

FNS

FRONTIER NURSING SERVICE

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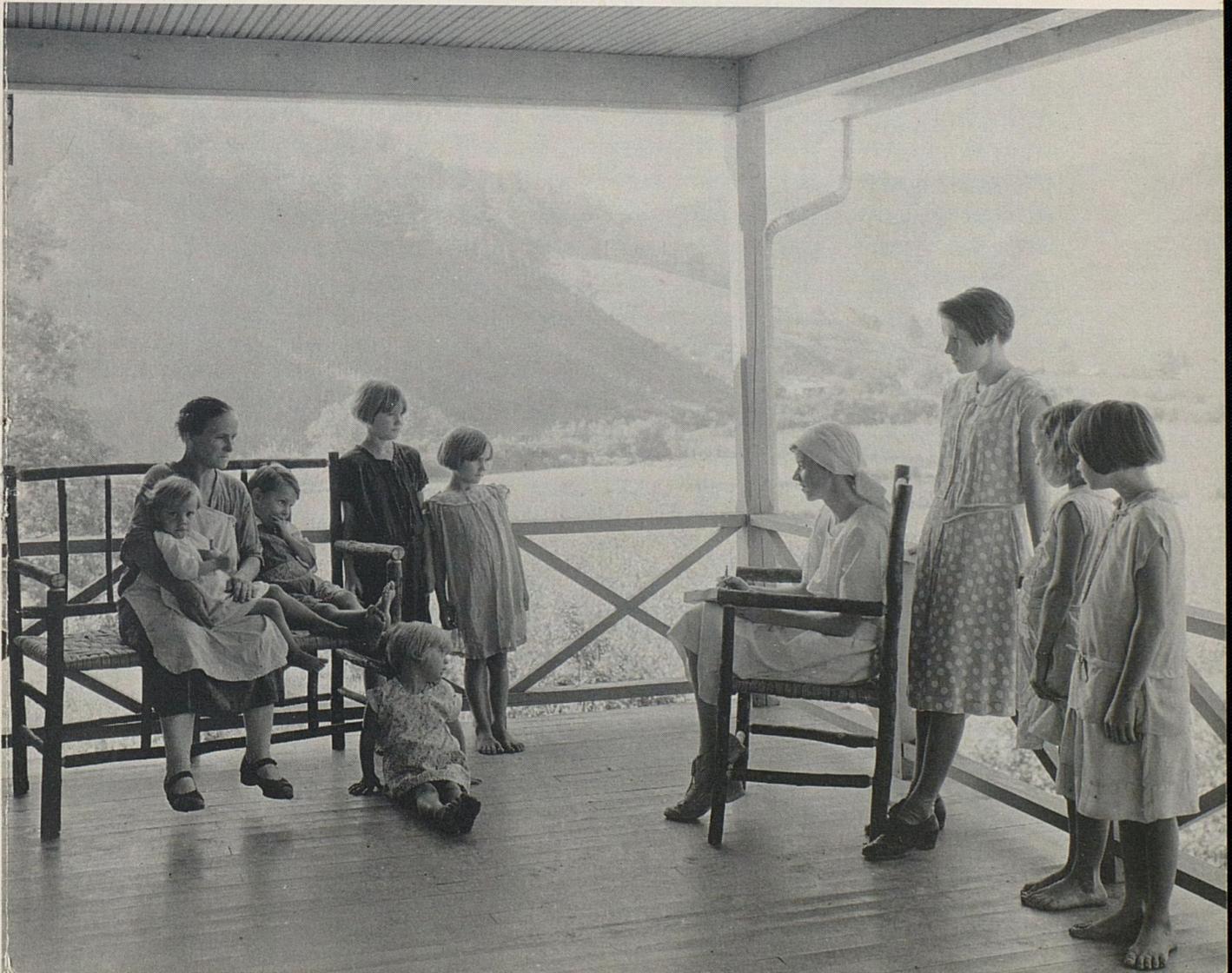
Number 2

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QUARTERLY BULLETIN



Still Facing Frontiers, FNS Remembers Sixty Years of Nursing and Service



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Cover: For sixty years, the Frontier Nursing Service has dedicated itself to bringing care to whole families, well and sick, from birth through the whole life span. Mary Breckinridge trained nurse practitioners long before they were ever given that name and the *Quarterly Bulletin* feels that this sixtieth anniversary year is a particularly appropriate time to celebrate these "nurses who are more than nurses." Our cover photograph is one of many in the archives that record the outreach that FNS began in the 1920's and that has been symbolic of its work over six decades.

Comments and questions regarding the editorial content of the *FNS Quarterly Bulletin* may be addressed to its Managing Editor, Robert Beeman, at the Frontier Nursing Service, Hyden, Kentucky 41749.

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Mrs. Jefferson Patterson, FNS' Honorary National Chairman, with some of her historic photographs that were displayed at the University of Kentucky as FNS presented its archives to the University.



Photo by courtesy of University of Kentucky

FNS ARCHIVES PRESENTED TO UNIVERSITY OF KENTUCKY IN CEREMONIES FULL OF MEMORIES AND MEANING

The printed program carried the words "Frontier Nursing Service" in white on its dark blue cover, and inside, the list of scheduled events centered on "Formal Acceptance of the Collection." But to the several hundred friends of FNS who gathered in the University of Kentucky's Memorial Hall last November 7th, the occasion was much more than a formal presentation of historical records. It was a revitalizing experience in retrospection, re-evaluation, and rededication.

The primary intent of the program was to transfer the FNS archives formally to the University of Kentucky, and in the process, the ceremonies also honored FNS's sixtieth anniversary, which occurred earlier this year. The archives were presented officially by FNS National Chairman Kate Ireland and graciously received for the University by Dr. Art Gallaher, Jr., Chancellor of the Lexington Campus.

The FNS Collection, which is now housed in the University's Margaret I. King Library, was described in the last issue of the *Quarterly Bulletin* in an article by Anne G. Campbell, Curator of the Appa'achian Collection. It contains personal letters, official records and files, books, published articles, photographs, films, and personal memorabilia. The spoken memories of many persons

involved in the birth and growth of FNS are recorded in a significant oral history. The collection is available for the enlightenment of the public and for research and inquiry by scholars and others interested in Appalachian history and in the Frontier Nursing Service. It is an ongoing record of how FNS came into being and how it has pursued its objectives and developed its resources so that, sixty years later, it remains a major force in the world of health care, vigorous, inspired, and fully prepared to face a future of new challenges. The ceremonies of the day grew out of this history and reflected it from many points of view.

The program began with a musical presentation by the Graduate String Quartet, from the University's School of Music, which established a reflective mood. There followed a multi-image presentation that evoked the first years of FNS by means of an artful combination of projected photographs and the spoken words of people who told of "the old days" with the authority and fervor that grow out of personal experience.

Then Mrs. Jefferson Patterson, that remarkable lady who came to FNS in the late twenties as the first young woman to serve as a courier, and who has devoted much of her life to guiding and supporting the Service, reminisced about those first years and about her personal impressions of FNS founder Mary Breckinridge, her second cousin. Yet, though the memories were warm and cheerful, it was an almost casual reference to an early Kentucky mother that pictured most convincingly the kind of world that Mary Breckinridge came to serve. The mother, asked how many children she had, had said, "Twelve children — eight here, and four better off."

It was indeed a world in desperate need of health care in 1925, when Mrs. Breckinridge founded the Kentucky Committee for Mothers and Babies — a name that was changed to Frontier Nursing Service three years later. Mary Breckinridge's response to that need was more than the founding of a health agency in the mountains. It was also the definition of values and principles. It was not enough that FNS should serve the people of Leslie County. It must also become — as she emphasized many times — a "demonstration" of ways to bring health care to rural areas.

What actually resulted was "a nursing *model*" (as it was described later in the program by Jo Eleanor Elliott, Director of the

Division of Nursing, U.S. Public Health Service) "in providing formal health-oriented care, decentralized to permit easy access by clients." She spoke of it as client-centered, cost efficient, accessible, and acceptable. It was concerned with health promotion and disease prevention, and was offered as "out-of-institution" care in clinics and at home. The speaker said it was "exciting" to recall that FNS was "the *first nurse-initiated, nurse-run, innovative health promotion, disease prevention, care delivery system, ever.*"

As has often been said, FNS has from the first been dedicated to that special combination of care and *caring* that encompasses both wellness and illness. It is devoted to providing continuous care throughout the life span, with as much concern for preventing illness as for curing it. It believes that technology should be the servant of health providers, not their master.

Speaker "Kitty" Ernst (Director of the National Association of Childbearing Centers, alumna of the Frontier Graduate School of Midwifery, and former FNS Board member) echoed this principle in discussing modern trends in childbearing practice. She deplored the tendency of some to see pregnancy as an illness, birth as a



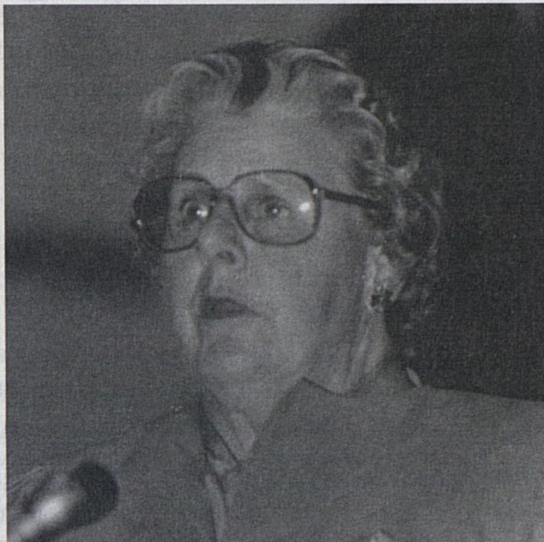
Several of the participants in the presentation ceremonies: Dr. Art Gallaher, Jr., Mrs. E.K.M. ("Kitty") Ernst, and Jo Eleanor Elliott.

surgical event. She argued that modern systems are designed for acute care but that most women do not need that kind of care. She said that birthing centers were beginning "to turn this upside down system right side up." "Doesn't it make sense," she asked, "to treat pregnant women as *healthy* women until proven otherwise? Especially if we can provide that care at half the cost?" At another point, she spoke of the need "to assist women who are *giving* birth, rather than *being* delivered."

