



Podcast Transcript

Distinguished Careers in Nursing: Bobbie Berkowitz and Kitty Buckwalter

Episode 1 – Bobbie Berkowitz, PhD, RN, NEA-BC, FAAN

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Guest

Episode 1

Bobbie Berkowitz, PhD, RN, NEA-BC, FAAN

- Joined the Washington State Department of Public Health in 1993 as Deputy Secretary to head up efforts to carry out the reforms within the state’s public health system outlined in the health reform legislation. The “Public Health Improvement Plan” became the public health pillar of the legislation for the state.
- As an academic she focused her research, teaching and writing on health system reform, population health, health policy and health equity.
- In 2007, Dr. Berkowitz was appointed to the Founding Board of the Washington State Academy of Science. During her three-year tenure on the Board, the Academy created the structures, by-laws, vision and mission for the Academy and inducted its first class of Fellows.
- Past-President of the American Academy of Nursing.
- An active member of the National Academy of Medicine, serving on six NAM report committees and a current member of the NAM Report Review Committee. She served for six years on the National Quality Forum Measurement Application Partnership Committee and led the development of the NQF Population Health report.

- Currently serves on several boards including Board of Trustees, Swedish Health System in Washington State, Board of Advisors, University of California at Davis Health System, Board of Trustees, Nurse-Family Partnership, and Board of Trustees, University of Washington School of Nursing.

Episode 2

Kathleen (Kitty) Buckwalter, PhD, RN, FAAN

- **Professor emerita in the college of nursing at the University of Iowa and Distinguished Nurse Scientist in Aging, Reynolds Center of Geriatric Nursing Excellence, University of Oklahoma Health Sciences Center College of Nursing.**
- **Recognized as innovator, mentor, advocate, and researcher in health policy and the development of the geropsychiatric nursing subspecialty.**
- **Developed the Progressively Lowered Stress Threshold conceptual model with Dr. Geri Hall.**
- **Conducted extensive research in the field of mental health needs of the rural elderly.**
- **Member of the National Academy of Medicine and former editor of Research in Gerontological Nursing and the Journal of Gerontological Nursing. Internationally.**
- **Served with the World Health Organization as visiting professor in Belgium.**
- **Authored hundreds of peer reviewed articles and numerous book chapters, health policy papers, and editorials.**

Host

Leana McGuire, BS, RN

- **Over 30 years' experience in healthcare including critical care, heart transplantation and management.**
- **Teaching for over 12 of those years with extensive experience in leadership development and executive coaching.**
- **Background in content development, visual performance, speaking (including on the TEDx stage) and podcast hosting. Both personal podcasts and corporate productions for various organizations.**

Transcript

Episode 1 – Bobbie Berkowitz, PhD, RN, NEA-BC, FAAN

SOUNDBITE OF MUSIC

DR. BOBBIE BERKOWITZ, GUEST: I remember one state which I will not name (laughter). I was, but it was one of my Turning Point states. And when I went to visit one of the hog farms, I was invited to visit the hog farm, and they had a lot of individuals, workers, from not from the U.S. They had brought them in, and they had really no place to stay.

They had not access to food, because they were way out of town. And anyway, it was really something. So that became the work that we did in Turning Point in that state. We got that turned around where they had housing, and, you know, it was just, it was a fabulous example of what you can do by putting people out in the field, people who, you know, have policy ideas, but also just just what you what you do and don't do for for people, for humans.

LEANA MCGUIRE, HOST: Hello, everyone. My name is Leana McGuire, and I will be your host for this Elite Learning podcast series. I'm really pleased to introduce you to Dr. Bobbie Berkowitz. She is dean emerita of the School of Nursing at Columbia University, and she has been recognized as a living legend by the American Academy of Nursing. Welcome, Dr. Berkowitz.

BERKOWITZ: Thank you. Pleasure!

MCGUIRE: So pleased to have you here. So, the focus of today's discussion is about your career. So, let's start at the beginning. What brought you into the profession of nursing?

BERKOWITZ: Well, I think I mean, this was, you know, a very long time ago. And at that time, the, in terms of choices and opportunities, nursing was one opportunity. The other opportunities that women had was, were things that I wasn't really interested in. So, I chose. I chose nursing. I also, there were, there were some opportunities that nursing offered.

So many fields that you could do. At least that's what I was thinking at the time. And within the profession, there was independence. At least that was my understanding. And then the, probably the biggest one was the ability to, to make change. So, nursing just was a good fit for me. It was a good fit for my entire career, which we will talk about a little bit, but it just was something that I thought would be the best for me. And it turned out that it was.

MCGUIRE: Well, you certainly have been a driver of change throughout your career, there's no question about that. So, it's served you and all of us well that you did go into nursing. When you started your career in nursing, did you ever envision it becoming what it has at this point?

