

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

Christine Tanner, R.N., Ph.D., F.A.A.N.

Interview conducted April 8, 2015

by

Barbara Gaines, R.N., Ed.D.

Narrator: Christine Tanner
Interviewer: Barbara Gaines
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Transcribed by: Teresa Bergen

[Begin Track One.]

Gaines: Hello, my name is Barbara Gaines and I'm interviewing Christine A. Tanner for the OHSU Oral History program. Today is April 8, 2015, and we are in the BICC Building at OHSU. Welcome, Chris.

Tanner: Thank you.

Gaines: Would you first start by describing your early childhood please, and how you first got interested in nursing?

Tanner: Well, we're going way back. So, let's see. I think my interest was really in two things: science and working with people. I was always fascinated by health science and biology. So that kind of led me toward something in the sciences. I actually started out in medical technology as a major. And switched quickly when I saw that I wasn't going to actually get any practical experience until the last year of the program. And that was pretty clear, not that I understood before, but that the work was primarily in a lab. Which I would have enjoyed, but I really had much more interest in working with people and working with people around health issues.

So I think it was probably in high school when I got clear about that. I was in a health careers club. I worked with our school nurse. I, you know, kind of did those things that moved me in that direction. Took the sciences, science track in high school, chemistry and biology and so on. And I ended up in nursing. And I've loved every minute of it.

Gaines: And it's loved you. How did you choose [University of] Northern Colorado?

Tanner: So, well, let's see. I looked at a number of schools. I grew up in Colorado. And I considered the University of Colorado. But it was a really big school. And its health sciences campus was too close to home. So I moved further away, fifty miles, instead of ten miles, to Greeley. And that's where I went to school. And then I later returned there, as you know, to teach for a few years.

Gaines: So it was a good start.

Tanner: It was a good start. It was a new, fairly new program. I think I was in the third class that graduated. So there was a lot of attention and resources going to the program, a lot of very young and dynamic faculty when I was there.

Gaines: But it was not very shortly after then that you went to UCSF.

Tanner: Correct. So I worked in Denver for a year after I graduated at the VA Hospital. And then decided I wanted some adventure, so I moved to California and worked both at Stanford University Hospital and at the Portland, not Portland, Palo Alto VA. And decided that I wanted to know more. And so I went back to school. I was eager to learn. I had taken some courses in pulmonary, learning about how lungs work and what pulmonary technicians did. So I took a few classes in that and was very interested in cardiopulmonary practice. I had worked in intensive care unit most of the time since I graduated from nursing school. And so I went back to, UCSF was in the neighborhood. And wasn't a big search for a very good school, but it turned out to be an excellent school. And I earned my master's degree there.

Then went back to Colorado. My mother was diagnosed with cancer, so I went back to Colorado to take care of her. And ended up going back to Greeley and taking a teaching position there for, I think I was there about eight years before I came to Portland.

Gaines: So what brought you to Portland?

Tanner: So I was watching with interest the ads in nursing journals that had an ad running "room at the top," listing a whole boatload of positions at then University of Oregon School of Nursing. And I had met Dean Carol Lindeman when she was working at Boulder. She worked at WICHEN, Western Interstate Commission on Higher Education in Nursing, where she was leading an endeavor to facilitate and support nursing research. And I had worked with her a little bit on a research project after I finished by doctoral work. And really thought very highly of her.

So I saw these ads and then I was off to a conference. And I believe it was in Atlanta, where I met Linda Kaiser. And I just mentioned to her in passing, I see all these ads about "room at the top." It's kind of interesting to me.

And so next thing I knew, within two hours I had a phone call from Carol Lindeman inviting me to come out for an interview. So I thought, well, why not? What have I got to lose?

So I came out and interviewed and decided this looked like a really good place to be. I felt like I needed, this was late spring, so I felt like I needed to give Greeley a little time to look for somebody. So I didn't actually start until the first part of January the following year, so, mid-year. Anyway, that was 1980 when I came here.

Gaines: And were you instrumental in bringing the UCSF contingent here?

Tanner: So, I don't know if I was really instrumental. I went with Carol to San Francisco on a recruiting trip. Mary Ann Curry had already started here. She was from UCSF.

Gaines: Okay.

Tanner: And we were there interviewing Pat Archbold, who would later come and become head of the gerontologic master's program. So I don't know if I was instrumental. But she decided to come to Portland. And then soon followed Beverly Hoeffler and Virginia Tilden and Carol Howe, who had worked here before, had been a faculty before she did her doctoral work. So there were a group of us, sort of newly out of our doctoral programs, relatively recently minted doctorates. And, that came about that time. I was the only person not from UCSF in that cohort of people that started to work in the late '70s, early '80s.

Gaines: You all lived in Lake Oswego.

Tanner: We did. Mary Ann started that. So Mary Ann and Virginia and Pat and I all lived in Lake Oswego. And we'd go for runs early morning in Tryon Creek State Park and go for breakfast afterwards. It was a great little community.

Gaines: Okay. So you moved quickly into the Department of Adult Health and Illness, obviously.

Tanner: Mm hmm. That's where I started, right.

Gaines: And then you moved quickly to the Office of Research Development and Utilization.

Tanner: Mm hmm.

Gaines: And how did that transition occur? And did you follow Joyce or May?

Tanner: So, Joyce Semradek.

Gaines: Joyce Semradek, okay.

Tanner: So Joyce Semradek was director, the first director, of the Office of Research Development and Utilization. And Dean Lindeman was wanting to really have this office that would be supportive and facilitate faculty research projects, as well as working with nursing staff at University Hospital in both developing research projects and in using research in their practice. So, hence the name Research Development and Utilization.

So Joyce invited me to join her in the research facilitation work, which I found interesting. I had always held this belief that nurses, practicing nurses engaged in research would just through the process of being engaged in research, become better nurses. That they would think about clinical issues in different ways. They would look through solutions more broadly than they might with working on an individual patient level. And that that kind of engagement was really good for practice. So this was an opportunity to really try to test that out through the work in the office.

At about the same time, the office was expanding to bring more faculty onboard to help with it. So Dean Lindeman recruited Doctors Jo Anne Horsley and Joyce Crain from University of Michigan, who joined the office. And they had done substantial work in the late '70s on a model of research utilization, helping nurses identify clinical issues and find a research base that would help address those issues.

Gaines: Right. The CURN [Communication and Utilization of Research in Nursing] Project.

Tanner: The CURN Project. Right. And it's interesting, because that was late '70s, that was addressing an issue that most health professions have, which is the gap between the time that we learn something through research and the time it actually gets used in practice. And the CURN Project was a method to try to speed that up, to close that gap between what we refer to as the knowledge production and knowledge utilization.

So they came here with the idea of replicating the work that they had done at Michigan at University Hospital.

About the same time, we also recruited Dr. Barbara Stewart, who was at Portland State University in gerontology. And she's a psychometrician statistician who joined the staff. So this was the team of five people, five faculty who were there to support research development.

So Joyce Semradek decided after a couple of years that she wanted to go back to a teaching role, so she went back to community healthcare systems. And I took over as the director of the Office of Research, a role I felt very ill-prepared to do. You know, here were people that were senior researchers. Jo Anne, Jo Horsley and Joyce Crane and Barbara Stewart and I was their director. But we worked well together and I think a lot of things happened during those years. It was a tremendous growth in research productivity, both in supporting new investigators, freshly minted PhDs that came to the school, got support and consultation around research design and grant writing and statistical analysis. And we hired graduate students as research assistants. Tammy Schuman came on to help guide the group that managed the data, produced better projects. So we had a very hard-working team of people that helped people get grants out the door. And once they got funded, to provide support to be successful in their effort with their research projects. So we went from kind of early conception of the idea for a research proposal through grant application, revision of the grant, reapplication. Once it was funded, then helping them manage the financial aspects of the grant as well as the science aspects of the grant. Providing a trained staff to help with data management and analysis. So it was a very, very rewarding decade, I would say, for us and for the school in the amount of grant funding and corollary research productivity that occurred.

