OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Pamela Hellings, R.N., Ph.D., CPNP-R

Interview conducted February 26, 2009

by

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Interviewed by Barbara Gaines
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GAINES: Good morning. This is Barbara Gaines, and it's 8:58. And this interview with Dr. Pam Hellings was recorded on February 26, 2009, as part of the Oregon Health & Science University Oral History Program. The interview was conducted in the library building on the OHSU campus by Dr. Barbara Gaines. This is tape number one.

Good morning, Pam.

HELLINGS: Good morning.

GAINES: I want to start, usually we want to start with how you ever thought to become a nurse, and a little bit about your family's influence on that decision.

HELLINGS: Yeah.

GAINES: And so I think we should start there today, too.

HELLINGS: Okay. I was always interested in the sciences. I don't have any healthcare providers in my family background. In fact, I was the first college-educated person in my family. And my younger sister followed me into college.

As I was thinking about things I wanted to do, the thing I always knew, is I wanted to work with children. I loved babysitting. I took care of a youngster in my time that had cerebral palsy and a family of four boys. And I loved it. So I started thinking about a health-related career. And quite frankly, it's kind of embarrassing, but my other thought is that I actually thought about majoring in home ec. I loved sewing and all that kind of thing. But I decided that was just hobby stuff. That wasn't going to be a career.

And I actually thought about medicine. But back at that time, in the '60s, for a young woman to consider going into medicine was pretty unusual, and pretty difficult. And quite frankly, nobody was there to say, "Yeah! Go for it! Do it!" Even our college counselors at a high school where the vast majority of students went to college, gave preferential treatment to the boys in terms of college counseling. They assumed that females were going to college to find a husband. So in terms of scholarships and a whole variety of things, we were second-class citizens.

But I also looked at the few physicians that I knew, primarily from receiving my own healthcare, and the model I saw was one I didn't think would necessarily be compatible with the way I wanted to live my life. And nursing looked like the right combination for me. But I also knew that I wanted to go to college. And as it turned out,

it was UCLA, and they had a nursing program. And it was just, everything just sort of fell into place. I got scholarships to UCLA, which made it possible for me to go there. Possible for my family to consider that. And it really was just the right mix. I loved being at a big school. The nursing program fit with my goals.

And during my time in nursing school, I discovered that although I did love working in pediatrics, that I was terrible at working with kids who were dying. That I really needed to be in an area to work with kids in rehab or in clinics, in chronic illness. But working with families and children who had major catastrophic illnesses, I didn't handle very well. And therefore I felt that I was no good to the families when they needed me in those situations.

So kind of all along, pieces just fell into place that moved me along in a direction so I could pursue the interests and pursue the things that seemed to fit with me. And I was very happy. I never really felt like it had been the wrong choice. And really nowhere along the line did I say, "Oh, shoot, I shouldn't have done that!" Or, "I regret taking this path instead of that path." Things just sort of fell into place all the way along.

GAINES: That's good. So how much of your education did you do at UCLA? And are you a Los Angeles kid?

HELLINGS: Well, I grew up in California. My father was transferred around a lot. At one point, I think I calculated that I went to a dozen schools between kindergarten and high school. But from seventh grade on—all of those schools were really prior to the middle school age—I was in one location in Southern California, in Orange County. So, an hour, hour and a half, from L.A. Disneyland was my college job. So we were in that vicinity. So I was a California kid, but not really an L.A. kid.

GAINES: And so did you work at Disneyland all the way through? You did two degrees, at least, at UCLA.

HELLINGS: I did. I worked at Disneyland starting with spring break of my senior year of high school, and continued, and my last stint at Disneyland was after I graduated from UCLA while I was waiting to take the boards. Back in those days, there was usually a delay in timing of the administration of the boards. And so I needed to pick up some uniform and pin money, so I worked at Disneyland after college graduation for a brief period of time until I took the boards. And then started my first position.

And you're right. I did get two degrees at UCLA. My bachelor's degree, and then I worked for three years, and then I went back and got my master's degree there.

GAINES: And did you work in child health at that time?

HELLINGS: Again, one of those lucky things. I found that there's a place in Los Angeles called Orthopaedic Hospital. And they have a huge children's program. And they had an opening for a new grad on the pediatric floor. So I started out in inpatient

pediatrics, working with kids who were primarily having everything from care for spina bifida, CP, scoliosis, club foot. We also had a big clinic in Mexico, so we had a number of kids coming up for post-polio care.

But after a year of working there, they approached me and they needed some coverage in the outpatient clinic. And asked me if I would consider floating over to the clinic to replace somebody over there. And I clearly remember saying to them, "I'll do it. You need me and it will be a good experience. But you're not trying to get rid of me off the floor, are you? I love inpatient nursing."

And they said, "No, no, no. You can come back."

Well, guess what? I never went back. The job in outpatient was a nice fit. I picked up a group of kids, I would follow them in the hospital and go and visit them. But ultimately, I picked up a shift or two when they needed me, but I never went back full time to inpatient nursing. I ended up staying in the outpatient clinics and picked up specialty clinics in spina bifida. I had one of the hip clinics. We tended, as the nurses in the clinic, to have certain teams that we worked with. And at one point, I did have the bone tumor team, which it was a challenge for me. I ended up staying over there.

And again, I started off on staff, and I ended up being the nursing care coordinator. Well, I was staff until I got my master's degree. Then I came back, and Cathie Burns, actually somebody who was on the faculty here, we met, she was a year ahead of me at UCLA. We met at Orthopaedic Hospital in the clinics. And she was the nursing care coordinator. I covered for her when she was pregnant. And when she left altogether to go teach at UCLA, then I had the position permanently until ultimately I left to go teach at UCLA. So, I ended up being at Orthopaedic Hospital from 1967 to 1973.

GAINES: And somewhere in there you do the PNP [Pediatric Nurse Practitioner].

HELLINGS: UCLA Extension had a grant for one of the early PNP programs that were in continuing education. And if you had an agency to sponsor you, you would go away for six weeks of intensive education, and then come back to your agency for six months of preceptorship. That's how Cathie had originally gone. And then I was one of the people that they sent to that program. And I came back, then, and practiced back in Orthopaedic Hospital. From the time I actually finished my preceptorship, my time at Orthopaedic was somewhat limited, because then I was recruited to teach that program at UCLA, when Cathie left.

In those days, there weren't that many of us nurse practitioners who had master's degrees. And I was one of the few. In the whole period of time of that grant that Cathie and I worked in UCLA Extension, there were fewer than six of us out of how many? We had, we usually had thirty at least a year. So out of probably ninety to a hundred students, there were less than a handful of us who had master's degrees. So they were anxious to recruit somebody with a master's to teach. So I did that for two years before moving to Oregon.

GAINES: So you've been in advanced practice since the beginning, right?

HELLINGS: I really have. [laughs] I know every once in a while I think back and think, oh, my heavens! And reflect back on what the programs were like and what the scope of practice was like and how much has changed over the years. It's pretty amazing.

GAINES: It really is. So tell us about coming to Oregon, because that's really important to us. And I'm going to try and have us think just about how you got here, and I want to talk a little bit about the early time with the Graduate Council, because that's one of my first memories of interacting with you around advanced practice. And then move on to some of the things about leadership and advanced practice here in Oregon. International work. We'll just keep going. But I want to sort of play with it that way if we can.

HELLINGS: Well I can't talk about my coming to Oregon without mentioning, again, my old, long-time friend Cathie Burns. Cathie and her husband had bought property in Oregon and moved up here. She was a committed PNP educator and came up here and essentially—I don't know all the ins and outs, but talked the school into the fact that we ought to apply for a grant to educate PNPs. So she successfully wrote that grant. But she knew when she did it, and it was still true, that when the grant got funded, she couldn't be the project director, because she did not have her master's degree. And so she started recruiting me to move to Oregon. She knew I was interested in perhaps getting out of the Los Angeles area. And so she said, "Come and visit. Come and see what Oregon's like. I think you would love it."

And that process actually started before we knew the grant was funded. But the funding of the grant was sort of icing on the cake. And ultimately that's what happened. We moved to Oregon, and I became the project director of that grant.

When I came, and ultimately made the commitment to move to Oregon, I hadn't yet made the commitment to OHSU. There was a very interesting clinical position with Multnomah County. They needed a director of kind of the PNPs and what they were doing at that time. And I interviewed for that position as well. And really gave some long, hard thought before I ultimately decided to go to the education side and accept the appointment here with the grant. But there was a period of time when I might have ended up at Multnomah County.

GAINES: So what attracted you, really, is the opportunity, in that sense. And Cathie, of course, is a strong recruiter.

HELLINGS: Teaching nurse practitioners was really fun. It was cutting edge. It was an exciting place to be. And to come in at the beginning of a program in a state where there was lots of room to make a difference, there wasn't a lot already in place. So a chance to really get some programs established was exciting. To take what we were beginning to see on the national level and see how it fit here. It's important to know that that grant was not a grant for baccalaureate-prepared nurses, for master's-prepared

nurses. It was a grant to bring people in from their communities, with community support, for a quarter. So ten, eleven weeks in Portland for intensive training, and then going back for a six-month preceptorship. So some of the major sponsors were county health departments. They would select an individual to send to the program. So over the period of the three years of that grant, we really still were preparing non-baccalaureate-prepared nurses.

