



Dr. Joanne Pohl began her nursing career in 1964 at the University of Minnesota in the intensive care unit. She then moved to New Haven Connecticut and worked in the in local emergency room. Realizing that working in the ICU and the ED was not her life work, she pursued her gradated education with a goal of offering care to prevent illness. She received her MSN in 1979 and her PhD in 1992. She became certified as Nurse Practitioner in 1981. She is well known for her commitment to education, global health, community, vulnerable populations, and nurse managed clinics. She is currently a member of the Board of the Haiti Nursing Foundation in the US. She is assisting in developing a certified nurse midwife-family nurse practitioner graduate program in Haiti.

Interview Abstract

Dr. Joanne Pohl began her career as an Intensive Care Nurse at the University of Minnesota. She also taught at St Mary's Junior College and volunteered at the West Bank free Clinic. She began in 1966 as an emergency room nurse at Yale New Haven Hospital. In 1979, she and a colleague job shared at the Hennepin County Red Door Clinic where they performed pelvic exams and screening for STI'S and other GU infections. This experience had a huge impact on her interest in women's health which led her to further her education and become certified as an Adult Nurse Practitioner.

Biographical Sketch

Dr. Pohl received her Diploma in Nursing in 1964 at Swedish Covenant Hospital, Chicago IL, her BS in 1969 at Southern Connecticut State College, New Haven CT, her MSN in 1979 at Wayne State University, Detroit, MI and then her PhD in 1992 at University of Michigan, Ann Arbor, MI. Her clinical experiences during her graduate program at Wayne State University became the driving force for her

lifelong commitment to primary care and nurse-led care. She has worked in or opened nurse managed health centers while teaching throughout much of her career. Dr. Pohl also was very active in doing research which included family caregiving; tobacco cessation with vulnerable populations although she is best known for her funded research on outcomes of care, cost of care, community responses and student experiences in nurse-managed health centers.

She was a faculty member at Wayne State University, Michigan State University, and the University of Michigan. Dr. Pohl also served as the Coordinator of the Adult Nurse Practitioner and the Associate Dean, Office for Community Partnerships at the University of Michigan. Dr. Pohl served on the Board of Directors of the National Organization of Nurse Practitioner Faculties, serving as president from 2006-2008. She co-chaired the National Task Force Criteria Revision,

In retirement, Dr. Pohl was appointed to the Washtenaw County Board of Health, MI from 2014-2019, and continues to have an impact on global nursing, focusing on Haiti. She is currently a member of the Board of the Haiti Nursing Foundation in the US, following a four-year term as president. She is assisting in developing a certified nurse midwife – family nurse practitioner graduate program in Haiti.

Over the years, she was highly involved in policy work at the state and national levels related to the recognition of nurse practitioners and access to health care for the nation. She noted she feels very fortunate to combine roles – policy, practice, research, teaching, administration. The ability to have so many experiences helped me play a significant role at many tables. It is rewarding to be part of the big picture and a privilege to be part of moving the NP roles toward full practice authority and the upcoming generations of Nurse Practitioners.

She would advise new nurse practitioners to look for passion in their practice and vocation. NPs need to be a major part of policy decisions and they will continue to be an essential part of the health care workforce team a key component of the leadership of health care in this nation.

Keywords: Advanced Practice Nurse, Leadership, Education, Nurse-Managed Clinics

Joanne Pohl

Interview

AANP Oral History Project

Joanne M. Pohl PhD, FAANP

Education:

Swedish Covenant Hospital, Chicago IL, 1964, Diploma Southern Connecticut State College, New Haven CT, 1969, BS Wayne State University, Detroit, MI, 1979, MSN, University of Michigan, Ann Arbor, MI, 1992, PhD

Certifications: Adult Nurse Practitioner, American Nurses Credentialing Center; Adult Nurse Practitioner, Michigan

Short Biography:

