



Michelle Beauchesne, DNSc, RN, CPNP, FAAN, FAANP, FNAP is a pediatric nurse practitioner specializing in neurodevelopmental disabilities. She is a Past President of the National Association of Pediatric Nurse Practitioners (NAPNAP) and a Past President of the Nursing Division of the American Association on Intellectual and Developmental Disabilities (AAIDD). In addition to her clinical expertise, Dr. Beauchesne is a respected leader in advanced practice nursing education, with a particular focus on competency-based education. She is a Past President of the Association of Faculties of Pediatric Nurse Practitioners (AFPNP) and past member of the Board of Directors for the National Organization of Nurse Practitioner Faculties (NONPF). As President of NAPNAP, she testified many times before Congress and the Institute of Medicine (IOM) regarding advanced practice and education of NPs caring for children and families. She was Director of the DNP and Pediatric NP Programs at Northeastern University in Boston. Dr. Beauchesne is also involved in international education for NPs, having two Fulbright Scholarships and served as Education Chair of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nurse Network (NP/APNN) from 2012 to 2018.

Interview Abstract:

Dr. Beauchesne has an ongoing history of initiating changes throughout her career. When she was looking at graduate nursing programs, there was a minimum of two years nursing experience required. She enrolled after one year of practice and was the youngest graduate in her cohort. Following her master's degree as a PNP, she worked at the Eunice Kennedy Shriver Center for twenty years. As coordinator of the NPs at that facility in 1981, she was able to demonstrate that NPs had more education than RNs and deserved a higher salary than the registered nurses. As a result, NPs have the same benefits, continuing education, retirement, and vacation as the medical staff. As an educator, she is a firm believer in competency based education. She also promotes a global perspective and encourages nurse practitioners to seek out opportunities to promote professional development and positive patient outcomes. In retirement, she has a consulting business related to leadership and education.

Short Bio:

Michelle A. Beauchesne, Professor Emeritus (2019), was previously the Director of the DNP and Pediatric NP Programs at Northeastern University in Boston. Dr. Beauchesne, an expert Pediatric Nurse Practitioner (PNP) in the care of children and families with neurodevelopmental disabilities, is a Past President of the National Association of Pediatric Nurse Practitioners (NAPNAP) and a Past President of the Nursing Division of the American Association on Intellectual and Developmental Disabilities (AAIDD). In addition to her clinical expertise, Dr. Beauchesne is a respected leader in advanced practice nursing education, with a particular focus

on competency-based education. She is a Past President of the Association of Faculties of Pediatric Nurse Practitioners (AFPNP) and past member of the Board of Directors for the National Organization of Nurse Practitioner Faculties (NONPF). She is a Distinguished Practitioner in the National Academy of Practice, a Fellow in the American Academy of Nursing, and a Fellow in the American Association of Nurse Practitioners. Dr. Beauchesne serves as consultant to the West Haven Child Development Center, Inc, Connecticut. She is founder of MAB Consulting: Leadership and Education.

Keywords: pediatrics, advanced nursing practice, neurodevelopmental disabilities, international education, competency based education.

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Interview

AANP Oral History Project



Interview: Michelle Beauchesne, DNSc, RN, CPNP, FAAN, FAANP, FNAP

Date: 6/16/21

Interviewers Name: Michaelene Jansen

Place for Interview: Phone

Education: 1989 DNSc Boston University. Boston, MA. Child Development

1979 MS Boston College-Harvard Medical School (MACY Program). Chestnut Hill, MA, Parent-Child Health, Pediatric Nurse Practitioner

1976 BSN Georgetown University. Washington, DC, Magna cum Laude

2000 post-doctoral LEND Fellowship in neurodevelopmental sciences.

Certifications: 1976-2022 RN/NP License Commonwealth of MA

1999-2021 RN and APRN Licenses State of Connecticut

2000-2022 Primary Care Pediatric Nurse Practitioner, Pediatric Nurse Practitioner Certification Board PNP-PC

1979-2010 Pediatric Nurse Practitioner (PNP-BC), American Nurses Credentialing Center

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

I graduated from high school at age 17 and did not have a clear idea of what I wanted to do. My mom was a nurse and she thought that I should do something else. I thought that I might become a lawyer. However, I went to Georgetown University and took nursing and premed courses. I made a conscious decision to go to a university, not just a nursing school. During an introductory nursing course, there were two guest speakers that had had a tremendous impact on my education. One was Dorothy Orem who emphasized that nursing is a profession equal to medicine but different and that nursing needs to define its own body of knowledge. Another guest speaker was Lucille Kinlein who embraced independent practice for nursing. I loved both concepts and went on to become a pediatric nurse practitioner and pursued a doctorate in nursing. After completing my BSN, my first job as an RN was at the Massachusetts General Hospital. I knew I wanted to get my master's degree but in the late 1970's one had to have two years of experience as a registered nurse. People who know me would not be surprised that I talked my way into being admitted to Boston College after only a year of practice. I continued to work as an RN during my master's program. I was one of the youngest persons in my cohort and had limited experience. I understood that I may not have had a lot of experience, but it was valuable experience. Experience is important but does not need to be endless. Ingenuity and motivation are also essential. I was extremely fortunate to have been enrolled in a graduate program with multidisciplinary faculty. At age 24, I graduated from the MS Boston College-Harvard Medical School (MACY Program) with MS in Parent-Child Health and as a Pediatric Nurse Practitioner. Avenues for NP education were very varied in the late 1970's. Mine was a unique curriculum for the 70s in which clinical experiences were considered as valuable as scholarship and leadership.

