

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Kathleen Potempa

Interview conducted July 28, 2006

by

Barbara Gaines

SUMMARY

In this interview, outgoing School of Nursing Dean and OHSU Vice President Kathleen Potempa, DNSc, RN, FAAN, talks with Emeritus Professor Barbara Gaines about the numerous changes in the School since Potempa's arrival in 1996; about trends in nursing education; and about Potempa's long career in nursing administration.

Educated at Rush University College of Nursing, Potempa espouses many of the tenets of the Christman Model for Nursing, including faculty comprised of expert clinical nurses, quality assurance, and research. She discusses the strategic framework created during her early years at OHSU and the resulting One Faculty Initiative. The renewed commitment to the School's research mission led to the recruitment of notable faculty and the development of research-focused centers within OHSU; Potempa also talks about her own early research interests and the grants she brought with her to the university in 1996.

The School has faced severe budget challenges during Potempa's tenure, and she talks about the decision-making process that was used to address those crises. She also discusses the development of the distinguished professorships within the School, noting that the School now has more endowed professorships than any nursing school in the United States.

Potempa also addresses the steps taken by the School to promote cultural diversity and awareness, including its international outreach efforts to faculty and students in nursing schools around the world. These efforts are rooted in the School's commitment to social justice, as is the work of the Center for Health Disparities Research—a university-wide program centered at the School of Nursing.

Potempa moves from a discussion of her involvement in national associations and federal committees to a consideration of the work of the Oregon Nursing Leadership Council and its development of the Oregon Consortium for Nursing Education. She talks about the impact of OCNE on the School's programs, and muses about the future of nursing education and practice. She also outlines some lessons from her ONLC experience on achieving consensus among groups with diverse opinions.

Finally, Potempa looks back on her career at OHSU and offers some sage advice for her successor, including: "Don't rely on what the former dean tells you."

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Interview with Kathleen Potempa
Interviewed by Barbara Gaines
July 28, 2006
Site: Portland, Oregon
Begin Tape 1, Side 1

GAINES: This interview with vice president and dean Kathleen Potempa was recorded on Friday morning, July 28, 2006, in the conference room of the School of Nursing, Oregon Health and Sciences University, Portland. The interviewer is professor emeritus Barbara Gaines. This is tape number one. Good morning, Kate.

POTEMPA: Good morning, Barbara.

GAINES: How are you?

POTEMPA: I'm very well, thank you.

GAINES: Great. Well, as you know, we're gathered here today to try and do an oral history that we can use for the university archives to talk about your tenure as vice president and dean of the School of Nursing. But we'd really like to start back a little bit further than that. We'd like to know where you came from, where you were born, a little bit about your family, and what attracted you to healthcare, and particularly to nursing.

POTEMPA: Well, that's a mouthful. [Laughter] Going way back, I was born and raised in Michigan. Met my husband at the University of Detroit. We graduated together, and then took off to Illinois. We spent most of our adult life, prior to Oregon, in Chicago. Our two children were born there and spent a good deal of their life there as well. We have two children. Our boy is 27 now. He's a college graduate. He happens to be an actor and a poet and a published author. Our daughter has a degree in biology and is finishing her second degree in nursing. Which I'm very proud of.

My grandmother was a nurse. Didn't think about nursing at all, other than hearing stories from my mother. She died, my grandmother died, early in my life. But my mother spoke of her often, and the kind of work that she did. But I didn't think of it as work for myself. I went off to college on a scholarship, didn't really know what major I wanted. And it came to me probably in my sophomore year that it would be a good idea to be a nurse.

So, became a nurse. Practiced in cardiovascular care. And spent most of my nursing career in cardiovascular focus of care. And my research stemmed from that as well. Continued on to graduate school, you know, through the doctoral degree. All of which occurred after my baccalaureate from the University of Detroit. My graduate education was in Chicago.

GAINES: At Rush, I believe.

POTEMPA: At Rush. Both my masters and my doctoral degree were from Rush University. And stayed there as faculty for fifteen years. And then went to University of Illinois and was faculty there for ten years. And left there as the interim dean. Took the deanship here in Oregon.

GAINES: And what made you interested in the deanship in Oregon?

POTEMPA: Well, it was very interesting. I wasn't interested in becoming a dean at that point. Hadn't planned on that career path, but became interested in it after I assumed the interim deanship out of necessity at Illinois, because our dean took another position at a university. And I decided that I would interview broadly. If I was going to move into that kind of role, I wanted to interview broadly. So I did.

Wasn't thinking about Oregon particularly, but was called by the search committee and said, "Well, it certainly is a wonderful university. I'd love to come out and look at it." And from the minute I stepped foot in Oregon, I fell in love with the university and the faculty, and what I saw as a tremendous school and opportunity here.

GAINES: Great. Well, you came in 1996. And although you saw wonderful things, it was clear that it was time for some kind of change with a new leadership. And you immediately embarked on some strategic planning, and some reorganization efforts. And I think that that speaks quite positively to your ability to want to lead the school in a way that it needed to go. Could you tell us more about how you formulated the strategic planning effort, and how you used the data that came from it? And just generally how it helped shape how you thought the school might go within the university?

POTEMPA: Sure. That was one of the first things that we did. And the context of that is important. Because at the time I came in, the school had just merged several campuses. So that it was historically, for many years, primarily a Portland campus. It had a small campus in La Grande that was always an offshoot of Portland. But there were recent mergers, within a few years prior to my coming, of our Ashland campus and our Klamath Falls campus.

As you can imagine, when that happens, mergers are never done easily. And there was—the faculty on the campuses did not feel, all of them yet, that they were part of one school. So it was important, from my perspective, to pull the whole school together, and to look at things afresh from a statewide perspective. So I think the word that most characterizes the intent of that initial strategic plan was "statewide." And not just local amalgamation of programs, but rather a true, statewide perspective.

The first strategic planning group was the administrative group, along with senior faculty. We had a group of about twenty-four. It was a fairly large group. And we met over a series of weeks and months to deliberate about the environment in Oregon, the environment nationally. Several white papers were produced during those first weeks. We actually were the first to identify the impending shortage of nurses in Oregon. That

study was later verified by the Northwest Health Foundation. Our school predicted that shortage in 1997. And it was later validated in the year 2000.

So we used that data about the impending shortage, we used the data about the faculty shortage, we used the data about the needs of the people of Oregon, as well as the region and the nation, to define how we as a school—really pulling together the significant resources we had intellectually and our faculty around the state, into a plan to look at how we were going to be able to meet those needs here.

It led to several strategic threads, as I would call them. All really focused on promoting more statewide access for nurses to become educated at the baccalaureate and higher degrees. We did that through a greater emphasis on distance education, improving access by extending our graduate programs to places other than Portland. And several of the federal grants that we received after that related to that particular goal of extending the graduate access around the state.

We also had focus on developing, further developing, the research mission. And that related to several focus areas of our strategic planning process, where we looked at the particular needs of the state, the particular needs of the nation, in terms of what information do practicing nurses need to fully provide the support and to apply the science that was emerging.

We also decided at that point that—and another, I think, strategic thread was that we wanted integration of what we did. Meaning that what we did in research, we wanted to have reflected in practice. And we wanted the research of faculty and the practice of faculty to be related and become the strong milieu of education for our students. So the fundamental philosophy there is that the best nursing education occurs in an exciting milieu of faculty-driven research and faculty-driven practice.

And so the building up of both the research side and the practice side was a natural outgrowth of that belief. And we did it in a way that merged conceptually the areas that we would focus on. So that we had research in women's health while we had a strong midwifery program and a strong women's health program. And we had graduate emphases in those areas. We developed strong research in health promotion and prevention, and then developed the practice areas in corporate wellness and the wellness programs and health promotion that we have. So all of that became integrated. Strong primary care programs academically, and we have built very, very strong primary care clinics both in the eastern part of the state, and we have them here on the Portland campus as well.