Gaines: Let's jump a little bit and talk about how it influenced your own research, particularly your research in clinical judgment. And certainly not shortchanging the rest of it, but that took you back to California. It changed the way your life worked, pretty much.

Tanner: It did. Right. So I did my doctoral work in educational psychology. And for my dissertation studied an instructional method to try to help undergraduate nursing students do better with clinical reasoning, and, specifically, in diagnostic reasoning. And I did a subsequent study looking at diagnostic reasoning process as a practicing nurse.

And when I came here, my intent was to transition to more clinically-oriented research. That was clearly the direction that the profession had decided we needed to go is to enhance our clinical science.

So I began work on a research proposal that was looking at, still looking at nursing judgment, but around a very particular thing, which happened to do with the decision to suction patients that were on assisted ventilation. And I kind of got bored with the subject and felt like it was really not going to get me where I wanted to go with my science. And when I was still very interested in how experienced nurses make clinical decisions and therefore how we can teach that better.

So I was kind of thinking about going back to my original research design. I was able to get an intramural grant working with Dave Nardone in the School of Medicine, looking at, comparing diagnostic reasoning of medical students and nursing students. That was a small study.

And about the time that I was starting that work, Patricia Benner at the University of California, San Francisco, had published the first of a series of articles on her work, that was a

really significant piece of work for the discipline that culminated in the publication of a book called *From Novice to Expert* that really looked at a different view of expertise and a different way to think about practice. And to think differently about the knowledge that one gets from experience and from practice.

So I was excited by this work, but also I disagreed with some of the methods that Dr. Benner used. So I called her up on the phone one day, this was like 1981, about the time she published her first article. And I said, "I disagree with how you approached this." So we ended up in a three-hour phone conversation about research methods and about the theories that I had studied that I had felt were kind of cutting edge theory about how humans process information, in contrast to the kind of work she did that was grounded in a different philosophy and a different scientific method.

So I decided that I needed to learn more about what she was doing. And so I went to UCSF in '86 on a sabbatical and worked with her, as well as took courses in philosophy from Bert Dreyfus at the University of California, Berkeley. And she and I developed a, did a small study on nurses' use of intuition in clinical judgment. And then sought and obtained funding for a major multi-site study that we worked on through 1992 and culminated in the publication of a book in the mid '90s on expertise in nursing practice. A large study with about 130 nurses ranging from new graduates to experienced nurses with more than five years of experience who had been identified by their colleagues as the best nurses.

And we did this study in three different sites: San Francisco, Boston, and Portland. And looking for these identified experts as well as more beginner nurses in the field. And interviewed them and observed them in their practice and then described how this expertise develops from the advanced beginner level through many years of experience.

So that was transformational work for me. I learned a whole different worldview. I was kind of annoyed that I'd missed that in my doctoral education. I kind of went down the path of believing the theories that I was studying were really the only ones, or the best ones. So I came back after my sabbatical year and we started discussions about philosophy of science, wanting our doctoral students, our new doctoral students in our new doctoral program to have at least some exposure and understanding to different points of view about what makes science and what counts as knowledge in a practice discipline.

At the same time, Dickhoff and James, well known philosophers of science at the time, were making visits to our campus. They had been friends of Joyce Semradek. So they were visiting our campus and engaging in discussions with faculty and doctoral students. Very lively events. Challenging discussions that were just, it was just incredibly provocative, I think, and really pushed us as a faculty. Pushed our students to really think about what counts as knowledge for practice discipline.

And so my work with Pat Benner paralleled that. It also fueled that kind of work and that kind of thinking. So it was a time of a great deal of intellectual excitement among the faculty. There was a sense of a lot of collaboration among faculty that we'd engage in scholarly discussions just because we wanted to have a scholarly discussion, not because we had some agenda to accomplish. So it was a really great time. I think the school was really thriving. People loved ideas. They engaged in them. We advanced the science at the same time. Tremendous growth in our productivity in the science field. So those were good years, I'd say.

Gaines: Right. Do you think that it pushed us in a different direction than other PhD programs in nursing as far as what constituted science?

Tanner: Mm hmm. So I think we actually, like Oregonians, faculty in the School of Nursing prided themselves on doing things differently. So we didn't want to look like every other doctoral program in the country in terms of set of courses that the students went through until they got to the dissertation stage. We really wanted them to be engaged in science all the way through. And in fact we developed the initial program as, it was quite visionary, I'd say. But we developed it as a post-baccalaureate program with the master's programs leading into the doctoral courses. And it was difficult to pull it off at the time, because that was before what's happened in the last decade, in the early 2000s, of pushing to have post-baccalaureate PhD programs maybe with or without a master's on the way. We actually conceived of that in 1985, so that the master's program was actually pretty heavy in research methods that were useful for a practice discipline. And I think we were really different in that. The courses we had, we had a course on theory, practice, research, integration, that was really introducing students to the relationship among theory and practice. That practice generates theory as much as theory drives practice. And to us, this was a different view than what was typical in doctoral programs at the time, where it was viewed that theory is the grand theory that drives the questions that you ask in practice. And never does the path go the other way. So we're really interested in that kind of conception and thinking about that.

Our measurement course was really about looking at measures that we can use for clinical decisions, clinical practice, and use in the aggregate for research. So thinking about how can we get reasonable measures that will help support decision making, but also support the development of our science. And I think that was pretty visionary thinking at the time, and different than most other doctoral programs which, of course, as Oregonians, we were very proud of.

Gaines: Did you do much with our outreach to Montana and with the regional program?

Tanner: I didn't personally. I think Beverly Hoeffler facilitated most of that work. I had the opportunity to teach students from those various places. And I visited campuses for one reason or another, sometimes related to the doctoral program, sometimes not. But my involvement was more as a faculty, having students in those courses.

Gaines: Okay. Your consulting hadn't started so heavily at that time.

Tanner: Well it started, it really started heavily with the development of the consortium. But I was doing some consulting in the early '90s.

Gaines: Well let's go back a little ways now.

Tanner: Okay.

Gaines: And leave the doctoral program, because you've been instrumental in all of our programs in the school. And I'd like to ask this question in a less direct way, but did you go to community health as a refugee from adult health and illness, like the rest of us?

Tanner: I did.

Gaines: Or did you go for another reason?

Tanner: Yes.

Gaines: Okay.

Tanner: Yes. I was assigned to adult health. And I had been a med. surg. nurse, you know, during the years that I practiced, my affiliation was with acute care, and I worked with critical care. But by the time I invested in teaching and worked only summers, you know, I felt like it was virtually impossible to keep up to date in acute care practice and develop teaching and research in a parallel way.

And I also had had a long-standing commitment to public health. I worked, as a student I was in the U.S. Public Health Service extern program called COSTEP [Commissioned Officer Student Training and Extern Program]. And my intent was to go into public health. And then I got kind of drawn into the high drama of critical care, I think, as a lot of young people do.

So in some ways, when I went back to community health, it felt like coming home. And, you know, it was all the people I liked went to community health. So

Gaines: Yes, it was an AHI [Adult Health and Illness] refuge.

Tanner: It was.

Gaines: And did you find that the politics of the school were disturbing in that sense? Or were you able to work around them? There was a level of dysfunction.

Tanner: Mm hmm.

Gaines: And yet there was this wonderful growth going on in the other hand. How did you manage to work magic through that?

Tanner: Well I think time sort of heals the difficult memories, you know. So there were a lot of politics and there was probably no more than any other academic environment. You know, I remember my favorite quote of all time, I'm sure I told you this, Jane Kirkpatrick, who claimed that her tenure at Harvard was good training to be the UN ambassador. And then she went on to say that the reason academic politics is so tough is because there's so little at stake. And I think about some of the arguments that we get into as faculty that just got to be absurd.

