

Ep #51: A Day in the Life of a Women's Health NP with Rachel Ward



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: Hey hey, my friends. Today, I am so excited to bring a guest on the show who, number one, is an all-star member of my team. And I'm sure, number two, that many of you in our student Facebook group have chatted with her before, Rachel.

Rachel is not only an educator within our live study group program, but she is also a nurse practitioner in women's health as well. And so she's going to give us her expertise on starting as a nurse practitioner in a specialty track and really just what a real day in the life looks like in this role.

And so welcome to the show, Rachel. I figured we kind of start this off by talking about how you ended up in a specialty right out of school, because I know that's something a lot of our listeners ask about on the Facebook group.

Rachel: Yeah, well, thank you for having me. I started in a specialty actually kind of by accident. I always thought I wanted to go into primary care. But I did a rotation through OBGYN, one of the providers was nice enough to host me during Covid and I really fell in love with it. It was quite a time to find a new location every semester, but I really fell in love with it.

And at the end of my rotation there, I met with one of the doctors who's a partner there and I just expressed my interest. And I know they had kind of been looking for new team members and I was just like, hey, when I graduate, I really would be interested in this. This is something I'm really passionate about.

And she was really receptive to that was, which was awesome. And she just told me to reach out once I graduated, which I did. And that's how I got into a specialty.

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Sarah: Which is another beautiful, wonderful example of networking, which is also how Rachel got her job with me. Because when we were looking at hiring last spring, I'm like, okay, we need like some all-star live study group students. I'm like, "Anna, who are like the best of the best that you can think of?" And you were immediately on our list.

So when it comes to getting jobs, yes, you can put in a generic application and hope for the best and reach out and those sorts of things. But networking tends to be where it's at. It's all about who you've got around you and who you can make contacts with.

Rachel: It totally is. And that's really how I got into it, I didn't even actually ever submit an official resume until they needed it for my employee file, which is pretty funny. But I know it can be stressful and daunting to approach a doctor, especially one who owns a practice and express your interest. But they really are so receptive and, I mean, who doesn't want someone on their team that really does want to work in that specialty?

Sarah: Yeah, absolutely. Everybody wants someone that's excited to work on their team, I definitely know that from my end as well. And so what do you think it was about that clinical rotation that just really drew you into wanting to work in women's health? Because you were like I thought I was going to do primary care and then I ended up here and I was like ah, this is what I want to do.

Rachel: I really liked bridging the knowledge gap, especially with younger patients about what is normal in a woman's life. And especially with menstrual issues, a lot of times we have these kind of like 18, 19 year olds coming in saying, "Hey, I've had horrible menses since I was 12 and my doctor kind of brushed it off. And now it's just ruining my life." And just being able to bridge the knowledge gap and really help those patients.

And then, obviously, pregnant patients are awesome too. Watching them throughout their whole pregnancy and then meeting their babies when they bring them in for their six week postpartum visit is really awesome. But it

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really was those kind of younger patients, or even some of them are older, and they really had just been brushed off their whole lives with these horrible menstrual issues, menstrual pain, and no one really found answers for them.

And the doctors I worked with and the nurse practitioners I trained with were really awesome at saying you know what, this isn't normal, and we can do something about this.

Sarah: Yeah, absolutely. The more patients and the more people I talk to, the more common I realize this is because actually one of my sisters, she has endometriosis. But she was written off for a really long time. They were like, oh, you're young. Oh, it's just your menses. Periods are painful. Those sorts of things. I'm like periods aren't painful for her, they're debilitating for her. There's a difference there.

And so when you're out of that knowledge loop and yet you're having people tell you this is normal, continue on with life. It can be a really tough balance of when do I push back and what really is normal too.

Rachel: Exactly. And a lot of times they'll put them on an oral birth control without even asking if that's something they even want in their life. They kind of just band-aid it. And I know women's health is pretty complicated, especially for primary care to deal with. So it's not necessarily 100% their fault.

But yeah, definitely just kind of bridging that gap and letting them know this isn't normal and this is something we can definitely try to help out with.

Sarah: Yeah, and I think primary care is hard in some ways because, I talk about this all the time, but I feel like— How do I want to phrase this? We learned about so many things so quickly that we're kind of scratching the surface. We've got to be able to identify, but we don't have a whole ton of in-depth knowledge about women's health unless we're going to work in women's health. You know, those sorts of things.

