

# Ep #69: Greatest Hits #3: Contract Negotiations with DNP Molly B.



## Full Episode Transcript

With Your Host

**Sarah Michelle**

## **Ep #69: Greatest Hits #3: Contract Negotiations with DNP Molly B.**

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 everyone, it's me, Sarah Michelle. Today we are going to be starting a string of episodes over the next few weeks of our greatest hits. So our greatest hits are our top 5 most listened to episodes by students and new nurse practitioners that have helped you along your real deal nurse practitioner journey as I'm currently out taking maternity leave.

But once we get through these greatest hits episodes we will go back to our normal schedule and cadence of all the good things that you guys have come to expect from this podcast. So I'll be talking to you live soon.

Hey friends. This is Sarah Michelle with an episode of *Becoming a Stress-free Nurse Practitioner*. Today, I'm going to be talking to my wonderful friend Dr. Bradshaw, affectionately known as DNP Molly B.

We're in contact often as I love to pick her brain about not only our profession, but also those important going back to school opportunities. She's a huge proponent in the nurse practitioner world for getting that doctorate. And as many of you guys already know, I'm actually planning to go back to school later this year to get my post Master's doctorate.

Dr. Bradshaw has truly been an endless wealth of knowledge for me as I've navigated my own NP career snafus. So I figured we would spend today talking about the topic of contract negotiations and getting that very first job. This isn't really a skill that we're taught in school, and something I too had to learn once I graduated.

So why don't you just start us off with just a brief introduction to you and your background?

DNP Molly B: Thank you, Sara. It's exciting to be here. I love to watch your groups on Facebook. I'm a member of your review course. And you're Just

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Breathe NP group because I like to see the conversation. And I like to engage where I can to help just figure things out.

Because we've all been at the beginning. You don't get to the middle until you get through the beginning. So a lot of the questions I can certainly relate to, and I actually very much wish that I'd had a safe place to ask. So I think you're doing a great bit of work in the groups.

As far as myself, I'm a Kentucky girl, born and raised. My nursing background is really labor and delivery, the operating room, I did some school nursing, middle management. I kind of done a lot of different things. I was in the military. But I decided that I wanted to be a nurse practitioner really because of the work that I did as a school nurse. I enjoyed kind of the immunization, doing checkups, talking to parents and that job really kind of helped me decide that that's what I wanted to do.

I am certified in family and women's health. At the time I went to the University of Kentucky for my master's degree. There was not a DNP offered at that time. Because the first DNP was actually offered the year I graduated from UK. And I remember leaning over to my friends, I'm like, "What is that the DNP thing again?" I was like, "I don't know what that is."

But anyway, so I got my master's degree at UK. I got certified in family and women's health. I was in the military for a couple years after that and ended up moving to New Jersey, which is where my husband's family was from. And I practiced in primary care, ended up teaching at Rutgers where I was an FNP program director. And then later got involved with DNP work and DNP projects after I finished my own DNP.

And now I'm back in Kentucky. I'm at Eastern Kentucky University, which is my undergraduate Alma Mater. And my mom needed some help with health things. And so I'm home, I'm practicing in a federally qualified health center. And I do primary care and a little bit of urgent care work. But I like what I do, and I teach in the DNP program.

So career wise that kind of sums it up a little bit.

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Sarah: That's really cool. I didn't realize that you were a school nurse and that was kind of how you got your start in your field for doing primary care as a nurse practitioner. That's really interesting.

So with all this career experience, I bet you have a lot of experience doing contract negotiations as well. Now before we kind of get into what we should negotiate for as new nurse practitioners, I'm almost positive that most of my listeners are saying, "Am I even in a position to negotiate when I'm brand new and maybe just a little bit desperate for a job?"

So what would be your thoughts on that?

DNP Molly B: Okay, so this is going to be kind of a loaded explanation. But the first thing you have to do to negotiate for a job is finish your degree and get certified, right? Now, the job search itself can certainly start when you're in school.

