

Ep #28: A Day in the Life of a Nursing Educator with NP Courtney



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.

Sarah: Hello, my friends. My biggest passion in life, as many of you already know, is my role as a nursing educator. And so today I thought I would bring another nursing educator on the podcast with me. And together we could discuss the ins and outs of what our roles look like.

My guest today, Courtney, serves as an official nursing educator in the collegiate setting. But also serves as a nursing educator on her Instagram platform as well. So I definitely want to give a big welcome to Courtney today.

Courtney, how about you just start us off with a little introduction to you and kind of how you ended up in this role.

Courtney: Well, thank you so much. I'm honored to be a part of your podcast. Thank you so much for having me. And so like you said, yes, I am a collegiate educator. I teach full time at The Ohio State University in the graduate nurse practitioner program. So particularly in the adult Gero primary care NP program.

And I teach three different – Well, I guess, five different courses. I teach advanced health assessment, advanced pathophysiology, and then the three courses that the students take in their final clinical year, I teach the didactic portion of that. And then I work clinically one day a week at the Columbus free clinic here in Columbus, Ohio, where we serve uninsured and underinsured residents.

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And at that clinic, I precept first and second year medical students, PA students, and nurse practitioner students. So it's all the teaching all the time for me, which I truly love.

And then like you said, I use my Instagram platform, you can find me at NP.Courtney. And I use that for additional nursing education, as well as breast cancer education because I am a breast cancer survivor myself.

So it's kind of a mix. And then there's all the mom life interludes there as well, but primarily nursing related content.

Sarah: Oh, my goodness, you do so much. How do you ever have like a stitch of free time? That's my first question, like outside of nursing education how do you ever have any free time with all that going on?

Courtney: And I also have my NP Courtney side business too, where I mentor nurses. Nurses, NP students, and nurse practitioners. So I feel like I do best when I have my entire day booked. It's when I'm the most successful, I am able to turn out the most work. I don't do well with not having a full plate. I get real bored real easily.

Sarah: That's actually why I chose nursing in the first place. Because I remember when I was trying to choose a major for college and I wanted to do teaching. But long story short, my parents were not a super fan of me becoming a teacher. They're both teachers, ironically.

And so I was like, "I know I get bored super easily. What profession would fit into me getting bored and me having flexibility?" And that's exactly how I chose nursing as a major.

Courtney: Yeah, nursing was actually a second career for me, but I agree. And I will tell you, there's so much flexibility that I found in academics as well. Because you have your set schedule when you're teaching, but the rest of your day is kind of what you make it. Versus before I was in academics, I worked in an HIV clinic.

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And I worked a 40 plus hour week. I was never out on time, I was always running behind, my patients were always crazy sick. I was on call, I had a pager, I was getting called at night for abnormal labs or whatever it was. And I just felt like there really was no work life balance. And to me that was okay because I was so passionate about my patients and my patient care and the work that I was doing.

But after I had kids, it was really no fun getting woken up by the baby in the middle of the night and also being woken up by my pager. So this is a much better work life balance, for sure.

Sarah: Yeah, that was kind of how I felt when I got into education too. Because where I worked at, we were always, always, always short staffed all the time. They were begging you to come in, begging you to come in, begging you come in.

And when I got into nursing education, I had a more set schedule and I really kind of got to pick that schedule. And that was the first time I'd ever had that opportunity as well. And so once I got that official collegiate role I was like, "Oh my gosh, I'll never give this up. I'll do other things on the side, but this is always going to be my predominant at this point." Because number one, I absolutely love it. But number two, the work life balance is just at such a different level on this side of things.

Courtney: Oh, I totally agree. Most of the people that I work with are older and when I was hired, I was 34 at the time, with a not even two-year-old, all my colleagues were like, "Oh, academics is so great for people who have young kids because you'll actually get to see them versus being in a clinic."

And that's really true. It's been phenomenal because unless I'm actually teaching a class, I can work my schedule so I can take my son to the pediatrician or whatever it may be. It's just I get to be part of everything and still do what I love and what I'm passionate about, and that's shaping the next generation of nurse practitioners.

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Sarah: Yeah, absolutely. And I think plenty of our listeners out there – I feel like the anomaly because I don't have children yet. And I hope to one day, but I'm just not at that point yet. But I am positive many of our listeners have children. And so if they're thinking about getting into this nursing education role, this is going to be a really good insight for them, too.

