The Nurse Becoming Podcast #116 - Becoming a Dermatology NP...

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SPEAKERS

Amanda Guarniere, Susan Mayne

A Amanda Guarniere

Good. All right, so we are recording. Hi, Susan, welcome to the show.

S Susan Mayne 00:06

Thanks so much for having me.

A Amanda Guarniere

My pleasure. I'm really excited to talk to you. And I have already introduced you, you know in my introduction, but I'd love to hear in your own words, tell us a little bit about who you are and what you do, and we'll go from there.

S Susan Mayne 00:22

So my name is Susan Mayne. I'm a nurse practitioner, in dermatology with University Hospitals of Cleveland Medical Center. I also am a clinical instructor for Case Western Reserve University. And that's what I do.

A Amanda Guarniere

Awesome. And in this episode, today, we're going to dive into a little bit about your journey into dermatology. And we'll talk a little bit about the specialty itself. Before we do that, I'd love to hear a little bit about your nursing journey, kind of tell us where you started in terms of when

you went to nursing school, what your nursing career looked like, and then your pathway to becoming a nurse practitioner.

S Susan Mayne 00:45

So being an NP, this is my third profession, my life has not been boring. And I can tell you, it's rough to start at the bottom about every 10 years or so I've been very fickle in my professions, I started as a paramedic for the city of Cleveland. So that, you know, that gave me a good taste of healthcare, worked my way up to public safety, and decided I did not like politics. So got out of that got into finance, did that for 10 years did very well, but then discovered that, you know, good pay does not equal happiness. So I took a fast track through nursing school, got my BSN and an accelerated program over Kent State University in Kent, Ohio, and got a job as a staff nurse working on a step down and decided very quickly that that that was that was a bit torturous for me and I was at this at that point, I was, you know, in my late 30s, early 40s. And working night shift all the time, it was a lot of fun, because I was with young people, but I just I just don't have the stamina I used to have on nightshift. So I got into an NP program did that and got lucky enough to all through networking, to meet a colleague and a current nurse practitioner with Qh, who led me kind of have a foot in the door. And I've been doing Durham ever since.

A Amanda Guarniere

I love it. I love to hear, you know, alternative paths into our profession I had a similar is a second career for me as well. So I also kind of had a fast track into nursing and eventually into advanced practice nursing. So I love to kind of hear all the different ways that we can kind of come together in our profession. So I'm also really excited and happy to hear that through the power of networking. You landed where you are. And so I'm curious to know, you know, did you have your sights set on dermatology? Or did it kind of happen to be where you've landed and turned into what you love? What's What's the story behind that?

S Susan Mayne 01:54

It must have been divine intervention, I had no idea. You know, I think that in NP school, when you do your clinical rotations, you learn what you don't like doing more so than kind of what you like so, so I knew, you know, I knew what I didn't like, and I wasn't sure exactly what I what I wanted, and but I know my personality, again, you know, monotony sneaks up on me very quickly. So I did want something that was going to be you know, tough, but also I would have a good work life balance. So it just happened to be I was working at a bank with a a colleague of mine, his wife was an NP in DERM. And it just so happened to work out she she had she had helped me get a foot in the door at UH. And that's kind of how I ended up there. I had no idea I would love it as much as I do. And since you know since day one I have not had a boring day, that's for sure.

A Amanda Guarniere

I bet not. I'd love to hear a little bit more about kind of the your your day to day life in dermatology because I feel DERM can be pretty. I mean, it's a specialty but it can also be a

dermatology because I feel DERM can be pretty. I mean, it's a specialty but it can also be a pretty big specialty. So can you tell me more about kind of what type of patients you're seeing what type of clinic environment you're in, you know what that daily clinic life looks like for you.

S Susan Mayne 02:19

So, for your listeners, Amanda, you know, you've got to kind of think about your future you know, you're young right now you think you might want to do acute care, but you know, when you're when you're 40 or 50 that might not work out so well. So the nice thing about nursing is that we can we can move into different areas and maybe take different pathways without having to go back for you know another eight years. years of schooling. With DERM. DERM just provides everything that I was looking for, that I might not have known I was looking for. So my day, my day to day is patients every 15 minutes. DERM is very procedural based too. So I get to do the clinic, you know, the clinic stuff where you're doing skin checks, you're dealing with rashes, I don't do cosmetics, we are just, you know, I'm just clinical dermatology. So, you know, we do a lot of that, we try and figure out in their 1000s of different rashes, so it makes it kind of hard. And, really, it's all about whittling down your differential. But I also get to do a lot of procedures. So we do a lot of biopsies, we do a lot of cryotherapy, we do, you know, some cautery, some lasers, we get to do a lot of that also, and there aren't too many emergencies in dermatology. So again, I get a nice work life balance with with this career and with this specialty in particular.

