



The Advocate

NURSE PRACTITIONERS OF NEW YORK

WWW.NPNY.NET

FALL 2010

From the President's Desk...

I discovered NPNY remotely, from Connecticut, in 2007 while searching the web for New York City-based NP professional organizations. I joined and shortly after moved to NYC to start my professional life as a Nurse Practitioner. NPNY became a part of my routine. I was invited to join the program committee and then to be its chair. I constructed our facebook page and collaborated on the design of our latest web site. It is an honor now to serve as your president.

NEW FACES AT NPNY

Monthly CE programs resume in September; and it's going to be an exciting, eventful and productive year. New faces are becoming involved in NPNY, and our venue for programs has moved to the Union Square area. We hope that whether veteran member or newcomer, you will be part of our activity; committees benefit from new volunteers, and our educational programs thrive on your presence and participation. The new program venue — Phillips Ambulatory Care Center (10 Union Square East, Conference Room #1) — is located in a hub of subway stops with tasty new catering options nearby. Thanks to Juliette Blount for all her hard work coordinating this new locale, and our gratitude to Pace for all the good years spent at that site.

CHANGES IN FACEBOOK

I appreciate the web's importance for recruitment and information dispersal; however, in this era of concern over privacy protection, having some limitation to access is prudent. I intend to safeguard member benefits by reserving them for you — our membership — and to achieve a balance between visibility on the web and our privacy as individuals and as an organization. Our "open" facebook group is now "members-only"—to protect members' identity and, at the same time, provide us with a confidential forum to discuss job opportunities, the NP political climate, and our strategies for professional advancement. Visitors to our facebook page will need to request to join and be confirmed as members. Similarly, portions of content of our web page will be password-protected to guard what is valuable to our dues-paying members while not preventing new folks from searching our page.

I hope you feel good about the added security and intimacy of our online content. I look forward to seeing all soon.

—Amanda Erei, RN, MSN, ANP

Career Change: Finding the Way

Last summer, working part-time in a private office setting, I was getting discouraged. I doubted my new role as an NP and started to question whether it was worth all the time, energy, and sacrifice I was putting myself and my family through. After all, I had liked being an RN and there was not that much difference in salary.

Finally, after updating my resume — comparable to getting a tooth pulled for me — I began spending countless hours on the phone and computer; job openings seemed to be mainly in inpatient-hospital-based settings — not my interest. And then, I checked my e-mail and saw something from NPNY, titled "job listings." One listing — working with the "homeless" population — immediately caught my eye. With my strong mental health and community-based background as an RN, I thought this might be a good

children/families, doing screenings, giving immunizations and teaching, which I really love to do. I perform GYN exams, which include pap smears and make birth control available. Some of my clients have not had medical attention in years, mainly due to lack of insurance and lack of legal documentation. One of my job priorities is interviewing clients, getting a history, and completing a form, called "Screen 1." Everybody, as young as 6 months old, must be screened for TB. Quite a few clients have tested positive and been started on LTBI treatment.

ALL GET MENTAL HEALTH SCREENS

My organization provides mental health services, which consist of "ICM" intensive case managers, child psychologists, and a child/adult psychiatrist. On occasion I have prescribed anti-anxiety and anti-depressant medication, when I feel clients need it right away; of course, there is a follow-up by the psychiatrist. We try to screen all clients for mental health problems. Unfortunately the homeless population is growing day by day and many re-enter the system again and again.

September will be my year anniversary, and I hope to remain for some years at Care for the Homeless. I look forward eventually to providing services to homeless clients directly on the street or in other settings, like soup kitchens; some clients just won't go to a medical office. Today I am much more positive and hopeful about my career, and choice, to become an NP. — Susan Quinn-Torpey, FNP



Susan Quinn-Torpey, FNP, with Nina and her son, King, at Briarwood Family Residence.

fit. The challenge of working with clients, with both mental and medical problems, appealed to me.

HEALTH CARE FOR ALL

I was hired. Assigned to two "family shelters," both located in Queens, NY, I started right away. In each building, my office is located on the first floor, convenient for residents. My company, "Care for the Homeless," is non-profit, funded through Medicaid, city, state and federal government, thus allowing me to offer services to clients, who are uninsured and make no payment — a pleasure. Part of my day is spent providing well care to

Congratulations!

Two friends of NPNY received American Academy of Nurse Practitioners (AANP) Awards. Keith Claffey, APN, CWCN, was recognized for Excellence in Practice in NJ and Margaret (Peg) O'Donnell Dolan, NP, for advocacy for NPs in NYS. AANP honored NPs with State Awards in June at its yearly national conference.

Our New Meeting Place!

In September NPNY's CE meetings are moving to **Beth Israel's PACC** (Phillips Ambulatory Care Center) at 10 Union Square East, Conference Room #1. See calendar on back for details.

Heartfelt thanks to Pace University for the years it provided NPNY free space.

Haiti: A Medical Volunteer's Experience

I had decided to take a break after working several years with The Glens Falls Medical Mission in the mountains of Guatemala — until the earthquake in Haiti on January 12, 2010. In March, my google search for volunteer spots in Haiti revealed no need for primary care providers. However, a week later I received an e-mail from Columbia University School of Nursing (CUSON) recruiting NP's to go to Haiti with the International Medical Corps (IMC); care was shifting toward primary needs as most of the lifesaving was over. I was given an April 23 departure date and told I'd be in either a hospital setting or a clinic, under tents, providing care to children in Port au Prince (PAP). I emphasized that my experience was solely pediatrics and mostly primary care.

