

## Ep #140: Pitfalls to Avoid in Your First NP Role



### 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.

Hey, everyone! Welcome back to the *Real Deal Nurse Practitioner Club* podcast. For today's episode, we're going to talk about some pitfalls for NPs in their very first job. And that might sound a little bit scary, but please just bear with us. Right? In NP school, you are prepared to be competent clinicians, caring for patients within your specialty certification. And you'll have hundreds of clinical hours under your belt. But there's still so much to being an NP in practice that you just don't learn in school.

So for today, we are going to talk about what some of those common pitfalls are for new NPs so that you can be even more prepared to be the real deal. And I have my friend, Kaitlyn, with me today to talk more about this topic too.

Kaitlyn: As always, it's great to be here. Anna and I have been talking about what it was like for us when we first started out in our NP clinical practice. Even with all the preparation of school, it can be super intimidating the first time you walk into the office as a new NP caring for patients on your own. So, we're going to give you a little bit more insight into that so you can start off in your first NP role with even more confidence.

Anna: Yeah, I think intimidating is a very very good word. And we've talked about this a lot on other episodes. But I do want to talk about what that role transition from RN to NP feels like, right? Because as an RN, you have now honed your skills in assessment and communication, and you've really developed that all-important gut intuition. But now, when you're transitioning to this NP role, it's a really big change when you are now the one giving orders instead of taking them.

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Kaitlyn: Yes, gosh, for sure. And typically, in the office, you'll be working with nursing staff and medical assistants, and I remember the first few weeks when I first started my NP job where I felt so weird and intimidated to be the one delegating to staff, let alone seeing patients by myself. And I was used to delegating as an RN, but in my role as an NP, sometimes I would delegate to staff members who have been in the role for many years. It was definitely a big shift, and everyone in the office was super nice, but it was such a different feeling to have a new type of authority as a clinician.

Anna: Yeah, I totally agree. And this brings us back to something we've talked about before, which is imposter syndrome. And so that term might be familiar to you all, but basically, it's that feeling of being inadequate despite having the qualifications for something. Although you will graduate NP school, you will pass your boards, you will be that real deal NP, you still might feel like you don't belong making those big decisions.

Kaitlyn: Yeah, that's the perfect term for it. And the good news is that you don't have to stay stuck in that imposter syndrome response. Everybody's different, but after a few months of NP practice, you really start feeling comfortable in your new role, and that confidence will start to shine. You'll get into the groove of managing your patient schedule, documenting, follow-up on tests, and caring for patients as an advanced practice nurse.

Anna: Yeah, exactly. And while this might be a totally expected experience for some as a new NP, the key here is avoiding the pitfall of getting stuck in those feelings of being inadequate. Because you are the real deal. Right? It is okay. It is a normal and expected part of the process to have these feelings when you first start.

And when you get those feelings of being an imposter, just remember all the hard work you put into being where you are, right? You have passed graduate school. You've passed your board exam. You have completed hundreds of clinical hours, not to mention all of that experience and intuition that you bring from your RN career. And so you know so much more than you are giving yourself credit for.

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Kaitlyn: Yeah, that's exactly right, Anna. And along with remembering how awesome and smart you are, you also want to make sure your clinical practice is setting you up for success. We've got some other episodes and blog posts about looking for an NP job and reviewing your contract, but making sure you have an environment that will support your success is key.

Anna: Yeah, absolutely. Finding that supportive environment is huge. And I know that can feel really big and really difficult. But just make sure you're asking those questions when you're in interviews. And kind of connected to imposter syndrome and that role transition from RN to NP is the next pitfall I want to talk about, and that's decision fatigue.

Kaitlyn: What do you mean by that?

Anna: Well, while being an RN definitely requires a lot of decision-making and prioritization, right? Being an NP, it really takes that decision-making to the next level, right? You will be making decisions regarding patient care like what medications to prescribe, what diagnostic tests to order, what next step will you tell the patient based on their diagnosis. And you are going to be doing all of that while trying to complete the patient visit in an appropriate amount of time to be able to do it all over again in the next patient exam room.

Kaitlyn: Yeah, for sure. I can see how this can definitely be a pitfall for new NPs. Just feeling overwhelmed by all the important decisions that need to be made. Let's just talk about some ways to reduce decision fatigue so that you don't get burned out and stressed out. So first, when it comes to patient care, use canned text in the electronic medical record to your advantage. So we'll talk about that a little bit more coming, but just using those ready-made templates can really cut down on extra time documenting. What are some other tips that you have, Anna, for reducing decision fatigue?

Anna: I always say you really need to focus on time management. So, make sure you're looking at things like having enough breaks built into your schedule, right? Are the visit appointment lengths appropriate to the visit

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type? Are you given 15-minute appointments for acute visits and at least 30 minutes for new patients or well visits? And do you have an adequate lunch break in the middle of the day? Do you have admin time built into your schedule to be able to have dedicated time to review lab results and make follow-up phone calls? All of those can really help.