I haven't looked at our statistics lately, but probably more than 50 percent of them were baccalaureate-prepared but in many rural county health departments, they had people with two-year degrees, et cetera. So what was more important was what they were going to be doing, what they were going back to, what would be the service to their community as we selected students for that initial grant program.

GAINES: Do you remember coming to the Graduate Council when the program grant was still in Continuing Education, and having a discussion with those of us who were members about what you would assure us would not happen if we allowed you to consider pursuing master's education for PNPs? Do you remember that time?

HELLINGS: I remember coming to a faculty group. I couldn't have told you it was grad council. And I remember having a sense of needing to establish trust with a group. I was new to Oregon, I was new to the faculty, I was an unknown quantity. And I remember sort of the gist of this sense that people don't know me. They're not quite sure what to make of me. And in some cases, they're not really nurse practitioner-oriented at this point. And that I had sort of this déjà vu of some of what I'd experienced in California, where there were a certain group of nurses who said, "Look, if you want to do this, go to medical school. These are medic programs. These are not nursing programs."

So I remember the gist of it. If you said, Was there a specific thing I had to promise not to do, I don't remember that part of it, Barbara, so you'll have to fill me in on that one. But I just remember coming to a group to talk about what this was all about, and what we were going to be doing. And sensing that there was some building of relationships that needed to take place.

GAINES: And so, how did you see that progress, then, and happen? Because it clearly did happen.

HELLINGS: Well a part of it is—I hope a part of it was that there was a commitment on my part, on Cathie's part, to maintain open lines of communication. To try not to go barreling off, develop this program out in the middle of nowhere, nobody knew what we were doing, nobody had a sense of kind of where we were heading, et cetera. So I think communication was a big part of it.

And the other part was simply being here. I think I'm a relatively open person. So being on campus, chatting with people, people felt free to come into the office and say, "What's going on?" Or, "I have a concern." Or, "Have you thought about this?" All variations of the above. So part of it was just being here and having our students start to

arrive and for people to interact with them to a limited degree. We did most of our own teaching. We didn't have a lot of courses that were taught by other faculty since it was sort of continuing education.

The other thing that was interesting out of that time, though, was apparently at OHSU and maybe at the School of Nursing in particular, there was no way to give academic credit for what we were doing for the grant, because they weren't enrolled in a program, in a degree program. So with support; nobody said, "You can't do this and we're mad if you do this," but the answer was, "We simply can't help you." So we had to get credit, academic credit for the program, through DCE [Division of Continuing Education]. So our students paid a fee to DCE.

That's caused headaches for us later, more recently, when people from that old program, some of whom are still in practice, have maybe wanted to go for staff privileges at a hospital. They call the registrar's office and say, "I want a copy of my transcript for my PNP program." And it doesn't exist up here. It was in the archives at DCE.

GAINES: That's at Portland State.

HELLINGS: But I was committed—Portland State, yeah. And now it's really not even at Portland State. It doesn't really exist. But in the registrar's office, they've got archived records. But I was committed to the fact that I thought students should begin to view these as degree opportunities, or credit opportunities. So that if somebody with a two-year degree came back to school, they had academic credit for some intensive education that they had had, and hopefully would get some credit for it towards the degree. And with the knowledge that over time, we would be probably continuing to increase the requirements as we did, and ultimately it became a master's degree option. But it was just interesting that there was no mechanism here for the actual credit to come from the university here. It had to come from DCE.

GAINES: So has—one of the things that you have to have a really kind of unique perspective on, I think, is the credibility that advanced practice nursing programs have gained in the state over the years. Oregon is clearly a leader. And I'd be interested in your sense of how some of that evolved, and what role you saw the PNPs playing in it, yourself and others.

HELLINGS: Well in general, in advanced practice, one of the things that was just perfect timing, I hadn't been here more than a few months. It was the time the state board was reacting to a mandate, a command, if you will, from the Oregon legislature, to create rules and regulations for nurse practitioners. So they needed to put together a task force of people from various specialties to develop these rules and regulations. So I was lucky enough—and I considered myself lucky, it wasn't one of those tasks I hated—I was lucky enough to be the PNP person on that task force. And interestingly enough, another of our long-timers here at OHSU, Dr. Carol Howe, was the person for the midwives. So Carol and I were both on that, essentially the task force that developed the original rules and regulations for practice of nurse practitioners.

And because the legislature had mandated it, and because the rules at the time didn't seem terribly controversial, organized medicine sort of ignored it. There wasn't any big hue and cry about don't do it, don't allow this. And even when the next step came with prescriptive authority for nurse practitioners, it somehow was under the radar screen. And it happened with very little controversy.

There were people like Carol Howe in midwifery, and Diana Taylor in women's health. A group of us in pediatrics. And our students, our own practices, we were all people who were, for lack of a better description, I guess, setting a good example, working in the system, trying to maintain collegial relationships. We were not people who thumbed our noses at organized medicine or went off and didn't try to communicate. Slowly and surely, we built the relationships in with our various specialty partners, and were able to move quickly and with, I guess, great foresight. I don't think we thought we had it at the time. But somehow the rules and regulations that we developed became models for the country. And we developed them with an amazing lack of controversy from other professionals who in some jurisdictions and over time have had concerns about nurse practitioner practice.

So it was a really fun thing to be in on the ground floor and see all of this happening and kind of look around and say, "Gosh, how did we do this? This is really working! I'm really proud of our state and the direction that we're moving in." So, but everything, it just seemed to sort of fall into place.

GAINES: And you don't think you—you're saying you didn't think you had the foresight then.

HELLINGS: Well, we certainly had a knowledge of how we wanted to see things go. And we tried to be thoughtful, but not limiting. To be as open as we could. For instance, one of the things in the original rules and regulations was they planned to lay out how the degree requirements changed over time. We recognized that our program, some programs in women's health, were not degree-granting programs. So we phased in the requirement, ultimately culminating in that you had to not just have master's credit, but you had to graduate with a master's degree. So we phased that in.

So even in that phasing in process, we had one of the earliest master's requirements. We saw that in the future. We didn't punish those who were already in, and we gave programs time to make some adjustment. But fairly quickly, then, we had that, until just more recently what became the standard for nurse practitioner preparation was the master's degree. So it was like the right group of people were sharing common values and thoughts that resulted in something that was really outstanding in some kind of way. But it wasn't like we went into it saying, "It has to be this way, and this is our vision of the future." We interacted, we were thoughtful to trends. And it just worked.

GAINES: Not without a lot of effort, I might say.

HELLINGS: Yeah. But amazingly, not as much as you see in other places. I made a site visit for another reason in Hawaii. I arrived, and they had never warned me, but they said, "We're having hearings today in the legislature. Oregon has wonderful rules and regs. Would you come and testify before our legislature?"

And one of the legislators was a physician who was extremely hostile. Female physician who was extremely hostile to nurse practitioners. So I got pasted at the legislature, although I was pretty comfortable. It didn't turn out to make me horribly uncomfortable. But you could see, they'd been struggling for years to try to get some things into place that we already had. So you could feel the difference in the climate, the reaction, even trying to get little baby steps, we moved from almost nothing to some pretty big steps here in Oregon.

GAINES: Now when all this is happening, you're also developing a very strong leadership role in the school. Now, mind you, you take a few years off to go back and get your PhD. But when you leave, you've been doing all of this really important work along with Carol and others, because it really was a group effort, we understand that, as you said. But then you come back and you become the acting chair for the Department of Family Nursing, which was a major reorganization for this School of Nursing. Because it really did start to look at a whole new conception with the family as the center of practice. Who did you take over the chairpersonship from? Did you have some mentors in that process, in that, particularly that conceptual process? And then help us think about how that really helped move the school forward.

HELLINGS: Well I came back from my PhD program all but dissertation. So I was back full time on the faculty while I finished up my dissertation. Dr. Carol Lindeman, our dean, was eligible for and had been granted a sabbatical leave. So there needed to be coverage in the dean's office. And ultimately the person who was selected to cover her was Dr. Joanne Hall, who had been the chair of Family Nursing. When Joanne had come, she came just before I went off for my PhD. And she had done some work with existing family, really on family concepts. It was not something we were all well aware of. So I had done some of the work, as had other faculty with her, to begin to grapple with that concept and see how it might play into our own work as well as departmental, organizational structure, and that sort of thing. And who would be where.

So the original thought was, somebody needed to cover for Joanne while she covered for Carol. So it was meant to be a very short-term appointment. And again, in telling stories, Joanne was not at all certain that I was the right choice, for several reasons. I'd been gone for two years in my PhD program. So although she knew me from the work we had done in that transition process, we hadn't worked together. And I had not had my administrative mettle tested, if you will.

GAINES: I see.

HELLINGS: And so she wasn't sure. On the other hand, Carol Lindeman was quite sure that I was the right person. At least, given the other choices. I don't know that

she would have said, "It has to be Pam Hellings." But given any of the other possibilities. And Carol had the most faith in me. The best thing in my whole professional career is the fact that I served with Dr. Carol Lindeman. I have no qualms about saying that was the single greatest thing in my career.

But Carol had faith in me and really thought I could do the job. So she told Joanne that, and Joanne said, "Okay, let's give it a try."