During this 60th anniversary year, a number of people at FNS have spoken of "looking backward into the future." And that is what happened at this presentation ceremony. That past, into which so many looked with warmth and pride, sent back its own message of guidance for our own time. Kitty Ernst foresaw that "birth centers are on the verge of major growth," that they will overcome the present crisis in liability insurance, and that, with the caring and professional skills of nurse-midwives, they will restore naturalness and joy to childbearing.

Jo Eleanor Elliott stressed the importance of education, noting that the preparation of nurses is undergoing important changes, with increasing emphasis on clinical practice as well as class work, and on the value of research, especially in client outcomes, care delivery, and training methodologies. She pointed out that the Nursing Education Amendments of 1985 undertake to demonstrate "methods to improve access to nursing services in non-institutional settings through support of nursing practice arrangements in communities" and "methods to encourage nursing graduates to practice in health manpower shortage areas. . . in order to improve the specialty and geographical distribution of nurses in the United States." She warned that nurses must counter the efforts of some physicians to restrict the practice of nurse practitioners and nurse-midwives, and, she urged, "All of us — in nursing and our colleagues not in nursing — must strengthen our networks, mobilize our resources both financial and human, and use our power bases to ensure the optimum use of the skills of family nurse practitioners/midwives that we *know* from the FNS history are effective and efficient."

These points, and many others that were voiced during the afternoon, reflect the basic principles that Mary Breckinridge set forth in establishing the Frontier Nursing Service. Unfortunately,



Miss Kate Ireland, FNS National Chairman, formally presents the archives.

the *Quarterly Bulletin* does not have space in this issue to report on all that was said and done on this memorable afternoon. However, a portion of the remarks made at a luncheon earlier that day by Carolyn Williams, dean of the College of Nursing at the University of Kentucky, are reproduced as part of the introduction to this issue's special section on family nurse practitioners, which begins on page 11.

At a luncheon preceding the formal program, Mrs. Jefferson Patterson was given an honorary Kentucky Colonel Commission by Mrs. Steven Beshear, wife of Kentucky's lieutenant governor. And in still another way she both honored the occasion and was honored by it. A number of the celebrated photographs she took during the early days of FNS were placed on display in the library for a period of several weeks — the second time in recent months that her camera work has been given special attention, three of her photographs having been published in the September issue of *Washington Dossier*.

Altogether, this was an occasion that grew out of the printed schedule of events into an experience full of memories, inspiration, and commitment. The central event, the presentation of the FNS archives, was not obscured by it, but rather brought into meaningful focus. FNS is grateful to those at the University of Kentucky who so generously directed and supported the very considerable effort required to bring it all about.

A CHRISTMAS "LEAST ONE" ON HELL-FER-SARTIN

by Frances Fell, RN
Frontier Nursing Service

This account of an early FNS Christmas has become available to the *FNS Quarterly Bulletin* through the courtesy of the University of Kentucky Library, Frontier Nursing Service Collection. The article has been reprinted from *The Public Health Nurse* of December, 1930.

Friends of FNS and readers of the *Quarterly Bulletin* will find the story familiar in its celebration of challenges met, duty done, and — perhaps most important of all — care given lovingly, in the isolated mountains of FNS' early days. Yet, even if this story reminds us of many others, there is something about the fact that there are so very many of them that is especially inspiring. They remind us where FNS started and where its greatest concerns have always been rooted.

Much of this issue of the *Bulletin* deals with the very different challenges of the modern world. Yet we need to see that these challenges differ mainly in that they must focus on changes in the "externals" of our society — in our laws, our culture, and our medical technology. Underneath all of that there still remain the concerns and values to which FNS has always devoted itself. The guiding force in FNS is still a deep desire to help human beings in need.

We feel that these occasional retrospectives are not really an indulgence in nostalgia. They help us preserve our perspective, reminding us again of what we set out to do and must continue trying to do in this later time when the mountains and the weather are much less a challenge than issues of malpractice insurance, government regulation, financial stress, and that peculiar phenomenon of our age: technological advance that has given medical practice the sophistication to transfer hearts from body to body, and at the same time seems to have cost it its own heart.

At six o'clock on Christmas Eve the mountain darkness that descends so quickly in the Kentucky hills had completely surrounded the two small white buildings composing Possum Bend Center. The air was chilly and the nearby hillsides were being leisurely powdered by a gentle snowfall. Suddenly there gleamed in the darkness a light from a lantern, while the figure of a man astride a small, lean mule appeared at the wire fence enclosing the center grounds, and a man's voice shouted — "Hello, Hello, Hello —Nurses."

Before the last hello had found its echo, the door to the little white cottage was opened and one of the nurse-midwives, clad in riding clothes, appeared on the porch, holding aloft a kerosene lamp. She recognized the man as Sam Napier, and asked him to come inside and get warm. He refused, explaining that "Sally his wife was punishing turrible, and wanted the nurses."

Fifteen minutes later the two nurses mounted on their faithful equine friends, rode out of the white barn after the anxious young father. Both were acutely aware of the distance to be traveled before Sam's house could be reached. The Napier cabin was perched on the top of Devil's-Jump-Branch on the famous "Hell-fer-Sartin" creek. This is the roughest creek bed to travel either afoot or on horseback in Leslie County.

Patiently the two horses, Penny and Darky, followed the mule through the chilly waters of the creek. The snow continued, changing from gentle, fine powdery flakes to stinging icy granules that clung tenaciously to the sleek coats of the horses as well as to the heavy outer garments of the nurses.

Gloves or mittens are luxuries for a poor mountaineer. On this cold, snowy Christmas Eve, Sam's hands were bare. He frequently changed the lantern from one hand to the other in order to thrust his numbed fingers into the pocket of his shabby black overcoat. He often remarked "Hit's a powerful bad night, and a heap of trouble for ye to come thus fur, but Sally she allowed hit were time fur you all to come. She always knowed with the boys, so I reckon she needs ye."

The nurses took turns in assuring him that this night journey was just part of the day's rounds. They quoted the motto of the Frontier Nursing Service adopted since its earliest pioneer days: "No matter what the weather, if a father comes for the nurse she will return with him."

On a sunny day the six mile horseback journey would have taken an hour and a half. The blackness of the night, together with the heavy snowfall kept the horses going at a slow walk. Three hours passed before the first cabin on Devil's-Jump-Branch was reached. The last half mile was up the particularly steep, rocky incline long ago christened by the early settlers "Devil's-Jump." When this point was reached, the nurses dismounted in order to lead their weary horses up the slippery path ending at the door of Sam's tiny weather-beaten log cabin.

The kindly neighbor women who had come to sit with Sally during her confinement had heard the horses coming and had opened the door to call out a warm welcome to the tired travelers. Sam took immediate charge of the horses and assured the nurses that the barn was warm and dry.

One of the women seized the saddle bags and carried them into the cabin. Friendly hands peeled off the nurses' wet wraps and spread them out to dry before the brightly blazing log fire which, together with the light from one "coal oil lamp" illuminated the combined bed and living room. The whiteness of the pine board floor, as well as the orderly arrangement of the hand-made rustic furniture would have made a lasting impression on even a casual visitor. The walls had been freshly papered with pages from the American Journal of Nursing and The Public Health Nurse. How vividly the nurses remembered the bleak, wet autumn afternoon that Sally had knocked at the clinic door with five pennies saved from her egg money for the purpose of purchasing enough magazines to repaper the interior of her home! The only periodicals on hand in the Center were the previous year's nursing publications. Sally had greatly admired the smoothness of the paper and the size of the pages.

The sooty black iron tea kettle used in every mountain home was waiting on the hearth filled with boiled water. Several small tin lard pails had been assembled on the table for the use of the nurses. One of the beds had been made with clean sheets. Blankets were unknown in this humble mountain home. There was, however, a plentiful supply of clean, hand-pieced quilts of various weights, patchwork patterns and brilliant colors, turkey red predominating.

The nurses opened the midwifery saddle bags and laid out the necessary equipment for the delivery.

Sally had since her marriage at sixteen always been known as the "sewinest and workinest woman on the creek." She had taken great pride in making the baby clothes from modern patterns furnished from the Center.

Silently and patiently this young twenty-six year old mountain mother labored. The women folk encouraged her by relating the story of the first Christmas baby. When she became restless they admonished her to "do what these women tell ye, because they know what's best for ye."

Shortly after midnight the first Christmas baby on "Hell-Fer-Sartin" made her appearance crying lustily. How her parents rejoiced at the birth of a daughter because the other four were sons. The nurses were given the privilege of choosing the name for this tiny black-haired daughter. They consulted together and suggested Noel Mary as a name for Sally's "least one." The name pleased the parents. After Sally had given her daughter a keen look and learned her weight was eight pounds, she reckoned she was "a right pert young un."

Meanwhile Sam had raised the door in the ceiling leading to the loft above where the four boys were snuggled together in one bed and informed them that they had a little sister. The nurses were urged to "take a night" and share the other bed. However, the snow had ceased and the moon had come up flooding the snow clad slopes with magic light, so the hospitable invitation was refused. Sally was assured that a nurse would return to care for her that afternoon. One of the elderly neighbors had offered to remain for a week to look after the little household, so instructions regarding the care of the mother and baby were given her.

