

The Nurse Becoming Podcast #EP. 118 - Should NPs Start in Sp...

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SPEAKERS

Amanda Guarniere, Dr. Tranise Goodlow

A Amanda Guarniere
Okay, we are recording. Dr. G, the NP, welcome to the show.

D Dr. Tranise Goodlow 00:07
Thank you so much. I really appreciate the invitation. As always, I'm humbled to be in your presence. So just thank you.

A Amanda Guarniere
Oh, you are the sweetest, I'm so excited to talk to you. In this arena. We've connected in other areas, you've been a guest speaker three times now inside the NP society sharing on a an array of cardiology topics. So I'm excited to really get to know you a little bit better and and also have my listeners get to know you as well. Fabulous. So I've already introduced you a little bit before we hit record in the introduction, but I'd love to hear in your own words, tell us a little bit about who you are and what you do.

D Dr. Tranise Goodlow 00:45
Well, my name is Tranise Goodlow, I am currently working as a full time cardiology NP. And I'm also an adjunct professor from from time to time, but my brainchild, and my baby is Dr. G the NP. My goal is to be like Amanda, meaning a full time entrepreneur, self sufficient, which is just I'm in awe every time I'm around you. I don't mean to gush, but I'm just being honest. Like, yeah, that's basically what I do right now, for the time being so.

A Amanda Guarniere

A**Amanda Guarniere**

Awesome. So I want to talk I want to like start a little bit from the beginning and hear more about your journey. Specifically, you know, how you got into nursing and registered nursing and then how that path led you to become an NP and ultimately an NP in cardiology?

D**Dr. Tranise Goodlow 01:36**

Well, I have to say, I don't have a big, grand, exciting story about how I became a nurse. I flirted with the idea of several different majors, and my mom kind of really pushed nursing. She was like, you always have a job, you have a good paying job, you'll be in demand. So I don't have to worry about anything like that. And my dad just kind of echoed whatever she said. So I did what my mother told me to do. Once I got into nursing, I'm very transparent with this story. I hated it. I do not mince words, I didn't like class. I didn't like clinicals. But I felt very lost. And you know, a lot of us are young and unsure of ourselves, and what path we should take and that sort of thing. And I guess it was good foreshadowing because for a hot minute, I was a double major for nursing and marketing. Which is quite interesting being an entrepreneur now. But I really just stuck it out because my mom said so. And I had always done what my parents told me to do. And I had been successful. So I had no reason to not trust them in this. But the truth was, I wasn't very happy and I was lost. But I kind of rationalized it away and said, Okay, well, maybe things will get better once I'm an actual nurse got on the floor. And yeah, yeah, I really wasn't enjoying myself until one night. So my first job was tele nursing. So old school med surg start and all of that. But one thing that enamored me was the tele strips. And so the tele unit was on our floor. And so there's an array of televisions and screens. And I'm like, all fascinated. And so I'd go back there at 4am. And then one day there, Telly tech, shout out to Rachel, because Rachel is her name. And we still keep in contact all these years later. And she's like, Hey, do you want to know how to read strips? And I said, Well, is that something that a nurse she didn't know how to do? She laughed. She said, nurses do not know how to read strips. I was like, Are you for real? And she's like, I'm for real. So that said, I'm a former basketball player. So that kind of kicked into high gear. And I said, Well, I'm going to be a nurse who can read strips. So she's like, come on, come sit with me. So then it was my job to read all the strips on the floor at 4am. So that's kind of was my intro. And I was very, very interested in my preceptor. She was pretty good at shifts too. So between the two of them, they kind of tag teaming and we were like, talking things out. So always kind of stayed kind of fascinated in that. And then it kind of evolved into my interest in cardiology, and undergrad, I was like everyone else tried to stay away from cardiology didn't do well actually failed the cardiology test. But anyway, um, my last job on the floor, I remember I was getting report and I was working days at that point. And the night nurse said, hey, you know, normal sinus rhythm, yada, yada, yada, whatever. And so I look up at this monitor, and I'm like, well, that doesn't look like sinus rhythm was like first degree in the bundle branch block. Now back in those days, I knew the first degree was I kind of knew what a bundle branch block was. I couldn't tell you if it was left or right. I just knew bundle branch. So Oh, I wouldn't checked on the lady. She was fine. I looked at her, her chart, her vitals her labs in the morning, like all this stuff, and her 12 lead 12 Li was like textbook sinus rhythm. And it didn't look like the monitor. So I call them internal medicine. And I said, you know, I have this lady this was going on, he basically said, I don't know called cardiology, okay, fine. Call cardiology, he's like, get another 12 We got a 12 lead it definitely different from her 12 lead. And sure enough, a first degree with a bundle branch. So he says, I'm coming up, goes up to the ladies room, physically wheels her off the unit, and I never see her again. So I was kind of like, that was odd. Then I saw him a few weeks later in the elevator and I said, Hey, what happened to that lady? You know, any other thing for a second? He's like, Oh, yeah, she had a small heart attack to catch. So those sorts of things

