Jessica L. Spruit, DNP, CPNP-AC:

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.

Welcome back to another episode of Nightintales. We have another guest with us today, and another unique perspective of the nursing journey and our world. So today, joining us is Ellen Stewart. Ellen is an adult gerontology acute care nurse practitioner, and she works in interventional cardiology at Michigan Medicine.

If you've been listening to this podcast for a while, you know that we've talked a lot about the different roles of advanced practice registered nurses. And we've talked about the four different types of advanced practice nurses, one of them being nurse practitioners. And then you probably remember that based on that role of a nurse practitioner, you have a specialty concentration. And so it may be neonatal, it may be pediatrics, or in Ellen's case, it's adult gerontology. And then remember that there's a role for primary care adult gerontology nurse practitioners and also acute care.

And Ellen is coming to us today, she's our first acute care adult gerontology nurse practitioner. And she's going to share the unique perspectives of an APRN, who has worked in the cath lab as well. So Ellen, thank you so much for being here and for shedding light on this other advanced practice role in nursing.

Ellen Stewart, MSN, NP:

Well, thank you so much for inviting me. It's a great opportunity to share a role that I knew nothing about when I was a nursing student. So I hope I can give some insight to those that are trying to figure out their path.

Jessica L. Spruit, DNP, CPNP-AC:

Well, as you know, I love that. That's part of the goal of this podcast is to really share the perspective of things that we don't see within nursing school. There's just not enough time to see how many opportunities are out there for us.

I'm excited to learn about this and learn what your trajectory looked like. So if you don't mind, Ellen, start us out, please, about school, your first job and what led you down this path, please.

Ellen Stewart, MSN, NP:

Yeah, absolutely. So my grandma was a nurse, so that was what turned me on to the idea of nursing. And my mom was a teacher, specifically with children with disabilities. So through volunteering, and working, and helping with her in her classrooms, I started to get an idea of wanting to take care of patients, wanting to provide care. I truly didn't specifically think about nursing, actually, until I went to apply to the University of Michigan. And their nursing program's a little bit unique, in that you can apply directly to the nursing school program right out of high school.

So as I was filling out the application for the University of Michigan, I saw that opportunity and it got me to start thinking really more critically about what I wanted to do with my life. And what my trajectory through college was going to look like and I realized that nursing really checked all the boxes for me. It gave me the opportunity to care for patients, to meet them where they were, to provide education, to help better their lives and be a part of their journey. Also, there's the benefits of the flexible hours, the unique schedule that falls within nursing. The idea of working a nine-to-five Monday through Friday, just didn't fit in my brain as an 18 year old.

I loved the idea that I was going to graduate in four years and have a very tangible, usable degree, where a lot of my friends were going for programs that they might have been graduating with not a clear path of what they were doing after school. I graduated from the University of Michigan in 2012, and moved to Chicago for my first nursing job at Loyola Medicine. It was a really, really awesome opportunity. It was truly my first exposure to the cath lab. We saw post cath patients, we saw ACS patients, semi and semi-stable. It was basically like a cardiology telemetry unit.

So stable patients that could be on the floor that we were managing, heart failure, cardiology. It was my first exposure to LVAD patients too, something that maybe I learned about in nursing school, but I hadn't remembered. So just such an influx of information those four years. It really was my first true experience getting my hands on all this cardiology stuff. Just about a year after being on that unit, they actually divided the unit up and split it into a cardiology unit and a hepatology unit. They put all the new baby nurses over on the hepatology nurses on the unit, because the more senior nurses weren't interested in dealing with liver failure.

I found myself, as the most senior nurse after only a year of nursing, on the night shift for this brand new unit. So it forced me very early in my career to really stand up into a leadership position and be there to support my fellow colleagues, as we figured out this new patient population and took on that role of a charge nurse, which I think led me down my trajectory from there on. Because I quickly learned, and when you're in that role of the charge nurse, that there's so many questions being asked of you, so many things you need to know about how to coordinate patient care.