GAINES: Well, as you've done this and talked about how actually we facilitated these programs within the school, have you been able to continue your own research and practice area in gerontologic nursing with cardiovascular emphases and exercise? Or have you needed to just be more facilitative of that? I know that's been an important part of your career.

POTEMPA: Yes. Well, I carried forward some NIH funding when I came to OHSU. And those studies finished in about 1998. And the last publications were probably around 2000, 2001. But I also expanded my interest to include greater emphasis on health promotion through exercise, focusing in on the elderly. That led to the healthy aging projects, which were funded from the year 2000 to the year 2006. They're ongoing. Now, my role in that was more senior investigator. And many of the younger, junior investigators have actually come up now and taken over those projects as their primary projects. So I viewed my role as senior individual to investigator to help bring up the younger investigators in my own area. As well as helping build and mentor other faculty and support them in their areas. So I very much believe the role of the dean is to support and expand others while keeping some thread of work for your own intellectual vitality and continued growth and science.

GAINES: I think that's the rewarding part of being in academia, isn't it? Is to grow people who are better than we.

POTEMPA: Yes. Keep it, the next generation has to stand on our shoulders, but be taller.

GAINES: Exactly. That's great. When you first came here, how did you see the school, in the early days, positioned within the university? You've talked a bit about the statewide image, but if we just look across the hill, what were your impressions of what you needed to do within the university community?

POTEMPA: Well, it was remarkable, the talented faculty that we had. We had some giants in the field, certainly in gerontological nursing and women's health. Midwifery. Children, pediatrics. Renowned faculty that I did not believe were as well recognized on the campus as they should have been. I think our linkages with the health system were fairly thin. I think that the medical school was certainly very collaborative, but I think our relationship was characterized as well-intentioned but not close.

So the goal was to—I saw the role of the dean as helping to build bridges. And helping to open up doors. And help faculty find ways of collaborating. So a good deal of my first two to three years was really going out and meeting all the other leaders. Sitting down, talking about ways to collaborate. Talking about the faculty. Really, I saw my role as helping others see and experience how good the faculty were in the School of Nursing. And it certainly didn't take more than just opening a door. Because once people met and were able to interact with them, it was a spark of collaboration, because it spoke for itself. And they spoke well for themselves. So, from that, a number of collaborations continued and flourished. So I saw that as being a very, very satisfying part of the role, is to sort of open doors and build bridges.

After 2000, we worked fairly aggressively at building closer ties with the health system. That was a special request of the school from the university, wanting to increase faculty-driven care. Certainly that was an emphasis on the medical school side. And the university really wanted that to also be part of the nursing school side. So that our care

here at OHSU reflected the full academic and intellectual capital of the faculty. And it wasn't segregated between staff who practiced and faculty who did research and teach.

And so, the bridge for that became the One Faculty Initiative where we went through a hiring of the directors, division of directors and unit managers so that they were all faculty qualified. That occurred around 2002, 2003. So that we increased the faculty preparation in the health system as well as the linkages between that faculty and the faculty here. Primarily the Portland campus. But they had access and linkages around the state as well. So now we have all of the individuals, clinical specialists, nurse practitioners, in the health system, as our nursing faculty. And we participate in and oversee their credentialing. We oversee their linkages with the academic side.

GAINES: That makes me think about two things. One is—so it's kind of two different directions off of that. One is, if your background, coming from Rush and the Christman model really influenced how you saw and shaped the One Faculty Initiative, or the interactions with the health system. And then second, sort of going in another direction, whether or not this kind of balance of trying to have a nurse model and be influential in the magnet process—what of your experience has helped shape how you've helped move that along. So they're sort of connected but two different directions.

POTEMPA: Well certainly the faculty are very much a part now of all of the initiatives, professional initiatives in the health system. We have several of our faculty who are overseeing the magnet development through various committee structures. We have one of our faculty who's responsible for the quality initiative. We have faculty who are responsible for the education of staff, and the development of staff. And all of that is part of the total magnet picture in terms of staff development and quality initiative.

We also have linkages regarding the application of research, which is part of the magnet piece as well. And so our faculty, several of our faculty have appointments in the health system as well as significant appointments here around research and education. So we have that crossover. And some of their funded projects now relate to work in the acute care environment.

So I would guess that to develop full maturity of the system, it's going to take some further years to develop. But I think we've got a core of structure that will allow that to happen. Certainly the health system will be seeking its magnet status around 2008.

GAINES: Great.

POTEMPA: So we're very much part of that process.

GAINES: And did your background shape how you've seen this process move forward? Having come from Rush, where you were a faculty clinician? A practitioner-teacher?

POTEMPA: It certainly helped me see the value of this type of system. I think that some of the most rewarding times of my career were my ability to manage patients and then bring my students into that environment. Not be a guest in the system, but really be a leader in the system. And have the students participate in the care with me, as well as the management of the unit. So I was able to provide, when I was a young faculty, the kind of role modeling that you cannot do if you're only a guest as a faculty in a health system. I was able to provide, as were all the other faculty at Rush during that era, the kind of role modeling of leadership and problem solving and interprofessional relationship that only comes when you're fully participatory in that environment. So that I had relationship with physicians, with pharmacists, with social workers, that my students, while I wouldn't necessarily point it out to them directly, they would constantly observe. And when there were issues at the unit level, I was participating in those. Not just those related to the patients we were caring for.

And so they saw the whole thing. And they were able to see and learn from their faculty. Not only about the care of individual patients, but how to operate as a leader in a changing and dynamic environment.

GAINES: Do you see that happening for our students now in this system?

POTEMPA: I see it happening for our students now. And I think that's what's very exciting, because our new curriculum and the Oregon Consortium for Nursing Education competencies that are related to much of the work that's come out of the Institute of Medicine since 2000 focus on those kinds of competencies of interdisciplinary care, interdisciplinary teams, leadership, quality assurance and data-driven, evidence-based care that comes from a unit perspective, not just individual patient perspective. And so the faculty have—their ability to be fully engaged in that environment arms them with much greater opportunity to have the students participate at that level. So our ability to meet those competencies is significantly and dramatically enhanced.

GAINES: Great.

Well, Kate, so we were beginning to talk a bit about interdisciplinary efforts at the school and the university. Were there particular people that you would like to mention who have been helpful in those efforts? Or directions that you think we need to talk further about?

POTEMPA: Well, I think one of the advantages of Oregon Health & Science University, for the whole time I have been in this role, has been the intention and the willingness of partners here in medicine and other disciplines to be collaborative. It truly is remarkable. And some of the deans of medicine that I've worked with have been wonderful in terms of supporting and engaging in this effort. Dean Bloom, who was the first dean of medicine I worked with here at OHSU, was very helpful. Dean Christine Cassel was very helpful. And then Dean Joe Robertson, who's now our new president, was extraordinarily supportive of collaboration. In particular, he was very supportive of

our new clinical nurse anesthetist program. And was instrumental in supporting that program that will have its first students this fall. So without that kind of support, the road for nursing would have been much harder. And so I'm very appreciative.

Of course, I'm significantly appreciative to Dr. Kohler and Provost Hallick, who have, from the beginning, had enduring and unfailing support for the school. And it was Dr. Kohler who really encouraged the vision of faculty-driven care for nursing, as well as medicine. Who saw the advantage of having nursing faculty overseeing the clinical enterprise, as he expected of the School of Medicine faculty. And so it was that kind of support which led to the early vision of the One Faculty, which was, of course, natural for me, coming from a background at Rush. But without Dr. Kohler's support of that, I think that it would not have been as easy to develop that pathway.