A Amanda Guarniere

Yeah, for sure. My clinical background is in emergency medicine as an NP. And you know, of all the EDs that I've worked at, you know, there would be an on call list of all the providers who you know, basically on call for all the different specialties that you could need off hours. And then when I was at a level one trauma center, all those folks were were in house, and we could basically get any console anytime of day. And I will definitely say that dermatology has never has never been on the list.

S Susan Mayne 03:15

I got lucky on that front.

A Amanda Guarniere

You definitely did, I think, you know, I hear my listeners and my community is made up of a mix of nurses, aspiring NPs, new NPs and also, you know, mid career and more veteran NPs as well. And dermatology is definitely a specialty that a lot of people are are interested in, and I think hungry to learn more about what that day to day looks like. And so, you know, I appreciate you sharing that. And it does sound like the best of both worlds, especially for someone who's procedural oriented and likes that kind of that mix in your day of, you know, seeing patients talking to patients assessing but also getting to use your hands for those technical skills.

S

Susan Mayne 04:39

Yeah, it's great.

Amanda Guarniere

Now, you mentioned at the top of our episode that you also do some clinical instruction. So tell me what your your non clinical professional life looks like.

Susan Mayne 07:33

So we do, we're an academic institution. So we do a lot of lecturing. We yeah, I've done some national conferences, we do a lot for the local schools. You know, anybody who comes to us and needs, you know, even a lecture at a university, because germ is tough. And, and you could really, you could really get, you know, fall down that rabbit holes, lecturing in DERM. So, so we do a lot of lectures nationally, locally, with case the NPs and the PAs we do some lectures there. We do we do a whole great amount of stuff.

Amanda Guarniere

Yeah, that's great. I think, you know, DERM is a tough specialty. I never, never feel like I can learn enough, right, I can never see enough pictures of, of different variations of things, I can never learn enough new, kind of random and common common findings...

Susan Mayne 08:37

Me neither! Even today, I still learn something something new most days.

Amanda Guarniere

So, you know, for anyone listening who might be considering dermatology as a specialty, do you do you have any advice in terms of how they can either explore whether or not it's right for them, or get a foot in the door, if they if they know that it is?

Susan Mayne 08:59

You know, as with all things: network, network network! So get out there, get your name out there, you know, meet a lot of people, because it's true, I'm a little older. And and I know and I'm a little wiser than, than some of you, you know, 20 or young uns out there listening, but it really is who you know, so. So if you are interested in dermatology, or any other specialty for that matter, get out there, get your name out there, you know, do some networking, get some clinical rotations, if you can, I'm always happy to take anyone on clinical rotations, especially shadowing, it's just so easy, but it's more about you know, getting to know those providers and seeing a little bit about you know, what the day would look like. So network network network,

go to conferences, yes. Yeah, a lot of conferences. You know, listen to podcasts, get to know these people get to know names. Reach out to them. So yeah, you couldn't do enough networking, I think.

A Amanda Guarniere

I completely agree with you and you know a lot, one of the topics that we talk about a lot in my community is is how to find and land your dream job, especially when you know what it is. And a lot of what I talk about is, is networking and those things that go beyond just the kind of transactional, you know, sending of a resume or uploading, you know, a cover letter, whatever it is, you know, we, at the end of the day, as much as the world tries to automate things, it's the human connection, that still is what transcends all that and helps us get where we want to go. So I'm, I'm happy to hear you recommend the same thing that I recommend. So that's great. So I want to talk a little bit about, in your experience, how the field of dermatology has evolved, you know, with technology advancements, different resources and tools. And we can also talk about visual dx, which is the sponsor of today's episode, which is, you know, to tell a little story, I've been using visual dx for years, in the emergency department, it's a tool that I've always had available to me through my employer. And it has just been so incredibly helpful in building diagnoses, especially visual and skin diagnoses. So I'd love to hear from you kind of your thoughts on technology and advancements in the field.