Kaitlyn: Yeah, those are great points. And one of the most important things to consider early on is whether the job allows for things that we might not even think about, like breaks. Sometimes we get so caught up in the excitement of receiving an offer that we forget to ask those critical questions. Salary, benefits, they're all important, of course, but the day-to-day experience of the job matters just as much, if not more.

And I remember my first job as an NP in primary care. I don't talk about this a lot because I ended up ending my contract after a week, and that is just a whole other crazy story in itself. But on my very first day, somebody casually mentioned, "Oh, we don't really take breaks here." And I just kind of stood there thinking, "Excuse me, what?" That was definitely something I should have asked about in my interview. But at the time, I didn't even think to. So, lesson learned. And honestly, that's a great reminder for anybody in the interview process. Don't be afraid to ask about things like break policies, schedule expectations, workflow. These details may seem small, but they can make a huge difference in your day-to-day job satisfaction.

Anna: Yeah, and stories like that are all too common. Okay. Now, I do want to back up just a minute and take a deeper dive into how documentation can be a pitfall for new NPs because that is a big one. In school, right, no doubt you had to write a ton of SOAP notes, and hopefully, you got the chance to document in patient charts during your clinical rotations. But those experiences, I'm just going to be real, they don't completely prepare you for what it's like to chart on patient after patient while keeping your schedule on track.

Kaitlyn: Yeah, for sure. And whether you are working in an electronic medical record system or even the occasional paper charting system that

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might still be around, you should try to make your documentation process smoother.

Anna: Yeah, and I'm not saying that you don't need to document completely, right? You still do. But there are tools out there to help you be more efficient so that you can get it done quicker.

Kaitlyn: Yeah, for sure. The EMR that I worked with had templates for sick visits, well visits, hospital follow-ups, chronic care visits that helped to keep me focused on the questions that I needed to ask and what needed to be documented in the note. And I even made a few templates myself for different acute visit complaints like coughs or throat, so that I could be even more efficient with my time in those more straightforward visits.

Anna: Yeah, EMRs that I have experience with are pretty similar. You can make canned text; that's really helpful. So, for example, you can make quick phrases that you can add to your notes with just a few letters instead of writing out the same sentences a lot.

Kaitlyn: Yeah. So what kind of phrases would you use?

Anna: Well, I did a lot of quick phrases for acute visits for patient education. So, right, I would always give over-the-counter treatments for cough or on infant care. And I always like to end my notes with a phrase like, "Answered all patient questions and they verbalized understanding of the instructions." And so, any types of education I'm giving over and over, especially for things like cold and flu season, ear infections, those acute visits that you see a lot that you're giving a lot of the same instructions for, having those quick phrases done and easily able to add them to my notes just saved a ton of time.

Kaitlyn: Yeah, I love those. And it takes some time and planning and trial and error to figure out what is helpful and what helps with the workflow is great. But then we're always looking for ways to be efficient with your charting to save you time and stress.

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Anna: Yeah, and this is not going to come on day one, you all. This is a process. But it is something that you can have in your head on day one that you can really start working towards and paying attention so that you can get there faster. And lastly, I do want to talk about ways to stay up-to-date with all the clinical updates and guidelines out there. We know medicine and healthcare is changing all the time, and it can feel really overwhelming once you're out there in practice. The good news, though, is that once you've passed your boards, you feel assured that you have a handle on the overarching big things like hypertension or asthma.

Kaitlyn: Yeah, and of course, board prep studying doesn't completely prepare you for everything you'll see in practice when you're first starting out and then in the years to come. So, I definitely recommend that you have some sort of clinical reference tool at the ready. So, I'm thinking UpToDate, Epocrates, Medscape; these are just a few great options. You might even have one built into the EMR system, like we were just talking about. So take the time to check it out and do some practice searches and get familiar with finding that information.

Anna: Yeah, and with different apps like that, sometimes you can save your most searched algorithms or medications for easy access later on. And also, a lot of the clinical practice apps have email reminders that send out emails when a new guideline is updated or when new research is being done.

Kaitlyn: Yes, and professional organizations will do the same thing. Like, I get emails from AANP about new journal articles and guidelines coming out. So, make sure you join those professional organizations and the ones especially related to your certification.

Anna: Yeah, absolutely. I think I get update emails all the time from Epocrates and learn all sorts of new things that are coming out. And then just another thing to remember is to make sure you're using your continuing education funds and you're staying up-to-date on your CEs for your license and certification renewals. We talked all about that in another episode. But

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nursing practice involves lifelong learning, and there are so many different ways to keep up with all of the changes in clinical practice.

But that really sums up this episode today. So, we went over some of those common pitfalls for new NPs, and I hope you feel even more confident and ready going into this first NP job. And just remember, you are here for a reason. You are prepared to care for patients as a safe and a competent real deal NP. You are smart and you are confident enough to advocate for yourself as you navigate this new role, and you're never expected to know it all. Remember, it's okay to be new again.

But thank you all for tuning in. I hope you enjoyed this episode. Be sure to follow our podcast wherever you listen to podcasts. And you can also follow SMNP Reviews on YouTube, Facebook, and social media. But I'll see you next time.

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](http://npreviews.com). We'll see you next week.