

Josiah Macy Jr. Foundation
Vital Voices — Season 3, Episode 5
Interview with Andrew Dwyer

Holly J. Humphrey, MD, MACP (HJH):

Welcome back to [Vital Voices](#), a podcast from the [Josiah Macy Jr. Foundation](#). I am Dr. Holly Humphrey, president of the Foundation. Our third season of Vital Voices focuses on the [2023 cohort of Macy Faculty Scholars](#), six individuals chosen to participate in our two-year [Macy Faculty Scholars](#) career development program, because of their demonstrated potential as future leaders in medical or nursing education. I am delighted to have the opportunity to share our Scholars' stories with you, as I think you are going to find their work to advance health professions education, and their own personal experiences and perspectives, to be inspiring.

Today's interview is with [Dr. Andrew Dwyer](#), board-certified family nurse practitioner and Associate Professor of Nursing at Boston College's William F. Connell School of Nursing. Dr. Dwyer also has an extensive expertise in genomics and rare diseases, and is committed to advancing equity in healthcare through the use of genomics in the field of nursing. With this deep appreciation for the way in which genomic healthcare can positively affect health and wellbeing, Dr. Dwyer will use his Macy Faculty Scholar award to develop, implement, and evaluate novel training experiences to equip advanced practice nurses with genomic competencies needed to address genetic conditions. Dr. Dwyer completed a master's degree in nursing at Massachusetts General Hospital Institute of Health Professions and a PhD in nursing science at the University of Lausanne Institute of Higher Education and Research in Healthcare in Switzerland. And now, here is my conversation with Dr. Andrew Dwyer.

Holly J. Humphrey, MD, MACP (HJH):

Andrew, thank you so much for talking with me today. I would like to begin today's conversation by asking you to share a bit about your background, namely your path into nursing, and specifically nursing education.

Andrew Dwyer, PhD, FNP-BC (AD):

Well, thanks so much for the invitation. It's really a pleasure to be here with you today. I'm not one of those people who was born to be a nurse. My journey to nursing was a little bit more convoluted. I grew up in a small rural farming community in western New York, and I knew I was interested in working with people and helping professions. And then I went to school at Cornell University where I studied Human Development and Family Studies, and I had the great privilege to take classes with Urie Bronfenbrenner and learn about the social ecological model, which was really formative in how I think about people's development and growth. And I still was trying to sort out what I wanted to do with my career, and I became really interested in community problem-solving and got interested in early childhood education, and that led me, after graduation, to working with at-risk youth and children with special needs.

And it was my cousin, Martha Heck, who is now a retired labor and delivery nurse, who said, "The work that you're doing really seems to me a lot like nursing. Have you ever thought about nursing?" And so I looked into it and really understood that nursing is about promoting the health of individuals and communities from a really holistic viewpoint. And that really resonated with me, and so I applied to nursing school and that was probably the second-best decision I ever made, the first being marrying my wife who I met in nursing school. But that's how I came to nursing.

In terms of nursing education, I didn't think about nursing education until a bit later in my career, after I got my PhD. And while I love clinical practice and I think of myself as a clinician first, what I realized was that perhaps the impact I could have is I could reach many more patients and families by helping to form

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and educate the next generation of clinicians, rather than those individuals I could see in a clinical consultation. So that's really what drew me into nursing education, and that's been a really fulfilling and rewarding part of my career.

HJH:

That's a beautiful summary, and I personally very much resonate with that. You have actually developed a real expertise related to genomic healthcare. Can you tell us a little bit about how your passion for that area of nursing and healthcare developed?

AD:

Yeah, this is a little bit of a serendipity. I graduated from my nurse practitioner program; I'm a family nurse practitioner. And I joined the Massachusetts General Hospital, the Reproductive Endocrine group, and they were doing what's called translational research, so taking discoveries at the benchside and applying them to the bed to try to improve diagnosis, treatment, counseling for patients and families. And the focus was really on understanding the genetic basis of puberty and reproduction in humans. So I really became a nurse practitioner at the dawn of the genomic era. This is at the initial sequencing of the human genome, and so this was a really fascinating time for me to learn as these new discoveries were coming into practice.

And so I had tremendous experience running clinical trials and working in this gene discovery, and it was really powerful to see how genetic discovery transformed the lives of particularly patients with rare diseases and shortening what we call the diagnostic odyssey of these patients with rare, poorly understood conditions that take many years to be diagnosed, and genetics was a way to accelerate that. The other thing I realized was that when you're in a consultation room with a patient or family and you're providing care through the lens of genetics or genomics, you're not just taking care of the individual but all the blood relatives, because the results of a genetic test implicate blood relatives and family members. I saw it as a powerful way to extend the reach of care to other family members, and to focus on improving health and quality of life for folks.

HJH:

Wow, that's an exciting story. I want to pivot just a little bit because as you know, you have joined the Macy Faculty Scholars Program at the beginning of another new era, and that is an era in which we are introducing a Peer Mentor Program. And you are among the first Scholars to experience peer mentoring as part of the Macy Faculty Scholar award. So I'd love to hear about your experience with the mentoring aspects of the Macy Faculty Scholars Program, both with your peer mentor as well as with your mentor from the National Advisory Committee.