BERKOWITZ: Well, when I started. No, not not really. There weren't a lot of nurses who had doctoral degrees. In fact, there were probably very few, if any. There were very few nurses that had master's degrees. And so, the idea of working sort of beyond what I learned as a nurse was was something that challenged me. It was something I, I wanted.

And I sought positions, at least my, one of my first positions where I thought I would have an opportunity to to grow and develop and move my career a little further. When I, when I graduated from nursing school, the the main place that people went was into the hospital. And so, that's where I went. And I sort of hate to tell people this, because it just sounds bad.

But after a year, I just knew it was, it was the wrong choice. And what I wanted to do was was public health. There weren't a lot of public health jobs then, but I found a place in a very small rural community and in northern Washington state. And, you know, it was just, it was absolutely the right thing for me to do.

MCGUIRE: Excellent. Well, good for you for recognizing that early. I'm curious as to what the public health looked like when you went into it, because there wasn't much of it compared to what it is today.

BERKOWITZ: Right. Well, my, I was, I was hired to one, be a kind of a classic public health nurse where I had ... I was given a car, an old, very old car. And an area in the community to So, I'd get my car. I'd have, you know, the classic bag, and I'd go out and visit people individually, usually people who had, women who had new children, new babies, or women who were struggling financially.

Single moms were sort of the the main point. And then women or who had children, babies, who had who had diseases or something that they were really struggling with. So it was, you know, for me, the idea of the freedom to, you know, get on the road and go visit people. ... really understand what their challenges were, which is different than if you're in the hospital.

People are sick, you know, out in the field. They, they're having challenges, but they're, you know, you have opportunities to sort of change the dynamic for folks. So that's you know, that's why I went in, into public health. I had a lot of, I mean, from that first time in public health to what, for what then I worked into which was really policy work and working within the Department of Health in Washington State, which wasn't a nursing role.

But these were the things that really moved me to, to a whole different kinds of work to do. And it was just a really pleasant experience. But I loved that time where I was in that car going to visit families.

MCGUIRE: That's fantastic. It sounds like it, it gives an opportunity for autonomy.

BERKOWITZ: Absolutely! Absolutely.

MCGUIRE: Yeah, that's great. Wonderful! Talk to me a little bit more about policy. Why do you feel it's so important? It is. But I'd like to hear from you.

BERKOWITZ: Yeah, well, it was, it was pretty obvious to me when I was working in the, in the health department where I kind of started out after the hospital ... working in the health department, that the, that if if you didn't sort of think through what the public health departments ought to be doing, it was easy to get stuck in what was the old way.

MCGUIRE: Right.

BERKOWITZ: And I got interested in policy, because I was, I was doing a lot of different, sort of a lot of different roles. But I, I was, at that time, I was the director of the, of the health department. I had moved, moved up in rank. And I was tapped by some folks in in our state government to come and help with some policy development in the Department of Health. And again, it wasn't a nursing role. They didn't ask me, because I was a nurse. They asked me, because I had the, the public health background. And I think that's then, you know, guided me into doing more policy work, which was particularly what I, what I did most of the time.

MCGUIRE: Right.

BERKOWITZ: Yeah.

MCGUIRE: Right.

BERKOWITZ: And again, it wasn't a nursing role, but nursing is very clearly a part of that.

MCGUIRE: Yes, absolutely. You've held a lot of positions since leaving patient care and worked on a lot of different projects. What would you say was your favorite out of all of those and why?

BERKOWITZ: Mmm. Well, I don't know if I have a favorite. I think the the policy work I really liked very much. I liked being in the, working in the legislation, in the legislature. But the problem there is, and I probably shouldn't say this, but, you know, it can be challenging with who you're working with in terms of politics. And I learned that right away, and I managed it fine. But it was, you know, it was just something I needed to understand and something I needed to know. But it was a very different role than what I had thought I was going to be doing. So, I think that that was, you know, it positioned me well to ... I was recruited when I was in the in the health department, in the state health department.

I was then recruited by the Robert Wood Johnson Foundation to take on a ten year long It was a work called Turning Point, and that was really to work with states. We worked with, I think 40 states to increase their their public health priorities and work. And so for the, for ten years, I was at the the University of Washington. That's where I, you know, that was my home office.

But I spent a lot of time visiting these these different states. And it was just, so I would say that was really a lot of policy work. But it was also work to really understand what some of these communities were or undergoing in terms of doing, doing things for their, for their constituents. But also really struggling with ... each state had a different sort of idea about policy and about priorities for public health.

I'm sure that that, you know, and and our listeners know that public health, although it's absolutely essential to the health of the nation, it gets low funding. There's a lot of turnover. It's not always in the, in the most, you know, getting sort of out there with constituents. It's a different kind of a, of a role. And I think that for me personally, to see it from a different dimension in terms of in this work I did for the Robert Wood Johnson Foundation, it really helped me understand how communities struggle with getting the right resources for public health and the the opportunities to to work with with populations who really who really need health.

