



Dr. Susan D Ruppert, PhD, RN, FNP-C, ANP-BC, FCCM, FNAP, FAANP, FAAN is a Professor and Associate Dean of Graduate Studies at Cizik School of Nursing at the University of Texas Health Science Center at Houston. She has balanced her clinical practice and education throughout her career and has been involved in national accreditation and certification organizations. Initially she began her nursing career in critical care. After obtaining her PhD in 1992, she recognized the growing need for nurse practitioners. She completed her Family Nurse Practitioner Program in 1995 since there were no acute care practitioner programs in Texas at that time. She has developed a passion for primary care and believes her acute care experience

helped her become a better primary care nurse practitioner. She has been involved with the American Association of Critical Care Nurses, serving on their Board of Director and several national committees. She has been past chair of the Commission of Collegiate Nursing Education (CCNE) Board of Commissioners and continues to serve on various committees and task forces. She has been appointed to the American Association of Colleges of Nursing (AACN) Essential Revision Task Force and the American Academy of Nursing Primary Care Expert Panel. She has also enjoyed doing some international practice, education and accreditation consulting in Hong Kong and Oman. She was appointed to the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nursing Network Education Subgroup representing the United States.

### **Interview Abstract**

Dr. Ruppert knew that she wanted to become a nurse when she was six years old. Her first nursing position was in critical care and was active in the American Association of Critical Care Nurses serving on their Board of Directors and numerous committees. She has always balanced her clinical practice with teaching. She obtained her masters and PhD as part of her career progression in education. After completing her PhD in 1992, she and several faculty members at the University of Texas Health Science Center at Houston (UTHealth) were aware that more nurse practitioners, both acute care and primary care, were needed. In order to develop the masters NP tracks, the faculty recognized the need to become nurse practitioners. Dr. Ruppert completed the post graduate family nurse practitioner track in 1995. Given her expertise in acute care, she was instrumental in the development of the first acute care nurse practitioner program in Texas. However, since becoming a family nurse practitioner, she has developed a passion for primary care, particularly underserved populations. She admits that the transition from acute care to primary care was challenging but is committed to primary care. She believes that working within national organizations was a way to contribute to her profession and an opportunity to develop a network of colleagues. Some of her most rewarding experiences have been in serving within national organizations such as accreditation and certification boards contributing to the quality of education and integrity of practice. She recently served on the AACN Essentials task force that will drive nursing education forward even more in competency development and evaluation. Her work in accreditation and certification led her to become

involved with the International Council of Nurses Nurse Practitioner/Advanced Practice Nursing Network Education subgroup. If she could change anything, it would have been to accelerate her time line for completing graduate education. She encourages new nurse practitioners to seek out a mentor early in their careers and to become involved in professional organizations.

### **Bio Sketch**

Dr. Ruppert obtained her AAS Nursing degree in 1974 from Illinois Valley Community College in Oglesby, IL in 1974. She received her BSN from Northern Illinois University in DeKalb, IL in 1976. She received her Masters of Science in Nursing Degree from the University of Texas Health Science Center in San Antonio, San Antonio, Texas and her PhD from Texas Woman's University in Houston, Texas in 1992. She completed her post graduate family nurse practitioner certificate in 1995 from the University of Texas Medical Branch in Galveston, Galveston, Texas. She is certified as a family nurse practitioner from the American Academy of Nurse Practitioner Certification Board and as adult nurse practitioner by the American Credentialing Center.

Dr. Susan Ruppert is a professor and Associate Dean of Graduate Studies at the Cizik School of Nursing at The University of Texas Health Science Center at Houston (UTHealth). In her time at the institution she has served in multiple faculty and administrative roles. She began her nursing career as a critical care nurse and became nationally involved early in her career with the American Association of Critical-Care Nurses serving on the board of directors and on numerous committees. After obtaining her PhD in Nursing in 1992, she changed her focus to primary care becoming certified as a family nurse practitioner (NP). She also completed a Clinical Preceptorship in Acute Care in 1998. She has continued to balance teaching and practice throughout her career. She is a Fellow of the American Academy of Nursing, American Association of Nurse Practitioners, National Academies of Practice, and American College of Critical Care Medicine.

Dr. Ruppert has held numerous national leadership positions within professional organizations. She is a past chair of the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. She also served on the CCNE Accreditation Review Committee, CCNE 2018 Standards Committee, and 2015-2016 National Task Force on Quality Nurse Practitioner Education. Currently, she is vice-chair of the American Academy of Nurse Practitioners Certification Board Commissioners, co-chair of the CCNE Nurse Practitioner Residency/Fellowship Standards Committee, and a member of the CCNE Report Review Committee, American Association of Colleges of Nursing (AACN) Essentials Revision Task Force, and American Academy of Nursing Primary Care Expert Panel. She is an appointed member of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nursing Network Education Subgroup representing the United States.

