

Nurse Becoming Ep.079 - Another New Grad NP Roundtable!

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SPEAKERS

Alyssa Wong, Amanda Guarniere, Shelby Pope, Allie Norris-Fag, Mona Blackwell

A Amanda Guarniere 00:00

All right. The gang's all here. Wonderful. So everybody, welcome to our new grad NP panel discussion. I wanted to include this as part of the conference because I know that we have a fair number of new providers as attendees. And I wanted to really feature some voices in real experiences, some from from some new grads themselves, because I'm no longer qualified to, to really speak from personal experience on the topic, so So basically, the the format of the session, how it will work is I will, first of all, have everyone introduce themselves, one by one, and then I have some general questions that will just kick off and start a discussion with and and so we have four attendees with us. Today we have Alyssa Wong, we have Mona Blackwell, Allie Norris-Fagg and Shelby Pope, who I am very excited to introduce to you. So I'll kind of call on you one by one. And if you can introduce yourself to the audience and tell us who you are, when you graduated from school, your NP specialty, and your current position or your current kind of trajectory on your new grad journey. That would be great. And Alyssa, you're on the top of my screen. So we'll start with you.

A Alyssa Wong 00:48

Sounds good. Hi, my name is Alyssa. I graduated in May of 2020 with my DNP so I went straight through and did my FMP the DNP. So I got my FNP. And I work for a federally qualified health center in Fairfax, Virginia, who actually- my office is in Alexandria, outside of Washington, DC.

A Amanda Guarniere 00:59

Wonderful. Thanks, Alyssa. Allie, would you like to introduce yourself?

A Allie Norris-Fag 01:01

Hi, so I'm Allie. I am live in Indiana. I graduated in May of this year with my family nurse practitioner. And I'm currently working in hematology oncology going on three months, so it's exciting and hard and all things.

A Amanda Guarniere 01:10

You're right in the thick of that new of that new time period. So I'm sure we'll hear more about how things are going. Shelby, will you introduce yourself, please?

S Shelby Pope 02:26

Hello, everyone. I'm Shelby, can you hear me? Okay? Yes. I just graduated in May of this year with my DNP as well. And I'm a family nurse practitioner in rural Oklahoma. And her fall. Going on three months just like Allie wonderful. Awesome. And Mona.

M Mona Blackwell 02:48

Hello, everyone. I'm Mona. I am graduated from Chamberlain College of Nursing in June of this year. I live in Lawrenceville, Georgia. And I currently work at a clinic, geriatric clinic as a team nurse as of yesterday, but I'll be transitioned into an MP role on Monday. Yeah, and I'm excited.

A Amanda Guarniere 03:14

Awesome. Welcome. I asked Mona to participate. You know, when I first asked when I said Well, I'm not really I won't have started my NP job yet. And I thought this would actually be a really great opportunity. And Mona was willing to share about kind of being right on the cusp of of that first day. So happy to have you, and happy to have everybody. So the first question that I have. I would love to know how everyone found their positions. How did you choose the position that you're in? And how long did it take and if whoever feels comfortable going first just wants to go ahead. We can do it that way so that I don't have to call in everyone.

A Allie Norris-Fag 03:58

So I the hospital, I worked for HCA. I use their tuition reimbursement. And so when I was when I was getting close to graduation, I was kind of concerned that I would have to pay that back because there weren't really any open positions available. But I talked to our physician recruiter and just said, Hey, I'm getting ready to graduate I'm interested in primary care, but you know, I'm open to anything. So you know, I gave her my resume all that they didn't have any primary care availability at that time. But it turns out that the there were two MDS at the hematology oncology area and one of them was moving and they've had nurse practitioners before and so they were looking for another one and I've worked with the physician before not like super close but you know, I really liked him and felt like you'd be a good fit. And so I you know, I interviewed just To see what their expert expectations were and whatnot. And even though that was not my background whatsoever, I decided it would be a really good experience to at least get my foot in the door and get some experience. And that's how I ended up there.

A

Amanda Guarniere 05:04

Awesome, who, who would like to go next?

S

Shelby Pope 05:06

I'll go next. So I, it's a little different. So my nurse practitioner school was a traditional brick and mortar school that actually organized all of our clinical experiences for us, so we didn't have to do it. I didn't love that, because I know a lot of PhDs and nurse practitioners that have acquired employment through their clinical experiences. So I actually just went to that my director of nursing and was like, Hey, can I handle my own clinicals and she allowed it so I kind of set like a radius to where I live, because I knew my husband, I live on 20 acres in rural Oklahoma, and I knew I would not want to commute for long drives in order to work as a nurse practitioner. So the closest clinic to my house is like five minutes. And it just, it was kind of lucky. Honestly, the clinic is part of the large health system that I've worked for the entire time I've been a nurse. So I went there and the nurse practitioner that works there currently was actually my nurse practitioner, and she saw my family I was like, Hey, can I do some clinical hours with you and she was willing, and I ended up doing I think, like 700 of my clinical hours there at that clinic and then they happen to offer me a position my second year of school and then held that position for a year for me to start so a lot of luck I think a lot of luck for sure. But and that's where I am now and roll Oklahoma.

