

Ep #7: 6 Months as a Nurse Practitioner with Michelle V.



Full Episode Transcript

With Your Host

Sarah Michelle

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Welcome to *Becoming a Stress-Free Nurse Practitioner*, a show for new NPs and students that want to pass their board exam the first time and make that transition from RN to NP as seamless as possible. I'm your host Sarah Michelle. Now, let's dive into today's episode.

Hey friends, this episode is a part of my new NP series where we're chatting with three nurse practitioners all across the spectrum of their first year in practice.

On today's episode we're going to be talking to Michelle V. who very excitedly has now been a nurse practitioner for six months. And this was not an easy feat for Michelle. And so she's here today to walk us through what these last six months have looked like for her because she underwent several life changes and this massive career shift all at one time.

I was even more excited to bring Michelle on the show because she's a hematology-oncology nurse practitioner, as you guys know my specialty in the nursing world was hematology-oncology as well. We also have quite a few new nurse practitioners in our Facebook group in this realm of practice too.

So Michelle, why don't you just give us a little introduction to you and your nursing career before you became a nurse practitioner.

Michelle: Hi everyone. Like Sarah said my name is Michelle V. I attended nursing school at Southern Illinois University of Evansville where I graduated with my bachelors in May of 2014. After an unsuccessful attempt at passing NCLEX the first time around I did try again a couple months later and successfully passed.

Not long after I did land my first nursing job in the fall of 2014. I accepted a position at Barnes-Jewish Hospital in St. Louis Missouri on the BMT floor. For those of you who don't know BMT stands for bone marrow transplant. On this floor we primarily cared for patients with leukemia, lymphoma, and multiple myeloma. Otherwise these are known as the blood cancers.

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I always knew that I would eventually want to further my nursing career but wasn't quite sure in what direction. Finally in January of 2016 I began to weigh my options. I considered nursing education, nursing informatics, but one thing specifically stuck out. And that was that I wanted to maintain having patient interaction. And the only way that I was able to do that was by going the nurse practitioner route.

Believe me when I say that I was terrified to start this journey. The thought of being a provider and prescribing medication had me sick to my stomach. However, I knew this was what I really wanted to do. So in August of 2016 I began classes for my Doctorate of Nursing Practice. In May of 2017 I decided to leave my job at Barnes and transition to an infusion nurse in the outpatient setting for Cancer Care Specialists of Illinois.

Fast forward a few years, now to January of 2020, just four months prior to graduation. COVID hit and my nurse practitioner cohort, including myself were brought to a screeching halt on clinical hours. We were all terrified and unsure if we were going to be able to graduate. Around that same time my husband and I were really struggling with our marriage and ultimately after a failed attempt at counseling we decided to separate.

Over the course of the next few months I was able to complete my required clinical hours and began studying for my NP boards. I developed major anxiety about taking boards again since I had failed NCLEX the first time around. I was also struggling with depression about my failed marriage, which made studying that much more difficult.

Finally, in April my job decided that they were in need of a nurse practitioner for our clinic. I reached out to them and expressed my interest in continuing my career in hematology and oncology and was offered the position.

Finally in May of 2020 I successfully graduated with my Doctorate of Nursing Practice and passed ANCC with the help of Sarah, [inaudible], and the LEAP book. Shortly after passing boards my husband and I sold our

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house and I moved to a different city about 30 miles away, which was closer to my new job to start my new career and my new life.

Sarah: It definitely sounds like you had so much going on external to even just the big provider shift in going from nursing world to nurse practitioner world. And so I definitely want to go ahead and stop right here and say you should be so proud of yourself for making it through all of that while also transitioning in the clinical practice and being a provider. But it definitely sounds like you found your love in that patient interaction and oncology patients much like I kind of did. Do you feel like that's kind of helped pull you through?

Michelle: I do. The patient population that I work with, although they're going through a really hard time also in their life, having someone there just like I did, my friends, my family, it truly does help when you're struggling and going through a difficult time.

Sarah: Yeah, absolutely. You know, what is it that you feel like you love the most about the hematology-oncology patient population that kind of lead to you taking a nurse practitioner role there as well?