I remember one state which I will not name (laughter). I was, but it was one of my Turning Point states. And when I went to visit one of the hog farms, I was invited to visit the hog farm, and they had a lot of individuals, workers, from not from the U.S. They had brought them in, and they had really no place to stay.

They had not access to food, because they were way out of town. And anyway, it was really something. So that became the work that we did in Turning Point in that state. We got that turned around where they had housing, and, you know, it was just, it was a fabulous example of what you can do by putting people out in the field, people who have policy ideas but also just just what you what you do and don't do for for people, for humans.

MCGUIRE: Yeah. Wow.

BERKOWITZ: Yeah, yeah, yeah. I had many experiences like that, but it was just, that was probably one of my best experiences in doing that work for, for ten years.

MCGUIRE: I'm curious if you find that public health has more backing since the pandemic or not. Any thoughts on that?

BERKOWITZ: Well, I think some. But again, the the role of of public health ... and it's it's a very complex system is is pretty much, I would say, unknown to a lot of policymakers. I think that we may not always be articulate, we being the community of people who love public health, may not always be articulate in terms of the of what we're trying to to do for for individuals.

Generally, health departments are pretty, in terms of funds, are generally don't have a lot of funding. They get it from their state, or, you know, you can do grants and things. But, so I think, yes, that we have times where public health shines, because something really special happens. But I would say it's a, it's a work in progress even after all of these years. It's a work in progress.

MCGUIRE: Sure. Right. Sure. I'd like to move on to your leadership roles. You've had many throughout the process of all of this, including your dean role, for sure. I'd just like to get your opinion for our listeners on what you feel is the biggest difference between being a leader and being a manager of people.

BERKOWITZ: Well, I think leadership is really about guidance and mentoring and finding the best in individuals and giving them the space and the tools to succeed. That is a very different role than, you know, than sort of a, a role that is more management.

MCGUIRE: Got it.

BERKOWITZ: So, leaders and managers can be one and the same but not necessarily. And in my perspective, in having those different, sitting in those different roles, I liked management. But I love leadership, because it was, it was really helping people sort of shine. And management is is is a different product, you know, it's just different. So, I got the opportunity to do both.

And I think if I were to do it all over again, I would do the same thing. I would look for a leader, for a leadership role. When you're a dean, you're really expected to be a leader, but it doesn't always happen that way.

MCGUIRE: Sure.

BERKOWITZ: Because in in leadership and mentoring and all of that takes time and energy and and and and in in my experience as a dean, there was a lot of times where I just had to clean stuff up. You know?

MCGUIRE: Sure. Yeah. Yeah, I understand. (laughter) Leadership, leadership sounds to me like more of an opportunity to pay it forward.

BERKOWITZ: Absolutely!

MCGUIRE: Yeah, that's, that's ... absolutely. So, do you have any words of advice for new nurses entering the profession in regards to their own careers? What would you say to our, our ...?

BERKOWITZ: Yeah. First of all, you know, being in a school of nursing is just the start. That's the start of the career. And it's, in my mind, it's, you know, so I think about the students that we had at Columbia who were were wonderful. They they had such potential and such ... such a drive. But students don't necessarily understand the long term of being in nursing, you know, the long

And so to help individuals understand what all the various roles are and what they're being prepared to do, which in my mind is always leadership. You can't, I just don't believe that you can, you can be a, you know, a strong nurse advocate for individuals if you don't have leadership preparation. So leading ... I mean, I think back to my experience at Columbia, the opportunity to lead a school of nursing at Columbia, it was a super challenging role.

I learned. I mean, I thought I knew a lot about this stuff, but I really learned so much about how to both manage but also lead with with the opportunity to grow and develop both individuals but also the role of nursing. You know, when you're, when you're a dean, you become very ... at least I was ... very uh you begin to understand Most people don't understand what we do.

I mean, they just, they get it from the TV or somewhere. They do not understand the magic that nurses can do. And I think that's the way that ... I saw that as as my role. And I think solving and trying to solve some challenging problems when working with a team and all of that work was, was a wonderful career. And it really helped me understand really the power and the importance of of nursing.

MCGUIRE: Fantastic. Well, we're all grateful for your contribution to the profession. I'm an RN as well, so I can say that from my heart. We're we're very appreciative. I think that, I think that really having you on this show is just a great way to start off this podcast, because you are, you know, you are a legend, literally, and you are ... so

BERKOWITZ: I'm just glad that the legend is a living legend.

MCGUIRE: Yes.

(laughter)

BERKOWITZ: We used to honor people who were wonderful individuals in the, in the academy, but they generally tended to be lost to us for many reasons.

