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Back To The Beginning: The PA And NP Professions Each Got A Nudge From An MSN Program At Duke

By: **Phoebe Pollitt, PhD, RN**, and Karen Reesman, PhD, RN, NEA-BC

Abstract

Through decades of role confusion and conflict among nurse practitioners, clinical nurse specialists and physician assistants, little attention has been given to their mutual antecedent, a short-lived (1958-1962) master of science in nursing program established at Duke University in Durham, NC.

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The PA and NP professions each got a nudge from an MSN program at Duke

By Phoebe Pollitt, PhD, RN, and Karen Reesman, PhD, RN, NEA-BC

► **THROUGH DECADES** of role confusion and conflict among nurse practitioners, clinical nurse specialists and physician assistants, little attention has been given to their mutual antecedent, a short-lived (1958–1962) master of science in nursing program established at Duke University in Durham, N.C.

Under the leadership of Thelma Ingles, RN, and Eugene A. Stead Jr., MD, a groundbreaking plan to educate a new type of healthcare provider briefly became reality. Prior to this Duke program, MSN degrees had been awarded only in the functional areas of education, supervision or administration, or in the specialized areas of anesthesia and psychiatric nursing.^{1,2} Ingles and Stead designed a unique curriculum to expand the scope of nursing practice to include skills such as taking a patient history and performing a physical examination.³ This MSN program laid the groundwork for the PA profession and helped pave the way for the NP and CNS roles.

Thelma Ingles

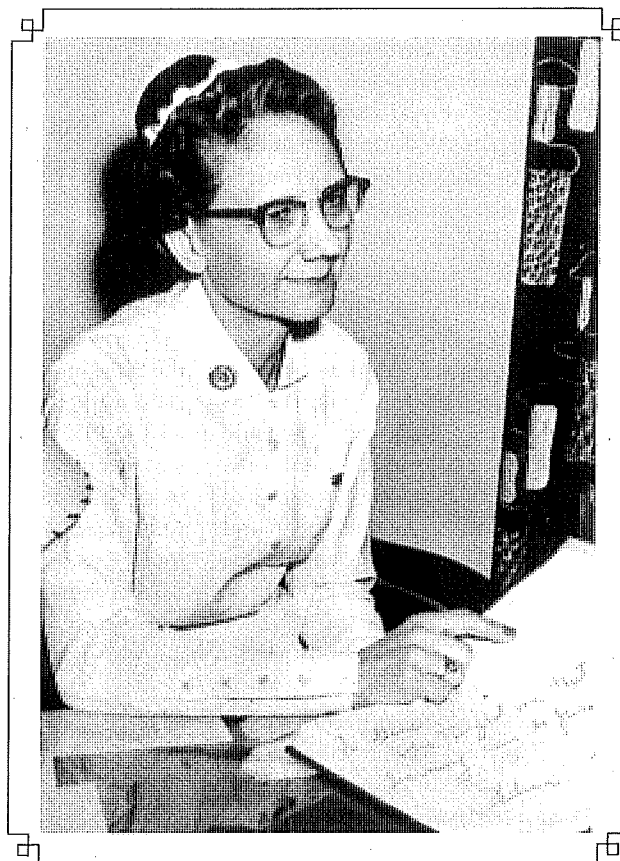
Thelma Ingles was born in Redfield, S.D., in 1909. She earned a bachelor of arts in English literature from UCLA in 1931, followed by a diploma in nursing from Massachusetts General Hospital in 1935 and a master of arts in English literature from Western Reserve University in 1941.

She ultimately decided to focus her career on nursing, so she did postgraduate studies in clinical nursing at Duke University and in public health nursing and sociology at the University of California at Berkeley. Her early academic appointments included the Boston Nursery for Blind Babies (1936), the University of Virginia (1941–1945) and Admiral Bristol Hospital in Istanbul (1945–1948). In 1949, Ingles accepted a position as professor of medical surgical nursing at Duke University School of Nursing.³

The Landscape

Several critical events set the stage for Duke's advanced practice nursing attempt. Before World War II, 3-year hospital-based nursing schools served as the primary source of nursing education. Physicians often owned small private hospitals

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Thelma Ingles, RN, in partnership with the eventual founder of the PA profession, made the first effort at an advanced practice nursing role.

and created nursing schools to ensure a supply of inexpensive labor. The physicians taught the courses, and what they taught largely depended on the type of patients being treated in the hospital. In response to this haphazard approach to teaching, early nursing leaders formed the National League for Nursing Education (renamed the National League for Nursing [NLN] in 1952). One of the first goals of this organization was for nurses to create, teach and evaluate nursing school curricula.⁴