What experiences did you bring into the role?

Having been grounded in the integration of practice with scholarship and leadership, I looked for a nursing doctoral program shortly after completing my master's degree. I was accepted into the Boston University DNSc which at that time was the only doctoral nursing program in New England. With some ingenuity and perseverance, I was able to complete my doctorate, continue working as a PNP in a combined acute and primary care role at a center for individuals with developmentally disabilities, get married and have my two sons. My family, especially my husband, have been so supportive throughout my entire career. When I was on bedrest with my

second child due to complications, I was conducting phone interviews for my dissertation and my husband was on the phone extension recording them.

Did you experience any challenges? How were they resolved?

There are lots of challenges in developing advanced nursing roles. My youth was a factor in the advancement of the PNP role, but I was fortunate to have very supportive mentors along the way. I was one of the first 5 nurse practitioners to be hired by a state-run facility for individuals with developmentally disabilities in Massachusetts. Initially, I planned to stay a year or two but ended up working at the facility, eventually on a contract with the Eunice Kennedy Shriver Center for twenty years. I found it rewarding to work with an underserved population. In the late 1970s and 1980's, there were so many pathways to become an NP. It was difficult to carve out the NP role due to the variety of preparations. The state did not have a salary category for NPs, so we were paid less than RNs. As coordinator of the NPs at that facility in 1981, I was able to demonstrate that NPs had more education, more experience and were considered advanced practice nurses with terminal degrees. I negotiated with the medical director for NPs to have the same benefits, continuing education, retirement, and vacation as the medical staff. I like to think of myself as a change agent, but some colleagues call me a rabble rouser.

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

My post-Doctoral LEND Fellowship in Neurodevelopmental Sciences dovetailed with my passion for scholarship and clinical practice as a pediatric nurse practitioner (PNP) in the care of children and families with neurodevelopmental disabilities. I was able to incorporate acute and primary care of this complex population and used this unique experience to create the dual Primary Care and Acute Care Pediatric NP program, the first in the nation, at Northeastern University.

What was most challenging in your career/ most important?

My main efforts have been promoting and incorporating competency-based nursing. As a Past President of the Association of Faculties of Pediatric Nurse Practitioners (AFPNP) and past member of the Board of Directors for the National Organization of Nurse Practitioner Faculties (NONPF) I have been at the forefront of incorporating competency-based practice into advanced nursing practice curriculum. Another important aspect of my career has been the ability to foster international research and innovative teaching modalities through a Fulbright Senior Specialist at National University of Ireland Galway in 2009 and again in 2012 at Queen's University in Belfast. I also served as Education Chair of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nurse Network (NP/APNN) from 2012 to 2018.

Is there anything you would want to change?

No, there is not much I would change. I feel extremely fortunate in my career; many opportunities were serendipitous. My mom died the year after I graduated from my DNSc program, and I think she would have been very proud of my subsequent career. I thought of her when I was named a distinguished alumna of Georgetown University and again when I was

awarded an Honorary Doctorate from Bucks New University in England. The opportunities I have been given far outweigh any challenges.

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

Getting involved opens many doors and provides a new world view. One example was I initially wrote a grant to put on a local conference for preceptors caring for the underserved. It was intended as a forum for clinicians to engage in the scholarship of practice. As it turned out, a Nor'easter occurred the day of the conference, so all the national guest speakers, including the keynote, Jan Towers, were there, but most local preceptors were unable to make it. In spite of the stormy weather, this event was very well received and turned into a ten-year national endeavor for me. One of the most pivotal moments for me was serving as President of NAPNAP (National Association of Pediatric Nurse Practitioners). I testified many times before Congress and the Institute of Medicine (IOM) regarding advanced practice and education of NPs caring for children and families.

I think the pandemic is a pivotal moment for nursing in general. The pandemic brought to the forefront how behind we are as a nation in public health and prevention. Nursing has always known and shown that it is less expensive to promote health than maintain health in illness.

What advice would you give to new nurse practitioners?

My advice for new nurse practitioners is to engage in one scholarly endeavor every year. It is important to keep in mind that nursing is a profession. Research and scholarship improve practice and both in turn enhance our education. Take opportunities as they come along. One does not need to be a national figure to make a difference. As Florence Nightingale once said, "no seed is too small."

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

I am optimistic. Recently, my younger son had to choose a new primary care provider and his health care system listed physicians and nurse practitioners together. It is now commonplace to see nurses and advanced practice nurses at the table. There are now nurses employed in leadership positions, such as the Surgeon General's Office. There will be more international opportunities. One can make a difference anywhere; nursing will continue to carve out critical nursing leadership roles globally