kept happening to me. And my nurse manager was in my ear. She's like, can you go back to school tourney's, go back to school, you should go back to school. But I always found solace, ironically, in teaching. And for me, nursing is teaching. And I think that's why I was able to continue, even though I really wasn't terribly happy. I know that sounds bad, but it's the truth. And so my husband's an engineer, and I thought about, like just getting another undergrad degree and doing engineering because I really liked math. And I said, Well, let me just try one more time. So I had an opportunity to go to the University of Arizona, and their dean, their BSN to DNP program, enrolled in one of my problems with going into nursing initially, because it wasn't my choice. So I said, Well, if I'm going to do it, I'm going to do it my way. So I know 75 to 80 80% of nurse practitioners do family practice. I don't want to do kids, I've never had that. And why did for a hot second, but then I had a bad experience. And I said, No, that's not that's not me. So I said, I'm gonna do acute care. And I'm gonna do cardiology, and my research will be in cardiology, and I did it in hypertension and African American population. But I just did things my way. So things have been better for me. I'm happy I gave it a second chance. But I still have that entrepreneurial spirit. And I still have that teaching. I think that I'm meant to teach. And I think I'm meant to inspire. So wherever that leads me, I'm on the right path. For sure.

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Amanda Guarniere

I love that. And I agree with you, I think you are meant to do both of those things. And I think you do both of those things. In you know, the the knowledge that you share with the nursing community all about your area of expertise, like it is, it is both educational and inspiring. So So definitely give yourself some credit for that for sure. And, you know, I have to wonder if you do you have a slight rebellious streak in you it because like, a few things that you said, just made me wonder because you know, you mentioned that, you know, you really went into nursing because it's what your mom told you to do. And when you decided to go to NP school, you really wanted to do it your way. And is that true? Am I on the right track?

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Dr. Tranise Goodlow 08:09

Rebellious, I would say I think that's too strong. I think I'm more of a "make me understand why it has to be this way". And if it is, then I'm okay. But if I can't get a good understanding, then I guess I rebel for lack of a better word. Yeah. But I'm always wanting to know and even starting Dr. G have to be honest, I was conflicted on it. Because you're seen as a content expert. And sometimes those words scare me. I know I'm very good at what I do. But I don't mince words, I certainly don't know everything. And I don't do this to profess to know everything because I don't I do it because I care. And I'm really tired of us in the nursing community and in the NP community not getting resources. I feel like being an NP or even a PA for that matter. You're like a second class citizen. That's something that's like an unspoken rule that people don't want to discuss. And I'm so sick and tired of it. The Institute of Medicine published a paper in 2010. And I know this is a little outdated. But they published a position paper that stated nurse practitioners give equal if not better care than physicians. So I don't understand why we are looked at subserviently Sometimes it really frustrates me. So I'm more trying to be a resource than being an expert, if that makes sense. Like I want to, I want to make sure that we have the best and I want to present my material in the best way in an understandable way. Because I want to hold someone's hand. I didn't always get my hand held. And so I just want to be what I didn't have. That's what this is all about. Be be what you didn't have.