**Keywords:** education, accreditation, certification, family, primary care

Susan Ruppert

Interview

AANP Oral History Project

**Interview: Susan D. Ruppert, PhD, RN, FNP-C, ANP-BC, FCCM, FNAP, FAANP, FAAN**

**Date:** April 29, 2020

**Interviewers Name:** Michaelene P. Jansen

**Place for Interview:** Telephone Interview

**Education:**

- Illinois Valley Community College, Oglesby, IL, AAS Nursing 1974
- Northern Illinois University, DeKalb, IL, BSN, 1976
- The University of Texas Health Science Center at San Antonio, San Antonio, TX, MSN, 1979
- Texas Woman's University, Houston, TX, PhD, 1992
- The University of Texas Medical Branch at Galveston, Galveston, TX, post-graduate FNP certificate, 1995



**Certifications:**

- FNP-C American Academy of Nurse Practitioners Certification Board
- ANP-BC American Nurses Credentialing Center

**Short Bio:**

Dr. **Susan Ruppert** is a professor and Associate Dean of Graduate Studies at the Cizik School of Nursing at The University of Texas Health Science Center at Houston (UTHealth). In her time at the institution she has served in multiple faculty and administrative roles. She began her nursing career as a critical care nurse and became nationally involved early in her career with the American Association of Critical-Care Nurses serving on the board of directors and on numerous committees. After obtaining her PhD in Nursing in 1992, she changed her focus to primary care becoming certified as a family and adult nurse practitioner (NP). She has continued to balance teaching and practice throughout her career. She is a Fellow of the American Academy of Nursing, American Association of Nurse Practitioners, National Academies of Practice, and American College of Critical Care Medicine.

Dr. Ruppert has held numerous national leadership positions within professional organizations. She is a past chair of the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. She also served on the CCNE Accreditation Review Committee, CCNE 2018 Standards Committee, and 2015-2016 National Task Force on Quality Nurse Practitioner Education. Currently, she is vice-chair of the American Academy of Nurse Practitioners Certification Board Commissioners, co-chair of the CCNE Nurse Practitioner Residency/Fellowship Standards Committee, and a member of the CCNE Report Review Committee, American Association of Colleges of Nursing (AACN) Essentials Revision Task Force, and American Academy of Nursing Primary Care Expert Panel. She is an appointed member of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nursing Network Education Subgroup representing the United States.

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

I finished my PhD in 1992 and completed my FNP post-graduate program in 1995. At that time, there was a big interest nationally in expanding graduate level nurse practitioner programs. At UTHealth, we had a critical care clinical nurse specialist program but were aware that more nurse practitioners were needed in many areas including acute and primary care. In preparing to convert or develop our MSN tracks, faculty needed to retool and become prepared as nurse practitioners themselves. I, along with several other faculty, were chosen to return for post-graduate education as a FNP. At that time there were no ACNP programs in the state. With my

clinical expertise, I was instrumental in the development and implementation of the acute care nurse practitioner (ACNP) program at UTHealth, the first in Texas. I taught initially in that program and later led the adult/gerontology primary care NP track. Although my roots were in critical care, I soon developed a real love for primary care.

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

I feel that I brought many skills and experiences developed as a critical care nurse to primary care: critical thinking, expert knowledge, resource utilization, clinical leadership, and the ability to think on my feet. In critical care, patients come with a diagnosis and as nurses we always had a lot of data readily available. In primary care, one has to elicit those data, subjective and objective, and put the total picture together for diagnosis and management. When I became a nurse practitioner, I had been in education for some time, but my love for practice pulled me back into practice at a different level on the other end of the health/illness continuum.

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

Moving from a critical care population to primary care was challenging. In critical care, patients come with diagnoses. In primary care, they often present as a blank slate with just symptoms. Having great clinical mentors was key in making the transition. My favorite faculty practice site for nine years was at a federally qualified health center, even though it was very challenging. As a provider I worked with underserved patients. Outside resources and specialty referral sources were scarce to non-existent making management at times more difficult. The patients were so grateful and engaged in their care. They tried to be compliant as much as possible despite the many socioeconomic challenges they faced.

