***Nightintales* Podcast Transcript**

**Episode 2 –** **Flight Advanced Practice Registered Nurse
Guest: Adam Botson, MSN, AGACNP**

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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.

00:00:27 Host:

Thank you for joining us for another episode of *Nightintales*. I'm really excited today we have a guest with us today who has a really unique job and I think one of the elements of nursing that is probably something that has caught all of our attention at one point or another, but is definitely not something that we do well in school or in any of our clinical experiences.

00:00:47 Host:

And so. I'm excited to introduce you guys to Adam Botson and Adam is the adult Gero acute Care Nurse Practitioner at the Cleveland Clinic and his specific role is with the flight team there and so this will be, I think, a really exciting interview with a lot of information and probably things that you haven't necessarily heard before. So Adam, thanks so much for joining us and taking the time to explain your role to us today.

00:01:14 Guest:

My pleasure.

00:01:15 Guest:

I'm glad to help out where I can.

00:01:17 Host:

Well, it's definitely helpful. Thank you, and certainly a unique role that's exciting to hear about so if you don't mind, let's just start with, you know, telling me kind of how you came to nursing and what your program looked like and where your first job was. I imagine it was not as an adult Gero acute care nurse practitioner on a flight team.

00:01:37 Guest:

No, so. My background actually started without nursing, even in the foreground. Like I had no desire in nursing when I was started in college, I actually started with my initial degree is exercise Physiology. With a specialty in priest physical therapy, so my goal was to go to physical therapy school.

And then become a physical therapist. I started working after I graduated with my degree. I started working in physical therapy. I did outpatient rehab for a couple of years. Before you know, I just when I was finished with my bachelor’s degree, I just wasn't exactly sold on physical therapy.

00:02:16 Guest:

So I decided to kind of go and explore it. So I started working in it. And it just you know, after about two years I kind of realized it just wasn't for me, I also spent some time doing cardio pulmonary rehab as well and that's kind of what sparked my interest in the nursing. What I did was kind of monitor, you know, post heart attack patients post cabbage patients, open heart surgeries, any kind of severe CLPD and we kind of monitored. Exercise programs well, I worked very closely at that time with nursing so loved that position and I actually was. Kind of like thinking like, oh, I'm going to go to nursing school and this is what I'm going to do with my life actually went to an ADN program. Right?

00:03:00 Guest:

Lorain County Community College got my ADN and my during my clinicals and all that stuff I just came across the ICU and that's kind of where all my interests changed. I knew from that moment. On the minute I stepped foot into an ICU that that's exactly what I wanted to do. Uhm, being from Cleveland, there's pretty much two major hospital systems, and of course I'm going to choose the biggest one that there is. So I'm going to choose the Cleveland Clinic where they're known for the sickest and most complicated patients. So I started in 2008 in the coronary ICU for the Cleveland Clinic and kinda like just loved it. Every day was a challenge. 12 hour days were exhausting, but I really gotta hang on treating these acute, really chronically and acutely OCE patients.

00:03:58 Guest:

On our floor we kind of worked hand in hand with fellows and other nurse practitioners, and so I kind of spoke with her and she's kind of the one that kind of sparked my interest in going on to school. She just kind of said that if you she goes pretty much, she said she was going to kill me if I didn't go into school, that's a pretty big threat. Right, it's pretty much said that you know you were meant to do more. And then she also had worked part time with the flight team and she said here this is something that would fit you because I'm very comfortable with high acute situations, stressful situations, just kind of go with it and it just never really bothers me.

00:04:40 Guest:

So she said that would be. You know you're  perfect storm like for our perfect job for you. Uh huh. So that's kind of how I got that in the background of it. Yeah. Set up in school. When 2013 so I was in the ICU for about five years prior to going back to school and I tell everybody I go. There's a lot of programs that will accept you right out of school and I just I don't agree with those programs. I feel like you need to become a nurse before you can become a nurse practitioner, and there's no way you can do that within two years. You know the 1st two years is just learning the systems and learning everything so I always say you wanted these probably four or five years of good experience before going back to school, so that's kind of what I did I went back to school.

