

## **Dr Mary C Smolenski EdD, MS, FNP,FAANP**



### **Introduction**

Dr Smolenski is credentialed as a family nurse practitioner., She graduated from the Air War College at the Pentagon has a BSN from the University of Pittsburgh, MS from the University of Colorado and an EdD from the University of Florida. She has extensive experience as a flight nurse, practitioner, educator, researcher, writer, consultant and was director of the American Nurses Credentialing Center.

### **Abstract**

In this interview Dr Smolenski discusses her career initially as a staff nurse in a medical surgical unit and a flight nurse in the reserves. Desiring additional challenges, she moved to a coronary care unit at Jackson Memorial and began combining teaching with practice. Having the experience of autonomy as a flight nurse she desired increased autonomy in the clinical area and became a nurse practitioner. She has always enjoyed challenges and sought to find new experiences. She discusses her movement into the credentialing role and came to the role with an understanding of the importance of standards of practice and the need for credentialing. She was politically active throughout her career in promoting full practice authority for all nurse practitioners. She sees the consensus model of regulation and the movement toward the DNP as pivotal moments in NP history. She advises new nurse practitioners to continue to keep up with best practices and the changes in healthcare. In the future she sees nurse practitioners being the primary care givers in the healthcare system.

### **Short Bio:**

Dr. Smolenski is a family nurse practitioner (FNP) with experience in a variety of areas from primary care, education, military and association settings. She is a retired USAFR Colonel serving as a flight nurse and administrator for thirty years. Dr. Smolenski served as the Director of Certification Services for the American Nurses Credentialing Center, a subsidiary of the American Nurses Association for eleven years. She also served on the Accreditation Council of the American Board of Nursing Specialties and the Board of Directors for the American Accreditation Healthcare Commission/URAC. Dr. Smolenski was awarded the National Organization for Competency Assurance (NOCA) Leadership Award in 2003 for her work in the credentialing field and served on their Board of Directors in 2008.

Her clinical practice included working in a nurse practitioner run clinic (Short Term Clinic) and working with hospital employees and patients of the primary care doctors at Jackson Memorial Hospital. She also saw her own patients in a faculty run clinic at the University of Miami (Daystar /clinic) while teaching in the Masters level Nurse Practitioner program there.

She was the principal investigator on a Tri-Service Nursing Research grant to complete the Air Force Nursing Service History. Her publications include co-editing a textbook for APRNs called Health Policy and Advanced Practice Nursing, Impact and Implications now going into its third edition, and various articles on credentialing and certification, advanced practice nursing, and the use of on-line portfolios as a professional tool. She is currently retired but continues working occasionally as a consultant on projects and writer on certification, accreditation, advanced practice issues and other health related projects.

**Keywords**

Advanced practice nurse, flight nurse, nurse practitioner, credentialling, teaching, author.

**Transcript**

**Mary C. Smolenski**

**AANP Oral History Project**

**Interview:** Dr Mary C Smolenski EdD, MS, FNP,FAANP (2004)



**Date:**01/03/2020

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**Place for Interview:** Home in Florida

**Education:** Air War College, Pentagon Washington DC,  
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University of Colorado MS Nursing, University of Pittsburgh,  
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**Certifications:**

- Family Nurse Practitioner, American Nurses Credentialing Center
- Family Nurse Practitioner, American Academy of Nurse Practitioners

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**When you did become an NP? What was the motivation?**

I began my career as a BSN staff nurse on a med surg floor and as a flight nurse in the Reserves of the Air Force in Florida. I found the staff work in a small hospital (250 bed) unchallenging and wanted more. I then moved to the coronary care unit at Jackson Memorial Hospital in Miami and later began teaching critical care courses in the diploma program at Jackson Memorial Hospital School of Nursing. Being a critical care nurse and a flight nurse, it was a natural progression to move into a more autonomous role as a nurse practitioner. I later became a visiting assistant professor in the Family Nurse Practitioner Program at the University of Miami School of Nursing and practiced in a nurse practitioner run clinic at the university. Being a nurse practitioner and maintaining a clinical practice at the dual physician/NP run University of Miami Daystar clinic opened the door for a varied career and unique opportunities.