A

Amanda Guarniere 06:26

That's awesome. Thanks Shelby. and I think you know, the the point that I if for anyone who's a student and you know, sometimes we oftentimes we say it's kind of a bummer to have to arrange your own clinical sites, I think Shelby your example is is really a good example of how having control over your clinical sites can potentially really work in your favor in the long run. So you know, if you're in a program and you're you're bummed about having to find clinical sites, you know, reframing that into you know, the type of opportunity where you can have some control over the potential outcome I think is really, really helpful. So who would like to go next?

A

Alyssa Wong 07:26

Okay, so I worked actually in real estate finance before I went to nursing school. So I kind of did a lot of networking in my previous career, which I think has been helpful to me. So I really wanted to work for this organization. I they that you know, the it's kind of the population that I really like working with and I thought it'd be a great place to learn and I emailed the recruiter once before and didn't hear anything back and happened to email her again. So I graduated in May of 2020. But just because of COVID and whatnot you know, I worked a three month stint it like kind of a uneven not to NP job and then I was kind of looking back in February so I've been at my job for like six months now. And she and so it happened that she was out of town and they got bumped up to like the main recruiter and she bumped it up to the medical director my resume and one of my friends from school who's like in it and then nurse manager role and was like the medical director asked her about me and because you know we were friends she got

back to her right away I had a nice conversation and then I actually started out working in vaccine clinic so for like four or five months I just did COVID vaccine and then I transitioned over to seeing patients in the summer so all that to say that you know I went in kind of not knowing how long I was going to be in vaccines which was a little bit nerve wracking to me but thought that I would take the chance because I wanted to be here but also you know some amount of persistence because just emailing the HR person back and some amount of kind of like who I knew combination of things ended me up here

A Amanda Guarniere 09:15

Love it. I love stories like that that are you know, not like I saw this job online I applied I had an interview and I got it you know, like there's there's so much more dimension to it. And I think that's a really good example. Mona, tell us about your journey in finding your job.

M Mona Blackwell 09:33

Yeah, sure. So five years ago, I was doing some traveling as a travel critical care nurse. For after a while, I decided that I was like, Okay, I really need to think about what I want to do next and what is what is going to be my next step. So I definitely want it to go on to pursue my f NP, and I knew that I didn't want to continue to travel. So I was looking for a job. And apparently I found, I stumbled to this current clinic where I am. It was fairly new, open, it opened up, I applied and I got the job as a team nurse. A year later, when I was able to settle and I was comfortable with the, with my ra decided to apply for my MP. I enjoy working at that clinic, it's there. It's a little bit different from fee for service as a traditional family nurse, but I mean, traditional medicine. Their model is value based model, we only see 65 and older patients, typically geriatric. And we try to basically treat the patient as a whole and not as a number. And I really fell in love with their model. At that time, didn't have any MP, it was mostly providers. And I was talking to the practice medical director there and told them that I was thinking about going to an MP school and I was hoping maybe if there was an opportunity for them to hire MPs in the future. And it was like, well, we don't know yet. But go ahead and, you know, finish up your schooling. Hopefully by the time you're done, maybe we'll have something and in in eventually, when I was when I completed my FMP, I was offered a position there. During my clinical rotation, I wanted to see what is it look like working as a traditional clinics, I just didn't want to be seeing 20-25 patients a day. Having that busy schedule our schedule a little bit more organized. Typically, nurse practitioners there will be seeing lower acuity patients. Since we'll talk about it more I know I'm going talking about more if I'm giving more information than I should have. But yeah, that was my journey. That's how I found this this job. And it's like 15 minutes from my house. And that was a plus.

A Amanda Guarniere 12:28

Yeah, that's that's definitely a big a big bonus. For sure. That's, that's wonderful. So I think, you know, my next question is really to ask what everyone is struggling with. At this moment, I think that it's important to kind of normalize that there are difficult periods of practice of life. And I think particularly for for new grad MPs, I know that you can certainly feel that struggle. So I would love to know if whoever is willing to share kind of what's what's hard right now? Yeah, we'll just keep it at that to start! What's hard right now?

A

Alyssa Wong 13:08

So I'll go first... Staying getting my day done in a timely fashion. I, you know, world I know, we'll talk about this later. I mean, I do have something of a ramp up. But I've pretty complex patients, a lot of you know, and, and a new patient visit, they have so many problems. And you know, it's not it's not nothing simple. And so really just trying to get everything that they need done in, you know, in a timely manner and still in any way stay on my schedule has been very challenging for me.

A

Amanda Guarniere 13:45

Is it more so the charting or more so that actual patient visit?