After everyone had partaken of a steaming cup of black coffee and Christmas greetings had been exchanged, two weary but elated nurses mounted their horses and rode away. It was then two o'clock in the morning and brilliant moonlight was glistening on the snowy hillsides. In the peaceful beauty of the snow-powdered hills and with the memory of the happy family in the tiny isolated mountain cabin, the fatigue and cold were forgotten. The nurses lifted their faces to the star sprinkled sky and their silent thoughts were — "Noel Mary Napier — a Christmas baby on Devil's-Jump-Branch, Hell-Fer-Sartin Creek — He came, that first Christmas Babe, that you too might have life and have it more abundantly."



**RUTH LUBIC RECEIVES
HONORARY
DOCTOR OF LAWS DEGREE
FROM UNIVERSITY
OF PENNSYLVANIA**

Ruth Watson Lubic, who counts among her many distinctions her membership on the FNS Board of Governors, received an honorary Doctor of Laws degree from the University of Pennsylvania at ceremonies held this fall to mark the fiftieth anniversary of the University's School of Nursing. The citation read as follows:

A professional nurse-midwife, anthropologist, and public health scientist, and a pioneer in developing model projects for maternity care that respond to the needs of the family, you have been called "one of the eighty women to watch in the '80s" and been numbered among "the 100 most important women in America."

With the goal of giving families the self-confidence to bear and rear their offspring with, but not dependent on, professional guidance, you have championed the nurse/midwife as a full partner on the maternity care team. Serving as General Director of the Maternity Center Association in New York City for the past fifteen years, in 1975 you introduced the first out-of-hospital childbearing facility of the modern era, a model of safe, low-cost maternity care in a homelike setting, which became the inspiration for some fifty subsequent centers.

A fellow of both the American Association for the Advancement of Science and the American Academy of Nursing, you were among the first members of the Institute of Medicine of the National Academy of Sciences. Your talents were recognized early on at the Hospital of the University of Pennsylvania, where you received your basic training in the diploma program and graduated with the highest academic award as well as the Florence Nightingale medal for excellence in nursing practice. Among your subsequent honors you have received the distinguished Rockefeller Service Award presented by Princeton's Woodrow Wilson School of Public and International Affairs.

Keeping their eye on you "in the '80s" and beyond, your admiring colleagues at the University of Pennsylvania commend you, Ruth Watson Lubic, for your signal ability to listen and respond to the needs of families, and your innovative contributions in word and action to the nursing profession, and join the Trustees in reaffirming your membership in the University family with the award of the honorary degree, Doctor of Laws.

The Nurse Practitioner

A Nurse Who Is More Than a Nurse



The term “nurse practitioner” is relatively new in the long history of nursing. Yet the *concept* — which encompasses the care of both the well and the infirm — has always been an essential element in the work of the Frontier Nursing Service. Last November 7th, at the luncheon that preceded the formal presentation of the FNS archives to the University of Kentucky, Dean Carolyn Williams of that university’s College of Nursing had this to say:

In my view, and I think in the view of many nurses, the contributions of FNS in blazing trails ranks with some of Florence Nightingale’s innovations in England and those of Lillian Wald at the Henry Street Settlement House in New York City. This seems reasonable when you stop and consider that the Frontier Nursing Service was providing culturally sensitive family-oriented primary care, much of it in the home, before such concepts gained their present popularity. Further, Frontier Nursing Service was developing a model delivery system long before foundations and federal monies were available to those interested in such endeavors.

While many know about the impact which the Frontier Nursing Service has had on nurse-midwifery, there has been relatively little attention given to the contributions FNS has made to development of the family nurse practitioner role. Yet, the Frontier Nursing Service pioneered in this activity and shared much of their experience in family nursing with others who sought to develop a similar provider role. In fact, the Frontier Nursing Service created one of the first family nurse practitioner educational programs in the country. And, in 1972, the Frontier Nursing Service and five other institutions were funded for the first federally supported group of family nurse practitioner programs in the United States.

A year ago, the *FNS Quarterly Bulletin* devoted most of its Autumn issue to nurse-midwifery. This year, we wish to examine the new-yet-old function of the family nurse practitioner — the concept, the role, the legal implications, and the educational preparation. To encompass this many-sided subject, we present (with warm thanks to the authors) three articles by faculty of the Frontier School of Midwifery and Family Nursing on various aspects of this important branch of health care.

THE ROLE OF THE NURSE PRACTITIONER — WITH THE ACCENT ON “NURSE”

by Nancy J. Fishwick, RN, MSN, CFNP
Family Nurse Instructor
Frontier School of Midwifery and Family Nursing
Frontier Nursing Service

Mary Breckinridge was forty years ahead of her time when she envisioned nurses meeting the need for readily accessible, high quality nursing care for families in Leslie County, Kentucky. Family nursing was officially included in the curriculum of the Frontier School of Midwifery and Family Nursing in 1970, FSMFN being one of several schools of nursing awarded federal monies to prepare registered nurses for an “expanded role” in health care. The first nurse practitioner program was at the University of Colorado, and started in 1965.

The nurse practitioner role was originally conceived as the tapping of underutilized talent for meeting the health needs of medically underserved areas of this nation. Many nursing leaders were fearful that nurse practitioners would abdicate their nursing heritage; would, in other words, become “junior doctors.” The evolution of the role over the past twenty years is beginning to lay that fear to rest. The nurse practitioner brings together the best that nursing has to offer society: the nursing skills of teaching and counseling for the promotion of good health and the prevention of illness for people of all ages. This traditional nursing focus is enhanced by health assessment skills through the taking of health histories and the performance of physical examinations, the ability to diagnose and manage minor illnesses, and the ability to monitor the condition of those people with chronic illnesses.

In this age of specialization and high technology, the nurse practitioner retains the nursing art of viewing the individual as more than the sum of his body parts. The client is seen within the context of his or her family, community, and spiritual and cultural values.

To address the nature of the health problems of modern America, the nurse practitioner emphasizes the need for sound self-care practices to achieve and maintain good health now and in the future. In 1900, the average lifespan was 47 years, and only four percent of the population lived beyond the age of 65. Infectious and

communicable diseases were the leading causes of death and disability. Improvements in sanitation, water purification, the advent of antibiotics and insulin, and scientific technology have contributed to longevity and the elimination of communicable disease as the leading cause of death. Today, life expectancy is estimated at 72 years. Eleven percent of the population is living beyond age 65, and in another 45 years, that age group is expected to make up 21% of our population. The four leading causes of death and disability in this country are now heart disease, cancer, strokes, and accidents. These health problems are related, to some extent, to life style and unsound living habits: poor diets, lack of exercise, tobacco use, alcohol and drug abuse, and high stress. They are all preventable, to some degree, through health education and modification of "unhealthy" behaviors. Virginia Henderson, a noted nursing educator, theorist, and author (*Textbook of the Principles and Practices of Nursing*), has defined nursing's unique function as "assisting the individual, sick or well, in performance of those activities contributing to health or its recovery (or a peaceful death) that he/she would perform unaided if he/she had the necessary strength, will, or knowledge. And to do this in such a way as to help him/her gain independence as rapidly as possible."

Let's look at who nurse practitioners are, what they do, and where you will find them.

Education and Credentials

Nurse practitioners are registered nurses who have completed a graduate-level program of study. At least one year of nursing experience is a requirement for admission to nurse practitioner programs. These programs are found in two types of settings: the university schools of nursing, leading to a Master of Science degree; and in health agencies, leading to a certificate, such as the Frontier School of Midwifery and Family Nursing. The educational program may emphasize the role of a generalist, that is, a family nurse practitioner with skills in health assessment across the lifespan. Other nurse practitioner programs focus on a specialty area, such as the care of children, the elderly, or women's health. Upon completion of an educational program, graduates are qualified to take a national certification examination through the American Nurses' Association. As assurance to the public of professional qualification, the nurse practitioner may then put a "C" in front of



Author Nancy Fishwick examines an FNS patient.

her or his credentials. For example, "CFNP" is the abbreviation for "certified family nurse practitioner."

Practice Setting

Nurse practitioners are visible in a variety of health care settings. Although characteristics of the practice setting clearly influence the nurse's role, concern for the promotion of health and health assessment abilities is always evident.

In addition to the primary care setting (clinics and outpatient departments), nurse practitioners will be found in private practice with a physician, in health maintenance organizations, serving school-age children as school nurse practitioners, serving the elderly in retirement communities or nursing homes, attending to occupational health and hazards in industrial settings, in home health care agencies, in correctional facilities, and in emergency rooms.

In such settings, the nurse practitioner works collaboratively with a physician — this means that a physician is available for consultation, or referral, about medical problems. The nurse is also available to the physician for consultation about the client's

nursing care needs. This collaborative arrangement, called "joint practice," offers the best of nursing and medical expertise to the health care consumer.

Some nurse practitioners have ventured into solo or group nursing practice, standing on the strength of their nursing expertise.

The Role of the Nurse Practitioner

There is some blurring of boundaries between the traditional roles of the nurse and the physician. The nurse practitioner assumes responsibility and accountability in taking thorough health histories, performing physical examinations, and screening for early detection of disease. In some practice settings (usually dependent on regulations of the state's nursing and medical societies), the nurse practitioner may also diagnose and manage the care of minor health problems, and monitor the progress of individuals with chronic health problems. The strength of the nurse practitioner, however, lies in a "wellness" focus, or the promotion of health and prevention of illness. Such a focus is described as "primary prevention" in public health terms. Primary prevention is seen as one way to reduce health care expenditures on catastrophic illness.