So to kind of start off on a positive note, so we'll kind of talk about the pros and the cons throughout this episode. But what do you feel like you enjoy the most about this educational role in comparison to the roles that you've held in the past?

Courtney: So I think a little bit, you know, what I mentioned already is I really enjoy the fact that I get to be present. And that I think it's actually quite beneficial, because teaching the content requires that you are absolutely up to date on the most recent guidelines.

So I keep myself clinically up to date, I think even more so than I did when I was practicing clinically, if that makes sense. The guidelines come out and that means that I have to revise all my content and things to make sure that I'm teaching the most recently evidence-based thing. So I think that's definitely a pro.

We say, as nurses, we're lifelong learners. And I feel like when you're teaching the content that's really, really true. Until I taught advanced pathophysiology, I felt like it came in one ear when I was in school, I took my exams, I passed my tests.

And then I retained the aspects of patho that I needed to understand how to do my job as a clinician. But I couldn't tell you what was happening at the cellular level for all of these various different endocrine abnormalities, for example. I just knew, you know, you have diabetes and this is how you treat it. But I didn't necessarily remember all of the things.

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And so I think from a knowledge base standpoint I feel like I know so much more now that I'm teaching than I did even when I was practicing. And I just, I really like that.

Another reason why I went into academics in the first place, why I got my doctorate is because I knew that I wanted to help shape the next generation. I really, truly enjoyed when we would have students in our clinic when I was an HIV specialist and I would get to teach them about HIV. Because no one really learns that in school at all.

And I just enjoyed the education aspect and helping to see them connect the dots and really figure out how to treat a patient clinically. It was almost like a light bulb moment. And I kind of wanted that all the time. And so that's why I went in to education. I just really feel like it's the pay it forward system, right?

There's a gap of nurse practitioners in our country, there's a lot of people who don't have primary care. I'm helping to create those people to care for citizens, non-citizens, people in our country where there's really a gap in care. And I want to make sure that those students that are coming out are fully competent, well educated, and really just great at servicing the people who they will care for.

I think the only con that I would say is I started teaching in September of 2019. In February of 2020 I was diagnosed with breast cancer. In March of 2020 the world shut down. And so I only really had like four or five months of actually teaching before everything went online. And then I feel like we, as a university, as a country had to adjust to this Zoom lifestyle.

And it's really hard to teach clinical education where you have to put your hands on people and feel things and look at things through a computer screen. And so that switch to virtual when I'm still trying to truly master being an educator in general, it kind of felt like the rug was pulled out from underneath us.

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I think we, as educators in general kind of felt that way, not just me specifically. But double-sided coin, right? So that was the negative side of that. But the positive was that it allowed me to go through my breast cancer treatment and still teach because I didn't have to leave my house ever.

So I could recover and still be present for my students and asking emails and not have to worry about driving and finding parking and lugging my bag and my computer and all these things while I was recovering. So the pandemic was a negative and a positive for me overall, personally.

But I will tell you, the students that I'm teaching right now are virtual and we're going back in person later this month. And they are so excited. I'm excited to be back in a classroom too. I think it'll be exciting.

Sarah: That's amazing. I guess I didn't fully conceptualize your timeline of your diagnosis with cancer too. So it's almost like a blessing and a curse, not that cancer is ever a blessing in any capacity.

But for you to have the ability to have that flexibility and to be able to adapt to life with a diagnosis like that and the recovery of something like that, but still be able to do your job and do what you love to do. I think that's a really cool thing.

Courtney: Yeah, I think it was a really welcome distraction. I think seeing my students, and honestly, a bunch of them were nurses at the cancer hospital where I was getting treatment. And so they knew what I was going through. And even some of them came to visit me when I had my double mastectomy.

It was a surreal experience, but I think the fact that I had my teaching job kind of got me through it because it's something that I loved so much that it was almost a distraction in a way. I don't want to say distraction, because that's not really the right term.

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But it was something that I'm passionate enough about that it really made the days where I was recovering or having some bad physical days, my mental health stayed so positive because I was able to turn on my computer and see my students and have those interactions.

