most challenging feature of Dr. Berg's early decades as an NP was just juggling life. She managed several roles simultaneously. Dr. Berg has advised that it is an art to get everything covered but working in women's health was a real team effort. She and her fellow NPs worked together to cover each other. If a babysitter did not show up, she could bring her children to work and keep them occupied by preparing condom packages or doing other small jobs. All of these little tasks were helpful to clinic and the children got lots of attention!

When asked what she would like to change, Dr. Berg quickly responded that she would like to change professional colleagues' in other primary care specialties turf battle, such as fear from physicians that we are going to take over their role. She wishes we could cooperate better. NPs have fought for equal pay for equal work, payment by third party payors, and to be included in health policies as approved providers of care. Although these are just issues that recognize NPs should practice to the full extent of their education and training, other health professionals are threatened and resist. Dr. Berg believes NPs provide outstanding primary care and embrace primary care specialties, while few medical students opt for primary care. Those physicians who do ultimately select primary care should recognize the essential role NPs play in promoting and maintaining health of US citizens and work together with us as colleagues.

Dr. Berg believes pivotal moments occur every time another state passes full practice authority for NPs. Dr. Penny Kaye Jenson's work obtaining independent practice in the VA system was monumental and extends the patient load managed by NPs. Until all NPs can practice independently, health care delivery is handicapped by insufficient numbers of providers resulting in limited care access. NPs as providers in the Affordable Care Act was also pivotal as it named NPs as providers of care.

Dr. Berg has excellent advice for new NPs. First, she wants them to examine a first job carefully before accepting the position. Many positions expect newly hired NPs to practice independently and not have colleagues to collaborate or consult with. This can be a set up for failure. Second, Dr. Berg says to be smart about looking at benefit packages so the new NP can gain skills as professional. Third, the new NP must ABSOLUTELY know the nurse practice act where practicing. Fourth, join an NP organization and get involved. Involvement in your NP professional organization bolsters the strength of the profession and provides necessary professional guidance and information. Your Board of Nursing's role is to protect the public from you. Do not ask questions about scope of practice or specific practices you wish to include in your clinical work without first getting advice from your professional organization. Part of the mission of NP organizations such as AANP is to guide and support its members. Fifth, Dr. Berg advises new NPs to develop a network of colleagues to consult with. And she further advises that all NPs MUST stay current and cutting edge and be guided by evidence-based clinical knowledge. For example, it takes time and energy to educate patients about WHY something is being or not being ordered. NPs need the best available evidence at their fingertips to support what they say to their patients.

Dr. Berg was asked what she sees as the role of Nurse Practitioners in the next 25 years. She replied it is critical that NP educators and practitioners insist upon quality and rigor in all NP education programs, both on-line and face to face. NPs must be invested in high quality education that prepares NPs to care for the needs of their patient population. Pushback from patients and other providers can be averted by carefully scrutinizing all aspects of the NP professional role, including quality education, exemplary clinical practice, and professional organization engagement to assure ongoing quality. The trend of moving immediately from BSN to doctorate cannot be stopped, but programs can be scrutinized so that quality is assured.

