

Interview with Julie Marfell, DNP, APRN, FNP-BC, FAANP

Dean of Nursing, Frontier Nursing University

BY GAIL GOURLEY

What are some aspects you'd like to highlight about your nurse practitioner education program at Frontier Nursing University?

Julie Marfell: A family nurse practitioner program was established at Frontier in 1970. At that time, it was a traditional face-to-face certificate program where the students were here for three terms, nine months. The initial program educated nurses to become family nurse-midwives.

Since 1939, when the Frontier Graduate School started, the nurse-midwives were educated to do primary care within a public health model, which focused on caring for the entire family and the community. The community referred to the nurse-midwives as “the nurses,” specifically as “the nurses on horseback.” Mrs. Breckinridge [Frontier Nursing Service founder] knew that if you wanted to take care of a child, you had to take care of the entire family, because there are so many things that intertwine within the health of the child. But you had to focus on that child and make sure that they got through their first hurdle, if you will, which was birth. Then she specifically emphasized those first five years and how important they were “for their health and for their loving heart.”

So the nurses took care of the family, and when Dr. [Loretta] Ford in 1965 started the pediatric nurse practitioner [education program], [the school] started to look at what they could do better to provide a more formal education for the nurse-midwives. We were teaching all the skills [of the nurse practitioner role], but until then there was not a title. So we applied for

a grant in 1970 and started a family nurse practitioner program.

As the need for a master's degree grew stronger, Frontier looked for innovative ways to provide that opportunity to their students. In 1989, the nurse-midwifery program went “distance” and the family nurse practitioner program closed. Frontier and the Frances Payne Bolton (FPB) School of Nursing at Case Western Reserve formed an affiliation agreement for Frontier students to obtain a master's degree in nursing (MSN).

The FNP program was closed for 10 years before it was brought back to life in 1999. Students could complete their FNP certificate at Frontier at the same time as an MSN from FPB School of Nursing. At the same time, Frontier started putting all of the courses online. We did the same community-based model of education as had been done for the nurse-midwifery students 10 years earlier, but technology was at a point in 1999 where the Internet could be used more effectively for educational purposes. There was always a plan to restart the FNP program, but it was important to evaluate whether or not the community-based model worked for the nurse-midwives.

What are the key features of your current program?

Frontier Nursing University has a family nurse practitioner track and a women's health nurse practitioner track, all online. Students come twice to campus. They come at the beginning of the program because we're building a community of learners. We want the students to get to know each other as well as the university. And we really want them to understand the history and the mission to care for women and children and families in rural and underserved areas. So it is important to bring them together to build that community, and it's amazing what can happen in a period of three days when you bring a group of like-minded people together. That community really develops. We bring in the tradition and the history that we have because we bring them right back to Hyden, Kentucky, where it all started with the Frontier Nursing Service and Mary Breckinridge and the nurses on horseback. We really make sure they understand where the roots are, that they're really part of the Frontier Nursing Service, and that they're out there doing the work that Mrs. Breckinridge did in supporting the mission of caring for mothers, babies, and families in rural and underserved areas.

The students complete all their coursework in an online setting – community-based is what we call it, because the community is the classroom. The didactic portion of the program is delivered via an online learning system. As technology has

evolved, the learning environment has become more interactive for students and faculty. Frontier utilizes video conferencing so the students and faculty can see each other via Google Hangout and Skype.

When the students have completed all of their didactic work, they come back to campus for a week for what we call “Clinical Bound,” which is a skills intensive that is completed right before they start their clinical practicum. I always say Clinical Bound is when we make sure that the knowledge students have in their head they can get into their hands. We run patient simulations, have a physical assessment checkoff, and teach basic procedures that are needed for practice.

After Clinical Bound, the student goes back into their community with a preceptor we have met and credentialed. We have specific faculty that are called Regional Clinical Faculty (RCF), and they follow the student while they’re in the clinical practicum. The RCF completes a pre-clinical site visit to meet the preceptor and assess the clinical site. They then follow the student from the start to the finish of their clinical rotations, including an additional site visit.