AD:

It's such an honor and privilege to be part of this community of Faculty Scholars. I'm matched with Rachel Salas, who's a past Faculty Scholar, and that's been amazing from both an anticipatory guidance perspective, she can give me a sense of what to expect, but also Rachel has a tremendous expertise in CliftonStrengths profiles. And it's been empowering to work with her, and she's really helped me focus on leaning into what my strengths are and how to use those and harness those to focus on my project, which is aimed at bridging disparities in genomic healthcare. That's been a really powerful message to

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lean into what is my vision and my mission? And that's been a really amazing complement to my national mentor who is Professor Afaf Meleis, who's, in nursing, she's a living legend.

And the irony is that she is also a theorist and developed a theory of transitions. And when I was working and living in Switzerland, we actually used this model to develop a transition clinic for adolescents and young adults with chronic endocrine conditions. So it was an interesting and a full circle experience, and she has such a broad global vision. She both challenges you and supports you in thinking about what do you want your impact to be, and thinking broadly about that, not just maybe within the students you reach at your institution, but more broadly, nationally, and even internationally. And that's been a really amazing growth experience to have the time with these people who generously share their time with me, so it's just been an amazing privilege and part of this program.

HJH:

Yeah, that's terrific. You clearly are being mentored by two of the finest, as best as I can tell. Now, Andrew, there's another thing that is particularly unique in some ways about your appointment as a Macy Faculty Scholar, and that is that men comprise just 14% of the nursing workforce in America. That's data from the World Health Organization. And so, as a man in the nursing profession, I'd love to hear a little bit about your thoughts on what that's like and how we might better address this component of diversity as a nation.

AD:

Yeah, that's a really interesting point. In fact, the percentage of men in nursing has remained relatively constant for decades, and I think that may partly be due to certain gender scripts in society that have been assigned to nursing. And in fact, there's an amazing book that was published earlier this year by Sarah DiGregorio called *Taking Care*, and she really outlines how nursing, both the historical roots as well as dispelling some of the colonization of nursing, and how nursing has been linked to female or feminine roles. And unfortunately, through history, nursing's been rather narrowly defined in terms of either race or class or sex or even cultural context.

And your point is well taken that we really do need to think about how to create a workforce that is concordant with the patients, families, and communities we serve. And that's really an important aspect of addressing disparities. Certainly, we can focus on developing competent, caring clinicians, but we also have larger structural issues within the workforce to diversify this. And certainly it would be great to see more men involved in nursing, but I think nursing at its core is about a holistic view. It's very humanistic, and I don't think any race or class or sex owns that. These are really higher humanistic drives, and I think we want to find ways to lower the barriers for all those people who want to pursue that, regardless of their sense of identity. And that's really work as a discipline that we have to do and need to undertake.

HJH:

Thank you for that, Andrew. I hope that together we really will be able to lower the barriers to diversify the nursing workforce in many of the ways in which you just suggested. I want to turn our attention to some of your personal achievements. You have been inducted into the National Academies of Practice and the American Academy of Nursing. You hold a number of leadership positions, both nationally and internationally. So, what will be your own personal mark of success related to your impact on nursing education? In other words, how would you like to see the work that you've described to us actually impact nursing education?

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AD:

Yeah, that's a big question. I appreciate the opportunity to try to unpack that a bit. I think what I strive to focus on is to really think about breaking away from this idea of being a prisoner of prior thought. So in many ways, we've trained generations of clinicians in a certain way, and they graduate, they pass their boards. And I guess the question as a discipline is, is this what success looks like? I think I would like to really push our discipline to think about what does it mean to be competent and how do we think about competency-based education? In particular, I'm really focused on how do we develop nurses with genomic competencies who can go into that workforce and bridge these widening disparities in genomic healthcare. We know that nurses are the most populous or numerous of trained healthcare professionals, more than 29 million worldwide, so equipping nurses with some of these competencies would be a tremendous step towards bridging some of those disparities and helping to reap the full benefit of genomic discovery for all people.

So I think that benchmarks, I think it's shifted for me in my career. I don't think the impact of one's career can necessarily be measured in the impact factor of the journals which we publish in, although that is an important part of scholarship. I hope that the impact is in the students and mentees who felt engaged, challenged, and inspired to pursue this noble and lofty goal of being a nurse and providing high quality care, and being person-centered in their approach to really meet the needs of individuals and families and communities. I feel like that would be the greatest legacy that I could have. And thinking about how we can share knowledge internationally to really try to raise the level of nursing and genomics, not just at my institution or regionally, but really think about how we could do that on a global level by partnering and using principles of co-creation, and empowering people to move this forward, to really improve the health and wellbeing of patients and communities.

HJH:

Well, I really look forward to watching that happen. I think it's very easy to understand how you have achieved such enormous success in your career, as well as the personal satisfaction that you have as an educator for the next generation. Your humility and eagerness to engage in thoughtful conversation must be deeply appreciated by your students, as well as by your patients. So I'm excited to learn alongside you as you push nursing education forward deeply into the genomic era. So thank you so much for talking with me today, and I look forward to seeing all that is about to unfold.

AD:

Thank you so much. Really appreciate it.

HJH:

Thank you for listening, and we hope you'll share this conversation with others. You can find this and all episodes of the Vital Voices podcast on the [Macy Foundation website](#). We hope you will subscribe to the series so that you won't miss my upcoming conversations with the 2023 Scholars.

We are now accepting applications for the [2025 cohort of Macy Faculty Scholars](#). You can learn more, and apply, via our website, www.macyfoundation.org. The application portal will close on September 15th, 2024.