How do you create an assignment that's safe for the patient, safe for the nurse? That's taking those, all of those things you're thinking through, and it really got me thinking that I just wanted more formal education. I just felt like I got a lot of great information from nursing school, but I just needed more. I looked at nursing schools in Chicago, but my family and my now fiance brought me back to Michigan and I pursued a master's at the University of Michigan with a focus in adult gerontology acute care nurse practitioner. I focused on the acute care because I really, again, really loved the flexibility of the hours.

You don't have to work that nine-to-five. You can do weekends, you can do holidays, you can do night shift. There's all that flexibility and I was always a very active person growing up. I'm a runner, I played soccer, on the club soccer team at Michigan. So the idea for me, when I thought about a clinic job that felt like maybe I wouldn't be on my feet quite as much so I wanted to hold onto that, what you get as a bedside nurse. Being able to walk from patient rooms, and doing the procedures, putting the IVs in, doing the blood draws.

All that procedural stuff that you get as a bedside nurse, I thought I would be able to have my hands on some of that still as an advanced practice provider in the acute care setting. That's how I found myself in that degree program. I then graduated with my master's in 2017 and I got my first job with the cardiac surgery step down unit at the University of Michigan. And it really was a really great experience taking care of post cardiac surgery patients.

A lot of those patients, if they're doing well, they're moved out of the ICU within 18 hours. So we're taking care of like very fresh post-op patients. They're not in the ICU long. So dealing with all those, any post-op complications that you could come across.

I think one point I like I would like to make is that I think a big reason I was able to get my foot in the door in a pretty specialized, pretty high stress team as a new graduate was going back to my experience with LVADS back at Loyola where I think it's kind of a cool point when I reflect back that sometimes when you're in the moment and you're learning these new skills and you're like taking care of these new patient populations, you don't necessarily realize what that could have on your future career. Right?

So when they saw on my resume, "Oh, she's got LVAD experience." A lot of providers don't get that experience early on in their career. So I think it was just a really cool opportunity in that I could bring this new, another perspective of taking care of the LVAD patients from a nursing role. So I ended up being at that team for about three and a half years. And it was through that team that I got to know the interventional cardiologist. So that team is also responsible for taking care of the TAVR patients and we call them the matrix patients. So basically that is, all patients that get some transcatheter valvular procedure. So instead of an open and heart surgery to fix their aortic valve or their mitral valve, they do it trans catheterized, so to avoid an open surgery.

So the cardiac surgery team also cared for those patients and it was the interventional cardiologist who actually rounded on those patients. So I had the opportunity to get to know three of them that do those procedures pretty routinely. And I found myself at a point where I was getting a little frustrated in my current role. And I found that I needed a change and I learned of a job opportunity with this team. So now I've been with interventional cardiology for just over a year. It's been an awesome opportunity. I was able to get back to that being on my feet a little bit more, doing more procedures, being in the procedural area. And I've just found a true love and passion for it. I'm in the cath lab doing the procedures with the attendings.

And then I'm also seeing patients, those same patients in clinic one day a week. It's been really rewarding in that, like just actually just this morning, I saw a patient that he was complaining of anginal symptoms like a month, two months ago now. I saw him in the clinic, I was part of his cath procedure. And then I got to him today a month after his PCI and to see how he's recovered and doing better. So it's been a really cool opportunity to see that full, full circle. So that's a long, long description of my trajectory to get to how I got to where I am now.

Jessica L. Spruit, DNP, CPNP-AC:

Oh, I think that's perfect. And I love the continuity that you're describing and can imagine it's pretty rewarding to have seen a patient who is symptomatic, performed an intervention, and then seen them recover well and probably get some elements of their life back that they were missing quite a bit during those symptoms.

So, Ellen, can you describe to us a little bit, for those of us who don't function day to day within a cath lab, what does the role of a nurse and an advanced practice nurse look like in a cath lab? You're talking about procedures and being really involved going in there with your physician colleagues, what does that look like?

