

# *accomplished* ALUMNI

## WHAT A DIFFERENCE A DECADE MAKES

*Dawn Bucher, DNP '07*

In the early nineties, Dawn Bucher, then a divorced mother of two with a dead-end job, had one of those rare moments of stunning clarity, what James Joyce would call an epiphany or a Buddhist monk would call an awakening. From then on, her life would never be the same.

"At the time, I was working at a boat factory, fixing cracks, painting, and pinstriping," she recalls. "One day, I came home smelling like paint and resin and I knew I couldn't do this for the rest of my life. I had to do something different."

But what, exactly? With only a high school education and a limited set of skills, Dr. Bucher didn't have

much to build on. What she did have, however, was a penchant for challenges and an iron work ethic, forged by a childhood on a family farm in rural Pipestone, MN, where doing backbreaking chores was as natural as eating or breathing.

"With the encouragement of a friend, I took the big leap and enrolled in college," she says. It was a big leap. No one in her family had ever pursued higher education.

During her studies, she found common cause with nursing. "It brought a lot of the values I grew up with," she says. "My mother was the director of the senior citizen's center and we would make Thanksgiving and Christmas dinners for elderly people who had no place to go, so I thought that caring was the best profession. And nursing had such opportunities. You could go anywhere with a degree and do anything."

*Dawn Bucher, DNP,  
with a young patient. Photo  
courtesy of Dawn Bucher.*



Over the next decade, Dr. Bucher would come to personify that last statement. After graduating in 1995 from South Dakota State University (SDSU) with a bachelor's in nursing, she gained experience in acute care, long-term care, and community health, relishing each new challenge.

She also began to see cracks in the system, particularly in the quality of home health care for the elderly. Many were taking medications that interacted with each other, while others were getting poor continuity of care. "I wanted to try to improve that," she says. Before long, she was back at SDSU, studying to become a family nurse practitioner and to move one step up the clinical ladder.

Master's degree in hand, she found work in a small hospital and a private clinic, both in Ivanhoe, MN (named after the Sir Walter Scott novel), where her new skills were put to the test. On many occasions,

Dr. Bucher was left to run the clinic on her own, while the head physician did double duty as a state legislator. "As a new grad, it was kind of frightening, but he was always a phone call away," she recalls. "I would reach him on the capitol floor, asking this and that. I got to work very independently, but it was nice to have that contact with another provider."

### ON THE RESERVATION

Four years later, she was encouraged by a colleague to take on another challenge – a position with the Flandreau Santee Sioux Tribal Health Clinic, located on a small Indian reservation just across the border in South Dakota. Although the tribe was relatively prosperous, thanks to income from its casino, its population was beset with poor housing and poor health care. Friends wondered aloud if the job were worth the trouble. "I was a little reluctant at first," she admits. "I knew I couldn't save them all, but if I could save one, I was doing my job. I went there with an open mind."

*Dr. Bucher teaching students at South Dakota State University. Photo courtesy of Dawn Bucher.*



On the reservation, Dr. Bucher encountered an abundance of health woes, from hypertension and hyperlipidemia to diabetes, drug abuse, and depression. All too often, patients didn't understand their disease, medication regimen, or treatment plan and were reluctant to ask questions. "The big problem was trust," she says. "They've had such a turnover of health-care providers. The stories were heartbreaking. But once they trusted you, they would start trying to accommodate and change."

"It's one of the best jobs I've ever had," she adds. "It was the most challenging and the most rewarding. I walked in thinking that I would not be able to change their minds.' It was so much fun to see how they progressed."

Dr. Bucher eventually began to yearn to practice at an even higher level. Upon learning about Columbia University's Doctor of Nursing Practice (DNP) program, the first clinically-based doctoral program in nursing in the nation, she was determined to enroll. That meant relocating to New York for a year, a big move for a small-town girl, who now sheepishly admits that she didn't know Columbia from Colombia. "My family believed in me but couldn't believe what I was doing," she says. "But I knew it would probably take ten years before a program like this came to the Midwest. I was ready, and my children were grown, so I went to New York."

Dr. Bucher found the city "fascinating, exciting, beautiful. There's so much diversity here." Between classes, she found time to explore the metropolitan area. "I knew I would be here for a short period, and I wanted to see everything I could. I don't think I could make my life here. I have a home on a lake, and it is so peaceful there," she says.