So you know, there were some divisions. And I think there were a sense that researchers were privileged while the clinicians were not. The advanced practice programs were developing and there was a wish on the part of the advanced practice programs to not have so much emphasis on core, which is the research and theory methods. So there were lots of debates going on in the '90s about that. So I think I managed, you know, by kind of doing a little sideways into community health, I think I managed to avoid a lot of the politics that I might have otherwise had.

You know, I was director of the Research Office. And then I went into AHI for a couple of years while I was doing, started my research with Pat Benner and then decided that this really

wasn't a good fit. And the expectations for me to do clinical teaching, I just, I wasn't prepared to do and felt that I had more to offer in other areas. So.

Gaines: So then we find you as the associate dean for the undergraduate program.

Tanner: How did that happen?

Gaines: Well, I don't know. Tell us.

Tanner: I asked myself that many, many times. So there was a little step in between here. So in 2000, in 1999, I actually agreed to serve as the interim assistant dean for student affairs after Sarah Porter, I think she was either on sabbatical or retired. And so it kind of confirmed for me again that I really didn't want to be in administration. And was a little bit, I really had some more work to do in my research. But it was exceptionally difficult to get funding to study the kinds of things that I wanted to study.

After my work with Benner, where we were kind of holding up this model of expertise, I wanted to get a better understanding of what are the outcomes, what are the consequences of nurses' decision making. Because my work with Benner only held up that these are really, sound like really good decisions, given the circumstances. But we had no sense of the outcome.

So I started working with Barbara Valanis at Kaiser Center for Health Research, and Susan Moscato. We just happened to sit together at a meeting and I was talking about this interest. And began to think that advice nursing would be a good context to be able to link a particular decision made by a nurse and what happened with a patient later.

So I worked with the two of them in designing a study that was a very large multi-site study of the outcomes of telephone advice nursing. Where, in fact, we could link what went on between the nurse and a caller on an individual call, and what happened to the caller later.

We recorded about seven thousand phone calls and had undergraduate students listen to them and code them. And we had a coding form that looked at different aspects of the communication style of the nurse that included some of their approaches around decision making. And also coded what the call was about and what the disposition of the call was. And were able to track the outcomes of that.

So at the time, when I was on sabbatical in 2000, which was sort of the payment back for serving that interim role. And while I was, so I was thinking that I might want to segue into a fulltime research career. And working at Kaiser would give me an opportunity to look at what this kind of research engine did.

And at the same time that that happened, the Northwest Health Foundation contacted me to ask me to do a study of the nursing shortage. And you know, I said, "I don't know anything about manpower, person-power studies. But, sure, I'll try it."

So I ended up simultaneously then doing the work on the advice study together with the study on the nursing work force in Oregon. And I learned from my work at the Center for Health Research that that kind of research really wasn't the thing I wanted to spend the rest of my career doing, but that I was very intrigued and concerned about what we found in the study of the nursing work force. That was, if you recall, that was 2000 when—

Gaines: Yes.

Tanner: Peter Buerhaus had published the national study sounding the alarm bells. We were going to have a critical shortage, up to 50 percent vacancy rate. And of course that was before the 2008 recession that changed everything. But our report showed that in fact we were in it, and headed toward probably the most severe shortage that we'd ever had. Given the increasing demand for nursing with the aging population in particular, and the, we were basically not keeping pace with the retirement rate that was going on at the time.

So I got really interested in this problem. I was working with a group of people, the Oregon Nursing Leadership Council, that were representatives from a variety of nursing organizations that were trying to solve the nursing shortage problem. And it was a really interesting coalition of leaders. And they decided to come out with a strategic plan that was to address the shortage that included five initiatives, two of which were about nursing education. One was to double the enrollment in nursing programs in the state. And the second was to transform nursing education to more closely align with the emerging healthcare needs of Oregonians.

And that's been sort of a big interest of me my whole career is recognizing the need to dramatically change nursing education. And not finding a way to do it, necessarily. Well this was kind of leverage to be able to look closely at nursing education. To assure that in fact we were preparing nurses for the people that they would be caring for, with the healthcare needs that they had, in what was likely to be a very different practice environment than how they were being educated now.

So I was asked to chair the subcommittee on education for the Oregon Nursing Leadership Council. And at the same time, I was chairing the search committee for the new associate dean for the undergraduate programs for the School of Nursing. And I thought, you know, actually, that would be a better platform for me to kind of pull off this work in Oregon in trying to enhance the nursing work force.

So I told the dean, Kate Potempa at that time, that I was going to resign as chair of the search committee and apply for the position. So that's what I did. So I got the position. And, a position I stayed in only three years, but was enough time to really get launched on this transformational change of nursing education in Oregon.

So that's how I ended up there was I just got interested in it. I swore I'd never go into administration, and there I was.

Gaines: Back again.

Tanner: Again.

Gaines: Third time.

Tanner: Yeah. Right.

Gaines: Third time was a charm.

Tanner: Well, there was a fourth time. So.

Gaines: So tell us more about launching this, these two goals. And what that's meant not only to you but to the state. And a bit about, a bit about the critical partnerships. The funding. I can

recollect that you never came up behind without a grant proposal in it. And then a bit of the backstory. Because the backstory of OCNE [Oregon Consortium for Nursing Education] is very important, also.

Tanner: Right. Right. So it's kind of hard to know where to start. So I think I'll with the backstory, because it's pretty interesting. So the Oregon Nursing Leadership Council was a coalition of representatives from the major nursing organizations, being the Oregon League for Nursing, the Oregon State Board of Nursing, the Oregon Nurses Association, the deans of baccalaureate programs, and the directors of associate degree programs. And these are not comfortable compatriots, to say the least. There had been sort of, being pleasant to one another between baccalaureate and associate degree programs. As Kate Potempa was fond of saying, she didn't want to hear any more that "my graduate can beat up your graduate." That was kind of the level that went on between associate degree and baccalaureate programs.

There had been a major effort in the mid-'80s to legislate baccalaureate degree as entry into practice. That followed on the heels, as you know, of the 1965 ANA [American Nurses Association] resolution to make baccalaureate degree required entry into practice. So it's been a longstanding issue, obviously.

And so there was a lot of unspoken, at best, discomfort, among folks that were seated in the room.

And oh, I didn't mention the Northwest Organization of Nurse Executives is another group. So there was also some discomfort between the Oregon Nurses Association, which also is a union that represents many nurses in the area, and the nurse executives, who end up negotiating with the union.

So in this room, we were gathered. Time to figure out what was, we thought, was going to be best for healthcare of Oregonians by virtue of what we thought was best for nursing. Irrespective of what our organization's needs were. And that's a tough, that's a tall order for anybody.

But I think this group actually came very close to pulling it off in saying that, you know, we are not here to represent our organizations. We are here to make the best decisions or recommendations that we can and to go back to our organizations and lead them to that vision. And that's a very different model of leadership, I think, than what many people were used to. But that was pretty important, I think, to move in as the head.

We also had some very skillful facilitators.

[End Track 1. Begin Track 2.]

Tanner: --worked with us to try to get us to the point that we could grasp the idea of we're working toward a vision that we think will best serve the needs of Oregonians. So we did lots of in-depth work, working back and forth on that. And we made a whole set of agreements about how we were going to be with each other that we committed to paper some six years later, in 2006, I think. But that we'd put issues on the table, we'd deal with them openly. There wouldn't be backstabbing. You know, we were going to stay clear and true to our agenda. And that we'd do our best to take the message that the group had decided and lead the people that we worked with back home to see that.

So anyway, the education subcommittee got together and we started down the path that many states had done of identifying the competencies for associate degree graduates and

competencies for baccalaureate graduates, called a differentiated practice, to give it a fancy name.