GAINES: Well, and it seems to me that you have, in fact, been instrumental in moving that agenda forward. And that's been recognized with your appointment in 2002 as vice president. You're the first nursing dean to ever hold that title. Would you say a bit more about what that's meant to your relationship within the university and the state? And how it's changed your work, as well as your vision of what the school could do?

POTEMPA: Well, I think it was recognition that the School of Nursing had become a major player in the university. It had grown from a fairly small but wonderful school into a bigger school with much broader influence. And so that we had very influential practice, both in terms of our growing clinic and growing outpatient work, but also, over the health system and the development of nursing. That also was reflected in the growth of the statewide mission, where half of our undergraduate students were at other campuses. It was no longer just Portland being the central. It was truly each campus having multiple missions. And having an expansion of student and other opportunities. So that we were becoming significant to the university in terms of our rural outreach, in terms of our extension into rural communities, as well as to the work that we were doing here in the metropolitan area. So it was a reflection of that.

And it allowed greater, I think, visibility of the school within the university. Greater partnerships across the various units of the university, as well as schools. On the research side, as well as the clinical side. And so it gave, I think, the school great recognition, as well as further opportunity.

GAINES: Great. Well, when you think about the rural access, or the rural programs, in that sense, and our other campuses, it seems to me that they almost have a privilege of a kind of uniqueness that we don't have in Portland. Would you speak more to how faculty have been integrated among the campuses and between them? And how they see each other and how they see each other helping themselves move forward?

POTEMPA: Well, it's an interesting thing about strategy. And strategy only has meaning in my mind if it truly benefits program development and the lives of the people that you're serving. And so it was a delicate balance of wanting to have a statewide approach, which calls to mind more homogeneity, versus—and keeping the uniqueness of

each campus and community relationships so that uniqueness can be capitalized on as well. So it wasn't a question of either/or. It was a question of the beauty of "and."

And so we had to achieve the balance of having a statewide concept that would leverage the intellectual and experiential capital that we have in our faculty and students and staff. And in that regard, it seemed, we had to find useful similarities to make people's work easier. But also capitalize on and develop and nourish the uniqueness that each faculty envisioned based on their knowledge of the community. And the community needs. The way that was expressed, and has been expressed, in the growth of the campuses, is that La Grande, I would characterize as an exquisite practice campus where the faculty are one of the primary providers of care in the eastern part of Oregon. They're recognized in the top three providers of primary care, as well as their leadership in the local hospitals and health systems. And they're recognized as exquisite educators. They're beginning to grow their research portfolio as well. But they've always been a major component of our clinical work.

Our Ashland and Klamath campuses are focusing more on the development of their research portfolio and their educational mission. And that's related to the needs of the community. They, too, have some practices. But not in the same way as La Grande. The flavor of the experience that they bring to students is very different. And some of that relates to their partnership with the university there. Eastern Oregon University, for example, has a very fine honors program. So we've been able to collaborate on that campus around that program. Which is the same curriculum across, but expressed a little differently in terms of opportunity there.

Ashland has significant access to the arts. Theater, Shakespeare. Other artistic works. And so our students can have other types of coursework that complement their nursing coursework.

So all of that provides that kind of nurturance and uniqueness that helps the school and enriches it as it grows in terms of its relationship to the community.

GAINES: It's clear that you have a lovely vision of what those campuses bring. But running a multi-campus system is another issue entirely, in many ways. Especially as you look at our funding in Oregon for educational missions at the undergraduate level, and OHSU as a self-, semi-self-supporting institution, or state-assisted institution. Would you say a bit more about changes that you needed to make that you would have preferred not to make, as far as funding? And/or changes you've been able to bring forward that despite the funding, have allowed the campuses to grow? I mean, it's a double-edged sword, the budget.

POTEMPA: Right. Right. Budget. Well, I have to say that budget, managing the reduction of the budget, primarily due to loss of the state support, has been one of the most excruciating parts of being a dean. Because we lost so much, so fast. So that led to, out of necessity, making decisions that you would not want to make.

[End Tape 1, Side 1/Begin Tape 1, Side 2]

POTEMPA: And even though the faculty participated in those decisions, it was so fast, it's hard for us to remember the process. And we certainly, though, still feel the outcome. Some of the programs we had to look at were the rural frontier delivery program in the La Grande campus, which allowed us to almost bring one-to-one education to the very, very smallest and most distant parts of the state. These are literally communities where hospitals have three beds. And some of the most critical need. But that was a very expensive program. So that was very difficult. We also had to cut some programs on the Klamath campus. We also had to cut significantly on the Portland campus. And even though Portland bore most of the cuts, because of our size and our ability to just handle it, I think it was most difficult on the campuses because when you're small, losing even a little bit of critical mass is very, very difficult.

So in many ways, it gave us the opportunity to come closer together. But it also brought many, many challenges in terms of helping us set priorities. While at the same time, we had to also choose ways of expanding our revenue base. So that seemed difficult to juggle. On one hand, cutting expenses to meet the immediate bottom line while you're also trying to decide investments that are going to give you revenue over time that can sustain the school. So that has been a very, very delicate balance, particularly over the last four years.

Some of those investments are doing well now, particularly on the clinical side, where we are gaining revenue that will help support the school, as well as on the educational side, and some of our activities. But those are very difficult choices to make.

GAINES: I think it's also difficult to keep a long-range vision during that cut process, and help other people to see that there is a goal out here that we're still trying to attain. What kinds of strategies have you been able to use to help faculty and people in the hospitals and clinics and in the state see that we really were still trying to meet our core missions and do them with excellence?

POTEMPA: Well, meeting, meeting, meeting. Communication. And it's always difficult to have enough when you have so many constituencies. But particularly when the last budget round prior to this impending session now, when so much was threatened—I spent a good deal of my time in the rural areas of the state, and the non-Portland metro area, working with legislators, working with the community, working with our partners, to really clarify the importance with them, the importance of the schools and our campuses in those areas.

And we were all incredibly gratified that through that process there was such a resounding and renewed commitment to the value of the OHSU partnership. And it was that clarification and that resounding value that came not from us, but from our partners, that really influenced the reinstatement of our budget in the last legislative session. And so it was, I think, a boost to our faculty, and certainly to our students as well, to recognize that even though there were enormous political and real financial pressures, that the value

of their work and their contributions to their community was so highly rated by the people that they work with. And so I think that that solidified in a significant way the fact that our statewide vision and our statewide support was the right direction.

GAINES: Do you think that same picture is true in the Portland area? Do we have the same kind of support? Or is it different?

POTEMPA: Well, I think it's always different in a large area. For one, you have many, many, many more constituents to address. And you have multiple priorities that can compete. I think we certainly are valued; we certainly are valued by our own health system. The significant shortage that the hospital experienced a few years ago, because we had a large undergraduate cohort here and were able to add a second cohort during a critical time was invaluable to them in terms of maintaining their numbers, particularly as we expanded the hospital beds. So there's no question that we were supported in the Portland area. But I would say it wasn't as broadly engaged in terms of a community conversation. It was certainly supported internally here by the university. And the updates with faculty, certainly we did it, you know, at faculty meetings and at annual conferences. But keeping that, it's a constant kind of thing.

GAINES: Well, still on the money tack, but on a more pleasant note [laughter] than the state support of the budget. Could we talk a bit about the endowment? And you talked about the strengths of the faculty, and perhaps how you envisioned, and how the distinguished professorships came about? And why that choice versus endowed chairs? And some of those kinds of the more philanthropic side of being the dean in the school.

POTEMPA: Sure. Yes. That's always a more pleasant part of the role is when you can build something enduring. You know, the philanthropic work that a dean does is never for your own term. It's always for the future. And so, likewise, when I came, it was through the work of Dean Lindeman before me, and the work of some generous donations at that time, that there was a growing pot of money that was dedicated to endowed professors, endowed chairs. It was a general [movement] that was gaining momentum. And it was from that that we launched our first three distinguished professors.

