

Ep #134: Essential Skills and Resources for Success in a Specialty NP Role with Courtney H



Full Episode Transcript

With Your Hosts

Anna Miller

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Welcome to the *Real Deal Nurse Practitioner Club*, the podcast for nurses who are ready to pass their boards and thrive in their careers as real deal nurse practitioners. I'm Anna and I'm the Director of Nursing Content at Blueprint Test Prep. Whether you're deep in exam prep or stepping into practice, I've got you.

It is time to become the confident, knowledgeable NP that you're meant to be. Let's dive in.

Hello, hello everyone. Welcome back to our next podcast episode. You all may remember a few weeks ago when we had my dear friend, Kaitlyn, on here and we talked all about her experience working in a retail clinic. And today I have another very exciting guest. This is going to be Courtney.

I'm gonna let her introduce herself in a second, but she worked in a really unique setting as a new primary care NP, and I want her to share a little bit of her experience. So Courtney, you want to go ahead and just talk about yourself and your background as an NP real briefly?

Courtney: Absolutely. My name is Courtney Helm. I am an adult gerontology primary care nurse practitioner and I'm the senior nurse practitioner content editor at Blueprint. So my first job right out of school was actually in a gastroenterology and hepatology clinic. And so beyond that, I've also worked in a few other roles, including primary care internal medicine.

Anna: Awesome, Yeah, so that is very specific. So how did you get into that? How did you decide, like, this is the realm I want to go from primary care?

Courtney: Absolutely. It's a great question. This was not on my bingo card. However, when I was applying for jobs, while I was finishing school, and keep in mind, I was seven months pregnant at the time, which made that all more complex, but I interviewed with several different specialties. And when I interviewed with this group of physicians that I would be working for.

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I was absolutely blown away by their support and their flexibility and their kindness. And that is exactly why I chose this role.

Anna: Yeah, I love that. If you are able to find an environment that is going to be supportive of you as a new NP, supportive of your learning. You just have a really good group around you that can literally make all the difference in your transition. Because, I mean, we've talked on this podcast before, it's a hard transition going from RN to NP. But if you can find that support, you have those resources, it can make you feel so much better and just help you learn.

So can you go into kind of what, you know, what are some of the conditions you treated? What was like your typical day in the life for those who kind of don't know what something this specialty would be like?

Courtney: Absolutely, so there's two sides of this clinic. And the first side is more the gastrointestinal side, right? And so we were evaluating and treating GERD, peptic ulcer disease, inflammatory bowel disease, all the million causes of constipation and diarrhea. I was helping arrange for endoscopy needs, ordering imaging. And then the other part of my role involved the liver clinic.

And so I treated patients with liver disease and including chronic hepatitis B, chronic hepatitis C, and cirrhosis. And so just to piggyback on that support, I knew right away that I had picked the right first job out of school because one of the physicians I worked for would take every single evening and sit down with me and help me study and help me learn the nitty gritty of all of these conditions. Because in school you get a very brief overview of these, right? But to really learn how to treat them and understand the disease processes, he took me to the endoscopy suite and we sat there and we practiced and we learned until I felt confident in treating all of these conditions.

Anna: That's amazing. That is out there, you all. There are settings and there are providers out there that want you to succeed and want to help

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you. And Courtney brings up a really great point that if you're graduating and you're going straight into a specialty setting, something that's not just your generic primary care, right? It's a very specific into GI and liver.

It's going to be an even bigger learning curve and that's okay. It's okay that you're not graduating school expecting to know all of the ins and outs of liver conditions that you didn't touch on in FNP or AGPCNP school. And so just remember, it's going to be a process. Make sure you ask in interviews how they're going to support your learning so that you can then become very confident in that setting. What did you enjoy most about doing all of the liver and GI stuff?

Courtney: Well, despite being a specialty, no two days of mine looked alike. So in part due to all the organs involved in the GI system and all the things that could go wrong. But I had a special interest in liver disease as soon as I started, and it just really felt like the right specialty for me. And so just a few years before I entered practice is when successful treatments to eradicate hepatitis C really came onto the market. And even when they came onto the market, there were so many side effects and the success rates weren't very high.