And our facilitator, Charla Hayden at the time, she'd been working with a group all along. And she just had this [saying] like angels dancing on the head of a pin, why, when you've got nursing, people who care for people, from nursing assistants through post-docs in nursing, why are you going to spend your time trying to differentiate between somebody that's got maybe a year's difference or a year and a half difference in education. You know, in terms of length. It just seems like not good, productive use.

So it was enough to just kind of say yeah, this is absurd.

Gaines: So here goes Oregon off in a different direction from the rest of the country again.

Tanner: Once again, yes, right. So we said okay, well we'll write competencies for what we think every nurse should do. Every nurse should be able to know and do. And we came up with about 18 of them. We consulted, you know, the Pew Foundation, numerous groups had sort of done similar things. And we passed them out throughout the state. Members of these constituent organizations who endorsed them. You know, they were kind of motherhood and apple pie sort of competencies. But everybody agreed, yes, that's where we need to be.

So we agreed as a group that to get to those competencies would take at least four years. So that we would go about designing a curriculum that would get nurses to those competencies. And just get off the whole debate about the degree. You know, we're working together now. We had this coalition of community colleges and baccalaureate programs. And we were working together to figure out the best education system that would help nurses get to these levels of competencies.

So you know, only in retrospect was it clear that we were developing this system. But we were just trying to stay away from the whole debate about degrees. And we also knew that everybody had to be part of it, that the community colleges and baccalaureate programs had to be part of the solution because we didn't have the resources to prepare everybody at the baccalaureate level, even if we wanted to make that kind of push.

So to get there, then, we said okay, everybody's got to be a part of this. We want everybody to get at least four years of education, because that's what it's going to take to get through these competencies. So now let's develop a curriculum, some of which can be taught at the community college level, some of which, all of which can be taught at the baccalaureate level, and put it together in a way that will make it possible for students to start in a community college and finish at a university, start at a university and complete there. So that's how we started on saying we're going to have a single curriculum that can be taught at all schools. It will be a baccalaureate curriculum designed toward these competencies.

And what we didn't declare until sometime into our planning was that students would be able to exit after a third year and earn an associate's degree and then go on and sit for the licensure exam. And then go on to OHSU or to another university. Or not. And that was the ability for students to stop with an associate's degree, that was the linchpin. If we had not all agreed to that, we would not have had a consortium. It was that critical an issue for the people from the community college programs.

So we designed a curriculum. And it was nothing short of a miracle, I have to say, to have, at that time, eight community colleges and the four and later five campuses of OHSU,

agree to a single curriculum that allowed this kind of movement from community college to baccalaureate program without losing anything.

Gaines: Before we go on to funding partners—

Tanner: Yeah.

Gaines: --and all that and your grant writing, because that's a wonderful story in itself, how did you get the state board of nursing to come on board? They weren't in your group.

Tanner: Oh, they were.

Gaines: Oh, they were?

Tanner: They were. Oh, yes.

Gaines: Okay.

Tanner: So the board of nursing was on the Oregon Nursing Leadership Council. Louise Shores, who was the supreme nursing consultant for the state board of nursing, who everybody in the state both feared and respected, so she was on the committee to redesign nursing education. And took it upon herself to continue to apprise the board of nursing about what we were up to, so they would have no surprises.

And then when we finally got some grant money to support her work, we did the smart thing and hired her to be the first executive director because of her relationship with all partners in nursing. Because people respected her and were a little afraid of her.

Gaines: Absolutely.

Tanner: Yeah. So that was a good thing. So.

Gaines: So how did you present it to the state board, then? It seems to me you must have had to take it there as a whole.

Tanner: Oh, we did. We did. So we, so they were on board early because they were one of the partners in the development of the strategic plan that basically said we have to change nursing education. So they were on board with that. Or at least their staff representatives were. And the staff, who then-director Louise Shores would report back to the appointed board of nursing what was happening with this consortium. So people, they were informed. They really didn't have a decision to make until we took the curriculum to them. And because every school has its own approval, just as every school that's accredited has its own accreditation, and every school has the authority to grant a degree, then each school had to be the one to present its curriculum to the board of nursing.

So when we completed the design of the curriculum enough to take it forward for approval after we got approval from our respective schools, we presented it as the new curriculum for OHSU School of Nursing and the first six community colleges that were coming

aboard. And it won approval by standing ovation from the board. So that's probably the only time that's ever happened. So, yeah, yeah.

Gaines: I think so. So a bit about your funding partners and how many grants you wrote.

Tanner: So our first grant was from Northwest Health Foundation. The body that had commissioned the study of the nursing work for us. And they gave us a grant that was sort of the planning grant to begin the work of developing this consortium. Which provided funding for the beginning curriculum. Some of the beginning curriculum work to get an executive director hired.

And then we, I was looking at federal government, HRSA [Health Resources and Services Administration], for some kind of program grant that would support undergraduate curriculum change and there just wasn't anything. So I had a great conversation with a staff person there who said well, I told her what we were trying to do and that we needed to do curriculum work, but we also really needed to do faculty development. Because this would be bringing faculty on to teach a new curriculum, teach toward new competencies, new things about nursing practice, and in a new curriculum. And so the staff person suggested that we develop an advanced program, a master's program or post-master's program in nursing education that the faculty from various schools could enroll in and develop the curriculum as part of the program. Which was a brilliant idea, I thought. So that's the grant we wrote. And we got a post-master's certificate program in nursing education that you were involved with, as you know, and that created an opportunity to bring in consultants and provide time for faculty to come and complete the program.

So for the curriculum course, the faculty worked on curriculum for the instructional methods course, they developed teaching strategies. You know, they basically did the work of developing the curriculum as part of the work of developing this post-master's program.

So we were able to hire you to come work with us on the development of the curriculum. And as you recall, we had faculty from these schools, between thirty and forty every month, meeting for two days a month working on the curriculum for about two years before we got it approved. So that was the second grant. That allowed us to develop the—

Gaines: But it actually showed the commitment that you all had managed to development in the state, because these people drove up on Friday and worked all day Saturday.

Tanner: That's right.

Gaines: They taught all week.

Tanner: That's right.

Gaines: I mean, I think it really demonstrated the cohesiveness of what you had managed to do in the state.

Tanner: It did.

Gaines: That's incredible.

Tanner: Yeah, well, people just came together. It was just, we just had a blast, too. We had a lot, a lot of fun working on it. You know, the one thing is true about undergraduate nursing faculty is that they love what they do. They love teaching. And they rarely get a chance to really talk about what they do or to think about what they do and how they might do it differently. You know, it's just, I remember, another favorite quote, Russell Edgerton, who was at the American Association of Higher Education, used to say that college teaching was like sex in the Victorian era. People did it behind closed doors. They never talked about it but they liked it quite a lot. And I think that it kind of covers it, you know, about teaching in nursing programs.

And so this really gave people an opportunity to come together and talk about their teaching. And think about ways that they could make it better. And these were a lot of really experienced teachers. Not, you know, there were some neophytes. But people that were chosen to represent the schools, many of them were experienced and eager to move this ahead.

And it was fun. The work was just plain fun. We laughed a lot. We celebrated. We had looked at every success along the way. So it, you know, it was just good work.

So we had those two grants that got us going on this work. But then there was still much more to be done. So we needed to work on faculty development. So yes, we had the forty or so faculty that had been involved in the curriculum work. But we come up with a very innovative curriculum that was going to require teaching very differently. And it was teaching to competencies that the faculty may not necessarily hold. So we had to figure out a way to get faculty developed to do this.

So we went to the Miller Foundation, who supported us, to bring faculty in the summer months before the year that they were to start teaching, so that summer, to development their courses and to develop teaching approaches for that. And so, you know, to get trained in doing that. So we were able to bring in, again, some experts in case-based teaching, for example, who worked with the faculty in developing cases for teaching in the classroom.

