***Nightintales* Podcast Transcript**

**Series 1, Episode 10 –** **Certified Registered Nurse Anesthetist
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Ann Arbor, MI

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00:00:01 Host:

Welcome to *Nightintales*. This podcast was created during *the International Year of the Nurse and Nurse Midwife*, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host Jessica Spruit, and I'm so glad you're here.

00:00:26 Host

Welcome to this episode of *Nightintales*. We are really excited today to have Shannon Mitchell joining us. She is our guest speaker. She's a certified registered nurse anesthetist, a learning resource manager at Michigan Medicine. Shannon welcome and thank you so much for joining us today.

00:00:48 Guest

Thank you so much for having me. I really enjoy what I do and if I could help people on that pathway, I would be glad to.

00:00:59 Host

Well, this is really helpful. I think that the advanced practice role of the certified registered nurse anesthetist or CRNA is a really exciting role for many people, and many people find it really interesting. So, I'm excited to hear about how you made your way to the role of a CRNA, and what guidance you might have to offer some students who are currently considering that or nurses.

0:01:23 Guest

OK, well in terms of background I went to a small high school, graduated there and I didn't think I wanted to go to college because I was watching my family and I had one sister in college and she was miserable all the time and I had one sister in the service and she was happy all the time. So, I thought, well, hell, I don't want to go to college, right?

00:01:47 Guest

And like so I signed up to go into the Navy and fix computers and I turned down a full ride to college because I didn't need college and, right, about two weeks before I was supposed to leave, I went to the hospital and I visited my uncle and while I was in the hospital visiting him he was speaking about how great the nurses were and the doctors and they were going to save him. And at that moment, as a defining moment in my life, it was like the hand of God came down, grabbed me, shook me and said you’re not doing the right thing Shannon so I decided not to go. So, I called my recruiter and made him get me out of it which is a miracle in itself. You know, once your name’s on the dotted line…they found the dotted line.

00:02:37 Host

Sure.

00:02:38 Guest

But they had promised me if I decided to go to college, they would let me out. So now it's August. I've not applied to any college. I have no financial aid forms. I spent all my money and my dad was yelling and my mom was crying and something neither of them did so. In the meantime, I had to figure my way through and so I went to a Community College just first semester. Took like math, English, you know. But I used the Army reserves as a way to help guide me through school, so I signed up to go in the Army reserves.

00:03:21 Guest

They have a large medical program, so funny story is the first job they offered me was airplane mechanic and I said no, I’d take medicine. So, if you do go in the military, just know you're in control. You don't have to take the first job they offer.

00:03:40 Host

So, let's get it nice students, better combat.

00:03:41 Guest

Intel in it. It really is the poor young man next to me ended up in Kansas and he didn't even know what Kansas was. I thought that was a joke when they said, you know, 9 out of 10 Americans can't find such and such a place on a map. I thought it was a joke and I was like, yeah, no. It was real. Very real. So, you are in control if you go there. So, what I did is I went into my basic training in that that would be the next school semester. So, it was Winter I did my basic training and then they call it AIT which is advanced individual training and for that I picked medic.

00:04:22 Guest

So, for the first five weeks of that school, it was the EMT course. So, we did the EMT course in five weeks and then the second five weeks of that course were an army specific type tasks that you would need to learn. And what I gained there was a sense of self confidence. I figured that if those drill sergeants could yell at me like that and I could do all the stuff that I did, there was no school that I wasn't going to be able to pass. So, with that self-confidence, you know I went ahead. I was allowed to use my medic title in the military to work as a nurse’s aide. So, what I did was I worked as a nurse’s aide in the summer at the local nursing home I work now weekends and nights all the way through school. Excuse me. Weekends and summers all the way through school an then I was going to Grand Valley. And those classes were really hard. I was like dang, this is hard, you know.

00:05:30 Guest

And at the time my dad got sick, so I had to make the choice to stay at the four-year university and complete the degree or move back home, live with my mom and dad, go to a community college. And that's what I did. Though I wanted to be with my family, moving back in after you've away is not easy, but it was the best thing for me because I didn't have to think about anything and they weren't going to let me starve. I didn't have to pay rent, you know, right and…

00:05:59 Host

Great.