Ellen Stewart, MSN, NP:

Yeah. So again, not something, cath lab was not a place that I really knew much about as a student in nursing, my nursing program and even into my NP program. It's a very pretty specialized area.

So what it looks like is we each cath lab, usually it's staffed with one bedside nurse, one RN. Those RNs do have to have ICU experience because we're giving medications that people have to be comfortable giving. That nurse is going to be responsible for closely monitoring the vital signs, keeping an eye on the oxygenation, giving, administering sedation. We don't have anesthesia or like a CRNA in the procedures. We do once in a while, but not routinely. So they're responsible for administering sedation and any medications that the attending might ask for. We have two techs, which they're formal name are registered cardiovascular invasive specialists, which was a role within the healthcare setting that I knew nothing about until I got this lab here. So they are certified, they take an exam. There's actually a program in Michigan that's like renowned throughout the country that people come to get this training to become a certified. So an RCIS is what they're called [inaudible 00:11:45] specific tech. So we have those with us.

They're all experts at the different devices we use, the different balloons, wires, all the equipment that is used in the cath lab. So we usually have one nurse, two of those RCIS techs. One is usually being the monitor, meaning they're at the computer. Again, assisting the nurse and monitoring the vitals, monitoring the rhythm, the heart rate, all of that, recording everything that we're doing in the procedures that we have a log of it afterwards. And then one is circulating the case, meaning that they're getting the equipment we're asking for. They're handing off that equipment to us. And then it's myself.

And I have a PA colleague who is in a similar role and then either one of our third year cardiology fellows or our fourth year interventional fellows, usually myself, and one of them that scrubbed into the procedure and actually doing the procedure. So depending on the case, depending on the attending, I will get the arterial access and go either through the radial artery or the femoral artery. And if we're doing a right heart calf, we maybe need venous access too. So I also do that and then I'm assisting with the whole procedure. So putting the wires up, putting the catheters up, taking the pictures.

My big role is actually which again, something I knew nothing about a year ago, I looked at many of angiograms working in cardiac surgery and taking care of post CABG patients, but never really knew how those pictures came to be. So now my major role is to actually, what we call it is called "panning". So I'm actually moving the table for the cameras in one spot and you move the patient to actually see, get the pictures. So the fellow is injecting the dye, I'm panning the table to make sure that we're seeing the arteries fill, we're seeing where any blockages might be. And then from there, of course, if they need any intervention, we're doing that at that point too.

Jessica L. Spruit, DNP, CPNP-AC:

Wow. That sounds really cool. Like a really unique role.

Ellen Stewart, MSN, NP:

Yeah.

Jessica L. Spruit, DNP, CPNP-AC:

And really involved. And as we said, not anything that you learned in nursing school and not anything that you learned in your graduate program either. So how did you learn all of this and how do you stay current? Because what I know of interventional cardiology is that it's a field that's rapidly evolving and something that you know is obviously preferable to open procedures. So how do you keep up with all of that?

Ellen Stewart, MSN, NP:

Yeah. So I've been really, really blessed in that my team and my director and my department has been really excited to bring me on up until me being hired. They've had, they have a PA that's been in their same role as me for over 10 years now, but he's only, he's always been the only one there. So I'm like their second person that they've added into the role. So they've all been, they want me to succeed and it's really cool to be in a team that's like there for you and really is trying to support you. So between all my attendings, they've all been great.

Also all the cardiology fellows are awesome at explaining things and going through things. And it's just been really learning on the job. I do plan to attend, of course, with COVID these last couple years, all the conferences have not been happening, but I am going to be going to TVT, which is a conference put on by one of the cardiology educational foundations, which is Transcatheter Valvular Therapeutics is what TVT stands for.

So basically. It's going to be a big conference. I'm talking about all the different things that are coming out down the pipeline in the TAVR world, so your transcatheter aortic valve replacements. We're doing a lot of different procedures for even transcatheter tricuspid valve replacements, MitraClips. There's all these new products that are coming out. And at this point, I don't currently have a role in this. I'm not scrubbing into those procedures, but that is that my cath lab director has, is to get myself and my colleague assisting in those procedures as well. So I'll be attending that conference in just about two months it's in June.