By all means I would recommend, as a faculty member, probably in your final semester, you need to be talking to people, talking to your preceptor, networking. I always recommend that you join your state nursing association, whatever that is. And join AANP because there's a lot of job postings there that you cannot see unless you're a member.

But you've got to first of all, start the networking. Most of landing a job is going to be about who you know. If you're only looking at job offers on something like Indeed or something online, not all of the good jobs are going to be posted in those types of situations. And those jobs are going to be the most competed for because they're publicly posted. So you want to be working all your networks.

I recommend that students have a business card with just their name, and their cell phone number, and an email address. And be passing it out to anybody, because I tell you my first nurse practitioner job in New Jersey, I landed because it was my mother in law's primary care doctor, and he was looking for a nurse practitioner. And she said, "Oh, my new daughter-in-law is an NP. And she's getting out of the military, and she's looking for a job."

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And that's how I got my first job. So it's very bizarre, and it's very weird how you might come across certain job opportunities.

So let's say in your last semester you're networking, you're getting ready. I would say the next thing is you have got to prepare your resume or your CV. What's the difference?

CV is your more detailed, your laundry list of everything you've done kind of professionally. It can be more than two pages. Resume is more like a two-page summary, it's used more when you're trying to, I would say land jobs. CVs, in my opinion, are used more for career change, because you want a more detailed view of the person that you're hiring.

I think I've said this statistic to you before, but it costs about \$300,000 to onboard one nurse practitioner. So this is a serious investment on behalf of anybody that might hire you. The cost of one mis-hire, meaning hiring somebody and it doesn't work out can equal up to seven to \$800,000 a year.

When you compare that to an RN job, it only cost us about \$80,000 to get an RN ready to work. So we need to shift our mindset from RN world to NP world, that this is a very serious search. And it's a search for a career change, it's not just the search for a job.

Sarah: Yeah, it's a totally different perspective to be in the NP world. I think that's something I struggled a little bit with myself. I was very much, when I graduated, going off of my nursing knowledge and how I searched for a job in that realm. But searching in the nurse practitioner world is kind of its own beast, a lot of ways.

I really like your idea too, about the business card because that wasn't something I thought about. But that's something really easy that you can just give out to people too, or give out to your mother-in-law or your mother to give out for you in their own visits, right?

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And I kind of want to make the point too, for the students that are listening aren't really looking for a job yet. I think Molly made a really great point, networking is everything. You know, I was networking way before I ever finished school in hopes of having that job landed. So that way I could graduate, pass my test, and just immediately jump into work.

The kind of like thinking about the NP job world and actually getting the job, like if you were to get an offer, what are some things that you feel like a new graduate nurse practitioner should negotiate for? Or like absolutely must have in their contract?

DNP Molly B: So that's a great question. So again, you've got the word on the street, you've got your CV ready. Now, before you even negotiate, you have to do a budget for your household. That's one of my rules too. So I teach my students this, you have to know what it takes to operate your household. The majority of Americans do not do a monthly budget for your household.

You need to know what your student loan payments are going to be. You need to know what your bills are going to be. You have to know what your bottom line is because it would be difficult to take a job for less money than it's going to take to operate your household.

So the first thing I recommend you do is do your household budget, because that helps you establish what your bottom line is going to be, right? The other thing that helps you do is it helps create a conversation with your family. Because also before you job seek and before you negotiate, you have to know lifestyle-wise what you're willing to do.

Are you willing to work night shifts? Are you willing to work weekends? Are you willing to work late nights during the week? You know, what exactly lifestyle-wise. Are you going to be on call? So you've got to figure those things out with your family. Once the family conversation, so the budget is set, you know what you're willing to do. Now we can start job searching and contract negotiations.

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So to your question, salary is always going to be the number one, right? The first thing that I would say to this group is remember that nurses think of things in dollars per hour. Providers think about things in terms of the total package. So, probably more than likely, you're going to be offered a salary versus an hourly rate.