Sarah: Yeah, it just kind of gave you an alternative focus a little bit. Especially, I mean, in the midst of a pandemic in general, even outside of a cancer diagnosis I think it was a rough year for a lot of people. So to be able to flip your focus and to really kind of dive into something you love to do sounds like a pretty beautiful thing, to be honest.

Courtney: It was, it really was. And I had the best students and the best colleagues. And they really made it more than tolerable despite all the things. But it'll be nice to go back in person and sit in a classroom and actually get to know my students.

Because it's weird, you see them on Zoom and then we would have a sim day and see them in person. And I wouldn't recognize anybody because I hadn't seen them. I don't know, it's hard to explain, because obviously you see them in their little box on the screen. But it's so different than seeing them in person.

Sarah: It's 1,000% different. I remember when I would go into sim lab and I would see students for the first time I'd be like, "Wow, you're so much taller than I thought you were." Or like somebody said to me, they were like, "I thought you were a midget in your Zoom screen." I'm like, "No, I'm five foot seven, I'm not a midget."

So it's interesting to see everybody's perspectives when you actually get in person and to be able to make that true personal connection. Because I mean, yes, you can make a connection in Zoom, but it's just not the same feel.

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Courtney: Totally. I totally agree. And I've had moments like that too, where I'm like, "Oh my God, I didn't realize— I thought you were this tiny little person." She's like, "No, I'm 5'11." I was like, "Oh, yeah, I see that now."

Sarah: Yeah, and kind of like you as well, I had been educating in the official capacity for about a year when the pandemic hit. And I was like, "Oh my goodness, how do I take this real-life clinical practice – like I was taking these students into hospitals – how do I apply this in the Zoom setting?"

In the first few weeks it was hard. And then I really had to work hard to shift my mindset and be like, "I can still make this a meaningful experience for them. We can still learn a lot of things, we're just going to do it in a different way."

And when I was able to show up on Zoom and kind of have that authority of like, "All right guys, this is how we're going to do it. And this is why we're doing it this way. But we're still going to get so much from this clinical."

Because at first I just felt like my students were angry. And I'm like, there's nothing that we can do about this other than try to make the most of this situation. Which is what I always actively strive to do, even in the Zoom setting or in the real-life setting.

Courtney: Yeah, I agree with that. I think, you know, all of our students are nurses already and they were all working in the pandemic. So I think in terms of the shutdown and things going virtually, I think while it was difficult, it was almost a relief. Because they didn't have to put their masks on, they didn't have to socially distance, because they were all treating Covid patients at work.

It was just like, I can just stay home. And as hard as it may be, and as different as it may be, they still went to their clinicals. They just didn't have class in a classroom. And so I think it could have been a lot worse had they not gotten the opportunity to go into a clinic, had they not been able to see patients.

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I mean, some of them were doing clinical via telemedicine, maybe like 50% of the time, 60% of the time at the initial peak. I don't even know what peak we're on now. I feel like there's been six peaks. Who knows?

But despite the fact that our classes were online, the only class that I feel like was difficult to manage online was health assessment. Because they needed to learn those actual, you know, where do I put my hands? And how do I hold this equipment?

And so we coordinated like two in-person days. One for like all of the systems except for male and female GU one day. And then male and female GU another day. So that they could still learn how to do a pelvic exam and learn how to do a testicular exam.

But also, how to hold an otoscope and how to do a Rinne and a Weber and how to palpate an abdomen correctly. And what are you feeling? We still had those opportunities, it just wasn't week after week, after week, after week after week, it was just a onetime thing.

So I think they're a little bit more apprehensive going into a clinical setting and putting their hands on patients, but at least it's not the first time.

Sarah: And at least too they had the opportunity to continue. That's what I was always trying to remind my students. I'm like, "The world could have shut down and schools shut down with it. But we're all here trying to serve you, trying to get you ready to take on that new role."

And so, I mean, I hate to like scream at people like, "Be grateful." But in a certain degree I was like, "We should be really appreciative of this opportunity to be able to continue." And I would try to remind them of that as well.

And I might have had a little bit of an unfair advantage for the Zoom setting because all of my nurse practitioner education was online. So even like pre-pandemic times I was learning health assessment online.

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Like I was learning how to do an otoscope exam online. And I would have to do like all these crazy videos and show them I was holding it the right way and looking at the right things. But then I was really able to apply my own education that I had had and be like, “Oh, like, this is how we can do this in the virtual world.”