So that was the next grant that we got. And then it also became clear that we were going to be relying heavily on nurses in practice who also needed to know about this strange curriculum we'd developed. And who would be working closely with our students, especially in the final quarter or two of their nursing program. So we knew that we'd need to deploy a lot of practicing nurses to work closely with our students. So we got a grant from the—

Gaines: Robert Wood Johnson?

Tanner: No.

Gaines: No.

Tanner: This is terrible. It will come to me. It's the Ford Family Foundation. You can take all the pauses out of that. So we got a grant from the Ford Family Foundation.

Gaines: That's right.

Tanner: Right. Who were very interested in rural economic development and support for rural, students from rural areas. And since three-fourths of our population are from rural areas of students' population, it just seemed to be the perfect thing. So they have supported us to train about a thousand nurses statewide through what we call the clinical teaching associate

workshops. So these are nurses that would be working closely with our students that needed to know about the curriculum. So that was work that occurred during that period of time as well.

So then we said well we still have other work to do. Because we can't just keep doing clinical the same old way. You know, clinical education, same way we've always done. So you know, our first course is health promotion. We've never had a whole course on health promotion with clinical experiences, so how do you do that? Do we take them to the hospital? It doesn't seem like a good place for that.

So we got several small grants, kind of pieced together. First from Kaiser, two grants from Kaiser, for redesign of the clinical education model. And we brought together representatives, again, from practice, as well as education, to develop a new model for clinical education that would help address some of the concerns about the misalignment between what we were doing in the classroom and what was going on in practice. And the new competencies and so on. So that group developed a new model.

And then we said well now we've got it. Now what do we do with it? And we were able to get a grant from the Fund for Improving the Post-Secondary Education to study the implementation and rollout of the clinical implementation model that we implemented in four sites and studied that work.

So the other thing that was going on with all of this was that simulation was a big deal. Becoming a big deal. Here at OHSU, Dr. Michael Seropian, who's a pediatric anesthesiologist had been pushing for already years by 2000. He was working on trying to bring simulation to OHSU.

And when I was associate dean, he and Ed Keenan, who was an associate dean in the School of Medicine, came to see me and said, "You know, we should do something together around simulation. And it was perfect timing for us.

And so we said, "Absolutely, we'll do that." And we got a grant, a first grant, from FIPSE [Fund for the Improvement of Postsecondary Education] that was to develop the simulation center, as well as the governor's office to develop simulation sites around the states so that each of the OCNE campuses would have access to a simulation. And Michael Seropian taught some of the School of Nursing faculty about simulation. We developed the faculty here. And then he ran statewide workshops on how to do simulation. So it really expanded exponentially over a very short period of time throughout Oregon, so that simulation could be an integral part of the OCNE curriculum. And I think it was probably the school and the first curriculum that really integrated simulation rather than have it as just an add-on. And that in fact the curriculum depended on us having access to simulation. So that was another activity that was going on simultaneously.

And then finally, the last grant we got was from the Robert Wood Johnson Foundation. And they were eager to hear how this worked. And so they gave us a grant to evaluate the consortium. Which we did. And it fed right into the national study that was aided by the Robert Wood Johnson Foundation, the IOM [Institute of Medicine] study on the future of nursing. And where one of the major recommendations out of that report was academic progression. Surprise, surprise. To move nurses as quickly as possible to the next degree. And that 80 percent of the profession by 2020 would have the baccalaureate or higher degree

So they saw OCNE as a model for academic progression. Even though we kept trying to tell them, no, no, it's much more than that. More people are going back right away to get their bachelor's degrees. But we also changed the curriculum. It's much more aligned with healthcare

needs. We've modified, they didn't really, they weren't too interested in all of that stuff. They were happy to see it as a model for academic progression.

So, that's the story of the grants.

Gaines: So you wrote a lot of them.

Tanner: Oh, yes. Yes. So I gave myself the title because I was no longer associate dean and I felt like I needed a title. So I titled myself the director of strategic initiatives. Sort of the fancy word for the money-grubbing aspect of the work.

Gaines: And so did it just stop, then? Or has it gone somewhere?

Tanner: OCNE?

Gaines: Yeah. The model.

Tanner: Huh?

Gaines: The model.

Tanner: Oh, so it, word got out pretty quickly that we were doing some interesting things. So we started being invited to go present places. So we, we being a group of the leadership team of OCNE, as well as others that we asked to help with it, we visited, I think, and gave talks in twenty-five, twenty-seven states, something like that. At last count, about ten or twelve had adopted modified or identical version of OCNE. Hawaii was the first one out. I was really sad to have to go to Hawaii to consult. And several others have followed suit now. Many in the west. New Mexico, Wyoming. Rural states seem to really see it as a plus.

Gaines: Well, New York, I think?

Tanner: So there was funding from Robert Wood Johnson Foundation to do a rural and densely urban, to see how the model worked. So it was implemented, a modified version, in rural North Carolina. And now has expanded to, I think, all of North Carolina. And in New York between, in the City University of New York that has two universities and nine or ten community college campuses, and they've all done some kind of iteration that really promotes community college students going on for the bachelor's degree. Identifying them early, putting them in a special pathway toward the bachelor's degree. So it's similar but not the same as what we did with OCNE.

So, and OCNE in Oregon continues. I think we may have up to twelve community colleges now, along with the five campuses of OHSU. We have a director and a co-director, or two co-directors of OCNE that are in administrative positions. One of them community college system, and one at OHSU. And faculty that are very involved at maintaining it. We have kept the same governance structure. So it's thriving.

Gaines: So let's think a little bit more about your work in terms of among the, between the schools here on the campus. And IPE is the big new thing, of course.

Tanner: Right.

Gaines: But my recollection is that you started that on a little earlier with Ed Keenan, I think. Right?

Tanner: Right. Yeah. So in, might have been '91 or '92—

Gaines: I remember—

Tanner: Early '90s. I was doing some work with the National League for Nursing and I met a guy from New York who had a small fund for medical education that wanted to seed an inter-professional activity. And basically asked us to submit a grant to do that. And so Ed Keenan and I and a couple of other faculty—who's the—

Gaines: Naomi.

Tanner: Oh, Naomi Ballard and you. I'm trying to think of the guy from family practice.

Gaines: I can't remember.

Tanner: Yeah. So I had done some experimenting in a course in helping students understand how to work with people with chronic illness. And I did that by having people with chronic illness come to the class and be interviewed by the students about their experience. And it was overall it seemed like a successful experience and I wanted to try it again. And we decided that we could do a similar model with an inter-professional course. And have medical students and nursing students meet patients. And that they might learn more about their disciplines, respective disciplines, by discussing actual cases of people that they'd met and interviewed and done a history on than, you know, talking sort of abstractly about what their respective disciplines did. So it was an interesting experiment. I don't think, it didn't go all that well for a variety of reasons. But gave us an opportunity to try it. And I think we learned some things that later made a difference.

So my last year at OHSU I got to teach an inter-professional faculty development course with Judy Bowen from the School of Medicine. So we taught a year-long course for medical residents, chief residents who are really involved in a lot of clinical teaching, and faculty in the School of Nursing who do a lot of clinical teaching, as well as one faculty member from dentistry and one from the PA program.

And so we worked all year long on developing skills around pedagogy in clinical teaching environment. And it was great fun. It happened to be the year that I was retiring so I didn't get to come back to it. I'm hoping to connect with Judy soon and find out what we found. We did some evaluation of it, but I haven't seen what she concluded from that work.

Gaines: Well you've clearly done a lot in your career that deserved recognition. So tell us a little bit about what rewards you've had or what achievements in terms of, well, of course your distinguished professorship, but from outside the university.

Tanner: So, wow. Well, I think probably the most personally rewarding to me has been from the OCNE work. I mean, it's been great because it affects, it's local. It's going to have an impact in Oregon. And because of the relationships that formed over the years of working closely together on this important project. And so, you know, I think that's the work that warms my heart the most, you know, that I feel like has made a lot of difference for a lot of people. So that's kind of, that's great. But, and it's also the most recent in a lot of ways.

