



NSNA ALUMNI

Why did you decide to go to nursing school?

Todd Uhlman: Honestly, I didn't want to become a nurse when I first started a Pre-Nursing program. I was working in an operating room at a hospital in Jacksonville, FL that specialized in cardiovascular procedures. I initially wanted to be a cardiovascular physician's assistant. Thinking about it now, makes me laugh. Fortunately, my supervisor Louise Chirico had the insight and leadership not to squash my ideas, but instead took the high road and became an important mentor. I clearly remember her saying to me, "Todd, that's a fantastic idea. A nursing degree would be a great step in that direction." Her words have had such an impact on my life and I will always be grateful for her.

Frank Lang: I joined the service in 1962 not really knowing what I wanted to do. I had an aptitude in the health sciences and I worked as an aeromedical corpsman with a high degree of responsibility as well as an assortment of technical medical and nursing skills. It always struck me as curious that a corpsman was allowed skills that a nurse was not. I thought if you could combine the skills of a corpsman with that of a registered nurse, you'd have a person who could provide significant direct patient care in areas where such care was not available. When I left the service, I elected to pursue a nursing career largely at the encouragement of my wife who was already a registered nurse at that time. I had also worked as a heart-lung pump technician and cardiac catheterization laboratory technician with a high degree responsibility but with a limited amount of physiologic understanding. I thought I needed more education to feel confident and comfortable with the level of responsibility and functions that I was expected to perform.

I did not know which nursing program to enter but my wife Bette Jo encouraged me to go to a baccalaureate program since I already had 2 years of college. At the time I was in California but it was difficult to live near the nursing school in the urban areas because of the traffic and limited housing. At that time, we had one child and we were really looking for a more rural and mountainous kind of environment. My wife's brother lived in Colorado and so we decided to move to Colorado, specifically the University of Northern Colorado in Greeley. I remember calling the Dean of Nursing and asking if she had any openings for students and

To celebrate the upcoming NSNA 60th Anniversary and Alumni Reunion in April 2012, *Imprint* is highlighting past NSNA presidents in this special alumni column for each issue leading up to NSNA's 60th Anniversary Convention in April 2012.

Catching up with...



D. Todd Uhlman,
BSN, RN
NSNA President,
2006-2007



Frank J. Lang,
EJD, RN, FNP
NSNA President,
1969-1970

she agreed to take me on the basis of the telephone call and I was enrolled pending my transcripts and recommendations. I would be the first and only male in the program. I had to meet a year of prerequisite requirements in 1967 and in 1968 I was formally in the nursing program. My wife and I were struggling financially because we did not have two incomes anymore so I joined the Army Student Nurse Program, which provided for both salary and tuition.

What were the reactions of friends and family?

TU: My family has always been very supportive!

FL: They reacted predictably. Some wondered why I didn't go to medical school and others were quite encouraging, particularly other nurses. For me it was a practical matter. I had a family, I needed income in relatively short order and loans were not as plentiful in the 60s.

Tell us briefly how you decided to join NSNA.

TU: I joined NSNA the first day of nursing school; the start of my junior year. I was fortunate to have met Willa Fuller, another fantastic nurse mentor who had an incredible influence on me early in my time with NSNA. I immediately gravitated to NSNA through the Florida Nursing Students' Association. I wish I had known about NSNA when I was taking my pre-requisite courses.

FL: I joined the Colorado Student Nurses Association and NSNA with the encouragement of my classmates who were meeting to do various projects in the community and the state. I had never been an organization joiner or student leader before.

How did you progress toward running for NSNA national office? Describe your leadership experience in the beginning.

TU: I started at the school level and spoke with various people including my instructors. I had decided to run for Vice President of my school's chapter and was elected. Because of this, I was able to attend the 2005 NSNA Mid-Year Career Planning Conference in Louisville, Kentucky, where I met the current leadership at the time. I just asked myself, "Why not me?" Personal issues prevented me from pre-slating, but once I got to Baltimore for the 2006 Annual Convention, the energy of Convention hit me, and I hit the ground running.

(Continued on page 24 ➡)



Frank J. Lang (center) shown with Florence Huey, 1968-1969 NSNA President (left) and Frances Tompkins, NSNA's first executive director (right)

Frank, when you made history by becoming the first man elected as NSNA president, was there a big buzz about this? Did you feel an added sense of responsibility?