So I came into that position sort of temporarily to sort of cover, as we sort of moved up in terms of other things that people needed to be doing.

However, at the end of the time in covering the dean's office, for whatever reason, and I've never been clear about that, Joanne decided she did not want to return to the chair role. And that in fact she didn't want to return to the department. She actually moved into mental health nursing. And then a short time later, not right away, but a short time later, she actually served as chair of that department for a period of time. And I'm not sure, given that family was her background, I'm not sure all of what was going on at that point, why she didn't come back. She didn't seem unhappy or angry, but I just don't know.

So ultimately, all of a sudden the plan for her to come back is not going to happen. So I agreed to serve a little bit longer while we did a national search. So we searched nationally for a new chair of the Family Nursing department, and ultimately did have someone that we recruited in that role. So it ended up being two, two and a half years or something, I was sort of in that end run position until Dr. Shirley Hanson came to OHSU.

GAINES: Would you say a little bit more about the conceptual change, and what that meant to the school at several levels of program? Again, as I said, to have family as a core concept was—Joanne brought a sea change with that.

HELLINGS: Joanne really had the most experience in family. There were a couple of other people on the faculty at the time from various backgrounds who had more awareness of family as a concept than we did. But that was the importance of some of the work that she did with us to help us to see how that might all fit together.

In truth, ultimately what worked for us best was we began, as a group, as we came together, to view family as context. Not family as patient, if you will. Because we ended up with three areas of family that—it ended up being the largest department. But it was child-rearing family, which was old pediatrics; child-bearing faculty, which was old obstetrics; and aging family, which was gerontology. And as we began to view it as family as context, and use it in that sort of a way, it began to work for us. Because I think, to some degree, although we really did become devoted to the family piece of it, and developed course work around that, in a lot of ways we still had a strong affiliation to our clinical background, whether it was pediatrics or OB, nurse practitioner, baccalaureate nurse, nurse midwife, all iterations of that combination.

So family became a piece of what we were doing. And we were further helped by the writing of a grant to do a series of conferences on family nursing. And that brought in people from all over the country that we could interact with, get involved in activities. And certainly when Shirley Hanson came, she had been involved in National Council of Family Relations, and brought sort of a different emphasis on the family piece as well.

But it was an interesting kind of thing as we came together with these differences in clinical expertise. But to a large degree, really wedded to the family concept. We bought it, if you will. We could see how it worked for us. But we never, the majority of us, anyway, never got so far into family that we got—only a few got beyond family as context, if you will. Does that make sense, in a way?

GAINES: Yes, I think it does. Very much. And actually, it's the fact that Shirley comes that, Dr. Hanson, Shirley comes as chair, that allows you to start the breastfeeding service. Is that right?

HELLINGS: I don't know whether that specifically was what allowed it.

GAINES: That timeframe.

HELLINGS: Yeah, that timeframe, you're right about the timing of it. Probably what was the important factor at that time is that we had hired a person on a grant then, who ultimately came into our doctoral program, a woman by the name of B.J. Snell, who was a women's healthcare nurse practitioner. We both shared an interest in breastfeeding. Me from the pediatric perspective, her from women's health. And Diana Taylor had started her clinical practice, and was billing through UMG. We'd gotten involved with the medical school sort of arm of practice, which was working very well. The director of UMG at the time was very receptive. So we started putting together a proposal to develop an additional nursing practice. Diana really had the only nursing practice through UMG. At the time, the nurse/midwifery practice was very strong, but it was doing their billing and their work through OB/GYN. Not through a separate nursing practice. That changed later. So we were really the second practice, nursing practice, in sort of the UMG rubric. So B.J. sort of pursued her appointment through OB/GYN, me through Pediatrics.

At the time, to get staff privileges at OHSU, you had to have support of the appropriate chair in the School of Medicine. Which was interesting. The School of Nursing couldn't kind of do it on their own. So, OB with their wonderful experience with nurse midwifery and knowing B.J., she had no trouble.

The chair of the Department of Pediatrics at the time [Robert Neerhout], luckily, had also been somebody I'd known at UCLA. He had done a couple of exams for our students, done some lectures when I taught in the UCLA program. He and I got along pretty well, although he also was well known as a person who had some qualms about PNPs. So when I—I actually still have the letter. When he wrote the letter to support my appointment, or to get privileges for the breastfeeding service, he felt the need to put in a paragraph to make it clear that I wasn't going to be practicing general pediatrics. In other

words, that this was not going to become my entrée to develop a pediatric, more generalist practice, but that in fact it would be limited to the breastfeeding clinic effort. But he did, then, support. So we got our clinic going.

And then for a few years, while B.J. was still here, we did that together. And then ultimately, as she left Oregon, then with some short intervals where I had other people working in the practice, then it pretty much was me alone for a number of years.

GAINES: And is it still?

HELLINGS: Well, when I retired, I kept the practice open for a year. But because I wasn't around as much, I just didn't feel like it was providing good service to patients, particularly in the inpatient setting. So I could set up appointments for outpatients pretty easily. Because at that point, at Doernbecher, I was always welcome over there. They let me call over, say, "I need to see a patient," they'd always find a room for me. It was a very open, friendly environment.

Anyway, I just didn't feel like the service to patients was what it should be. On top of which, there were sort of the beginnings of a growing movement in the hospital to begin providing more breastfeeding services. So at that point, I resigned from the medical staff and closed the clinic, and stopped seeing patients one year after.

So I no longer see patients. I still get children of former faculty colleagues. I talk to people in Florida and Eugene and the coast, and I've had calls from lots of places in the country. But I walk a very fine line now. I don't have a practice. I'm still licensed. But you know, I need to be really careful when I talk with people now. I say, "I'm your next door neighbor, I'm your friend. But you're not coming to me as a patient, because I don't have that kind of relationship anymore with people."

But giving up—answering questions about breastfeeding, I still do all the teaching on breastfeeding in our curriculum in physiology and pharmacology and clinical aspects, but I no longer have the practice.

GAINES: Just about this time, though, you also have a grant that you write called the Nursing Faculty Practice Grant as a model for student education. And it seems to me that that was another highly, for me, at least, as I recollect it, it was an important movement within the school in terms of advance practice nursing and what it meant as far as an alignment between, maybe instead of thinking of students as being lesser beings, being co-learners. And the nursing faculty practice piece was big at that point. Am I correct in that? And was that an important event in moving advanced practice nursing forward?

HELLINGS: I don't know that it was as important in moving advanced practice forward as it was important in moving faculty practice forward. This grant was at a time when, as more and more schools were opening nurse practitioner programs, and were recruiting faculty who, in many cases, might have come from practice, or who had had an

important investment in practice, faculty were saying, "I am not just an educator, I am not just a researcher. But faculty practice needs to be recognized as an important component—for some—of the faculty role." And there needs to be a way to organize that, support it, look at the rules around it, how does the income stream flow, what goes to the school, what goes to the individual. I mean, there were all kinds of questions coming up nationally around faculty practice.

And once again, we were sitting in a place where we'd been able to develop three major faculty practices: the women's health practice of Diana Taylor, the breastfeeding clinic, and nurse midwifery. So those were the original three practices that were a part of that nursing faculty practice effort. And the feds were very interested in the program because, again, it was coming up nationally as an adjunct to the discussion about the development of nurse practitioner programs. But what about the faculty? And some schools were moving in different directions of actually maybe establishing a school of nursing clinic, and the faculty and the students would run that clinic. We never did get to that point where we developed a primary care practice or something that was in a particular community and run by the faculty and the students.

We had faculty practices, and it really started with the interest of individual faculty members. But then grew and, importantly, included students in those practices as a part of their learning experience. But they weren't really partners in the running of the practice, with potentially the exception, to some degree, of what was happening in nurse midwifery. In terms of the deliveries that they did and how, many of them involved partnerships between faculty and students. But these were really faculty-run practices. And then looking at how to do a good job of incorporating students and their learning activities into those services.

Because one of the challenges always to me, as a provider, was that the majority of, particularly my outpatients who were referred to me, were coming to see me. They had been referred specifically to me. And involving students in that practice was always a challenge in terms of patient satisfaction and learning and a whole variety of things in terms of really providing the right combination of learning and service to the patients.

So we were really, the grant was looking at how to implement a faculty practice activity. And I think probably that was the first thing. And then there was also the piece for students. But it did, ultimately, have an important role in the climate for advanced practice in the state because these were independent nursing practices. They didn't have a physician director. The physician was not the primary deliverer of services. In fact, at that time, there were no physicians who were doing breastfeeding services at all. Certainly midwifery and their partnership with OB/GYN had relationships around delivery and practices related to that. And again, Diana's was a very independent practice.

And so we were having some models of not just the clinical care we delivered, but the type of practice that really served to inform advanced practice and what some of the opportunities might be for others, not just within OHSU. In fact, probably not within OHSU but more likely in the community at large.

GAINES: Now while all of this is going on, you're very busy in the, still in your leadership role within the school and in the university. And we haven't really touched on that. And so I'd like to—how you think about, how you moved back and forth between a very busy time in advancing nursing practice, and then in terms of advancing the school within the university as a whole. And I think primarily some of your Faculty Senate activities and anything else that you would see as important to that.