Michelle: So that's a really great question, I don't know how many times I constantly get asked, "What made you choose to go into oncology? It seems like it would be a very difficult and sad profession." But honestly, I learned that as a nurse I was able to care for individuals and help them in some of their most vulnerable times, and that means a whole lot to people that are really struggling and going through that.

I also had a couple aunts that were diagnosed with cancer and that kind of brought everything full circle, I felt like as a nurse I was able to care for these patients and now as a provider I can also care for them, only in a different kind of way.

The other thing that I truly enjoy is the aspect of getting to treat the entire patient and not just their cancer diagnosis. The majority of my patients not

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only have cancer or a hematologic disorder going on, but they've also got a lot of other underlying medical conditions, which I also get to treat as well.

Sarah: Yeah, those cancer patients can definitely be interesting. There's so many complexities there and definitely your background resonates with me because I got into oncology myself because my grandmother had cancer when I was a kid. And so really there were so many times that I felt like her nurses were taking just as much care of me and my family as they were also taking care of my grandmother ultimately, and I always too wanted to be able to be that person for someone else down the road. And oncology, it's just such a special and unique sector of the nursing world and I miss it so much.

Now, what was the process like for you to transition from being a nurse to then being an NP in that same realm of practice? You know, did you have any issues with your past co-workers or anything like that?

Michelle: So I know a lot of students and current nurse practitioners that are looking for jobs have asked this question on your Facebook page. Regarding do nurse practitioners get orientation or what it looks like. So, I officially started working as a nurse practitioner at the beginning of June last year. My transition from RN over to NP consisted of a little over two months of training. I essentially shadowed one of our other nurse practitioners. We have a couple different clinics, four specifically that are open five days a week. And then we also have outside clinics that are open one day a week.

So I shadowed her and began working alongside her for about two months and was taught how they wanted us to do our charting, our billing, or dictation and so forth. I did not have to take the chemotherapy course as I had already been a nurse with the company. However, that would have been part of the orientation process as all of the other mid-level providers have to take that. Overall though, I would say that my transition from RN to NP was a rather smooth one, considering it was at the same place that I had currently been working at for the last three years.

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In regards to your second question, I've also seen numerous posts on your Facebook group, about nurse practitioners working for the same company as they were previously employed as an RN and not getting the respect that they deserve. I think it's very disheartening to hear and to read these comments.

However, I cannot thank my past co-workers enough. They have been wonderful during this transition. And not at one point since I started as a nurse practitioner have I felt that they judge me or didn't trust me in the decisions that I was making. Overall, they even have said a couple of times that they feel more comfortable and more confident coming and asking me questions than asking the provider, which that in the end makes me feel pretty good.

Sarah: Yeah, that's incredible. That's a big testament to you. You know, I'm so happy for you that you've been able to have that support from your co-workers, because I'm sure you'll agree that co-workers can really make or break a job.

Michelle: Definitely. I was very blessed to have the co-workers that I did, because I know like a lot of people have said in the past that, you know, it's good to like the people that you work with. You don't have to be best friends with them outside of work but being able to coexist with them and for them to have confidence and trust in the decisions that you're making. It truly does help overall with the confidence builder too.

Sarah: Yeah, absolutely just having that good working relationship so you guys can work alongside each other and provide for these same patients and give them the care they need, you know, is so important. You know, something else that I've been asking everyone in this little mini-series I've been doing, because I think people will always want to know, what was day one like in practice for you? You know, how did you feel? Is there anything that you know now about your role as a nurse practitioner that you wish you had known back then?

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Michelle: Yeah, so because I did two months of orientation, I'll start by telling you about the first day that I was actually able to see patients on my own. Of course, my nerves and anxiety were all over the place. My emotions were running crazy. I had studied and prepared for this day for the past four years, and now it was here. I don't think my nerves or my anxiety ever truly got better that first day. But I did successfully make it through the day without any complications or mistakes.

And I do think that each day after that has definitely got better. But I would be lying if I told you that I don't still get really nervous. Each day that I go in I get a little bit of anxiety still. But again, to some point, having a little bit of anxiety is a good thing.

The one thing that I wish I would have known is that mistakes are likely to happen. We're all human, whether that being accidentally sending in Metrogel in the vaginal form, instead of a topical form for a skin rash related to immunotherapy which, yes, that is what I did. Or misdiagnosing scabies as a drug rash, mistakes are bound to happen. And the important thing is really that you learn from your mistakes so that they don't happen again.