FL: I did get a lot of attention for being elected to a prominent leadership role in a mostly female national organization. I don't know that I felt any added sense of responsibility. I was someone who didn't know how to do his job any other way than to go all out. What I did feel a sense of responsibility for was to develop substantive programs and to involve as many students as I could.

Today, men in nursing are much more common than 40 years ago. But stereotypes and misunderstandings still exist. When you began your career as a nurse, were you treated differently?

TU: I think it is important to discuss gender issues, but I will be quick to walk away from the conversation when it turns to a divisive tone. I feel that emotion in a conversation about gender, race, orientation, political affiliation or any other topic for that matter, is a potent ear-canal-constrictor. There is a difference between speaking about a topic with emotion and expressing yourself with passion. Diversity isn't about what makes us different; it is about how our differences can benefit others. We all have experiences and talents but what a shame it is to sit on them and not share them.

FL: I was always viewed with some degree of deference as a man in the nursing profession. I don't know that I was treated any differently except that people wondered why I might want to do this kind of work. My focus was always taking care of the patient and that my recognition would come from my work in patient care. It was always the patients who regarded me highly because of the quality of the work that I performed. I was fortunate to have a lot of medical and nursing experience and as well as having attained additional medical and nursing skills in my graduate program and subsequent work as a nurse practitioner. I feel like I did realize that dream or vision that I had in 1962 of a nurse who could perform both nursing and medical functions and provide high quality care in the delivery of primary care. I enjoyed being a unique individual in my healthcare role; not because of my gender but because I had a level of skill, knowledge and commitment that allowed me to develop an integrated healthcare delivery system in a frontier and rural community.

Take yourself back to the day you graduated from nursing school. What path did you think your career would take you in? How has your career actually unfolded?

TU: What a great day that was! My career path was exactly how I had planned it until my leadership experiences in NSNA caught up to me. After three years at the National Naval Medical Center in Bethesda, Maryland, the Navy thought it was fit to send me to a staff position at Navy Medicine Headquarters, Bureau of Navy Medicine and Surgery (BUMED). At BUMED, I have the opportunity to directly influence aspects of healthcare including medicine, dentistry, nursing, and administration. Don't misunderstand, I don't make policy decisions. But I am at the table for some of the discussions.

FL: I wasn't sure what path my career would take at the time because I was in the military and I didn't really have many options. Because of my experience I was assigned to work at Walter Reed Army Medical Center in the cardiac and thoracic surgery unit but then there was an opportunity to move back to Denver and work

(Continued from page 23)

By day, I was attending all of the delegate activities, including every resolution hearing and the bylaws forum; and by night, I was building up my campaign to run for national office. It was a ton of work, but I'd do it all again in a second if I could.

FL: I think I had an aptitude for leadership because I was an older student and already had significant experience in healthcare. I enjoyed pursuing student policy issues as well as healthcare policy issues in the state and nation. In 1969, I had the opportunity to attend the NSNA Annual Convention in Detroit as a candidate for President and found myself engaged with many other students in the development of policies as well as organizational politics. I was elected President and emerged from that Convention as someone who was committed to national policy and healthcare delivery to the underserved.

At first, it was daunting, I really did not know much about how to run an organization but the Executive Director, Frances Tompkins, was invaluable and subsequently Mary Ann Tuft, who became Executive Director during my presidency, guided me in the process. I was kind of star struck at first and caught up in a lot of idealism, which allowed for an optimistic and progressive agenda.

Todd, this millennium saw more men serve as NSNA president than any other decade (from 2001-2011, there have been six). Knowing several men had recently served as president before you, did you feel more confident in your role? Or did you feel pressure to live up to past expectations?