HELLINGS: Well, we talked about the arrival of Dr. Shirley Hanson. But ultimately she did not stay in the chair role for a long time. [laughs] And so guess who was recruited back to cover? And then, after I—sometime I ought to add up all the years I served as a chair. But I came back into that role in a bit more of a permanent appointment. But then we went, we were going to start this rotating structure because it was really felt that administration was a part of who we were, but really hardly anybody was a committed, only administrator. And certainly, I still taught, I had my practice. We were serving in a variety of roles.

But at one point we rotated somebody in who within six months decided it simply wasn't a good fit for her. And she rotated back out. And there I was again. [laughs] So at some point, I ended up spending a lot more time as an administrator than I would have thought when I first accepted that interim appointment to cover Joanne as she covered the dean's office.

GAINES: Do we need to do Measure 5 at this point?

HELLINGS: Oh, I don't know. Certainly, in terms of rolling in and rolling out, I don't think as much. So certainly it had impact on what happened to the department and teaching assignments and how it looked, but maybe from a little different slant. From my perspective as what I saw happening in Family, anyway.

So ultimately, over a period of years, I spent a lot of time in administration, until really, the time when Carol retired. And then as we recruited, we had somebody else doing the rolling role sort of at that very last minute. And then she served as interim dean while we searched for a new dean for Carol.

And then when our new dean came–

GAINES: This would be Dr. Potempa.

HELLINGS: Dr. Potempa, yes. There was a little bit of time when we were sort of in an interim structure. And then she decided on the new structure that she wanted. And ultimately there were sort of two departments. And I ended up being chair of one of those departments. [laughs] So, but actually that didn't seem so strange to me, because in all my time in Family, Family was always the largest department. We had the greatest number of faculty, et cetera. It was probably twice as large as anybody else. So ultimately

I—and if anybody had said, "You're going to end up with a large role in administration," I probably would have laughed.

But there were parts of it that I really liked. I liked being involved in some of the decision making. But I really liked, I viewed my role as a chair to provide the structure so that faculty could do their work. So having systems in place and getting the job done and getting people in and hired and evaluated, and getting their teaching assignments, all of those kinds of things, to try to make them have the opportunity to devote their time to their job, whatever it was, whether it was in research or teaching or whatever the main part of their appointment was. And I liked sort of serving in that service role.

I never considered myself a leader in academia in terms of national participation. I never had any desire to be a dean. But I, the way some of the chair role played out here, I ended up liking it. And I discovered somewhere along, midlife crisis or whatever it was, that I liked variety. So I could teach some. I was an administrator a good part of the time, and especially when we had budget crises, there was a lot of administration time. I got to keep my practice throughout that time. So I really, and I had won a couple of small grants doing some small research projects. They weren't anything big.

But I really got the full variety of faculty activity. And that turned out to be great for me. If I'd only had to pick one of them, I probably would not have been as happy. But I got to do them all. And I liked it.

GAINES: How about, talk a little bit about Faculty Senate, and the relationship between the school, the university as a whole and plusses, upsides, downsides, funny stories.

HELLINGS: Well originally I ran for Faculty Senate the first time because I really thought it would be an opportunity to meet other people on campus. One of the things about OHSU that sometimes is a strength for the development of your own program, but is not a strength in a bigger system, is that we're all in sort of separate camps. We care a lot about our own curriculum, whether it's nursing or dentistry or medicine or whatever, but we don't necessarily interact. And if we do interact, I knew more people from my practice activities than from anything else. So I thought the Faculty Senate would be a good way to meet people from the other schools and get a bigger sense of the university. And in fact, that was the case. I think I ended up being on Faculty Senate three or four times. At various times in the career, I got elected three or four times, because I was usually willing to go back. And I think I was president, was I president once or twice? Anyway, I ultimately was president, as well.

The Faculty Senate has never been as strong as some of us would have liked. But at least we did get a voice. And at least, for some kind of a blessing, a lot of university programs came through the Senate to take a look at them. And questions that were raised in that process were answered. But it's never been an extremely strong body.

And the way some people were elected in some of the other schools meant they didn't participate fully. So there wasn't necessarily uniform commitment to the Senate by all of the senators. But it did turn out to be a good way to get a bigger picture outside of the School of Nursing of what was happening at the university level, and what some of the issues were for colleagues in other disciplines. And really begin to look at ways to have a voice for faculty.

But you know, even for as long ago as I was first elected to the Senate, and I look at what's happening now, when I was president, there was an office that was supposed to become the Faculty Senate office. It was over in the area where Lesley Hallick is. And then, about the time we were going to get it—and we were going to keep records in there and stuff. It was small. But about that time, John Kitzhaber was coming to campus on some kind of a special project, and they needed a place to put him. So John Kitzhaber got the Faculty Senate office.

And I asked the current president, Carol Howe right now, if the Faculty Senate has an office, and the answer is still no. So over time, all these sort of things that were going to happen and were maybe just sort of representative of some kind of a little bit of change, simply haven't happened. Is that a big deal? Perhaps not. But what it says is, Faculty Senate has never really been a powerhouse here.

However, it has served some important roles. And one I can think of is, I was either still president, or I was immediate past president during financial exigency. We, there was actually the termination of a tenured faculty. And there is a process in place that calls for, if that person asks, to have a review by the Faculty Senate of what has happened. And so in fact, that faculty person did ask for that. And so, I think it was the first time that policy had ever been implemented. But I was the chair of that review committee.

And I think, first of all we discovered some problems with the actual policy. But I think it was an important part of the process that as you're dealing with financial difficulties that there is a review process to make sure that tenured faculty, other faculty, that there really is a fair process in place to deal with difficult times. It's my understanding that in fact now as we again are hitting some financial difficulties, that that committee has once again, perhaps, has been appointed and is functioning, because again the process calls for that. But it was, as I say, I first time, I think, that committee had ever been constituted to do that review. So that was during the time of Measure 5 and cut budgets. Ultimately, the tenured faculty in question was being terminated because his department, his division, was being closed down.

GAINES: How do you, how do you think the fiscal climate in the state over the time that you've been here has been either favorable to growth for your interest in the school and in practice, or really detrimental to them? I'm thinking again that when you went to Faculty Senate initially to meet more people and understand the larger issues, do you think that influenced how you helped the school as it went through those kinds of crises in your leadership role? I think what is interesting to me, and why I'm pushing it, is

that you talked about several camps, and we continued to talk about silos, and when Northwest [Commission on Colleges and Universities] comes, they continued to talk about silos. So it's a longstanding issue. In which we say it's either to our benefit because it allows us to go our own separate ways, or it's to our detriment because we really don't pull together and become what we could become. And so I'm really just interested in your take on that whole issue, also.

HELLINGS: It's, there's always that place where you're fighting to maintain your own programs, but in a context of knowing other people's problems as well. And the Faculty Senate and a few other things I was involved in really gave me a sense for how differently the units were funded. For instance, how few tenured positions they had in a lot of the departments in Medicine. Medicine, the School of Medicine and their programs, was really built heavily on the practice agenda. And coming to understand that gave me a sense of appreciation for the challenges faced by everybody. That didn't mean that you rolled over and said, "Okay, take my program in Ashland, I'll give it up so you can fund your" whatever it happens to be.

But for me, I think I had a better understanding of the issues for the whole university, rather than just for the School of Nursing. And I think that played into how I thought about budget cuts. You know, when the dean might come to a meeting and say, "Well, we've got to take a cut of 30 percent, or 10 percent, but Medicine's got to take a cut of 30 percent, because certain of our programs are being protected," or whatever, I had a sense of what that meant to them. And what the process had been that the university had come to decisions about the cuts and how to handle those for everybody. And I think that was helpful in the long run. I didn't feel so entrenched in my own unit, and could interact with my colleagues in other disciplines in a way that appreciated the toll that it was taking on all of us. And I could put our cuts in context with their cuts as well.

So the Senate really helped me with that feeling, in a sense; even though I wasn't at the highest administrative level to be part of the teams that were doing that, it gave me a sense of appreciation for what the process must be to make all of that happen, and how difficult it was for everybody. And that in many cases, if we, like if our outreach programs were protected, to some degree, that took a toll potentially on somebody else. And a sense of gratitude and understanding what that might mean to them. So that part, I think, was very useful to be a part of the bigger picture.

And that played out in the way that we functioned within the school. As the chair of a department, we might be—"fighting" is too strong a word, but we were fighting over limited resources, and trying to do the push and the pull of where our emphasis needs to be for this period of time, which means we might put our priority of funding here versus there. But always looking for having the resources we needed, but not at the expense, potentially, of killing a program that we really needed to keep in place. So always that pull of the finances.

I don't remember a single year when I was an administrator where it didn't seem like there was some problem we had to address. I never had a year where I said, "Oh my

gosh, look at this! We have every dollar we need. We're flush. We can fund all the programs." Never once. Which is kind of a sad place to be. Because I don't, I never had the sense that we were out there trying to run lavish programs with tons of money. We weren't wasting money. But there certainly were times when it was worse than others.

I still remember as a chair when, it must have been Measure 5. But I sort of remember how I was feeling, rather than the context. That we were going to be laying off a lot of people. And I had most, and it was primarily in the undergraduate teaching program at that point, because we really were going to be reassigning faculty to begin teaching more across levels than they had, potentially, previously. And I had probably half a dozen faculty whose jobs were very insecure. And it took forever to finally get the final budget. So I kept meeting with them and trying to communicate and saying, "I'm not hiding anything from you. I truly don't know. As soon as I know anything, you will know."