After a year in New York, she returned to Minnesota to complete her residency, splitting her time between

the private clinic in Ivanhoe and the reservation in Flandreau. She graduated in 2007.

"This degree gave me an insight into how nurse practitioners can utilize evidence-based information in practice to help improve quality of health and quality of life," says Dr. Bucher. "My patients do not see me differently. However, I'm thinking differently, for example, looking at patterns and trends among patients, not just at individuals."

#### "I NEVER IMAGINED THIS"

After finishing her studies, she returned to SDSU — this time as an assistant professor. She also practices one day a week in the Ivanhoe clinic.

"I never imagined this," says Dr. Bucher, referring to her role as a university professor, a light-year and a lifetime away from her days in the boat factory. "But after I came out here and saw how the Columbia faculty combines scholarship and practice, I thought, what a great opportunity. You can continue seeing patients, which I love to do, and then also share your knowledge with students to help them grow. Now, I know why Columbia has such a great reputation."

## THE DANCING ADMINISTRATOR

### *Posie Carpenter, MS '88*

It's usually not a good career move for a prominent executive to be seen parading in public dressed as his or her favorite pop star, but on an October Sunday a few years back, weeks before Halloween, a notable California hospital administrator named Posie Carpenter was spotted in her circa-1980s Madonna best dancing exuberantly down main street.

What might seem like a momentary lapse of reason was actually part of a planned event, a community-wide

celebration of the 80th anniversary of Santa Monica-UCLA Medical Center and Orthopaedic Hospital, where Ms. Carpenter is the chief administrative officer.

Monday morning, she was back at her desk (sans frilly white dress and flowing blonde curls), reputation intact, playing a lead role in the hospital's \$295-million modernization project.

This was not the first time that Ms. Carpenter had veered from the straight and narrow during her quarter-century-long career in nursing and health-care administration – and her managerial skills are all the richer for it.

### ONE STEP BACK, TWO FORWARD

Katharine Owen Carpenter (most people know her as "Posie," a nickname inherited from her maternal grandmother, whose bright red hair was the color of posies) was raised on Long Island, NY, near the border with Queens.

A 1984 graduate of Georgetown University, she started her nursing career in the orthopedics department at NYU Medical Center. Early on, she developed a taste for patient education and health-care administration, leading her to enroll in the joint MS-MPH program at Columbia University. After completing a one-year nursing administration residency, a program requirement, she took a position as a staff nurse at UCLA Medical Center – an odd choice for

*In costume,  
Posie Carpenter, MS '88,  
celebrates at the UCLA  
80th Anniversary event.  
Photo courtesy of Posie  
Carpenter.*



Photo courtesy of  
Posie Carpenter

someone who had two master's degrees and wished to climb up the administrative ladder.

"It was the best thing that I could have done," she explains. "It renewed my hands-on skills and improved my credibility with the staff." Over the next nine years, she would become a clinical nurse specialist and unit manager in orthopedics and plastic surgery and then assistant director of ambulatory and professional services and director of ambulatory care nursing.

Though she loved the work, she felt she had hit an administrative dead end and left to become an assistant administrator at the renowned Kerlan-Jobe Orthopaedic Clinic, taking a significant cut in pay.

Again, she figured out how to transform one step back into two steps forward. "At the end of five years," says Ms. Carpenter, "I was the executive director, running a \$40 million health-care company."

She returned to the UCLA fold in 2004 as chief nursing officer and interim operations director at Santa Monica-UCLA Medical Center, a hybrid community-academic hospital with 337-beds. A year later, she was appointed chief administrative officer, in which capacity she is responsible for all operational aspects of the hospital, which has net inpatient revenues of approximately \$170 million.

#### "IT GIVES ME AN EDGE"

While Ms. Carpenter hasn't worked at the bedside in some time, she never feels disconnected from clinical care. "I feel like I do it every day," she says. "I'm constantly dealing with issues related to clinical care, quality of care, risk management, and patient complaints. That's where my nursing background comes into play. I bring to the table a knowledge my administrative colleagues don't necessarily have. I have an edge, because I have been there."



*Posie Carpenter, Chief Administrative Officer of UCLA Medical Center. Photo courtesy of Posie Carpenter.*

Ms. Carpenter's job, which is hard enough, is made all the harder by the hospital's modernization program, in which a new horseshoe-shaped hospital is being built around the old one. "The construction has daily impacts on our operations," she says. "So, we're not only managing day-to-day operations but we're managing the health, safety, and welfare of our staff and patients during demolition and building." Hardly a month goes by where a whole department doesn't have to be moved to accommodate the construction.