Well, when I entered practice, there were new medications on the market. And so, you know, hepatitis C for so many years wreaked havoc, right? Led to serious complications, cirrhosis, liver cancer. But when I started practice, I got to prescribe, you know, eight to 12 weeks of an antiviral medication to patients who had lived with hepatitis C for, you know, who knows how long. And as long as they stuck with it, they were absolutely cured, which was just such a cool thing for me.

And then the other part of it that I loved was just how my role evolved, right? And so, of course, at the beginning, I was learning the basics of all the common conditions, but one of the physicians I worked for was actually a lead investigator for liver disease clinical research. And so once I felt comfortable in the setting, I had the honor of working as a sub-investigator and helping conduct some of those study visits during my workday just to

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further increase my knowledge and support the community of liver clinicians.

Anna: That's fascinating. It never ceases to amaze me how many different things there are that you can do with this degree that you don't think of when you graduate. Like there are so many facets to healthcare and being an NPE. And so if you all are in like a brand new setting, or you're not loving the setting that you're in right now, there are other opportunities. There are so many things.

You have endless opportunities with this degree. And so just keep that in mind that there might be things out there that could be a really good fit for you that you haven't even thought of yet. What would you say are some of the challenges unique to either your setting in particular or just going into a specialty that new grads should be aware of?

Courtney: Absolutely. So I would say first and foremost, not necessarily specialty specific, but the clinic that I worked in was in a rural setting. And so that came with its own set of learning curves, just learning cost-effective care and affordable treatments, right? Like you may want to prescribe the latest and greatest drug, but if the patient's insurance doesn't cover it or if the patient doesn't have insurance, you have to find an alternative that's not going to break the bank, or be prepared to spend a lot of time advocating for your patient to insurance companies or grants or whatnot. And so that in itself was a huge learning curve that I was not prepared for, but fortunately I had some really supportive clinicians that worked alongside me that had figured out how to get these patients the care that they needed.

There is this misconception that you can really just hone in on your clinical skills that are pertinent to that specialty, right? And so like, you know, I was working in a gastroenterology clinic, I should only really know how to assess the abdomen, right? But that's not the case, right? You still have to really apply those foundational assessment skills and understand how the body works and how different disease processes impact the body.

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And so, for example, I had a patient present to the clinic who was having recurrent bouts of diarrhea. But when I took a step back, I looked at the patient and noticed that her thyroid was wildly enlarged. Well, long story short, it ended up being thyroid cancer. And so if I hadn't taken a step back from my GI lens, I would have missed something. And so it's just important to really make sure you know how to connect the dots of all the body systems and not just the specialty you're working in.

Anna: Yeah, I think that's an excellent, excellent point. No matter where you're working, is try to really adjust your brain and not get tunnel vision. It is so easy to try and fit patients or symptoms into this box of these textbook symptoms that you've learned about in school. And sometimes the answer is just kind of right outside that box. And so it's a lot of just keeping your mind open and not limiting yourself to that specialty like Courtney said.

So I love that advice. How would you say your work-life balance was as a new grad? Because I know that's really tough for a lot of people starting out, is they're figuring out how to get their charting done. Sometimes they have a really high patient volume and they can't chart during the day or they're just kind of you know figuring out how not to bring work home with them, how to get everything done and it can feel really really overwhelming at first.

Courtney: Absolutely and it it is overwhelming and I don't want to be anything but forthcoming and the fact that the first six months, I've told every advanced practice provider that I've precepted, the first six months are really tough in terms of not only feeling confident in developing that ability to work by yourself and the ability to feel confident in your decision-making and the ability to use resources, but then balancing family life and balancing the charting, which is honestly one of the hardest parts.

And so for a specialty role, specifically mine, the work-life balance was good, right? I entered that role and they were well aware that I had a two-month-old at home, right? And so not only was I adapting to being a new nurse practitioner, but I was a new mom, which is no easy feat.

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And so compared to internal medicine, primary care setting, which I've also worked in, I loved, loved my role there. But I will say that a healthy work life balance was actually harder to maintain there just due to patient volumes, paperwork, on-call coverage and whatnot.

My specialty job, and really it just came from the fact that the physicians were so supportive that I felt that I could maintain boundaries and grow with them and adapt to the schedule and being a new mom without feeling those pressures of meeting numbers and whatnot.