And I think we were the first school to actually define distinguished professors. Both in terms of the amount of the endowment needed to fund them, as well as their role, as well as the term of office and the place that they held in the university. So we defined them as distinguished, the criteria was they needed to be distinguished professors, and have distinguished credentials and careers. They had three-year terms of office that were renewable. And they were needed to be ambassadors, not only within the school and within the nursing community, but interdisciplinarily on the campus. And to mentor faculty and students in their field to achieve a higher level of ability to succeed academically. And we found that those individuals were magnets for junior faculty, for fellows, and for students. And so, from my perspective, it's been a very successful model.

In terms of whether it's an endowed chair or endowed professor, those things are very hard to distinguish in the quality of the individual. If someone's distinguished, they're distinguished. [Laughs] And so creating artificial gradations, I thought, was not appropriate. We wanted to use that mechanism to honor faculty, but also to have faculty be able to draw those students and junior faculty. But we didn't want to have hierarchy and imbalance in title and endowment access. So we made a decision early on that we would choose one, and we would use that as the mechanism to grow endowed support for our faculty. And so we chose the endowed professor mechanism. For one reason, it was a million dollars, and not two-and-a-half million dollars. So it was much easier to get each one of those. So we now have six, and we're in the process of building towards our seventh endowment. The Patricia Archbold Endowed Professorship has now been launched. And we have a few hundred thousand towards that. So we hope to fulfill that soon.

I was very pleased to this year finish the Carol Lindeman Endowed Professorship. And so I feel very good knowing that I can leave this deanship knowing that she has an honored professorship in her name was well.

GAINES: Having seven would be pretty remarkable in this nation, wouldn't it? In schools of nursing?

POTEMPA: Yes. Well, we now have the most. Not that we're looking, right? [Laughter]

GAINES: Right. Or counting.

POTEMPA: Or counting. But we do happen to have the most, to have six. We have five filled. So it's remarkable that we have that many. But it's also remarkable that we have them filled. And the one that is unfilled is the one that was just recently completed. So we expect that, I'm sure with the new dean, the next dean coming, that that will be something that that person will be able to recruit for and fill.

GAINES: And the areas that they're filled in currently—and where you think they might go? There's one in gerontology, is that right?

POTEMPA: Right. We made the decision that we would not title them specifically to an area of study, but rather to honor an esteemed individual. And that was another early decision we made. And the honoring wasn't necessarily to the individual who made the donation. We happen to live in a culture here where people are fairly humble about their philanthropy. And they don't necessarily want to have their name on the endowment. So we decided that we would then, with their agreement, we would use their generosity and their gift to honor, in an enduring way, one of our esteemed leaders in our field who had early influence on the school. And so that's what we've done. So we started way back with the earliest leaders, Elnora Thomson and Grace Phelps. The May Rawlinson Distinguished Professorship. And the Youmans Spaulding Professorship. And now the Carol Lindeman Professorship. And so we are able to memorialize their

influence on the school. And we thought that that was an important way to recognize whose shoulders we stand on.

GAINES: Yes, it's a very nice legacy for them. So that's really wonderful. That's great. So how do you see the endowment growing? Or where would you be suggesting to the next dean that they start looking? I'm thinking about the little larger context of the Buchanans having taken all of the money to go to the art museum. And I don't mean that negatively, but just that they've been very successful. So how does a school within a university build its endowment when there's so much competition for so few dollars?

POTEMPA: Well, I think we're in good position to do so because the use of our endowment and the naming of our professorships have been recognized as being so successful. The people that we've recruited to occupy those professorships are universally recognized as excellent candidates, and excellent people to fill them, who are doing very visible and remarkable work. Not only in Oregon and this university, but they are nationally known and internationally known in many ways. So that alone is a success marker that draws more generosity and more philanthropy. And so I think that's important. We also have a very good story to tell in terms of the needs of the school and the kinds of outcomes that we're getting across our curricular changes, across our program emphases. And I think that that is always of interest to philanthropists.

Our priorities from a fundraising perspective—and this really hasn't changed over the ten years that I've been dean—have been endowed professorships to support our faculty, and endowed scholarships to support our students. The total goal of that is to reduce the overall cost of education, both to the state as well as to the individual student. Now, more is better, and we're looking for the place where we could completely endow the school. I think that's going to take a long time to achieve. But that's the general strategy.

Now we also have program emphases such as the various centers that we have [that] also draw their own philanthropic constituency, and so we've gotten very generous gifts for the various centers. The Center for Healthy Aging has a two million dollar bequest. We have other funding that is either actualized now or will be actualized in the future, through bequests or long term giving strategies. So that's building for the school as well. But the main emphases and foundation of what we want is support for faculty and students.

GAINES: Two last money questions, and then I promise we'll let that go. One is that you had a very major strategic initiative since day one to try to raise faculty salaries. And the second is that I think from my understanding, and as you've spoken, you have a serious interest in the research initiative for the school, and growing the school's stature through research—because that is how we get science that can then be used both in practice and education. Would you speak a little to both of those?

POTEMPA: Sure. Well, it was clear in our strategic plan, and certainly it was made clear to me by the faculty when I came. [Laughter] They said the salaries were

not—and it was commented on significantly in the accreditation report that had finished right before I came. I think it was 1995 that it—you were involved in that, as I recall, one of the main authors of that. So it was very clear from day one, and it was actually part of what I negotiated with the university when I came, was some financial infusion, to help raise salaries. We also had that early request from the state to allow us to expand our faculty; we had to raise their salaries. And so some of that early investment went there.

Because our early strategic plan indicated that we were going to have probably fifty percent of our faculty retire within five to seven years. That, of course, happened. And we actually had more turnover in our faculty as the state retirement system incentivized early retirement through changes in their policy. So I knew that based on the national average of salaries in the midst of a growing faculty shortage—that of course we documented in our strategic plan—that we were heading for a situation of having extreme difficulty to recruit faculty if we didn't significantly raise. And to give you a quantitative view of that, the faculty salaries in '96 were below the tenth percentile nationally. They're now roughly at the sixty, sixty-fifth percentile. So we've been able to put them in pretty good competitive range nationally. So we're very pleased with that.

GAINES: And finally, then, the growth of the research mission. In terms of dollars and areas of quality.

POTEMPA: Well, I would say when I came, we had some wonderful researchers, but it was a relatively small number of faculty. And our goal was not only to increase the amount of research being done by individual faculty, but to increase the base of faculty involved in that mission. And a good part of our early recruitment through the nineties and early 2000 was to increase and look for faculty who were researchers as well as educators and practitioners. So many of those, and certainly we participated in the Oregon Opportunity of the university. And we were able to hire nine faculty through that mechanism, who focused primarily on research.

Through those efforts, we've been able to grow our research from about a million dollars a year to about eight million dollars a year in a stable—just using revenue as a referent. Certainly isn't a referent of quality, but all of this is peer-reviewed NIH or very significant foundation funding. So that is really the referent for quality. But we've been able to significantly increase that base. And it's stayed there now for about five years. So a new dean would certainly be able to build on that base, and take it to the next level.

GAINES: Kate, I think it would be interesting to talk a little bit, also, about how you've been able to help us move the mission of cultural diversity forward in the school. And I think about that both in terms of the people of the state of Oregon, but also our large international program. I think we're learning more and more each time about how difficult a concept diversity or cultural competence in care really is. So would you say a bit more about what we've been able to do here in terms of thinking about those concepts? And what that means with our sense of really also wanting to infuse a social justice framework into the programs?