Despite the never-ending headaches that come with running a large hospital, she loves the job. "To me, being an administrator is about the people, and par-

ticularly the people I manage," she says. "My goal as a manager is to make myself obsolete, so that if I'm not here the place hums along just as well. What that means is mentoring your managers and staff, providing them with structure and guidelines but allowing them to go out and get excited about doing their jobs and taking on new challenges. That is what has been so much fun at this hospital. I have a young, eager management team, and we have been able to accomplish amazing things. I thrive on that."

Ms. Carpenter has no concrete plans for the next phase of her career. "The new hospital should be finished around 2011, and I would like to be here to see that," she says. "Beyond that, I could see taking the next step up to being a CEO of an academic hospital." In the meantime, she is exploring a side interest in health and wellness programs for staff nurses. "Nursing has become incredibly stressful," because of financial pressures on the health-care system, information overload, and increasing patient acuity, she says. "And we are only at the beginning of the baby boom. I think that in the next ten years, the entire system is going to become stressed beyond our wildest conception."

"As caregivers," she continues, "we tend to put everybody else first and not take care of ourselves. We are not as sophisticated as we could be about things like managing our own weight and exercise and dealing with stress."

She is now running regular health and wellness classes at two UCLA hospitals and has begun to take her show on the road.

"This leverages both my clinical skills and my personal knowledge of health and wellness," says Ms. Carpenter, a lifelong athlete who regularly gets outdoors to rollerblade, bike, and sail. "If we as health care workers are in good health — both mind and body — we are

going to be able to give that much more to our patients, to our community, to our families."

Don't be surprised if one of her recommendations is to dress up like a pop star and dance in the streets.

## YOU'RE A NURSE?

### *Kara Ann Ventura, DNP '07*

Kara Ventura can pinpoint the day she "arrived" as an academic nurse. It was July 1, 2005, at the ninth International Small Bowel Transplant Symposium in Brussels where she presented findings based on the clinical experience of NewYork-Presbyterian Hospital's intestinal transplant team. She was understandably nervous — not only was it her first presentation at a scientific meeting, but she was a nurse practitioner lecturing to an audience of physicians and surgeons, including many of the field's pioneers.

"I was sweating up there," she recalls. "Everything I knew about intestinal transplants was based on what they had written."

### MS. (NOT YET DR.) VENTURA SHINED

Her triumph was bittersweet, however. Afterwards, one of those pioneers approached to offer his congratulations, and then asked if she were so-and-so's fellow (a medical doctor in postgraduate training). "No, I'm a nurse," she replied, leaving him a bit stunned.

Ms. Ventura took the encounter in stride, as an important lesson in how far nursing has come and how far it has to go. "The international community, especially, doesn't understand the advanced practice nurse," she says.

The same could be said about large swaths of the medical and lay communities here in the U.S. But those who come into contact with her on the wards at NewYork-Presbyterian, patients and providers alike,



*Kara Ann Ventura, DNP '07,  
with patient, Tjana.*



have a very clear sense of who she is and what advanced-practice nurses can do.

#### **"I HAD MORE TO OFFER"**

A third-generation nurse, Kara Ann Ventura grew up in Westchester County, NY, and studied nursing at Fairfield University in nearby Connecticut. Looking to expand her horizons, she moved to Jacksonville, FL., taking a position in adult medical-surgical nursing at

St. Luke's Hospital, a component of the famed Mayo Clinic. She left after a year, yearning for more. "I was a little stifled in that role," she says. "I felt like I had more to offer."

She returned to New York, landing a job at Morgan Stanley Children's Hospital at NewYork-Presbyterian, working with transplant patients. It was a perfect fit – and not just because this was her very first home (she

spent the first few days of her life as a preemie in the hospital's neonatal intensive care unit). "This is where I need to be," she says. "I like being an advocate for children."

But it wasn't just being with kids that suited her, it was being an integral part of a team. "Dr. Jean Emond, the Chief of Transplantation Services, wanted staff nurses to round with the team, and he put a huge emphasis on our interpretation of how the patient was doing. That motivates you to be more involved, to have a better understanding of what is going on physiologically."

Duly motivated, she enrolled in the pediatric nurse practitioner program at Columbia University School of Nursing, graduating in 2001. She then joined the staff of Maimonides Medical Center in Brooklyn. Again, she was left wanting. "When we would get interesting and intense cases, they would ship them out to Mt. Sinai or Columbia," she says.