00:05:27 Guest:

Throughout school, I still didn't know exactly what I was going to do and then talking with the manager she had always recruited me and tried to get me to work with her team as a nurse. Just wasn't ready for it so. Come my senior semester, my final semesters. She said, come fly with me. If you like it, let's talk an I step foot on a helicopter and that's all she wrote, so.

00:05:50 Host:

Right?  Oh my gosh, so were you in that intensive care unit that you started in as a new graduate all the way through school, then Adam.

00:05:57 Guest:

No, so I started with a small local hospital. I got offered a position downtown at the main hospital in the coronary ICU. And I went down there and it was just scary. I saw the sickness, the high acute and I just felt like I wasn't ready so I accepted a position in a smaller for smaller hospital. Smaller unit less acute and really it was a blessing in disguise because I really could focus on my nursing skills and my knowledge without you know becoming overwhelmed and then within about two years, I realized that I needed more and I was ready to make this step. Could I have done this step? Like could I have done the main campus? Probably it would have just been. Overwhelming and I just you know, I just didn't feel comfortable at that time so. Sure.

00:06:55 Host:

Sure, I imagine that initial experience is a really nice foundation for everyone that your career has taken you since then it makes sense to me it.

00:07:03

Yeah.

00:07:03 Guest:

Was you know it got you comfortable with the medications it got you comfortable with just assessments alone. Trying to, you know, at a smaller Community Hospital, you're. You're calling physicians a lot for orders you're you know they're not present there, not there. So you really have to rely on your assessment skills to for the patient to like be able to get, you know, help them get through all these through the sickness. So it kind of helped me get my foundation before I went to main campus, where there was a lot more resources. A lot more help, and things like that so.

00:07:36 Host:

Sure, I've always appreciated that about nurses who work in smaller or non academic. You know non teaching hospitals because I do think that they are even more so the eyes and ears. First, yeah, positions who are not in the hospitals and often, you know function perhaps a little bit more autonomously where you don't have all of those learners present and that you know interprofessional collaboration. I've always admired that, so I imagine that that was really as you say, you know a blessing in disguise and really set you up nicely.

00:08:05 Guest:

It was looking back at it I realized that it was probably the best thing that could have happened to me after my two years. I was like, oh, this was a waste because you want more like you want to learn more. You want to do more and you're like did I just waste my first two years and then going like making that jump? In a QT to the main campus, we really realize that you fall back on everything you learned. You fall back on all your assessment skills and your knowledge that you learn. So in the longer I didn't see it right away. But in the long run it was probably the best thing that could have happened to me.

00:08:35 Host:

Right, that's awesome. And then one other thing before we talk about, you know, kind of your next degree then and what she's done since then I was just curious.

00:08:44 Host:

You said you know that in general you have kind of a natural disposition for staying calm and managing acutely changing situations. But I was curious if you had any advice or anything that even you've worked on. For when different nursing students or new graduates or even newer nurses find themselves feeling really overwhelmed or really stressed in a situation like that, I wondered if you had any tips for the rest of us.

00:09:09 Guest:

I think a good tip to do to know is know what you know and know what you don't know. Never ask, never feel like you're putting somebody out to ask. So you know the worst thing you can do is you know that you always hear those stories, fake it till you make it and you don't want to be able to. You don't want to rely on that if you don't know something or if your skills aren't what they need to do or you know you just have a question about a patient. You know, ask, someone's always going to know someone is always going to be willing to help.

00:09:43 Guest:

If they don't know, then someone is going to find somebody that does. So you know each situation just, know what you know, what you don't know, would be my best advice. Just to try and work your way through stressful situations, because if you try and do too much then it's just going to burn you out and you're just going to feel overwhelmed, so always be willing to ask for help.

00:10:09 Host:

Sure, and I think we were fortunate. Sure. And you know the environment of acute care that we do have a lot of team members around. We have a lot of team members from a lot of disciplines around that we can lean on and can help us. So I think that advice Adam is so you know it resonates so well with me too. I agree with you. So  just for people listening, you know, we've talked briefly about this before, but remember that there are four types of advanced practice registered nurses.

00:10:34 Host:

We have our Certified Nurse Midwives, certified registered Nurse anesthetists, clinical nurse specialists and then nurse practitioners. And so Adam took the route of a nurse practitioner and then remember that when you pursue the nurse practitioner route. Or an advanced practice nurse?