Now that kind of depends on where you're working and what kind of work you're going to be doing. But you need to calculate things both ways so that your brain doesn't get distracted by if they offer you a salary or if they offer you an hourly rate.

A lot of the monies are going to depend on what is offered in your area, so you kind of have to know the market in your area. And I'll just be real blunt with this group, So in New Jersey, in northern New Jersey, most of my NP grads, depending on where they work, were saying they were getting salaries of about 90 to maybe 110, somewhere in there as a new graduate. But the cost of living is a lot different than it is here in Kentucky, right?

So in a place that's more rural like Kentucky, that type of thing, I would expect to anticipate a salary, based off what people have told me recently offhand, perhaps around maybe 70 to 80, depending on what you're doing. But for just a traditional, what I would call traditional primary care. You might get a little bit more if you're doing urgent care or immediate care. Or, you know, certainly if you're in specialty practice, that kind of changes things.

So I know salary is going to be one thing that you're going to negotiate. But when you're looking at salary, you have to remember that your benefit package adds about 20 to 30% of value to the total number. So let's just say for example, you're offered a salary of \$100,000. The benefit package that goes along with that often adds value of anywhere between 20 and 30%. So now you're talking about really, your package is worth 120,130. So you've got to kind of factor that in.

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So here's the questions that you want to ask about negotiation. Always let them throw out the number first, if you can do that. Now, that's not always easy to do. But if you can get the employer, or potential employer, to throw out the number first, it gives you a better sense of what you can negotiate for.

But the next things, obviously, you're going to have to ask about is health insurance. Is that part of what's included? Is it not? So you've got to ask about health insurance. You've got to ask about, I would call it equipment to do your job. Equipment would include your cell phone. If you're making house calls that might mean mileage for driving. It might be equipment to do like junk kit, you know, have some stuff with you type thing. But you want to be equipped. You know, if there's a certain kind of otoscope that you like, are they going to provide that for you in the office?

So just kind of check out the equipment situation. One example I have about equipment is I'm women's health certified, so I do a lot of pelvic exams in primary care. And I had worked for an office once that had a goose-neck lamp. And I was like, "Can we please just get like one of those Welch Allyn like plug it in the speculum kind of things because the goose-neck lamp has got to go." And they bought that for me.

So you want to kind of just look around and just do a quick equipment scan. And ask them, you know, are they willing to provide you maybe something in particular like that that you like.

The fourth thing is going to be are you going to have to be on call? What's the call situation? Are you going to be required to call from an answering service? Are you going to be on call to go in. So maybe if you work at an urgent care, are you going to be required to go in? That kind of thing.

And then the employer, in my opinion, should always be paying for your malpractice insurance. Now, some do and some don't. What I've done in the past is my employers have offered to pay my fee for, like I had



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insurance through NSO, so they would give me the money to pay that fee. So that's how I've worked that out.

I worked for another person and I was just basically bundled into the company's corporate malpractice. The only thing you've got to be careful and clear of on that is, in those situations you're covered when you're doing work for that organization. But you are not covered when you're doing work outside of the organization. Exactly. So you've got to be clear on what that's covering.

So the malpractice and all the other fees that go with licensure. So that would include your state license fees for your RN, your nurse practitioner stuff, if there's anything else required. Like in New Jersey, you have to have a CDS number to prescribe controlled substances on top of your DEA registration and things like that. So I believe that those are all things that the employer should be paying for you.

If they are not paying for those things outright, then the cost of your salary goes up, right? So you don't take less money, you negotiate all of those kinds of things in.

But quickly to summarize it's going to be the money, your health insurance, your malpractice insurance, and then all the other equipment, cell phones. All of those things are just some things that I would start to think about. I hope I didn't leave anything out. But that's where I would start.