Let me illustrate the concepts of wellness and health promotion with an example:

A 45-year-old healthy woman is having a health examination by a nurse practitioner. The nurse practitioner obtains a complete health history, from which the client's personal strengths and "health risk factors" can be identified. (A risk factor is a relative measure of the probability of developing a particular health problem in the future. For example, a person who smokes cigarettes is at an increased risk for developing lung cancer and/or heart disease. A person who smokes, has a sedentary life style, and whose father died of a heart attack at an early age is at even higher risk for the development of heart disease.)

A physical examination is performed, being alert for signs of health disorders for a woman of this age group (screening for glaucoma; high blood pressure; diabetes; cancer of the skin, oral cavity, breast, cervix, and colon). The nurse practitioner's expertise comes to light at this point. Together, the client and nurse carefully review the diet, searching for sources of cholesterol and sodium, and

finding ways to reduce those items that are acceptable to the client's way of life, thus reducing the risk for development of heart disease. The diet is also reviewed for adequate calcium content, since women need 1000-1200 mg. each day to prevent postmenopausal osteoporosis. (Osteoporosis results in a thinning of the bone mass, causing easy fracture. After menopause, 1500 mg. per day of calcium is recommended.) If dairy products are disagreeable to the client, or the calories undesirable, the nurse can guide her through the confusing array of calcium supplement tablets that are available. The woman is also shown how to examine her own breasts for lumps, with the reasoning for early detection of breast cancer explained. As public advocate of informed decision-making, the nurse shares the recommendations of the American Cancer Society in regard to screening mammography. (The ACS recommends a baseline mammogram for women of ages 35 to 40 and an annual screening examination for women over 40.) Other areas of concern to the client will be given priority: exercise, stress management (after exploring family and work relationships for sources of stress), and weight control as examples. If a symptom or sign of a complex health problem is discovered during this visit, the nurse practitioner will consult the physician for medical evaluation and collaborate on a plan of care.

Florence Nightingale saw the need for nurses to tend to the needs of the sick *and* the well. The goal of both "sick nursing" and "health nursing" was to "put the patient in the best condition for nature to act upon him." However, it is difficult to measure the outcome of the nurse practitioner's efforts in health teaching. Preventive services often have the problem of being undervalued because, if nothing bad has happened, who knows whether the service was needed?

In this day of budget cutbacks in health care, the short and long term effect of nurse practitioners' interventions on populations must be evaluated by rigorous research. The woman in the illustration of "wellness" may be saving herself the discomfort, inconvenience, and expense of postmenopausal bone fractures by increasing her daily calcium and adopting a regular exercise program. Or, the nurse practitioner who individualizes the complex medical regimen of a man with emphysema — ensuring that the client and family members understand the correct use of the

medication and inhalation treatments, that his diet and fluid intake are adequate, that influenza and pneumococcal immunizations are administered appropriately — surely will be reducing the number of emergency room visits and hospitalizations that this individual requires.

Professional, political, legal, and economic stumbling blocks are often found in the path of nurse practitioners. The recently formed National Coalition of Nurse Practitioner Organizations has prioritized these obstacles for unified attention. The American health care consumers have proven to be vocal supporters of the nurse practitioner role. With the consumers' endorsement, direct third-party payment for nursing services has become a reality in some states, easing the economic aspect of practice. Clarification of the scope of practice, reimbursement by private insurers, and prescriptive privileges for select medications are the major issues in the political arena at this time.

Mary Breckinridge was indeed ahead of the rest of us with her vision of family nursing care. Nurse practitioners have shown that they offer high quality, accessible, affordable nursing care for society. Have you seen *your* nurse practitioner lately?

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NURSE PRACTITIONERS AND THE LAW

by Deirdre Poe, RN, MSN, CFNP, CNM

Family Nurse Instructor

Frontier School of Midwifery and Family Nursing

Frontier Nursing Service

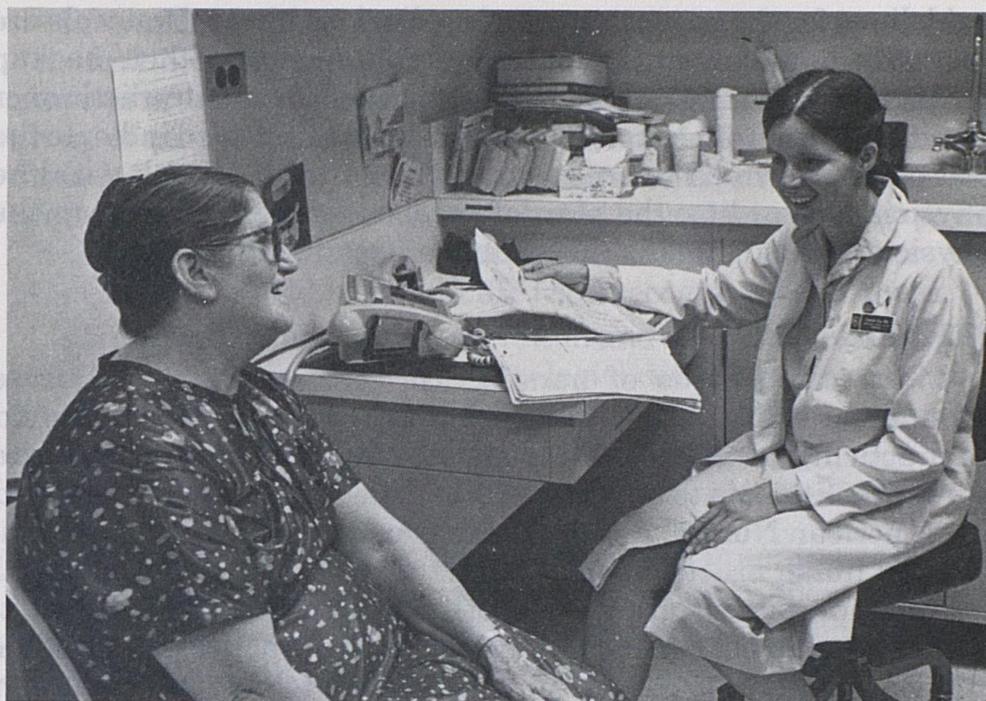
In the early days at Frontier Nursing Service, the nurses took care of folks of all ages. With on-the-job training, and with few legal restrictions, they effectively did much of what nurse practitioners do here today.

It's not that simple any more. To protect the public, and for complex political and economic reasons, nursing (like the rest of health care) is now highly regulated. Nurse practitioners are regulated according to each state's nursing practice act. State medical practice acts, pharmacy practice acts, public health laws, and health insurance laws also affect advanced nursing practice. Nurse practitioner schools are accredited (approved) by the professional nursing organizations, such as the American Nurses' Association. In order to practice, a nurse practitioner (who is already licensed as a registered nurse) usually must be licensed again with the state board of nursing as an "advanced registered nurse practitioner." This, in turn, requires certification (and periodic recertification) in the specialty area.

NURSING PRACTICE ACTS

With the coming of nurse practitioners in the early 1970's, the state nursing practice acts began to change to allow a more liberalized practice of nursing. Prior nursing practice acts had not included diagnosis or treatment in their definitions of nursing. Diagnosis and treatment were considered to be medical practice. The new legislation defined nurses with additional education who could perform "additional acts" usually not thought of as nursing functions. Clauses prohibiting nurses from diagnosing and treating were stricken from the nursing practice acts. The term "nursing diagnosis" was introduced.

Nearly all of the states now legally recognize nurse practitioners. Some state nursing practice acts don't mention nurse practitioners, but define nursing function broadly. This leaves the nurse practitioners' legal status more open to interpretation. Of the states that do name nurse practitioners in their nursing practice acts, some are



Deirdre Poe, author of this article, counsels a patient at the FNS Hyden Clinic

explicit in describing the nurse practitioner's legal functions, while others are vague.

STANDARDS

There are several sources of standards that define safe nursing practice. These standards exert legal authority. The American Nurses' Association has developed standards of care that apply to nurse practitioners. In addition, each state has an agency or board of nursing that develops standards in the form of rules and regulations. In Kentucky, for example, one regulation allows a nurse practitioner to work using protocols without the physical presence of a physician at the primary care center. Since these administrative regulations are based on the statutory definitions in the nursing practice acts, they have the force of law. Finally, hospitals and other health care agencies where nurse practitioners work have specific policies and standards affecting the nurse practitioners they employ.

From a legal standpoint, protocols are considered to be an important standard for nurse practitioners. These are written

guidelines for the management of medical problems. Protocols are mutually agreed upon by nurse practitioners and their backup physicians. The protocols delineate treatments a nurse practitioner can initiate without consulting a physician. They also indicate the end points at which the nurse practitioner must consult with the physician regarding the plan of care, or refer the patient to the physician for further diagnosis and/or treatment.

CERTIFICATION

Most state boards of nursing use certification to authorize advanced practice. Without certification, a nurse practitioner would be practicing illegally in these states. Many of the states require nurse practitioners to be nationally certified; that is, to have passed the American Nurses' Association national certification examination for nurse practitioners. Other states recognize the national certification, but will grant state certification and license without it. Some states do not certify advanced nursing practice. At the other extreme, a few states are now planning to add a regulation requiring a master's degree in nursing in order to practice in the advanced role.

LEGAL ISSUES

1. *Inadequate Legal Definition of Practice*

The nursing practice acts are still in a state of flux. State legislatures (through these acts) and the courts (through test cases) have the power to say what nurse practitioners can and can't do. Problems arise when the nursing practice acts don't adequately define the nurse practitioner's role and standard of care.

Nurse practitioners do primary care, a lot of which is not medical. However, there are certainly some things they do that physicians usually do (e.g., diagnose illness). This has led to claims that nurse practitioners are practicing medicine without a license. Responding to such a claim from the Missouri medical board, some nurse practitioners and their backup physicians recently sought a court ruling that the nurses' duties were within the scope of nursing according to the law. Although the Missouri nurse practice act broadly defines nursing and does not give explicit legal recognition to nurse practitioners, the state Supreme Court ruled in favor of the nurse practitioners and their backup physicians.