00:06:01 Guest

…being there with my dad. So, I ended up going to the Community College. Alpena Community College had a really great nursing program so I went through that nursing program but something called the ladder program where the first year you go, it's an LPN program. So, it's like 3 semesters and then you're an LPN. And so, I did that with the intention of moving on to the RN year the next year. In the meantime, I thought, well, I had gotten my LPN license. Why should I work as a nurse’s aide? I might as well step up 1 notch. So, I got a job in home health care. So, I would work weekends during school as an LPN doing at home health stuff until I got to my RN degree and then once I finished that, I worked at the local hospital. It was a small Community Hospital.

00:06:58 Guest

I think that for me, I always had somebody looking out for me. You know, there always seemed to be just this one person and my person. Her name was Sarah and Sarah was it was a registered nurse and she kind of reminded me a little bit of an owl. She had that little face with that little pointy nose in these big round glasses and the world could be on fire and you would just look at Sarah and then oh, OK, Everything's. I and so there was that person for me when I was in nursing school, and even when I got out and I was a young nurse. She really looked out for me and so that is how I went on my pathway to be a CNA.

00:07:51 Guest

I got mandated working nights in today's and I was pushing a patient down the Hall and in a wheelchair and Sarah said to me, well Shannon, what are you doing? And I gave her this look like…Well, the pushing the wheelchair…and she said, “No, no, no, not like that what are you doing with your life?” and I said "Well, what do you?" She said, you know you are young and you are smart and you don't have kids or family. I think you would love being a nurse anesthetist.

00:08:24 Guest

And the thing about Sarah was not only did she work on our telemetry unit, but she also worked in the operating room as a circulating nurse. So, she kind of knew what the personality was and what the workflow was and said you'll love it. I just know you're going to love it. I know you can do it and I looked at her and I thought well maybe she's got a point so I went home. Then I checked it out. What was anesthesia all about and I thought well. Maybe I could do this, yeah? So, I applied. Right? I applied, I got in. So, I went to the Oakland University Beaumont Hospital program.

00:09:05 Guest

Yeah, but my sister, yep, so there I am again moving back in. I've been on my own. I have my own house. I went from living in my own home to living in one room of my sister's home. And gosh, I love her. But you know that didn't go well. It wasn't what…

00:09:22 Host

The big transition, huh?

00:09:24 Guest

It was, it was, but what it was, was just what I needed to help me make that first. So, what I applied for school during the interview it was it was very clear to me what they were looking for and they asked questions like that. Again, this is hard. Are you prepared to do this? How are you going to cover this financially? And I said, well financially, I'm going to live with my sister. That's not going to be a lot of rent and the school was supposed to give us a stipend at the time I said and my backup plan is to go back in the reserves if need be. If I need more money for school, and so that was great. They thought that was great and you could see the direct are looking at me when I talked about having been in the military. Cause you know one of the questions was, you know, why do you think that you could do this? And I said, well I can do anything because if I can be in the military, I certainly can do this. And I had been deployed already once when I was in my regular RN program, I was deployed with my reserve unit. So, I missed two weeks in the spring, one week was our spring break and then one week was community health rotation.

00:10:48 Guest

So, I went to Ecuador for two weeks. I had to give a little presentation when I came back, but I went there. I saw what they didn't have. You know, their pharmacy was me, and another medic with bottles of Tylenol and fragile. Count them out, putting them in plastic baggies and giving them to people. Oh my gosh, yeah, that's crazy. And then I came home.

00:11:09 Guest

I was well and then my unit called me and said, well, you know, how would you like to go to Germany? And I said great I'll be done with school in May. They said, well, you're actually going in April. So, thank goodness I was at a small school because they allowed me to do double clinical and the instructors gave me all the tests I needed. So, I did all my homework and all my clinicals.

00:11:33 Guest

That crammed it all into just a few weeks and they allowed me to do that and had I not been at that small school, it would have been just, you know, come back next year, you know, we'll see you next year. After, so, after having gone through all that when the anesthesia program director was asking me, you know, why do you think you can do this? I was like, well, there's nothing I can't do cause I did discuss school and this much time I've been through basic training and that was the deal breaker for me because why else would you? Uh, except somebody who's been to a Community College worked in a you know Community Hospital with a 9 bed ICU like what is that?