Sarah: Yeah, you learn from those mistakes, you correct those mistakes. And I really kind of want to stop and make the point too, being anxious is normal. Like being anxious on your first day, if you're not anxious, I don't know how in the world that you swung that being brand new as a provider.

But you get through that first day, you get through that first week, you get through that first month, you know, even six months in you're still kind of figuring things out. But every single day just compounds and compounds and gets you to a better spot. And so eventually, you know, you will be at a spot where you don't even have to think about some of those orders anymore. Think about your charting or your dictation anymore because you're just so comfortable where you're at.

Michelle: I agree.

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Sarah: Now, what do you feel like has been your biggest adjustment over the last six months to kind of put that nursing hat aside and transition into this new role?

Michelle: So I actually have two things here. Number one, just like everyone else, I have definitely struggled with imposter syndrome. I have days that I feel completely confident in what I'm doing and other days where I still struggle and feel like I ask a million questions. But I find it very important to just constantly remind myself to be confident and trust the knowledge base that I have.

The second one, this will not apply to everyone, but my job does require us dictate our notes and so this has been a major adjustment for me. I was and still am, even about eight months in, nervous to dictate my notes in front of the other doctors that I work with.

Sarah: Imposter syndrome is so real in every way. And I've kind of been saying it over and over in these podcasts but we have the knowledge base, we have the degree, we have the certification. So we know we can do this is really just all about building yourself up along the way to get yourself there mentally. It's more a mind game than anything else because I already know, if you pass your certification exam and you graduated nurse practitioner school, you're going to be good to go.

And so the people out there listening, I just want to say to you, you know, keep asking questions, keep learning all along the way because that's the very best thing that you can be doing as a new nurse practitioner.

Now, Michelle, what do you enjoy the most about being a nurse practitioner? And is there maybe anything unexpected that you didn't realize that you would enjoy about being an NP?

Michelle: So I wouldn't say there's anything unexpected, but the thing that I enjoy most about being a nurse practitioner is just the care that I get to provide to my patients. Like I mentioned before, the individuals that I deal with are going through some of the most vulnerable times in their lives. And

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being able to be there for someone who is struggling or just needs to talk can truly make a difference in someone's day.

There's a quote that kind of goes along with nursing that always is in the back of my mind. It goes like this, "They might not remember your name, but they will always remember the care that you provided." And I feel like with that being said, the majority of patients, being a new nurse practitioner, I see them again and they don't remember my name. But they do remember the care and the time that I spent talking with them. You know, even if it was something just as simple about their family, or what had been going on. And so that truly does make a big difference in a patient.

Sarah: Yeah, and patients absolutely remember how you make them feel. And so when they come back to the clinic, and they see you again, and maybe they can't put your name with you, yet they get that visceral feeling of like, "Oh, I felt so good after I talked to her." Or "I felt so good when I left the office that day." Which is a huge accomplishment because in the oncology world there are plenty of bad days in the clinic where things don't go as planned from the patient perspective, if that makes sense.

Michelle: Yeah, I completely agree. And I know sometimes with working in certain fields, they require you to see so many patients a day. But my job, luckily, does not require me see a certain amount of patients per day.

Sarah: That's nice.

Michelle: So I feel like specifically right now with COVID, the majority of our patients are older, and they haven't been able to get out of the house. And all they want to do is come in and just talk to someone. And I think majority of people can say that really across the board, that right now people are just wanting to talk. And so it's a great feeling to be able to just kind of sit there with people, especially when they're going through this very difficult time, and just have a conversation with them. You know, the doctors seem to be coming in and out of the room and trying to move as quickly as

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possible. So to have someone be able to sit there and just have a small conversation with them, it truly does make the difference.

Sarah: It's so nice that you have the flexibility to be able to allow people to be people and have those kind of open conversations and dialogue. Because that, with any patient, can make all of the difference.

Michelle: Definitely. And I feel like with oncology, I mean, like I said, they're going through some really difficult and very vulnerable times. And I don't want people in that position to feel that they're being rushed through and that, you know, it's just another number. I feel like they need to be able to have the time and ask their questions. And make sure that we're fully providing all of the care that they need.