Sarah: I'm really glad that you mentioned equipment actually. Because that wasn't even something that was on my horizon when I was looking at new jobs as a nurse practitioner graduate. And what I found was one of the clinics I was applying for, they had an X-ray machine. But their process behind it was that the provider actually reads the X-ray, and they don't actually send those out. Which is something that I wasn't totally prepared for. And definitely something I felt like I had to refresh on a little bit to be able to go in and be competent at reading those X-rays and doing those sorts of things.

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So kind of thinking about contract negotiations as a whole, are there any like huge red flags that people should be on the lookout for? Like something like, “Ding, ding, ding, do not do this job. Do not take this job.”

DNP Molly B: Yes. So definitely have some red flags. So, please remember, this is just my opinion. I've been doing this a while, you know, since 2005 I've been in the NP world. But here's my piece of advice. Number one, think of this like a marriage, okay? You're going to be married to this. Unless You're on a blind date and it's an arranged marriage, you got to date before you go get married.

So, if you think of that analogy, try to spend some time, at least a day, half a day in the practice. But I would be on the lookout for what do the staff behave like? Are the staff happy? Are they pleasant people? You know, are they happy with their employer? Are they complaining about things? So to me, when the staff is happy, and when the environment is good that is reassuring. If it's a negative environment, that would be a red flag for me.

I actually had to leave a job as a nurse practitioner once because the physician and the office manager bickered all the time. And it made me feel like I was a child listening to my parents argue all the time, and it bothered me to the core. And they were very kind to me, but they just bickered at each other all the time. And I honestly couldn't stand it, I had to leave. But that's a red flag.

Number two red flag is you have to know and be a part of the business operations. So I would be very suspicious of clinics or places that are not willing to be transparent about the books. And so, they may not necessarily show you what other providers make, or what other people are earning, or even what the clinic earns overall. But for the revenue that you generate, for the patient encounters that you're billing for, I think that there is a responsibility for an employer to be transparent to you about what your numbers are. What they're billing under your name. And to just be a part of that conversation.

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So I've always made it a point. Again, in that job that I was talking about with the bickering, I was not included in that and it made me nervous. So I smartened up. And the next job that I got, I'm like, "I at least want to know what is billed under my name, what my productivity is. Anything that is generated by me, I want to be able to have access to that." So I would be very careful to ask for that.

And last but not least, as far as red flags of billing and coding and things like that. We are, I think, especially in this age and with COVID, there's a lot of different things that are going on. Especially in the post COVID market. For example, billing for telehealth, billing for phone calls, things that we have not really billed and gotten reimbursed on in the past, some of this we're able to do that now. So you want to make sure that we're all having very clean billing practices, and that we're not being fraudulent and that type of thing. Which I guess kind of ties back to what I was saying a second ago, but those would be my two red flags.

I also think if there's just been a situation where there's been a lot of turnover, you know, providers leaving, somebody not sticking around for a while, you want to be suspicious of that too.

Sarah: Yeah, I kind of learned some of these things the hard way, just in the nursing world. I really wish I had shadowed, even before I took my first RN job. Just to get a feel for the people and the environment, because you can love the patients and love what you're doing all day long, but if you're not working with the right people it's going to be miserable all the way around.

And then to kind of go alongside that too, you know, I would really encourage my listeners to watch for reactions whenever you start asking for things. You know, if you're asking about billing transparency, and you're getting a lot of negative feedback, that's probably not a place that you want to be.

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And that was something that was really hard for me to kind of conceptualize for myself. Like, I know, I really want this job. But I still want to make sure this job is the right fit for me. So if I can't have billing transparency, and I can't have shadowing time, or just orientation time, like whatever that looks like, then it's probably not going to be my best fit. And I probably want to keep looking a little bit.

Now, I know we've talked about in the past, privately, about the concept of being branded when taking that first NP job. That was something I was really worried about. And for those of you that don't really understand what I mean by being branded, what I mean is, as a nurse I was predominantly an oncology nurse. So then when I tried to jump into critical care, I had a lot of anxiety. I was like, "I'm not sure if I can do this after I've been an oncology nurse for all this time. I feel like I have a very specialized skill set." So do you think this is something new nurse practitioners should fear? Like, what are kind of your thoughts on that?