TU: Actually, I was unaware of NSNA's presidential history in that regard. Gender has never been an issue or a concern for me. I completely understand that it is for some people. I hear about it occasionally here and there, but honestly, I just go about my day. I can submit my influence when and where I'm able to, but I don't worry about what I can't control. Because it happened so early in my tenure, many forget or are unaware that I was actually appointed president after the sitting president resigned. So my focus at the time was simply to do everything in my power to live up to the leadership of my predecessor, Rebecca Wheeler.

as a recruiter. That change allowed me to enter a graduate program at the same time. At that time, I was responsible for recruitment of nurses in Texas, New Mexico, Colorado, Wyoming, Kansas and Nebraska. I finished my graduate program and worked at the University of Colorado as the Assistant Director for Ambulatory Care and an Assistant Professor of Nursing in the University Of Colorado School of Nursing. I continued to work with the Colorado Nurses Association and was asked by the National Health Service Corps to do some consulting in the role areas where nurse practitioners were trying to work and were facing some difficulty. That exposure allowed me to become familiar with rural practice and I elected to seek my own practice through the National Health Service Corps as a volunteer. Western Sierra Medical Clinic in Downieville, California was that opportunity and I've never looked back. I truly believe that my opportunity in Downieville was directly related to my experience and the contacts that I had with NSNA.

Recently, I decided to get involved in health policy. I completed law school with a specialty in Health Law and now I also work in the court a few days each month as a medical legal consultant for Drug Court. I continue to work as a Nurse Practitioner in Family Medicine as Assistant Medical Director for the expanded Clinic organization that I started 35 years ago. One of my sons is the current Medical Director. My wife has been my partner through this tremendous career that allowed us to blend both nursing and medicine and we are humbled by the thousands of patients that have allowed us to be a part of their life.

Has NSNA benefited your career?

TU: This position would not have even been a possibility without NSNA. Executive Director Dr. Diane Mancino and NSNA taught me so many lessons about politics and policy, Board meetings, and even teleconferences. I learned how to handle many of the situations and conversations that we as nurses often find ourselves in. It isn't always direct patient care, but it has such an impact on the delivery of that care, no matter where you end up working. To current students who think they might want to run for NSNA office, you are only hearing my story because I ran and was elected. The truth is, everyone who runs is fantastic whether selected or not. The experience of running for office will last a lifetime! If you run and are not elected, don't look at it as you lost; because the lessons learned are much more important to your growth and development as a nurse. To me, those experiences are invaluable.

EL: My experience with NSNA taught me the skills that I needed to work with physicians, hospitals and other medical and nursing staff as well as with state and local agencies in the development of a rural healthcare delivery system. I also needed to develop additional skills as an x-ray technician, mobile intensive care nurse, surgical skills, obstetrical skills, emergency medicine, hospice skills, as well as increased knowledge in pediatrics, orthopedics, cardiology, neurology, etc.

Participation in the National Student Nurses Association at any level provided a primer for the understanding of professional and healthcare issues, the process for change, and an organizational support for the implementation of, or adaptation to change. That framework provided a paradigm for system changes, future community involvement and patient advocacy. I did experience a frustration with the unyieldingness of institutional change at



Todd Uhlman presiding over the House of Delegates meeting at the NSNA 55th Annual Convention in Anaheim, California, April 11, 2007.

the national level and chose to work with change at the local community level where I could see that change more readily. I tried to learn patience with my understanding of issues and the change process. After all, it is really no different than working with patients directly. For me, it has always been about the privilege of interacting with patients and supporting them through their health and life issues. That is what guided me through my choice of a clinical rather than an administrative or political career. Ironically, it turns out you really need all three to facilitate real change. You need clinical credibility to leverage the administrative and political process. ☞

Attention NSNA Alumni and Friends!

Are you an NSNA alumnus (or do you know an NSNA alumnus) that held a position on the NSNA Board of Directors, Nominating and Elections Committee and/or Resolutions Committee? Did you hold a position on your state's SNA Board of Directors?

NSNA knows that many of you have gone on from your experiences to fulfilling nursing careers and even becoming leaders at all levels of the nursing profession. We're beginning a major endeavor to locate all past NSNA national leadership members, and past state level Board of Directors members. We need your help!

Go to www.nснаalumni.org and sign up. Please share with other NSNA Alumni.

Special offer for signing up is a one year complimentary NSNA Sustaining Membership. Benefits include a subscription to *Imprint* magazine as well as discounts to NSNA meeting registration. We'll be in touch with some updates on what NSNA and the FNSNA are up to since you were last involved, as well as opportunities to reconnect with past friends and colleagues. And remember to join our celebrations at NSNA 60th Anniversary Convention and Alumni Reunion in Pittsburgh, April 11-15, 2012!