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The things that get more specialty that people still pop up for in primary care, those can be really difficult to know the ins and outs of when you're not doing that everyday too.

Rachel: Oh, absolutely. And I do not envy primary care physicians and nurse practitioners, you really have to be a jack of all trades. I always joke with my friends who are in ortho or other specialties. And I was like, "If someone came in with a knee complaint, I would just say well, go to ortho. I'm not really sure."

Sarah: Yeah, I'm referring you out.

Rachel: So you really do have to do it all. Yeah, exactly. You really have to do it all in primary care. So a lot of times they just don't have the testing, they don't have the in-depth knowledge, which is totally fine. And I'm happy that they refer out.

Sarah: Yeah, absolutely. Primary care, they're the referral kings and queens out there. Let's get all these people to where they actually need to be, and then if it's something like hypertension or diabetes and it's not totally terrible and totally out of hand, we can handle these things.

Rachel: Exactly.

Sarah: Now, what do you feel like is the biggest misconception about working in women's health as a nurse practitioner? Like what's something people assume about the job that doesn't happen or something along those lines?

Rachel: I think in general a lot of people assume that it's always happy. And unfortunately, it's not always happy. We do see loss of pregnancies. We do see people struggle with infertility. We do see debilitating menses. And so it's not always just happy, happy, delivering babies and all of that.

I also don't deliver babies. A lot of people think I do that part, but I'm just purely outpatient. Just office visits and yearly physicals and pap smears, all

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of that. Nothing inpatient, which a lot of people think I'm actually delivering the babies, but that's not for me.

Sarah: Yeah, there's a clear delineation between the OB portion and the GYN portion and going into the hospital to deliver your baby.

Rachel: Exactly, and I am very happy outpatient.

Sarah: So what is kind of just like a typical day in the clinic look like for you? What kind of procedures are you doing? What kind of education are you providing? For example, I didn't get to do a women's health clinical, so what would it have looked like if I did?

Rachel: So I really see a good split between GYN and OB patients. We have five doctors, so we prioritize our OB patients seeing them because they're the ones who are going to deliver the babies. So they're the face that they're going to see when they come into the hospital.

So normally I see probably a 50/50 split. I'll do some OB visits, which are generally pretty quick. We listen to the heartbeat, we talk about where they are in development, any questions, their next appointments, all of that good stuff.

And then GYN appointments I do get a longer block for them, which is really nice. They give me 30 minutes, which is pretty rare to be given that much time. But then we do pap smears, I read ultrasounds, we have ultrasound on site so if someone's having pain or a fibroid or something like that I'll read the ultrasound and make a plan.

I am trained to do Nexplanons too, which is like an outside training for the arm insert. I do IUDs pretty much daily, birth control consults, fertility consults at a baseline. We can do some general labs and kind of direction, higher level fertility stuff we do refer out.

But it's a really good mix. I really enjoy my OB patients, they're a little quicker appointments, it's happy, fun. And then my longer appointments for

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annuals or pap smears or Menorrhagia or something like that are a little longer. And I really do like getting to know those patients and having the time to spend with them.

Sarah: Well it definitely sounds like you have a good variety, because that was actually one of my pushes when I was deciding if I was going to go back to school to get my nurse practitioner. I was like I just want to be able to have the flexibility to do a lot of different things. I know my brain gets bored. But it sounds like you're doing so many different things all the time, you would never even have the time to be bored.

Rachel: Yeah, I really never am bored. It's a new thing every day. And we see some urgent referrals from places. We really try our hardest to keep our patients out of the emergency room since we do have ultrasound on site. So if someone has really bad pain or something like that we can see them in office versus sending them to the emergency room. So it does keep it exciting, and I really do love the variety.

Sarah: And I feel like there's a really great opportunity there to make connections with patients. That's what I miss about being an oncology nurse the very most, is seeing the same patients all the time. Especially, I'm sure, on the OB side, in the beginning they're coming in every month, and then they're coming in a little bit quicker than that towards the end. And then being able to see them on the other side too, I bet it's really cool.

Rachel: It's really cool. And luckily we're still letting their partners come in. So it's kind of like you feel like you're a little small piece of their growing family. So it's really, really fun. At first we see them, yeah, pretty spaced out monthly. And then we see them a little closer. And then, I mean, at the end I'm seeing them weekly, or even sometimes twice a week depending on their condition. So it really is fun.