Another challenge is balancing an academic role with a practice role. Opportunities for faculty practice can be difficult to find and balancing between the needs of an academic and practice position can be demanding. However, I know the tremendous benefit and satisfaction that faculty find in maintaining practice. Life-work balance is also difficult especially if you are highly involved in organizations and with family. I have been fortunate in my career to have a very supportive and flexible family. Of course they might have a different perspective of what I am doing at times. When I was working on my dissertation, I took over the dining room table with all my papers/books and we ate our dinners on TV trays for years. I heard one of my children telling someone excitedly “Remember the Easter we got to eat at the table!” Another time, during my post-graduate NP program, I had to travel to Galveston to for a physical exam check-off. I brought my 6 and 9-year olds along for some family time at the beach afterwards. While we were waiting for my turn, my 6-year asked, “Does your mother know you haven’t finished college yet?” I still laugh about these comments to this day.

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

Working within national organizations has not only been a rewarding way to contribute to my profession and health care, but also an opportunity to develop a wide range of highly valued colleagues and friends. Some of my most rewarding experiences have been in serving within national organizations such as accreditation and certification boards contributing to the quality of education and integrity of practice. I currently am serving on the AACN Essentials Task Force which is re-envisioning the *Essentials* that serve as the foundation for undergraduate and

graduate education in nursing curricula across the nation. This work will drive nursing education forward even more in competency development and evaluation.

I have also enjoyed doing some international practice, education, and accreditation consulting, primarily in Hong Kong and Oman. I have been appointed to the ICN Nurse Practitioner/Advanced Practice Nursing Network Education subgroup which keeps abreast of the educational and practice developments in nations and regions around the globe. I always look forward to dialogue and exchange of ideas with colleagues from different countries.

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

I think balance in practice, teaching, and life is an ongoing challenge. The right balance contributes to all aspects in life. I also think that the Covid-19 pandemic has forced some of us to take that time to rebalance and “put the brakes on” for some things in a healthy way. Perhaps a silver lining is that this pandemic makes us realize what is truly important, how to appropriately slow down, and how to cherish what life has to offer.

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

I think I would try to go through the educational process faster. In the past, many of us completed one degree, then worked, and then returned for education again and again until reaching a terminal degree. I would have liked to have completed my higher education in a more efficient manner to work longer at the top of my career. I would also have liked to have had opportunities for purposeful leadership education earlier in my career. I am so encouraged that now nurses do have opportunities for more expedite education, particularly with the BSN-DNP, and a more deliberate focus on leadership development.

Overall, I have always been happy in my career. I was fortunate that at age 6 I knew I wanted to be a nurse. I know it sounds a bit trite, but I did read all the Cherry Ames books. I was most fascinated at the wide variety of career and role options that one could pursue as a nurse and have used that as a model in my own career growth and development.

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

One of the most pivotal personal moments was my decision to care for a different population; moving from acute/critical care to primary care. I moved from working with the sickest patients having conditions that may have been prevented to primary care where I could build relationships over time and focus on health promotion and prevention. I valued my time spent in critical care but primary care soon became my passion. The Future of Nursing Report has also been pivotal for our profession and continues to drive the profession forward. The report has been read by many audiences within and outside of nursing communicating our contributions to the health of consumers. Hopefully another silver lining to the Covid-19 pandemic might be in removing barriers to practice. During the pandemic, legal restrictions have been removed allowing NPs to work more fully to their preparation. Public awareness of the critical role of NPs during the pandemic has been evident. Hopefully, legislators and policymakers will continue, with our political efforts, to see the value and benefit of full practice authority past emergent events. The increased use of telehealth during the pandemic will also move us forward quicker, especially in rural and underserved areas and for populations unable to physically access care.

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

1. Seek out a mentor early and ongoing in your career
2. Get actively involved in professional organizations at multiple levels early in your career

3. Seek out experiences and education to develop leadership abilities
4. Create collegial networks; learn from each other. It is all about building one's broad and diverse network
5. Do not leave volunteerism to others; take control of your personal and profession's future

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

Nurse practitioners will be the main providers in primary care; the keen hope is that all states will pass legislation for full practice authority. A major NP focus will continue to be serving rural and vulnerable populations. NPs will be instrumental in developing innovations in areas such as artificial intelligence, telehealth, and aging in place. Such areas can provide for entrepreneurial opportunities in designing tools for practice and education. We know what we need; we should be the ones developing products such as innovative education and simulation models and tools. We should continue movement toward the DNP as entry level for NP practice; we have been slow but steady in that direction. Nursing education will continue to evolve and online education is here to stay. As professional leaders, we need to ensure that NP education is competency-based and of the highest quality. NPs will continue to become involved in leadership; not just in nursing, but in shaping the global communities where they live, work, and play.