00:12:16 Guest

You know I went back for my bachelors through. Uh. A distance learning program. So, what is that? And so, I feel like that the military gave me that so. That's how I got here. Wow, that's such a great story of resilience and I think the value of self-confidence and your willingness to share that too. I think in an interview often we you know, forget about how much we are capable of and how much we can actually accomplish. And you had that at the forefront of your mind and were able to articulate it in a way that that did set you down this path.

00:12:52 Guest

Yeah, but had I not gone down this path I would not have ever gotten that confidence. You know in a small town you're always somebody's little sister. Oh yeah, Marty's, your dad, you know. So, everybody knows you and so it truly was the military. Ironically enough, the military is where I really found myself. And you think that's odd because we're all walking around in camouflage with the same paycheck, but because of that, it's only about who you are. It's not about what clothes do you wear, and it's not about who your parents are. It is just all about you and what you're turning into and what you want to be and what you're capable of. And they push you so far that you realize, like yeah. I can do anything, you know. So, I think that to me was when I really blossomed. And I really came out of my shell and did my thing.

00:13:49 Host

It sounds that way. I'm curious, Shannon. If students were to apply to CRNA schools now, would they be required to have different experience in a hospital or within an intensive care unit than you did?

00:14:00 Guest

Absolutely. So, we were required when I applied now 15 years ago. So, when I applied we only had to have one year of ICU experience. And your bachelor’s degree and now I would tell you that they're still going to say the same thing. You need your bachelor’s degree and one year of ICU experience. But they're also accepting like emergency room experience like it's critical care. And they're looking for people that having two and three years of experience rather than just one.

00:14:40 Guest

And it's truly not about if you're capable to learn because everyone is capable to learn the mechanics of anesthesia. But one of the things that you learn in that first two to three years that you're working as a nurse is how to deal with people, not only your patience, but other nurses, physicians. Because when you're in the operating room, you know it is this multi-disciplinary team that is always there and you know we're not doing it that way or I have to have it this way for patient safety.

00:15:18 Guest

And so, I think that that is the biggest comfort when I got to school. I knew that I came from a small hospital, but I had seen a lot of different things and I had relationships with physicians and nurses.  And so, when I got to school, the relationships were easy for me. Which really allowed me just to focus on the anesthetic instead of trying to learn the anesthetic. Try to learn why Doctor so and so looks at me this way and doctor so and so looks at me that way or understanding death and dying. That is a huge, huge thing that you have to be comfortable with in any career in nursing, right? Any career nursing you have to learn that and it doesn't come easy but you have to learn that.

00:16:05 Host

Right?

00:16:06 Guest

So, the other thing that's happening now versus when I went to school, interesting. There are so many ways to become a nurse, you know. They used to have the diploma program. Then you could be an LPN or that kind of phase. Both of those out now. Not a lot of LPNs, but you could be in our end with an associate's or on our end with a bachelor's and it is all over the board. So, then anesthesia went from bachelor’s to Master’s, but it could be a master’s in nursing. You know what?

00:16:40 Guest

But again, wishy washy and so now what they've done is take an entry level to the doctorate level. So now everyone who graduates from an accredited nurse anesthesia program will have their doctorate degree. It's either going to be a DNP or a DRAP, which is the Doctorate in anesthesia practice. So, they are called a practice doctorate.

00:17:06 Host

Right, OK, so the entry to practice will truly be a terminal degree in nursing, meaning a doctorate degree.

00:17:13 Guest

Yes it will, and the programs now before they were 24 to 28 months. Now they are a full 36 months and so what the programs have done is a front load much of the doctorate. It works so that you're still allowed to work during that time frame, so you're not three years without a job, right? Because it's, it's very intense. Very few people have the ability to go through school and still work, so they allow so they set it up specifically to front load you with that extra material. That's not really about anesthesia, right?

00:17:53 Guest

You can keep working while you're doing that, and then that way, once you get to school, you can start being immersed right away because there's nothing worse than having months and months of lecture and then you don't get to apply it anywhere. So, they're doing a really good job with that. Adding a ton of simulation into those first semesters and to get comfortable before you hit the OR.