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Amanda Guarniere

Yeah, absolutely. I think that that's a common thread at least, you know, for me and the reason why I created the platform that that I have. And that's definitely what keeps me doing what I'm doing is knowing that I'm able to reach people and help them and provide them with what they didn't have, or they don't have up until coming into my orbit. So I think that's, like file that under the right reason to do something, you know?

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Dr. Tranise Goodlow 10:26

And we all know, at least in the nursing track, cardiology is taught, but EKGs is not. I mean, let's be real. I think I'm not going to sit up here and say that every program didn't teach it because we know that's not true. I'm just saying the majority. We all know that. That's not something that was that was taught. So.

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Amanda Guarniere

Yeah, yeah, for sure. So I have a question for you. That's like a little bit of a hot topic, because, well, I guess let me back up. Let me ask this first. So I'm assuming that you once you went to NP school you graduated, you hopped right into cardiology, right? You didn't start off in another field?

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Dr. Tranise Goodlow 11:05

I just went right. Right in. Okay. Oh, and I should mention one other thing. I'm still at my first job too.

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Amanda Guarniere

Oh, I love that. I love that. That is rare, because you know, a lot of us jumped ship from that first job within the first year. I don't know what the exact statistic is. I'm sure somebody has, has studied it. But anecdotally, I can I can tell you that I have one classmate from when I graduated, graduated 10 years ago, who I know is still with the same, which I think is really rare, like 10 years with the same employer as an NP is like, you know, really, really quite rare.

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Dr. Tranise Goodlow 11:45

Where does she work?

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Amanda Guarniere

I know. Take some notes. So this is a question that maybe you get asked as well, a little bit of a hot topic. What do you think about NPs starting off in specialties?

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Dr. Tranise Goodlow 12:06

I'm the type of person I don't like. It's a good way to put this. I'll use an example. It's not nursing related. But I'm just going to, I think it hits the point that I'm trying to make. There's a statistic that what approximately 50% of people get divorced, right? Like, there's a half 5050 shot that your marriage is going to end in divorce. And my comment to that, and statistics like that is they didn't pull me. Okay, so I kind of have that same response. Everybody is different. Everybody has certain needs. Everybody has their Forte's their strengths and their weaknesses and whatnot. So I stay away from blanket statements of no one should ever or you should always or I find that very hard to believe. And I think that when you put people in boxes, you stifle them. And I think that you have to be bold enough to color outside the lines. And that's when the genius happens because you're free. And you never know what you will embark on. So personally, I disagree with that. I come from the School of Nursing that, of course, when I was a baby nurse, gosh, it's hard to believe, what 11 years ago, that was, oh, you started med surg. And I was just grateful to get a job. And you know, that sort of thing. But I never thought about starting in a specialty. But now, absolutely as an NP even more so as an NP because you have a base foundational knowledge. So um, yes, please go for it. Yes, absolutely.

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Amanda Guarniere

I couldn't agree with you more. I'm not sure if you knew my position on that before I asked. Yeah, I couldn't agree with you more. And when I'm asked that question, kind of the same thing. I don't like to make blanket absolute statements always or never? And if you are, and I think you are a great example of this, which is why I asked you the question, if you are, especially if you're really passionate about a particular field, that inspired you to become an NP or even something you fell in love with while in NP school? You know, don't let these fake rules stray you in one direction or or another, because ultimately, you know, we answer to ourselves and our own happiness and our own satisfaction. And, you know, could it be difficult to go from a specialty to working back in whatever you initially trained in? Absolutely. I've been, you know, in specialty in emergency medicine, which is, I guess, kind of a specialty for many, many years. And I only ever worked one year in primary care before going into specialty. And so would it be really hard for me to go back to primary care? Yeah. Is it? Is it possible? Sure. But, you know, I'm not going to delay doing what I really want because of that fear that it might be difficult down the line. So I'm, I kind of knew what your answer would be before I asked it, of course. But I think it's good for us to talk about because I think a lot of nurses and NPS here this message here, this fake rule that we're going to start in med surg, or you have to start in primary care or you know, hospital medicine, whatever the, you know, the analogous one is for acute care. And I just don't think that's fair, that's not fair to our own interests, hopes and dreams to be hearing that rule that somebody just made up for no good reason.