Sarah: Yeah, that was something I always, especially when I had students that would follow me around even as a nurse, because I spent almost my entire time as a nurse in bone marrow transplant, just a short stint in the PACU which we won't talk about.

But I would tell my students like, you know, we're going to get our morning tasks done and then my big priority after getting our morning tasks done is, I want to go in, I want to sit down with each of my patients. Like I want to make sure that they feel heard, and they feel seen, and that someone actually gave them that time. And some of my students would look at me like I had six heads. And I'm like, this is such a big piece of oncology care. And this is such a big piece of being a nurse, in my opinion.

Michelle: Definitely. And especially on bone marrow transplant, you know your patients, I mean, really, I guess, with oncology in general, you know, your acute leukemia, your bone marrow transplant, a lot of them are there for almost a month in the hospital. And so to be able to kind of build that rapport and have those conversations, it just makes the patient overall feel special.

Sarah: Yeah, absolutely. Now, to kind of get back on track a little bit because I get on tangents a little bit with oncology. I just love it so much,

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like so deep down. What's been the hardest piece about your transition so far? Because we both know that going from being the expert in RN and really knowing your field of bone marrow transplant over to being a novice provider, even in the same realm isn't really the easiest feat in the world.

Michelle: No, I completely agree. I mean, besides being an expert RN in oncology, I did have a little bit of a transition when I moved from the inpatient world to the outpatient world. As I said, I only did bone marrow transplant and the blood cancers when I was inpatient. So when I moved to the outpatient setting to be an infusion nurse, I had to then learn all of the solid tumor cancers and the chemo regimens that went along with that. So that was a little bit of a hard piece of the transition from the nursing standpoint.

From the NP standpoint, I think the most difficult part that I've encountered right now, is having to deliver difficult news to patients. Whether this be a cancer diagnosis, progression of disease, or having discussions about end-of-life care. This has been definitely the hardest part of this transition that I have found.

As an oncology nurse these topics were obviously discussed with the provider, which was not me at the time. But now, I have run across a couple times where I do have to give someone unfortunate news. And that has truly been, I think, the hardest part of this transition.

Sarah: Yeah, it's such a shift to now be the point person and be the provider. And I don't have to give bad news very often, but I can't even imagine what it's like in your space. I mean, like, it almost like breaks my heart to think about it, because I kind of liked that that was the providers role when I worked in bone marrow transplant.

Michelle: Yeah, I completely agree. And I mean, I have to say though, from my standpoint my doctors have been absolutely amazing to work with. And they do still majority of the time, if it's a new diagnosis, or someone has progression on a scan, they're usually pretty good about going in and

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having that conversation with the patient so that I don't have to do that. Which I think too from the patient standpoint, it probably needs to come from the physician more than myself. But there has been a couple times where I have had to sit down and have conversations with patients that have not been easy ones.

Sarah: I commend you for it because I'm just like sitting here thinking in the back of my mind like, "How would I even go about like giving someone a life altering cancer diagnosis?" It like, it almost makes my palms sweaty. Just a little.

Michelle: Yes.

Sarah: What do you feel like have been your biggest resources during this transition period? Like what have you kind of fallen back on?

Michelle: So I've got a few here, the National Comprehensive Cancer Network or NCCN guidelines, we use these on a daily basis. This is a website that you can go on and make an account for free. What it basically does is it breaks down each cancer and tells you kind of what to do at diagnosis, during treatment, if the patient were to progress, or if they're in surveillance. So we use that on a daily basis. And that's kind of like the Bible for oncology essentially.

The other resource that I use a lot is UpToDate, which we all know is God's gift to the medical world. But you can essentially search any diagnosis, medication, and it will provide you with the information that you're looking for. I do still use Epocrates occasionally when prescribing medications to look up doses and frequencies.

Another one that oncology nurse practitioners use a lot is the Journal of Advanced Practitioner in Oncology, or JADPRO. This resource has a lot of journal articles about improving the quality of care for patients with cancer and supporting critical issues and oncology that the advanced practitioner might encounter.

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The last one that we use a lot is the Oncology Nursing Society, or ONS. And this is kind of geared more towards the nurse versus the nurse practitioner, but they still have some really good resources, and they promote excellence in oncology care.