Dr. Pohl is best known for her commitment to education, global health, community, vulnerable populations and nurse managed clinics. Her clinical experiences during her graduate program at Wayne State University became the driving force for her lifelong commitment to primary care and nurse-led care. She has worked in or opened nurse managed health centers while teaching throughout much of her career. The breadth of Dr. Pohl's research includes family caregiving; tobacco cessation with vulnerable populations although she is best known for her funded research on outcomes of care, cost of care, community responses and student experiences in nurse-managed health centers. She was a faculty member at Wayne State University, Michigan State University and the University of Michigan. Dr. Pohl also served as the Coordinator of the Adult Nurse Practitioner and the Associate Dean, Office for Community Partnerships at the University of Michigan. Over the years, she was highly involved in policy work at the state and national levels related to the recognition of nurse practitioners and access to health care for the nation. In retirement, Dr. Pohl was appointed to the Washtenaw County Board of Health, MI from 2014-2019, and continues to have an impact on global nursing, focusing on Haiti. She is currently a member of the Board of the Haiti Nursing Foundation in the US, following a four-year term as president. She is assisting in developing a certified nurse midwife – family nurse practitioner graduate program in Haiti.

Dr. Pohl served on the Board of Directors of the National Organization of Nurse Practitioner Faculties (NONPF) from 1998-2002 and 2004-2008, serving as president from 2006-2008. She co-chaired the National Task Force Criteria Revision, a collaborative effort between NONPF and the American Association

of Colleges of Nursing, 2015-2017. Honors include Distinguished Alumna, Wayne State University College of Nursing in 2018; First Awardee of the FAANP Loretta C Ford Award for the Advancement of the Nurse Practitioner Role in Health Care, 2012; Lifetime Achievement Award, NONPF 2011; Fellow of the American Association of Nurse Practitioners, 2010; Michigan Council of Nurse Practitioners President's Leadership Award, 2009; Achievement in Research Award, NONPF, 2006; Outstanding Faculty Member Joint Award, Edward Ginsberg Center for Community Service and Learning, 2005; Fellow, American Academy of Nursing, 2000; Outstanding Nurse Practitioner Education Award, NONPF, 1998.

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

I became a nurse in 1964 and worked in Intensive Care at the University of Minnesota. I then moved to New Haven, CT, and worked in the emergency room. In the early 1970s, I thought that working in ICU and the ER had taught me much, but was not my life work. My motivation for pursuing graduate nursing education was to impact peoples' lives before they got so sick. While in Minneapolis, I also taught at St. Mary's Junior College and volunteered at the West Bank free clinic.

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

Through collaboration with Hennepin County Health Department, a Red Door Clinic, a sexually transmitted infection screening and treatment clinic opened across the street from the Hennepin County Hospital. The clinic was staffed by a medic from the Viet Nam war who would treat men and RN nurses who would examine and treat women. Together with a colleague, we proposed a job share position which after some discussion was approved and we were hired. We were taught how to perform pelvic exams and to screen for STIs and other GU infections. That experience had a huge impact on my interest in women's health and my realization that I needed further education and certification. My colleague became a certified nurse midwife and I went on to become an adult nurse practitioner. I had initially considered becoming a CNM and maybe even an MD but I loved nursing and decided to continue that pathway. We then moved from Minneapolis to Detroit and I enrolled at Wayne State University. Most of my clinical experiences in that program were at the College of Nursing's nurse-managed Primary Care Nursing Service at Detroit Receiving Hospital. It was a wonderful collaborative experience. Public health nurses matched patients with a provider that was a physician or NP. The model of care was unique in that the Nurse Managed Clinic (NMC) was considered one option

for primary care along with family medicine and internal medicine. The Chief Medical Officer, married to one of the NPs in the NMC fully supported and in fact championed that model of care. It was a very grounding experience in the 1980s in terms of what nurse led care could be in a most collaborative, interdisciplinary setting. I found that what I learned in the classroom was actually practiced in the clinical setting.

What experiences did you bring into the role?

When I was teaching at the junior college in Minneapolis, I found that I enjoyed teaching but needed more experience. When we moved to Detroit, I worked with Planned Parenthood in their Moms and Tots program and wanted to do more than my registered nurse license permitted. Experience had found me and I enrolled at Wayne State University in their Adult NP program to further my education.

