AN UNPLANNED AND FATE-FILLED PROFESSIONAL JOURNEY

My dad and 2 of my uncles served in World War II. My dad was a Ranger medic, my Uncle Fred was an 18-year-old infantryman, and my Uncle Ray was a top gunner in a B-17 bomber aircraft. I grew up hearing stories about this war and I was so very proud of my family, so when my time came, I joined the United States Army Student Nurse Program because it felt like the right thing to do. My first active-duty assignment was in the thoracic surgery intensive care unit (ICU) at Walter Reed National Military Medical Center in Washington, DC. I thought I would always be an ICU nurse.

After 9 months, I received orders for Germany—first as the head nurse on a medical floor at the Second General Hospital in Landstuhl and then as the head nurse in the 225th Station Hospital emergency department (at that time called emergency room) in Munich. In Landstuhl, I received a call one day from the chief nurse telling me to report immediately to the helipad with an E-cylinder and a blood pressure cuff—that I would be accompanying a critically burned patient who was being evacuated to a larger military hospital about an hour away. I had never been in an ambulance, let alone a helicopter. The patient was on a nonrebreather mask and had 2 intravenous (IV) lines in place, connected to 2 glass IV bottles that we hung from the helicopter ceiling with strips of roller gauze. Every time we hit a bit of turbulent air, the drips came faster. No one told me that it would be impossible to take a blood pressure reading in a Huey—a name for a very noisy, bumpy ride but historically safe helicopter. We and the patient arrived safely at our destination. After a huge sigh of relief, I could palpably feel the adrenaline rush and knew for certain that I wanted to be an emergency nurse.

In Munich, not only was I the head nurse of the emergency department (literally 2 rooms), but I was the only nurse—with a staff of 10 medics and 3 foreign national physicians from Egypt, Turkey, and Iran. Emergency medicine and nursing were not yet specialties. We had no textbooks or protocols to guide us. This made me very uncomfortable, having come from an ICU where we had many resources, textbooks, standard order sets, protocols, and policies, and patient rounds 3 times a day. Hence, my team of medics and I created protocols for a set of frequently seen ED chief complaints and for the not-so-frequent multitrauma patients and cardiopulmonary arrest patients. I loved the pace of the emergency department, the various ages and diagnoses of patients, the uncertainty of who would be coming through the doors next, the need for critical thinking, and the teamwork that had to take place. I loved being a nurse in the emergency department! This is where I was meant to be.

After my discharge from the Army, I went to graduate school. The closest I could come to learning more about emergency nursing was a master’s degree in cardiovascular nursing. I really missed being in the military, so I joined the US Air Force Reserves and became a flight nurse after a 6-week training program at the School of Aerospace Medicine in San Antonio. During my 2-week summer duty and an occasional 1-weekend-a-month duty each year, I went on some really busy and challenging missions.

After graduate school, I accepted a clinical nurse specialist (CNS) position in a Cardiac Care Unit. I knew it was not what I really wanted. I longed for an ED position. I decided to move from the East Coast to the West Coast where emergency medicine and paramedic-level emergency medical services (EMS) care programs were being started. What happened next would change my life forever. I interviewed for and was offered a CNS position in the newly created University of California, Los Angeles, Emergency Medicine Center. I am fairly certain that it was because of my military background that the co-chiefs, Dr Marshall Morgan (a cardiologist) and Dr Chuck McElroy (internal medicine) offered me the position. They welcomed me as a
colleague on the emergency care team. They, along with first-year resident Paul Auerbach, encouraged me to learn, to teach, to write, to present at conferences, to attend grand rounds and daily rounds, and to get involved with the EMS community. I attended all the emergency medicine (EM) Residency classes, rounds, and Morbidity and Mortality conferences because I wanted to learn and understand so that I could create educational opportunities for the nurses and techs that would parallel the residents and physicians so that we could work as a finely tuned team. And so it began.

During that time, I also heard about a relatively new organization, the Emergency Department Nurses Association. I joined and got involved right away. I was contacted by the editor of the Journal of Emergency Nursing and asked if I would be interested in writing a bimonthly clinical column for the journal. My very first published article was “An Emergency Nurse’s Guide to Drawing Arterial Blood Gases.” Meanwhile, I was preparing weekly classes and skills sessions for the Emergency Medical Center nursing and tech staff. I wrote to 3 major medical textbook publishers, looking for a textbook that I could use as a reference for my classes. I was contacted by a publisher from C.V. Mosby asking if he could meet with me. We met the following week and he asked if he could see some of my lesson plans. It was then that, much to my astonishment, I was asked if I would be willing to co-author/edit a book for nurses who wanted to learn about emergency nursing. They had already contracted with one co-author who wrote a medical-surgical textbook but had no experience in emergency care. It took a while and several consultation meetings with my colleagues and medical directors before I was convinced that I was capable of that enormous and very important task.

Two years later, Mosby’s Manual of Emergency Care was published and was very well received. Two years after that, Emergency Nursing: Principles and Practice was published and also very well received. They became the go-to books to study for the Certified Emergency Nurse (CEN) examination.