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Dr. Tranise Goodlow 15:37

Oh, Annie, you up on that roll? What about those of us who are in specialty? Suppose I woke up one day and said, I want to do renal? You know?

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Amanda Guarniere

Why the heck not like that, right? That's part of that's part of the flexibility that our education and profession gives us. The reality is, so much of our training is on the job, whether we want to believe it or not, you know, we get foundational knowledge in school. But that's how we different from physicians, we don't take you know, a several year residency to solidify a particular specialty, we get that on the job. And that's, that's okay. That's how our profession has been designed. And, you know, think about physician associates, who very rarely specialized in school, unless they've done a particular you know, surgery, intense surgery program, like they have that flexibility to their, their title isn't even specialized, a bit like why like ours, like ours is. So I, you know, I think that we should give ourselves permission to follow our interests and not let you know, not let like, fear of how we're perceived fear of failure, like all of that, our thoughts about what we're capable of is a whole different, a whole different beast. But, you know, what I like to tell people is if it's what you want to do, and you're interested in it, go for it, why why not.

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Dr. Tranise Goodlow 17:05

And I will say, that was one of the beauties of me working as a nurse, and then going back to school, because I knew what I wanted, I knew I was going to do hypertension, I remember it when I was trying to get a DNP chair, and somebody wasn't working out, she was trying to force me to do my project on afib. And I tried, but I was like, I'm just not interested in a fib, like that. And it's so much easier when you follow the natural pathway of the way you think and your interest. Because when it gets tough, it's like, but I'm passionate about this. And that passion can keep you going and keep you focused and keep you motivated and keep you hungry, you know. So and that's what I meant about doing things the second time around on my terms, and Dr. G as part of that doing it on my terms.

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Amanda Guarniere

So tell me more about that. What was this a decision that you made a very intentional decision to start this platform? Did you fall into it accidentally, like tell me more about the birth of Dr. G the NP, you know, the platform?

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Dr. Tranise Goodlow 18:03

Now this is interesting. Good. My nursing story wasn't that great. Dr. G, it happened very organically. So I became an adjunct professor. And that was twofold. One again, I think one of my purposes is to teach and I was interested in teaching. And so twofold. My job and true to date, unfortunately, doesn't pay that great. So I was looking to supplement my income, but then do something I like doing, started teaching, absolutely adored, the students love them. But then I'm like, why are we Why do I have to teach this? Like, I wasn't understanding. So is it a regulated regulatory thing, which I mean, obviously, I understand regulations. But if you're supposed to enrich someone and prepare them for this journey that they're going to embark on, it seems like there's some holes, and there's some gaps that are missing. And so I saw those gaps, being an educator, one, and then to being a practicing provider, I saw where things were missing. So it was funny, I joined this Facebook group, and it was for new NPs. And I'm like, okay, great. And at the time, I had been an NP for two years. I'm like, okay, great. There's

gonna be some people in there that can, like, help me and all that. And so I get in the group and I'm like, the oldest person in there. It's like people six weeks, eight months, and I'm like, geez, we started randomly talking. And then they were asking about hypertension. And and I just kind of went on an impromptu rant. Hypertension, not intended at all. And they're like, oh, okay, that's good. They're like, what else do you know? I said, I know cholesterol. So they're like, Okay, well, can you come back in a couple of weeks and do cholesterol. So I made like a little, I didn't make a full lecture, I just had some notes jotted on what I wanted to talk about. And so they made like a little flyer and they circulated it and you know, people came and I taught on cholesterols. And I was thinking like, this might be something. This might be something so that was kind of like how Dr. G and officially got started. And then like, what else? Can you teach him? Like I can do EKGs. And what you can do EKGs I'm like, yeah. So then it just kind of evolved. And so I did that lecture in March of 21. And I opened Dr. G in June of 21. Nice. And so that's, that's how it just naturally evolved.