S Susan Mayne 11:26

So we've come a long way. And I'll tell you, let me just start off by saying visual DX does not pay me to talk about them, but I love them so very dearly. Some of us were have been lucky enough in specialty to actually have gone through residency. So at University Hospitals, I was lucky enough to go through the medical residency, less the surgical part, so two years out of a three year residency. And so it is very intimidating, when you're with these, you know, enormous brains as as we are as NPs. But, you know, sometimes it's a little bit of a pushback from our physician colleagues. So I can tell you for sure, find, find that, you know, I call them the short term and the long term fixes so, so that, you know, what's so beautiful about visual dx is that you can have a conversation or be in Grand Rounds. In fact, it started with Grand Rounds, where we would have to start talking and come up with a differential talk about that, that diagnoses and visual DX just saved my butt there, in my daily life, it it really helps me when I first started when I opened a clinic, what's you know, visual DX helped me to make a very quick decision. Because when you start in clinic for for all of those entering practice, you know, you're not going to have a whole lot of help, you might be on your own, you might be panic, you will be panicking. You know, you don't want to kill anyone, but you but you need a little bit of time to figure out what you're dealing with sometimes. So I would go into a room and I would see a rash, and I would start to panic inside, I would politely tell them, I'm going to do a little more digging into their medical record, and then step out and pull up my visual DX immediately. And the beautiful thing about this as you could put in your differential, you could with dermatology and visual DX has a ton of different specialties, including, you know, er, and primary care to e and t, pulmonary cardiology, put in what you think or what you're looking at. And just kind of describe it, especially for dermatology. And it would come up with this beautiful list of differential. So it helped me very quickly whittle down a differential, so is this infectious is this inflammatory, okay? And then the information that you get on visual dx is very succinct. So I could look very quickly, it would take me a matter of minutes to come up with with something

good, okay, very quickly to not only know what I'm dealing with, but kind of get a background about it, know the codes and know the therapy know the best test to actually diagnose what I think I might be looking at, and then know the best therapies for what I'm looking at. Now later on, and that helped me get through clinic, okay, that's when I was brand new later on, then you get on to things like up to date, and where you can get lost in links for hours and hours. So if you want all of the details up to date is great. If you want a very concise and it's very updated. It's a wonderful SOP, it's wonderful software, then visual dx is what you need in clinic. And you know, prior to all of that we used to and I don't know if your listeners still do this, but you bring all these books to clinic thinking you're going to have time to use them and you just don't, you don't your day is chaotic. So you know, give yourself Give, give yourself these resources you you're you're worth it, you know spend the money to do it. It is it is worth every single hour. It's every penny of it. Another thing I use it for is currently, you know, you want to make sure that your patients are compliant. So one thing NPs are very good at is counseling. Okay, we're nurses, we're good at counseling, we're good at explaining things. And it really does help your patients to be compliant. Visual DX has really good concise patient handouts. It is what I use currently, in clinic, sometimes I even bring my computer in with me to show my patients the pictures, because you get these patients who have, you know, Googled their, what they think their diagnosis is, and then they just want to disagree with you sometimes. So sometimes you have to prove to them you know exactly what you're doing. And visual DX has helped me do that. So you can Google this stuff all day long, you are not going to get a concise and precise, you know, answer for what you think you might be dealing with. And remember that you're going to be out there, you're going to be doing your day to day. Another thing about, you know, these programs, especially visual dx is reminds me of things I don't think of, so when you're looking at a scaly rash, you know, was there recent travel, then sometimes you don't think of these infectious things that come from other countries, there are conditions that you see very rarely, that you forgot, you know, you've left it way back in residency, or during your, you know, other education. And, and that kind of, it kind of reminds you that, that maybe this could be even though it's very rare, it could be something like that. So that's when you go home, you know, you do you do your research, you take the time, and, and it really does save your lead saves your life, because you are not stuck there. You know, trying to figure out patient a patient, exactly what you're looking at.