00:10:50 Host:

You choose a population and Adam chose adult gerontology and so they take care of adults and older adults, and then within that again this is similar to Pediatrics. There's both a primary care and an acute care, and Adam appropriately based on his current job, took the acute care route. And so Adam, if you don't mind, tell us a little bit about. You know that training for you know your advanced degree and then also what you're doing now.

00:11:18 Guest:

So the training, like the education aspect was it was a three year part time program. I went to Kent State University in Ohio. It's about just suburb, 45 minutes outside of Cleveland, so local college. So. I mean, it was probably between two to three classes each semester. The first year was all background, all directed Activity. No clinicals, no educational experience in that sense. After the first year, you pick and choose which kind of clinical experiences you want.

00:11:53 Guest:

You know, I start off with a step down unit cardiothoracic stepdown unit just because I was all I see you. I don't know how the other aspects of you know nursing went, so I didn't know what it was like to take care of 6-7 patients. I'm used to one or two patients. I didn't realize I didn't understand. You know what it meant to discharge patients and things like that. So I wanted to kind of get my part of my skills and broaden my knowledge in that sense. After that I knew.

00:12:22 Guest:

I wanted to be in some sort of intensive care program, whether it's a hospitalist or working in one of the intensive care. So I did rotations in the neuro ICU medical ICU. Coronary ICU and then I actually did some time in a primary care physicians office as well because our degree can actually. You can actually treat outside of the hospital as well. Sure, so I kind of did a little bit of everything to try and see what my interests were.

00:12:46 Host:

Uh.

00:12:52 Guest:

See what I like to do and kind of just, you know, you learn so much in school and if you focus on one thing then you know you lose all the education. All the knowledge from everything else. So it's kind of nice to have you know, a global knowledge bank.

00:13:05 Host:

Uh huh.

00:13:07 Guest:

And so. It was my final semester, which is when my when my you know manager as of now kind of asked me. If I was interested in the transport, so critical care we transport, life light as people know it, we fly in helicopters and so I was like obviously I was always intrigued. The floor that I worked on. We used to get people dropped off all the time from our transport team always was there.

00:13:34 Guest:

It always like I always saw him. I always knew him. And like I had said before, the minute I stepped foot in the hospital and saw what they did. Uhm it kind of I knew that's what I wanted to do. And so kind of transition. Pretty smoothly, smooth right into my position I have now. So right now I'm the license provider for critical care transport and we are specifically on the helicopters and fixed wing. So a little bit about the Cleveland Clinic transport team is, you know, it's kind of… We have multiple modes. You know we go from. We have a mobile stroke team which is comprised of a CT Tech 2 paramedics and a nurse and we provide local. You know within 20 miles of actual downtown main campus. Provide neurological assessments in the field, so EMS will go to a possible stroke call if they feel like it's you know a possible. Drug they activate our team. They'll load a patient in, do a CT immediately see what the results are. If it's hemorrhagic or if it's ischemic. If it's ischemic, though initially start treating with TPA as long as it's indicated we've seen a lot of good results with. That you know. There's a lot of, I guess, it would be saving brain matter anytime.

00:15:04 Guest:

You can act acutely on something and act quickly. You have a lot better results with strokes, especially strokes and heart attacks, so we've seen a lot of good results with that, so that's one mode we have. We also have three ground units. Other mobile ICU's are comprised of either one basic EMT, a paramedic and a nurse, or a basic EMT and tuna. This is. And they are busy, busy, busy. They go typically from ERs too, so they transport usually prior between facilities.

00:15:39 Guest:

So Interfacility, whether it's from ER to you know in ICU or ICU to ICU. It's like you had said before with the smaller hospitals. It's a lot of autonomy. You know it's there. The provider, technically they see the patient, they see what's going on. It's based on what their skills are and their background to know like something is going on. You know it's that little. I have a feeling kind of thing so.

00:16:08 Guest:

They do anywhere from around 500 to 700 trips a month between the three ambulances, so pretty much you get there and you're gone back for 12 to 14 hours. So for that degree, for some for nurses you have to have minimum three years of ICU experience. Uh. We do accept ER as ICU experience as long as they.