A

Alyssa Wong 13:51

Oh, I don't even chart at work. I go home, I still have to chart from yesterday. No, just a piece of music. So if you see if you add that in, then I'm totally not.

A

Amanda Guarniere 14:03

Well, at least you can laugh about it right. And it's not forever, okay, that this day is does not last forever. For sure.

S

Shelby Pope 14:12

Clinical confidence for me, for sure. I'm always afraid I'm missing something. So I am very mindful of the fact that I over order, I over order a lot of diagnostics. It's a problem. I come into so many results in my inbox every single morning, it's a lot to come through with a lot of unnecessary. And I'm starting even just two and a half months and I'm realizing like, oh, all these are normal. All of these are normal, all of these normal. I will say I've caught a couple different cancer diagnosis by doing this so and i i just actually last week I had a patient who was supposed to be a virtual visit for a cough, but she was post c section like four or five days prior to that and I had a bad feeling so always Trust your nurse instincts. So I had her come to clinic because I just was like, something doesn't feel right about this. And she was complaining of swelling and her check her blood pressure there in her car because she had a cough, so we can't see her in clinic. And it was 193 over 103. So she had postpartum preeclampsia. And I totally would have missed it had I not been so scared of everything. So it's, it's kind of a catch 22!

A

Amanda Guarniere 15:22

A blessing and a curse! It's good. Because, you know, you're kind of like, starting with, okay, this is my very, very wide net for everything. But you're learning from it, right? And you will learn to kind of connect the dots, okay? You know, my gut was right, or these results really

aligned with the physical exam and the history and and over time, you will, you know, have more, be able to be more prudent with your, with your ordering once you get the feedback from actually doing it yourself. And that's how we figure out our own our own style. And our own special sauce is like we have to actually, it's one thing to learn about it. But we have to actually do it, and get that feedback before we can really feel more comfortable. So thank you for sharing.

A

Allie Norris-Fag 16:12

I definitely agree with the clinical confidence. I think that's the main thing. I missed the confidence that I had as a nurse, because you know, that level, I was like, Well, why don't why aren't they ordering this medicine or this test? And now that it's coming from me, I'm like, Oh, yeah, what if they have this side effect? Or what if this isn't correct? So I and whenever I graduated, I thought I knew anemia, like sure I'll be fine. And hematology the oncology part will be hard. But God, there's so much more to it, like in depth to it. So it's just definitely like, there's just so many guidelines, which is a good thing to be able to follow that. But I'm constantly asking myself, like, did I check everything that I needed to check? Like, am I missing anything? It's just it every day, I'm like, mentally exhausted. I don't have the physical exhaustion that I did as a nurse. So it's, it's just weird being the decision maker now. And you're just kind of just constantly second guessing myself.

A

Amanda Guarniere 17:13

Yeah. And those decisions take a lot of energy. You know, like, if you've never before experienced decision fatigue, I mean, be a new grad NP, right, or be an NP at all. Really, it just gets kind of you have different coping mechanisms, and you kind of know what you need throughout your day to energize you through. But But yeah, I think, you know, probably everyone who's attending now has been in that state of, I just can't make another darn decision, because I'm just so so depleted. So I think that's, that's really relatable and, and the goal isn't necessarily to avoid that completely, but to kind of manage expectations and figure out how to make the how to how to work around that a little bit and, and put things in place so that maybe you don't have to do make so many decisions at the end of your, at the end of your work day. For sure.

A

Allie Norris-Fag 18:13

I tell my husband, don't ask me what's for dinner? Because I can't make that decision.

A

Amanda Guarniere 18:16

Yeah, yeah. I mean, yeah, I feel that for sure. For sure. Mona, I know you haven't started yet, but I'm sure that you can still. Maybe tell us something that that you're struggling with now as you prepare to start?

M

Mona Blackwell 18:33

From Blackwell 19:33

Yeah, sure, I think I feel like I may be maybe struggling with taking my nurses hat off. And putting my, my new, you know, NP hat on, my situation is going to be a little bit different, because I will be working with the same team. And the same team knew me as a registered nurse or a team nurse, and now they will be making, you know, higher level decision. So thank you, maybe a little bit of confusion there.

A

Amanda Guarniere 19:04

Yeah, yeah, for sure. And, and expecting that, you know, expecting that to happen, I think is a good is a good place to be. And, and also, you kind of hit on a good point, like you're, you're working with your same team. So one day, they see you as one role, and the next day, they're gonna see you as a different role. So you may have to, you may have to work a little bit harder to to make your role clear to your to your colleagues. I think you're smart to anticipate that that will be a little bit of a challenge. For sure.