Gaines: How about early on and the governor's award when we were having brain drain issues?

Tanner: So, say more to remind me of—

Gaines: Well, a couple of us received a governor's award that put a little bit of money in our base salaries for the rest of our lives at the hill. But you got one for teaching and research.

Tanner: Hmm. Right.

Gaines: And it's not even on your vita. But the issue was to try and stop the brain drain during Measure 5.

Tanner: Mm hmm. Right.

Gaines: And then there's the league.

Tanner: Right. So. Yeah, so, thank you. I'm not totally addle-brained here, but—

Gaines: No. So but the league was a big award, certainly.

Tanner: So, right. Well, so was the governor's award.

Gaines: Yes.

Tanner: And so the, so the National League for Nursing award was for excellence in nursing education research. I think that was in 2007. And around the same time, maybe a few years later, was the Medical Research Foundation mentorship award.

Gaines: Yes.

Tanner: That was also really meaningful to me, recognizing the work I've done in mentorship with both faculty and students. You know, those are the, that's the kind of heart award again.

Gaines: Yes.

Tanner: Recognizing work that's really related to relationships and the people I work with. So, I'm trying to think, that teaching award, the sanitation award was a really great thing for me.

Gaines: A number of those, so.

Tanner: Right.

Gaines: I think there's another piece we should think about and that's your work with the *Journal of Nursing Education*. You took over from Rheba [deTornyay] and were her self-selected to be editor.

Tanner: Right.

Gaines: Which was, you know, there was no open search. She was convinced she wanted you to do it. But as you think about that, and that was a wonderful relationship, how do you see the journal grew under your leadership?

Tanner: So when I took over, it was getting published every other month. It was Rheba's and, Rheba's leadership for about, well, she was editor for about six years. She really moved it toward publication primarily of research in nursing education. And, you know, nursing education research, like any kind of pedagogical research suffers from lack of funding. And therefore the quality is adversely affected. So having the premiere journal that publishes this, you find the balance between publishing purely science, you know, scientific reports, and publishing promising theoretical pieces or pilot work or so on.

And so we as the editorial board and I agreed that we'd sort of move forward. So would the focus on publication of high-quality science, you know, primary research studies of educational practices and policies. But also publish theoretical analyses, political analyses, other forms of scholarship that we thought would advance the science of nursing education. And that's how it's maintained, been maintained, over the years. As a result, the journal ended up being published every month. Now it's a monthly issue. We had about a 90 percent rejection rate toward the end of my tenure. Even with as many article as we were able to publish in a year, it grew and each issue grew in size as well. So I think it's, and it's still identified as the premiere journal for publication, pedagogical work in nursing. And the impact factor doesn't yet show it.

Gaines: It doesn't.

Tanner: Well, it's the highest of nursing education specialty journal.

Gaines: Were you active in INANE [International Academy of Nursing Editors]?

Tanner: No, I wasn't. When I, on a personal note, I started as the editor of *Journal of Nursing Education* when we were expecting our first child. And I saw that as a way that I could keep my hands in the nursing education field without having to travel so much. So I was very selective during the early years about where I was going to travel. And INANE, which is the International Association of Nursing Journal Editors, I don't remember what the acronym stands for.

Gaines: That's it.

Tanner: But would meet every other year outside of the US. So it involved a lot of travel in August. So that was the main reason I never was involved in it, is that it competed with my childrearing responsibilities.

Gaines: Let's switch to your family at that point.

Tanner: Sure.

Gaines: Let's think about, well, first of all, how did you and Lisa meet? And tell us about the kids.

Tanner: Okay. So Lisa is my life partner, now thirty years. So she was a graduate student in the School of Nursing. And I hasten to say that we didn't get involved until after she'd resigned and was moving on.

Gaines: Right.

Tanner: And so we were together about five years or so and we decided that we wanted to raise kids. And this was early '90s, actually '89 when we decided we wanted to have a child. And you know, we had to consider all the pros and cons as a lesbian couple about how it would be as a lesbian couple to raise a child. Given the context, political context, we had had many sort of hateful measures about declaring homosexuality a perversion and amending the constitution to say that. To keep homosexuals from being able to teach. You know, it's on and on, the list. So there were at least, you know, every other year for over four election cycles, there was a ballot measure that was really pretty hateful toward gays and lesbians.

So there was that context. And the question is, is this the right time to bring a child into this. And we decided we wanted to do that and that we'd figure out how to make that work.

So Lisa was the birth mother. We had an anonymous donor. Probably a graduate student at OHSU was the donor. And we had two children that are biological siblings. Katie was born in '91 and Jacob in '94. So they're almost launched. My daughter came home the other day with a job offer with fulltime and benefits. And I was thrilled that she knew what benefits were and that she had been offered a fulltime job. My son is a junior in engineering at Oregon State. Jacob. And they're great kids. They're just a lot of fun. And I'm really thankful that we took the opportunity to be parents.

It was right at the beginning of the "gayby" boom in the '90s. So there were, for a while, we gathered together a group of lesbian parents that, number of families totaled about eighty at one time, where we would meet on Sunday morning and have brunch together once a month or so. And the kids could get together and see that their family was just as normal as anybody else's. A lot of our early efforts were to normalize our family.

Gaines: Was the Unitarian Church important at that point? Or—

Tanner: Yes. So in '92, in the midst of Ballot Measure 9, I think it was, the First Unitarian Church downtown wrapped its block in a red ribbon declaring it a hate-free zone. And that was like a clarion call to progressive people, both gay and straight, to the church. Membership grew

exponentially for the church. But it was the first community of faith that had come out in opposition to these ballot measures. So I think they led the way to other faith communities.

So yes, it became important to us. We joined right away. And have been active, involved ever since.

Gaines: Seems to me you've been very active.

Tanner: Very. Right.

Gaines: Could you tell us a little bit about the suits you've been involved in? You know, you're the spokesperson out there on the TV at five o'clock when we need to see what's happening at OHSU.

Tanner: Right.

Gaines: So tell us a bit about it, if you would.

Tanner: Okay. So with the birth of our first child, there wasn't a way that one of us could stay home with the child. Because Lisa couldn't get access to my benefits. I couldn't get access to her benefits. So that seemed pretty unfair. And I still remember Judy Kendall, who'd started work about the same time down the hall, one of those professors with her husband there. And right away, she got her husband benefits.

And so I talked to Diane Benscoter in the Office of Equal Opportunity, who was actually gathering a group of people from OHSU who thought it was unfair that they not be able to get domestic partner benefits.

So we all, during open enrollment, tried to sign up our domestic partners for benefits. And they figured out in the benefits office that something was going on when twenty-five people wrote on their application to cross out "spouse" and put in "domestic partner" for the benefits. And of course we were all denied, because to be eligible for benefits, you had to be married. And at the same time, the state denied us access to marriage.

So we went through the appeal process and of course were denied every step of the way. And then went about trying to find an attorney to represent us. And we probably interviewed 100 attorneys to try to find someone that would help.

And finally the ACLU offered us somebody from their lawyers committee who thought that we really had a case if it would be only the gay and lesbian couples.

So he picked—

[End Track 2. Begin Track 3.]

Tanner: --three couples that he thought represented the spectrum, all of whom were employees of OHSU. So we, my name was the most pronounceable of anybody on the suit. And we had this adorable baby. So I was the lead person on the, lead plaintiff on the case. So it became *Tanner v. OHSU*.

And you know, we got in this because it didn't feel like it was fair, and we just kept going the next step, thinking that we'd get some resolution along the way. But we ended up having to go to court to make it happen.

So we waited quite a while to file the case because there kept being ballot measures. And you know, we just didn't want to be fueling that, because we knew it would make news once we filed a suit. So I think it was finally filed in '93 or '94, '94.