MCGUIRE: Aww, yes.

BERKOWITZ: So, living legends or it's just, it was a great turnaround to do, you know, to do something like that. And it was a real, I mean, I was very honored to be, to be seen that way by my colleagues. But, you know, I've been in the business for a very long time, and I guess if you stick around long enough, good things happen.

(laughter)

MCGUIRE: That's fantastic! And you actually had your ceremony virtually, I believe. Right? That was 2020, correct? Or did you?

BERKOWITZ: Yes. And in fact, a camera person came to to our apartment here in Seattle and did two different scenarios. One was the living legend, and then another one was my, was my work. And so I, I had wardrobe, different wardrobes. It was, it was a lot of, it was a lot of fun! It was a lot of fun.

MCGUIRE: That's great!

BERKOWITZ: But yeah, it it was during COVID, and, you know, it was just a different kind of a thing.

MCGUIRE: Yes, well, it was well-deserved.

SOUNDBITE OF MUSIC

We hope that you have enjoyed this episode of Distinguished Careers in Nursing featuring Dr. Bobbie Berkowitz. Thank you so much for joining us. So grateful. We encourage you to continue learning as you shape your own careers by exploring the numerous courses available at [EliteLearning.com](https://www.EliteLearning.com). Thank you for listening. My name is Leana McGuire for Elite Learning by Colibri Healthcare.

SOUNDBITE OF MUSIC

Episode 2 – Kathleen (Kitty) Buckwalter, PhD, RN, FAAN

Front bumper/Intro

(SOUNDBITE OF MUSIC)

KITTY BUCKWALTER (GUEST)

I still love working with older adults and there is such a need. And so it was, you know, I fell into something that was absolutely ideal. The other thing which really advantaged me is that and this is a bit of luck and timing at that time in the early eighties, when I studied to become a general geriatric mental health nurse, there weren't many nurses in the field. The field itself was new, it was developing. People were just coming to the idea of what's this, what's dementia, what's Alzheimer's disease? Why are all these people losing their minds? And what can we do about it? And how is our long-term care system prepared to deal with it, and how are the families prepared to deal with it? So the timing element was critical and that I was in on the groundwork essentially. And also the luck part of it was that in, for example, institutes at the National Institutes of Health were being told directions from on high.

(SOUNDBITE OF MUSIC)

LEANA MCGUIRE (HOST)

Hello and welcome to Distinguished Careers in Nursing an Elite Learning Podcast series. I am your host, Leana McGuire, and I am honored to have with us today Dr. Kitty Buckwalter. Dr. Kitty Buckwalter is Professor Emerita at University of Iowa College of Nursing and Professor of Research and Distinguished Nurse Scientist in Aging at Oklahoma University Health Science Center. Welcome, Dr. Buckwalter.

BUCKWALTER

Thanks so much.

MCGUIRE

And just thrilled to have you here. We're going to I'm going to ask you a series of different questions related to some of the studies that you've done for sure. But I'm curious right from the start. What brought you to nursing in general?

BUCKWALTER

Well, I actually didn't start out in nursing. I started out as a music major. Really? Yes. And I found the long hours of practice in these little cubicles not suited to my nature of being around people and interacting with them. And nursing has always been a family tradition. For example, I am one of seven nurses on my father's side of the family who are graduates. All of the University of Iowa College of Nursing, starting with my great aunt Geneva in 1925. And and so. The men work at the post office and the women and nurses. So it seemed like a natural place to go from music.

MCGUIRE

That's really interesting. Yeah. I've had this similar experience where people ask me why and I say, it's genetic.

BUCKWALTER

That's. That's the answer. Well. I always used to tell students, you know, they'd say, talk about your career. And I'd say, well, you you need to know that while I have been successful, I was not initially. I actually failed occupied bed making I made the bed with the person on top

of it, which is much more difficult. I also flunked. I think it was still hand washing because I dropped the soap in the sink.

So I wasn't I wasn't particularly well suited to fundamentals of nursing. And I did drop out once during the undergraduate career because I found the curriculum really rigid and didn't allow for some of the more liberal arts kind of courses that I was interested in. But I went back and I'm glad I did. And then finally, in my senior year when we had, we were a medical model curriculum in the sixties. At that time when I was taught public health and psychiatric nursing, it was like, I've arrived, this is what I want to do.

MCGUIRE

And you have I'm really impressed. I want to hear so much about your your research when it comes to general psychiatric nursing. This this intrigues me to no end. I'm such an advocate for seniors and all of the things, dementia and everything that you've been working with. How did you get in that area?

BUCKWALTER

Well, once again, it was a kind of career, but I feel it was largely a fluke. So I had just joined. I'd finished my Ph.D. in nursing and was one of the few doctor prepared nurses on our faculty in the early or late seventies, early eighties. I was talking with the dean, Geraldine Felton, at the time and she suggested that it might be a really good idea if I would get some sort of specialization because I was all over the board.