Interestingly, the American Nurses' Association prefers practice acts that broadly define nursing functions and do not single out nurse practitioners for legal recognition. Legally recognizing this group of nurses could be interpreted as restricting the functions of other nurses. Many nurse practitioners believe that the nursing profession — and not the state — should have the regulatory power. The disagreement within the nursing community on whether nurse practitioners should have specific legal recognition continues.

The American Medical Association and other physician organizations are clearly opposed to any legislation that expands nurse practitioners' practice. The American Medical Association has officially resolved to squelch any such legislation.

2. Third-Party Reimbursement

Explicit reimbursement policies for nurse practitioner services have been slow to develop. Insurance laws in only about five states specifically make nurse practitioners eligible for reimbursement. A few federal health programs do reimburse for nurse practitioner services. In light of the current emphasis on cost consciousness in health care, third-party reimbursement is a critical issue for legislatures, and equally vital for many nurse practitioners.

3. Prescriptive Authority

About eighteen states have passed legislation or rules granting prescription-writing authority to nurses. Nurse practitioners in other states prescribe in various ways in an atmosphere of legal uncertainty. This can be costly and inefficient, and generally interferes with the delivery of quality patient care. State attorney generals' opinions on whether or not nurse practitioners can legally prescribe drugs are helpful, but these opinions do not carry the force of law. Many nurse practitioners feel that without explicit legal authority to prescribe, their practice is subject to challenge.

4. Malpractice

There have been signs that malpractice insurance for nurse practitioners may become more difficult to obtain, and that rates will be getting higher. Nurse-midwives are already being denied malpractice insurance by virtually all major insurance carriers, making it impossible for many of them to practice. This is despite the fact that nurse-midwives, like nurse practitioners, are sued much less often than physicians are sued.

Based on the legal theories of "respondeat superior" and "apparent authority," courts have traditionally held hospitals and physicians accountable for the negligent acts of nurses. Now, based on the legal definitions and standards for nurse practitioners, some courts are holding nurse practitioners liable for their own actions. This will increase the nurse practitioner's professionalism, but it will also increase his or her insurance rates and contribute to the current malpractice crisis.

With the current oversupply of primary care physicians, nurse practitioners are acting to secure their place in today's competitive market for health care services. At the 1985 Nurse Practitioner Forum, a proactive coalition of national and state nurse practitioner organizations was formed. This group's two top priorities were identified as: legislative and political action, and marketing of the nurse practitioner as a provider of health care. The newly formed American Academy of Nurse Practitioners has also prioritized legislative and political action. They recently joined forces with the national Nurses' Coalition for Legislative Action. Successful marketing of nurse practitioners could lead to greater consumer and physician support and to the development of markets that are less competitive with physicians. Despite the very real legal barriers to practice, the potential for the growth and health of the nurse practitioner movement is there.

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THE EDUCATION OF A NURSE PRACTITIONER

by Sr. Kathryn O'Meara, RN, MSN, CFNP
Family Nurse Education Coordinator
Frontier School of Midwifery and Family Nursing
Frontier Nursing Service

The nurse practitioner of today is a vital addition to the American health care system, providing much-needed care and services. Since the establishment of the first formalized nurse practitioner program (the pediatric nurse practitioner program at the University of Colorado) in 1965, there has been a steady evolution and maturation of the educational preparation of the nurse practitioner. This was a logical outgrowth of the fact that prior to the formal development of the nurse practitioner role, nurses had been functioning effectively in autonomous roles utilizing assessment and problem-solving skills in such settings as community health, coronary care units, and emergency rooms.

The impetus for the development of organized educational programs to prepare nurse practitioners arose during a time in which consumers, professionals, and government officials became greatly concerned about inaccessible and fragmented health care services, escalating health care costs, and the shortage and maldistribution of physicians to deliver health care.

As a result, a variety of educational programs were established. These ranged from short-term continuing education (certificate) programs of varying lengths to preparation at the graduate level. It should be mentioned that early proponents of the nurse practitioner role originally envisioned that preparation would take place at the post-baccalaureate level or graduate level.

Nurses prepared at the various educational levels of nursing (diploma, associate degree, baccalaureate, master's) were eligible for enrollment in these programs. The legislators responsible for formulating policy saw no reason to be restrictive.

In the early years of nurse practitioner education, there were few nurses prepared to serve as role models in teaching and clinical supervision. Physicians participated as teachers and clinical supervisors in programs preparing nurse practitioners. They often assumed positions as program directors or co-directors. The influence of the medical model was strongly present in the educational process. As the movement grew, there developed a pool of nurses

educated and experienced in the role of the nurse practitioner. Currently, these nurses have assumed the major responsibility in the teaching and clinical supervision of students. The influence of nursing on the curriculum of nurse practitioner programs has been the incorporation of a holistic approach, with the integration of nursing and medicine.

A second piece of federal legislation provided additional support for the development of the nurse practitioner role. This was the Rural Health Clinic Act of 1977. Despite earlier attempts to achieve cost effectiveness through legislation, expenditures became more burdensome. This legislation enabled payment for certain medical services of nurse practitioners in rural areas as long as they worked under some type of physician supervision. The method of implementation of this bill was left to the individual state governments. In some instances, the term "supervision" was loosely defined. The physician could be available for telephone consultation, or physically present in the clinic, for a certain number of hours per week. This influenced the development of the use of "protocols" and provided additional autonomy/independence to the role of the nurse practitioner. A result was that the nurse practitioner was enabled to provide accessible and comprehensive health care through consultation, collaboration, and referral. The need and importance of these skills further influenced the education of nurse practitioners.

A National Organization of Nurse Practitioner Faculties (NONPF) was established in 1980. Nurse practitioner faculties were concerned about issues related to nurse practitioner education and research. This organization grew out of the work of a national task force funded by a Robert Wood Johnson Foundation grant from 1976-1980 to work on a curriculum for family nurse practitioner education. The project was completed and the *Guidelines for FNP Curriculum Planning* was published in 1980 by NONPF. This is the only organization where nurse practitioner educators from the certificate and graduate levels of nurse practitioner education come together annually to exchange ideas and make plans for future education.

The National Profile of Nurse Practitioner and Midwifery Programs, 1984, published by the National Organization of Nurse Practitioner Faculties, summarizes nurse practitioner programs. Included in the report are summaries of 179 nurse practitioner

programs with 136 programs listed at the master's level, 42 at the certificate level, and one program leading to a BSN. The first summary report published in 1978 listed approximately sixty nurse practitioner programs, of which two-thirds were certificate and one-third were at the master's level.

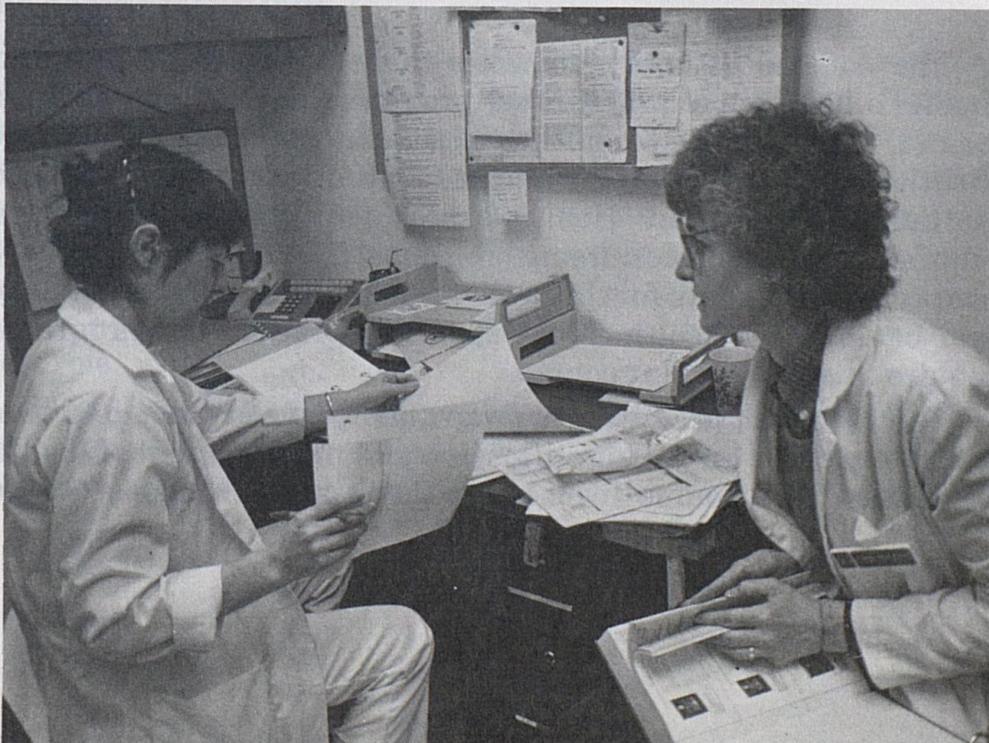
The length of certificate and master's level programs varies. Two-thirds of the certificate programs have a length of one year, while others range from nine to eighteen months. Master's programs last from three to six semesters, with the majority of programs lasting three or four semesters (or two years).

The amount of nursing experience required prior to enrollment in certificate practitioner programs is from two to five years in two-thirds of the programs. One-half of the certificate programs require two years' experience. Two-fifths of the master's level programs (see the table on the following page) require one to two years of nursing experience, while the remaining master's programs make no such requirement.

The sponsors of nurse practitioner certificate programs are nursing, medicine, hospitals, planned parenthood organizations, and universities. The sponsors of master's programs are schools of nursing, with very few co-sponsors.