But I think it was May before a July first reappointment date that I finally got the word. And most of them lost their jobs. So they're trying to say, I mean, they liked it here. Do I hang on? Do I look for another position? How's this going to play out for me? My gut was unhappy for months. Because I wanted to be able to answer their questions. And I didn't want them to prematurely leave if the budget case scenario wasn't as worse as we thought it might be, because they were good faculty. Anyway, those were the really bad times.

But I don't ever remember any time where we just went around saying, "Oh, this is just wonderful! We're just so well funded! We have everything we need!" I don't think that's ever happened in my time here.

GAINES: Say a little bit, if you would, about—you said Carol had been a very instrumental person in your professional development. And obviously it was Carol who led us through all of this, all of these crises, as well as never being flush. So would you say a bit more about what you learned from her as a leader that has been useful to you?

HELLINGS: A sense of fair play, I think, is something I got from Carol. Carol was one of the most creative thinkers. And the ideas that she would come up with, sometimes I would just be amazed. And she could take it and articulate it and take you with her. You understood exactly where you were going. And I never had that ability. I admired that so much in her. But she did have the ability to take me with her, if you will. And I knew where we were headed, and I knew what I was committing to and what I was getting involved in.

The other thing was that Carol was a normal human being. One of the things that I always bragged about being at OHSU is there weren't haves and have nots. There weren't people who went around saying, "I'm better than you," or went around—you'd hear stories from other universities about people yanking somebody's idea and going off with it and getting it funded. You'd hear these horrible competitive stories of things happening to people. And around here, sure, there were, you know, there were conflicts

at times. But generally people respected each other. As the practice mission evolved, there were people who could be more in practice, or more in research, or more in education. And we worked hard to try to make sure that nobody felt like they were a second-class citizen because of the mission they happened to be more heavily involved in.

But Carol was a leader of extraordinary skill. But she was a humble, normal human being. And she helped us create an environment, I think, that was supportive of the individual, but also took us places like getting a doctoral program. Going from where we were when Carol came to where we were when she retired, tremendous changes. All kinds of new activities. Campuses in other parts of the state. A doctoral program. Expanded master's option. Moving advanced practice into the master's program. Tremendous changes. And yet, to me, we did them with a sense of grace and comradeship that I didn't see matched in a lot of places, at least that I would hear the stories about. And for me, that was the kind of environment I wanted to have. I wanted to be able to communicate with my faculty. I wanted them to know what was going on. I wanted them to be able to trust that I would tell them the truth, and that I would tell them everything I knew, unless there was, you know, obviously, something that I couldn't. But that wasn't too often. Because Carol tried to be as transparent as she could about what was going on. And that was something that I appreciated in her, and I appreciated the fact that I was supported as I implemented that also at my level of the administration.

[tape change]

GAINES: This interview with Dr. Pam Hellings was recorded on February 26, 2009, as part of the Oregon Health & Sciences University Oral History Program. The interview was conducted in the library building on the OHSU campus by Dr. Barbara Gaines. This is tape number two.

Well Pam, let's kind of go back and think a little bit more about the leadership situation throughout the school during—because your tenure is fairly extensive. And maybe, we had talked earlier about some fun stories, or different stories, at least. Could you tell me one recollection from each of the people that was in the director or deanship from the time you came? A good one or a funny one or whatever.

HELLINGS: When I arrived, Jean Boyle was the dean. And actually that was, I think that was less than a year that she served in that position. But I was really struck. I'd moved up from California, from UCLA Extension. We'd had offices in a variety of places. But it was the first time I'd encountered—there was a period of several weeks when I had to have somebody else open up my office, because I couldn't get a key. And the reason was that Dean Boyle insisted that she had to sign every key request. And she was on vacation. So I couldn't get a key to my office until she got back. And I just remember thinking, this is very strange. And there are a number of capable people, including Martha Watson, who could get me a key. But that wasn't allowed. Jean absolutely insisted. She had to sign every single key request.

And ultimately I switched offices a few times as they decided where to put our grant project. And as long as Jean was in the position, I had to always plan either to get my key ahead of time, or to know there was going to be a delay before I could get into my office. That's what I remember the most about Jean.

There were other stories about her that were kind of fun. And I didn't actually experience this one, but it was something I was sort of watching for. I was a little afraid of how it would affect people. But she was notorious for falling asleep on the stage at graduation. And you kind of think about it: here are all the important leaders, and they're up, and the families and the students are all in the audience. And here's your dean falling asleep on the stage. [laughs] But I didn't actually see that one, but I was sort of watching for it in other formal events to see whether she stayed with the event the whole time.

GAINES: I can validate that it happened.

HELLINGS: Can you? [laughs] You saw it? Always sort of the lore around. But I really didn't end up working with Jean for all that long. She was the person who did my first appointment. And then we went through a national recruitment. Ruth Wiens, Dr. Ruth Wiens, served as the interim dean as we did the search. And I don't really have a lot of stories about Ruth, although I really felt like she did a good job kind of keeping us in place as we moved into the recruitment of a new dean.

But it was a whole new world when Dr. Carol Lindeman arrived. And I've already shared the fact of how important she was in my career. But she had four sons. So she arrived with four strapping boys in tow. And you'd hear her stories about how she kind of kept her family life and her professional life. And she would, on weekends she would sometimes cook the meals for the whole week, put them in the freezer so that if she wasn't there, her family always had food to eat. And it was home-cooked food. They weren't going to go out and get pizza or whatever, or pick up Chinese food on the way home. They had home-cooked food.

And when she arrived here, she fell in love, it seems. Or at least it seemed like it happened here. Maybe she brought them from Colorado. But she became known for wearing cowboy boots. You have to understand, Carol Lindeman was barely five feet tall, and she probably was ninety pounds soaking wet, if that. She was really tiny. But she was a dynamo of activity. And you'd see her tearing around in her pointed-toe cowboy shoes, or boots. And she would wear those when she was out doing site visits to Eastern Oregon. And she was so human and so personable. And yet you would sit with her and go, "This is an amazing woman." Her ideas, I mean, you might come in thinking, Ah, this is no big deal. And anybody that interacted with her—I don't think there was a soul that wouldn't leave impressed by the quality of her thinking and the ideas that she brought.

GAINES: Did you ever participate in any of the talent shows?

HELLINGS: No. I don't have too many onstage talents. [laughs] I participated one time in one of the, we did a game competition. It was some, you know, you had to hit

the buzzer if you knew the answer to the question. I did one of those. But not the talent shows.

One thing that was always interesting with Carol is that I discovered that one of the differences that we had: she had the ability to think outside the box. And she would sometimes present ideas—and I still remember sitting in the library auditorium at a time when there was going to be a nursing strike. And we were evaluating the role of the School of Nursing in relationship to the strike, to the nurses that we worked with who worked with our students, how faculty would or would not be involved in helping provide care during that particular time.

But they outlined this program. And when you just listened to it, it sounded wonderful. But I was always the person to say, "Well, I can hear the concept. Now tell me how it's going to work." And I was always bugging her to bring it down to a level, I always wanted to see what the steps were going to be, how we were actually going to implement this. So I was always the person kind of tagging along, needing to get it more concrete. I just didn't have the ability to stay at the more abstract level and give it time to sort of work itself out. I always wanted to jump down to that.

And that's happening with me now. We have a new dean and a new proposed structure. And the first thing I said when I saw that structure was, "This really looks interesting. But how are we going to get the work done?" That's always the level at which I seem to operate, is how are we going to get the work done?

And Carol was a good administrator in this. But she also was the idea person. And you'd go with her ideas, but then it was always like I needed to drop down to that next level of how we're actually going to make this work.

But those were fantastic years. I shed tears when Carol told us that she was going to retire. I felt that as a personal loss of her and of her leadership when that change was coming.

GAINES: But her level of admiration on the campus wasn't all that high at that time.

HELLINGS: And various iterations of other campus leadership, it had been higher and lower at times. And my perception of it was, not being necessarily directly involved, was that she continued to be a voice for nursing. And there were times when that was less acceptable, and there was an expectation that she would downplay some of that. I don't know whether, do you edit this if you take out stories that are not appropriate to have in there? [laughs]

PIASECKI: If you want to.

HELLINGS: As an example, I think with the president that was in place before she retired, he was also the president in place when we had to do this Faculty Senate

report. And he watched that process very carefully. And in fact, I got a telephone call at home asking me if I could not change some of the language in that report. And I said, "Number one, this is a report from the group. This is not my work. And, number two, I think we made every effort to be as fair and open as we could." And it was not horribly defaming or derogatory. So I declined to make any changes. I did report to the committee that I'd been asked. And the committee voted that this was our report and they were comfortable with it.

But there were things like that, when there were times when perhaps there was a view that perhaps there was a greater good or something that needed to take priority. And at various and sundry times, Carol, me in some ways, others, couldn't necessarily fall into the party line. So it made, certainly, for some difficulties for her at the campus level. But I don't think that ever changed the respect or how we felt about her. But there certainly was a recognition that it was harder for her during those times, as she needed to be out front as the leader for the School of Nursing.