I loved everything. I was interested primarily in psychiatric nursing, but you know, how did it affect occupational health and post-partum depression? And she said, you need to focus and it would be lovely if you brought in some grant money. Now, this was the time in the very early eighties when that was really not a part of the expectation or picture for for many nurses in academia.

But she made this suggestion. So I was at a launch party at a colleague's house, and I ran into a good friend named Chase Semel, who was with our sponsored programs, which is part of the university's grants management office. And he said, How are things going? And I said, Well, Jerry, the dean has strongly suggested that I get a focus and I get a grant.

And so if something comes across your desk, send it to me and I'll look at it. So a few weeks later, in campus mail with a one of those smiley face stickers on it, from J comes a supply for a geriatric mental health academic award through the National Institutes of Mental Health. And so I took it down to the dean, and I said, this looks interesting to me.

But, you know, it could have been pediatric psychiatry as well as geriatrics at the time. But I thought I'd like to give it a try. It sounds like a good opportunity. I meet the eligibility requirements and it will also give me some exposure to learning how to write a grant. So I did it, not really knowing what I was doing.

We had a few senior people on our faculty, but who were very helpful but not a lot. And the dean looked over for me and I set it off in October. Oh, 1982, I believe. And I didn't hear anything and didn't hear anything, but I was so naive and we weren't schooled in grant development and what to expect at the NIH that I just assumed I hadn't gotten it and nobody had bothered to tell me.

But so I went to Elizabeth Burns, who's one of our senior faculty members, who had helped me with the preparation of the grant. And I said, you know, I haven't heard anything. I assume I didn't get it. And she said, Well, did you get a pink card? And I said, It was a postcard at the time. I said, yes.

She said, Well, there's a number on it. You call that number and find out what happened and tell them what your grant number is. So this would have been around 5 p.m. Central Standard time on a Friday afternoon. And so I was calling obviously Bethesda, Maryland, the East Coast. So it was six or so. And a gentleman answered the phone and I said in my very empowered professional voice, Well, you don't know who I am, but I... Get a backlog from the University of Iowa, and I wondered what happened to my grant application. And he said, well, I'm Jane Cowan. I'm director of this part of the National Institute of Mental Health, which was essentially aging studies and geriatric mental health research. And he said, I'll never forget these words, don't jangle the coins in your pocket, but it goes to council next week and it looks very good.

Your priorities for this is before percentages is so here. I had no idea what council was. I didn't know the two step process that federal grants went through. I had no idea what a priority score was because nobody had ever cared. I'd never talked to somebody who'd written the grant. So after finding those things out, I waited and he called me back and he said again, Your priority score is this and that, and you will be in our inaugural class of geriatric mental health awardees.

It's a K Award, which is a career development award. And there will be four nurses and eight general psychiatrists, and you start in September. Now, this was.

Really joyous news, but there were a couple of hitches first. I was already teaching research methods to our master's students in the summer program, and I had to find somebody who was willing to come in, step in and teach what was not a very well-liked course. As you in the summer. And my wonderful longtime friend and colleague Nadine Moss said, I'll do it for you.

And she did. And then the other thing was that I was pregnant with my third child, who was the student was September.

MCGUIRE

Oh.

BUCKWALTER

I actually missed the first meeting of the geriatric mental health awardees because I was in the delivery room, and I kept thinking this would just feed into every worst fear the administrators have of of funding a woman.

MCGUIRE

Right. Right.

BUCKWALTER

Things were different then in 92. But it worked out. And it was an absolutely career changing experience.

MCGUIRE

Are you a fate believer or are you a happenstance believer? Do you think all of that? I look for reason.

BUCKWALTER

I here's what I believe. I believe that if you get a solid foundation, a good education, and you like what you're doing and you remain open to opportunities, then good things can happen. So a little bit to captain your own ship but it's the course, isn't isn't plotted out for you. Things happen. You have to be aware. You have to understand yourself, your strengths and your weaknesses. And then say, I'm I'm going to try it. You can't be risk averse.

MCGUIRE

No.

BUCKWALTER

And so that's the way my entire career has been. It has not been thoughtfully planned or plotted as people do today, which is much better. You know, I'm going to get the script and then I'm going to go here and there. But at that point in time, I didn't have a career path. Right. But I was open to opportunities.

And this turned out to be the most marvelous opportunity, not only education wise, learning about the field of geriatric mental health. And I did go back to school for a whole year and and beef up my geriatrics course. I was a psych nurse, so I had the mental health portion. I didn't have the geriatrics. So I, I, I did a year's worth of coursework in geriatrics all the way from biology courses of the aging cell to social work courses about the federal agencies and what they provide services for.