POTEMPA: Well, we went through a renewed strategic thinking process over the last year-and-a-half. And we've come to a place where we now call it a strategic framework, as opposed to a plan that seems so locked in stone. I think some of the contemporary view is that strategic framework really gives you your values, your overall vision and goals. But it gives you a great deal of latitude to make choices in a very changing environment.

Part of our strategic framework now is strongly focusing on diversity. Both diversity in terms of the faculty and students, as well as the kinds of educational and research and practice applications towards eliminating health disparity. To do that, we need to have diverse perspectives. And I think of diversity as recognizing the uniqueness of all individuals, regardless of cultural or ethnic background. So doing that, we're focusing very clearly on expanding the uniqueness, and focusing in on the uniqueness of our faculty. Including increasing the ethnic and racial background of our population.

We've broadened our recruitment focus to include very proactive recruitment of students from other countries. Students from ethnic minority and racial minority backgrounds. We have a partnership with Howard University, for example, for some of their very, very research-focused undergraduates to come into our PhD program. And that's been successful. We also have targeted a good deal of our scholarship toward very well-qualified and needy minority students as well.

We've launched, on behalf of the university, the Center for Health Disparities Research two years ago. And that center, while it is a university center, and it was launched by the president, approved by the president, it's housed and managed by the School of Nursing. And that actually has helped recruit a diverse faculty and student body. Not unlike other schools and universities that have centers for health disparity research, it has been at those institutions, as well as for us, a significant vehicle for recruiting minority faculty. And for outreaching all the faculty in terms of health disparity, and a focus there. I think we are at a beginning level, and we need to continue and accelerate that. And that was the reason the faculty really wanted to have that as a prominent goal in the strategic plan.

So the focus—there are two main threads to that. One is the diversity goal, which crosses mission, and crosses faculty and students. And then the other is the social justice, which relates to eliminating health disparity as a major thread. That's a difficult one for societies in general. Certainly in an economic environment such as ours with rising costs of healthcare. And the growing understanding of how our unique backgrounds influence our access to care, and influence our ability to utilize care, or even experience, and have the effects of treatment. Much more needs to be known about that, and needs to be discovered about that.

So in the coming years, I will look with great intrigue at what we're learning through these efforts that we've been able to launch in this new strategic framework.

GAINES: And how would you see our international efforts fitting into this larger part of the strategic framework?

POTEMPA: Our goals with the international effort are to be very focused in our relationship, and development of relationship, with those countries for whom Oregon, and our population here, have significant heritage. So for us here in the Portland metro area, as well as various parts of Oregon, that relates to the Pacific Rim countries, as well as Eastern Europe. And Latin American countries. So we've focused our international efforts there. We have limited resources until we've tried to stay in a relational basis with those countries for whom we have significant populations of heritage here. We have significant Latina—the Latina population is the fastest growing minority population in Oregon. We have significant Chinese, Japanese, Vietnamese, Thai communities here, as well as Eastern European, in Portland metro area and other areas of the state. So if we want our faculty and students to experience and understand the root cultures of the people they're caring for here, having that kind of exchange is important.

And so we've had faculty exchanges with the best universities in Thailand and Japan and China, Taiwan. Beginning some relationships with South Korea. We've had some visiting groups in Vietnam. And so that richness—we've had their faculty come here. We've had their students come here and vice versa. And because of that, I think, there's a growing appreciation of the language issues, the cultural issues, and greater appreciation of what all of us can bring to healthcare. Some of the public health issues that countries in the Pacific Rim are dealing with, we're learning a great deal about their approaches and how to manage very significant public health issues, in a way. So we have much to learn, as well as much to give. And we're very pleased, I think, with those relationships.

We also have some beginning relationships in Mexico. Some of the faculty have had those in Mexico for a long time, but we're developing some in Ecuador. And so we'll see how those develop.

GAINES: I noticed on your vita that you're a distinguished professor at the university in Beijing. Is that an award, or are you managing to keep that professorship up and travel there yourself?

POTEMPA: I haven't been there now for a long time. That was really a period of time. So it was about a four or five-year period where I went back almost yearly to give lectures there. And to participate in distance education, particularly with two of their senior staff. And that's been very gratifying. I have not been back to mainland China in a few years. I've been to Taiwan recently. So, but that was an early experience. My experience at Illinois before I came in the World Health Organization Collaborating Center was with mainland China as well. So that was a link that I was able to bring with me.

[End Tape 1, Side 2/Begin Tape 2, Side 1]

GAINES: This interview of vice president and dean Kathleen Potempa was recorded on Friday morning, July 28, 2006, in the conference room of the School of Nursing, Oregon Health and Sciences University, Portland. The interviewer is professor emeritus Barbara Gaines. This is tape number two. Well, good morning again, Kate.

POTEMPA: Good morning.

GAINES: I think it's interesting for us to think at this point in the interview about your national work as well as your international work. But to think about how you, as the dean, determined how you would change or follow through with the kinds of things you had started in Illinois in terms of your participation in the shaping of both the profession and the academy, and that looking at it in the sense of how our knowledge would grow. Because you're clearly a nurse-scientist.

POTEMPA: Well, I think leadership only makes sense and is credible when it comes from your soul. It isn't something that you can draw from superficiality. So the soul of me in nursing has been as a clinician and as a scientist. I'm a very good educator. But I believe that nursing education is best when it draws from a strong science and practice base. And it's from there that we understand the major issues that our students must have. And so I've always drawn and led my educational activity from that base. And that's been a tradition, and it's been part of me, I think, since the day I took my state boards. And my experiences have been influenced by the institutions that I've worked at, certainly Rush, and received my education. But I believe I was drawn there because of the excitement of that vision. So it was sort of a compatibility in terms of that.

I certainly drew my first scientific questions from the patients that I treated, and was able to integrate that through my whole personal scientific development. So that I ran a laboratory, a human performance laboratory for people with cardiovascular disorders, and we also did a good deal—my partner was a physician-scientist as well. Pulmonologist/exercise physiologist. And he and I co-directed that laboratory. And our goal was to generate science, but also be a resource to the institution in terms of testing patients who other people did not have the skill or qualifications to test. So we tested individuals who had severe hypertension.

And in those days, it was a significant question whether you could, if you had labile, significant hypertension, could you exercise? Was your drug working during conditions of exercise as well as rest? So we generated the original research around all of those issues. And because of that, we became consultants to others who sent us their patients who had the most severe cases. Because we had the experience to exercise them safely, and to provide prescriptions for them that would manage their hypertension, both under conditions of rest as well as conditions of exercise.

And we also, when we launched the stroke program, our lab was the first to identify that stroke patients can be tested in a valid way, and can exercise and improve. And we were able to bring patients in who—the most dramatic incident and benefit of the work that we did with the stroke patients occurred with a gentleman who had had a stroke

five years prior to our seeing him who was significantly hemiparetic, was wheelchair-bound for those five years. And with our treatment, he was able to walk. And so that was part of the work that we did, very clinically focused, but also opening horizons for the scientific area of managing people with cardiovascular disease.

So it's those experiences that I brought with me here, and that were clear formulations of what a school should be. And that included the strong development of both research and practice as the best environment for drawing our students into and helping them question and learn and be co-inquirers with us. Because sometimes the students coming in with fresh eyes ask the questions that we don't, that we don't see enough to ask ourselves.

GAINES: So if we look at your choice of working with AACN, then, do you see that as a rather natural growth of your basic philosophy of how education should be based? And is that the mission of the organization and the kinds of things you've done? And also, as far as your interest and concerns within NIH funding sources and panels and those kinds of things.