S

Shelby Pope 19:42

Can I add one thing to that, Amanda? I think another struggle I'm experiencing I'd never worked with medical assistants before I had worked. I actually take the back I had worked with one in an urgent care setting through grad school, but it was completely different dynamics and delegate In Urgent Care compared to primary care, that's definitely a struggle for me, because it's who do they answer to? How do I kind of communicate with them? How do I get them to do what I need them to do? And how do we work on the same level, it's there's a lot of dynamics with that. So that's, that's another thing, if you're transitioning from, like an acute care setting or urgent care setting into a primary care specialty, just learning the different flow. And also being a new grad is challenging. There's just so many layers, right? But so, yeah, I'm working through that with my mentor, actually.

A

Amanda Guarniere 20:33

Yeah, for sure. Yeah. Because, you know, if you are... So yeah, if you're working with medical assistants, you're delegating, and you're leading. Because, you know, you're even if you're not their direct supervisor, you're still you're still leading them. And so it's like, how do I confidently lead them, when I may not know what the heck I'm doing? myself, you know, like, if I'm, if I'm already lacking confidence in general, like, Is that going to come across, and I think that, you know, as you as you learn the different styles of the medical assistants, and you learn kind of what parts of your communication are more effective than others, and just being sure to communicate your appreciation and make sure that they know that, that you're relying on them, you know, that they're, they're integral to, you know, everybody's success, you know, hyping them up a little bit can be a really good strategy to, to really, to have them on your team, you know, you know, thanking them, you know, you made my day so much easier by having all my patients roomed on time, just like little things like that, I think can go a long way. And kind of recognizing that, yes, while you're technically you know, above them in the hierarchy of your, your practice, like this is their job to, and they probably want to do a good job and feel valued and love their jobs. So I think that's really great point. Any other thoughts on, on struggles? Let's move on to talking a little bit about orientation. This is definitely a question that you all probably had before you were job searching. And I know a lot of students

have about kind of like, What does orientation look like typically? So I'd love to hear specifically about all of your orientations. And, you know, did you feel it was enough time did you have a particular schedule?

S Shelby Pope 22:39

I think, if I can go first, sorry, guys, I think I'm a little bit of an anomaly because my clinical site, I served like 600-700 hours there. So had I not done that I'm sure I probably would have had like, a, my ramp up period orientation probably would have looked much different. So the first couple of days were very much about like the logistics of becoming a mid level provider. Within my health system, just like handling EHR stuff, just getting appropriate licenses for like dragon and putting in my autotext in my templates in the computer, I had a couple team meetings, to cover coding, annual wellness visits, they really do a good job about educating new grads on like, things that we're going to touch on in clinic, things that we don't really hit on hard in PA school, like an annual wellness visit, like all the boxes, you have to check in order to cover your your note and the charges. So a lot of that lasted about two or three days. I shadowed the physician one day, and I shadowed the nurse practitioner one day, very much like a clinical experience. And then my second week, I took a patient in our for a period of time, and then it just kind of increased from there. But yeah, so orientation. It was I don't I don't know if that's really considered an orientation or not. But that's kind of how how, what might look like,

A Amanda Guarniere 24:14

What's your schedule look like now in terms of your patients per hour and all that.

S Shelby Pope 24:20

So about the third weekend, I started seeing a patient about every 30 minutes. I had a couple. I had less in the morning and less in the afternoon than what I do now. But now it's every 30 and then I get an hour lunch. So I see roughly it just depends on the day like 14 1617 Max, which is nice. I don't feel like it's an what depends on the day. Actually, I take that back if it's a lot of hospital follow ups and a couple of really heavy new patients and it's a lot but for the most part it's good.

A Amanda Guarniere 24:52

Good, so it feels manageable to you?

S Shelby Pope 24:53

Yes, very much.

A Allie Norris-Fag 24:58

So mine- it's kind of weird because it took forever for the credentialing process. And just whenever I thought it was done, like there was another thing to be signed or set up. So I probably say probably at least the first month or six weeks, I had to, or was given an opportunity to follow with the physician. So we do the infusion center. He's supposed to be there on Mondays and Wednesdays in the morning, and then I am in charge on Tuesday, Thursday, Friday, in the morning, and then have patients in the office. So first, you know, before I could have the credentialing for the hospital, I had to follow him, I wouldn't be able to see patients by myself. But then, once I got all that checked off, then I started in like the infusion center by myself on those Tuesdays, Thursdays Fridays. So that was a little weird. But of course, I always had him to call or I always had him as a resource. So that was fine. And then I slowly started started to get patients in the afternoon. And they give me like a half hour slot. And honestly, right now it'll ramp up. But it's been very wide range, it could be only two patients in the afternoon, it could be five. So it varies greatly. And then we also go to like an off site clinic every other Thursday. And I actually did that this week. Which is really helpful to the patients who live farther away than our like home office. So that went really well. And then we see inmates every alternating Tuesdays. And it's a little confusing, but I haven't done that quite by myself yet. Because most of those patients are like new diagnose, you know, cancer. And so he has to go through the chemo regimen in detail. So I haven't done that quite yet. But overall, I feel like it's been well, like, it's gone well. But I feel like I was trained properly. Now. It's just more like the clinical knowledge that I have to get used to.