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Amanda Guarniere

So congratulations are in order. You just recently we're recording this in July, by the way. You just recently celebrated your one year business anniversary. Yes, I did. Thank you. So wonderful. I hope you I hope you did something to celebrate that or like, remember the month because when it comes around every year, you know, you'll have some feels about it.

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Dr. Tranise Goodlow 20:44

I will admit a full transparency I've been kind of in the trenches, we're going through a lot of changes right now. And it's been scary and exciting and frustrating and have it's been a lot of different emotions. But one thing I will say is I'm highly committed. And I promise myself, no matter what adversity I face, I'm going to keep putting one foot in front of the other and keep going no matter what.

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Amanda Guarniere

Yes, I, I see that. I see that for you, for sure. So you are still working full time as an NP. You have your business. You are a mom. Yes, that's correct. So tell me a little bit about how you balance it all. Like where does all like how do you fit it all in?

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Dr. Tranise Goodlow 21:29

You know, full transparency? I don't I don't know if I do fit it all in, right. I mean, I, I try to do the best that I can. I will say this when I was in grad school, a lot of people don't know this about me. So this is crazy and looking back on. And I'm like, What was I thinking, but I'm like my husband went along with it. So you know, maybe he's crazy to my last year of grad school. So I was a nurse educator full time. I was in my DNP program full time full blown working on my dissertation. We had a small business, believe it or not, Wow, we had a small business, we had an alcoholic catering company. So we make cocktails and do events. Oh, that's really we did that. Of course, I was part time. But it was a lot of work. We had an office suite, we had a liquor licenses, it was insurance, like it was the whole deal. We already had our oldest son, and I was

pregnant with our middle son. And so I literally had all that going on. I defended my dissertation, like second, second or third week of November. And then I had him it was induced on December 1, it was more on December 1. And then two weeks later, I flew out to graduation. And I got an award for my research, which I'm so proud of I had to bet Most Outstanding Dissertation in a vulnerable population. So that whole month period was like, full of preparation and the culmination and then like bringing new life into the world. And then just crazy. And so people ask me all the time, how did you do that? And I said, you know, I'm very good at compartmentalizing. And I still think that's true. Because what in whatever I'm doing, I'm very present. And particularly with my kids, I'm very, very like, like, I mean, I will say I'm the disciplinary of the two of us. But when we're joking and having fun, you know, I'm I'm with them wholeheartedly. And I'm not thinking about anything else. I'm also talking to my mom, last week, I was telling her, I said, by far and also on this to a friend by far, unequivocally and Amanda, I don't know if you can echo this or not. Because I mean, you're a mom and you've, you're amazing in your own right, we can go on and on about your accomplishments. But I'd be curious to know from you, I feel like being an entrepreneur is literally the hardest thing that I have ever attempted to do even more so than motherhood. And I'm not saying motherhood is easy, it's not. But I feel like with motherhood, I personally with my kids, I'm always getting this affection back like this confirmation back like I'm getting, like I'm seeing I'm seeing them evolve. I'm seeing them grow. I'm getting. And you don't always see that in business. So yeah, for me, the business has by far been the hardest.