00:18:19 Host

I'm sure that's really helpful. We always talk about the simulation lab is truly a safe space. You know, a real opportunity to fumble with things and do things hands on and accidentally break sterile technique because you're learning. It's a safe space to really take advantage of, and you know, really Polish up those skills. So that's really great. They've integrated so much of it.

00:18:39 Guest

Absolutely. I love simulation. I can tell you exactly the case that my simulation instructor let me kill the patient. I was horrified and he said, Shannon, you should kill him, he said, yeah, I'm glad that you care, he said. But if you are this, if you get so upset about a plastic mannequin, how would you feel if it was real life? And so that was the point. So, then what we did is we talked out what had happened, and then we went back and we ran the scenario again and I did not feel the patient and I still left with the knowledge, but I remember that feeling. Yeah, yeah.

00:19:21 Host

And so much better to experience that in a simulation lab, because I think it is traumatic enough for us as we are in a simulation lab and something like that happens. But how much better to do that with the guidance of, you know, an instructor or someone who can talk you through it and then help you right that wrong, really.

00:19:39 Guest

Yeah, one of my roles after I was out of anesthesia school for a couple of years. The program asked me to be the simulation coordinator and so I ran the same program with another CNA John Roebuck and we had a great time. And I'll never forget one of the first days we were up there. We were working on spinal and epidurals and this one student said to me, he was laughing and laughing, and he's like, is it OK if we laugh up here, but will of course, as long as you're learning something you know, feel free. And I think that's something that you can get out of that simulation is that comfort.

00:20:15 Guest

And so, my goal was always to make it a safe place so you could screw up. And I would absolutely let them kill the mannequin and I will confess that when there was one student that continually showed up late and wasn't prepared, I did it one time intentionally. Make it kill the mannequin. And that's probably horrible to say as an educator, but I had tried for a year to get through to him and every other way. And he was coming to the point where he was going to be doing these big cases and I wanted him to be responsible. And so, I had to do it and he was like, you know, then again, we walked through it. And he's OK.

00:21:03 Guest

And you know, if you could give an award for the most improved student, I would give it to him. He also is my colleague now. Oh, not long ago, I was downstairs in a room and I needed someone I needed help and he came down through and did an arterial line for me, asked me what else and we're truly colleagues and there's no angst between us. And I know that he remembers that, but it's not something that he holds against me, it's just a part of learning, and so that's one thing that I would say not everything you do is going to go right. And unfortunately, you actually learn the most on the days that don't go right, but that person and that teacher, that situation, is not trying to pick on you, they're trying to make sure that you're safe.

00:21:52 Host

Right, well and I always say that's the single most important thing right is that you provide the safest care possible to patients and their family. Place I'm hearing you, Shannon described arterial lines and epidurals and spinals and talking about your role. And you know, administering anesthesia obviously comes with enormous responsibility. I'm curious if you could tell me about what your day looks like. What is it? What does it look like to be a CRNA within a large academic institution?

00:22:22 Guest

What I will tell you is that there is a little bit different practice everywhere you go. So, my day as a CNA here at the University of Michigan, there is a residency training program here and because of that residency training program, I don't do open heart surgeries anymore. I don't provide the anesthetic for those because those surgeries you get to put in arterial lines in central lines and they need to practice that stuff.

00:22:48 Guest

So, they are doing some of those things because of school. That being said, we still do a lot of crazy anesthetics here. I mean, we do one in a million cases, so typically if I have a clinical. Hey. Last week I was in something called the Medical Procedures Unit can we do colonoscopies, EGD's ERCP's so that may seem simple, doesn't seem like a lot, but we're taking care of patients that have heart transplants and lung transplants to get those procedures, or they've got LVads, which is like the left ventricular assist device.