A Amanda Guarniere

Yeah, I definitely agree with you there. And I feel like in school, you know, or at least when I graduated school, I felt like I had a pretty good handle on how to describe a rash, right? Like, I can tell you, what a macular, you know, if it's macular, is it faculty, or is it maculopapular. And I feel like if you can, you know, harness that and make sure you know how to describe what you're seeing, then that's what I would do is I would take it over to Visual dx. And I would, you know, do the differential builder and describe the rash with the different checkboxes, and then a whole library of different pictures would show up and I could scroll through and pick out Oh, that's, that's what I'm looking at. That's exactly it, or, you know, it looks kind of like this, but not like this, or add different parameters to the differential builder. And, you know, say, okay, this person hasn't travelled, or yes, they do have a fever. And it can really, really just filter and narrow down and show you a variety of different variations of the same thing, which I think is what's so challenging about dermatology, right? Like, we our textbooks are notorious for showing us everything on, you know, light skin tones. But that's not the reality of what we're seeing, right, we're seeing a whole variety of skin tones and conditions and rashes are gonna look so much different depending on who has that rash or condition.

S Susan Mayne 18:16

Exactly. And skin color is difficult, especially with rashes. But you know, you also have, you also have race and build and culture built into medicine. So it also takes that into account, you know, where African Americans are, you know, more likely to have sarcoidosis, you know, stuff like that. So Visual DX does a beautiful job, showing you telling you and having you consider all of these other things that you might not have thought of otherwise. And I remember during my clinical rotations, the one thing that really, really stopped me in my tracks, were those rashes or those lesions, you know, it just, it really was difficult because there are, there are just 1000s of different diagnoses in dermatology. It's not all acne and warts. And you know, if you could say to visual dx, listen, I don't see a vesicle. But I see scale, you've just whittled your differential down by hundreds of diagnoses. So, so and that's how we diagnose in Durham, it's all it's all differential. And it's all, you know, what does it look like? What are the characteristics of the rash?

A Amanda Guarniere

And that's something that, you know, a physical textbook doesn't have the ability to do, right. That's where we really have to be grateful to technology for, for evolving with us because really, in a textbook, unless you know what you're looking at, you're not going to find what you what you need to know, right. That's what's so different about carrying those books into clinic, like like we used to do, however many years ago.

S Susan Mayne 19:49

It's a good learning tool, too.

A Amanda Guarniere

Yes, yes, for sure. And, you know, I get questions all the time about, you know, either NP students or new NPs really wanting to know because you know, they're such sponges, wanting to soak up all the information and know, okay, what? What do I need to have at my at my disposal, you know, during the actual clinic day and you know, having those tools either on your work computer or your phone, I think are so helpful in addition to, of course, having mentors or collaborators with you, in the clinic who can, who can help you with your decision making, because as I'm sure you remember, you know, those first few months or a year is can be really challenging as we get our footing as new providers.

S Susan Mayne 20:39

Absolutely. And I'm telling you, your patients, they're they're like, they're kind of like our pets were in, they can sense when we are not confident or when we're scared. So don't let them sense that visual dx. Another thing that it did was it gave me the confidence to walk back into that room and say, here's what I really do think is going on. And here's how we're going to treat it. And I could do that confidently, because I'm telling you patients since that.

A Amanda Guarniere

Yes. Can you talk a little bit more about, you know, you mentioned before, how you would kind of get out of the room to look some things up. And I'd love to hear your approach to that conversation. So let's say you're looking at something and you're really not sure what you're looking at, you know, how do you ever say, hey, I really don't know what this is. How do you tactfully you know, involve the patient and but also be honest and let them know that you are going to consult some some other brains, whether it's a person brain or a resource brain.

S Susan Mayne 21:40

So there is the the new NP me, and then there is the, there is the current me so so right now, I've had enough experience where I can say, I could say confidently listen, I, you know, here's what I'm thinking, I think it's this or this, you know, and my options are, we could do a biopsy, and we do a lot of them in DERM, because because it is tough, we could do a biopsy, whittle it down to a, you know, a general idea of what we've got going on, or say, you know, I can say listen, I'm, I have an idea of what this is, you know, if they want me to share with with them what, what I think it is, I'll be happy to do so. But then I say, but I'm going to talk to some colleagues, because I know that multiple grains are better than just one. And I have no problem doing that. And again, I to me, that almost shows confidence, where you say I, you know, I, I'm not sure what I'm looking at most wouldn't be but if we can get this group of people together, then we can we can better figure out a treatment plan for you. And, you know, again, I have biopsy, so, so those always help out in dermatology, too.

