When asked to prepare a brief piece on last year’s Doris Schwartz Gerontological Nursing Research Award recipient, Dr. Terry Fulmer, I was so pleased to accept this honor to celebrate the lifetime work of my colleague and friend. In gathering information to share with readers, my first inclination was to attend the presentation Terry shared with the nursing special interest group on the receipt of her award at the Gerontological Society of America’s (GSA) annual meeting, which typically highlights the career achievements of the recipient. Well, not Terry’s. Instead of an overview of her career highlights, the entire presentation was a sharing of the history, vision, and contributions of the award namesake, Doris Schwartz. I make this point because this gesture is a reflection of Terry’s approach to her professional life—her nurturing and lifting up of others, rather than herself. Terry is a modest hero in our field of gerontological nursing—one who inspires her peers and those aspiring to be leaders in improving the quality of care for older adults—who has led the way as first in many arenas.

Terry’s academic career began at Skidmore College, where she received her bachelor’s degree in nursing in 1975, followed quickly by her master’s degree in 1977 and doctoral degree in 1983, both from Boston College. She had held certification in gerontological nursing through the American Nurses Credentialing Center since 1978 but decided later in her career that to fully appreciate the nuances of clinical practice challenges, and to inform her teaching and generate research ideas and innovative solutions for practice and system changes, certification as a geriatric nurse practitioner would be useful. She completed her geriatric nurse practitioner post-master’s certificate program from New York University in 2001.

Terry held academic appointments at Boston College, Harvard University, Yale University, Columbia University, and New York University (NYU). During her more than 15 years at NYU, Terry served in various leadership capacities, including co-director of the John A. Hartford Institute for Geriatric Nursing, taking the helm of the Division of Nursing in 2002. A most notable achievement in her division head position was establishment of the College of Nursing at NYU, assuming the first Dean position as the Erline Perkins McGriff Professor. She has held numerous clinical appointments that have engaged her ideas and facilitation skills to improve best practices and creative system changes for health care improvement, including those at Beth Israel Hospital in Boston, Massachusetts General Hospital, and NYU’s Langone Medical Center.
Terry is nationally and internationally recognized as a leader in geriatric nursing education, research, and practice. She has enabled the development of geriatric education in countless academic institutions, with models of geriatric nursing care, textbooks, and publications used in nursing programs and clinical agencies around the globe. Terry has been an exemplary member of the professoriate for almost 3 decades, gaining the reputation of an outstanding educator and mentor whose passion and devotion to improving the care of older adults has inspired both undergraduate and graduate students, as well as colleagues.

Her textbook, Critical Care Nursing of the Elderly (Fulmer, Foreman, Walker, & Montgomery, 2001), was the first such textbook and continues to be used extensively by nursing students in addition to practitioners. Fulmer SPICES, an overall assessment tool for older adults (Fulmer & Wallace, 2012), is the lead and one of the most widely used assessment instruments in the Hartford Institute for Geriatric Nursing’s Try This® General Assessment Series. Her clinical credibility and academic accomplishments have underpinned the past 20 years of advancements in the field of geriatric nursing.

Terry distinguished herself as an exemplary scholar committed to interdisciplinary education and practice, mentoring untold numbers of geriatric physicians and social workers, in addition to her nursing mentees. Terry directed the Resource Center for the Geriatric Interdisciplinary Team Training Program (GITT) from its beginning in the early 1990s, funded by The John A. Hartford Foundation. GITT was one of the first initiatives in interdisciplinary team training that included a rigorous evaluation tool used by all of the original sites and became a component for subsequent publications as to the effectiveness of the GITT programs. GITT continues to be available to the field through its website (http://www.gittprogram.org) and through onsite consultation. Terry was also the first nurse director of a Geriatric Education Center (GEC), a national initiative funded by the Health Resource Service Administration (HRSA) to establish GECs as faculty training centers in all 50 states. The focus of GECs is to conduct interdisciplinary education to health care professional faculty and clinicians.