Advances in pharmacology, medicine and surgery increased the quantity and quality of services healthcare agencies offered after the war. To accommodate this ability, Congress passed the Hill-Burton Act in 1946, which funded hospital expansion and construction across the nation and provided a funding

Professional Issues

mechanism for indigent care. The additional beds, coupled with the variety of services hospitals could offer, led to an increased number of hospitalizations. Concurrently, health insurance coverage grew so more people were able to receive new inpatient services.⁵

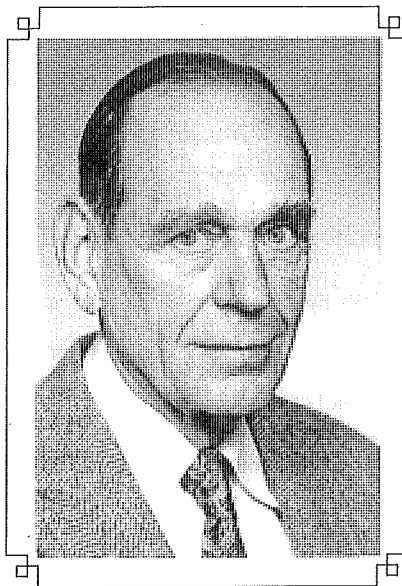
In the 1950s, experts predicted an impending shortage of physicians at a time when more people were seeking healthcare. Additional healthcare professionals were needed.^{4,6}

In the background, the nursing profession underwent tremendous change. Baccalaureate programs grew in number and influence. Two-year associate degree nursing programs flourished. The role of licensed practical and vocational nurses expanded, and soon nursing assistants appeared on the scene. The roles, responsibilities and interrelationships of these healthcare workers were hotly debated. Nurses had yet to reach consensus on educational preparation and the best way to use nursing staff with varying credentials and years of schooling. Academic accrediting organizations and state boards of nursing had their hands full managing the changes in nursing education and practice.⁷ Against this already confusing backdrop, Ingles and Stead introduced yet another type of nurse.

A Pivotal Conversation

All of these factors contributed to a pivotal conversation between Ingles and Stead in 1957. As a professor of medical surgical nursing, Ingles interacted with Duke physicians and medical school faculty on a regular basis.³ Stead was chairman of the Department of Medicine at Duke and had served in the same capacity at Emory University in Atlanta during World War II.

Stead became convinced that much of the routine hospital care, then provided by physicians, could be taught to and performed by a new type of healthcare provider. Stead initially envisioned teaching nurses to fill this new role. These nurses would expand healthcare to many underserved people cost-effi-



Ingles's colleague, Eugene A. Stead Jr., MD

ciently.⁸ During a meeting in the spring of 1957 attended by both Ingles and Stead, the topic of advanced nursing practice came up. Ingles had planned a sabbatical for the 1957–1958 academic year, with a goal of increasing her clinical competence. Stead and Ingles agreed that Ingles would spend her sabbatical year studying under Stead, learning more about the care of medical and surgical patients through collaboration with physicians,

laboratory and imaging staff and others to improve patient outcomes.⁹ Many of Stead's colleagues were unsure what to make of a nurse in an expanded role. In her unpublished memoir, Ingles⁹ wrote of this time:

"[W]hen I was studying neurology, for example ... making rounds with Dr. Conkle, who was chairman of that division, he didn't exactly know how to treat me. When I would ask him some questions, he would say 'I don't think that has anything to do with the nursing realm.' I'd say 'It has something to do with the nursing realm because this nurse wants to know it.'"

At the end of that year, Ingles⁹ wrote this about the experience:

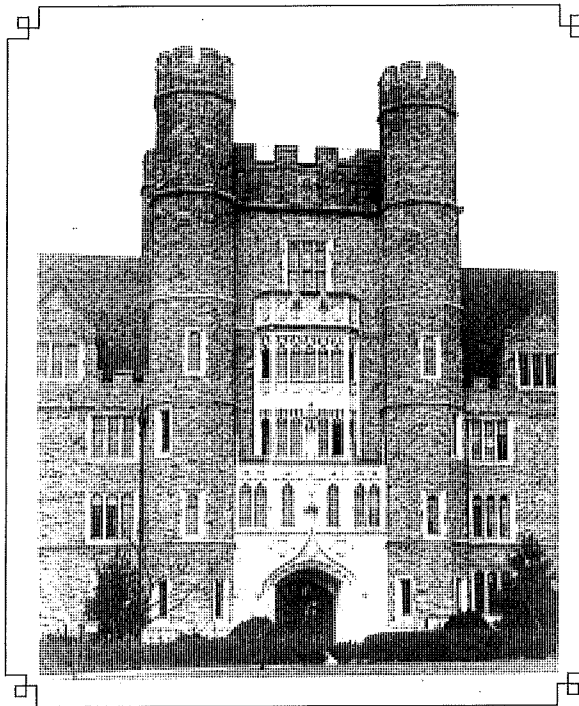
"I had learned a tremendous amount about clinical medicine. ... I felt that this year that I had with Dr. Stead was such a superb year that we ought to replicate it with a group of students and give them the same thing. Obviously, Dr. Stead could not continue year after year to take one nurse, and that would have little effect. But maybe we could have a group. So we began to talk about setting up a master's program in nursing"

Collaboration Continues

Ingles and Stead continued to collaborate. They secured a 5-year, \$250,000 grant (a sizable sum for that time) from the Rockefeller Foundation to develop the first nursing clinical specialist program at the master's level.^{8,9}

The 1-year program included 12 hours a week of classroom instruction in theory, 3 hours a week of research and 30 hours a week in clinical rotations. Duke's Department of Medicine physicians contributed many lectures and assisted with classes, particularly the advanced medical surgical nursing course.¹⁰

Students spent 6 weeks in four required clinical areas: respiratory, neurology, cardiology and gastroenterology. After completing those areas, students could choose any other two areas (such as obstetrics, pediatrics or psychiatry) or repeat areas. In the seminar in teaching course,



Duke was home to an early plan for a new healthcare provider.

'We came out with the idea that the nurse was qualified to do a great many things in patient care that had not been seen as part of her role.'

students were often in charge of teaching other MSN students and were expected to explain the pathophysiology of the disease, discuss the disease process, and describe and demonstrate the nursing care the patient needed.

Ingles⁹ described the intent of the new program in a prophetic statement:

"[W]e came out with the idea that the nurse was qualified to do a great many things in patient care that had not been seen as part of her role. ... We even went so far as to project into the future that we were going to have our graduates in the master's program working in the clinic as responsible individuals in care, that patients would be told to come in and see 'the nurse.' And she would be paid a per-visit call same as the doctor. We thought that this was particularly relevant to patients with chronic disease. We saw her as having much greater input into the diagnosis and treatment and follow-up than had ever been done in the past. But we knew that we had to move slowly"

In another entry, she wrote:⁹

"One of the things I told the students right from the inception was we are preparing you for a job that doesn't exist because there are no jobs in hospitals for the clinical nurse practitioner. This was a new kind of role. But we have to prepare people before we can set up the role so that we have people who know what the role should be."

The MSN program began with five students in 1958.⁹ When Ingles and the nursing department sought NLN accreditation, however, they were denied on the grounds that the program lacked structure and contained more medicine than nursing. The NLN also criticized the use of physicians as instructors.^{6,11} In addition, Ingles⁹ said that the NLN indicated she did not have the credentials necessary to teach in an MSN program, since her highest level of education in nursing was the diploma. To remedy the situation and comply with NLN guidelines, Ingles took a year off from teaching to earn additional credits at UC Berkeley.

While she was in California, the Duke nursing department again tried to obtain accreditation for the MSN program and again was denied.^{9,11} In fact, the ANA and NLN did not embrace advanced clinical nursing practice until the 1970s.^{12,13}

Another Door Opens

Without accreditation, the Duke MSN program could not attract students and closed in 1962. Stead was still enthusiastic about the idea of creating a new healthcare professional to perform many of the routine functions usually done by physicians, but he veered from using nurses to using military corpsmen. In 1965, he admitted and taught the first class of physician assistants at Duke University Medical Center. Stead is credited with founding the PA profession, and his birthday, Oct. 6, is National PA Day.

Also in 1965, nurse Loretta Ford and physician Henry Silver began the first pediatric nurse practitioner program, at the University of Colorado. Within 9 years, more than 1,000 nurses were practicing as NPs.¹⁰ This program began as a certificate program, as did most early NP programs, thus bypassing the need for accreditation.¹² The NLN did not accredit the first MSN programs for NPs and CNSs until more than a decade after the Duke program's inception.