And then my providers will tell us, oh, so and so delivered. The baby was great, all of the stats and everything. And then we get to see them six weeks later, which is awesome.

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Sarah: Yeah, that's so fun. Something that I definitely wanted to ask you in particular, knowing I was bringing you on the podcast, is about your mastery of time management. Because you're working full time as a women's health nurse practitioner. I feel like you practically work full time for me as well.

I mean, anyone that's in our Facebook group knows Rachel is everywhere all the time, just as much as I am. So how do you kind of juggle all these balls at once and not drop anything?

Rachel: I like to do what I call time crunching, and I don't even know if that's the right term for it. But basically when I'm on, I'm on. So if I'm at work, I'm at work. And luckily, my work is flexible enough between patients and stuff that I usually can get onto Facebook as well.

But then when I get home I take some mental time. I usually like to do some sort of exercise in the afternoon and I'm off then. So I usually put my phone away from me, do my things. At night I go to bed at literally eight o'clock, so I'm never in the Facebook that late.

But it really is all about these time blocks for me. I have a little commute and I feel like that actually is really good for my mental health and I kind of decompress. I listen to some mindless podcasts and that's another time when I'm kind of disconnected from the world as well.

Sarah: Yeah, there's definitely benefits to time chunking. I try to do that as well, it's really hard with the Facebook group because you see it going all the time and you're like, oh, I can just like click in for one second. And it's like a time warp and you're in there for 25 minutes. I'm like, oh, I'm going to come to the Facebook group at eight o'clock in the morning and noon and I'll check it out. But it can be a tough balance.

Rachel: It is, or we see a quick email that I know the answer really fast. So sometimes I'm not the best at chunking my time, but I do try my best.

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Sarah: Yeah literally, for everyone out there listening, probably the first six months Rachel worked for me I would just reach out to her once a month. I'm like, are you overdoing it? Are you okay? Do you hate your job? I was like you're everywhere all the time. Like you're just as much everywhere as I'm everywhere and I know how time consuming that is, and I know you have other responsibilities. She's like, yeah, I'm great. And I'm like, she's a whiz. I have no idea how she does this.

Rachel: I really do enjoy it, so it's not a task so much to me. The Facebook group, the people in it are wonderful, they're just asking questions for clarity or curiosity. So it's really not a task so much as it is just helping these students become real deal NPs.

Sarah: Yeah, it's a lot of fun work. That's what I try to explain to people, and I don't think I can ever fully get it across. I genuinely love talking to students. I genuinely love doing the live study groups. It's really hard for me to even call it a job most days. Now there are pieces of it that are definitely a job and a company. But a lot of it is just talking to people through their anxieties and their overwhelm.

And I feel like before we had this Facebook group with all these dedicated nurse practitioners responding, there wasn't really a great place on the internet to go to have questions answered and know that you're getting a reputable answer. And I think that's a really big deal for these students.

Rachel: Yeah, and I really enjoy it. We have such a great team, when I don't know something I know I can ask someone else, and they'll know the answer.

Sarah: Yeah, I ask Rachel all the women's health questions all the time. I'm like let me just like run this by you real quick.

Overall, do you feel like you've had a really good transition into being a nurse practitioner? Because I know for some people it's more difficult than others. I definitely think doing clinicals there before really kind of makes it a

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little bit easier. What would be your opinion upon your last few months of transitioning in?

Rachel: I definitely feel like sometimes I am an impostor. Sometimes I'm like, people are really trusting me with their health. But I have a really great team. One of our doctors who was hired about the same time I was hired was fresh out of residency, so we've kind of been in the same place. Obviously, she's a doctor and has much more training, but of this like transition of student to provider.

And I also have an amazing team of nurses at the practice. Like truly would not make it through without them, even silly things like is this the right swab for this? They just know the answer and sometimes I have to double check.

I have two other NPs that I work with, and they've been working in OBGYN for a long time, so they're really great too. And I'm like, hey, look at this ultrasound, what would you do about it? How soon would you bring them back? And it's really great. I just have a really great support system.

But there are definitely days when I'm like, I think this is what I'm supposed to do for this patient. But my doctors and my NPs around me and my nurses are really supportive, and none of them would ever brush off any questions. I've asked them a million, what I thought were silly questions, and they never make me feel like they're silly.