There are a wide variety of nurse practitioner programs. The following table shows the types of program, as well as the educational level and numbers of each type program.

The author, Sr. Kathryn O'Meara, with a student of the Frontier School of Midwifery and Family Nursing.



SPECIALTY NP PROGRAMS

	Master's	Certificate
Adult NP	16	3
Anesthetist NP	1	
Cardiovascular NP	1	
Community Health NP	2	
Correctional Health NP	1	
Critical Care NP	1	1 FNP-BSN Program
Family NP/FNC	43	13
Geriatric NP	20	5
Medical/Surgical NP	1	
Midwifery NP	8 (1 Ph.D)	7
Neonatal NP	1	1
Neurological NP	1	
OB/Gyn (Family Planning NP, Maternal NP, Women's Health NP)	7	12
Occupational NP	4	
Oncology NP	2	
Parent/Child NP	2	
Pediatric NP	23	4
Perinatal NP	2	
Primary Care NP	4	3
Psychiatric/Mental Health NP	2	
School NP	2	1

(Shamansky, Ed., NONPF, 1984)

The courses of study common to both the certificate and master's level nurse practitioner programs in the first semester are: (1) An advanced health assessment course. It should be mentioned that nurse practitioner education has had its influence on nursing education. Health assessment courses are now a required course in basic nursing programs. (2) A human physiology course (requirements for this are variable). (3) A course in family and community health. Most specialty practitioner programs require this or a similar course.

Family nurse practitioner programs typically include a two-semester course on the identification and management of health problems. This course focuses on the health problems (acute,

chronic, and emergency) that occur in all age groups throughout the life span most often seen in a primary, ambulatory care setting. Emphasis is given to the role and function of the nurse practitioner. Clinical experience rotations are included in this course. The student moves through a variety of clinical settings in order to have experience with a variety of health problems and exposure to all age groups. The clinical supervisors for the students are nurse practitioners or physicians.

The number of hours of clinical experience included in nurse practitioner programs varies. Certificate or master's level programs may have eight, twelve, or sixteen hours of clinical experience weekly. Master's degree programs are requiring more clinical experience than six years ago. The length of a clinical rotation varies, with a minimum being approximately four weeks in each setting.

Pharmacology is taught as a separate course, or in conjunction with the "Identification and Management of Common Health Problems" course. Nurse practitioners in several states (e.g., Washington and Oregon) have obtained prescriptive writing privileges. As a result, pharmacology is receiving greater emphasis, with programs offering advanced level pharmacology instruction.

A second semester seminar course is offered to acquaint the "soon-to-be fledgling" nurse practitioner with the historical development and current function of the role, licensure and certification, legal/ethical issues, and political/economic policies that affect the nurse practitioner.

The final semester of study includes what is called a "preceptorship." This consists of ten to twelve weeks of full-time clinical experience in one clinic setting — individual states have varying requirements. In family nurse practitioner programs, the student is placed in a general practice setting with a clinical supervisor (nurse practitioner/physician). This experience allows students to sharpen skills, develop a small pool of clients for follow-up care, and to obtain experience and confidence, with guidance, in their new role.

There is a definite trend toward expanding nurse practitioner education at the master's level. Several states will begin requiring master's level preparation for nurse practitioners within the next

one to two years. There are a variety of reasons for this, among them the following: (1) A university usually demonstrates a stable commitment to the educational programs it has established. Federal funding cuts are more likely to affect the short-term continuing education (certificate) programs. (2) Master's level preparation develops competencies using clinical judgment based on advanced scientific knowledge, leadership, and research skills so necessary to the development and survival of the role. Such competencies are not easily learned in short-term programs. (3) Master's level education allows the nurse to achieve the highest form of professional credentials which allow for competition in the job market and career advancement. This may be *the* factor that determines master's level education.

The additional benefits that nurse practitioner education can receive from preparation at the master's level are standardization of education programs, clarification of accreditation procedures, control of the numbers of programs and graduates prepared, creation of qualified faculty, development of a valid licensure examination (the current examination is voluntary and is for the recognition of excellence in a specialty field of nursing practice), preparation of nurses capable of carrying out research on the role, and promoting the growth of leadership to develop and communicate strategies for affecting the health care system. These are factors that will ensure continued development of the nurse practitioner role.

Nurse practitioner preparation at the Frontier School of Midwifery and Family Nursing follows the guidelines of the National Organization of Nurse Practitioner Faculties (NONPF). The program is twelve months in length, and since January 1985 it has required a BSN for enrollment. This requirement allows graduates of the program to qualify for the American Nurses' Association family nursing certification examination, for which ANA recently made the BSN a prerequisite.

The FSMFN program is unique because of the combination of two major practitioner specialties, the family nurse practitioner and the nurse-midwife. The family nursing program was added to the curriculum in June 1970. Students meeting the admission criteria may enroll in the family nursing option, or in both specialties. The curriculum is adjusted to meet the needs of this combination. For example, the "well woman's unit" is included in

the family nursing course of study. The material on prenatal, postpartum, and newborn care is included in the family nursing student's third or final semester in combination with the preceptorship requirements. Those students in the family nursing program select portions of maternity and newborn care that are appropriate to ambulatory care settings for study and clinical experience.

The directors and educators of the FSMFN program throughout the years have sought to develop and maintain high educational standards. Alert to changes in the health care system, in the advances of medical technology, and in the social-cultural needs of individuals, families, and communities served, and in order to assure professional credentials for the school's graduates, the FSMFN program developed a master's level affiliation with the School of Nursing, University of Kentucky at Lexington in 1978. A recent joint master's level affiliation was finalized in April 1985 with the Frances Payne Bolton School of Nursing, Case Western Reserve University in Cleveland.

The continued effort of the FSMFN has contributed to the development, refinement, and autonomy of the role. It is a continuous challenge for all of those involved in the nurse practitioner movement.

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BEYOND THE MOUNTAINS

by Kate Ireland and Judy Lewis

On Monday, November 4th, I had the privilege of being with the New York Committee, and it was gratifying to see so many members in attendance.

We discussed at length the sale of the Bargain Box, and it was the Committee's decision to send a generous grant to the Nursing Education Enrichment Drive this year.

The chairmanship was handed over from Muriel Haggerty (Mrs. Robert J.) to Jenny Wood-Muller (Mrs. Rudolph). We shall miss Muriel's capable leadership, but I know Jenny will be an inspired and organized chairman.

Mrs. James V. Hayes gave us a sumptuous luncheon following the meeting in her nice apartment. It always means so much to me to have a real visit with members of the various city committees. Thank you, New York.

— *Kate Ireland*

Kentucky friends of Frontier Nursing Service have been the focus of my trips "Beyond the Mountains" during the past few months.

On September 16, Mrs. David Hatfield and I were guest speakers at the Filson Club, a historical organization based in Louisville. We were dinner guests at Louisville's Pendennis Club, hosted by Mr. Robert Nash, president of the Filson Club.

After dinner, we went to the Crescent Hill Women's Club for our presentation, where about 150 Filson Club members gathered to hear about our work. Mrs. Hatfield introduced and narrated "The Forgotten Frontier," and I spoke for a few minutes on the modern FNS. We renewed several old acquaintances and introduced others to the Service.

On Tuesday, September 17, I drove to Berea, where I had lunch at the home of Mr. and Mrs. Homer Biggerstaff, with Mrs. Ruth Mahanes as her guest. Mrs. Biggerstaff is a long-time supporter of FNS and a native of Leslie County. Mrs. Mahanes is the state regent of the Daughters of the American Revolution. This organization installed the flagpole in front of the Mary Breckinridge Hospital.

The following morning, I went to the campus of Berea College, where I met with Dr. Francis Hutchins. Dr. Hutchins, retired president of Berea, was looking forward to a trip to China with his wife, Louise, who is a member of FNS's National Medical Council.

After meeting with Dr. Hutchins, I stopped in on Dr. John Stephenson, Berea's president. Dr. Stephenson offered encouragement about my work in development and public relations, and his office staff was most helpful in locating my lost car keys!

Finally, I visited Mrs. Evelyn Hopper, assistant to Mrs. Norbert Stammer, of the Appalachian Fund.

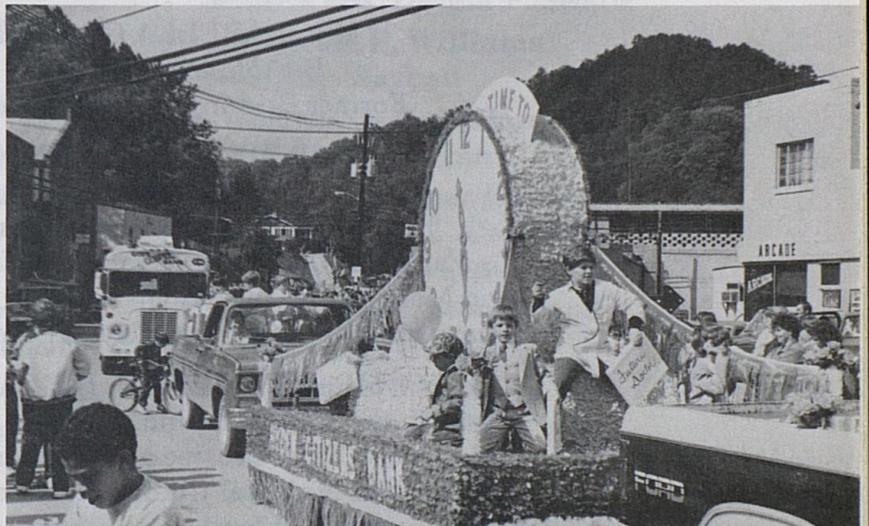
On Thursday, October 17, I traveled to Louisville again, to Calvary Episcopal Church, where I spoke to a group of about 50 churchwomen at the request of Mrs. Iley Browning. After a delicious dinner of fried chicken, I showed the group "The Forgotten Frontier." The churchwomen then took me to the church sanctuary, which was breathtakingly beautiful, with its Tiffany stained glass window of the Ascension and its oil paintings of the Nativity and the Crucifixion. The church is currently reroofing the historic building. The women enjoyed the film, and many asked for more information about FNS.

