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Focus On...

Rubi Alva de Hickson, DNP, ACNP-BC, CCRN, PHN

Focus On... is a Q&A style interview that highlights a member or an authoritative expert, spotlights an innovative program or explores a trend. If you have a suggestion for a person or topic we should consider as a future Focus On... subject, please email CANP at admin@canpweb.org.

With over 25 years of experience in critical care, Rubi Alva de Hickson practices as a Critical Care Nurse Practitioner for the Department of Critical Care Medicine/Anesthesia at the University of California San Francisco. A recent graduate with a Doctor of Nursing Practice degree from UCSF School of Nursing, Hickson's project focused on enhancing the political efficacy of nurse practitioners in California. The project was an extension of her ongoing efforts to amend the existing California Assembly Bill 890 (through SB 1451) that mandates that nurse practitioners misrepresent themselves in Spanish as



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Connections:

Tell us a little about your background.

Hickson:

I was born and raised in El Centro in Imperial Valley. My father was born in Mexico City and met my mother, who is also Mexican, in Washington picking strawberries. I was the very first female in my family to go to college. I come from a culture that puts family first, where education is not as important. So, while I was offered scholarships to USC, Stanford and UC Davis, my mother was scared and wanted me to go to school in the Imperial Valley or to a Christian school. Finally, I decided on Biola University, a Christian school in La Mirada, where I met the man who became my husband. I was pre-med but switched to



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Hickson:

I worked in Southern California and the Central Valley for a while, and then we moved to Connecticut, where I worked for a level 1 trauma center as a trauma nurse. There, I saw NPs in the ICU. I said, 'This is what I want to do,' and went and got my master's degree at the University of Connecticut. As an NP, I worked at UMASS, a level I trauma center in Worcester, Massachusetts. I remember it was rare to see Hispanic/Latinx nurses, and occasionally, a Spanish-speaking patient would call me "doctora." I felt uncomfortable since I had not earned a doctorate degree. In 2011, I looked up "nurse practitioner" on Google Translate, and the term was "enfermera practicante." I have been using this term since. Nine years ago, we moved back to California, and I have been working at UCSF as a critical care NP. In June, I received my DNP.

Connections:

You are active in the National Association for Hispanic Nurses (NAHN). How did that happen?

Hickson:

In the ICU, I rarely ever saw someone who looked like me. Hispanics in California are 40 percent of the population, but only 12 percent of nurses in California are Hispanic. So, when I started my DNP courses, I knew I wanted to make a difference in my community, I sought out a national organization that represented the Hispanic/Latinx nurse and joined NAHN in 2022. I am now President-Elect for San Francisco/Bay area NAHN (2024-2025), and I served as chair of the mentorship program (2023-2024). We've connected 12 Hispanic nurse mentors with 12 students. Educating



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to them about the pathway to becoming an NP. I hope to inspire the Hispanic population to further their education and advance to become nurses and NPs. Much research has found value and improved patient care outcomes with provider concordance.

Connections:

How did you get involved in establishing an accurate term for nurse practitioner in Spanish? And why is it so important?

Hickson:

It was AB 890. I was excited about AB 890. Prior to coming to California, I practiced in two states with full practice authority, and I knew the benefits and how it advanced practice. During a town hall presentation by Dr. Ivette Becerra Ortiz, Chief of Advance Practice at UCSF, I learned about the provision in the law that requires NPs to verbally notify patients that they are an NP and not physicians or surgeons. For Spanish-speaking patients, the law said we must use the term “enfermera(o) especializada(o)” or specialized nurse. But this is not the correct translation, and it doesn’t fully capture our scope of practice, responsibilities or level of education.

Using the right term will help educate NPs and patients about the role of an NP. If a Hispanic patient believes they will not be treated or evaluated by a “qualified provider,” they may opt to wait for a physician appointment. The average wait time for a physician appointment is about 26 days; in some areas, it can be up to 44 days. When medical treatment is postponed, disability, morbidity and mortality rates rise, as do costly and unnecessary visits to emergency departments. It’s worth noting that according to the



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setting, this contributed to \$82 billion dollars in
wasteful spending.

Connections:

How did that term get into the bill's original text?

Hickson:

The bill's author told me the California Latino Legislative Caucus provided the translation. I have no evidence that they talked to a Hispanic/Latinx NP. NAHN represents the Hispanic/Latinx nurses just as CANP represents California NPs. There are currently seven NAHN chapters in California, and I have spoken to each chapter, and all had the same reaction. At that point, I went to the San Francisco Bay Area Chapter of CANP, and they made me a co-legislative chair. This gave me a voice at the state level. From there, I went to the NAHN convention to get support for the need for a unified Spanish NP translation from our President, Dr. Adrianna Nava, and the legislative Chair, Dr. Grace Grau. After this conference, I developed a white paper and submitted it to NAHN, and they, in turn, wrote a position statement on the issue. I've sent it to the BRN, Attorney General's Office, CANP and the California Latino Legislative Caucus.

Connections:

What term have you proposed for "nurse practitioner" in Spanish?

Hickson:

Based on research, we have decided that the best term for nurse practitioner is "enfermera(o) practicante avanzada" depending on whether it's a male or female NP. We did not choose "enfermera practicante" because in Mexico that means "a practicing nurse," not



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practicante meaning of a practicing nurse to the nurse practitioner role. The umbrella term for advanced practice nurse provider should be “enfermera de práctica avanzada.”

I am grateful for the CANP’s support; I brought this up at Lobby Day and attended the CANP Conference in Anaheim to explain the need to change the terminology.

Connections:

What are the next steps?

Hickson:

SB 1451, if passed, will remove the verbiage in AB 890 that stipulated that NPs use the term “enfermera(o) especializada(o)” with Spanish-speaking patients. That’s an important step. I also request that CANP educate their members about the appropriate translation adopted by NAHN, for the Advance Practice Nurse/Advance Practice Registered Nurse (APN/APRN) “Enfermera (o) de Práctica Avanzada, and specific to the nurse practitioner “enfermera(o) practicante avanzada.” It is important that we nurse practitioners know our Spanish translation to prevent miscommunication with the Hispanic/Latinx community. In addition, I have submitted a literature review on the subject for NAHN to run in their Hispanic Health Care International Journal.

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