Sarah: Yeah, having that backup changes the whole game. Where I really find that new providers struggle is, oftentimes what I see is in urgent care settings where they tend to be the sole provider on for the day. And I think that's just really tough when you're new because, yes, you have the knowledge base, but you don't necessarily have the confidence to back it up yet. So being able to ask those questions is super, super important.

Rachel: It really is. And there have been a couple times, so we're a full practice state, so NPs can be in the office alone. And I've never been alone alone, but it's been me and the other NP and she's been busy. But I know I can text any of the doctors, I can call whoever is on call at the hospital and

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be like, hey, this is the situation. What do you think about this plan? And they're always super receptive. And I do think that's a huge piece to why I feel more comfortable and I'm really loving what I do.

Sarah: Yeah, and is there any guidance that you would give someone else kind of starting out in women's health? Like something maybe you wish you had known or something along those lines?

Rachel: I feel like just reading up into the newest guidelines, there have been a lot of recent changes and a lot of the older providers haven't latched on to the recent changes. Or even there's some newer treatments coming out for something like a yeast infection, which typically we just do our regular old Diflucan or Terconazole inserts. But there's newer medicines coming out that work a little better, so kind of just breaking through.

And my providers are really great at being like, oh, I didn't hear about that. Can you send me that article or can you send me that information? But I think just really trying to stay up to date. I subscribe to a bunch of contemporary OBGYN articles that are sent like daily. And it is really helpful, because kind of the olden ways of doing things are going out the window and we really have all these advancements. And I think staying on top of those to better help patients really is a key.

Sarah: Yeah, I'm like shocked. Because you know we did our big course update last year, but I was genuinely shocked about how many guidelines had changed in women's health. I was like, they are like making some serious moves in women's health trying to figure out what's going to work best for people.

So I'm very impressed by that corner of the medical world and all the strides that they're making to make things better.

Rachel: Yeah, I think there is a big push. I mean, there's a whole update to pap guidelines, which is kind of nice. Trying to be less invasive to patients when we don't have to be. We're not doing them as frequently because we're seeing the HPV rates come way down, which is amazing. But I think

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getting the whole world to shift that way is going to be another story. But we are definitely making strides there.

Sarah: Yeah, and I definitely think too, like when you're looking at these updates, like when I was originally looking at the pap smear updates, I was like, wow, I can't believe they're kind of reining back in a little bit. But then when you look at the research behind them and how successful the HPV vaccine has been and how life changing that has been for so many people I'm like oh, this makes a lot of sense.

But until you know the why it's really hard for you to change something that, you know, some providers, they've been doing the same way for 20, 30 years.

Rachel: Exactly. And there's a lot of new ways, even as far as deliveries go with babies and different techniques and things like that. There's different techniques for things like colposcopies even, where we used to have a little bit more invasive and now we can kind of reel it in because our pathology is better.

So there are big changes in that way. But yes, it is hard to get some of the older providers who have been doing this for 20, 30 years to get on board with everything.

Sarah: Yeah, absolutely.

Well, Rachel, thank you so much for coming on the show today and kind of giving us like a little snippet view into women's health because I know there are a lot of people out there interested. And especially in Covid times, which I hate to even say we're still in Covid times, but we definitely are, it can be hard to get those specialty clinical rotation tracks. And so any kind of expertise into it is helpful for the next person coming after you too.

Rachel: Well, thanks for having me. And yeah, anyone out there wondering about women's health, I'm always happy to answer questions. And my biggest piece of advice is don't be scared to reach out because a lot of

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these practices are skipped by schools and the schools don't even know that they're open to taking students.

Sarah: Oh, wow. Yeah, that was definitely some good advice. Because, yeah, when I was doing my own clinical rotations, I don't even think it crossed my mind. I was like I've just got to get those primary care ones in. I didn't even think, oh, well, this women's health one might be open or those sorts of things.

So definitely if you're out there listening and this is something that interests you, reach out to everyone around you. Networking is going to be your key not only for clinical rotations, but also when you find that first job, too.

Rachel: Exactly. Well, thank you, Sarah. This was awesome.

Sarah: Thank you, Rachel. And everyone can, of course, reach out to us both in the Facebook group where we both live. And I'll talk to you guys 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.