A

Amanda Guarniere 27:15

Yeah, no, that sounds good. It sounds like you are, you're definitely progressing, you know, down the line of, of, you know, beyond orientation, but you know, getting more more and more comfortable with the role, which I think is is great, especially because it's such a specialized, such a specialized role. And it sounds like the physician is really supportive and accessible, which I think is ultra important in our role as specialized as yours. So it's awesome.

A

Allie Norris-Fag 27:42

We're blessed with a super patient. And this he's always willing to teach me and then the staff has also been amazing. So very, very blessed.

A

Amanda Guarniere 27:50

That's so great. That's awesome. Alyssa, tell me about your orientation.

A

Alyssa Wong 27:59

Yes, let me unmute. So since I did vaccine clinic for a while, it wasn't any problem to get all my credentials and all that stuff. Because you know, I had that all that time. So by the time that I actually got to go to clinic, I guess I shadow for, like part time, like a couple of days a week for a couple weeks, which honestly, like I didn't find tremendously helpful. I kind of found that a little bit awkward. But then they did ramp me up. So I saw for the first week, one patient an hour and then I'm sorry, yeah, one vision an hour, but like four patients in the morning and four

patients afternoon, and then five and then six, and then seven. And now. So I guess since like the first like after, like the first six weeks, like I've been at, like, around 16 patients a day, and I'll be there for six months. But I do have to constantly remind them, not to overbook me. Because like they want to and I'll come in and I'll be like, why do I 20 patients on my schedule? You know, I mean, they were I was this is what I was promised. So I just have to have a continuing conversation about not booking more than I'm supposed to be.

A Amanda Guarniere 29:14

And is that is that easy for you? I know that wouldn't be easy for me like I'm, by nature, not very confrontational.

A Alyssa Wong 29:23

Again, when I worked in real estate, like my first job, like I literally write out what I had to say when I wanted to talk to my boss, right, like right down on paper and practice it. So I feel like over the years, like I've gotten a little bit better, and I know how important it is to kind of put my like stakes in the ground now or it's like, if I go forward and like allow more, I'm never going back. So I feel like in order to protect myself and my sanity, like I just need to do it. You know, so it hasn't been a problem. I mean, I can try to be polite about it.

A Amanda Guarniere 29:55

Yeah, that's a prime example of boundaries for anyone who is in our burnout discussion last night.

A Alyssa Wong 30:05

So I usually spend one to two hours a night charting, unfortunately, but that's the way it goes for me now.

A Amanda Guarniere 30:15

Yeah, and hopefully that won't be won't be forever and you know that protected 16 patients a day is for that period of time is hopefully going to be the time that you need to be able to get to the point where you can do everything in your day, with minimal work. At home, I know sometimes inevitably, that spills over, even when you have years of experience. But I think that's great that you have that kind of protected time. So that's wonderful. Mona, do you know if you are going to have an orientation period and what it's going to look like?

M Mona Blackwell 30:52

I'm funny that you asked that. My dad just had a meeting with my clinical team manager and my medical director on Friday just to kind of see how my schedule will look like. And they said,

well, Mona, you're not going to need our orientation, you already know the model, you already know how to operate this system. It's more like of me learning how to navigate things as a provider from, you know, charting, knowing where to enter the diagnosis code or where to order the medications from. So then now we'll be doing a lot of shadowing, I kind of have an idea of how many patients I will be seeing one come up and running probably will be seeing around 12 patients a day, I will be sharing a panel with my delegated provider who typically have at least about six 600 patients. Now so we have our patients categorize differently. So we have emergent patients whose mean that they normally are frequent. We you know hospitalized patients, we mark them as emergent. And then we have a high acuity patients who who are more complicated patients that will be handled by my delegated provider. And I will be seeing mostly medium-low acuity patients, some walk in, but typically we don't have walk in we try to schedule all of our patients as the same day next day appointments. So I'll be taking over those appointments as well.

A Amanda Guarniere 32:39

It sounds like you will have a huge advantage, just by being familiar with how the whole place operates. You know, and Alyssa, you probably got that advantage too from it sounds like you're you know, the vaccine clinic was in the same kind of setting. So I think that's great, like, because I think that sometimes part of the battle is just knowing Okay, how do things work here? What's the flow? Who do I talk to about this? Where is this located? Like, what type of patients are we seeing, and when when's my lunch, and all these and all these things that you learned during a typical orientation period. So that's great that you'll be able to kind of jump over figuring those things out. So you can focus just on your, on your clinical transition. So that's, that's awesome. Um, so we talked a little bit about ramp up schedule. I'd love to know, maybe we can combine this question so that we get through everything? Do any of you have a mentor? At work, or outside of work? And are you working with any other NPs in your practice?