Anna: Yeah, what an amazing first experience, like right after graduation too, to just like get that support and get on your feet because yeah, the first six months, the first year, it is tough you all. It is tough and it is a mental shift and it is unlike clinicals. It's unlike your nursing role and you really just have to be prepared and kind of adapt and really advocate for yourself. So I know you had a ton of physician support and you were in this new setting and this can also vary state to state. So I'm gonna just preface that for everybody.

But how much autonomy did you have in this specialty setting when it came to decision-making and your patient care?

Courtney: Absolutely. So mine was a really unique setup, right? And so I was in the clinic for the entirety of the workday. However, the three physicians that I worked for were usually for the majority of the day in the endoscopy suite. However, the endoscopy suite was attached to the clinic which was absolutely amazing.

So during the day, I was solo, right? I made decisions on my own. I used my resources. But if a complex case were to come up, I had absolutely no issues walking over to the endoscopy suite, consulting one of my physicians that I work for, or even grabbing them and dragging them to the room and saying, please help, right? And so I had a really, really unique setup there that if I needed them, I could go get them and they would be there in a heartbeat.

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Anna: That's awesome. And that's something too, for you all listening in, who might be interviewing or thinking of questions to ask potential new jobs, is what does that support look like? What is your autonomy like? Do you have other providers in the office who can come help look at something with you. And so those are all questions that you can think about what's important to you as a new advanced practice provider in this role.

And make sure you are asking the clinic or whatever setting you're interviewing with so that you know exactly what to expect.

Courtney: Absolutely. And we had a lot of clinics will have another advanced practice provider with you in some capacity. And I was very, very fortunate to have a very experienced advanced practice provider that worked in the clinic all day with me. And so obviously using them as a resource when you can. And there is a balance there, right?

Like you have to respect their time and their busy schedule. And so if I were to go to another clinician that's working in the clinic with me, you want to come to them with a plan. You don't want to just walk over and say, I don't know what to do. You want to go to them and say, here's the case. Here's what I think we should do.

And they might say, nope, wrong, try this instead. And that's perfectly fine. You have a million of those learning curves and that just makes you a better nurse practitioner, right? But ultimately coming to them with a plan helps you connect those dots and work on those critical thinking skills just like presenting a case scenario in clinicals now.

Anna: Yeah, absolutely. Pretend you're presenting to your instructor or your preceptor. And I always use the phrase, like, bring a solution, not a problem. And really, really hone in, especially if you're in clinicals right now, on getting that, like, I know we talk about, like, SBAR all the time, but like a really concise report, like be working on how to present a patient scenario, like very succinctly, concisely, you have your plan and then talk through it

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with them. And that is gonna make you look and feel so much better as well.

Courtney: Absolutely.

Anna: So last few questions here for you, Courtney. What types of skills do you think are essential for success in this type of role or in just specialty settings versus primary care?

Courtney: As I touched on, for both specialty and primary care, for both of those, you absolutely have to have good assessment skills, right? You have to look at your patient. While numbers are helpful, right? And we can order all the labs and all the tests that we want. Looking at your patient and seeing what you can identify in terms of abnormal assessment findings is going to just make you that much better of a clinician.

Because ultimately, a lot of the times when I found really difficult or complex diagnoses, it was by just assessing my patient. But in terms of skills that are different between specialty and primary care, I would say in specialty, I really, really had to lean in on my resources and clinical practice guidelines. Because coming out of school, you are generally familiar with screening guidelines in primary care. You're generally familiar with vaccination schedules. But getting down to the nitty gritty of the guideline recommendations for peptic ulcer disease?

Probably not. And so when I entered specialty, it is no secret in my role as a clinician and my role as the senior editor, I shamelessly read every word of pertinent clinical practice guidelines. And I'm not saying that you have to do that. You don't have to memorize them. All of this is very easy lookup information.

But just having that familiarity and confidence in evidence-based practice enhanced my experience as a newer NP. And so when I was treating these really specific GI or liver conditions, I knew exactly where I could go in those clinical practice guidelines. I knew which guidelines I needed to

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follow for updates, right? Because medicine is ever-evolving. And just really knowing how to use my resources made a huge difference for these really specific topics.

Anna: Yeah, absolutely. And are there any resources or trainings or anything that you felt like you used all the time or really helped you feel more confident in that setting?