Two years later, she returned to New York-Presbyterian to help start the intestinal rehabilitation and transplantation program at Children's Hospital, where she's been ever since. Soon, she was the nurse who got assigned the "train wrecks" – resident-speak for the toughest, sometimes hopeless, cases. It was not a punishment, as she initially suspected, but a vote of confidence in her skills.

## RESPECT AND ACKNOWLEDGEMENT

It was around that time that the School of Nursing launched its new doctoral program in clinical nursing, offering nurses a way to obtain the highest professional degree yet remain at the bedside, and a way to gain full responsibility for patient care – exactly what Ms. Ventura wanted.

"As a DNP, I don't need to defer to a medical partner," says Dr. Ventura, who finished her studies in

2007. "There's always collaboration, which is required, but you don't have to hand over responsibility, even for the most complex patient."

The degree has its advantages on many levels, she continues. "When I call the pharmacy and say, this is Kara Ventura, it's 'Okay, hold on.' If I hang up and call back as Dr. Ventura, it's, 'Okay, how can we help you?' Obviously, that's not why you get a doctoral degree. But it does give nurses respect and acknowledgment for what we do and what our abilities are."

And it gives her more leeway to bring the nursing perspective to the fore. "For example, there have been times when I've had to speak up and say, 'I'm not discharging the patient based on that regimen — the family can't handle it,'" she explains. "It's usually the nurse who sees the mom hysterical, crying that I can't do this, I'm not getting any sleep, and so on. Now, as DNP, I can be more assertive, more of a leader."

In her current post, Dr. Ventura is responsible for the care of children with a variety of intestinal and liver ailments, one more serious than the next. Her days are filled with such tasks as managing patients on total parenteral nutrition (TPN), counseling parents who are administering TPN at home, weaning patients off TPN so as to avoid the need for transplantation, caring for transplant recipients, and helping parents battle with insurance companies.

On more than a few occasions, she has gone above and beyond the call of duty to bring a smile to a patient's or parent's face: baking cupcakes for a young boy who didn't want to eat anything else; driving to Massachusetts to attend a birthday for a child who after four years had finally been weaned from TPN; sitting with a child for hours so his parents could attend a family wedding; and making a home visit to facilitate the care of a dying boy who didn't want to go back into the hospital. "It's important not to forget



those aspects of nursing,” she says.

Dr. Ventura also serves as a clinical preceptor for graduate students at Columbia, where she is an Associate Clinical Professor of Nursing, participates in several nursing organizations, and delivers the occasional research presentation.

In 2007, she returned to the lectern at the tenth International Small Bowel Transplant Symposium, held in Santa Monica. The old butterflies resurfaced, as did the old physician reactions. “So, she’s a nurse?” one doctor commented to her colleague.

“I haven’t put any effort into the political arena yet, but that’s certainly an option for me,” she notes. “It might be our responsibility as DNPs to expand this role and to make the public aware that they have a choice in providers.”

## THE VERY MODEL OF A MODERN MAJOR GENERAL

### *Major General*

#### *Deborah Camp Wheeling BS ’75*

In a refreshing display of candor, Deborah C. Wheeling openly admits that she joined the U.S. Army back in the seventies primarily because it would pay her way through nursing school, and she needed the funds.

“I was going to work when I graduated anyway, so why not work for the Army?” she explains. “It was only going to be a three-year obligation. So, yes, I joined for the money. But here I am 35 years later, still with the Army. Something clicked.”

To say something clicked is an understatement. Today, Deborah Wheeling is a major general, the highest-ranking nurse in the Army National Guard

and a key adviser to the Army Surgeon General. One of her roles is to make sure that the men and women of the guard are ready to serve their country – no small task now that the country is at war on two fronts and the guard has become an indispensable part of both campaigns.

### “RELIEF WASHED OVER ME”

The youngest of six children, MG Wheeling grew up in upstate New York, determined not to become a nurse like her two older sisters, Sally Camp Kamerling ’61 [Masters in Health Education from Cortland State] and Gretchen Camp Seirmarco ’66, ’69 [Doctor of Medical Humanities from Drew University]. “It is very hard to be unique when you come from a family that large,” she says.

But her resistance melted over time, especially after caring for her dying mother. Midway through college, where she was studying biology and aiming to become a teacher, she came to accept that nursing was a much better fit. “When I made that decision, relief just washed over me,” she says. “It was okay for me to be a nurse.”