00:23:31 Guest

So, you're giving anesthesia for that patient while they're getting their colonoscopy, so that's what I would say is different about an academic center. Is that the acuity of the patients is very high. We have a rating scale. It's called the essay score, and it's from one to five. And so, at academic centers you're going to typically be taking care of ASA four and five patients. When I worked at Beaumont Hospital, we were taking care of two, three, and four. Most of my cases were 2,3,4, so and there the scope of practice was very different because they didn't have a residency program when I was there. So as of yesterday, I was on the open-heart team. We gave the anesthetic for that. We put in our own arterial lines and that type of thing. So that's what I would say when you were thinking about becoming a CNA. If you really like to hold hands and talk to the patient, this is not the profession for you. No offense to our nurse practitioner, and clinical nurse specialist, colleagues that's not offensive.

00:24:44 Guest

It's a true thing. So, if you find yourself working in the ICU and you naturally gravitate toward every code, then you might want to come to CNA School. But if you find yourself wanting to, you know, spend an hour telling stories with someone. This might not be the profession for you. Now that being said, I don't want any callous colleagues. I want my colleagues to be willing to take that moment. And hold someone's hand. I can't tell you how many times I just put the hand on your drape and held a hand for an old old person to get their cataract done right. Or we give the “OK anesthetic”—we say you're OK, it's going to be OK. I gave the OK anesthetic yesterday. You're OK, I'm putting more I put in more pain medicine in your IB. You're OK, it's good.

00:25:33 Guest

So, you know you can go from one extreme to the other in a day. Types of practice that we have. We have like inpatient settings where patients are sick in big complex cases. Then there's also the outpatient surgery settings where you're just trying to do as many cases as you can in a day, right? These patients are healthy as they wanted to and they want their appendix out, or they want their knee scope so you just do as many of those as you can. That's a very different type of anesthetic.

00:26:06 Guest

You use different drugs and with different mechanisms of action and timing, so you think differently when you do that. And then there's also just like I said from hospital to hospital. No. I work at Beaumont, I could put in all the arterial lines they want, but they didn't have a student final. I come here, I can do all the spiders I want, but the residents get the arterial lines. So, there's going to be just nuances like that as well.

00:26:37 Host

Right, I think that's important to note because I think as you are, you know, considering different jobs and different opportunities, it's important to recognize that this is going to look a little bit different everywhere. And maybe even a depending on what kind of role you take on within the same, you know health system or institution. It could still look different; you know depending on what service you're on or the teams that really…

00:26:59 Guest

Absolutely. Yes, absolutely. And also, you know. Keep in mind I don't know how many of you would want to be routed to Michigan. I think that's something that we all have to consider. OK, I'm going to go on to this new profession. And what happens if I graduate and in the market saturated where I live? Am I going to need to move somewhere else to be able to get a job? And so. I'll tell you right now, the market is not saturated for CNA's we still. We still have jobs but you may consider working in a different state. One of the unique things about the CRA role is that we are in Michigan required to be supervised by a physician. Now there's nothing that says that position has to be an anesthesiologist.

00:27:46 Guest

So, in a small town like Charlevoix. The physician that supervising you is the surgeon. It's not an anesthesiologist, there's not one around, so you have to know every detail of that anesthetic. Both pre-op intra up and then picu, and then you're doing the rounds the next day, and so it's a very different. Look and responsibility. Then I work in an academic institution and I've got this person that is in complete heart block and if I pull the wire out there's no rhythm. You know that's two very different things, but when my case is done here, I'm done.

00:28:29 Guest

I'm dropping that patient back off in the ICU. And there's someone else set up to take care of them, so those are things to think about. Also, the supervision between states. I think we're up to 16 or 18 states that have opted out of supervision for CNA's meaning we need no physician supervision. We're allowed to just practice privately on our own. A lot of those states are very West Coast states that are very large with sparse populations because you know the nurses always are there to take care of the patients right? And so, the nurse anesthetists are great living in small towns and doing that right so there's that to think about as well.

00:29:17 Host

Sure, so they are able to meet that need that would otherwise perhaps not be met.

00:29:22 Guest

It's a huge thing that nurse anesthetist offered by being willing to work in those small communities and be able to provide that. Otherwise, there would be nowhere for P. But to get surgery, what if it's you know it's one thing? If it's a scheduled surgery, you can plan to drive 2 hours to the next hospital, but if you fall and break your arm, you know, I mean, so. It's really an important thing. So, access to health care is a huge issue right now. That should be on all of our minds. Access and affordability.