POTEMPA: Well, I chose to get involved, I felt that the dean needs to be nationally involved, I think, to represent the school, but also to help the school stay well connected to what's happening in the larger national conversation. It was my belief that nursing in the twenty years prior to my taking the deanship had grown apart from its clinical work. That schools had taken a stance of focusing in on research and education without it being tied and linked as well to the clinical enterprise. So if I wanted to have an impact on bringing that back together, I saw the American Association of Colleges of Nursing being the way to do that, because it was the major spokes-organization, speaking organization for nursing education nationally.

And so I became very involved in that, and eventually was elected to the board and became a member of the executive committee, secretary of the organization. And have served in that capacity for a number of years now. I just finished my term as secretary last year. And am taking a bit of a break, but will probably continue in that venue in my next position.

So, too, when I was asked to, I was appointed by the secretary, US secretary of health and human services, to the National Advisory Council of Nurse Practice and Education. That was particularly intriguing to me because of the relationship with practice and education in that panel. And because it's the principal group that advises Congress, I thought it was an important endeavor to be part of. And I, again, just finished that tour this past April. And we were able to look at a number of national issues, and we were able to influence the priority funding for the Nurse Reinvestment Act. So I felt that was an important contribution. And also the level of funding. We were a major contributor to that, although other organizations, including AACN, were major players in influencing the increase in funding when other sources of funding were declining.

In terms of the NIH, I looked at that as service work. The NIH has been very good to me in terms of funding, and funding the faculty here. And I wanted to give back to them and continue to serve on their review panels. I was on one of the first review panels for the center grants nationally. And so I kept that up. And that truly is a service role [Laughter] Those are huge and cumbersome grants to review. But recently passed that off, as well. But that was also interesting to do, because center grants were new to nursing then. And so, being part of that group that helped define how those would be assessed and funded.

[pause]

GAINES: Would you elaborate a little on the concept of the center grants for us?

POTEMPA: Well, a center grant is one that, the National Institutes of Health will fund a group of investigators that work under the auspices of a center focused on the development of research in a defined area. For example, we have centers here in the school, one of which was originally funded through the NIH, the Center for Symptom Management, in three primary areas: one is cardiac care, cancer care, and end of life care. And that center still endures, although the NIH funding finished a few years ago. But that funding allows you to establish core support services to groups of faculty who are working in that defined area. And that helps to jump start the development of junior scientists; a number of pilot studies are funded. Provides for statistical support and other things that allow the concentration of a scientific area for a number of years, until it matures to a level where it can be self-funded. Some centers are funded for a number of years, a number of terms.

The National Institutes of Health NINR nursing institute has a limited number of dollars for centers. So it's my hope that that will expand, because I think nursing research has matured to a place nationally where we would benefit from more center dollars to help build the depth in scientific areas. The individual investigator-initiated awards are wonderful, but it doesn't help coalesce scientists around areas that can provide the depth. It helps; it just gives you another vehicle to do that.

[pause]

GAINES: Okay. We might just finish up by asking if you've been able to do the amount of mentorship of doctoral students you'd like to do, as you've seen the science grow within these areas of the centers, and the work that you've done nationally. I know that it's very demanding; it's as demanding to have a doctoral student as to read a center grant, I'm sure.

POTEMPA: [Laughs] Yes, it is. But it's very, very gratifying. Certainly I've had doctoral students here over the years. Not as many as I would have liked, but have continued to participate in that level of mentorship. I think the focus of my mentorship has been on the junior faculty. And that's been incredibly satisfying. To help, not only recruit them, but help them, advise them, during their early years. The first three years of

their career is so vulnerable in the sense of they have so much opportunity, and the choices they make are critical. And helping them wayfare through that period, and keeping themselves balanced as well, is a wonderful, intellectual, relational challenge, as well as a human challenge. And the joy of it, too, is to see that these are the young faculty that are now having children. And the family is now part of the life here. So it's added a whole new level of what the community means here at the school. So that's also an added human side to it.

GAINES: That's great. We have a couple of major things I'd like to talk with you about because they're, I think, really significant to the state as a whole, and to the nation. And that is your work with the Oregon Nursing Leadership Council and with the Oregon Consortium for Nursing Education. And I think the point is that that's going to not only be significant for the educational mission in the state, but it is becoming a national model. So I think it's important for us to try and explore those in whatever directions and ways they would take you.

POTEMPA: Okay. Well, the experience of the Oregon Nursing Leadership Council is probably one of the most challenging of my career, as well as the most gratifying. For a number of reasons: the issues around leadership in a profession where you have multiple constituents, multiple perspectives around staff labor issues, around management labor issues, around nursing education models. When you have various levels of education from associate's degree to baccalaureate, master's and doctoral level, you have different types of institutions, public, private. You have various types of institutional practice setting, public health, acute care. All of whom have various points of agreement, but various points of disagreement. So when you are faced with the challenge of a significant staff/faculty shortage, as well as perceived fundamental shifts in what patients need, it creates a situation of either conflict and separation of ways, and thereby conflict over resources—and inability, therefore, to meet the needs of the public—or an opportunity to bring people together and to actually lead to a unified approach.

And that was our challenge. And I'm most proud that we met that challenge and chose the latter. We chose, rather than stay in our separate houses, if you will, and operate from our own institutional and professional perspective, compete for resources—that leads to duplication, that leads to ineffectiveness—we chose to work together. It took a great deal of effort. It took effort in terms of listening to each other, working through differences of opinion, coming to a common view of what was needed, both in terms of what the nurse should be able to do, what people needed, and then from there, how should we educate nurses? And what would best serve the people of Oregon? What I'm most proud of is that we took the high road. And that our true north wasn't at all about ourselves. Our true north was what patients needed.

And we had, OHSU was able to provide the assistance of doctoral students during those early years. And they brought a whole pile of—as doctoral students do—data to support the process. And it was a very data/evidence-driven process of what people need.

Interestingly, that was going on at the same time the national conversation was heating up. And the Institute of Medicine was also meeting and putting out the, you know, *To err is human*, and crossing the quality chasm in those now classic documents. I'm proud to say that we preempted them, and came out with very similar conclusions prior to the publishing of those works. And of course, we had the same data base. And so good scholars often have convergence when they look at data.

But we were able to very much coalesce with the national conversation around what was needed. And we used that vision to then say, "This is what we might do." And one of the offshoots—that led to the strategic plans of 2000 of the Oregon Nursing Leadership Council, and out of that came the Oregon Consortium for Nursing Education. A subcommittee was formed of the Leadership Council that was the education subcommittee. And that group actually outlined and defined the Oregon Consortium for Nursing Education. And I was an early member of that committee, but later, then, stepped back and became totally a faculty-driven, not administrative-driven, enterprise, in terms of defining that.

But the basic model was set early on, which was we were going to capitalize on our resources, and we were going to educate the best nurse. That every patient in the state needed the best nurse. And that one of the ways of eliminating disparity was to have that kind of care available. And that that was the solution we must seek and find. And when we came—that then turned into the Oregon Consortium for Nursing Education, which is a model of one curriculum offered through a partnered relationship with the community colleges and OHSU, for nurses to finish with one set of competencies and a baccalaureate degree available to every patient throughout the state. Not just those who work in the vicinity of OHSU.

So we launched the freshman year last year. And we admitted our first cohort of sophomores into the nursing major this year. We launched two years ago the university's implementation task force, which I chaired. [Laughter] So the administrative part of my job, which is to help define all of the many things that needed to be attended to to make that a reality. And meet the many challenges, you know, financial, political, just organizationally, from a financial aid perspective. All of the things that needed to be attended to. And very generous support from the provost, the associate provost, the registrar, the people from our tech support were there. All part of the committee, as well as the faculty, to help us define how we were really going to make this happen. And they've done a wonderful job of that. And we now have all of the processes defined, for the most part. And we're now working out what we learned from the early implementation. And students will have access to a full four-year financial aid package. Access to the very best education possible, from wherever campus they choose to elect to take it from.