S Shelby Pope 33:44

So I do have a mentor in the NP society, Audrey Creek, and she's phenomenal. She's actually helping me with the the MA issues that I'm having, she taught me that the sandwich effect where you like, kind of what you were mentioning, you start with? Yes, yes. So like, you start you compliment them, you fill in the meat with, hey, these are the issues these are the things we need to work on. And then you finish it, you know with, but you're great, you're doing a good job we can get there just gonna take time. It really does work. I just use it actually on Thursday to address some issues with my MA and it seemed to help a lot. So. So yes, have a mentor and then I also work with another nurse practitioner who's been practicing for 10 years. She's been in this specific clinic for eight years, and then I work with a physician. So there's three of us and we have a panel size. I think it's like 3500. So, yeah, yeah, so one nurse practitioner, and then I mentor and then the nurse practitioner I work with is phenomenal. Her and I share an office together. She's very, very helpful. She does she never gets annoyed with my questions, and there's a lot of them. So she's great.

A Amanda Guarniere 34:58

That's awesome. Sounds like that. Really It helps with your kind of level of comfort and ease during this. That's awesome.

A

Allie Norris-Fag 35:07

I wouldn't say that I have a mentor, like I've talked with other nurse practitioners, but they're not in the same field as I am. But it's not like we meet or anything. And I don't really feel like I should consider the clinician I work with as a mentor. I did talk with his previous nurse practitioner and that she's I think she still lives in Indiana, but moved farther away. And she called me one day, and that was really helpful. And she said that I can reach out to her anyway. But I wouldn't say I have like a designated mentor.

A

Amanda Guarniere 35:46

It sounds though, that you I mean, I think you could call the physician that you work with a mentor, you know, if it's a different type of mentor, right? Like when you're, when you're talking with people at your workplace, it's kind of hard to talk about struggles at your workplace, right? That's kind of best left for for another person or another conversation. So Alyssa, how about you?

A

Alyssa Wong 36:09

Yes. So I there, I think there are one, two, there's three other- so okay, I will say our, our clinic is huge. We actually have like, like seven or eight different locations. So we have a lot of providers. But in our specific clinic, I think there are three other npws, all of whom have like five years of experience. And at least two of them are very helpful and very and and very nice. They're all helpful. But actually my boss, I do have like 30 minutes a week, which is again, another thing that I've had to make sure it's protected time because they took it off my schedule. And I was like, Whoa, I was promised with time. So anyway, so I meet with her 30 minutes a week. And then if she if she's there, like on Friday, I had a bunch of patients I had questions about I asked her questions. So she actually came from an academic setting before this. And so she's she's a physician. And so she is is very helpful, but also talking about like workplace struggles. And I'm, like shocked about that. I actually also meet with Liz, we're from the Real World NP every week. And that has been really helpful to to kind of get another opinion as well.

A

Amanda Guarniere 37:17

Yeah, yeah, for sure. I think it can be really helpful, whether it's someone you meet with formally, or you know, a community group that you're in, or classmates that you talk to, you know, definitely my recommendation for everyone is to kind of establish like your, your NP friends who you can talk to who will give you an objective year who can give you support and solutions and kind of listen to you, events that you can process through things. Because sometimes if it's a problem at work, like it may be something you'd be able to solve on your own. Or it might be a mindset issue, or sometimes you just need to complain about it, right and just like get it off your chest and, and the workplace isn't always the best, the best place for it.

A

Alyssa Wong 37:58

And I was actually also going to say I'm on the actually president elect of our local, like, MP group. And I was talking to one of the girls that are meeting other night, and she works for a smaller local, also federally qualified health center. And I have to admit, like, my, my setup seemed a lot better. totally honest. So I felt pretty lucky. You know, I'm talking to her about the support that I have.

A

Amanda Guarniere 38:21

That's great. That's awesome. Mona, are there other NPs who work at the clinic that you're at

M

Mona Blackwell 38:28

None at my current clinic, I will be the only NP at my current clinic. But we do have other MPs work at a different locations that I have access to as well. And I do have a doctor mentor outside of work that I've known for almost 12 years, who has 30 plus years of experience that I can I talk to on a weekly basis. And then my delegated physician I've been working with him for about three years as his nurse. So we have a great relationship as well. But I am so happy that I found the NP society circle and I'm certain that I will be booking a one on one mentorship with one of the NPs because I don't want to have that MP mentorship versus the doctor because they don't we don't share the same struggle. So yeah, so that's why.

A

Amanda Guarniere 39:34

Well, it sounds like you're well set up at this point. And yeah, we're looking forward to hearing hearing how things go after you after you get started for sure. Um, so I have one last question that I'll throw to the group and just want to give anyone who's attending a heads up please feel free to put some questions in the q&a, because we'll probably have a couple minutes for that before our next session. But my last question is whether any of you would do anything differently up until now, either in your transition to practice or your job search or your job selection, I'd love to hear that.