So it was a wonderful year. And then I spent two years starting pilot studies that would grow into funded grants in various locales around Iowa.

That's really amazing. I love what you said about being open to opportunity, and I think that's also important for people who have plotted out their careers because you can get married to a particular path and miss a whole lot of opportunity if you're not open to things coming your way. So I think there's something between being wildly unfocused and just.

At everything and having a pretty good idea of what your interests and abilities are, but not being firmly committed to one institution or one path that allows you to make the best of both worlds. And I was lucky enough and I do, that there was an element of luck. But I worked hard to to be kind of in that middle range.

MCGUIRE

And so did you did you develop a passion for geriatric studies and absolutely.

BUCKWALTER

It took me, although it. Didn't start out intentionally, it was a perfect fit and just I was a perfect fit. I could not have designed something I love better. To this day, it's been a wonderful career. And I and I'm still wading around in it. And still learning.

Things. I still love working with older adults and there is such a need. And so it was, you know, I fell into something that was absolutely ideal. The other thing which really advantaged me is that and this is a bit of luck and timing at that time in the early eighties, when I studied to become a general geriatric mental health nurse, there weren't many nurses in the field.

The field itself was new, it was developing. People were just coming to the idea of What's this, what's dementia, what's Alzheimer's disease? Why are all these people losing their minds? And what can we do about it? And how is our long-term care system prepared to deal with it, and how are the families prepared to deal with it?

So the timing element was crucial and that I was in on the groundwork essentially. And also the luck part of it was that in, for example, institutes at the National Institutes of Health were being told directions from on high. You need to diversify your portfolios. And indeed, most of them did not have many nurses. They had funded grants for all women. Right. And so here I was.

Essentially had a postdoc under my belt. And so I think I was advantage I I'm not trying to diminish in any way the quality or rigor of the scholarship of the grants I presented. But it was a favorable environment for a young female general psychiatric nurse at the time. And I got in on so many things because you checked boxes. I checked boxes all my life.

Oh, you don't have a woman on this committee. Oh, my goodness. We don't have a nurse who's on this policy board. And again, being open to opportunities, I said, absolutely. I'll be at the table and I will bring nursing's voice to the table. And I met wonderful people, a lot of people who were role models and supportive. But I showed up, too, so. Right.

MCGUIRE

Well, that's huge. That's the piece. I think sometimes in the process, of course, of our careers, we get little whispers or things that draw attention or people present opportunities. But if you don't listen and don't take that jump, there's so much potentially to be lost there for sure. And you've made huge contributions throughout this process of working in geriatrics.

Can you talk just briefly about the progressively lowered stress threshold conceptual model?

BUCKWALTER

Yes, I really like because that's the kind of thing I hear about briefly. We call it the PLST model for better, obvious reasons. But first, I need to honor Jerry Hall who is the initiator of that model based on her clinical experiences. She was my master's student at Iowa and later became my doctoral student, and her dissertation started off research in this area. So I was fortunate enough to learn from her because one of the great things about being in academia is you can learn as much or more from their students, from your students as they learn from you.

And Jerry was certainly one of those people, a master educator, a master clinician. And and I was able then to help her at that time to focus her wonderful ideas and concept parts into a model for care, and then to help her get that disseminated. So we published the first version of the PLST Model in Archives of Psychiatric Nursing in 1987, and then we continued to do research together for many, many years thereafter and brought other people in as well.

So that's how that started. It is a model for care it among many others, but it was one of the very first theoretical underpinnings for dementia care and that helped ground research in the area. Because of that, the conceptual framework that it offered and there was a logical flow then for interventions and nurse actions. Given the framework that Jerry developed.

And so it was really exciting and it's still used today. I've also I've been impressed by the number of scholars and scholars internationally. Hong Kong, Australia. I had a post-doc from Turkey who came and studied with me. So really a nice foray into having some theoretical underpinnings for the research you do and for your practice, which is really then it becomes evidence based practice, which is right. Right. Very timely now.

MCGUIRE

Yes, absolutely. I you know, I'm so it's such a huge contribution. And it's also important because, you know, God willing, we'll all be geriatric someday. So keep.

BUCKWALTER

Yeah.

MCGUIRE

More research on how to look after geriatrics, the better for everyone concerned.

BUCKWALTER

But I think. Was that the PRC model came out of clinical observations and clinical work and and it made sense made sense to a lot of people because of that grounding in clinical observations, listening to practitioners, observing patients and residents and their behaviors and what could be triggering that and what can we do about it, that sort of thing.

MCGUIRE

That's one accomplishment. You've had a long list of accomplishments throughout your career, including being receiving the living legend honor. That's just one. But which would you say you're most proud of, and why would you think throughout your career? Personal. Professional?