TRANSITION IN MEDICAL STAFF

My list of things to bring included a mosquito net, light sleeping bag, and lots of snacks. Volunteers slept on mattresses on a conference room floor in a still-standing hotel. Another pediatric nurse — a PNP student on my flight — and I joined a group of 50 volunteers, mostly from the US and Canada. New volunteers arrived daily.

On our first night it became clear that we would not be providing primary care in "tent clinics." IMC had set up an ER and ICU, in a repaired small hospital, staffed by IMC and Partner's in Health volunteers. My heart raced! I have been a pediatric nurse practitioner for 29 years; I did a fast track career change in the 70's and skipped any real hospital training. There were 12 to 15 cots in the ER and also in the ICU. Volunteers were assigned to triage, bedside care, or ICU in three overlapping 12-hour shifts. The goal had always been to work closely with the Haitian medical personnel, and we learned that transition back to the Haitian doctors and nurses was to start that week. But for many of the exhausted volunteers who had worked hard to set up the center, this seemed a difficult assignment; the hospital had never had an ER or ICU.

WIDE RANGE OF MEDICAL ISSUES

The next morning we traveled from hotel to hospital by van, about 10 minutes; volunteers were not permitted to leave the grounds of either facility. At the hospital two stretchers were being rolled out: one patient had died from AIDS complications and the other from cancer. A whole range of medical issues were treated here, including lots of malaria; two cases of tetanus (one made it out to The Mayo Clinic and the other died); lots of septic patients; horrible burns, usually a result of using candles as light sources in tents; and other very sick patients with cancers. Another huge problem was injuries from violence: suicide attempts and gunshot wounds.



The ER — staffed by International Medical Corps and Partner's in Health volunteers — is located in a repaired small hospital in Port-au-Prince, Haiti. Photo by Andrea Berne, PNP.

With my lack of experience in a hospital setting, I worked mostly in triage. Patients lined up early morning hoping to be seen in the open-air building. But it was overcrowded and chaotic at the entry with patients begging to get in. Unfortunately we could accept only true emergencies; many people with acute and chronic conditions had to be turned away. Occasionally we were able to send admissions to a facility — the most extensive hospital in PAP — set up by the University of Miami. Health care facilities, existing before the earthquake, are mostly gone. Many Haitians have never had health care, and many in PAP still live in tent cities under extreme conditions amidst rubble and garbage.

HOW TO MOVE AHEAD?

I have never experienced anything like what I saw in Haiti. While the country was fraught with tremendous problems, it is now complicated by a horrible disaster. The lack of government and infrastructure makes it difficult to move ahead with recovery. Haitians are resilient and have come together; families stay at bedsides 24 hours, feeding and taking total care of relatives, often assisting others without family.

I plan to return to Haiti next year and hope to provide pediatric services, my specialty in which I am more comfortable. CUSON has a blog with nurses' and nurse practitioners' experiences. Also, if you are interested, an ICU doctor from California has a beautiful blog at adaminhaiti.blogspot.

—Andrea Berne, PNP

The Nominations Committee

(Helen Ruddy, Joanna Hutchinson, and Myrna Stephens)

- 👑 thanks the membership for participating in the election;
- 👑 congratulates the newly elected members of the Board;
- 👑 thanks our Past President Susan Moscou for her energetic leadership and direction to the organization; and
- 👑 thanks Rebecca Fry (who is leaving the Board) for her expert contributions regarding HIV/AIDS policy.

NPNY CALENDAR: Earn CEs for Each Program

Everybody welcome. Free for members; \$20 for nonmembers; \$5 for NP students.

◆ THURSDAY, SEPT. 16, 2010

Program: Oral Health for Primary Care Clinicians (Earn 1.5 CEs) Primary Care clinicians have a role in oral health when caring for children, adults, and elders.

Speaker: Joan Grcevic, DDS, has extensive experience in community dentistry and expertise in providing dental care for homeless populations, HIV + patients, and cancer patients.

◆ THURSDAY, OCT. 21, 2010

Program: Medical Care for Lesbian Gay Bisexual and Transgender People (Earn 1.5 CEs) A general overview of gender continuum, inclusive health history and physical, and specific health care disparities of LGBT people.

Speaker: Ronica Mukerjee, MSN, FNP-BC, MSA, LAC, works at Callen-Lorde Community Health Center, a medical facility in Chelsea for the lesbian, gay, bisexual, and transgender community as well as for people living with HIV/AIDS for more than two years.

Time:

6 - 6:30 pm Networking & light dinner

6:30 - 7 pm News & announcements

7 - 8:30 pm Program

Location: Starting September our CE meetings will take place in Beth Israel's PACC (Phillips Ambulatory Care Center), located at 10 Union Square East, Conference Room #1.

Subway: Union Square station on the L, N, Q, R, W, 4, 5, 6.

Details: More information: check NPNY web site. These activities have been submitted to the New York State Nurses Association (NYSNA) for approval to award contact hours. NYSNA is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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