And then lastly, I would say my doctors that I work with. During my transition and still up to this point, I feel like I can go to them with any questions or concerns that I have regarding a patient, and they will help walk me through it.

Sarah: Yeah and, you know, I've talked about UpToDate and Epocrates in some other episodes, those are two really big ones. So if anyone out there listening is about to be an oncology nurse practitioner, and I don't know why but that's popped up a lot in that new NP page. I've been seeing people asking and looking for oncology resources. Definitely jot down that Bible she mentioned, am I saying it correctly, NCCN?

Michelle: Yes, that's correct. Yep, the National Comprehensive Cancer Network. And those are essentially, it's the guidelines that we follow for cancer treatment and kind of what to do at each stage. It recommends like during surveillance how often you should see the patient and do a physical exam, how often that they need labs.

Sarah: That's amazing,

Michelle: What orders to get or scans to get if you feel like there's progression. It definitely is the holy grail for oncology.

Sarah: I didn't even realize something like that existed, because obviously I've had my ONS and other stuff in the past, but for those new oncology NPs that definitely sounds like a way to kind of get your head in the space and kind of get yourself ahead of the game a little bit too to start looking through those types of resources.

Michelle: Definitely. And the guidelines change, obviously, as we know oncology is always changing.

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Sarah: All the time.

Michelle: There's new medications, new resources coming out, so they update the NCCN guidelines constantly. So it's always a wonderful resource to use.

Sarah: And then kind of my final question here for you on this podcast, what piece of guidance would you offer to those out there listening who are feeling a little unsure of themselves in their new role? Because I think that seems to be like the biggest core factor across all the new NPs.

Michelle: Yeah, so the best piece of advice that I can offer to those who are listening is to remember why you made the transition from RN to NP. It is important to remember that at this phase in the game, you are going through a transition. Remember, when you came out of nursing school and started your first job, you did not have all of the answers either.

The first year of practice, it's going to be stressful, it's going to be overwhelming, and it's going to be full of ups and downs. You're going to have times where days do not go well. And believe me, you are not going to be able to please everyone. The big thing is to remember to be confident in yourself so that patients are confident in you. Also reflect on your skills and your knowledge base. And lastly, never be afraid to ask questions if you are feeling unsure.

Sarah: That is excellent advice. You know, to those out there listening right now, please, please, please remember your why. Come back to it over and over and just remind yourself, number one, you wanted to do this. And number two, even if you're uncomfortable or nervous or whatever that looks like, you can still do this, it's just going to take you a little bit of time to build up that comfort. And we can see from this episode and this conversation between me and Michelle, she's already building up that comfort, she's only six months in.

And when you get to the episode next week, where we have the nurse practitioner who has been doing it for a full year, you're also going to be

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able to see that evolution again of where she's feeling now having six months more of experience, which was the whole purpose of kind of doing this little mini-series too. But thank you so much, Michelle, for coming on the show. I really, really appreciate it.

Michelle: Well, thank you so much Sarah, for letting me come on and kind of talk about my experiences that I've had. And hopefully people will take away some knowledge and resources that I was able to provide. And if anyone has any questions regarding oncology or hematology, they can feel free to reach out to me.

Sarah: Yeah, absolutely. You can track her down in the new NP group does growing by the day. And that's it for this week, guys. Hopefully, you'll tune in next week and you'll get to see that evolution from we had our one-day NP, our six-month NP, and we're going to have our one-year NP. See you then.

Now, to celebrate the launch of the show, I'm going to be giving away a Medelita gift card which will allow you to go buy a gorgeous white coat when you're ready. Now, I'm going to be giving away a gift card to two lucky listeners who subscribe, rate, and review the show on iTunes. It doesn't have to be a five-star review, although I really do hope you love the show. I want your honest feedback so I can continue creating a show that provides tons of value for you guys as nurse practitioners.

Visit stressfreenp.com/podcastlaunch to learn more about the contest and how to enter. And I'll be announcing the winners on the show in an upcoming episode.

Thanks for listening to *Becoming a Stress-Free Nurse Practitioner*. If you want more information about the different types of support we offer to students and new NPs, visit stressfreenp.com. See you next week.