After 20 years of writing and co-editing 9 combined editions of these 2 books, I asked the Mosby Publishing Company’s permission to turn the books over to the Emergency Nurses Association (ENA). They said yes and the ENA Board said yes. It was the perfect place for these books to endure and to remain current and for opportunities for members to edit, write, or rewrite chapters ad infinitum.

After 15 years on the West Coast as a CNS in the ED and EMS communities and concurrently 6 years as clinical faculty at the University of Washington teaching in the Emergency Burn Trauma master’s program and co-creating a rural trauma nurse program in Southeast Alaska, I decided to move back to the East Coast—first to Maine at the urging of former ENA President Lynne (Gagnon) Smith. I subsequently accepted a position at Dartmouth Hitchcock Medical Center in New Hampshire as the Trauma Program Director and the Director of the soon-to-be-created Dartmouth Hitchcock Air Response Team. I was heavily involved in the Level One Trauma designation and the creation of statewide Trauma Systems in New Hampshire and Vermont. This was during my ENA presidency in 1995, so it was a very busy time. I could not have done it without the support of the Medical Center administration, staff, and physicians who encouraged me to run for that position and who supported me throughout my presidency.

I was recruited for a position as the Director of Emergency Services at one of the major Harvard teaching hospitals in Boston. The opportunity to try ED administration and to be back home in Boston was something I wanted to do. I was there only 2 years when my world was turned upside down by a devastating personal trauma. My then 13-year-old son sustained a C4 Brown-Sequard spinal cord injury when he dove off of a dock into shallow water at our emergency department summer picnic. Bill Briggs, who later became ENA president, jumped in the water and saved my son’s life. I did not go home for the next 10 weeks except to pack one afternoon, staying by my son’s bedside 24/7 at 3 different hospitals, as he began his very long life-threatening and then rehabilitation journey. My ENA sisters and brothers were unrelentingly caring and supportive of my son and me, offering prayers and love in abundance, cards, letters, flowers, phone calls, hospital visits, and meals.

I returned to work after 10 weeks away and found that I could not concentrate on work. I was exhausted and distracted and needed to find a job that was not as time consuming and demanding as ED management. Meanwhile, the hospital was going through a major downsizing of middle management, including my management position. As difficult as that was, it was a relief when I learned that my position was being eliminated. Instead of being distraught, I saw it as an opportunity to find something where I could apply my background in emergency care while also allowing me more time with my son.

Several of the attending physicians and emergency medicine residents I had worked with in the past became the new EM physician group at another large Boston academic center. I approached them to see if I could create a research position in their department. I was able to get some grant money and they welcomed me as a member of that wonderful ED team. For the next 3 years, my research focused on identifying predictors of deep vein thrombosis.
and pulmonary emboli in patients admitted through the emergency department to the inpatient units.6-8

One day, I received a call from a member of the administration of the spinal cord and head injury acute care and rehabilitation center in Atlanta where my son had been a patient. I was asked if I would consider joining their staff as the Northeast regional admissions nurse coordinator. It was a big salary cut and it meant giving up my position in the emergency department, but I felt it was something I had to do to give back to the place that had done so much for my son and his recovery. For the next 3 years, I assessed patients with new spinal cord and brain injuries, met with staff and physicians and insurance companies, and began working on my PhD, researching the motor, self-efficacy, and quality-of-life effects of a nurse-coached exercise program for tetraplegic spinal cord injured patients in a community setting.9 I was later asked to write a chapter for the seventh edition of Auerbach’s Wilderness Medicine book on Persons with Disabilities in the Wilderness.10

I believe that, as nurses, the universe may lead us down a different path than we may have imagined, if we just pay attention, keep our minds open to new opportunities, and be willing to take some risks. Out of the blue, I received a call from a former colleague with whom I had done rural trauma nurse training in Southeast Alaska. She started a new health care process improvement company and invited me to join her team. She said that much of the work would be process improvement projects and teaching and consulting on new construction or renovations of emergency departments across the US and outside of the US. It was an intriguing offer that interested me very much. My son was in college and I was an empty nester. It was a good time in my life and career to take on this new challenge. I became a co-owner of the business and was responsible for the eastern region of the US and international projects. My projects took me all over the US, to 5 Canadian provinces, Europe, the Middle East, and Australia. I learned much during my 5 years with the company and was grateful for that opportunity.

However, there was a restlessness in my professional soul. I missed the military and I missed teaching. Quite by accident, I came across the website for the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD. As far as I knew, it was a Department of Defense Medical School, educating active-duty personnel to become physicians for the Military Healthcare System. I thought that maybe they would have a place for a nurse researcher with a background in emergency, trauma, flight, and spinal cord injury nursing. I did not know that they also had a Graduate School of Nursing—PhD and DNP programs. All the students were active-duty military nurses. As I was reading through the Graduate School of Nursing information, I was pleasantly surprised and excited to see that Marguerite Kearney Littleton was the Associate Dean for Research. Marguerite and I were 2 of the co-authors of ENA’s original Standards of Emergency Nursing Practice.11 I called her and she immediately asked me if I was interested in a faculty position. I surprised myself when I said that I was.12 Yet another ENA colleague who made a difference in my life.