GAINES: Then let's, we're now moving up to, perhaps, Dean Potempa. Because you also, as you suggested, served as one of the two chairs. And therefore were really pretty high up in the administrative hierarchy with the associate deans. So good Kate stories.

HELLINGS: [laughs] When Kate first came and we moved into the structure, I felt some of our philosophies were in sync. Over time, Kate was really striving to make some changes in the School of Nursing that were less comfortable for me. So one of the things I just remember on more than one occasion sitting down with Kate and saying, "I'm just really having trouble with this. This just doesn't fit for me. And I understand that you're dean. And I understand that you have a right to do some of these kinds of things. So please, at any point, if you would like me to resign, just ask me to do so. I serve at your pleasure. And I have the need to be extremely forthright in how I'm feeling about certain kinds of things."

There was beginning to be a sense that certain missions of the school were beginning to feel more important than others. And primarily, the research mission. Because we had some money to bring in some people. And there were some good reasons for that, but it was beginning to lead to some of that divisiveness that we had struggled with for so many years, not to have the feeling on the part of faculty that somebody else got more benefits or were thought of more highly because they were involved in this mission versus that mission. My belief was that faculty should be valued for the contributions that they were making, whatever those happened to be. And it was a feeling. It was not a direct statement. But there was just beginning to be this feeling that one of the missions was going to assume more importance. And from a compensation standpoint as well.

So I just remember sitting with her. And her statement back to me was, "Well, Pam, do you think I want to be surrounded by people who always agree with me?"

So she never actually took me up on my offer to resign, and to put somebody in the position that maybe she felt was not so active in expressing concern or disagreement with the way a certain kind of thing was going.

Ultimately when I did step down from the position, I knew that retirement was coming fairly shortly. And I felt like I should not retire out of the chair position. That there should be time if somebody needed mentorship or wanted information in assuming the position, that I would be there for them before I actually retired. So she had not asked me to retire or to step down or resign from the position.

But it was an interesting leadership thing, that to some degree probably had some benefit to protect your soul. When I had to let people go, or when people left that had been really meaningful to the school, I felt it sort of personally. I was really involved with faculty and staff. I knew them, I knew their lives, I knew their families, and all that.

But when I indicated several months ahead of time that I was stepping down from the chair position, I was gone. From Kate's thinking. She'd already moved forward. Who was she going to get to replace me? What did that person need to look like? What skills did they need to bring to the position? But all of a sudden, where I normally maybe would have maybe known about something that was going on, I was sort of out of the loop. And as I talked with somebody prior to me that had stepped down, exactly the same thing. I then warned a person after me. And I think she really didn't think that was going to happen. But it did. So Kate had the ability to sort of move on quickly, and was not as involved. And as a result, probably didn't stress out about it as much as I did when I found myself in that position.

But I have to say, with Kate and the interest she brought in international, I spent a year as a visiting professor at Mahidol University in Bangkok, Thailand. And that would not have happened if it hadn't been for Kate and Billy. But the relationships that they established, with the news that they got that somebody—that they wanted somebody who would come not as an OHSU faculty on OHSU payroll, but rather would come and be on Mahidol payroll, that happened because of Kate and Billy. And I am forever grateful to them both for that, because it was a fantastic experience.

GAINES: And Billy is Billy Cody?

HELLINGS: Yes, Dr. Billy Cody, who had a position with the school in international work for a period of several years during Kate's tenure.

GAINES: You know, it's an interesting thing about when you suggest, because I just can't recollect, about Kate and the research mission. But do you remember if we recruited her to move that mission forward? Or if that was of particular importance at the university level at that time? I have some sense of the flavor of the academic health center trying to become a research university, and it seems, in my mind, it's at that time.

HELLINGS: I think probably, Barbara, you're right on both counts in that certainly as schools of nursing were ranked in terms of their research dollars, we had continued to be in the top ten. But there was always the sense that we could be doing more. And so that perhaps during the—I was not on the search committee, but perhaps during that process there was discussion about enlarging the research program and getting more research dollars coming in, both from our standpoint as a school, but also for the university support.

Then certainly during her time, we had the dollars that had come in to bring in people to get them started in their career, and support them in developing their research program with the idea that then all of that would be good for the state of Oregon in terms of economic growth and those activities. So I think you're right that there was some, and at the university level and probably at the exec council level, there was this ongoing desire. Because we know that we have never been funded even close to fully for our OHSU activities. And clinical care, as well as research, dollars have certainly been a big portion of our OHSU budget. So I think you're probably right that there was some pressure being brought to make those things happen. And to be able to recruit some really good people to join in those efforts.

GAINES: Now you also spent some time in Russia.

HELLINGS: Mm hmm.

GAINES: You've done more international than Mahidol, though I know that was very significant because you spent a whole year there helping them develop their faculty research and practice. That was a very, not only a very special time for you, but for them. But tell us about the rest of your international activities, and then more about Mahidol, if you wish.

HELLINGS: Well just a brief—when I was at UCLA, I was lucky enough to be selected to participate in something called Project India. And we spent a summer in India, interacting with college students. There were fourteen of us that went to India. And that really spurred my interest in international travel. But for a number of years, I didn't really have an opportunity to pursue that to any large extent.

When Carol was dean, she got involved as a member of the board of an organization called PSC; Professional Seminars Consultants, or something like that, was what the PSC stood for. Because Carol was interested in that, a whole series of opportunities came to our faculty to become the educational leaders of those trips. What they did is they recruited, they had dental groups, they had medical groups, they had nursing groups. And they would recruit two nursing faculty. In our case, it was pediatric interest, but people didn't have—if they wanted to maybe do some pediatrics but they weren't a pediatric nurse, they didn't match you up, people could self-select what group to go with.

And so the first opportunity came to go to China. While I was in my doctoral program, my friend Cathie Burns contacted me and said, "Pam, would you like to join together, put our names in to go to China?" So in 1983, we led the educational group to China, back when China was just barely opening up to the West. We didn't even have a hotel to stay in. In one of the places, we stayed in a Japanese rest hotel outside of Beijing, because there were no good big hotels in Beijing. So we did that one.

And then, a little while later the opportunity came to go to the Soviet Union in that same format. So we did the teaching, but we also then got, we not only went to the more standard tourist locations, but each time we'd get to go to healthcare facilities, we would visit all the different kinds of activities related to healthcare in those countries. Things opened up to us that wouldn't have, that don't come with your standard tourist fare. But we also got to be tourists, if you will, and travel around.

So again, it was Carol's involvement with PSC that opened up this opportunity for us as faculty. And lots and lots of faculty went, including, you were sharing with me that you got to go to Kenya. Which was what I had put down for my next trip. But then one of the key people in the PSC organization died, and the company folded. So my trip to Kenya never happened.

GAINES: I remember all those positive experiences, also. But do you remember the fatigue of hitting the ground running? Teaching on buses at seven in the morning?

HELLINGS: It was funny. I never had, I don't get jetlagged. I cannot begin to tell you why, but I don't get jetlag. So I actually prefer, when I travel, I arrive in a time zone and I hit the ground running with whatever time it is there. I don't take a nap. If it's afternoon, I wait until it's bedtime. And I don't get jetlag. So that stuff never bothered me. So I never had a problem with that part of it. And I was enough of a teacher in pediatrics that doing those lectures–

I only remember one that went really badly. They asked me to give one of my talks in front of this Chinese audience. And it was a children's orthopedic topic. And they could have cared less. And all of these names of the conditions are in English, and trying to translate what they might be in Chinese, because these were not bilingual individuals. It was a little bit pitiful. I felt really badly about that one. But otherwise, I never had that kind of experience. And being in another country like that, I'd get out, if the country allowed it, I'd go out for walks, and just get out and stroll around. So I didn't have that experience.

GAINES: Good for you. [laughs]

HELLINGS: I don't know why. I just don't seem to get jetlag. I keep thinking as I keep getting older that one of these days it's going to kick in. But it doesn't seem to.

GAINES: I'd like to sort of switch directions. And I'd really like to look at, going back again, to your role of leadership in practice. Think productively, or think more, I

should say, about your involvement with NAPNAP, which is, I can't even say it correctly.

HELLINGS: National Association of Pediatric Nurse Practitioners.

GAINES: Yeah. Because you're considered a serious leader in that movement. The NAPNAP records are now at University of Virginia, thanks to you and Cathie. And historians, nurse historians, are really very excited about that. So if you'd just tell us a bit about, I mean, you helped NAPNAP grow. And what it meant to you, and what you see as the national movement in that sense, in terms of practice.

HELLINGS: Well, NAPNAP was just being formed towards the latter part of my time in California. So I think I was actually considered a member starting in the second year. I wasn't one of the, well maybe actually in the first year, but I wasn't one of the founding members. But I still remember going to one of the first conferences on one of the ships in the Long Beach Harbor, where we had our first conference. And trying—PNPs were so visible in the beginning of the nurse practitioner movement. And so the decision to form an organization happened fairly quickly. And then started growing.

We sort of started with some local activities. When I moved to Oregon, there was a group of PNPs who would get together periodically in the evening. It was a while before we became a chapter of NAPNAP. But there was already some activity in the Portland area with pediatric nurse practitioners getting together for education and support and that kind of thing.