Thelma's Legacy

Thelma Ingles left Duke in 1961 and joined the Rockefeller Foundation as a nurse consultant. For 20 years, she traveled around the globe on behalf of nursing. She worked to improve nursing education everywhere she went. In Cali, Colombia, for instance, she established bachelor's and master's programs in nursing. As a consultant to the World Health Organization, she visited nursing schools in places as diverse

as Finland, India, Thailand, Russia and England. In addition, she worked with Project HOPE, the Peace Corps and the Robert Wood Johnson Foundation. Ingles died in 1983.

Ingles' belief that the care of patients was more important than the growth and prestige of the nursing profession never wavered.⁹ The story of Thelma Ingles and the first master's-level nurse clinician program teaches us to be more open to new ideas, to be willing to try new experiences, and to support each other in our efforts to improve our profession. ■

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The Lessons of History

➤ **LEARN MORE** about the formation and development of the NP and PA professions at our website. Visit www.advanceweb.com/NPPA and select the **NP Resource Center** or the **PA Resource Center**.

Nurse Practitioners: A Timeline

WHILE NP FIRSTS aren't always easily identifiable due to differences in definitions, there's no debate that from a first graduating class of one in 1966 has emerged a vibrant and vital profession. Happy National Nurse Practitioner Week 2011! —Michael Gerchufsky

1958 Thelma M. Ingles, RN, and Eugene A. Stead Jr., MD, establish a short-lived MSN program at Duke, laying the groundwork for the PA profession and the NP role.

1960

1966 Loretta C. Ford, RN, EdD, and Henry K. Silver, MD, begin the first pediatric NP program at the University of Colorado.

1966 Susan G. Stearly, MS, is the first to receive an NP certificate from the Colorado program. Each year thereafter, graduating classes grew, with 3 in the second, 5 in the third and 7 in the fourth.

1970

1973 The National Association of Pediatric NPs is established.

1974 The first national meeting of NP educators is held.

1976 250 NPs attend the first National NP Symposium in Denver.

1979 The first professional clinical doctorate in nursing (ND) program is begun at Case Western Reserve University.

1980 The National Organization of NP Faculties, the National Association of NPs in Reproductive Health, and NP Associates for Continuing Education are founded.

1985 The American Academy of NPs and the National Alliance of NPs are founded.

1991 The first NPs enter practice in the United Kingdom. Today, NPs practice internationally in Australia, Bahrain, Canada, England, Ireland, Scotland, South Africa and beyond.

1993 The first issue of *ADVANCE for Nurse Practitioners* is published.

The National NP Coalition is born at the first NP Leadership Summit.

1989 The first AANP national conference is held in Philadelphia with 158 attendees.

1990

1994 The NNPC is renamed the American College of NPs.

1994 NPs are granted Medicare provider status.

1994 A *New England Journal of Medicine* article concludes that the primary care provided by NPs "is equivalent or superior to that provided by physicians."

1996 In Louisiana, an amended Nurse Practice Act explicitly including the NP role goes into effect on Jan. 1. NPs now can practice everywhere in the United States.

1999 ACNP hosts its first national clinical conference in Nashville.

2000

2001 The National Organization of NP Faculties establishes a task force to examine NP educational issues, including the DNP

2004 The American Association of Colleges of Nursing calls for the DNP to become the terminal degree by 2015.

2004 National NP Week, held annually in November, is recognized by Congress.

2006 Georgia's governor signs a law allowing NPs to sign prescriptions. NPs now prescribe in every state.

2008 A work group of major nursing and APRN organizations issues the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*.

2010 *ADVANCE for Nurse Practitioners* and *ADVANCE for Physician Assistants* unite to form *ADVANCE for NPs & PAs*.

2011 As many as 150,000 U.S. NPs are in practice.

2011 About 9,500 new NPs graduate from nearly 350 programs.

Sources include the American Academy of NPs; the American College of NPs; the Health Resources Services Administration; the ICN International NP/APN Network; the Louisiana Association of NPs; United APRNs of Georgia; The Doctor of Nursing Practice and Clinical Nurse Leader, edited by Joyce J. Fitzpatrick and Meredith Wallace (Springer Publishing, 2009); Nurse Practitioner Education in the United States: A Success Story, by Joyce Pulcini and Mary Wagner (Clin Excell Nurse Pract. 2002;6[2]:51-56); and Nurse Practitioners: The Early Years (1965-1974), by Debra Wilson (Nurse Pract. 1994;19[12]:26-35).

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