Terry is also well known nationally and internationally for her work establishing and leading Nurses Improving Care for Healthsystem Elders (NICHE, http://www.nicheprogram.org). NICHE was the first national nursing program providing essential tools and evidence-based resources to benefit hospitalized older patients. In partnership with Drs. Mathy Mezey and Elizabeth Capezuti of NYU, NICHE is currently incorporated into more than 320 hospitals in North America. NICHE offers strategic and innovative methods to improve care to older patients, including an institutional assessment and benchmarking service, models of geriatric nursing, and resources that address the needs of direct nurse providers and nursing management. Within NICHE, Terry conceived, implemented, and evaluated the first Geriatric Resource Nurse model for delivery of care to older adults in the hospital. This model of care has been adopted by all NICHE hospitals and has shown to significantly improve outcomes for older patients.

Although committed to the overall field of gerontology and the care of older adults, her particular passion and focus of research has been on issues of elder mistreatment, which began during her years in practice at Beth Israel Hospital in 1975. At that time, it was extremely evident to Terry that ageism existed and standards of care for older adults were not at the same level as standards for younger adults or children. Geriatric patients’ concerns were often written off as the logical sequelae of dementia or “old age.” With new legislation in Massachusetts on mandatory reporting in 1979 for elder abuse and neglect, Terry worked to promote best practices that would assist busy clinicians who needed guidelines for the assessment and detection of elder abuse and neglect. Since that time, she has been steadfastly committed to this area of research and has competed successfully for funding on an ongoing basis from both foundations and the National Institutes of Health (NIH). Currently, Terry’s program of research on elder abuse and neglect is moving in a new direction. Having recently completed an NIH exploratory grant on screening in complex practice settings, Terry intends to move forward with a program for interventions that prevent the occurrence of elder mistreatment. Her research findings are published in prestigious peer-reviewed journals, including the American Journal of Public Health and the Journal of the American Medical Association.

The full breadth of Terry’s contributions to nursing education, research, and practice is reflected in her textbooks and numerous publications over the past 20 years, all of which further attest to the commitment she has for advancing the health and well-being of older adults. Her work has been disseminated broadly in 150 journal publications, 15 edited or authored textbooks, and more than 100 book chapters, contributing foundational work for future scientists and practitioners. She has also disseminated her work and ideas in countless invited and competitive national and international presentations in prestigious nursing and multidisciplinary venues.

Terry has clearly had a unique influence on aging and gerontologi-
Terry has been a trailblazer for recognition of nurses as strong interdisciplinary team members and subsequently leaders of that team, in more than one circumstance. Terry was the first nurse to serve on the board of directors of the American Geriatrics Society, an organization with more than 80% physician membership. Being elected into this leadership role illustrates the respect from other disciplines, particularly medicine, Terry earned and provided a pathway for other nurses to participate and lead changes to promote quality of care for all older adults. Terry also went on to become the first nurse to serve as president of the GSA—another esteemed interdisciplinary organization advancing the science for caring for older adults. I doubt that Terry set out to become the first as her goal, but rather strove to find ways to impact the policy, science, and education of individuals who can make a difference in the care of older adults. She recognized early on that it takes a village and that nursing has an essential role not only serving on the team but in providing leadership to the team.

Becoming the first does not come easy. Of course it involves establishing expertise and credibility, which is clearly reflected in Terry’s contributions to the field, but is also built on relationships and interpersonal interactions. Terry’s personal and professional qualities are the hallmarks of Doris Schwartz to be emulated by others aspiring to make a difference in our profession. Terry is warm, genuine, and caring. She focuses on the goals to be achieved, bringing important issues to the table but communicating and guiding the process in an effective style. She can be assertive yet gentle; fervent yet compassionate; strong yet cautious.

Supporting Terry’s career path has been her high school sweetheart, Keith—her husband since 1975—and their three children: Nina, who is in advertising in Chicago; Holly, a nurse in Boston; and Sam, who is in communications in New York City. Her family has been an important element of a balanced and successful career and life.

The career path that Terry chose (or that chose her) has led to a recent position change with significant potential to impact health care from a different vantage point. In 2011, Terry assumed the leadership role at Northeastern University in Boston as Professor and Dean of the Bouvé College of Health Sciences and Professor of Public Policy and Urban Affairs in the College of Social Sciences and Humanities. Although early in her tenure in this new role, I am certain we are not done hearing about the contributions of Terry T. Fulmer in advancing the quality of education, research, and practice to improve the quality of health care for the older citizens of our country.

REFERENCES

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