And then honestly it's doing a lot of self education again. And my attendings were very, very supportive and wanted me to succeed. So they gave me a lot of textbooks to read. It was a lot of just reviewing YouTube. YouTube has been such a great resource. There's just so many good, like really well done videos about just what to do in the cath lab and the things that I'm working on. And so that's been a really good resource as well.

Jessica L. Spruit, DNP, CPNP-AC:

Wow, that sounds like a lot of fun, a great challenge, something that probably keeps you on your toes day to day, and probably I imagine that no two days really look the same. But what a great opportunity. And I think also a nice opportunity to highlight that your learning really never stops and that it is your obligation and your responsibility to continue that learning and to continuously engage in that, because really no matter what specialty we are in, we are going to need to keep up to date and current with what we are offering patients and their families. But I think especially in a field like yours, Ellen, what you're sharing is really an exemplar of that.

Ellen Stewart, MSN, NP:

Yeah. I think it,

Jessica L. Spruit, DNP, CPNP-AC:

I'm curious,

Ellen Stewart, MSN, NP:

Oh. Sorry. From my perspective, I'll just say like, when you find a part of medicine or a part, a role that you're really excited about it's really easy to do that. It's been fun learning all this, and I'm excited to see how things change in this field over the coming years, because there's so much, that's coming down from all the research that's been going on. So it's really just finding that place where you're excited to go to work every day and excited to learn more. It makes it very easy.

Jessica L. Spruit, DNP, CPNP-AC:

That's what I love so much about nursing. You said you were feeling a little bit burned out, you were feeling a little bit frustrated, you needed a change. And here you are within the same specialty of cardiology, within the same, you're still a nurse, you're still an advanced practice nurse. You're still functioning like you were, but in a different environment that allows you to refresh your career and keep going. And I love that so much about our profession. I think you've stated that really well.

I was curious if we can go back a minute. I was thinking about you finding yourself on this newly developed hepatology unit being one year out of school, a charge nurse. And I imagine that although at the time it wasn't for the same reasons, I imagine a lot of newer graduates are finding themselves in that situation right now.

Here we are two years into a pandemic with a lot of turnover, a lot of burnout, struggling with retention and staffing. What do you think, what strategies were helpful to you? What do you think it was that helped you persevere through that? Where as a new charge nurse, you able to still be effective on your unit, be a nice resource to your colleagues who had even less experience than you in a time where you were learning something brand new also.

Ellen Stewart, MSN, NP:

I think the big thing is no, don't be afraid to not know the answer. You're not expected to know everything and there's no way we can ever know everything in medicine. Right? There's always new updates coming out. There's always things, things are always changing. So don't be afraid to speak up. Don't be afraid to ask the question, know that sometimes when you ask the question of the doctor, whether that be a trainee, a resident or fellow, or the attending, you might not get the nicest response back because they're busy too and they're doing a million things at once, and sometimes they don't want to take that extra second to explain it to you, their reasoning of if you're not understanding why they're ordering a new medication, why they're ordering a test.

But what I always tried to remind myself is I'm here for the patient. I'm that, especially as a bedside nurse, I'm the last line before anything happens to this patient and I have to understand what's going on for me to make sure that what's going on is best for my patient. So it's best, I know it's hard and it's cliche to say, but try not to take it personal if somebody snaps at you for asking a question. You're never in the wrong for asking a question and trying to find the right answer. I think too, keeping, there was nurses that trained you. So try to keep and contact with them. My preceptors were always such great resources, even though they technically weren't on my unit anymore. They were still there. They split the unit in half, so their desks were a little bit in a different place, but they were still there.