A

Allie Norris-Fag 40:14

I would not change anything, I definitely don't have that feeling whenever I was, you know, leaving the bedside, I would dread going into work just because like what's going to happen today. And now like I go home every night, and I will just study my patients, but I feel like I have even more of a purpose. So like, I want to do that. I don't dread going into work. So I don't regret it at all. Even though this was not like a prior area of medicine that I did. It's very new and exciting. And I just, I just love it.

A

Amanda Guarniere 40:54

That's awesome. Thank you for sharing.

M

Mona Blackwell 40:57

I'll piggyback on Ali. I agree with her. I don't think I will change anything right now. I am lucky that I have we my clinic is only like 15 minutes don't want to commute longer. I have I will have a set schedule from eight to five so I will have a regular life as a normal human being so I'm just I think I think this is a good fit for me right now.

A

Alyssa Wong 41:31

I'm out other than wishing when I knew Spanish- No, there's nothing that I would really do differently. I will also say that I teach some like like nursing lab classes and I only work four days a week and for me that makes also a big difference because I have a day to do all the things to catch up on charting to do my kids doctor's appointments and honestly for me that makes a really big difference and and makes it you know almost like not that it's not the work is I love work I mean I really enjoy it but it's it's intense it's very overwhelming at times and so I feel like that makes it a little more palatable so to speak like having that day off during the week.

A

Amanda Guarniere 42:10

Yeah, so a specific question for you- Do you work for 10s or are you less than full time?

A

Alyssa Wong 42:16

I work 32 hours.

A

Amanda Guarniere 42:19

That's great. And you know for anyone who's listening or watching or attending that can be a negotiable thing you know if you're offered a 40 hour position and you know that you for sure don't want to work 40 hours and you you know financially can can get by with less than that don't be afraid to ask in the process you know, can this be a 32 hour week position or you know if a clinic's open and has patient care hours that span 10 hours, you know asking for four 10s if you want that can be a big satisfier for a lot of people especially for folks who have other things to do that need to happen during the week.

A

Alyssa Wong 43:03

I feel like my co workers do four 10s like that is an option our clinic is open those days um but honestly like piecing together a little bit of teaching a little a couple overstates in terms of like money like it makes up for the day you know i mean so and as most nurses have 27 rounds you know as it is so but it does make a difference to have a little bit of variation and I really like teaching a nursing class.

A

Amanda Guarniere 43:25

Yeah, that's great. That's a nice it's a nice way to mix up you know how you're using your brain and and how you're spending your your time. That's awesome. Shelby, would you do anything differently?

S

Shelby Pope 43:37

A couple things. So I just want to reinforce the the scheduling aspect like advocating for yourself as a new provider for sure. Because my first weeks I I accepted a position of Monday, Tuesday off Wednesday work Thursday, Friday, and I was in clinic from eight to six. So I was working for tins but I had Wednesday's off, and I thought it was gonna be fantastic. And in the first week or two It was nice because it allowed me to be off on Wednesday, but I really just kind of caught up on charting and it was just a break. And then I figured out that that wasn't a great fit. Because I was home later. My husband had to handle the kids more in this whole transition to being becoming a nurse practitioner was supposed to help that I wasn't supposed to be working so much I'm supposed to be home in the evenings and helping with dinner and the children and it wasn't fair to him. So even though I really enjoyed it in terms of having Wednesday's off, I went to my office manager and was like hey, this isn't working well for me. I really need to be off earlier in the evening and she was I was really I'm not confrontational at all. She was very open to it. She's like whatever you need, we'll make it work. So now I work eight to 4:30 my last my last patients actually at four so I complete the visit normally by 4:30 and then I have the last like 30 minutes to an hour to finish up charting. Then I can go home and I don't have to chart and then on Fridays I get off at 2:30. So I work Monday through Thursday, a full day And then kind of like a half day on Friday, which is working splendidly right now. So I don't think I'd want to change that at all. In terms of changing anything for job search, or no, I don't, I don't think I would so much, because I feel really, really fulfilled and happy in the position that I'm in right now. I love my colleagues, I love that my clinic is five minutes from my house. I will say what I wish I had done differently. In terms of my transition to practice. I did a lot of research and watched a lot of videos on imposter syndrome. So I invested a lot of effort into it, like trying to prevent that from being so heavy and such a burden. And I, I've really invested in myself and my own mental wellness at this point because of it. And I just wish I had done that sooner. I wish I didn't wait until becoming an NP to really put forth that effort because it's helping every aspect of my life, my marriage might being a parent. So yeah, I think that would be the only thing I would change.