And maybe if I hadn't done nurse practitioner school online myself, it would have been a harder shift for me. But I was like, after the first couple of weeks, once I realized, okay, I still have a job. We're all okay here. I just dove in headfirst, and I'm like we're just going to see what happens. But we're still going to make the most of this.

Courtney: Yeah, I get that. I mean, I've done some education online, but it was just my doctoral work that was online. But the fact you would have probably been great teaching assessment, I should have picked your brain with all that kind of stuff. Because you've done it, right? I didn't have that luxury.

So I think the fact that you can verify that you do know how to do those skills, because that's how you were taught. Maybe I should still pick your brain should things get shut down again.

Sarah: All the videos. My school was all about all the videos. And we weren't allowed to do just videos either, which I appreciate. And I'll tell you, I hated it at the time. But I really appreciate looking back now because we had to do, it was literally like – If I remember correctly, it's been a while now, it was like a 400-part physical assessment. And we had to go live on Zoom and do it in order.

And so having that constant –

Courtney: Oh my god.

Sarah: It was intense, to say the least. But that constant repetition because I practiced so much to be able to do it. When I got into the clinical setting, it

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was no big deal. I'm like, "I've already done this 400-part assessment at least 50 times on my husband. I feel ready, I feel okay about this."

Courtney: Yeah, and I think that comes, like you said, the more you do it, the more muscle memory it becomes. And so I would always tell my students and they're like, "How do you remember all of the things like for review of systems? All the questions that you have to ask?"

I'm like, "I don't know. I ask the same questions every time if there's no just general complaint. And so I kind of like have it memorized in my head about what questions I ask for what systems and I go head to toe." And I was like, "The more you do it the more it just becomes muscle memory and you don't forget it. You don't skip things; you don't jump around. You just have to keep practicing. Practice, practice, practice."

So I mean 400 different things is excessive. But I bet your health assessment was damn good.

Sarah: Yes, it was always on point. Just like you said, just kind of getting into that muscle memory. I'm like, "Okay, I'm going to ask this at this time, I'm going to do this part of the exam at this time."

And then, because I had such a great foundational knowledge base, I could pick out the pieces I'd need for that focused assessment. Because basically that 400-part assessment was focused assessments for the entire body. So I was like, "Okay, now I know what tools I need, I don't even have to think about it." Which is obviously why they did it that way.

And I'm very appreciative for it now, even though I was like cursing people in my head back then.

Courtney: Oh my God.

Sarah: What do you feel like, I mean, I know it kind of varies in the nursing education world. But maybe we could just walk through like what a day in

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the life looks like. Because something I ran into, and part of this was pandemic times too, not that the pandemic is over by any means.

But I felt like a lot of people get into nursing education and it's not really what they thought it was going to be or what they anticipated it was going to be. So what do you think people should be anticipating in this role?

Courtney: So, I think as a student you show up to class, you sit in class, you get your learning in, and then you go. And you think, "Well, what else does my professor do?"

Well, first of all, I have never worked so hard as when I was teaching advanced patho. That class was 260 students, I think it's like 280 this year. And I would say for every lecture that I gave, it took me at least 10 hours to create the PowerPoint, research it, make sure it was up to date, make any edits as necessary, find the photos that I needed, record the lecture. And just get it right. Just for one lecture, like 10 hours at least, at minimum, for one of those lectures. And it was exhausting.

I mean, like I said earlier, patho I sort of had to reteach myself as well because it's not a skill that I would use as a clinician. And we're not talking about management and treatment in that either, we're talking about cause at the cellular level. So it's not exactly something that I needed in my everyday clinical life.

So, I think, knowing that it takes time to build a lecture. And then once you've given it before you just kind of update it from year to year. But it's that time and then it's you know time. For example, the class that I'm teaching currently is the first course in the three-semester series for their final clinical year. And we have our final exam tomorrow.

So it's a 60-question exam, it's all multiple choice. I built the exam, I've wrote the questions. Some questions I pulled from the test bank, but most of the questions I had to write. Which I know you have plenty of experience with. So that's a time suck.

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And now I've had a one hour meeting this morning with the co-faculty that I teach with to go question by question, make sure the STEM is good, make sure the answers are good. And then I have another meeting after this, because we only got halfway through before, to finish that.