Courtney: Absolutely. So just anything from the gastroenterology guidelines or liver foundation guidelines, I use those every single day in my clinic. But also, I am a big fan of using things like up-to-date for a quick answer when it was appropriate.

Anna: Yeah, and if you all are, you've graduated, you have passed your exam, we have a new NPE Facebook group that is a really good community and we have people posting there all the time of hey, I'm entering X, Y, and Z specialty. What resources do you all recommend? And people who have had experience in a different specialty are commenting and giving them, you know, their tips and their tricks for that.

So if you have a question about your specific area of interest, definitely check out that Facebook group and you are always welcome to ask those questions. So as we finish out here, is there anything else you want to share, Courtney?

Any additional advice, any funny stories you have, anything you feel like listeners should know.

Courtney: Absolutely. So I mean, first and foremost, trust your gut. I know that sounds cliché, but if something doesn't add up or if you feel like you're missing a very critical puzzle piece in a clinical picture, do some investigating, phone a friend in your office, right? Like there is nothing wrong with diving a little deeper to make sure that you're not missing something. But truly one of the very best pieces of advice I ever received

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as a new NP was so, so simple and it had such a profound impact in my early days as a nurse practitioner.

And that was to show that the patients that you just really care, give them your full attention in each and every encounter. Even if you need to look stuff up, or you feel unsure about a game plan, and you need to consult a colleague, which is bound to happen, patients will respect you exponentially when you make those decisions to involve a colleague, or communicate the plan, or take that extra time to make sure they understand what is happening and what will happen with in terms of labs or imaging or medications and education and just taking that time with them.

There's a savvy way to jot down some notes in a visit so you don't get behind on charting, but eye contact and intentionality go a really, really long way. And so oftentimes I just pull up a chair next to the exam table and gather the information that I needed and then let the patient know, hey, I'm going to jot down a few notes, and then we'll move into the physical assessment portion.

But in terms of funny stories, on one particular day, instead of pulling up that chair to the exam table, I made the choice to lean up against part of the counter in the room that was adhered to the wall. And in the middle of a quite serious conversation with my patient, the counter broke off the wall and I fell onto the ground in the middle of the patient room. And so as you can imagine, I was absolutely mortified at the time. And every time I saw that patient for the rest of my entirety working in that clinic, I was embarrassed. But it's almost funny now. But yes, I me and the counter both landed on the ground because I was being so intentional in my communication.

Anna: Hey, you're being intentional. I can totally picture that happening to a very serious conversation. And then just like this big moment of probably needed comedic relief there. I'm glad you were okay.

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Courtney: Absolutely. And I had to, you know, call the building manager and let them know that it was indeed me leaning against the counter that broke it off the wall.

Yes, I think I blocked that out for the last, you know, six years of my life. But here we are revisiting it. But really, the moral of the story here is just really like make the eye contact, sit down, get the story, like ask questions, be intentional. Patients, when they feel that you care, it just really enhances that trust and that open communication line between you and the patient. And that is something that I truly tried to apply to every single patient encounter.

And I would urge anyone to do the same.

Anna: Yeah, be human. And when you're human, and we can make those genuine connections. And we talked about this when we talked with Kaitlyn in our episode over retail clinics, too, is just having that very honest and transparent communication with patients. It goes such a long way. They understand.

They do not expect you to know absolutely everything about everything. Nobody can expect that out of you. And so when we are genuinely connecting with them and we are showing we care, when we're being the absolute fabulous nurses that we are and going back to those roots, you are going to make such a bigger impact, right? Remember that these patients are people and they're coming to you for help and we are, that is what we are there for, right?

Yeah, we have to step out of like that textbook view of things that we've been so ingrained throughout school and studying for boards and just focus on that like human that that people to people aspect that can't be overlooked.

Courtney: So so true.

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Anna: Awesome, well thank you so much Courtney. If you all have any other specialties that you want to hear about, definitely definitely let us know. We hope to get some more MPs on here soon, talk about different settings that you can work, but that is all for this episode and I will see you all again in a couple of weeks.

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 another episode of the *Real Deal Nurse Practitioner Club*. If you want more information about the different types of support that we offer to students and new nurse practitioners, you can visit npreviews.com. We'll see you next week.