**What experiences did you bring into the role?**

Having experience as a staff nurse, flight nurse, and educator I brought a unique perspective into the role. I had flight and critical care experience and had the opportunity to begin my nurse practitioner career teaching, mentoring and practicing in a nurse managed ambulatory care center when the role was still being developed.

**Did you experience any challenges? How were they resolved?**

My varied experiences and roles gave me a good foundation for practice. I became active in the local NP organizations in the early 80's and tried to advance the role and its capabilities within the state. Having worked side by side with primary care physicians who were pro nurse practitioner and provided many learning opportunities, I couldn't understand why it was so difficult for people not to see the value in our role. Diagnosing, physician oversight and prescribing were fought heavily by the medical association in Florida and I soon felt I could use my energies elsewhere. These issues have been around for the last 35 plus years in FL and at least now seem to be getting the traction they need.

**Are there any experiences that you would like to talk about?**

Being in the credentialing world gave me so many opportunities for learning, growth and sharing with individuals nationally and from all over the world. I gained an appreciation for the importance of standards of practice and need for certification. I met and worked with so many knowledgeable individuals and individuals who were accomplished in their fields. These experiences helped form a groundwork for my writing and consulting. With my practitioner work, credentialing experience and military work I feel like I have friends all over the world.

**What was most challenging in your career/ most important ?**

One of the most challenging things in my career was finding a way to keep up with clinical practice in a work environment where there was always more work to do, not enough time to do it and lots of last-minute requests. And trying to keep up with my military reserve duties added another element. I failed

to negotiate a contract that guaranteed me time for clinical. Trying to find volunteer practitioner time/position at a clinic or facility was impossible with the schedule I had so this affected my ability to recertify. This was at a time when "hands on" clinical was the only type of clinical accepted. Irony for someone who worked in a certifying body. One lesson I learned (after the fact) was to be able to manage my time better with learning how to say no when needed and putting myself first.

### **Is there anything you would want to change?**

I wish that the role of the nurse practitioner had been more advanced when I was in clinical fulltime in the 80's. I would probably have stayed in clinical rather than moving into teaching and credentialing when I did. I have never been one to be satisfied with the same job for a long time. I always felt the need for a challenge where I could learn, make an impact and show results.

I made/make decisions based on the information and data I have at the time. I like to take advantage of new opportunities, which my career frequently offered, such as working at the Pentagon in the AF Office of Health Promotion (which required a leave of absence from teaching and clinical). I loved patient contact and the personal connection so would probably have ventured into a solo/joint practice of my own if the role was more advanced in the 80s.. But as far as a career -being a nurse/nurse practitioner along with my advanced education and military background, I've had a wonderful career with many varied positions from clinical, teaching, consulting, credentialing, writing and editing to highlight some.

### **What do you see as pivotal moments in the past years?**

--Finally getting some consensus across states for recognition and regulation of advanced practice nurses (Consensus documents, LACE)

--Merger of AANP and ACNP (strength in higher numbers)

-- introduction of DNP

### **What advice would you give to new nurse practitioners?**

It is important to do what is best for the patient and to put the patient first. Being a new nurse practitioner is the beginning of career that requires lifelong learning. Continue to expand your knowledge base and be aware of what you know and what you do not know. Health care is changing at such a rapid rate it is imperative to keep current with best practices. The social aspects are also important. Join with other nurse practitioners and groups to attain full practice authority so that we can effectively be the face of healthcare. Don't be afraid to ask for what you want when applying for a job as your career advances- like time for clinical if the job keeps you at a desk most of the time.

### **What do you see as the role of Nurse Practitioners in the next 25 years?**

Due not only to the shortage of MDs but also to the recognition (finally) that NPs can handle the majority of primary care problems, NPs will become the mainstay and first step in health care. Everyone will have their own NP PCP. (PAs may also play a part in this) Physicians will be SCPs- specialty care providers. So each person will have a PCP and a number of SCPs if needed. NPs will also be the primary caregivers for the yearly wellness visits and follow up for the majority of Medicare patient visits. There will still be NPs caring for chronic illness patients and doing specialty care but MDs will focus more and more on specialties leaving primary preventive care arenas to NPs.