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Amanda Guarniere

Yeah, you know that I think that's a really good point. And particularly online business, you know, where we're both really online digital creators and educators and yeah, it can be it can be a little bit lonely, for sure. And also, yeah, it it can take a while and the reciprocation looks different than the immediate gratification of, you know, affection from a child. And, you know, I think the other thing too, is that this is the only thing that I do in my life where I'm, I'm the decision maker, and I can do whatever I want in my business. Right and which is great and also ridiculously terrifying. Yeah. So there's like the His level of self trust that has to be cultivated, that really has taken a long time for me to get comfortable with. And even still, that's my biggest challenges. Okay, what's the next right thing here? At least, when it comes to parenting? You know, I have a, I have a partner, I have a husband. So we're doing a lot of those things together. And I can always, you know, ask my mom or, you know, so rods in my life, like, hey, when you went through this, how did you? How did you get through it? Like, there's more of a village? I think, right. In, in parenting? And in entrepreneurship. Yeah, it's really, it's really tough. And sometimes, you know, you have to be intentional and create that village and connect with other business owners who have either been there before or are going through it, because sometimes you just need to, you just need a sounding board to figure out okay, am I am I doing the right thing here?

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Dr. Tranise Goodlow 25:54

Right. Another thing I was telling my friend the other night, we were chatting, and I said, you know, she, when I made that statement that this is the hardest thing I've ever done. And she paused for a second, and she's like, harder than a doctorate. And I was like, Yes, only for one reason. The doctor had an end date, it was do, this, this this. And again, not minimalizing, the journey, it was hard. The assignments were hard, it was high level thinking, but it was like, you

could check a box and say, Okay, I'm this much closer, and you can see the light. Whereas business doesn't always work like that. And as you said, not having a sounding board all the time. It's just it. Like I said, by far the hardest thing that I've ever, ever done, hands down.

A Amanda Guarniere

Yeah. Well, I don't have my doctorate. Maybe I will at some point. And if I, if I too, will revisit this conversation.

D Dr. Tranise Goodlow 26:47

I will hold you to that.

A Amanda Guarniere

I know I keep kind of like I've said this on previous interviews in previous episodes, too. Like, every once in a while it comes into my head, you know, should I go back for you know, I would have the choice of different doctorates, right? I do a DNP, I could do in ed d, I could, you know, I just don't know it doesn't, I don't yet have a very strong feeling either way. So that's why I haven't made a decision about it.

D Dr. Tranise Goodlow 27:20

I will mention for me getting the doctorate, and I know this sounds bad, but I'm all about transparency. For me, I felt a little desperate. I was a floor nurse, I was miserable. I felt like something had to change. I needed a drastic change. I did have the opportunity to get a masters instead of a doctorate. But I knew that being in a highly saturated market, I needed to stand out. And it's funny when I got interviewed for the job, you know, obviously I got the job. And I went back and actually cardiologist I said, Why did you hire me? Why did the panel hire me? And what a corporate harming a answered it with one question. He said, Because you had a doctorate? I said, really? He said, Yeah. You said, nurse practitioners have to have a Master's, you chose to get a doctorate. That means you will always choose to go above and beyond. He told me flat out you had the job. As soon as you walked in, it was just a matter of you not saying anything that was just so far out or just so strange. Like no, no, he was like we had every intention on hiring before you even showed up.

A Amanda Guarniere

That's awesome. So well, if and when I ever get my doctorate, you and I are going to both be Dr. G. Oh, yeah. So you better trade trademark, Dr. G. DNP. So I don't come on. I would never, I'm really joking. Okay, tell us more, tell my listeners more about your platform, like give an overview of the types of things you teach how people learn from you, and how they can connect with you like right after this episode when they when they want to learn more from you.