So that's two hours just to make sure the tests are good that I already spent hours writing. And then tomorrow is the final so then we have to grade it, we have to get grades.

And then, of course, in addition to your actual teaching responsibilities, you have all of the things that are responsible for you as faculty. So committees that you serve on or scholarship that you're working on. Research, paper writing, just continuing education. And then, of course, because I'm a nurse practitioner, maintaining clinical practice is a requirement for us to teach. So I have my one day of clinic as well.

So there's never a day where I'm not busy. If I'm not teaching, I'm grading. If I'm not grading, I'm writing an assignment. If I'm not writing an assignment, I'm working on a scholarship article. If I'm not doing that, then I'm in a meeting on a committee. Or part of my role too, is I work with our placement office to find clinical placements for all of our students. And that is a time suck too, it's maintaining relationships and networking.

So there's a lot more that goes into being a faculty member than simply like throwing a slide deck up and giving a lecture.

Sarah: Absolutely. I think that's the problem. I think when people, because a lot of people they start into nursing education maybe as like a part-time gig and they're still working at the bedside.

And when you're working at the bedside you work your eight hours or you work your 12 hours and you might not mentally be able to leave work at work. But for the most part you're leaving work at work, like it's not like you're going to go home and chart or something like that.

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Versus when you're working in this nursing education realm like okay, your class is done, that's great. What about the papers you have to grade? What about the next presentation you have to put together? There is a lot of time and research into making sure things are up to date.

And I know that painfully well because it was literally last week when our annual course update released and I literally re-recorded like all 17 hours of video. And making sure that every little piece was exactly what it needed to be. I mean, it took us almost two months to get through that for that day to be able to release.

So there are just like so many behind the scenes hours. And when you're not anticipating that when you initially get the role, I think that's when a lot of people end up leaving nursing education pretty early. Because they're like, "Whoa, I'm used to working at the bedside, leaving work at work. And now I have to do all this additional side work too."

But usually, in the nursing education role, at least where I live in Kentucky, you're getting compensated a bit higher than working as a bedside nurse. And so there's a little bit of a tradeoff there too.

Courtney: I'd say yes, but not in terms of the financial thing, not once you're a nurse practitioner. I mean, I make less as an academician than I did as a clinician. But at the same time, I have a much better work life balance. So to me, that's worth it.

And I'm passionate about it as well. So there's that too. It's kind of gravy, I'm not the main breadwinner in my family anyway. So whatever I make is just extra. But I'm passionate about it. And that's something that even though I loved working with HIV patients, it was an emotional roller coaster. I became too invested with my patients and I had a really hard time separating my clinic life from my at home life. And I think it's a lot easier to do that now.

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I still have students emailing me at all hours of the night, but I have my phone on do not disturb and I don't check emails after, I'd like to say after five, but it's really after 10. But that's just the way it is.

But at least it's not life or death and somebody with a potassium of 1.8 who I'm trying to get into the hospital, and they're not answering their phone, or their phone is off, or their voicemail box is full and I'm worried that they're going to die if I don't get ahold of them so I'm calling the police to go to their house. You know, this is like, "My assignment is late." It's very different.

Sarah: Yeah, it's a little bit of a different feel there. It's very rare that something in a student's life is going to be like truly, truly emergent that you need to respond right at that moment at 2am.

It's usually like, well, they've worked a 12-hour shift. And now they're trying to do their homework. And now it doesn't submit and it's like the very last minute, so they're panic emailing you. So it's panic to them, but on the flip side it's definitely not panic for you.

Courtney: Absolutely. And I will take that any day. It's just for my mental health it's much better.

Sarah: And I don't know if the difference is because I worked at a private college, but actually what I made as a nursing educator was more than my first three nurse practitioner offers too.

So definitely be evaluating salary in between different colleges, you know, private versus public, all that good stuff. Because there are a lot of opportunities to make some really good money. And for me, I was like blown away. I'm like, "Oh my gosh, I can make really great money and absolutely love what I do?" There was no better dream for me at that point.

Courtney: Yeah, that's a good point. And honestly, my only academic job has been at a public university. I mean, don't get me wrong, I make good money. But I think I would make more as an experienced NP.

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I mean, I certainly made less working as an HIV specialist simply because I worked at a federally funded clinic. But I was probably making 30, 35,000 less than the national average in that job. And I did it because I was passionate about the population and the work, not because I wanted or needed the money at the time.