00:30:00 Host

That makes me think of one important role we have as advocates of our own practice to lobby and help inform people of the education and training that you've received to become a CNA. And really, what safe care you are able to deliver. Sometimes it's difficult to help everyone understand that, but I think if they could, we would meet the needs of even more people. Utilizing our nurses and our advanced practice nurses. So, another important consideration.

00:30:26 Guest

Yes, and when you speak to meeting the need with this code in crisis that just came through governor Whitmer removed all restrictions. I was allowed full practice authority. They removed all restrictions on me as a CNA and so we're hoping that that stays. You know, but yeah, you know you can use us to our full extent that that's important.

00:30:52 Host

Right and we have an important voice in that, so I hope if you're listening to this podcast and you're thinking of pursuing really any career in nursing but certainly a CNA among those that you recognize also the opportunity to be a voice for you know, safe care and access to care.  I'm curious, what does it take to maintain your certification?

00:31:15 Host

Do you have to do continuing education? Do you go to conferences? What does it look like to keep up as a CNA? All of the above, right? So, we just recently had changes to our recertification process in the past. Once you took your certification exam, you never had to take another exam, you just had to attend. I think it was 40. Credit hours of CE time, right, 40s fifties 30s for two years. So it wasn't that bad. Recently had a shift where? Courage here or per. For two years.

00:31:56 Guest

Because so many other. Professional. Services are requiring retaking an exam. We have now moved to that as well, so we are required to recertify with an exam every eight years. What they've also done is they've taken our credit. It used to be a credit, was a credit to see you or just see you. And now they've defined them as a Class A or Class B credit. And what that means is the classic credits are the ones you pay for. You go, you go to a conference or you attend webinars online. That type of thing you take a test and you get a CE for it. The Class B credits are the things that we're doing every day at work, and you know, trying to take credit for that. We've got a. A group of really motivated Geronis here that we work with and they are creating these little mini lectures like 15-minute lectures at a time to help us prepare for the exam so you know we get 15-minute lecture.

00:33:00 Guest

You get point. It's a quarter credit. If you attended morbidity and mortality conferences, it's a credit. If you prepare lectures. If you go on a mission. If you are a preceptor. So, all those things that you are doing for engagement, we're getting credit for that now. So that's that's a nice thing. You don't have to pay for everything right then, they've. Added in they called 4 core modules and they are in the subject of anatomy. Airway technology and pharmacology and Physiology missed and the reason they're doing that is because you know you have to keep up on.

00:33:43 Guest

I'm on the trends. You know what? If you go to a conference and every year you go to a conference in Big Sky Montana cause you like to ski and you hear the same lectures every year well? But what does that do for your your practice? So, they've kind of required some things now, so that's a little bit of a change.

00:34:02 Host

Right, that makes sense. So, it sounds like the is there just one certifying body that certifies Si RNA's.

00:34:10 Guest

Yes, yes.

00:34:11 Host

OK, so it sounds like they continue to raise the bar recognizing you know really what a critical service is and how important it is that you are all really, you know. Well prepared and competent to deal with the number of different things that could come your way in a day.

00:34:26 Guest

Right, that's so important, and you know I find it ironic because obviously as an educator, I'm a nerd and I just want to know everything all the time. I find myself wanting to know an I. In fact, my first eye appointment. I ended up on the other side looking into the doctor's eyes like I just always have to know everything and so. For me, you don't have to. You don't have to put that pressure on me because when I'm there and I'm taking care of someone, someone has trusted me enough that they're letting me.

00:34:57 Guest

Kill them and then bring them back to life. I mean, I know that sounds dramatic, but that is what we do. We administer the same medications that they administer for lethal injections in the prison system. So, if I don't accurately manage that patient if I can't ventilate them. If I can't intimate them, they can die. And so. You don't ever have to put the pressure on me. I want to know everything all the time because someone's life is in my hands and so how some of our colleagues can can.

00:35:30 Guest

Decide that that's not their top priority is really saddens me, but I think that speaks to all professions. There's just this natural learning, and that was one of the points. So, when you talk about you have any any secrets to success or any Pearl and I'll tell you that is the number one thing was just don't quit learning. You know I went from an EMT certificate to a nurse’s aide certificate to an LPN to an island right. You just keep going and I'll never forget. I worked in a nursing home and I was in nurse’s aide and there was this LPN there and her name was Dorothy Love and Dorothy was about 72 or 70 three years old.