In 1973, she enrolled in nursing school at Columbia and, at the urging of her brother, a military recruiter, joined the Army Student Nurse Corps. In both endeavors, she was swimming against the historical tides. For the first time, women were flocking to professions other than nursing and teaching, and young adults were avoiding the military, whose reputation had been tarnished by a long, unpopular war.

### TO FORT ORD

MG Wheeling began her long career in the armed services at Fort Ord, CA, working on a orthopedics unit. After a short stint in Hawaii for training in obstetrics and gynecology, she was transferred to Fitzsimons Army Medical Center, near Denver, CO, where she developed an interest in gynecologic

oncology. "I had found my niche, caring and counseling," she says. "A great deal of gynecologic cancer at that time was terminal."

Like so many other bright and motivated nurses, she wanted to practice at a higher level, which called for an advanced degree. But the army had other plans: an assignment in Korea and then, maybe, graduate school. Instead, MG Wheeling left the service to study adult oncology nursing at Duke University, in Durham, NC, intent on a career in the private sector.

Her civilian life was short lived, however. "I had stayed with the reserves when I was in graduate school, and I met my future husband on a drill weekend," she says. Before long, she was back in the Army, stationed at Fort Bragg, NC.

It was then, the early eighties, that her nursing career began to blossom. "I was one of the first clinical nurse specialists in the army, so we were pretty much able to define how we wanted to function," she says. At Fort Bragg, she developed the hospital's chemotherapy certification program and then helped set up the hematology-oncology service, all the while climbing through the ranks.

An interesting footnote is that she never encountered any resistance from physicians in uniform, even though the clinical nurse specialist role was new and unfamiliar. "In the military, rank is what qualifies you," she explains. "It's the overriding credential. The fact is, I outranked most of the residents, so the relationship I had with them was very different. It was a peer relationship, it was not a doctor-nurse thing."

#### BACK TO NY

In 1984, MG Wheeling left the army and relocated to West Virginia with her second husband (a military physician who at the time was retiring to enter private



*MG Wheeling (second from left) at the Army National Guard American Heart Association Decade of Health Kickoff in Arlington, VA. Photo by Army National Guard staff photographer*



*MG Wheeling (center) at the American Heart Association November Get Walking Campaign*

practice). But she would not be away from the military for long, thanks to her recruiter-brother, who steered her to a post with the state's national guard. She served as State Chief Nurse for five years, overseeing the medical readiness of forces in support of Desert Shield/Desert Storm, among other duties. She also worked in the civilian sector as an oncology clinical nurse specialist and a consultant, lecturing extensively in professional and community education forums.

Continuing her peripatetic military life, MG Wheeling and her family, which now included two young

daughters, decamped to Oneonta, in upstate New York, in order to be closer to her family. She transferred to New York Army National Guard, serving in a variety of command and staff positions, including State Chief Nurse and Deputy Commander of the State Area Command Medical Detachment, while her husband continued in private practice.

At the turn of the century, she was selected to serve as the Chief of Clinical Services at the Army National Guard's headquarters in the nation's capitol. "It started an interesting family discussion," she recalls. "At that time, my husband could have closed his practice and gotten a job in a military hospital or in the V.A. down in D.C., but my kids were still young — one was in 6th grade and the other in 8th grade. We made a family decision that they would stay in New York for continuity, and I would go to D.C. and come home as many weekends a month as I could."

Almost a decade later, she's still commuting between New York and Washington. "I had a real struggle with it, with leaving my girls. But I felt that I was also demonstrating for them that, as a woman, you can do anything," says MG Wheeling, who has been awarded more than her fair share of medals, including the Meritorious Service Medal, Army Commendation Medal, and Army Good Conduct Medal.

#### WHAT TO WEAR?

What comes next is unclear. She will remain in her current position until October, perhaps longer, if her appointment is extended. If not, she intends to retire, if only from the military. "There's a nursing educator shortage across the board," she says. "I could probably teach in my hometown, or I may continue to work on issues at the national level."

Whatever happens, she will miss the military when the time comes to retire. "It has been my life for so long, so I will miss it," she says. "To say nothing of the fact that I will not know what to wear. That's been nice, not having to worry about clothes and impressing anybody by what you wear. Most of all, I'll miss the camaraderie. The military is a family that takes care of one another."