Probably one of the most rewarding aspects, although I've not been personally involved, but I certainly have supported it as dean, and have watched the excitement of the faculty, is how they've worked over the last five years together, across campuses, across programs, across institutions, to learn a new method of education. And to learn

and infuse the curriculum with the evidence, and making the choices of what learners need to have. And how this curriculum will be rolled out. And I know you've been involved in that, too. So that's been one of the most fulfilling things, to see the faculty shine. And to see their excitement. Because it's been hard work. And much of it has been done as a labor of love. Over time. [Laughs]

GAINES: Yes. Absolutely. You know, one piece from the—you wrote a fascinating article in *Nursing Administration Quarterly* looking at your experience through this process in terms of how to move folks out of their own houses, as you say. And you talk a bit about our kind of parochial view of leadership within nursing. And some other comments that you've made that I found fascinating would look at how, in fact—or perhaps this is correct, how in fact the OCNE program and the work that you all did as groups who sort of came siloed to the meetings initially, and have moved, have helped us deal with the issue of the entry question. Which just buries this country as far as nursing practice. And I wonder if you'd say just a bit more for us about your experience and what it's done to your philosophy of leadership. Or what it's meant to your philosophy of leadership. Or vice versa.

POTEMPA: Well, it was, the article was really based on some theories of group relations. So it came from that theoretical framework. And it really comes from the notion of co-creation of ideas and co-development of ideas. And one of the things that happens when you come to things from a siloed perspective is everyone is absolutely convinced that their view of the world is the correct one. And that if you compromise, it lessens the effectiveness of your capacity, the effectiveness of your opinions. And getting past that, and reducing the barriers and the boundaries between the groups, so that they can be open to hearing the potential of the other view, is part of the leadership process that led us to being able to see the world a little differently. And in that process, redefine the situation. I think part of the definition was what evoked the kinds of strong, passionate, opposing views, simply because the words kept people in an old place, in an entrenched place. And so we learned through listening to one other to completely redefine a situation in a way that opened up the boundaries, and opened up the lines of communication.

But wayfaring through that initially, we had to learn what the words really meant. Like “entry into practice.” And it was deeply entrenched and had deep and layered meanings. And so we had to get to all of that.

And then, through that process of focusing in on ourselves, we were able to realize in almost a short minute that it isn't about us at all. And that by staying in that view, and by being in that way that we were, we weren't achieving, none of us—baccalaureate, associate's degree—were meeting our mission, really. Because we were focusing in on the wrong things. So we said, we have to think about this differently. And to do it, we have to do it from the ground up. As a process of co-inquiry. In other words, all of us would take a ground-up exploration, being completely open to the conclusions that we would draw from that exploration. And that's when we began the process of looking at the data. This was about the people we served. It wasn't about our entrenched

view of how we came to be nurses and who was better. We came to the conclusion that none of us were doing it the way the future required of us.

But getting through those barriers was part of the initial work, and the parochialism that comes from a siloed perspective. And it's really a metaphor for, or a microcosm, if you will, of what can happen in healthcare, when various professional groups come from only their entrenched view. Such as physicians. I don't want to cast them into a stereotype. But if a physician, for example, believes that the most important thing is the differential diagnosis, that's very different than the view that nurses hold, and it's very different than the view the patient holds. And to get past all that, in terms of what's driving healthcare, you have to open up the boundaries and the communication. And all of us have to remember that it's the patient's view that we have to remember as well. So it's a similar process that can be carried to different situations.

GAINES: And have you then been able to use this kind of co-creative leadership process here in the school? Or had you come with that? I'm sorry, I don't—in the article, you try to be very clear that you all came to this point together. So I'm pushing a little to see if this was new to you, I guess, and if it then changed your philosophy of leadership, or if it really was a part of your philosophy of leadership. And then how you've used it within the school in terms of other programs. And I would—I guess for me, an example would be the BS to PhD would be another kind of topic in which faculty have strong, strong opinions about how much practice someone needs before they can go on in their career.

POTEMPA: Well, I don't think I've used it as being in my role here as deeply, or as effectively, as with the Oregon Nursing Leadership Council. Part of it is I don't know that the circumstances were as acute. Nothing drives the compelling nature of the acute needs out there. But certainly the need to draw different opinions together within the school around new programs was very much part of the nature of what we had to do. Some of it more or less effectively because of the broad changing constituency of the school in terms of its growth, its connection with the health system, its expansion in the rural areas. There were a number of perspectives, all of which came to bear as we contemplated changing our programs, the BS to PhD being one of them.

I think the faculty led that particular emphasis from their view of the faculty shortage. It became a very pragmatic thing for us, where they realized that experimentation, even if they had reservations about the amount of clinical [work], that they were willing to experiment, given the acute nature of the faculty shortage.

I think some of the philosophical differences are being worked out almost as we speak around the Doctor of Nursing Practice. And certainly the forum that the school had a week or so ago was very lively. And sort of our conversation got livelier and livelier as the national conversation got livelier and livelier. And people started thinking through the issues of really fundamentally changing how we look at education.

The way I look at it is that—and I am biased, because I was part of the AACN board that launched the DNP—but we conceptualized nursing education where the terminal degree for practice was really the master's degree. And the terminal degree for our field was the PhD, which was the classic research-focused degree.

[End Tape 2, Side 1/Begin Tape 2, Side 2]

POTEMPA: Well, from my perspective, we've learned that that level of education, the master's, is not a very adequate terminal degree for practice. That there's more to be known, certainly more evidence to be known. And more practice expertise. And the very practical evidence of that is the growth of our curricula over the years, so that they're almost at the same level as our PhD. So the notion that you stack these as if they were linear isn't real. The terminal degree for a practice-focused individual needed to be more than a master's. And it's not that they couldn't go on and get a PhD as well. But they were different trajectories. Had levels of compatibility, for sure. So that's sort of the formulation of the DNP, and the PhD. But that needed debate and it needed much more conversation. And I think we've worked through that. I think we've worked through that; we'll see. So we're sort of at the place of making that decision.

GAINES: As you think then, through, we've talked a little bit about the nurse anesthesia program, the DNP, so there's the BS to PhD, the accelerated bac. There are a number of new programs that have come about under your mentorship and tutelage. Do you see them all remaining, or, you've talked—you haven't talked today, but you've talked over the years about our need to look at how we target our resources, and that you can't just do additive kinds of things. So as you think about how the next dean will move the school forward, which directions, programmatically, might you suggest for the educational mission for him or her? And then we'll talk about some others.

POTEMPA: Sure. I think that we are at the place of right size in that all of our programs now, for the most part, have adequate enrollment. So that's sort of the evidence that you've got it right. I think unfortunately we've had to downsize some of our master's specialties over the years because of enrollment-driven issues in the light of budgetary constraints. I think the faculty are coming to the opinion that doing those in the framework of the Doctor of Nursing Practice, it may better be done as subspecialties in a different way. And certainly, they've made that decision with the way that they're managing geriatric nurse practitioner support through a summer program to have geriatric specialization without needing to have a geriatric nurse practitioner credential as a separate credential. So the possibility of doing that for pediatrics and other subspecialties, I think, is interesting.

I think the faculty are moving in a direction of the DNP being the method of advanced practice education. And that in time, the master's level will drop away. And that will lend certainly some efficiency to the process. So that we will likely have the baccalaureate, the DNP and the PhD as the major components of our education. And then all of the specialties, the new nurse anesthesia, midwifery, clinical nurse specialist and nurse practitioner will all be at the DNP level. And there will be a core and a specialty

component, and then the residency. So that will lend some streamlined approach to our professional advanced practice education.