Where are these clinical sites located?

These are all over the country. That’s another unique part of our program – we have students in all 50 states and most times in several foreign countries.

Approximately how many nurse practitioner students are enrolled?

Currently there are about 750.

You’ve pointed out some distinctive features of your program. Are there other aspects that make your program unique?

What makes it unique is our history. The spirit of Mary Breckenridge and the nurses on horseback is always present for our students. Another important part is the ability to keep students in their communities so they do not have to leave for their



education. That’s our goal: to keep students in rural and underserved areas. It’s been documented in the literature that if a student goes to school in their community, they stay in their community.

We also have a business component in our curriculum,

meaning that we teach students the business of health care, not just how to care for patients. Students are taught how to open a practice. We’ve had a very strong emphasis on business all along so that students understand those business elements, because if they don’t have any place

to work in their community, they need to establish a practice.

You mentioned collaborations with preceptors in all 50 states. Are there collaborations with other entities you'd like to highlight regarding your nurse practitioner program?

We collaborate with lots of people. FNU has many clinical sites and we collaborate with every one through our credentialing process and the student's education during clinical practicum. Our RCF collaborate with the preceptors in the clinical sites to ensure the best possible experience for the student, the preceptor, and the clinical site.

We've been doing inter-professional [IP] collaboration with the University of Pikeville, with their osteopathic medicine program as well as their nursing program and social work program. We also have the opportunity via this collaboration to work with the Appalachian College of Pharmacy. We have been working with both universities to bring students across disciplines together during their education experience to understand the teamwork and the knowledge and skill the members of an IP team do to improve patient experiences and outcomes.

Are there enhancements to your program that you would like to see in the future or that you're currently working to institute?

We're going to be starting a psychiatric-mental health nurse practitioner program in 2017. We're excited about the program because there is a big need for psych-mental health services. There are not enough psychiatric-mental health nurse practitioners – not enough psychiatric-mental health providers, period. Being able to add this specialty for our students' education is going to be very important for those individuals that are cared for by our alumni. The addition of the psych-mental health nurse practitioner specialty track will

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help alumni in rural and underserved areas provide really important services.

We're really planning a big innovation initiative. We want to be able to get better and better at doing patient simulations online. It's one thing to be able to bring students into the lab [to do simulations], but it's another thing to be able to do that with them while they're in a different state. So we've been working very hard to provide those opportunities to FNU students. We're doing case presentations now. We're doing a lot either via Hangouts or via phone, but we just want to get better and better at it. So that's something we're really pushing forward in the next upcoming year.

There's so much informational content out there, but how do we teach our students how to use that content? Students need to be able to access and evaluate information and really base their care on evidence. That is our big push to be able to do that, and determine what skills the students need to accomplish that goal.

What are the biggest challenges that nurse practitioners face today and how does your program prepare students to meet those challenges?

I think policy as it relates to licensure and scope of practice continues to be a big challenge. Nurse practitioners still cannot practice to the full level of our education in many states. It's getting better all the time, but that's still a challenge for us. And we're still not paid the same level as physicians for the same work. So it's being able to help [students] understand how important it is to make sure that they can articulate the issues so that we can change policy, and to know how to work with their legislators so they can help make things happen.

It's a challenge to keep up with the clinical information because there is so much of it. There are a lot of challenges. Those are the big ones.

Are these challenges addressed in your curriculum?

Absolutely. We cover business. They understand where the money comes from, how the money comes in, and how the money goes out. They understand how to improve practice processes so they can be more efficient in their practices. We also emphasize understanding policy as it relates to health issues and scope of practice. A lot of our faculty are involved in policy work, and our faculty are all over the country, so [students] have the opportunity to work with faculty in their states if there are things that we're lobbying. We make sure in the curriculum that they know who their legislators are and how to contact them. We take them to the AANP [American Association of Nurse Practitioners] website so they understand how to use the legislative policy part of it. We get students involved at the state and local levels and we help them understand that it's really important to be involved in health policy, especially as it pertains to practice and patient advocacy. Students are taught to be aware of local legislative issues because if you're not, you could turn around and not be able to practice the same way you did the year before because something changed in the legislation.

