Deanna Gray-Miceli

Interview

AANP Oral History Project

Deanna Gray-Miceli

NP-BC, FGSA, FNAP, FAANP, FAAN

, MA, APN, FAANP

grams year:

hool of Nursing: BSN, 1982
l of Nursing: MSN, 1983
rsing: PhD, 2001

Certifications: GNP-BC

Biographical Sketch

Deanna Gray-Miceli, PhD, GNP-BC, FNAP, FGSA, FNAP, FAAN, Professor, Jefferson College of Nursing and Director of Implementation Science, Jefferson Center for Injury Research and Practitioner

I am a Post-Doctoral alumni and clinical scholar of the National Hartford Center for Gerontological Nursing Excellence and an emerging nurse scientist with national recognition as an expert in care of older adults (geriatric nursing) and falls prevention. As an advance practice nurse, I am grounded in practice, with legacy of leadership in translational research concerning elderly nursing home residents. My program of research concerns quality of care and patient safety in the aftermath of a fall among elderly nursing home residents. As a clinical scholar, I am dedicated to teaching excellence, creation of research evidence for best practice in falls prevention and collaboration for policy change at the state and national level.

The scholarship during my professional career has centered on research in the prevention of recurrent falls in elderly nursing home residents, older adult's lived experiences and perceptions of "serious" falls (qualitative dissertation research using hermeneutic interpretive phenomenology), clinical care of frail elders, and enhancing geriatric nursing education. My research innovation includes tool development, validation, clinical congruency and feasibility testing of the Post-Fall Index, a 30-item comprehensive post-fall assessment tool for use by registered nurses in nursing homes. As the primary investigator of a three-year cohort research study in one nursing home (2006-2009), collaborative research with Drs. Ratcliffe and Johnson demonstrated the effectiveness of the Post-Fall Index to reduce falls facility-wide.

I serve as an active member in several professional societies and national committees including American Academy of Nursing, American Association of Nurse Practitioners, Eastern Nursing Research Society, Gerontological Society of America, National Academies of Practice, Sigma Theta Tau and Legacy Alumni, The National Hartford Center for Gerontological Nursing Excellence (NHCGNE) and inductee, PINNACLE Society, Fairleigh Dickinson University.

My contributions to nursing science and practice include: 27 refereed journal articles, 4 books, 15 book chapters, 5 refereed white papers, 14 refereed clinical case exemplars, two national Clinical Practice Guidelines and 58 refereed scientific presentations (since 2001) at national and international research conferences (refer to MyBibliography). available at**: https://www.ncbi.nlm.nih.gov/sites/myncbi/deanna.graymiceli. 1/bibliography/52595326/public/?sort=date&direction=ascending.)** I have two theoretically derived research innovations and I am the recipient of over $1 million in external funding.

Current Position:
Professor, Thomas Jefferson University
College of Nursing,
Director of Implementation Science for Falls Prevention and
Deputy Director, Falls Prevention, Jefferson Center for Injury Research and Prevention

1. When you did become an NP? What was the motivation?

After graduating from Fairleigh Dickinson University School of Nursing with a BSN in 1982, I obtained an MSN as a Gerontological Nurse Practitioner (GNP) from University of Pennsylvania in 1983. In 2001, I was granted a PhD from Widener University School of Nursing.

My motivation arose from growing up with a father who was a physician in a small town and also medical director of a nursing home. From an early age, my siblings and I worked in Dad's office and beginning at the age of thirteen, I began working as a nurse's aide in the nursing home after school and in the summers; I couldn't provide direct care, but I was fortunate to be able to spend time with residents reading letters and helping residents with tasks. I enjoyed working with this population, having been inspired by my grandparents on both sides of my family. The Dean of the School of Nursing at Fairleigh Dickinson School of Nursing knew of my interest in elder care and strongly urged me to go directly to a GNP program upon graduation; I was the only one of 100 graduates in 1982 interested in this specialty.

2. What experiences did you bring to the GNP role?

I brought all those years of working with the institutionalized elderly in my dad's medical practice and at the nursing home he directed, starting at age 13.

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3. As a new GNP, did you experience any challenges? How were they resolved?

One of the immediate challenges I confronted in my first job was that I had considerable book knowledge but lacked clinical care experience as an RN. When I took on a GNP role in a nursing home, I experienced deep resistance from the RN staff who did not understand, appreciate nor even accept my unique skills. For example, they would not take my orders for medications, treatment or referral. I had to work out a system with my collaborating physician: I would perform assessments, then contact him with all my findings, accompanied by my suggested treatment plan, and he would write orders for the nurses. Early on, it was such a time-wasting process, but the physicians valued my findings and my work ethic. because I knew the patients inside and out. There were no existing joint protocols, so I had to write my own. Eventually, the nurses accepted me, and took my orders as per the joint protocols. I worked very long days and was always "on."   Providing primary care as well as care for long-term chronic illnesses over a 7-year period in a nursing home setting, underscored for me the importance of dementia, depression, stroke and falling in this population.

4. Are there experiences that you would like to talk about?

In 1989, I was working in a nursing home setting connected to a School of Medicine and I went to the head of Medicine and told him I was interested in doing research on the etiology of falls. He encouraged me and subsequently, I wrote clinical papers related to falls, and developed a strategy to comprehensively assess older adults who fell, through my skills as an APN by evaluating gait, balance, EKG findings, glucose and O2 levels. This lead to the later founding and directing of the Falls Assessment in ambulatory care. **This was a defining time in my career**; I realized that I could contribute more to the quality of care of the elderly population through research and education than I could simply through repetitive clinical care on an individual basis.

5. What was most challenging in your career/ most important?

Another pivotal moment in my career occurred in 2001 when I was awarded a post-doctoral fellowship at the University of Pennsylvania School of Nursing. While there I worked on tool development related to falls prevention. I established connections with academic colleagues in Sociology, Nursing, Medicine, Biostatistics and Health Education, and I gained a new appreciation for interprofessional relationships that continue to be highly valuable to me as I have submitted grant applications and completed research in my field. I have encountered a succession of mentors in different professional disciplines and in different places along the way.

Innovating with my team I now hold the intellectual property rights to the Post Fall Index TM

Working at the NJ Department of Health as an invited consultant for statewide falls prevention interventions over a period of 14 years, enabled me to reframe my thinking of the application of tools for falls prevention from institutional settings to population-based settings.

I have held jobs in many schools of nursing over a period of more than 35 years, and as an expert in gerontological nursing, have been able to impact the knowledge that emerging nurses can apply in the care of elderly patients. I expect that my new combined positions as Professor, Director of Implementation Science for falls prevention, and Deputy Director for falls prevention, Jefferson Center for Injury Research and Prevention at Thomas Jefferson University College of Nursing will allow me to explore new ways of dealing with such complex issues as elderly trauma and the etiology of gunshot wounds.

6. What advice would you give to new nurse practitioners?

Find a mentor for life that can help you see the bigger picture. My team of inter-professional colleagues and family members have been important mentors and guiding lights for me. I have had an extremely busy and productive career that evolved from intense clinical practice to intense research and education. At the same time, I have had to deal with family demands, particularly in the past few years, and I have had to learn how to find work that allows me to balance my professional and personal life.

7. What do you see as the role of Nurse Practitioners in the next 25 years?

Nurse practitioners will continue to play an important role in providing primary care. However, I foresee that they will be important specialty care providers as well. In order to be more effective in those specialty roles, I would like to see the development of post-graduate residency programs for nurse practitioners in specialties such as care of the frail elderly, population health, and infectious disease.