So NAPNAP started out small, and then started growing pretty quickly. And ultimately, the national office home was on the East Coast. Fairly quickly also into that activity, they decided that they needed to have a foundation to accept monies and fund some grants and that kind of thing. And I got involved in that one fairly early on. And it was at a time when a lot of the reviews were sort of done on your kitchen table.

In addition, there was also a decision that we needed to have a national certification exam. And NAPNAP made the right decision that ultimately other organizations have done. They decided that the certification exam should not be run by the professional organization, that it should be a separate arm. And in fact, early on, there were three constituent members of that certification: NAPNAP; the Association of Faculties of PNP Programs, that again I was involved in from the very beginning; and then, finally, the American Academy of Pediatrics, which was an interesting one. But the Academy always selected the members to send to the board who were very supportive of nurse practitioners. It was a collegial relationship. But it was really kind of set up on these three constituent members of a separate organization to administer the exam.

So I was on that board, and served as president of that organization. I was on the foundation board, served as president on a couple of occasions of that one. And NAPNAP. I never served as NAPNAP president. I never, I've never really liked running for big time office. So recently, NAPNAP is doing their own archival work. And I got

this note and it said, “Pam, we’re collecting some stuff.” And I am, to my knowledge, the only recipient of the President’s Award. Two different presidents awarded me the person that they felt was sort of instrumental. One of them happened to be Cathie Burns, because I covered for her so that she could do that job. And the other was an interesting one because I was instrumental in some transitions we made in the foundation board.

GAINES: What kind of transitions?

HELLINGS: Well, we really needed to look at bringing that up from a kitchen table operation and just funding some small grants, to looking at ways that the money could come in for bigger projects that we might actually apply for grants. In addition, that the drug companies who had often donated money to NAPNAP for an educational offering at a conference or whatever, were under increasing pressure, scrutiny, I don’t know all the details, to make sure that the money was going to, what is it, a 501c3 organization, which the foundation is, but not the professional organization.

So there was really a need to look at the alignment between NAPNAP and the foundation, maintaining some of their separate status, but also really developing some of the collegial kind of things that could be done that would be in benefit to the profession and to the members as different projects and things were available.

For instance, NAPNAP has a scholarship for individuals to come to the national conference. And it used to just come to NAPNAP. But then the company that sponsored that wanted to really have it be clear that, I think it’s 501c3, the tax law, whatever. So now those scholarships and selection process go through the foundation.

So it was a big thing, looking at the bylaws, maintaining collegial relationships, not having anybody feel like the foundation was becoming just an arm of NAPNAP, because that wasn’t the intention. So it was quite a process of negotiation.

And the president, I was completely floored when I got the award. It had never occurred to me that he would decide that that was something that was just a mainstay of his presidency.

But anyway, they asked me to, if I wanted to sort of write anything about having received the award. And the tack I took, there are some of us who sort of serve in the background, and I think I was kind of one of those people. Certainly people knew me, and I had roles that were recognized. But I was also just one of those people. Foundation, certification board, committees within NAPNAP, et cetera, et cetera. So I was always very actively involved, but ultimately never chose to run to be, I was asked several times, but I never chose to run to be the president of NAPNAP. I was really happy doing some of those other things that were providing the foundation or the framework for the organization.

GAINES: I think you described it as getting the work done.

HELLINGS: Yeah, yeah. I think so. Yeah.

GAINES: Well, there's another piece that we have neglected. And that was when you were the director of Continuing Education in the School of Nursing, which came out of the initial project, I guess, for the PNP program, right? Which was a CE project. And you told us a bit about the relationship with DCE and the inability to get credit until you and Dick Speight were able to work that out. But Dr. Reinschmidt in the School of Medicine was the CME person, and is a very, another really important person in the history of this university. And so I wonder if you could tell us a bit more about your relationship with Dutch and what Dutch brought to the school, so that that might be helpful to other researchers.

HELLINGS: Well, it was kind of interesting. This was another time when I served in an interim role. Continuing education was becoming more important. And for a short period of time, the State Board of Nursing had funds to support continuing education. And we needed to have a mechanism to try to access those funds to the benefit of nurses for their continuing education.

So I took on the position with the idea that it was just kind of an interim as we got things going. The grant had ended for, the original PNP three-year grant had ended. So Carol Lindeman asked if I would do this. And so I got started in it. And again, it was the idea that we were going to get a permanent director in place.

But ultimately, I can't remember all of the exact ins and outs at this point. Her name was Carol Merwin.

GAINES: Yes.

HELLINGS: She moved to Texas at some point. So anyway, I had finished my interim period of time, and I had dropped to half time. The first time in my whole life I'd ever not worked full time. And six weeks into it, Carol Lindeman came to me and said, "Well, we could do a national search."

And I said, "Well, do you want to do a national search?" I said, "Because if you don't, I'm willing to come back up to full time and take this on for a period of time." By then I knew that I wanted to pursue my PhD. I wasn't quite sure how I was going to do it, but I knew that that was something I wanted to have in my future. So I said, "I don't see this as a long term career move. But if you're really not anxious to begin a national search right now, if you want to put that off for a while, I am willing to come back into it full time." So after six weeks of part-time work or whatever it was, I was back full time, and director of Continuing Education. And did participate in the Family Nursing activities to some extent, until then I went off in 1981 to get my doctorate.

And Dutch, you had asked about Dutch. Dr. Reinschmidt really was an educator of professionals at heart. And when he heard that we were getting involved—we met at a couple of meetings. We started, there was a council that we participated in together. And

he was just open to any and all. If we wanted to do some joint coursework, he actually had a bigger program than we had at that point. It was well funded. But he was very interested in having nurses attend, if they were interested, and having topics and including things that would be of interest. They were out in rural areas. I mean, they had a foothold in places it might take us quite a while to get into.

So anyway, he was very supportive of continuing education for professionals, and very open to working with the School of Nursing, me in particular, in any way that he could to make that happen. He was just, to me, one of the consummate professors, consummate caring, professional kind of person. He was just really a delight to work with. And I really enjoyed the time that we worked together.

GAINES: Well, Pam, I'm about to wind down. So I need to ask you, what haven't I asked you that you think I should have? And if you could say what you think is, what you would do if you were going to start the school over today, or come in under Dean Bleich. And think about what your role would be, how you would change what you think, or whatever.

HELLINGS: Well, one person that I didn't get a chance to mention that was sort of in the OHSU framework that ended up being an important relationship, is Dick Speight, who was our registrar. Dick was a delightful character. And I have funny stories about him. When we went to smoking bans, he would smoke in his office and open his window. He just had a terrible time quitting smoking. But there was a man that I could always trust to put students first. So when a student got mucked up and hadn't registered when they were supposed to, Dick could fix it. If there was a little problem with the records, he knew how to take care of that. He fought tooth and nail to avoid going to computers. He was the old fashioned kind of registrar. But the one thing I could count on him, he always cared about students.

And something I found out about him a little bit later is that he often knew when students were having personal troubles. They might come to see about taking a leave of absence, or whatever. He had a personal fund of his own money that he would loan to students. And just asked that when they could, they paid it back.

So I remember he told me a story one time about a student who, I think, a parent had died, or something, or a family member. And she needed to go, and she didn't have airfare money. Well she did because of Dick. And she ultimately paid that back.

I think actually maybe I learned some of these stories, we held a wake for him after he passed away.

GAINES: Yes.

HELLINGS: And people were telling Dick Speight stories. But he was another one of those people. When I retired, he retired before me. And when I retired, I wanted to make sure that he was invited to the get-together. And he was. But he showed up about

an hour before the get together and had a gift for me. And he said, "You know me, Pam. I'm not going to stick around, and I've got some things going on. So I just wanted to come and say hi and pay my respects. But I'm not going to come to the formal party."

So we visited for a while. And what he gave me was a folded paper bird in sort of what would be Southeastern, maybe Vietnamese. But there was some restaurant that he went to, and he'd gotten to know the owners and whatever. And he'd had them make this for me. And it still sits very proudly on my shelf in my living room.

But he was another one of those special characters that were part of the OHSU framework, if you will, of people that you interacted with at varying points in time who were important to you. And again, you could always count on Dick: if there was a student issue, and he'd find a way to fix it.

GAINES: I always think of Dick as the glue for this institution.

HELLINGS: In a lot of ways. Yeah. And he really valued being involved in things that were good for students. He was a spokesperson for them. In a quiet way. He didn't get out on the front. But within the rubric of his office, you could count on that.

And let's see, then you said what would I, what would be my advice, or what would I do differently. With all of the budget cuts and all of the changes, I do sense we're at a time of rebuilding in the School of Nursing. And I really believe that Dean Bleich is up to the challenge of trying to bring us all back together. I think we've sort of gone into our own camps. I don't have the same sense of togetherness that we had during the heydays with Carol Lindeman. And yet we're facing major budget constraints, and having probably to end up setting some priorities for programs. But I hope he's going to be able to really pay attention to that sense of the school, and who we were, of a time when we fairly glowed to say we were from OHSU and were really proud of the things that we were doing. And it's not to say that we're not proud now, but it's just a very different atmosphere. So I'm really hoping that some of that will go into how we feel as a school of nursing, as an institution, as we move into these new changes and new ways to think about our organization and how we deal with one another and how we set priorities and all of those kinds of things. But that's something I really hope to see happen.