I was hired to teach the core courses in the DNP program. I also had a joint appointment in the School of Medicine where I taught emergency trauma skills (IVs, cricothyrotomies, spinal immobilization, hemorrhage control, Glasgow Coma scoring, and primary and secondary surveys) to first-year medical students. I was (and still am) a faculty member and evaluator for the annual combat medical field exercise Operation Bushmaster for fourth-year medical students and second-year DNP students. Besides trauma skills, the students demonstrate their understanding of tactical operations, care under fire, battlefield evacuations, communicable diseases, cultural awareness, triage and care during mass casualties, dealing with the media, teamwork and accountability, and countless other scenarios one may encounter in a combat theater. I was back in my element!13

As part of my responsibilities at USUHS, I was asked to be the nurse lead on a project associated with a multimillion-dollar US State Department Grant, “The African Peacekeeping Rapid Response Partnership.” The mission was to prepare selected African nation military forces to respond to combat or infectious disease outbreaks in partner African nations. My role was to recruit nursing faculty for the project, develop a trauma nursing course specific to military combat nursing, and implement the course and instructor training in the partner nations. The course and instructor training were completed in Uganda and Rwanda. Owing to the coronavirus disease epidemic, courses to be taught in Ghana, Senegal, and other African nations were delayed. This was one of the most rewarding things I have ever done in my career. I was so honored to be chosen to lead this mission.

During my time at USUHS, I became very familiar with the Wounded Warrior community on base, many of whom had been severely wounded and in the Walter Reed National Military Medical Center’s Military Advanced Training Center Rehabilitation Program for 2 or more years. They had burns, amputations, vision loss, hearing loss, polytrauma, traumatic brain injuries, and post-traumatic stress disorder. I worried about what would happen...
to them when they left the familiarity, camaraderie, and the bonds they had formed with their like-minded battle buddies at the Medical Center, who understood what it was like to lose comrades and learn to deal with extreme disabilities and the physical and psychological challenges of war.

With the advice of a close friend who is a Wounded Warrior with bilateral lower limb amputations, we brainstormed what could be available all around the country where Wounded Warriors could go to continue to heal physically and mentally. We came up with the idea of matching Wounded Warriors with college athletes as workout buddies on college campuses. Student athletes are like-minded, understand teamwork, work hard, eat healthy food, hold each other accountable, encourage each other, and have each other’s backs—just like the veterans when they were on active duty. Veterans and College Athletes Together (VCAT) was born. Because USUHS did not have athletic teams, I searched for a university where we could implement VCAT. I first did a pilot project for a year at a university in Boston. I then applied for a full-time faculty position at the University of Delaware with the caveat that I would teach there as long as I was allowed to start a VCAT program. I not only received their approval but also received a very generous grant from the Dean of the College of Health Sciences. We are currently hosting our third cohort of veterans and have received external grant funding for another year.14 VCAT veterans lost weight, body fat, body mass index, and waist circumference. They gained muscle mass and improved flexibility. Psychological surveys demonstrated improvements in such areas as resilience, overall wellness, and quality of life. Perhaps the most important outcomes were evidenced in qualitative descriptive group sessions. Comments were made and reiterated about how much better they felt, how their communications have improved, how they sleep better, and reiterated about how much better they felt, how their physical and psychological challenges of war.

In addition to the VCAT program, I received approval to create a new undergraduate elective course, “Care of Military Members, Veterans and Their Family Members in Civilian Healthcare.” The first offering was in the spring of 2021 and it received outstanding reviews from the students. It is being offered again this fall. The foundation of the course is the “Have You Ever Served?” initiative from the American Academy of Nursing (SB Sheehy and LS Schwartz, unpublished data, 2021).15,16

My professional journey has taken me down many unplanned paths. I have learned so much at every stop along the way. Throughout my nursing career, ENA has been my personal and professional foundation for so many reasons—the friendships, opportunities, encouragement, knowledge, skills, leadership opportunities, and trust in each other. I have come full circle in my career, starting with the military and now coming close to the end of my career, again with the military, always with emergency nursing keeping me grounded and focused on learning new things and making a difference, regardless of the work I was doing.

My advice to those of you new to emergency nursing is to be brave, take risks, keep learning, ask questions, share your knowledge, be kind to your patients and to one another, take care of yourself, and enjoy your journey in the greatest profession in the world. You will have so many options from which to choose.

I gratefully acknowledge my ENA colleagues and friends, my many fellow staff members and students, and most especially 3 caring and brilliant physicians, Dr Marshall Morgan and Dr Chuck McElroy, former co-directors of the University of California, Los Angeles, Emergency Medical Center, who believed in me and who allowed me to tag along so that I could learn and create a parallel knowledge base specifically for emergency nurses, and Dr Paul Auerbach, whom I met when he was a first-year EM resident. His encouragement has helped me in so many ways over our 42-year friendship. Rest in Peace, Marshall, Chuck, and Paul.

REFERENCES