Well, I would say that I was one of those people also. I mean, I had a lot of different nursing experiences, but really predominantly, I would call myself a labor and delivery nurse. So that's very different than treating elderly patients for high blood pressure, COPD, and diabetes. There was an enormous learning curve, big, huge.

So as far as being branded, I don't think that your Rn experience brand's you any one particular way. I think that it's probably going to be of use to you when you treat maybe certain groups of people. But to be a provider, I believe you have got to rebrand yourself into being what your patient population demands.

That kind of brings me to another point that I would like to make in the sense of school. When you go to school, it only qualifies you to start. It doesn't qualify you as any particular kind of expert. Licensure for a nurse practitioner is basically minimum competency, to say that you are safe to start practice.

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So you've got to build that and rebrand that. And I think for nurses, especially nurses with a lot of experience, that knock down the totem pole kind of hits you in the gut. Where you've been at the top of your game as an RN, and you know when people come to you and ask you questions, and now you're a rookie again. So that just takes time and a lot of learning. And you just got to rebrand yourself into the role that you're going to need.

And to that point, I would say, don't stress out about skills as a nurse practitioner. Like I see some of the conversations like, "I really want to get good at suturing. And I really want to get good at reading X-rays". But the thing is, if your job as a nurse practitioner doesn't call for that, there's no point in doing it. I actually refused for a long time to teach suturing in my FNP program, because I'm like, "You all don't understand that you're really not going to use this skill ever, unless you work in an urgent care or unless you work in certain areas." And if you need that, for that particular area, you can go get it. But it's more important that we not spend our time on that and talk more about diabetes, or things like that.

So there are things that you think you should know, and I've had lots of different jobs as a nurse practitioner, and I rebrand myself every time. This job that I have now is the first time I've ever worked in an urgent care. And yesterday, I was telling Sarah this, we had a severed artery that came in and I'm like, "What in the world was I supposed to do?" I mean, it was basic first aid, put pressure, and elevate, that stuff and do the best you can. But that's very different than managing somebody's diabetes.

So I've had to work on trauma, and urgent care, and developing myself in those skills because I'm a very knowledgeable nurse practitioner, but I still don't know all that ACLS, I mean, I'm certified but you know, heaven help you if you come in my clinic. You know, it'll all work out, but it's not forte, I have to work at that. And I have to get better at that. So you will always rebrand yourself to fit the context that you're in.

Sarah: Yeah, I think a lot of that just kind of comes from a mindset of fear too. Like, "What if I get in this job? Can I really do this job?" Like that sort of

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thing. And I think it kind of relates back too, just to that shift from being an expert nurse to now being a novice nurse practitioner again. And how do I get over that hump of not being that go-to person anymore?

So I really like that you made that point. That's something I try to discuss a lot on my page and with my students. It's a very normal feeling. I think people start feeling that way and they're like, "Oh, did I make the wrong choice here? Is this what I was really supposed to do?" But yes, it's totally normal to feel almost like a certain degree of impostor syndrome until you really get yourself figured out and you're like, "Okay, I can be a competent provider, it's just going to take that time piece along with it."

Which is exactly what happened when you became a nurse. You know, when you started out as a brand-new nurse, you had no idea what you were doing. I mean, you had the knowledge base to be able to be competent, but you had to grow into that role. So you're going to do the same thing as a new nurse practitioner too.

So, as a final extra question that's slightly unrelated, but I think still relevant, because you've stuck it out in the nurse practitioner profession. What is something you wish you had known prior to starting your first job? Either that be about the workforce in general, or contract negotiations, or whatever that looks like.