En route back to Hyden, I stopped in Lexington to deliver an FNS uniform on loan to the University of Kentucky, which sponsored a dedication of our archival materials on November 7. I talked with Mr. Terry Birdwhistell, Mrs. Paula Pope, and Mrs. Anne Campbell, all of the UK library. We talked about plans for the presentation, and I was shown the cataloguing of the archival materials.

— Judy Lewis

Mary Breckinridge Day, 1985

The float sponsored by the Hyden Citizens Bank was typical of many seen in the annual parade.



Photos by courtesy of the Leslie County News



Community schools and organizations enjoyed their march. This is the Leslie County High School band.

IN MEMORIAM

We wish to acknowledge our appreciation and personal gratitude to this friend who, by including FNS in her will, has made a continuing affirmation of interest and belief in the care of mothers and babies and their families by the Frontier Nursing Service. Such legacies are added to the endowment fund.

MRS. ROGER LEE BRANHAM
Hingham, Massachusetts

These friends have departed this life in recent months. We wish to express our gratitude for their interest in our work, and our sympathy to their families.

MRS. BOYD L. BAILEY
South Harpswell, Maine
Former staff (Dr. Virginia Clay Hamilton)

MRS. LEROY CHOATE
Phoenix, Maryland
Former Blue Grass Committee member

MS. ISABELLA GRANDIN
Boston, Massachusetts
Former Boston Committee member

MR. DEWEY HENDRIX
Yeaddis, Kentucky
Former Wolf Creek Committee member
Father of Dwight M. Hendrix, FNS Trustee,
and Mary Katherine Brashear, Mary Breckinridge
Auxiliary member and former Hyden Committee member

MR. MELVILLE H. IRELAND
Hobe Sound, Florida
FNS Trustee and brother
of FNS National Chairman Kate Ireland

MR. JIMMY RAY JOHNSON
Hyden, Kentucky
Son of staff member Drucilla Howard

DR. FRANCIS M. MASSIE
Lexington, Kentucky
Member Emeritus of FNS Board of Governors
Former member of FNS Medical Advisory Committee
and Blue Grass Committee

Dr. Massie held surgical clinics here in the mountains semi-annually for many years. With his deep sense of humor and

conviction, he was a great help to Mrs. Breckinridge, particularly in her pioneering days. His loyalty, care, and concern for FNS will be deeply missed.

MRS. RICHARD P. STETSON
Chestnut Hill, Pennsylvania
Former Boston Committee member

MEMORIAL GIFTS

We wish to express our deep appreciation to these friends, who have shown their love and respect for the individuals named below by making supporting contributions in their memory to the work of the Frontier Nursing Service:

- | | |
|---|---|
| Mr. Leland E. Hughes
Mr. and Mrs. Elmer S. Goheen | Mrs. William T. Warner
Mr. William T. Warner
Mr. and Mrs. Joseph H. Walter, Jr. |
| Mrs. Roger Lee Branham
Mrs. Robert W. Hawkes | Miss Sarah Gibson Blanding
Miss Barbara Wriston |
| Mrs. Marjorie A. Cundle
Mrs. Robert W. Hawkes
Mrs. F. George du Pont, Jr. | Miss Glenda Sue Swartz
Mr. and Mrs. Dwight F. Swartz |
| Mrs. William B. Word
Mrs. Alice E. Whitman | Mrs. Charles P. Williams
Mrs. N.L. Mayhall |
| Mrs. Harry A. Keitz
Virginia Society, Daughters of
Colonial Wars
Mrs. Ruth Dugger | Mr. William G. McMillan
Mr. Daniel B. Dugan |
| Mrs. Nancy Lewis Ray
Mr. and Mrs. W.T. Cahoon | Mrs. Jessie Stomper Collins
Mr. and Mrs. W.T. Cahoon |
| Col. G. Davis Buckner, Jr.
The Very Rev. and Mrs. Robert
W. Estill | Mr. Charles P. Bowditch
Mrs. Charles P. Bowditch |
| Mr. Dewey Hendrix
Miss Kate Ireland
Mrs. Emmitt E. Elam | Dr. Francis M. Massie
Mrs. James Park, Sr.
Mrs. Jefferson Patterson
Miss Lucille Knechtly
Miss Kate Ireland
Carl H. Fortune, M.D.
Fayette County Medical Auxiliary
Dr. and Mrs. Edward H. Ray |
| Mrs. Martha Cornett
Miss Kate Ireland
Mrs. Emmitt E. Elam | Mr. Edgar Canfield
Arizona Nurses' Association, Inc.
Ms. Carol LaMae Berg
Ms. Genevieve Yazza
Ms. Toni K. Longton
Sue Ann Breems
Ms. Kathleen Bertolini
Dr. and Mrs. Charles W. Hohler |
| Betty Ireys
Mrs. Lisle Baker | |
| Mr. John Alexander McDonald
Mrs. William H. Lathrop | |

NOTES FROM THE SCHOOL

This has been a very busy time for our faculty. On September 10, and with very short notice, I joined a group of nurse-midwifery leaders from all over the United States for a day on Capitol Hill. We felt we needed to make known our distress at being denied professional malpractice insurance. We have watched a number of our colleagues lose their professional livelihood, with those in birth center practice especially devastated. I was graciously received by the staff in both Senator Ford's and Senator McConnell's offices. I was able to talk personally with Representatives Hopkins, Rogers, Hatcher, and Hubbard. It was well over 90 degrees that day, with humidity to match, but we managed to make a significant impact, as many of you know. It was reassuring to hear of their support for our program and the high regard they hold for our efforts on behalf of mothers and babies in Kentucky.

Later I was asked by the March of Dimes to represent Kentucky at the Healthy Mother, Healthy Babies Coalition meeting in Washington. From there I was invited to participate on the National Advisory Committee to the March of Dimes Maternal Nutrition Program at the University of North Carolina. In October, I attended the meeting of Nurse-Midwifery Program Directors in Nashville.

Sr. Nathalie and I have just returned from a two-day meeting at Maternity Center Association in New York as part of a task force to plan the development of an innovative off-campus educational program in nurse-midwifery. This is a cooperative effort by our school, the Maternity Center Association, the National Association of Childbearing Centers, and the Frances Payne Bolton School of Nursing, Case Western Reserve University. A grant from the Pew Memorial Trust is making this long-term dream come closer to reality. We have begun a file of interested applicants, but we are still far from ready to make any program announcements.

Our Sixtieth Anniversary Celebration on November 7 was a truly moving experience for all of us. With a theme of "looking backward into the future," our speakers, Marvin Patterson, Kitty Ernst, and Jo Eleanor Elliott, left us excited, committed, and challenged. It renewed our spirits and made us realize what we are all about as we go about our business of educating family nurse-midwives in this historic old building filled with memories of the great women who have preceded us. All of us need to spend time with the special collections that are now so beautifully displayed at the University of Kentucky's library. They provide us with a sense of the connection with our past. Mary Mallison, editor of the *American Journal of Nursing*, was able to share that day with us and then visit with us here in Hyden. She had just dedicated an issue to their 85th anniversary.

The year has flown by so fast. Sr. Kathryn O'Meara is busy with schedules and plans for the incoming group of students who will start with

the new year. Sr. Nathalie and her faculty are preparing the group of students now on campus for graduation and the realities of professional practice. Nancy Fishwick writes glowingly of her experiences as a doctoral student at Case Western Reserve, but also despairs of getting past all the deadlines before she arrives back in Hyden to help launch our next class.

We have had so many rewards this year, and a few exceptional challenges, but we continue in the faith that next year will be even better. Remember us in your Christmas notes and plan a visit to Hyden during the year. We cherish every note, but the chance to have a visit with you is even better.

— *Ruth Beeman*

FIELD NOTES

Fall is always an ideal time for many of those interested in touring the Frontier Nursing Service to visit. This fall was no exception.

The Board of Governors held their fall meeting in Leslie County on September 13-14. On Friday, the group met in small committees, and on Saturday the main business meeting was held at Wendover.

Mr. Jack Payne and seven students from Lee's Junior College visited on September 19.

During the first week in October, many were busy preparing for the Mary Breckinridge Festival, which was held October 3-5. The Mary Breckinridge Hospital, the Home Health Agency, and Wendover all had floats in the parade. A full day of activities on Saturday, as well as evening activities on Thursday and Friday, entertained many on the weekend. Leslie County has set aside to honor Mrs. Breckinridge. Eight open house guests enjoyed part of the festivities, as they arrived on Thursday, October 3, and attended the Mary Breckinridge Festival Beauty Pageant. The guests included: Dr. and Mrs. Dwight Auvenshine (Lexington, Kentucky), Mrs. Michael Cannon (State College, Pennsylvania), Dr. Susan Graham (Minneapolis, Minnesota), Dr. John Kucera (Minneapolis, Minnesota), Mrs. Clara Hampton (Frankfort, Kentucky), and Mr. and Mrs. William (Susan Spencer, courier, '48) Small (Tucson, Arizona).

Elizabeth Wilcox arrived on October 13 to serve as the new Coordinator of Wendover and the Courier/Volunteer Program. Elizabeth is from North Sandwich, New Hampshire, and was employed as an assistant to the president at Kalba Bowen, Associates, which is a telecommunications consulting and research firm.