But I think it all depends upon what your sector is, what your specialty is, what type of, you know, public versus private, clinical or academic. I think all of those things go into salary for sure.

Sarah: Yeah, absolutely. I think they all play a factor and it might just depend on where you live at too. Because I know that happens a lot with nurse practitioner salaries because on my new nurse practitioner page someone will be like, "Well, I got offered this here." And someone's like, "Oh, I got offered like 40,000 less over here."

And I'm like, "Yeah, but that first person lives in California, the cost of living is so much higher there. Like how could you compare Kentucky salary versus California salary?" But alas, here we are.

So if you could kind of maybe like go back in time, what would be the biggest piece of guidance that you would give yourself when you were first starting out as a nursing educator? I always like to ask this question.

Courtney: Oh man, so honestly, I don't know if I would change anything. I was hired after the semester had started. So the semester started the end of August and I started September 9th.

So they hired me in knowing that I was replacing somebody who was still teaching in that class. And so I kind of got the whole semester, albeit minus three weeks, to shadow and see how they ran their classroom and how they did their assignments before I was actually responsible for anything.

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I mean I gave lectures here and there. But really the whole course was built out and all of the lectures were assigned before I joined. So it was really like very little responsibility on me in terms of burden of preparation.

And so I think that was the best possible way to get into it. I really did ease my way in. And I feel like the team that I work with is so nurturing and kind. They're like three moms that I work with. We're a faculty team of four and they're all close to my parents age, they all have kids that are my age or grandkids, whatever. So I feel like I work with three moms, they really take care of me. And I think a lot of it has to do with the culture of the university in which you work.

So I would say, if you're looking for a job, look for a place where they really place a significant emphasis on culture and collegiality. And I think looking back, knowing how the rest of the time was going to go, with cancer and Covid, I couldn't be in a better situation. I couldn't be working with better humans. I couldn't have designed it to work out as perfectly as it had if I wanted to.

I just think working with people who really value kindness and collective effort versus competition. And that's the culture that the dean has set, it was even something that they asked me about in my job interview, is that they're really trying to create an environment in which people are supportive and value community over competition. And you can really, really see that.

And it was tested. I mean, it was tested with Covid, and shutting down, and transitioning to virtual pretty newly into my academic journey. And I have to say, they have really just, they've done a phenomenal job with it.

Sarah: Yeah, I think a lot of times what people can run into in education that they weren't really anticipating, because if you think about working as a nurse because I feel like most people start to bridge into education as a

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nurse. And then maybe they become a nurse practitioner later because a lot of people get their employers to pay for those sorts of things.

And so I think, when you're working as a nurse and you're used to being in that team environment all the time, that all of a sudden education can feel really isolating.

Because usually when people get that first in, like they get that first job, it's a clinical based role. And so you're trying to juggle all of these students in a clinical setting. Sometimes a clinical setting you've never been to before and there's really no one to turn to. Versus when you're a nurse and you're at work, there's always typically somebody to turn to.

And so just going in with the readiness for that and making sure that you have people to call on. Because I remember when I started my very first role at that college it was teaching clinicals. And I was like, "Okay, I have questions about this, this, and this." And luckily there was someone else that was in my training session, and we started at the same time. So we would text back and forth all the time.

But I think it would have been really easy to leave that role had I not had that additional support that I didn't even anticipate I was going to need. But lots of questions pop up and lots of different just emotional based scenarios with students pop up. And it's really nice to have somebody to kind of bounce some ideas off of.

Courtney: Yeah, and I would say I didn't have that experience. My first foray into being in academics was essentially where I wanted to end up in academics.

I thought that I was going to have to start, as you said, as a clinical instructor with students out in clinical or with undergrad nursing students. And I kind of skipped over all of that and I landed where I eventually wanted to be as my first job in academics. It was all about the timing and

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the networking, and the chips kind of fell into place in the perfect possible place.

And I really thought I would have to kind of work my way up the academic ladder to, A, get into a graduate program and, B, get into an adult Gero program because that's where my certification is. But it kind of just fell in my lap and I am so grateful for that because I see myself continuing to become more involved. And kind of skip over the whole initial "ladder" portion of the process. And so I'm living my dream job every day and I wake up excited to go to work and I just love what I do.