Serving on the NONPF Board of Directors, then as President-Elect and President provided many opportunities to “sit at the table,” thereby impacting policy and changes at higher levels. It is important that as nurse practitioners have a larger and larger presence in primary care, nurse practitioners need to be given full practice authority. Over the past 6 years, we have been tracking the number of medical students matching in primary care residencies to the number of NPs graduating with primary care foci (e.g. Adult/Gero, FNP, PNP, WHNP). Over the past 6 years, the number of NPs in primary care has greatly increased and physicians moving into primary care has remained relatively flat.

Did you experience any challenges? How were they resolved?

When I enrolled in the adult NP program at Wayne State University (WSU), I was pregnant and caring for a young family. I was a part-time student over the next five years and with a traineeship, I was able to complete my studies. Following graduation from WSU, I accepted a position there that was 60% practice in the nurse managed clinic and 40% teaching. It was an ideal match between academia and clinical practice.

After completing my PhD, I was hired at the University of Michigan as an assistant professor to direct their Adult NP program. I brought the needed NP background as well as the newly acquired research focus from my PhD. I had to meet all the publication and research requirements for tenure. and had tremendous support from the leadership. Dr. Ada Sue Hinshaw, Dean at that time, was interested in starting a nurse managed center and provided opportunities for me to develop the center and made sure I met the requirements

for tenure. She was instrumental in helping me write grants and become principal investigator. I learned great appreciation for support in leaders who understood the importance of junior faculty being successful.

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

While at Wayne State working as faculty and NP in the nurse managed center, I took a 4 month leave of absence to travel to the Philippines with my husband and two young children. We lived in a rural area. I taught in the local, rural college, worked with a family practice physician who worked out of his home, and also worked with the local health unit. I developed a vision of primary health care and primary care and what it meant for my practice. It helped me hone my assessment skills since there were few diagnostics available. It was a transformational experience for me. It made an incredible impact for me in relation to vulnerable populations. Since then, I have worked to ensure policy changes regarding insurance and vulnerable populations.

What was most challenging in your career/ most important?

Rather than challenging, I'd like to talk about what was most exciting in my career. I felt so fortunate to combine roles – policy, practice, research, teaching, administration. The ability to have so many experiences helped me play a significant role at many tables. One of the most recent memorable experiences was co-chairing the 2017 National Task Force Criteria Revision with Ruth Kleinpell. It was rewarding to be part of the big picture. It was a privilege to be part of moving the NP roles toward full practice authority, even if it continues. I am impressed with the upcoming generation of NPs. I feel privileged to be part of it.

Is there anything you would want to change?

I don't know what I would change. I have few regrets. I would like to see policy move a little faster. I have learned to be patient, keep at it and not give up.

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

My experience in the Philippines was most transformational for me. It took my teaching and practice at Wayne State University to a new level. I struggled a little with my decision to obtain my PhD because I didn't want to lose my community and patient connection. I had to ask myself if I was selling my soul, but it definitely helped to have my doctorate when sitting at decision making/changing tables. It provided credibility and access to areas where I

wanted to go, to issues I wanted to work on. Being able to combine teaching, practice, research, administration and policy work over the years was a real joy, if not a challenge. Working with patients, students, local universities, health departments, and national level organizations was an amazing opportunity and joy.

What advice would you give to new nurse practitioners?

That's a hard one because things have changed so much. I would advise new nurse practitioners to look for passion in their practice and vocation. Primary care is different now and NPs need to find and impact the needed changes. I would advise to find joy and work at changing it if it's not there at any level. We often talk about "career", but for me I found my "vocation". Vocation is where your soul's joy and the world's need meets. I was fortunate to be able to do that. For me it was working toward a health system in which primary care is available for everyone.

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

Nurse practitioners will increasingly become leaders in Primary Care and the national health care system. However, I'm a little worried that there may be a downward trend in NPs working or choosing primary care. We need to have a strong primary AND public health base as well. We need policies that support full practice authority for NPs along with a national health care plan. NPs need to be a major part of policy decisions. NPs will continue to be an essential part of the health care workforce team and no doubt a key component of the leadership of health care in this nation.