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Dr. Tranise Goodlow 28:58

So right now, the majority of what I do is hypertension management, cholesterol management, and I have six different EKG courses, which are my babies, and I'm very, very proud of my goal is for all nurse practitioners who get an EKG handed to them and their stomach doesn't sink. That's what I want. Okay. It's not a matter of again, you don't need to know everything. But I want you to have a systematic way to look at something without being overwhelmed, and then making the decision does this need to get escalated or not? So that's the way I think of things. So again, looks like the bulk of my eight courses. Right now, I've been flirting with doing heart failure. But of course that's so involved. Maybe if I just sit and get some quiet time, maybe. But the next thing I'm hoping to come out with this fall is called my high performing NP. Course and I'm hoping to make it right now we're thinking of doing like a three week course that we meet once a week and it would be recorded to for those who couldn't go live And it's taking you through a real case study, multiple EKGs diagnostics labs, like if this walked into your clinic, what would you do? If it? How would your management change if the person's heart rate was tachycardic versus bradycardic, like, kind of going ins and outs and actually talking about these things, and in in a safe environment, because I want people to know, you know, it's all about being safe. I, I want you to feel welcomed, I want you to feel loved. I want you to feel empowered, I want you to feel confident, I want you to feel motivated, I want you to feel inspired, like, I just want you I tell him, I tell my clients all the time. They're like, Why do you think I can do this, like, I'm telling you, I'm coming to you telling you, I cannot read the EKG. And you're always like, yeah, you can do it, you can do it. I said, this is what you have to understand. You have nothing to prove to me, you at least have a master's if not a doctorate, you are an educated capable person, there's a difference between being not capable and not being shown. You are simply not sure shown how to do it. Just because you weren't shown that something doesn't mean that you can't learn, I'm just here to help you learn. Then same thing with hypertensive management and cholesterol management. There's a lot of cool medicines out there that people aren't aware of, or they're intimidated by shout out to the PCs, K nine inhibitors love those. And then we have our new inclisiran out on the market, which are waiting up the clinical data won't be out till 2026. But I digress. The point being is any person who I come in contact with any nurse I come in contact with, we are amazing, we have more education than most people have the privilege of even, like dreaming of. So you're capable, I just want to be a guide and point you in that direction. So that's really what I do. So I would the EKGs I take you from you know, basic, normal rhythm giving you a systematic manner, systematic way to break it down. And then the remainder of the course is build on that. So I'm showing you what an incomplete right bundle is what a complete right bundle is the two morphologies I'm showing you for secular blocks, I'm showing you LBh, I'm showing you ischemia patterns. That's just kind of a little bit I'm showing you old heart attacks I'm showing you is that old heart attack versus poor pre quarter our way progression, and how to identify those things, making you a rock star, because number one cause of LBh is hypertension. So if the patient has LVH voltage, they likely have hypertension. secondary reason would be aortic stenosis. So now you need to listen for a murmur at the right systolic right? Right sternal border for a systolic murmur. Excuse me. So anyway, the point being is I just want to give the tools so you can fly. We all deserve the fly. As far as how to contact me, Amanda, you know, I'm super easy. Like she's still up. I can be reached on several platforms, I am on Instagram at Dr. G, the np.com. And just Dr. G the NP. On Instagram, I have my facebook page at Dr. G and you know, spaced out regularly. At my Facebook group, my Dr. G, the NP Group Guidance for EKGs for nurses and nurse practitioners, that group has almost 8000 people in it. Let's see my email

address is contact at Dr. G the np.com. And then I do a live every Friday, once a month I break down the EKG from start to finish. And then the other Fridays, I do a 15 Minute Friday where I pick a topic and we just you know, we just chat about it and you know, see what's going on.

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Amanda Guarniere

I love it, you are so generous with your time and with your resources. I just recently joined your Facebook group finally. So I'm excited to be a member of that. And you know, of course we've been connected on Instagram for a while, I will make sure that all these links are in the show notes where you're listening. So you can just kind of tap where you're listening and click on whichever link suits you to connect with Dr. G because I can't think of anyone who doesn't need to learn more about the topics that you teach. It's just you know, it's specialized, but so incredibly relevant to all of us like there's who who isn't touching Cardiology in in some way shape or form right like it's just It spans so many other specialties and it's so important and we can't avoid it right if you are the avoidant type I'm talking to you like you can't escape it. Let's address it head on and really really improve your, your skills because you You are so kind and non intimidating when you do Each, which I think is a big, a big reason why your students are happy and successful is because you break it down so that it's not scary. And like you said, you know, I forget how you just phrased it right now, but like, we don't have anything to prove to you.