Thirty-four students from Northern Kentucky University and twenty-five students from Virginia Appalachian Tricollege toured FNS during October.

The last open house was held October 21-22. The guests included Dr. and Mrs. Robin D. Powell (Lexington, Kentucky), Mr. Anthony Goetz (Lexington, Kentucky), and Mr. and Mrs. Noble McFarland (Lexington, Kentucky).

Terry Cornett, professor of English at Hazard Community College, has been busy this year inventorying all of Mrs. Breckinridge's books and advising us on the care and preservation of the books in the Big House.

Many were pleased to entertain Miss Agnes Lewis, who returned for a week's visit in November. She was joined by her nephew, Braham Lewis, currently working in Louisville, for an overnight stay.

A group of LPN students from Somerset College toured FNS in early November. Later in the month, ten family nurse practitioner students from the University of Tennessee (Knoxville) and eight students from Carson-Newman College (Jefferson City, Tennessee) arrived for the same type of tour.

Dr. Glenn Bratcher, Cincinnati, and his staff held the fall Ear, Nose, and Throat Clinic, November 4-8. He held outpatient screening clinics on Tuesday and Wednesday and had surgeries on Thursday and Friday.

The traditional Thanksgiving hike and dinner was held at Wendover on November 28. Deirdre Poe and Marty Bledsoe led the hikers from Hurt's Creek over the mountain to Wendover. The hikers were joined by many more for the dinner feast.

Six couriers and one volunteer have worked hard this fall. David Marshall (Fitchburg, Massachusetts), Sarah Neroni (Lancaster, Massachusetts), William Cooper (Elgin, South Carolina), and Oscar Waddell (Lorain, Michigan) all have graduated from high school and are taking a year off before attending college in the fall of 1986. Maureen Kurtz (Oak Park, Illinois) graduated from the University of Illinois with a BSN and is interested in midwifery, as is Erica Levy (Philadelphia, Pennsylvania), a junior at Yale University. David Greenawalt (Hartsdale, New York), who was a courier in the fall of 1983, is back working as a volunteer in the Promotion and Development Office.

We bid farewell to 22 employees and welcome 13. Those leaving include: Rose Rokis, FNP (CHC); Lester Rice (housekeeping); Denise Blevins (data processing); Rita Vanover (front desk); Pam Lewis, LPN; Georgia Glasgow (front desk); Erma Woods, LPN; Brenda Woods, transcriptionist; Patsy Pruitt (front desk); Donna Fields, dental secretary; Sue Morris, transcriptionist; Debra Coots, nursing assistant; Lucy Van de Kamp, FNP (Yerkes); Carolyn Johnson, transcriptionist; Craig Morgan, accountant; Lisa Smith (business office); Grace Davidson (business office); Barbara Burkhart, unit manager; Billy Henthorne (X-ray); Jennifer Marlin, RN; Barbara Sonnen, Director of Nursing; and Danna Larson, Coordinator of Wendover and the Courier/Volunteer program.

The new employees include: Deidre Estep, secretary (Beech Fork); Sarah Gayle Morgan (front desk); Tina Morgan, medical records clerk; Edith Collett, clerk; Paula Smith, GFNP; Nancy Preston, data control clerk; Dr. James T. Allen (family practice); Kathleen Isaacs, CNM; Rhonda Combs, RN; Elizabeth Wilcox, Coordinator of Wendover and the Courier/Volunteer Program; Teresa Roberts (front desk); Vicki Collett, pharmacy technician; and Crystal Hoskins, front desk clerk.

COURIER NEWS

Gloria M. Klaassen, '84, Wichita, Kansas — "I am presently attending the University of Kansas Medical School Extension at Wichita."

Susan Ziel, '70, Columbia, South Carolina — Note from Susan's mother: Sue is married to Dan Pesut, who has a Ph.D. in psychiatric nursing. They have one son, Eliot, born in February 1985. Sue is Director of Nurses at Providence Hospital in Columbia, an affiliate of the University of South Carolina College of Medicine.

Susan Jones, '83, Louisville, Kentucky — Letter from Susan's father: Susan is working full time at Humana Hospital — University, and still studying at the University of Louisville.

Phoebe Wood, '66, Philadelphia, Pennsylvania — "Things are busier than normal in Philadelphia. Business is booming and we are having a hard time hiring qualified people, so I am spending more time than I would like in the stores. I'm also buying and rehabbing a 30 unit apartment building in our neighborhood, a new and time consuming project.

"Wendy Wood [courier, '66] was here last weekend and we ran into Diane Post [courier, '66] who was a courier with her. We had a great time reminiscing."

Hilary Behrman, '85, Cleveland, Ohio — "It is strange to be in the almost too tame Cleveland area after the bright green hills of Kentucky. My last two weeks turned out to be really exciting. I assisted with two births that Sharon [Machan], the midwife, delivered. It was very special and has turned me on even more to the profession. Made several trips to Lexington in the middle of the night — and harvested the corn.

"It was an honor to work with such dedicated people as the FNS staff. And I hope the current financial struggle will not mean the end of FNS. An organization started by a few strong women should be able to be saved by some equally strong women."

Jamie Kane, '77 lives with her mother in Mentor, Ohio. She is a nurse at Rainbows, Babies & Children in the neo-natal intensive care unit.

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ALUMNI NEWS

This is one of those seasons when the *FNS Quarterly Bulletin* goes to press simultaneously with the *Alumni Newsletter*. As has been our custom at these times, the *Bulletin* defers to the *Newsletter* in covering news of alumni and of activities and developments of particular interest to alumni. We will, of course, continue to publish alumni news in those issues that do not appear concurrently with the *Newsletter*.

The *Alumni Newsletter* is distributed to members of the FNS Alumni Association. For information, write to either (1) Alice Whitman, Registrar, Frontier School of Midwifery and Family Nursing, Hyden, Kentucky 41749 or (2) Director of Development, Frontier Nursing Service, Wendover, Kentucky 41775.

1986 FNS WALL CALENDARS FOR SALE

FNS wall calendars, illustrated with photographs covering the sixty-year history of the Frontier Nursing Service, are still available for sale. They are priced at \$4.00 each and may be ordered from the Office of the Director, Frontier Nursing Service, Mary Breckinridge Hospital, Hyden, Kentucky 41749.

Statement of Ownership

Statement of the Ownership, Management, and Circulation of
FRONTIER NURSING SERVICE
QUARTERLY BULLETIN

Published quarterly at Lexington, Kentucky for Autumn, 1985

(1) That the names and addresses of the publisher, editor, managing editor and business manager are:

Publisher: Frontier Nursing Service, Inc., Wendover, Kentucky 41775

Editor: Mr. David M. Hatfield, Hyden, Kentucky 41749

Managing Editor: Mr. Robert Beeman, Wendover, Kentucky 41775

Business Manager: None

(2) That the owner is Frontier Nursing Service, Inc., Wendover, Kentucky 41775 (a non-profit organization). Officers of the corporation are: Miss Kate Ireland, National Chairman, Wendover, Kentucky 41775; Dr. Patience H. White, Washington, D.C. and Dr. Stuart Graves, Jr., Louisville, Kentucky, Vice-Chairmen; Mr. Homer L. Drew, Treasurer, 1 First Security Plaza, Lexington, Kentucky 40507; Mrs. John M. Prewitt, Box 385, Mt. Sterling, Kentucky 40353, Secretary.

(3) That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent of more of total amount of bonds, mortgages or other securities are: None.

Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

Extent and nature of circulation (average number of copies each issue during preceding 12 months indicated with light face numbers, actual number of copies of single issue published nearest to filing date indicated by bold face numbers): Total copies printed, 6,500, **6,500**; Paid circulation, 0, **0**; Mail subscriptions, 5,855, **5,872**; Total paid circulation, 5,812, **5,855**; Free distribution, 330, **375**; Total distribution, 6,185, 6,247; Copies not distributed, 315; **235**; Returns from news agents, 0, **0**; Total, 6,500, **6,482**.

Mr. David M. Hatfield, Editor

WE THANK YOU
FOR YOUR PARTICIPATION



The Frontier Nursing Service
Wendover, Kentucky 41775

Loose Item

Please send me more information about:

- The FNS Courier and Volunteer programs.
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As an interested friend, my subscription of \$5.00 a year is enclosed.

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URGENT NEEDS

Wendover needs an electric water heater to replace one that has burned out. The estimated cost of a replacement is \$325.

Also, the organ in St. Christopher's Chapel has succumbed to old age. Repair parts are no longer available, but we have an opportunity to purchase a small reconstructed organ for \$550.

Contributions toward either of these needed replacements would be greatly appreciated. Donations should be sent to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775. They will be gratefully (may we say "warmly"?) received.

STAFF OPPORTUNITIES

Because text for the *Bulletin* must go to the printer several weeks before publication, it is not possible for any issue to contain an up-to-date list of job opportunities. Instead, we list types of positions that are most likely to be available and invite anyone qualified and interested to write for current information.

FNS Staff. Openings may occur from time to time in both the professional and technical staffs, with opportunities for certified nurse-midwives, family nurse practitioners, registered nurses, family practice physicians, laboratory technicians, X-ray technicians, and others. For current information, write Darrell Moore, Director of Personnel, Mary Breckinridge Hospital, Hyden, Kentucky 41749 (phone 606-672-2901).

Couriers and Volunteers. This program has an ongoing need for all types of people, with all types of skills. The program is not limited to those interested in a health career. It encourages applications from anyone who is willing to volunteer for a 6- to 8-week minimum period and would like to be exposed to the work of the Frontier Nursing Service. ("You tell us what you can do, and we'll find a job for you.") For current information, write Elizabeth Wilcox, Coordinator of Wendover and the Courier/Volunteer Program, Wendover, Kentucky 41775 (phone 606-672-2318).