GAINES: That makes me think about a couple of other things at different levels. One is the whole clinical educational model at the undergraduate level. And how that, we've always talked about the baccalaureate program as being the pool for our traditional clinical specialties, which we just listed as being parts of the DNP. Do you see with the change in the clinical education model any change in the kinds of ways that we define the specialties at the graduate level? Our world doesn't look like it did in 1960, when we made those decisions.

POTEMPA: Right. Right. Well, that's a fascinating question. And I, of course, don't have an answer. I think it will evolve. But our undergraduate curriculum is emphasizing certainly a generalist perspective. But it's more integrated with basic scientific concepts, not necessarily surrounded in a specific specialty. Although students will certainly get that throughout the program, infused and emphasized in their clinical practice, as well.

What emerges, I think, is going to come and evolve from how science is applied in the next five to ten years. I think we're at the brink of making those redefinitions, but I don't think we're there yet. I think we still, and I don't mean we as a school, but nationally, still are thinking along traditional lines. I think we're ahead of the curve, nationally, OHSU, in terms of how we're looking at subspecialization of advanced practice with more broadly-based education of the nurse practitioner, for example, or the CNS. As opposed to having full specialized programs. I think we're ahead of the curve in that regard.

But how those subspecialties evolve, I think, is going to depend on how care is delivered, and much of that can be related to reimbursement mechanisms. I mean, we all know pediatrics is still an important knowledge base for nurses, but when many of the pediatric hospitals closed in the country, there isn't a ready place, hiring facility and employer for nurses with a pediatric specialty.

So the challenge for us is how do you prepare nurses with that information, who need it? Who aren't necessarily going to invest in a whole specialization when they can't find employment in that area. And I think that's the classic question that the faculty were grappling with around the GNP. With an aging population, there's no question. We need to know more about managing older adults. But yet, most facilities wanted to hire a family nurse practitioner, because they have broad practice privileges. So their solution, which I think is very creative, is to gerontologize family nurse practitioners and CNSs so they have the knowledge, and to do it in a subspecialty way. As opposed to the distinctions of specialties and boundaries.

Now that's going to create some interesting challenges for us. Because one of the ways we've really maintained our ability to be at the highest level of expertise is by

managing the boundary. So as we expand that boundary, I think, the DNP becomes even more of a necessity in my mind.

[pause]

GAINES: Kate, we've talked quite a bit here about the DNP and about how that person's going to be educated. How do you see the DNP nurse practicing in light of the way nurse practitioners practice now? And as physicians' assistants have come about, and how DNPs will actually interrelate with physicians, per se?

POTEMPA: Well, knowledge really drives practice. And the more knowledge and skill someone has, the scope of what they do will evolve. And that's true in every field. So I would say as the standard of knowledge and skill is raised in the field, that that will open boundaries. I think we, though, as a profession, need to be, and will likely stay rooted in what we know and do best. And the changing population needs, with an aging population, with the likely increase in chronic illnesses that we're already seeing, and the complexities of a society with emerging public health problems, such as the epidemic of obesity and diabetes, and other things, at earlier and earlier ages, that the role, the function of nursing will become even more highlighted in terms of chronic care management and management of transitions, transitions of care models, care facilities of individual patients and families, as well as life transitions.

And so I don't think our future is to compete with physicians around diagnoses, and differential diagnoses and surgical procedures and all that. I think that would be a foolhardy path. I think our path is really to use our knowledge and skill as it is evolving to bring to light the kinds of care processes that people need. Who have an ever growing and evolving complexity of chronic illnesses. It implicates care management; it implicates prevention and health promotion. It implicates working with a broader view of patientcy, including families and like families, and communities. And that's our traditional territory. And I think it will only grow in its importance to investigate and to create the practice models that truly penetrate the needs there.

Now the political challenge, and the policy challenge, is to get that funded. But I think it's already apparent, and it will only become more apparent, how important that is to maintaining health. As we do that, I think the benefit to our physician colleagues, and to patients, is that we will have the capacity to diagnose early, treat early, and not divert critical physician talent into areas for which they're lesser prepared, like chronic care and even primary care. But we can bring to bear to all patients quickly the very best of diagnostic and treatment capability. So I think there will be even greater opportunity for partnership among, between nurses and physicians and other providers.

GAINES: Seems that we'll need to see some of that co-creative leadership again. So that people can not only move from their own practice areas, but perhaps do the necessary grieving. Because I think we all would like to think that we really care for the patient. So in learning how to do that and share the wealth of people's experience and expertise, rather than competing for the patient, will be a really big project. Now do you

think IOM has tackled that, or that they will? Do you think that's even the most logical place for that kind of report to come from?

POTEMPA: Well certainly there are pockets of that interest nationally. And it's now talked about as "interprofessional care." That's the new terminology. I don't think we fully know what it means yet. And there are various groups, including the IOM, the Institute for Healthcare Improvement, and others, that are looking at that. But we are at a very beginning stage. And I think nursing is in a position to assume some leadership there. But it will need to do so on the basis of its research and its practice expertise. So I think it's going to take demonstration models to show how it can be done. And that will take some creative work, as you say, to bring groups together. To figure out how to do this in a way that truly benefits the patient. I think sort of the time-honored high road is what's good for the patient and the community. And if we can keep our eye on the ball, I think all of us will be fulfilled in our mission to a much greater degree. And will be certainly able to move our professions forward in a way that is socially beneficial.

GAINES: Okay. Thank you. Let's move a little from the abstract down to what you really think has been the most important things that you've done, and the things you are most proud of during your tenure as dean and vice president of the Oregon Health and Sciences University School of Nursing.

POTEMPA: Well, my goodness. Well, others will speak to that better than I. And some of my reaction will be an emotional as well as a cognitive level. And quite honestly, the most enjoyable, and I think enduring part, has been the recruitment of the faculty. Because they really are the foundation of the school. And so over the past, part of the circumstance that was the environment of the deanship here, was the turnover of faculty. It was predicted. The retirement of a number of faculty. And the Oregon Opportunity gave us opportunity in that regard. And so we've brought in a number of faculty, along with the existing faculty. And seeing them all grow and move forward has been the most satisfying, and, I think the enduring benefit, of the deanship. And I think it will be a wonderful base for a new dean to come in and have the intellectual environment that the faculty and the students are drawn to them. Because the students are wonderful as well. And I think that's a byproduct of the faculty. And that's what a school is. All these other things are accoutrements.

GAINES: Right.

POTEMPA: But it's really the faculty and the students that make the foundation of a community.

GAINES: So what advice would you give the next dean? If you were asked.
[Laughter]

POTEMPA: Well, I'll try to stay out of that person's hair. No, the important thing is every, every dean needs to have the opportunity to work afresh with the faculty

and the circumstance. And to open the eyes and the doors of the school. And that's the excitement and the value of leadership change for every school.

Advice, I would say, enjoy this. And you'll be met with many challenges. Some of which you can predict. Most of which, you'll never be able to predict. [laughs] And to work, work with the faculty. Work with the students. And work with the community. And find a way to do that that keeps it lively for you and for them. Because that's the mix of what brings about innovation and fruitful conversation. And to trust their own innards. You know, don't rely on what the former dean tells you. [Laughs] Only. Obviously, we all listen to our predecessors. But really, to take hold of it and recognize that we're all just temporary stewards here. And the stewardship of the next person will have its own elements, its own legacy, its own dimension. And to run with that and go with it. And enjoy it. Because that's what will keep it alive.

GAINES: Kate, I want to thank you for doing this interview with us. It's a very important part of the school's history. And so we really appreciate that. And I'd just like to say that I read in one of your announcements that you thought going back to Michigan was, in fact, going back home. And so we really want to wish you well in that endeavor. And to enjoy your roots.

POTEMPA: Thank you.

GAINES: Have a good day.

POTEMPA: Thanks.

[End interview]

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