00:16:35 Guest:

Do well in like the interviews in the in the knowledge base for taking care of the critically ill so it's three years before we even accept yeah, and even at that it's a pretty difficult job to accept. Usually comes by references or anything like that, because it is just you. There's no support when you're in an ambulance in the back on the highway.

00:16:55 Host:

An enormous amount of responsibility, for sure.

00:16:56 Guest:

We know. So they're wonderful, but they're always busy. We also do rotering, which is what I work on, so we have on the rotors. We do one licensed provider which is 95% of the time. A nurse practitioner and we do either a flight paramedic or a registered nurse.

00:17:17

Oh

00:17:20 Guest:

We, anything, anything, anything that happens we can do, we always the clinic's policy is there's nobody to sick. I mean, that's, you know, that's pretty much our philosophy is if you call, will go and pick you up, we can. We have the capabilities of doing around 250 miles nautical straight line, so we've gone up to East Lansing. We've gone up to Bay City, MI. We've gone to Sparrow, we've got a bunch of hospitals around Detroit. We also had West Virginia, Virginia and all the way up through New York and in Pennsylvania.

00:17:59 Guest:

So we have the helicopter we fly in has capabilities that most do not. You know we the Cleveland Clinic is a specialty with hearts specially so we will go and pick up people on cardio pulmonary bypass. So when we do that we take one perfusionist with us. But we're managing the system or managing the patients.

00:18:21 Guest:

So. Like I said, there's nothing too sick or too complicated that we won't do. And we're also one of the most busy. So we do anywhere from 150 to about 200 and 20 flights a month. Uh, most places are lucky to get 50 to 80 and you know will do.

00:18:43 Guest:

You know do get quadruple that in a month pretty easily. It's not uncommon for us to do four to six flights in a 12 hour period, so it's a it's a very busy, very demanding field. It's not for everybody, so this stress levels are high, so you know you're either a lifer or you get your two years and you just realize it's not for you.

00:18:56

Uh huh.

00:19:05 Guest:

Sure, and then we also do a fixed ring, so airplane and thats global. There's nobody too far away and we have three airplanes that we can take depending on the distance and the farthest I've gone to is Guatemala. 3. It was about 18 to 19 hour day flying down and back. But we've gone. I've gone to California, Boston, North Carolina. I’m kind of all over the place, but we've gone as far as like India, Australia.

00:19:36 Host:

Yeah.

00:19:38 Guest:

I think there's not too many. I think we've hit almost every continent. I can't think of how many countries exactly, but it was I want to see those upwards of 70 plus countries that we've been to.

00:19:50 Host:

So. Yeah.

00:19:53 Guest:

So that's kind of the modes. So for certifications as nurses, not only do you need IC experiences, but you need a lot of certifications. Even though I'm an adult Gero Nurse Practitioner, we also do pediatric flights. We do neonatal flights. Typically I bow out of a neonatal, just 'cause that's not my forte, but if there's like a pediatric trauma, we will take it. And I don't act as a provider. My limit is 14 years old, so if you're under 14 years old I cannot prescribe. I cannot treat.

00:20:33 Guest:

But when we go and pick these patients up, I just act as a registered nurse. We follow protocols. We have a medical director that we can call for orders and things like that, so you kind of don't know what each typical day is. If you're going to do adults or Peds or anything like that so. It's kind of a fun, fun job.

00:20:59 Host:

Oh, it sounds like there is such great diversity within what you're doing. I imagine those clinical experiences in all of those different I see those have been really helpful when you're thinking about nuro versus coronary. You know just thinking of all of the cases that may end up on your plate on any given day. I imagine that diversity was really helpful.

00:21:18 Guest:

It was, but you still have your favorites, which you like to treat and coming from a coronary background and a cardiac background, I'll take heart attacks. I'll take cardiogenic shock. I'll take any heart device you want to throw at me. I'll take that 99 times out of 100 over strokes.

00:21:22 Host:

Sure.