BUCKWALTER

Well, professionally, I have a hard time narrowing myself to really three things. When I look back on my career that were the most professional is satisfying. One of those was a project out of the Abbey Center for Community Mental Health in Linn County, Iowa, called The Mental Health of the Rural Elderly Outreach Program. Oh, yeah. So Rural Health was again another world developed field. There was not policy considerations that, hey, we have this whole audience of people who are growing older with complex mental health and physical health needs, but there's no service delivery system.

There's no continuum of services in the rural area. So how can we find out, identify them, assess them and provide services for them? So we came up with an interdisciplinary model of care called the Mental Health of the Rural Elderly Outreach Program, which we never use the full title when we were talking to older adults because just the word mental health was stigmatizing enough that they wouldn't want to talk to us.

So we just called it the Rural Outreach Program, and we had a team of geriatric social workers, a geriatric nurse practitioner who could do all the physical assessments in the home. And I tell you, she was invaluable because some of these older adults had never been in a hospital or clinic in their lives. Before the baby. Sit on the kitchen table, you know, they didn't drive down the country lane and snowed in all winter. So she was able to do physical assessments. We discovered so many people who had failed their phone mental status exam. You know, they ask a question like, who's the president in nine states? And they give some inappropriate answer and they be labeled as as mentally ill or cognitively impaired or so forth. And it was earwax. That was the pepper. Nobody had cleaned out their ears. So the first thing I the first thing I thought with my grant money was this room and spoon. Right?

And by golly, their mental status scores improved once they could hear what the questions were. So we had a general psychiatric nurse as the project director, and then I, I couldn't afford to have a general psychiatrist on the ground, but I hired a senior resident for a certain number of hours a week to to back up the team if there were questions.

Now, the geriatric nurse practitioner had prescriptive privileges, but she needed backup. And so we had a general psychiatrist in and a wide range of consultants with access to the university, even though the mental health clinic was in a different town, we could access dental services, be surprised at the number of people who weren't eating and were low on, say, B12 because their teeth hurt.

And that was a test itself in terms of cognitive symptoms and so forth. So that was we reached a population who were extremely vulnerable and nobody was taking care of them at the time. Nobody even knew they were there. Wow. And so that was satisfying for that reason. And because we all felt we had a real team and we all felt like we were making a difference in their lives.

MCGUIRE

That's great.

BUCKWALTER

That was the first one that comes to mind. The other was the last formal research project I conducted with my long term colleague, Sandy Berger from the University of Illinois. And it was particularly satisfying because it was on stigma and dementia, and it and it was rewarding because stigma had been an early interest of mine. In fact, my master's thesis was on the stigma associated with the psychosocial effects of psoriasis as a master's student.

And here I was at the very end of my career studying stigma. But in my new population, which was older adults, so it was like professionally I'd come full circle and the opportunity to do the research with a valued colleague was again just very special. Yeah, so that meant a lot. And then the, the other women I'll mention and I apologize if I'm going on too long, but, I've just, I've had a lot of really. Useful I guess. Is something I'm doing currently. So I have the privilege of consulting at the University of Iowa College of Nursing and I'm out of the Office of Nursing Research, which means a lot of my work is focused on helping people get grants and write manuscripts and that sort of thing. But I'm also privileged to work with a population of faculty and students who are clinical track faculty, so they're not PhD prepared necessarily.

They have a DNP or a doctor of nursing practice and they are working with the most vulnerable populations, the homeless who also have substance use disorders, are mentally ill and chronically physically ill. Immigrants, migrant workers who are undocumented and so won't come in and get a COVID shot because they're afraid they'll be returned to South America or something.

So what this opportunity at my late age and where at the tip end of my career is so rewarding, is because it brings me back to what brought me into nursing in the first place, and that's to be able to improve the quality of life and quality of care for our most vulnerable populations. And so these are not necessarily elderly people, but the sick pieces there and the high need, high cost the people that nobody but nurses really want to take care of.

And can do it. Yes.

So that's those are the three highlights among many, many others. Professionally, personally, of course, it's family. Sure. I have been very blessed with my parents who help watch the kids so I could go to school. I had two children during my doctoral program and it was in Chicago. There was a Ph.D. program at Iowa City at the time I started, and that was the nearest one.

So for four years I commuted by Greyhound bus to Chicago from Iowa City. I'd leave at 2 a.m. on Sunday and then come back at 2 a.m. on Friday. And my husband for putting up with that. We were just newly married at that when I started this four year journey and he was not only forgiving, but encouraging and so supportive and and of course, the kids and and now grandkids who've turned out to be well-educated, contributing adults, but most importantly, they're all compassion human beings.

And they still like each other and want to do things not only with their siblings, but with us, their parents. So I, I consider that a personal triumph.

MCGUIRE

It is for sure. And, you know, the description you just gave of them sounds a lot like you. I'm sure you have a lot of influence in the end and the compassion and all those great things.