00:36:17 Guest

And here she still was, with all of us. Young punks were running around doing stuff, taken care of. She's passing meds and I I'm more than one occasion I came together. I said Dorothy, I think something is not right and you know I would bring her to the room. And so, she was really great about sharing with us the knowledge that she had and one night we were asking our Dorsey, you know, do you ever feel bad about reusing needles? And so, he said, oh my gosh and she said, well of course I do.

00:36:47 Guest

But I also don't. Because at the time that was the best we knew. She said I did the best I knew at the time and when I kept up with the changes and we learned it wasn't the right thing to do, I changed and then she got a little arthritic finger and pointed it at me and she was like. So that's why you always have to learn. You have to keep up with the changes. Shannon, you can't just say I've got my degree and I'm done. OK Dorothy, you know, but that's the best advice anyone gave me. Ever right?

00:37:20 Host

Well, that will be applicable throughout an entire nursing career, right? The way that we're able to take care of patients sustained chronically ill patients save patients’ lives, despite really critical illness. We keep pushing that envelope. I think we keep, you know, seeing I mean, look at this. We keep seeing new diseases. And all of these new challenges that if we just kind of check the box and. Think that we're going to be on cruise control for our careers. We're no longer the safest, best person to care for these patients. I think that's such good advice from Dorothy. Yeah Dorothy, love she was so cute.

00:37:57 Host

Shannon, is there anything else you would share with nursing students or nurses who you know are maybe considering CR Na School or just in general based on your experience as a nurse and what it means to be a nurse? Do you have anything else you want to tell them?

00:38:11 Guest

Uhm? I think that I thought about that a lot. What advice would I want to give to somebody and I think the first thing? Being willing to accept guidance from other people you know, you know, trust your gut an but also you know your mentor might point something out or you know you have this defining moment and God comes down and shakes you.

00:38:38 Guest

I could have stayed on that path. It would have been much easier for me to stay on that path. Going to the Navy fix computers right, but I said, well this is not where I'm supposed to be. It's OK to stop and take a step back and redirect yourself and so just being willing to accept what's coming at you. And take that in, I think is crucial.

00:39:02 Guest

And never stop learning like you gotta do that and then the other thing is that you know you may have a degree. That someone else doesn't have. But that doesn't mean you know more than them. As I talked to you about that little Community Hospital I worked in, so you know when I graduated as an RN, I was 23. And I was working. We had a team approach so you work with an LPN. So, during the day it would be me and an LPN in like 6 patients and in the afternoon would be me an LPN. And like marrying patients and then at night it would be me. An LPN like 12 patients. So, you know I know some of those LPN's.

00:39:47 Guest

They were the. They have been a nurse longer than I've been alive. So, if you think that I'm a fresh wet behind the ears, new nurse that I'm going to OK. Yesterday I was a student, but Today I'm the boss and I'm going to tell you how to do your job well, that would have gone over like a lead balloon. Thankfully, thankfully, the first day I was with the schmo Angmo says, I'm going to tell you how it's going to go. I said OK, and is she? Did she just laid it out and I will make? She asked me to come take a blood pressure K she came to get me to take a patient's blood pressure and I thought.

00:40:24 Guest

I'm in trouble cause I know she knows how to do this and I got down there. Some patients pressure was like 60 / 40 or something ridiculous and she looked at me. She said that's bad you go call the doctor. You know what I already knew, but letting her share with me, respecting her enough as a person to share her years and years and years of experience with me. That was invaluable. Those are the nurses that teach you the subtleties, the subtleties of a good exam.

00:40:56 Guest

So yes, I had a degree she didn't, but she had 30 years of experience on me. So just respecting others and what they can offer you, it helps you to understand a bigger picture than just your narrow scope. In the in the world, sure. Those those things I think those are things that if I look back and say why did I do well in this area or that area is because I was just wanted to learn all the time and I just respected anyone who would give me information.