And then we had to go to trial. The assistant attorney general thought that there were actual matters to dispute. So we had to sit in a courtroom, testifying to our allegiance to our domestic partners and so on for three days. Then it took two years to get the lower court opinion, in which we won; which said OHSU had discriminated against us by denying domestic partner benefits.

Well by then, OHSU had become a public corporation and was already offering benefits. So it was kind of a moot point. Except that it wasn't, because OHSU or any other employer could take it away at any time.

But then, so the state appealed, because they didn't want the lower court decision to stand. So it went to an appellate court and the decision was upheld and extended, basically making it illegal to discriminate against gays and lesbians on the basis of their sexual orientation. Which was a first.

And at the time, our attorney said, you know, this means marriage. We said, nah. We couldn't see how that could be. But sure enough, when the attorney for Multnomah County decided it was discriminatory to not issue marriage licenses, they cited *Tanner*, the *Tanner* decision, as a basis for that.

And over the years since that court decision in '98, there have been a number of smaller legal battles fought around different parts of state policy that are discriminatory, using the *Tanner* decision as a basis for it. So it's really cool to have had a part in that.

Gaines: So did you and Lisa marry in 2004?

Tanner: We did. We did. So we actually, I had a broken leg from skiing. But we went down. A friend of mine called, we'd heard on the news on the way home from work this was going to happen. A friend called, said we got to be down at the county building, let's just get in line. So we were the first in line. Terry Harvath who's also on our faculty, was also one of the first in line. So we stood out there singing with a lot of other people, "I'm getting married in the morning," and had a blast.

And so we got married and our minister was down in the morning, we got our license. He was circulating, thinking he'd probably find some congregants at the county building. So he gathered us all up and we had seven weddings at the church that day. We did it right away because we were afraid that it would get taken away. Which, in fact, it was revoked a year later. I think it's the only state that's actually revoked marriage licenses. And we were pretty surprised at how devastating that was. I think the real kick was when they sent us a refund check for the marriage license. It's just like, really? It was on the heels of the initiative to make marriage only between one man and one woman. So, the constitutional amendment that many other states subsequently passed. And the same amendment that's now been overturned in many, I think thirty-six states now.

Gaines: And so is that the basis of *West and Rummell v. Kitzhaber* that you were also a—

Tanner: A plaintiff in.

Gaines: --a plaintiff in.

Tanner: Right. So, yeah, the ACLU contacted us in the fall of 2013. We'd already been vetted, clearly, from the previous lawsuit. So they asked us if we'd join in on this lawsuit and we happily did that. So there was actually another OHSU employees who's since retired. Or two, actually, other OHSU employees who were plaintiffs in this lawsuit, which was to overturn the constitutional amendment banning gay marriage, essentially. And that was decided in May of 2014.

And so then we decided, we were going to have a big, fat, gay wedding in August. And we invited family from everywhere. We had close friends who came. And we were surprised, you know, you have a wedding, people come. And even though we'd been together thirty years, had two kids, two mortgages, everything else, the wedding made all the difference with Lisa's family from Kansas, in understand oh, that's what your relationship is! So we had a great time. Big celebration.

Gaines: It was beautiful.

Tanner: Thank you. Thank you.

Gaines: Well now before we really summarize it, do something serious, we have to have one little funny, okay? And I'd really like you to tell this group about, if you ever got nervous during an NLN [National League for Nursing] accreditation and how you coped. Because you seem always so well put together.

Tanner: Really?

Gaines: Mm hmm.

Tanner: I don't even remember which accreditation visit it was, '93 or something? Right. So the visitors had decided to come to my classroom. So I had 100 students in class, I think.

Gaines: What were you teaching?

Tanner: Clinical decision making.

Gaines: Sure.

Tanner: Yeah, a course on clinical decision making.

Gaines: Probably the only one in the country.

Tanner: Well, you put it in the curriculum. You got it there. So, yeah. It was a really fun class to teach. So they wanted to see what I did in it. So they came in and I had forgotten I had on my bedroom slippers. Big old fluffy bedroom slippers, which I wore to class. And then just made it part of class, because I didn't have shoes to change to. I can't remember exactly how I tied it in.

but, anyway. The visitors commented on the report. Is that the incident you're talking about? Yeah. How I had worn bedroom slippers to class.

Gaines: During what everyone always is very, experience everyone's always very frightened in.

Tanner: Exactly. Terrified. So, yes, they couldn't wait to comment on that. And the last day of that class, of the quarter, the students all showed up that day in their bedroom slippers to remind me of that embarrassment.

Gaines: Good. We'd like to sort of do a summary now.

Tanner: Mm hmm.

Gaines: One of the things we're interested in is if you would really describe the major changes at the university you've seen over your time here. And then the major changes in research in nursing education in Oregon and in the United States during the time of your career.

Tanner: Okay. So, the changes in the university. Wow. Well, this university has gone through just total seismic shifts. You know, it was, when I came here, the School of Nursing had maybe three doctorally prepared faculty. One or two were doing research at the time. The School of Medicine was, I mean, it had been, nursing had just come out from being a department in the School of Medicine a few years before, when Carol came, I think. Lindeman came. And we were a branch of the University of Oregon. And it really didn't have any particular claim to fame. Either the School of Medicine, dentistry, or nursing. None of us. And you know, it was a fairly medical-dominated institution like most health science campuses. And it has been transformed. I think the early years it was renamed the Health Sciences University. And I remember us saying in the School of Nursing, well, nursing is the science of health. You know, basically, that was our focus was on health. And the growth in the research enterprise here has been absolutely, for the university, has been huge. You know, the development of institutes. And funding streams to support medical science has been unbelievable, exponential growth.

I think one of the big things that Dean Lindeman took on when she was dean was recognizing that this is a university that serves the entire state. So she is the one who traveled the state and got to know every nook and cranny of Oregon. Seeing the School of Nursing as one that provided nurses for the state. Through her leadership, the School of Nursing started a campus at La Grande in the late '70s, early '80s. And after Ballot Measure 5, we absorbed Klamath Falls Oregon Institute of Technology as well as Southern Oregon University School of Nursing, and then started a new campus in Monmouth. And it has served us well, I think, for a largely rural state to point out the ways in which the university as a whole now provides healthcare professionals to the state and provides services throughout the state. And as telehealth becomes more of a reality, as we see development of medical school campuses now in other places throughout the state, I think that history where it began with the School of Nursing is really important. So I, you know, I think that's really impressive. I think the contribution of the School of Nursing, our national ranking, skyrocketed during the '80s and '90s. I think we've kind of leveled out now. I think we're still in the top 10 of schools of nursing nationally. School of Medicine has certainly gained much more prominence nationally, as has the School of

Dentistry. So you know, I think we, in short, have kind of gone from backwater school to one of national prominence as a health sciences university.

I'm doing work for the Macy Foundation, which is a group in New York that's funded primarily medical education. They're now funding faculty fellowships for both nursing and medical faculty, mid-career folks. And part of why I get to be on that committee is that they recognize OHSU as a leader in medical education as well as nursing education. I think that's, you know, that's a change over the last twenty years or so. I think our work in our professional education's been slow in coming. But I think we have the facilities now to be able to do it. We have leadership and resources being put to that in a way that wasn't twenty-five years ago. And I think that we're, it's a very challenging area. But I think we're making movements in that direction.

So, does that sum it up?

Gaines: Well, how about nursing research and education? And we didn't talk about your interim deanship, your last foray into administration.

Tanner: Yeah, my last foray into administration. So, yes, so my last foray into administration was as interim dean. Which I really surprised myself that I, Lisa and I, I remember clearly talking about after our former dean resigned, you know, whether, she was asking me, "You sure you don't want to try to be interim dean?"

And I just said, "Absolutely not. I'm on the path to retirement. I'm not going to do it."

And then after she posed the question I thought well, you know, maybe so. I've been around a long time. I know a lot of people. And I think I've got some vision for where the school needs to go.