And I love that I also get to maintain my clinical practice in a way in which I'm not tied to a pager and I'm serving people who really do need the care that I provide. And I'm giving an awesome educational opportunity to our future providers of the world. So my job satisfaction is off the charts.

Sarah: Which is such an awesome feeling. Because I'm sure many people out there listening too, especially those who are working as bedside nurses in the pandemic, finishing up school, whatever that looks like, there's probably not that same level of job satisfaction. And so if you feel like nursing education might be a good fit for you, I definitely encourage you to apply.

I remember just being like anxious to apply, like, "Do I have enough of a knowledge base? Would I do a good job?" But I knew it was something I was really passionate about and I knew it was something I would like to do. So the only way to find out was to try.

And when I became a clinical instructor, like I had precepted before but the majority of my educational base had been just from private tutoring other students. So really like, at the end of the day, I didn't know how it was going to go. But I absolutely just thrived in that setting and once I got in it, I'm like, "Oh my gosh, I've never going anywhere else."

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I mean, obviously at the time I didn't realize I was going to make a whole business shaped around nursing education and trying to shape the next generation of nurse practitioners, and kind of the culture and atmosphere that we enter into this workforce in. But I'm really grateful every single day that I get to love what I do and show up in my best way possible. I think that's what I'm trying to say.

Courtney: Yeah, I agree with that. And if any of your listeners ever have any questions about how to get into academics, I'm happy to – They can reach out to me, I'm happy to chat through it with them.

But like what you said, apply. Don't be afraid to hit that button and submit your application or send an email to somebody on the faculty and get to know more information. Because all of our contact information is on our website, ask the questions.

But I will tell you that we're always looking for faculty who want to be there. There's always room for more in faculty We are always overstretched. So if you're interested in, as Sarah Michelle and I both say, shaping the next generation of NPs or nurses, depending upon what your field is, look at it and see if you find a job at a university near you or online, or whatever the situation may be. Because if you have a passion for teaching, for education, for helping others learn, then it's worth exploring.

Sarah: Almost definitely. Absolutely. I think I would be sorely amiss if I didn't let you talk about your mentorship program. And it's kind of the best ways to get into contact with you. So can you kind of walk our listeners through that as well?

Courtney: Absolutely, thank you so much. So I offer two different types of nurse mentorship. And I mentor both RNs, NP students, and NPs who are struggling with something. Whether it be transitioning their role from RN to NP, or trying to figure out, you know, I recently worked with somebody who was trying to figure out if they should go for a DNP or a PhD. And we sort

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of reverse engineered it and figured out what they wanted to do in the end and figured out the best path to get them there.

We researched specific programs and identified people who she could email for additional help. And I think it was, you know, I had said buy in by the end of our sessions to figure out where was she going to go? And what was she going to do? And how is it going to work out?

So essentially, applying to grad school, struggling through grad school, transitioning your role are three of the big things that I help nurses and NPs with. And then I offer that one on one or I offer essentially, like a five-hour strategy day via Voxer. Where we kind of just talk back and forth instead of sitting down in a one-to-one setting.

So it can be while you're on the run, while you're in the car carting around your kids, while you're in your PJs on the couch and we kind of just talk back and forth and help work through whatever the issue is that you're struggling with. You know, what's your pain point and how can we come up with a resolution that not only is professionally but personally satisfying?

And then once we finish, I have sort of like an alumni group that I have on Slack where my mentees can kind of continue the conversations with me and with each other and just have a community. Because so many of them are going through the same thing and it can be really isolating when you're struggling professionally or personally. And then this allows them to see that they're not the only ones alone and to continue to ping pong ideas off of each other.

It's just, it's really fulfilling for me. And so if you're interested in learning more about mentorship, you can head over to npcourtney.com. And all my options are over there.

Sarah: And thank you so, so much for coming on the show today. Our listeners do not know but we had several technical difficulties and Courtney was super patient. And so I am just super appreciative to have you here.

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Courtney: Absolutely. It was fun and kind of humorous how many things could go wrong.

Sarah: And that's it for this week, so I'll be talking to you next week.

As an extra bonus, friends, if you're looking for support, no matter what phase of your nurse practitioner journey that you're currently in, I have communities available for both students and new nurse practitioners. In these communities we work to uplift one another and grow this profession together every single day. Links to join will be included for you in the show notes.

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.