

Tom Sanchez, MSN, FNP-BC

Possessing varied local as well as international experiences in his nursing career from practicing as a family nurse practitioner in the nurse managed center in Grand Rapids, MI, to establishing clinics for the vulnerable populations in Africa, Thomas Sanchez is an Affiliate Faculty Member at Grand Valley State University. As a faculty member, Thomas has shared his nursing expertise to undergraduate nurses and participated in the Globalization Task Force to facilitate nursing students' experience at the Cape Coast University in Ghana. Thomas is currently a DNP student and has demonstrated his academic excellence along with the joy of learning as part of a community of scholars. Thomas' dissertation project title is "Primary Care Interventions

to Improve Physical Activity In Sedentary Adults Age 18 Through 64". Thomas has shown outstanding scholarship and leadership in the community, partnering with community organizations such as the YMCA and Family Health Center to address improving fitness through physical activity. He has also been an outstanding advocate for the profession to define advanced practice nursing roles for the state of Michigan, actively engaging his legislators to inform them of the benefits of advanced practice nursing to the citizens of the state. Sanchez is a member of the Michigan Council of Nurse Practitioners and the National League of Nursing.



Tom Sanchez's Journey

"Like most men, I did not have a life-long ambition to become a nurse but came to it later on, while in college, when a male friend led the way. He figured out his career choice when we were still freshmen. I looked at him sideways when he told me. Only our lifelong friendship going back to the first grade and my understanding of the seriousness of his decision kept me from bursting out laughing. Ever the practical, Wally laid out his reasons. *'I will have an immediate choice of employment on graduation, will be able to go anywhere in the country and still find a job, and have opportunities to go as high as I want in leadership, and in a thousand different directions: clinical, administrative, entrepreneurial, teaching, schools, industry, military...'* and on he went. I noticed that pre-nursing students were all around me in the science classes I was taking. I had to check it out. It became clear that the Hollywood and TV-series depictions of nursing were nowhere close to accurate. I found nursing to have a nice balance for a career that involves both biomedical science and people-centered service. That is a combination that suited me well.



That was the late 1970s. I graduated with a Bachelor of Science degree in Nursing in 1981 and worked in a variety of hospital roles, then followed another calling that was integral to my career as a nurse. I went to the UK's Liverpool School of Tropical Medicine to earn a Certificate in Tropical Community Medicine and Health in 1986. I was so fascinated by tropical diseases and methods directed to their prevention that I poured myself into this schooling. My work while in Liverpool STM was recognized with the award of its distinguished David Haddock Prize. Then, along with my wife and family in 1987, served with Michigan-based Grace Ministries International in the deep rainforests and towns of eastern Democratic Republic of Congo (DRC) at Kama and Bukavu. Over the next 13 years we also helped with short stints in Kenya, Sudan and Zambia whenever we were temporarily unable to return to DRC.

In Bukavu, DRC, my Congolese nurse-colleagues and I were able to set up a nurse-managed dispensary that was able to care for 12 in-patients in addition to its out-patient clinic. Our dispensary included a pharmacy to improve income and assure our patients had access to medications. We also developed and marketed an HMO-type insurance system to local private employers who agreed to have their employees receive their care with us. Our dispensary served its neighborhood through participation in community health work by organizing vaccination programs and running special prenatal check-up days and preschool well-child physicals.

One of our dispensary staff nurses helped investigate traditional plant products that had medicinal properties for the purpose of gathering evidence that could uncover whether they should be investigated further and eventually used more widely to help offset the need for commercial medicines. Commercial medication, even generic, was more costly than many could afford. Capsaicin, an oil in hot peppers, had been shown to be a good pain-reliever that had good evidence in trials run by pharmacists and nurses teaming together. This counter-intuitive source of pain relief may explain why people love spicy-hot food so much despite the "pain" that various peppers cause. Our management and business model was self-sustaining through these efforts. This dispensary had been the only source of care that stayed open under Congolese nurse-management during periods of war and strife in the city throughout the 1990s, with no outside help or oversight.

After our return to the U.S. in 2000 when our youngest daughter graduated from high school, I took a staff nurse job in the Spectrum Health ER. While there, a large interprofessional team that I was a part of, took on the challenge of lowering wait times and other quality improvement measures that garnered national attention. The attitudes and leadership were exemplary and I decided to pursue the next step in my own education. In 2006 I graduated from Grand Valley State University with a Master of Science in Nursing degree, specializing as a Family Nurse Practitioner. From there I worked in ER and Urgent Care as well as asthma & allergy specialty practice. I also helped out at the GVSU Family Health Center, itself using a nurse-managed model, by doing some additional on-call part-time primary care. When a GVSU affiliate faculty position became available I pursued my interest in teaching and knew that faculty membership would be a good vantage point to learn more as GVSU developed their DNP degree program. I knew I wanted to continue my education to the doctoral level when the time was right.





I also have an ongoing interest in the role nurses contribute as relief and development workers in various countries. While I have been a faculty member I have participated in the Globalization Task Force to get KCON's linkage to Cape Coast University in Ghana up and active, among other efforts. I have continued in mission-oriented work in many places around the world. In 2011, I visited Haiti with an interdisciplinary team that partnered with local Haitian healthcare workers (pharmacists, nurses, physicians, nurse practitioner, theologian-ethicist, pastor-deacon) who organized a rural clinic that bolstered existing work for about a week. We created our own small-scale international cooperation in order to learn from one another. Our 7-day trip was enough time to see anyone in the area where the clinic was located who wanted care for any problem we could help with.

My DNP degree-work has slowed participation in these international projects, but my plan is for that to resume upon completion of the DNP degree. I see the DNP degree as contributing systems and policy views and experience to my prior competencies. I have further developed my scholarly and advocacy activities as part of building professional impact through enactment of the *Essentials* of doctoral education. Familiarity with the IT tools of scholarship was also honed while working toward the doctorate. An ability to digest research and distill it to applicable tools and principles will have a direct impact on my ability to bring evidence-based practice to bear on clinical guidelines and processes wherever I work. A system perspective has fostered my DNP scholarly project focused on changing inactive lifestyles that are contributing to the obesity problem. The project is designed to build the partnership between traditional primary care and community agencies that have complementary aims and resources, such as the YMCA.

I look forward to a career path that may be lengthened and strengthened as a result of earning the doctorate. More DNP graduates are beginning to ease the shortage of nursing faculty and are re-energizing the translation of research into practice. The knowledge and experience gained through the DNP degree will allow us to impact the delivery of healthcare by instilling into it more of the substance of nursing. The people of Michigan need care that is up to date and focuses on prevention, to delay or avoid developing altogether, costly chronic illness such as diabetes, cardiovascular, and kidney disease with all their complications and impact on quality of life. Continuing to build the legacy of my own DNP project, for example, will bring about needed interprofessional and interagency cooperation to work toward the fulfillment of the promise of disease prevention. Primary care needs practical ways to help the people of Michigan become more physically active and enjoy a healthy diet. The YMCA offers help with these problems for clients on a path toward developing diabetes that is embedded in the community and has an evidence base that is nationally recognized. The help is readily available but needs to be accessed. Connecting primary care to YMCA programming through direct referral is one systems process that I have been able to help pilot in the Grand Rapids area. Our hope is to see our initial experience blossom into a regional practice change in community partnership for the benefit of Michigan residents. As an educator, the systems approach targeting prevention will be modeled for nursing students so that they begin to think from a systems perspective and enact, early in their careers, a variety of community-based approaches to improve the health of the people of Michigan.”