So I did it for a year and a half. And really loved it, actually. I was surprised. But also was ready to be done when Dean Bakewell-Sachs joined us.

Now, about nursing education. So I'd say it's had a troubled history. Back in the dark ages of nursing, in the '50s or '60s, the only doctoral degree that nursing faculty could earn was out of Columbia Teachers College. So naturally those people educated with their doctoral degrees did research around nursing education. And so we actually had quite a bit of work in the '60s, '70s, '50s, '60s, '70s, in nursing education scholarship.

And then it became kind of a bad thing because it was distracting us from the clinical scholarship that we needed. As doctoral programs were being developed, there was a great deal of push from our professional leadership that we needed to pay attention to the clinical science. And there was investment of resources into our nursing science with first the establishment of the National Center for Nursing Research, and now, finally, the National Institute of Nursing Research. It's not nearly enough funding to support the clinical work. But we've never, or not since the early '80s, have we had any kind of funding stream that would support educational scholarship. And that's a real disadvantage. It ends up meaning that you, it's very hard to have multi-site studies. Very difficult to have reasonable decent measures. We still lack decent measures for educational outcomes.

I'm encouraged that most recently I've been involved with the Robert Wood Johnson Foundation on an initiative trying to promote nursing education research without substantial amounts of funding by creating a network similar to primary care research networks where schools would become members of the networks and we would use data that exists in schools for starters. Or that we collect on a fairly limited basis using survey methodology to address some

questions that can be addressed by having aggregate data from schools. So we'd maintain a database and begin some small-scale studies, or fairly focused studies. And then see if we can accrue enough support through- individual school memberships to support some more national multi-site studies that would help address some of the issues that we have. That was just funded by the Robert Wood Johnson Foundation. And Pam Ironside is directing its development. Just getting started now. So I see some hope still, you know, finding a way that we can continue to grow the science. It's pretty challenging without funding.

Gaines: And where would Oregon's role be in that, do you think?

Tanner: Well, you know, I think we're like a lot of schools is that the people that were doing educational scholarship have retired. And we have a few younger folks that have, are recent doctorates in nursing education that I think will continue it. So I'm hoping, I'm committed to seeing OHSU become a member of this network and invest in that. It will not cost very much, we think, for individual members with a great deal of possible return on that investment. I think as long as we have some faculty involved in educational research that there's a way that we can help leverage that resource to continue our contribution to it.

Gaines: Can you tell me also a little bit about where you see the new issues that I'm reading about, about the kind of conflict that's arising between PhD research and DNP research. I think that's a critical issue as we look at the rise of those programs, and what you see here at OHSU.

Tanner: So we've got a, it's a place, again, for transformational change, I think. Meaning that we just have to look at it really differently. It harkens back to the days when we were trying to talk about knowledge for practice discipline. And trying to draw distinctions between bench research or basic research in nursing and clinical research. You know, when the distinctions are not so clear. And UCSF struggled with it when they were operating both the doctor of nursing science program and a PhD program in drawing distinctions between a clinical science and a PhD type science, whatever that is. And I think we're going along at a similar vein now. That I think we, it's, you know, the DNP is a clinical doctorate. And it tends to be viewed by some PhDs as a lesser degree. And I think that it's not designed as a research degree. You know, it's not intended to be a research degree. But that doesn't take away the need that we've seen for decades about having scholars in the clinical practice environment who can pose relevant questions, and use data that's available in the clinical environment to address those questions.

So I think, you know, I think it needs some attention from the discipline. Every individual university is now trying to work out what it means in terms of promotion and tenure for DNP faculty. You know, tenure tends to be associated with people that are capable of garnering grants. You know, research grants. I think tenure is another whole issue that has to get solved, too. I see schools all over the country going toward multi-year contracts instead of tenure. But it gets, that tension gets played out around research productivity and what counts as research.

Gaines: And are you still doing a lot of consulting?

Tanner: Very little. I'm doing, I just finished heading up an initiative for Robert Wood Johnson Foundation that has gone for about eight years on evaluation of educational innovations in the country. And I'll continue this work with the Macy Foundation. I'm doing a few guest lectures.

Gaines: Is most of that international now?

Tanner: About half and half. I have one more visit to Japan that's planned on a contract. I've been working with a school in Japan. That's been really fun.

Gaines: And Australia.

Tanner: Nothing in Australia at the moment. But I'm eager to travel to travel and to actually not be professionally engaged. And so I have a lot of other things I want to do. So it's, I don't know what will be first. But I'm working now with a group on single payer for Oregon. So that's taking increasing amounts of my time. So that's kind of fun.

Gaines: Good. So I didn't ask you about your hobbies. Do you want to tell us about woodworking and piano and all that?

Tanner: Well, yes, I play at woodworking and I play at piano, both. I've taken some woodworking workshops. I have a workshop. But I haven't yet gotten back to it because of competing demands in retirement. I've been taking piano lessons for about ten years now as an adult. And took lessons as a child. And I'm taking lessons from a wonderful retired professor of music who specializes in working with adult pianists who had issues as children with piano. And get anxious when you come to your lesson unprepared, still. So it's a lot of fun.

Gaines: So that fits right into your judgment, doesn't it?

Tanner: It does. Yeah.

Gaines: Is there anything else you wish I'd asked you that I haven't?

Tanner: I think you've about covered everything that I can think of. And some things that I hadn't expected to be talking about. It's funny when you start talking about memories.

Morgen Young: No, I echo that. I have no further questions. It's wonderful...

I guess I have one question. If you have any observations on either from your own experience or for others in the LGBT community, if you could have any observations or comment on the evolution of healthcare for LGBT patients...

Tanner: So I think we have a long way to go. I think that it's, LGBT is a minority group that has healthcare needs that may go unaddressed because of their inability to access care or seek care where they feel comfortable. I think that's changing. I know that there's been a push to be more inclusive in our curricula about LGBT issues. I think as information about LGBT and, more recently, around transgender folks, is that as we're learning more about that experience, I think it will help care all the way around. But I think there's work to be done.

There's the Gay and Lesbian Medical Association meeting here in Portland in the fall. And they're working very hard on generating curricula for medical and nursing schools. There's

a nursing subset in that organization that's, I know, working on that. Resources are becoming increasingly available for it. So.

Gaines: Would, would you extend that, Chris, to other minority groups, in that sense? I'm thinking about, we have a faculty member, Dena [Hassouneh], she's who's worked with Muslim women. And the problems they have in obtaining healthcare. Do you see the—are they parallels, or are they really different?

Tanner: Well I think a deep understanding of one group helps you extend that understanding to other groups. For example, I think being lesbian has sensitized me to issues of other invisible minority groups who may have health problems that aren't obvious by virtue of their membership in another group. So I think there's a way that one can increase sensitivity and an openness to learn. It's not the kind of thing you can teach about every possible minority group.

Gaines: Right.

Tanner: But sensitize people to the micro-aggressions that happen in our everyday language to recognize when a person is a member of a group that might be disadvantaged and have less access to care. Or is unable to disclose important factors about themselves because of some prejudice evident in the system. So I think just helping people begin to develop some sensitivity to that is a big step.

Gaines: My reason for asking that is I'm thinking back again about the university, and diversity's always been a difficult issue for us. Do you see changes in that way, using as an example the LGBT or Muslims? Or is it still somewhere we need to get?

Tanner: It's someplace we need to get. I still think it's part of our strategic plan. But I don't think it's where we need to be. You know, we're not, we've not been terribly successful at the recruitment of ethnic minority, faculty of color, for example. And we need to. We need to be able to, we need to have visible minority representation on our faculties to be successful in recruiting students to our disciplines. And as a sort of basic thing that we need to be doing. So you know, I think there's effort. I think that a lot more attention needs to be paid kind of to that. So.

Gaines: Anything else?

Tanner: No.

Gaines: Thank you. Thank you very much for—

Tanner: Thank you.

[End Interview.]