



Michael Zychowicz

University, recently moved to North Carolina from New York, where he split time between teaching nurse practitioners and seeing patients in an orthopedic practice. An orthopedic NP for about 12 years, he's taught for 10 of them.

After living this dual-hatted existence as a clinician and professor, he began to look for teaching opportunities at larger universities, larger schools with more resources, and settled on Duke University.

"When I first came out of school I think the general public had some kind of general ... understanding of what a nurse practitioner was, but certainly it would be a process in clinical practice where I'd have to explain multiple times per day what it is I do," he says. "I've seen over the last several years a slow and steady evolution of a greater understanding of what nurse practitioners are - more of an acceptance by the general public for our ability to take care of health problems."



Margaret Bobonich

What he can do at Duke, however, is take the students who don't have a full understanding of the depth and breadth of what a nurse practitioner does and show them the ropes.

"I think the NP students don't understand the magnitude and responsibility of the professional role until they really start getting into clinical rotations where they've got to make the decisions, figure out what the person's diagnosis is, and write the prescriptions," he says.

Zychowicz earned his DNP from the Frances Payne Bolton School of Nursing at Case Western Reserve University (CWRU) in Cleveland, Ohio, just as nurse practitioner Margaret Bobonich did. Bobonich is an FNP from Cleveland, Ohio, where she began specializing in dermatology five years ago. "It was really tough starting in the specialty because there weren't many educational



Margaret Bobonich with two young patients.

opportunities for NPs to learn dermatology knowledge and skills," she says. Most dermatology NPs had to rely on on-the-job training with collaborating physicians and direct their own learning without a standardized curriculum. This is changing.

"There is a growing need for more nurse practitioners in dermatology. "As the population ages, skin cancer has become the most common form of cancer and totals more cases than breast, prostate, lung, and colon cancers combined," says Bobonich. Early recognition and treatment of skin cancer means better patient outcomes. This increased demand for care, however, has also been affected by changes in the aging workforce, which includes the retirement of dermatologists. She notes the gap is being filled with nurse practitioners.

In fact, she cites a survey by the American Academy of Dermatologists that showed a 43 percent increase in the use of NPs and physician's assistants between 2002 and 2007. Dermatologists anticipate that 36 percent of practices will employ one of these providers in their practice this year. "What that means for us, as nurse practitioners,

is that we have an integral role in dermatologic care," says Bobonich.

Bobonich left private practice to join the Department of Dermatology at University Hospitals Case Medical Center and returned to the Frances Payne Bolton School of Nursing at CWRU to complete her DNP. Her goal was to establish a formal dermatology NP residency. She notes, "The concept was to create an interdisciplinary program to promote effective and efficient collaborative practice, which is the reality of today's health care." Research from Bobonich's thesis provided evidence for the NP Society (NPS) of the Dermatology Nurse's Association to develop their core curriculum.

In the past five years, dermatology NP education has expanded under the guidance of NPS through national conferences and online didactic programs and resources. CWRU is one of only three post-master's programs that now offer formal interdisciplinary education for dermatology NPs. In 2008, the Dermatology Nursing Certification Board offered the first national certification for dermatology NPs.