Things are bright for nurse practitioners. I've said for years that we just have to keep working at it and it continues to get better in terms of scope of practice issues. If you look at the number of states that have better practice authority than they used to, we're on our way, but the students

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need to realize that this is something they can't just take for granted. This is their responsibility.

Looking ahead, how would you characterize the future of the nurse practitioner role, particularly with the advent of the Affordable Care Act (ACA), and how is that reflected in your program?

I think we're going to have to really understand how systems work even more so than we have in the past. One thing that I've seen as the ACA has happened is most of the physician practices in our area have been incorporated into larger hospital systems. So it's the system around you that you need to understand and [that] you need to be able to work with so that you can really take care of your patients. Students really need to understand the workings of the business in this big system with the changes that have been brought about with the ACA.

I think we're at the forefront, because we need more people to be able to care for these individuals. We're there on the ground to be able to help them figure out what kind of services they need, and if we can't get the services to them, then we need to figure out what our network is so that we can make sure that they get locked into the services they need. If I need to make a referral to a specialist, I need to be able to do that and I need to understand how to do that. And I need to understand how to report to that specialist so that my patient doesn't get tests that they don't need, and that their records go with them – all those pieces to make sure that they go in ready to be seen, and they don't have to restart that whole diagnostic process.

What is your message to someone considering becoming a nurse practitioner?

My message is that becoming a nurse practitioner is a very rewarding career, and it's challenging in a way that will continue to make you think and grow and evolve with the time. But at the heart of it, you've got to realize that the most important person in all of this is that individual that you're caring for – that individual, that family, and then I would broaden it out to even think about the community. So what you do for that individual will affect all of those things [just] as all those things affect that individual. It's a great career, the door's wide open and it's challenging, and it's going to make you grow and think.

What is your message to patients about what nurse practitioner education means for their health care?

Nurse practitioner education means that they have an individual caring for them with a graduate degree that is a leader in nursing [who is] prepared to address their problems, to provide resources – whether it be prescriptions or referrals – and [who has] the ability to collaborate and consult with other disciplines to provide the very best care for that individual, whether it's making sure they're sent out to a specialist or caring for them right there. And it's not just about when they come in sick; it's about making sure that they understand how they don't come in sick, how to care for themselves. It's making sure that they understand that they're in charge of their health, so it's [about how we can] help them understand how to make changes to be healthier. At the same time, if they're chronically ill, it's how [we can] help them manage that illness so that they maintain a good quality of life.

When you reflect on the fact that nurse practitioner education originated 50 years ago, what are your thoughts?

My thoughts are that we stand on the shoulders of those who have come before us. Nurse practitioner education has continued to evolve because someone was always pushing the envelope, and they were always pushing the envelope for their patients. Now those are the pieces we have to concentrate on and make sure that our students are educated to know – that they need to keep pushing it forward so that we continue to grow in our profession, and have the skills that we need to answer the call, no matter what it is, so that we can continue to help [our patients and clients]. That's what education needs to do. It needs to continue to evolve as the system evolves, but still keep that caring and that nurse component to it. We always have to keep the patient right there in the center, because that's where it started, at the needs of the patients.

Dr. Julie A. Marfell, DNP, APRN, FNP-BC, FAANP has been a family nurse practitioner (FNP) and nursing educator for 18 years. She graduated from Barnes Hospital School of Nursing with her RN in 1980, and from Rush University with a BSN in 1990 and a doctor of nursing (ND) (now the doctor of nursing practice – DNP) in 1994. Marfell became the Dean of Nursing at Frontier Nursing University in 2013. She has been at Frontier since 1999 and led the implementation of the Community-based Family Nurse Practitioner Program. Marfell has presented and published on multiple topics related to nurse practitioner practice. She has served as a member on both state and national boards including the National Organization of Nurse Practitioner Faculties. Marfell continues to care for families as an FNP in a primary care setting.