I could still walk down the hall to them and be like, "Hey, I've got this situation going on. Like I think this is what I want to do, but what do you think?" And really using all their nursing colleagues for resources. And I think too, if you have you had a teacher or a clinical instructor you really connected to in nursing school, don't hesitate to reach back out to them. I think anytime I've ever reached out to an old colleague or an old professor or something, they're always, we're nurses as a core. We want to support each other and we want each other to succeed. So I don't think that anyone would ever fault you for reaching out. So I think that's the big thing is ask questions if you don't know and just remind yourself that you're there for the patient and you're trying to figure out and figure it all out and do what's best for them, but also have your resource in your back pocket.

Jessica L. Spruit, DNP, CPNP-AC:

I think that's such great advice, really all of those points. Serving such an important role as the advocate for the patient and that last line of defense, and also the first line of recognition. Right? You play such an integral role as part of the team, as that bedside nurse and you asking questions bravely in the spirit of really providing the best care. I love that.

And I think finally when you say you've never had trouble reaching back out to a colleague or an instructor or someone who has crossed your nursing path, I think this podcast is such a perfect example of that because every guest on this show has so willingly given up their time and been willing to offer these pearls and support our next generation of nurses. So I appreciate that. I think that was great advice, Ellen.

Ellen Stewart, MSN, NP:

Thanks.

Jessica L. Spruit, DNP, CPNP-AC:

As we wrap up today talking about your role as an adult dermatology, acute care nurse practitioner and within the CA lab, is there anything else that you would want to share with listeners or anything else that we should include in this episode?

Ellen Stewart, MSN, NP:

I think the other big point I have is you can't take care of others until you take care of yourself first. I think in our profession and especially because we all go into it, wanting to care for other people, we go in with such like big hearts and we want to do the best for our patients, but then what happens? I think I see this quite a bit with nurses is then we overwork ourselves.We pick up extra shifts because our unit's short and we care about our coworkers and we don't want them to be short.

So we're staying late, we're picking up extra and we're not putting in the self care. It's hard, but you've got to make sure you're making time for yourself. Because if you're not caring for yourself, you're not going to be there a hundred percent for your patients. So I just feel like it's so important. And make sure, don't lose your hobbies, don't mess up your exercise regimen and whatever is your thing. Right? If it's going for a run, make sure you make that happen. If it's reading a book, doing that. So I think the biggest thing is making time for yourself outside of nursing makes you a better nurse.

Jessica L. Spruit, DNP, CPNP-AC:

Thank you for that advice. I think true words have never been spoken. And I think, again, especially at a time like this when our profession has really shown up tirelessly for over two years now, it's really important to remember to stay in tune to ourselves and to offer that self care so that we can keep going. Right?

We've got many decades ahead of us. So that's such great advice. Ellen, I so appreciate your energy for this work and your willingness to share your story with us. I think that you've offered great, really tangible advice today and great explanations that get us excited about this role in interventional cardiology and within acute care as we care for our adult patients. So thank you so much for your time.

Ellen Stewart, MSN, NP:

Yeah. Thank you so much for inviting me. This has been really fun for me, even before prepping for the podcast, I reflected on my career. And sometimes we don't think to do that and like it was really fun for me, myself to even look back and see all I've done and where I'm at now. So I appreciate you giving me the opportunity to do that.

And I think the last thing I would say is, as we've touched on, the world of interventional cardiology is only going to get bigger. So I think it's definitely something that people should keep on their radar. If cardiology is something that they're interested in. Cause we're definitely going to need more people. More nurses, more nurse practitioners, all of it. So thank you so much.

Jessica L. Spruit, DNP, CPNP-AC:

No, thank you. Yes. So many great opportunities. So if you are listening to this episode and you are thinking, "Wow, this sounds so exciting." And I think that Ellen's done a great job, conveying the excitement and the energy around this, then definitely pursue opportunities to explore it and see what is available to you. Because as she's suggesting, this will likely just continue to grow. So, and I really I'm grateful for your time, Ellen, thank you so much for this episode. And I hope that you'll all join us for the next episode.

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 view 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're 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.