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Dr. Tranise Goodlow 35:19

You know, my secret is, I come from a family of teachers. Everybody in my family is an educator, principal, whatever. And I guess I'm the black sheep who didn't go into formal education, like an education degree, so to speak. But my job is, and I think of it as with both patients to like, my job is to be a translator, I need to be able to convey things in a very, very simple manner. I remember one day, our lead medical assistant who is fantastic. He's like, Hey, Dr. G, real quick. This lady has new cardiomyopathy, but I'm struggling on how to explain it to her. Because the cardiologist put some wordy thing to tell her and it was kind of like that wasn't going to jive. So he was like, How do I explain cardiomyopathy? I said, Okay, I got you, I got you. Just tell her this. Tell her that she her heart is a little bit weak. And the medicines we want to put her on, make the heart stronger. So she won't have a problem later. Just real simple. That way, you're not scaring her but you're also being honest and transparent and understanding you need to follow up so that it doesn't get worse. He was like, I liked that cardiomyopathy, weak heart. And I said, I took it a step further. And I said, Okay, well think of it like this. You have ischemic cardiomyopathy, non ischemic, dilated, hypertrophic. So all of those are the reasons why the person has a weak heart. And he was like, oh, okay, I see. And so I tried to think, How can I explain things and even with my business, I tried to put it in the manner that my seven year old can understand because there's no need to use big fancy words. I personally get a little confused when people start getting all wordy. I'm like, This is what it means. Yeah! Right, let's just move on. So yeah.

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Amanda Guarniere

Well, I have one final question that I've been asking my guests recently. And the question is, do you have any big dreams or big goals that you want to share? It can be, you know, something related to your work, it can be something not related. But I really think that when we speak out

those dreams out loud, it really dramatically increases the chances of those things actually happening. So this is your opportunity to speak something big and great into existence.

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Dr. Tranise Goodlow 37:37

Oh wow. Caught me off guard, Um, I would say my ultimate goal, and I'm sure someone said this before, so I guess this isn't very unique, but it's very honest. I want to be free. I want my time I want my energy I want I want to own whatever I produce your Creator put out. I really feel like a slave to the system right now. I'm so exhausted, I get in bed at 2am my husband's like, what are you doing? And I'm like, I gotta keep going. I'm I'm not happy with the current structure of my job. I'm very transparent about that. There are certain things that they won't give me. And I'm like, I deserve better. I know, I deserve better. I give this my all. I absolutely adore the patients like, adore them. So it's an honor and a privilege to be a part of people's lives and impact them in a meaningful manner. And they look for you and a lady. Today she's like, Hey, thank you so much. I said, I know I put you on a weird dosing. She's like, it worked. You did it. She's like, I sing your praises to the rooftop. No one else believes it, but you did. It's amazing what you can do if you listen. But I would say I'm looking to be free. And that's why I gush over you Amanda, because I feel like you are free. And you are what I want to be so I want to be free.

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Amanda Guarniere

Well, I I feel that. You know, that's, yep, we are we are similar in that respect. So that's definitely, yeah, I'm with him on that for sure. Dr. G. Tranise, this has been so wonderful i i value and love all the time that we get to chat. And I think sharing it with a wider audience makes it that much more special and exciting. So thank you so much for spending the time.

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Dr. Tranise Goodlow 39:42

Anytime always. Like I said, I always tell people if you want me back, I invite myself back. But like I said, anytime I'm in your presence, it's a learning opportunity for me. I personally believe in the saying never be this one. Just person in the room. And that's why I'm always inquiring about what you have going on and what you're doing and just seeing you it's just been just an honor. I mean, I'm just like, everybody knows you're the real deal. And the thing is you do it with such care. You're just just such a warm, inviting person, use very infectious. And so it's really an honor and a privilege to call you a colleague and certainly a business role model for all of us. That's for sure.

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Amanda Guarniere

Well, thank you for that. All right, everyone, I hope you've enjoyed our episode today. Don't forget to give Dr. G a follow over on Instagram @drgthenp. And I will catch you on another episode soon.