DNP Molly B: Well, I think the biggest thing is that you will work very, very hard in your first year to get your knowledge base where it needs to be. And as far as impostor syndrome goes, there is only two options. You can either go through it, and get your knowledge base up. Or you'll be paralyzed by and you'll quit. So there is no choice to go around it. Everybody experiences it. You can't go over it, you can't go under it, you can't go around it, you have to go through it. And the only way to get yourself through it, is to just study, and work, and just get in there.

And the last thing that I want to say, because we touched on it just a second ago, when you mentioned shadowing and orientation. I have to say

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something about this, because it's kind of a pet peeve. It is perfectly acceptable for a new person in an organization to get shown the ropes, let's see what the computer is like this type thing.

But I would be very cautious to not shadow. Do not shadow, I would say shadow maybe a day so that people can introduce you. You know I just want to say, "Hey, here's Sarah. She's one of our new nurse practitioners, you might be seeing her around. Just wanted to introduce you to her, we're just kind of showing her around, getting her oriented a little bit."

But patients have to have confidence that you know what you're talking about. So if you don't feel that on the inside, that's okay. But you have to give the appearance of it on the outside, or nobody is going to want to come back and see you.

So, now, you don't have to pretend like you know everything. You're allowed to say things like, "Let me just go check on that, I'm new here. I just want to make sure that I'm doing everything right." That's okay.

I always recommend to my students, if you don't know what to say to a patient, tell them that you want to go see if you've got something in the sample closet and walk out. They don't know if you have a sample closet or not. Walk out and then get your plan together and walk back in and say, "I didn't have what I was looking for, but here's what we can do." So find those little ways. It's not really lying. It's just, you know, go look in a closet so that it's not a lie. But it's a reason to walk out of the room and get yourself together.

Now, I do think there needs to be a structured way that you are mentored. So, I do think there needs to be a way that maybe you're sitting down with your collaborator once a week and going through charts. Or maybe you've got that other nurse practitioner working with you that you can say, "Hey, what would you do about this? And what would you do about that?"

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And you do need mentorship that way. But honestly, the only way that you're going to be able to do this is if you just get in there and start doing it. You just got to get in there and start doing it.

So I would just say be very careful about shadowing versus orientation versus mentorship. Because they're not the same things. And patients have to have confidence in you. And at the end of the day, even RNs as a group, generally we have more knowledge than a lot of our patients. So that alone should make us feel good about ourselves.

I know I'm always telling my patients when I have an NP student I'm like, "She's already an RN." Or, "He's already an RN." And the patients are like "Oh, okay." Different than when I have a PA student, I have to add. Because I'm like, "She's already a nurse. He's already a nurse." Like the PA student. But you know.

And so that is something to be said. But just be very careful about what patients see you do versus what they don't see you do. You don't have to spill your guts to a patient that you don't know what you're talking about. Be careful and smooth about what you say, and break it down into smaller chunks and say, "Well, let's work on this today. Why don't you come back next week?" That gives you a whole week to figure out what you need to do about that patient's labs. Or, you know, it gives you a lot of time to figure out how to do this.

So think through how you and your mentor are going to work those things out over a period of time. But, again, patients have to feel reassured.

Sarah: And I think along with that, too, is just utilizing your resources. Like I feel like a lot of people get into a new job, and they feel like they're on an island almost. And they're like, "I don't have anyone else. This is all me, I'm the provider." But there are so many good extra resources out there. I mean, even simple stuff you can put on your phone like the USPTF app to kind of look up the preventative health stuff. Or Epocrates if you're kind of looking at doses.



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I mean, there's lots of ways to get around not knowing things too. Or not being totally sure of things. Because I think that's the first real hurdle is, how do I be decisive? How do I have the confidence behind my decisions that I'm making in this realm too? Versus, you know, when you were a nurse, you never really had to be decisive in that way. So that's kind of a feel all of its own.

DNP Molly B: I do think it takes some time to learn how to compartmentalize primary care. So, a lot of our patients will come in, and they haven't been to the doctor in five years, and they want everything done that day. And so you do have to practice asking the patient, "What's your biggest priority today? And then let's work on that. And then we're going to see you back in a month." Or weeks or whatever the interval is, but asking that, what is the most important thing to the patient that day.