BUCKWALTER

I didn't get any nurses out of the three, but. Well, in the health care field, that's fantastic.

MCGUIRE

Any words of advice for young nurses starting out in their career.

BUCKWALTER

Oh am I probably be kind that's get as much education and and clinical experiences as you can keep yourself open to opportunities. Huge. Like yourself a coach or a mentor or somebody who's been in the position longer than you, who's willing to work with you and bring you along because we all need that. And never forget the people who helped you get to where you will someday be. Yeah, I think those are the main things that I would say savor the experiences that you have.

There's going to be rough times and not always the outcomes that you anticipate or want, but they can be learning experiences too. I would say don't be afraid to ask for help or ask for additional resources if you need those to do your job well and you know, own what you do, own your behavior, own your practice and your mistakes.

So I will tell you that I made plenty of them and I do have time to just tell you a couple, because I think it's important for people just beginning to hear from people who have been successful in their nursing career, that it wasn't always a bed of roses. So I was my first job out of college was as a Navy nurse during the Vietnam War.

And I was stationed in Guam and we got air of AKs coming every day. Anybody who did live past the front lines but was too sick or injured to make it back to the United States. We got them any time of the day or night and you could be called in. We also had typhoons regularly, so if you were within 48 hours of the storm, you you lived in the hospital until it was over and all the pregnant women on the island came in and you took care of them.

So it was the hospital had 112 beds and our census was 223. The nurses barracks had been converted to, we call them dirty orthopedic, but they were infected orthopedic cases. So it was a chaotic environment. You work wherever it was busy labor and delivery. That's where you work. And they needed somebody to scrub in the O.R. you scrubbed.

So it was absolutely the best kind of internship, right, possible. And I had a sense of clinical mastery coming after three years of active duty that I've never had since, and that will play out later. But anyway, I came back here and a master's program in psych mental health nursing and got a job at the hospital. And I was assigned like five people where I've been used to taking care of whole wards that I cooked on board.

So I really didn't know what to do with myself. It was just such a dramatic transition in roles and from my very first job in nursing, which was this is what nursing was to me, we also had no telephones on the island. So if well, there were a few, but I mean, not not where people lived. You had to drive to the Hilton Hotel and then the doctors would call in and give you an order.

So we had standing orders up. That was it was extraordinarily autonomous nursing practice just because of the context that the war. Sure. In Vietnam at its peak in the early seventies. And so I came back and within two days I was called before a medical tribunal for practicing nursing, practicing medicine without a license. Now, this is before. There was all. This practitioner programs. We're talking the early seventies, and I had somebody was constipated, so I gave him milk of magnesia. I mean, would you buy it? Know. Yeah. CVS pharmacy over the counter but it and then somebody spiked the temp and I ordered blood glasses on him because that was my practice experience. And if I had called the doctor for a milk of magnesia and they had to drive to the Hilton Hotel, and I'm sure I would have in deep trouble. So I got my hand slapped and I was assigned a senior nurse to teach how to behave properly as a nurse.

So that was one of the learning experiences how even when things may not seem to be useful at the time, your experiences, especially during COVID, they can be later on and how my Navy nurse experience helped me in my academic career is that I had a position as an associate

director of nursing research in a clinical setting, and I would be talking about, oh, the value of doing research and evidence based practice and this and that.

And inevitably at least one nurse in the audience would say, Yeah, but you don't have any idea how busy we are here at the XYZ hospital. And I said well, let me tell you about busy. And then and then I would work out, you know, and then I'm back with people coming in, being the nurse at the bedside when somebody, an 18 year old woke up and then had a bilateral ache amputation because they couldn't salvage the live. So it gave me street cred. That's nurses.

MCGUIRE
Exactly.

BUCKWALTER

And, you know, I never had imagined that at the time that it would serve a useful function. Well, I was in the research realm, but it did.

MCGUIRE
Absolutely.

BUCKWALTER

No. We just need better ways. We learned to learn. Better ways to do things. Yes. Inside.

MCGUIRE
Absolutely. Absolutely. What a great story. That's I mean, what an experience. You've had such an amazing career. I'm so grateful that you talk to us today really, genuinely. Thank you. Really great, great conversation. So I appreciate it. I just want to say again, thank you for your contributions in a big way and I could just you know, we could just keep going.

00:37:30:23 - 00:37:53:10

Leana McGuire

We hope you enjoyed this episode of Distinguished Careers in Nursing with the wonderful Dr. Kitty Buckwalter. Elite Learning dot com has a variety of courses that you can take to help expand your career and your learning. We encourage you to explore all of that and thank you so much for listening. This is Leana McGuire for Elite Learning by Colibri Healthcare.

(SOUNDBITE OF MUSIC)

Outro