A

Amanda Guarniere 46:02

Yeah, I love that you say that! Especially because I'm sure that I mean, I know that I've observed plenty of NPs who have become NPs for the sole reason that they are burnt out as RNs, or there's some sort of dissatisfaction their life. And unfortunately, becoming an NP doesn't always solve that. And it's often kind of like, the inner work, so to speak, and the work on ourselves that we need to do to get over those, those challenges. So So yeah, I mean, I wish that we could prescribe that type of thing for everyone in a perfect world. I know that not everyone has the time or space or energy to really, to invest in themselves that way. But I'm happy to hear you say that and i i would agree I cosine the cosine that the thing when I was new grad, the thing I would have done differently or, or the one regret I had with my first job

was that it was so far from my house. So I heard a few of you mentioned, you know, how you love that your, your job is, you know, 15 minutes or less way and I took a job that was a solid hour each way which for me at the time, I thought oh, well, you know, it'll be fine. And granted, I didn't have kids. So it wasn't as difficult as it would be now in my life. But ultimately, I got tired of that real quick. And that was certainly part of my decision to to move on to my second job was I took a job that was literally five minutes from my house, and I was a lot happier there.

A Alyssa Wong 47:35

They actually offered me like a clinic or initially I was supposed to work at a clinic that was closer part of our like, whole like office, but like a different clinic. But then then when I went to start there was no availability there. So I am going to clinic farther from our house. It's still not horrible. It's 20 minutes without traffic and like 30 ish with traffic. So it's not horrible, but it's not quite as good as the other house which was 12 minutes.

A Amanda Guarniere 47:56

Wow. Well, maybe that will be an option in the future. We do have a submitted question. Is anyone using next gen electronic record? No. Have any attendees are using next gen? You can comment? I haven't used that one personally. There was a back and forth in the chat about about templates and an efficient charting eclinicalworks Cerner. I've only used epic for like the past 10 years myself. I will say though, and this is for NP society members. In the new year we will be having a masterclass about becoming an efficient charter. So we're gonna have a there's a charting coach who's coming to speak to us all about all about charting, I'm super stoked about it actually. So I think that'll be really, really helpful. So um, alright, if there any other questions I'll give or comments from you, our panelists as we as we wrap up this session.

A Allie Norris-Fag 49:10

I'm just gonna say, Shelby we you can share your like imposter syndrome resources I've listened to, you know, podcasts and stuff, but I still feel like I struggle with it every now and then. And I definitely agree that I should have been working on this, like in school, so...

S Shelby Pope 49:30

Get a mentor, like an actual mentor. I highly recommend it, it really does help a lot. And then also, just like a personal therapist is also really nice.

A Allie Norris-Fag 49:39

I've really been thinking that I've needed that for a while too.

S Shelby Pope 49:42

S Shelby Pope 49:43

But yeah, like once or twice a month even. I mean, I know sometimes it's hard with new schedules and in terms of like in terms of balance, but even just seeing someone once a month for me is it's great because then I can unload. And it's not I don't have to unload at work. I don't have to unload on my husband. It's just perfect. It's absolutely perfect.

A Allie Norris-Fag 50:02

I love my husband to death. I tried to like talk about this stuff, but he doesn't understand. It does not help. It's all like internalized stuff.

S Shelby Pope 50:11

A mentor and a therapist!

A Alyssa Wong 50:16

I mean, and just the job so if anyone is still looking for jobs, just keep plugging, you know, just think like Amanda always says like think outside the box. Keep plugging, reach out to everyone and anyone you know, um, you know, that's my two cents.

A Amanda Guarniere 50:34

Um, for those who have mentors, will you share again how you found yours?

S Shelby Pope 50:39

The NP Society? It's all for that. Definitely.

A Alyssa Wong 50:47

So, Liz, we're from the Real World NP. So she also worked, worked out, she's still quite does anymore for a federally qualified health center. And so she put out like requests saying, does anyone want to, you know, to have a mentor and I applied and because we had similar experiences she took me out.

A Amanda Guarniere 51:06

Yeah, there. Jamie (addressing an attendee directly from the NP Society Conference), there are a couple ways, a couple different formats for mentor experiences, you can have, like a formal mentor that's either assigned to you or something that you invest in, you know, like a paid mentor. Or, you know, you can use networking and attending conferences or events to kind of informally find a mentor and, and kind of have more of like a mentor of friendship. And there's

also peer mentoring. So, you know, joining some sort of group or some sort of community where you can mentor each other, whether that's classmates or, you know, another type of group, you know, we do that in the NP society. Those are like the three different formats of mentoring that, that I think are the best, the best ways and, and that's a good segue segue because in five minutes, we're going to do a speed networking event. And that can be a good way to find a mentor to or at least connect with a peer, who you may be able to chat with and have kind of in your corner part of your team. I think that's really what we're, you know, what Shelby was mentioning, you know, have a mentor, find a therapist, you know, get get people on your, on your team. I think, you know, can't under a can't under stage, the importance of that, for sure. This was wonderful. Thank you, everyone for for sharing your stories and your experiences. Super, super valuable and appreciate you!