The other way to really work toward building your practice as a nurse practitioner is to see some of the acute care visits. You know, the sore throats, and the coughs, and the acute visits, but spend so much time with that patient that they feel bonded to you. They feel like you care about them. I always recommend at first that you call back your own blood work, and your own lab results and things because I think they need to hear your voice. I think they need to feel a connection to you.

When they do that. And when they feel that you've connected with them, you cared, you called, all that kind of thing. They're going to tell their spouse about it. So now you've walked in the whole family wants to come see you. And that's kind of how it builds out from there. But you really want people to feel that connection of caring at first.

Sarah: Especially in a place like Kentucky too.

DNP Molly B: Oh, yeah.

Sarah: You know, you can get your mom, your dad, your sister, everybody all in one really easily like that.

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DNP Molly B: But, you know, even our northern friends need love too. And kindness goes a long way.

Sarah: I definitely think kindness always goes a long way, which I think we even see in the groups too. I never allow any true negativity or any bashing or anything like that, because I'm like, "That's not what we're here to do. We're here to support one another and grow this profession." And you know, that kind of stuff isn't really tolerated in a lot of ways.

But I think building rapport with your patients is always important. And kind of to that point, too, you're not going to be able to fix diabetes in a day. You're not going to be able to fix hypertension in a day. So kind of setting that expectation with them is really great for building rapport, too.

So the last little piece here, you know, what's going to be the best way for our listeners today to get in touch with you about your own courses that you do.

And just as a little side note, I participated in Molly's prescription class last month, with a couple of my students. I didn't even realize it at the time. And it was amazing. So how can they get in touch with you?

DNP Molly B: Well, I appreciate that. So to find me, you can go to my website DNP like doctor, nurse practitioner, you know, DNP Molly B, M-O-L-L-Y. [dnpmollyb.org](http://dnpmollyb.org). So you can go to my website, you can email me at the same [dnpmollyb@gmail.com](mailto:dnpmollyb@gmail.com). I do have a podcast on The DNP Project. So if you are a DNP student, or you know somebody that is, you can listen to the podcast. And I also have a book that I've published with Springer on The DNP Project. So you can find that on the Springer websites.

But you will see some prescribing classes posted for summer when those dates come up. And hopefully, I'll get some of those recorded so you can do them asynchronously, but prescribing is kind of a passion. It was the topic of my DNP project. And I really like helping nurse practitioners figure that decision making part out. That's one of my clinical passions.

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So that's where you can find me.

Sarah: Awesome. Thank you so much. And thank you for sharing your insights on the show today.

DNP Molly B: No problem. And of course, if you want a post master's DNP then come to EKU. I am the program director there. So you know, we can talk and if you're interested in a DNP, we can talk about that. You can find me on EKU's website for that.

Sarah: Yes, DNP Molly B can get you sorted out for all of your post master's certificates and extra degrees and all the good things.

DNP Molly B: But I enjoyed this group and I appreciate you having me. And I do try to answer questions in the group. You know, if I see one I'm like, "Oh, I know the answer to that." But give me a shout out. And good luck to everybody. I know it's stressful, it will not always be this stressful. You just have to get started and get through it. So don't fear it so much. Because if you're not a little bit scared, then you're not safe, in my opinion.

You will always be a little bit scared about it over your whole career. That won't really change, but it won't be as bad as it is in the beginning.

Sarah: Yeah, absolutely. If you feel a little scared, you're doing it right. That's what I try to remind people all the time. Because people are like, "I feel scared. Maybe this isn't what I was supposed to be doing." I'm like, "No, you're doing it exactly right."

DNP Molly B: I agree.

Sarah: So, awesome. Thank you so much. I hope to talk to you soon.

DNP Molly B: All right.

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

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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](http://stressfreenp.com). See you next week.