00:41:27 Host

And it makes sense to me that that translated really well to your role as a C RNA, because I imagine in an operating room where there are so many players, you know there's a circulating nurse and probably a surgical or scrub tech and a physician. As you said, a surgeon. And they may have other, you know, members on the surgical team. It makes sense to me that being that receptive and open minded and willing to learn translated really well to that environment where you're asked to be collaborative with a lot of different people in different roles.

00:41:54 Guest

Yeah, and the thing is, if I don't know what the surgeon is doing, for example, if I don't know where in the case and he's going to cross clamp the aorta. Well, geez, you can imagine what happens if somebody is blood pressure. Would you put a cross clamp on their aorta, right?

00:42:09 Host

Yes.

00:42:10 Guest

So, if I'm not prepared for those things, if I'm not paying attention, then I can't do my job. And so also. I remember very clearly was a couple years ago. It was here and we had taken out a massive tumor out of someone's abdomen and it had been. Of course, you know wrapped around the major vessels, so they had them clamped off at each end and we had the tumor out and then the surgeon said she. I don't know what to do I I don't know how to reconnect this and we all just said everyone took a breath he's like.

00:42:45 Guest

OK, this is like plumbing blood. Gotta flow from this direction to this direction I have to connect it so you know there's always going to be a new case. And then you're just going to have to use some draw off that knowledge you had before you know. And if you're the one that sits in the lounge all the time and never goes and does the new cases, then you know you're not going to be prepared for this kind of stuff, but. Yeah, then you have to know what they're doing on the other side of the grave.

00:43:12 Host

Right?

00:43:12 Guest

Yeah.

00:43:14 Host

Well, this has been so helpful. She and I love hearing about your practice. I love hearing about all the elements of it, you know, and I think all of the potential within it too. You know, we're talking about nursing and all of the different opportunities in nursing, but even the role of an advanced practice nurse and specifically a SI RNA. There are still so many opportunities in what you've described today, and there could still be such diversity within that advanced practice role. I love hearing about this and I think it really helps open our minds to you know what potential there is.

00:43:48 Guest

Yeah nursing is limitless. Absolutely limitless because you can work in the ER. You can work in the OR you can work in OB and sure vital signs are vital signs. No matter what room you're in. But the patients don't behave in the same way you know you have to have a different action with each one, and I do a lot of teaching right now with the. Circulating nurses because they don't know what we do. But I train them on how to help us. So, when the airway goes kaput then I can reach out and help them. They can help us. So, I'm training people that aren't CNA's I'm doing informatics. Everything is electronic record now, right?

00:44:34 Guest

Well. The people that program the record don't know how to talk to the people that are using the rec. So, one of my greatest roles and one of the things I have such fun with is being that interpreter between the provider and the programmer. And so, there are so many things that you can do within our profession. It's it's unbelievable.

00:44:59 Host

That's so inspiring to me. I appreciate you sharing that perspective, and I hope that all of the listeners would consider that too. You know, if they don't, you know they're not in an area that is immediately exciting to them, or you know that maybe doesn't feel like the right fit yet. I hope they'll think about all of these different opportunities, and you know how many different ways your career could lead you, so yeah.

00:45:21 Guest

And it's impossible to know where you want to be until you get exposed to it. To think you know. So,  one of the questions in school was where do you see yourself in five years? What I said was, well, I don't know. I don't know what I like yet. I have to go through clinical and I have to be exposed to see what I like. So that's what I would also tell you is don't be in a hurry. You know you don't have to pick something you don't know anything about. Let yourself be exposed to it. And then figure out your way from there. You know that that really changes everything.

00:45:53 Host

That makes sense. Well, Shannon, thank you so much for taking the time to do this with us and to share all of your experience and expertise with us. I really appreciate it and I'm so grateful for this this time.

00:46:05 Guest

Thank you so much and if anybody has any other questions that I could try to answer, you can always share my information with them. I'm happy to you know, talk to them. Email them.

00:46:17 Host

Thank you, well we appreciate it and we are grateful to have nursing leaders like you.

00:46:19 Guest

No problem. Thank you, thank you.

00:46:26 Host

Thank you for listening to this episode of *Nightintales*. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution, that they graduated from, their employer or the professional organization that they are active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.