A Amanda Guarniere

Yeah, for sure. I think, you know, as, as a prior patient, I think it's, I find it very respectful when a provider is able to say, Hey, I'm not 100% Sure, but here's what we're going to do to figure it out, or, here's, you know, I'm going to reassure you that it's not XY and Z, you know, I'm confident that it's not like threatening, or, or whatever it is. And I I find so many new providers see that as a big sign of weakness. So I like to underscore whenever possible, that it's okay to admit, when you don't know, as long as you are, you know, telling them what you do know, and also how you're going to take things to the next step,

S Susan Mayne 23:32

Right, have a plan. Have a plan, and when I first started, I would just try to very quickly escape the room. And mostly I use the excuse, I'm just going to dig a little deeper into your chart and, and pull up my visual dx, go back and know that I wasn't going to kill them by just applying topical steroids. And that would buy me a little bit of time to do some very deep research and learning and, and then bring them back very quickly and kind of go from there. So so as a new NP, you know, be humble know, that know that this is going to be it's going to be tough at first, you know, it's it's better stages of learning, you know, you move from novice and then you kind of move up, but you become more confident as time rolls on. And it you know, as as RN as being an RN, it happened that way too. You're just you're just kind of a mess when you first

start out but work with good people, good people who don't judge and and I would even pull other physicians or other NPs into the room with me and have them take a look. And we would just discuss it even in front of the patient.

A Amanda Guarniere

Yeah, yeah, for sure. And I think from the patient's perspective, like that makes you feel important and that, you know, whatever you're presenting with is is worth the time to look at, you know, I feel like we can have experiences where maybe we feel dismissed as patients or, you know, we're evaluated very quickly and we can interpret that as you know that at, you know, they don't care about us or whatever, but which may or may not be the case. But I always think that I've found that patients are actually very happy to have as many hands on deck or as many eyes on, on things as possible. So, so just reassuring our newer NPs that it's okay to ask, ask for help and is not a sign of weakness.

S Susan Mayne 25:28

Exactly. Definitely.

A Amanda Guarniere

One of the, as we wrap up, one of the final questions that I like to ask has to do with kind of what's next for you in terms of your next professional goal or something that you're hoping to achieve either soon, or within the next few years of your career? So I'd love to hear if you have any kind of big plans or goals for the future, or hopes and dreams that you'd like to share with us!

S Susan Mayne 25:56

You know, all my friends and family, they, they, they, they keep telling me so don't change your mind, again, you're just too old. But I don't think you're ever too old to change your mind about something, you know, I love DERM. And we as NPs, you know, in the irrelevant in the grand scheme of things, we are relatively new, we are a relatively new profession. It is it is a struggle, especially now in specialty, I think that I think that we've we've won the hearts of those in primary care. And I don't know Amanda what your experience is, but, but in a specialty like this, it can be a bit of a struggle, not only with our patients, but with, with our physician colleagues. So just, you know, it's either you could be that one who was just crushed by by some of the pushback, or that one who is, can be a pioneer. And that's the beautiful thing about this profession, right now we are more and more moving into specialties we are branching out. So we can be these pioneers we could, we could write that historical document, you know, there is tons of opportunity, but with that comes a lot of responsibility. So, you know, just know, continuously learn. And we know that as as RNs and as NPs, you've got to keep up with your profession, because what we knew a couple of months ago, has changed now so and it is just moving and it is moving rapidly. So stay up to date with everything. Know that you will always be a lifelong learner, it's never going to end understand data and statistics that really does help us as far as you know, your confidence, and your credibility also. And, and just

continue to network continue to learn. I if I if I had a good 30 more years in me as far as my profession goes, I would love to go back and I talk about it all the time. That's why I get some pushback from my family, go back to law school and be an advocate for nursing. Because I don't think I don't think it's out there. I would I would love to make the argument, you know, especially working impatient. We just don't have we don't have those, those cheerleaders on the side or those who are gonna say no, you can't do that. You can't do that to nurses. And enough is enough, because we have a hard time saying no, don't we, I mean, we we are very maternal in nature. You know, it is difficult for us to say no, and we want to be there to help and in doing so. I think we kind of extend ourselves a little too. too thin.

A Amanda Guarniere

Yeah, I couldn't. I couldn't agree more. Susan, it's been a delight to chat with you. Thank you so much for sharing about your story about your specialty. And I'm just very grateful to have met you. Thank you.

S Susan Mayne 28:48

Thank you so much for having me.