00:21:38 Guest:

I know it because I have to, but it is just not my favorite. Alright, anytime I see that I were picking up strokes. It's just you get that little bit of an anxiety on. Yeah, you know, it's just like what's gonna happen. What am I doing? You know so it's a comfort level. I just don't, you know, I don't think I'll ever feel comfortable no matter how many I do. Just, you know what you know, and you know what you don't know, so.

00:22:02 Host:

Yeah, that makes that makes a lot of sense. I think as long as we are aware of what we don't know, right? And also strength we bring to the team. Like you said, we can make it work from there. I'm curious, Adam. I'm just imagining this day an imagining that you never know what's coming at you.

00:22:19 Host:

How do you stay, kind of prepared so that you feel like, you know, whatever it is, you at least have the tools necessary to take the best, safest care of those patients. What do you do to prepare for that uncertainty?

00:22:32 Guest:

Well, preparing, you know, from a preparation standpoint we can start with certifications. You know I have. I can't even count, but we can start with neonatal certified to treat neonates. I'm certified to treat pediatric certified for critical care critical flight. I have two different trauma certifications. I have advanced trauma life support and then I have, uh, transport provider acute transport certification so. To be prepared is knowledge. You know you always want to be as educated as you can be an up-to-date as you can be. So from a preparation standpoint, starts with knowledge. After that we also do time in.

I guess it would be a skills lab.

00:23:25 Guest:

No, we spend time putting in chest tubes and we put spend time doing intubations and we spend time doing for academies and central access. Central lines and hands on experience. So every six months we have to do hands on Skills Lab so you get your hands into a patient. You feel it, you know what it feels like. So in the event that you go and pick up a, say, a trauma patient that has a hemothorax and you know they can't breathe and you need to put in a chest tube really quick. Then you have those skills and you have those you know the references that you need to be to do that appropriately so millimeter.

00:24:06 Guest:

And then it's just communication to be prepared, you need to communicate as a team. It's just two of you in the back. So each person is going to have their different skill sets. Each person you know the nurse is going to know certain thing, they that you may not know is the same thing you know. So it's communication. Anytime we get a flight request, we talk about it on the way out there. What are we going to do? What do you think is going to happen?

00:24:30 Guest:

So that way the minute we show up we have a game plan. And as a game plan change, of course it changes, but at least you can kind of say like you know you have an idea of what's going to happen in the next couple of minutes. So it's just, you know, communication knowledge and you know skills is the best way to kind of like. Be ready for your day.

00:24:51 Host:

Uh huh. Sure, and so it sounds to me like there is no typical day for you in your role. But I do imagine a couple of things that you can rely on is that you will arrive to your shift. Be very busy picking up critically ill patients and then at some point the day will end. Is that kind of unpredictable? Also based on I mean. I'm hearing the duration of these flights, Guatemala being 18 hours, it sounds like some flexibility may be required in your role from time to time.

00:25:22 Guest:

Definitely so. Typical day, you know. We start at either 6:00 o'clock or 7:00 o'clock in the morning or evening. You know we do. You know, it's we're also, you know I didn't go to school to get a good schedule, that's for sure. So let's go to rotate shifts. I go to school to work weekends, work nights, work, Holidays. So typical flight or typical day is you show up at 6:00 o'clock and you just you know you check all your equipment first and foremost. You want to make sure all your equipment functional and you have all the equipment that you may need. And then it's waiting for that first call.

00:25:59 Guest:

So like I had said, there's days where you kind of slowing may only do one or two flights, so there might be a little bit of a downtime. Other days you do in four six flights where there's no downtime. I wish I could say that I got done at 6:00 o'clock every day as well as my wife, which is I could say I guess not every day, but that's just not reality.

00:26:21 Guest:

You know our flight or our shift ends at say at 6:00 PM. If I get a call at 5:55 and my next partner is not there, I take that trip. And I get home kind of when I get home. Our pilots are mandated to only do no more than 14 hours, but that's them. Right? That's not us, right?

00:26:42 Guest:

So if they get this to a facility and they're getting close to their limits, they can go and switch out. Pilots come back and pick us up. So typically most days are maxed out of 14 hours, but you can do fourteen 1516 hour days that Guatemala trip was a fixed wing, which is a 24 hour call. So you work as much as you can at 24 hours and then how many trips. So yeah, there's definitely no getting out always on time. I'd say most of the time I'm usually getting out late if anything more than on time.