GAINES: Well he's taken on the mantle of the Lindeman Distinguished Professorship.

HELLINGS: Yeah.

GAINES: So perhaps it can happen.

HELLINGS: Yes. I really hope so.

GAINES: Thank you, Pam.

HELLINGS: My pleasure.

SIMEK: Can I ask one?

GAINES: Absolutely.

HELLINGS: Sure.

SIMEK: How do you see in general terms, not in the administration of this school, but how do you see nursing changing in the future? And also the education of nurses? The training.

HELLINGS: Oh, dear. [laughs]

GAINES: Oh, we skipped the DNP.

HELLINGS: See, that's the thing that's interesting. And actually one of the things that's happening in nursing education at the advanced practice level is we're now moving potentially beyond the nurse practitioner, advanced practice nurse, being at the master's level. But the creation of something called a doctorate in nursing practice. And as, I guess this is where I begin to realize I'm probably an old timer. I have some misgivings about the DNP. I actually loved the idea for the practicing, advanced practice nurse, who wants to come back and really look at leadership and policy, and really taking on a different kind of role other than just, not just, I don't mean that as a negative. But rather than being a general practitioner in the community, is really looking at the changes that need to be made in policy, in funding for healthcare on a variety of things, but who is really ready to move beyond the delivery of services to those kinds of things. It's going to be a real challenge, I think, as our DNP programs have both those experienced practitioner students, as well as those who are coming into advanced practice for the first time, and will exit with a DNP. So I am very hopeful that we will maintain master's programs and DNP programs.

But right now, the trend would seem to be that a lot of schools are looking at eliminating the master's track altogether, and DNP is all there will be. And at least at that point, after they have sort of educated the nurses who are coming back post-master's for the DNP degree, they will be from a like background.

Let me give you an example. A course I taught this last year is the issues course. I taught that course in the old master's curriculum with Carol Howe for years. I was asked to teach the course this year. And I teach that course as a very practical course. All of the issues from licensure to certification to billing and coding, the concepts have been defined by the group. I didn't make those up. But as a real practical course of the kinds of things you need to be aware of, what's happening in the practice world as you step into it. I'm actually pleased to say that it was an extremely well received course this year. The students even went to my boss to talk about how helpful they thought it was. It was very

practical. And I think it was particularly practical because these are new people coming into the profession of advanced practice.

Well, there's going to be a roles and issues course in the DNP curriculum. Half the students will be experienced people, ready for a different kind of course. The other half are probably going to be more like the students I have in the master's level coursework, who need to begin to understand why you can't not pay attention to billing and coding. Not how to do it. That's not what this is about. But you need to know what the issues are, and not find yourself in hot water with the feds because you've been over-coding or under-coding. So what are the issues? All the things in advanced practice that you have to begin to think about as you come into that group.

So the new course, that person is not going to have the challenge of people from a variety of interests, like I have. I have nurse anesthetists, FNPs, nurse midwives, mental health nurse practitioners: trying to have examples and things that appealed to all of them was one of my challenges.

But now this person in the DNP is going to have essentially two levels of students who really are at a different place, I think, to approach that content in terms of what they need as a beginning practitioner versus what they could be doing as a practitioner with experience as they're now prepared to go off in those leadership areas.

So anyway, I'm one of the people in the background saying, I really support DNP, but what I don't support is that it becomes the only entrée to advanced practice. At least not in the time frame that is being proposed nationally, which is a pretty quick time frame.

So that's coming. And I guess I'm one of the old guard that's sort of sitting back and saying, please, you guys, be careful about this. Number one, we could all of a sudden have no candidates for our programs, and they're popping up in places where, to my estimation in other institutions they don't belong. Everybody's sort of jumping on the bandwagon without the proper background, I don't think, to mount these programs. So I'm watching that one as a sort of person who's semi-retired and still teaching a little bit. But making those transitions and hoping that we're not going to take advanced practice in a way that's going to send all of our students into the PA program because they can deliver primary care services and have a very good quality program, but different than a nurse practitioner program.

GAINES: That's an interesting point, Pam, because in, I had an email conversation with Anne Rosenfeld, who's the director of our program, asking her if there would be a master's stop out, and she said no.

HELLINGS: Mm hmm. Ask Carol Howe that question.

GAINES: That would be an interesting, I'd like to.

HELLINGS: Carol is adamant that that's not going to, that we're not going to eliminate the master's option. But I think, I think everybody else thinks we are.

GAINES: Well of course that was Kate's position when the program started. But I think another interesting piece of that question which has, which this brings to mind, is the issue of online teaching, because our DNP program is primarily online, with small, intensive face-to-faces each term. And that includes clinical. I mean, there are preceptorships with–

HELLINGS: For these experienced people right now, usually in the delivery of services, there are preceptorships at the policy level or the planning level or whatever, they're a different kind.

GAINES: So do you see the ability of the program to grow in this, I mean, it's obviously going to be delivered in that way. But do you see the reflection in, again, in terms of Dean Bleich 's positions about technology and the land of the digital native, as he titles our students, that in fact we will have some more interesting conundrums or issues to think about as we move forward?

HELLINGS: I think significantly so.

GAINES: And as the nation moves forward.

HELLINGS: If you look at our population of master's students, and how they respond to some of our online coursework in the advanced practice programs, or you look at this first group of DNP students and their coursework, I think you'd get a very different response to the technology. For the person who is entering and getting their basic skills, the relationship with their faculty, the clinical experiences they get, the opportunity to dialog and ask questions about certain kinds of concepts and ideas, I think is critical. I see a person at a different point, where their clinical skills are intact. They're comfortable with that. They're looking at a different level of activity. I see them using the technology in a different way.

But when we've looked at things that we've done typically in our master's programs with some of the technology, there have been problems. And the students, either—not only technology problems, but just problems with the students in terms of feeling a part of something, of interacting with their faculty in ways that are meaningful to them as they're sort of growing and developing their image as an advanced practice nurse.

GAINES: Interesting. Is the PA program face-to-face? Do you know?

HELLINGS: Yes. It has grown considerably. Of course now there's a second one in the state. But I think they have, like, a genetics module they can do online, and there may be a couple of others. But it primarily is a face-to-face program.

GAINES: Others?

PIASECKI: You hear a lot at the national level about healthcare work force issues. And there's a lot of discussion at the national level about moving more towards teams and the medical home concept and nurse practitioners. And the question would be, do you think that's going to address some of those access issues, especially in rural areas? And B, do you feel like nursing has really been doing this all along? That this is really not a new idea? This is maybe new for some areas of healthcare, but not nursing?

HELLINGS: There's a whole series of challenges that have come with the work force issues. We have retiring physicians. We have retiring nurses. We have, I mean, we've got a lot of nurse practitioners now like me that have been, if you look at Multnomah County and the original cadre of PNPs they had, most of them are retired now, the vast majority.

I continue to believe that healthcare operated by teams is the ideal way to go. However, none of us, including nursing, have ever necessarily been good team partners. We talk about wanting to partner with others, but when the time comes for us to partner with others, we don't always do it. And I'll use the PAs as an example. I was here when the legislature mandated that we start a PA program. There was a lot of machination about whether that was a good idea or whatever. But in the nurse practitioner program, a number of us said, "Well, it's going to happen. We're going to be a part of this, and we're going to know the director, and we're going to work together."

So Ted Ruback came and lectured in the issues class. Not because I wanted to convince everybody that they should love PAs, but rather that they should be aware, no matter who your partners are, or who your co-professionals are, you need to know them, know what they bring to the healthcare team, and acknowledge that you're going to be working with them.

I get really tired of what we always argue with, "We're better than they are because we have this." And physicians do it to us. We've done it to PAs. We've done it to other people. We need to be able to think about our roles in healthcare and work as a team. And I believe ultimately that's the best use of person power, and could be the best for patient care.

We're a long way from being able to do that. But as long as we continue to always create our identity based on what's wrong with the others, there's a problem. We need to base our identity on what we do well. And for a period of time, it's really served us well in advanced practice, because patients who've had nurse practitioners deliver their care, physicians who have worked with nurse practitioners have grown to really like and trust that relationship. So when we have worked at it and done it, it has been of tremendous benefit to us. But every time we go into one of these meetings where we have to say, "We're better than you because," I don't think that that serves us well.

But I—and these health manpower issues are real. And that's one of the cases that Ted and I have talked about, and Ted made in class. And that is, in primary care, we have a looming disaster. It's going to need all of us to provide those services. And we need to work together. And separating off and saying, "You can either go there or you can go here, but we won't work together," is not going to serve anybody well. So I think, I really still have hopes with organized medicine, organized nursing, organized PA practice, whatever.

Genetics counselors, that's another one that's looming as a big territorial issue. As the genome is mapped and more people are doing genetics work, we've got to find ways to work together. And ultimately I think that will be the best for all of us, as well as definitely the best for patient care.

GAINES: Thank you, Pam. This interview with Dr. Pamela Hellings was recorded on February 26, 2009, as part of the Oregon Health and Sciences University Oral History Program. The interview was conducted in the library building on the OHSU campus by Dr. Barbara Gaines. This is the end of tape two, and the end of the interview.

[End of interview.]

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