00:27:15 Host:

Right, that makes sense. I just can imagine it's you know, so difficult to control that. And it's you know. Unlike some other more traditional shift work roles where we might see our colleagues arrive on the unit at the end of our shift, they're not arriving at outside hospitals or mid air to meet you.

00:27:31 Guest:

No.

00:27:32 Host:

That way.

00:27:33 Guest:

You kind of need to know that going in, don't accept it, then you won't. Last, you know, just. It's difficult when you get that last minute call because people will you know. Especially for me, my wife, my child, they they're waiting for you, make you make it home. You may not seem for the stake, so you definitely have to be flexible. You have to be understanding it. This is the profession that you chose an. It's not gonna be, you know, clear cut every single day.

00:28:05 Host:

Uh huh. Sure.

00:28:08 Host:

And I'm curious, in addition to being flexible and open minded, what do you think are a couple of qualities or traits that somebody should really possess if they're thinking you know flight nursing might be for me.

00:28:22 Guest:

Traits would be, I mean, type A personality, a go getter. You want more, you want more, you want more, you never satisfied with the knowledge that you've gotten. I think that in itself you know it's not the nurse that is in the ICU that doesn't want the sick patient that hides in the corner and things like that.

It's the nurse that is always willing to help your neighbor next door. It's the nurse that is willing to stay a little bit extra if somebody needs something, it's the nurses that watch the sickest patients.

00:28:59 Guest:

It's the nurse. But Knows exactly what they want. I guess would be the best way you know yeah or nurse. Yeah. You have to know what you want to do because like you had said in the in the in the briefing, it's nothing you do clinicals on you don't go to nursing school and you're like oh I'm going to do a week or two weeks with the transport team. So a lot of people don't know exactly what we can do. So it it's something that a lot of people have been ingrained in.

00:29:29 Guest:

I mean they've seen it, they wanted, they've learned it, and they want to kind of go with it. But I would say it's that kind of person that we look for. It's also a person that can work closely with other people you know just because you're go getter doesn't mean that you can. Uh. Work closely with the team you know, especially on the ground teams. There's three of them. You need to work together, especially since you don't have the resources that like a nurse practitioner.

00:29:59 Guest:

You don't have the orders, you know I can't provide orders like that, so you need to have the wherewithal to know when to ask your partner for help. And you know, kind of go from there so. I would say teamwork is also huge. You want somebody to be able to work as a team. Sure, oh, that makes so much sense, especially such you know high acuity situations where you know you guys truly are what feels like probably the last line of defense for that patient and their family.

00:30:31 Host:

I just had one more question and I was curious what's your favorite part of your job?

00:30:37 Guest:

Everything.

00:30:39 Host:

That's a good answer.

00:30:39 Guest:

Yeah. It's kind of funny it, you know. People get into work and you know some people enjoy going to work and some people hate going to work. And I never understood the people that did not enjoy going to work, especially as a nurse, I should say. Yeah. Don't be the person that. Is grumpy at work, you know, as a nurse that there's such a broad spectrum of jobs that you know. If you're not happy, move some move somewhere else, do something else.

00:31:11 Guest:

I enjoy going to work every day. I don't feel like it's a very stressful job which is. Unusual to hear. It just kind of is what it is I feel in control, 99% of the time, which means it's not stressful for me. I kinda I've been doing it for four and a half years, which isn't a long time, but it's long enough where I've seen almost everything, so I can kind of rely back on my experiences where you just take it as it comes an my personality doesn't let me get stressed out. But I love going to work. I don't feel like I feel like it's just I was meant for it almost in a way, so it's kind of nice.

00:31:59 Host:

It sounds that way to me. That's definitely what I pick up on when I listen to you as well. And I think your point is so well taken. There are so many roles within nursing that if we don't like what we're doing, we should really explore those. You know, it feels like there are infinite opportunity. Is to fit in with our lives and you know our passions first. Maybe certain organ systems or types of patients or kinds of interactions with patients. There are just really what I feel are kind of infinite opportunities.

00:32:28 Guest:

I agree, and it's I've talked to a lot of people that you know some were interested in. You know what their interests were going into college, and I talk about nursing all the time because of that. Because if you don't like what you're doing, there's something else out there you're gonna enjoy.

00:32:49 Guest:

You know most people don't start their first job, loving it, and they're going to. Be there forever. You know, it's usually a first roll. You experience things and then you like, oh maybe I want to try something different, or if I wanna do that, that's great. I think that everybody should kind of make sure that they enjoy doing what they do, but I can't stand the grumpy nurse that feels like every single day they just like it's like painful to be there. But then they never leave.

00:33:15 Host:

Right? So you find your if you're listening to this and you find yourself in that position, please from the two of us, please consider something else.

00:33:23 Guest:

Wait?

00:33:25 Host:

But I also think it's important. I don't think what you're saying is that there aren't tough days or challenging pace. I think one thing is that you love your job and it comes with maybe some highs and lows. Or correct me if I'm wrong. But

00:33:39 Guest:

I agree. There can be. Every day is a challenge I should say. Every day is exhausting. Every day is mentally, it's just mentally challenging.

00:33:56 Guest:

There's days where, you know, you transport 5-6 patients then you gotta try and do your notes and you can't remember what you did 2 hours ago let alone like regarding these patients.

00:34:06 Host:

Uh huh.

00:34:07 Guest:

It is a very taxing job. Because it's not specific to anything, it's specific to transport, but it's not specific like you had mentioned, it's not specific to like GI or cardiac or respiratory pulmonary. It's specific to patients. And so it's very easy to get overwhelmed with the complexity of some of these patients, and it's very easy to just, I don't know, have your mind like spin so you know it's the knowledge that's the difficult aspect.

00:34:46 Guest:

It's keeping everything straight. It's you know when you're exhausted at 3:00 o'clock in the morning and you get a flight to say Michigan. Since you guys are in Michigan that just stay on your toes and make sure everything is going, there's definitely challenges there. There's also challenges with flying in general. You know helicopters are like cars. Sometimes they don't want to work.

00:35:09 Guest:

You know, as of recently I almost got left down in Cincinnati, OH with the patient. Echo and an Impala, and intimated on seven different drips, and our helicopter decided it didn't want to start on the helipad.

00:35:27 Host:

Oh my goodness.

00:35:28

It's 4:30 in the afternoon, and they're going to have to send somebody an hour and a half plus time. You know to come and get it. So it's a very stressful time 'cause we had taken over ownership we had taken over care of the patient, so it means you're stuck there. You don't know when you're getting back, so you know there's stresses for everything. There in itself is stressful, especially in the winter time in Northeast Ohio. You know, sometimes we're not gonna be able to fly, so we're done. Then four hour round trip in an ambulance to pick up some of these patients an exhausting it's nerve wracking 'cause it's long days.

00:36:08

Uh huh.

00:36:09 Guest:

So.

00:36:10 Host:

I appreciate that I think distinguishing between you can love your job and still acknowledge that some days are bumpy, you know, or there are some challenges, and I think you just articulated that really well. You know we're going to have highs and lows, but what you know continues to be evident throughout this conversation is. That you really are passionate for this work and the patients and families that you're caring for you know, and all that this entails, which is so inspiring and so interesting to me.

00:36:39 Host:

I always enjoy listening to this explanation.

00:36:43 Guest:

Well. I'm glad I can help.

00:36:45 Host:

Yeah, well again this is Adam Botson and he's an adult gero acute care Nurse Practitioner at the Cleveland Clinic and specifically working with their transport team. And I'm thank you so much for spending this time with us and sharing all of that inside a like I said found it to be very inspiring and definitely very exciting to hear about.

00:37:06 Guest:

My pleasure, and if you have any questions or comments or anything that's you know you want to know more information about the transport world, let Jessica know. She can pass my email. I'm more than happy to sit down chat with you, email you, and kind of go that way if you want to. If you are interested in just learning more about what we do.

00:37:28 Host:

Awesome Adam, I so appreciate that. Thanks again for your help tonight and for sharing your path and nursing with us.

00:37:35 Guest:

No problem, thanks for listening.

00:37:40 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.