Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightingtales. 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 the 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.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for joining us for another episode of Nightingtales. You guys, I'm so excited today. We have another great guest with us. We've got Missy McClean, and she is joining us. Missy is a flight nurse. She has a neonatal, OB, and pediatric specialty. And she's joining us from St. Luke's Health System actually in Boise, Idaho. So, Missy, thank you so much for spending some time with us today and telling us a little bit about your journey in nursing.

Missy McClean, BSN, RN:

Thank you for having me. I'm excited.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah. Oh, I'm so excited to have you. I think this is definitely be one of those areas that we might see perhaps a flight nurse or this role and have some idea of the excitement or the challenge that may come with it. But it's certainly nothing that we get to do in our clinical experiences or we learn a lot about in school. So, I'm really excited for you to share with us how you've become an expert in this field. So, if you don't mind, Missy, start out by just telling us a little bit about what your undergraduate program was like, where you started in nursing, please.

Missy McClean, BSN, RN:

Yeah. I went to Oakland University and got my bachelor's degree. And then I directly went in into pediatrics at the Pediatric ICU in Children's Hospital Michigan. I worked there for a year-and-a-half or two years. It's been a while. Been a nurse for 11 years. so it all starts to just blend.

Missy McClean, BSN, RN:

And then I wanted to do traveling. So, I did some travel nursing, and I ended up in Boise, Idaho, where I eventually took a full time position working at the pediatric ICU here at their children's hospital. Worked for three years. And so, all my specialties always been pediatric ICU. And there was a recommendation from a coworker that I look into the transport nurse position that opened. The team that I work on is a neonatal OB and pediatric team. We're called the Match Team. So, it's called Maternal Child.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, I get it.

Missy McClean, BSN, RN:

And they were looking to add on a nurse and a respiratory therapist to their team, and they wanted a pediatric specialized nurse. Three of their nurses were from NICU, two of their other nurses were from OB, and they've all worked there for five to 10, 15 years, and they wanted to add on pediatrics. So, I got recommended and I thought, oh, that's cool. I honestly didn't know about the team, unfortunately. And as I looked into it, I thought, oh, I would love this. This is awesome.

Missy McClean, BSN, RN:

So, I applied and I fortunately got it. I had to learn a lot of neonate stuff. Just didn't have much experience in neonate and OB, especially like high risk OB. So, I was trained in those two units here with several physicians and nurse practitioners. And then once I finished my orientation, there's a very intense procedure lab and skills check off and then a simulation. And if you can pass that, then you either get to come on the team or not. And very fortunately I got it, and I've been on it for seven years now.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, wow. That sounds like, one, such an accomplishment to have done all that and then been recognized by your colleagues and recommended for that position and getting through all of that training. I'm curious, Missy, how long was that orientation that you were describing?

Missy McClean, BSN, RN:

Six to eight months.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Okay.

Missy McClean, BSN, RN:

So, six months of a lot of just working with the flight, but first three months there was a lot of skills and more hospital training, because I didn't have any OB experience. They usually predict anywhere from six months to a year of training before you can fly on your own.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Okay.

Missy McClean, BSN, RN:

Which you also then have a lot of aviation training on top of it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Can you tell us a little bit about that, please?

Missy McClean, BSN, RN:

Yeah, so my team, we will drive in an ambulance to certain distances, and then we have a fixed-wing and a helicopter. So, you have to be trained on the helicopter, the ambulance, and the fixed-wing, which is a small plane. So, you have to learn the equipment, learn the safety about it. Every year we have an aviation training online program that's about 12 hours long. So, we need to learn about weather, the radio systems.

Missy McClean, BSN, RN:

That teaches a lot of scene call stuff. But my team, we don't go to a scene. We are all in our facility. So, we go from our base to another hospital. But lot of these hospitals are out in middle of nowhere, so they're very rural areas, and sometimes they're just standing ERs or even a clinic. So, you show up and there might be just a physician assistant there at that moment who got a mom or a pregnant woman who is preeclamptic and 24 weeks, and they got to get her out of there.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Missy McClean, BSN, RN:

So, the training to keep up is a lot, especially with aviation stuff. Still sometimes I feel like it's a little over my head, I'm not a pilot, but it's fun learning it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. Can you tell us a little bit about your team? So, I imagine that it might vary when you are in an ambulance versus a helicopter versus your fixed-wing, but who does the team consist of and what are your roles?

Missy McClean, BSN, RN:

So, my team is we always run a nurse respiratory therapist on my team. Our respiratory therapists are very specialized in neonatal and pediatric intubations. So, it's just me and it's always a female. My team is all females. It's kind of coincidence. Was always me and my partner and we just show up. If we are on the fixed-wing or the rotor, it's just us two. If we have an ambulance, we will have a driver, which is usually an advanced EMT, or sometimes a paramedic will come. And they're nice because then they can extra helping hands.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Missy McClean, BSN, RN:

Because sometimes you'll show up at one of these small hospitals, and they're over their head. They're nervous. They're calling for help, and that's what we're there to do. We're there to help. And some are eager to help in and get us supplies or write down vitals or do whatever we need to, and sometimes it's like a ghost town and everybody leaves and it's just you and your partner and the patient.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. I love how objective you are when you say they called for help and that's our job. Because I think that sometimes when we work at really large institutions, we forget how limited resources can be at other institutions, whether it be more rural or more underserved. I think we forget sometimes the challenges of these outside hospitals that transfer their patients to us. But I love the way that you so objectively said they recognized that they needed help, and they called us and that's our job. I think that that's such a nice... It would be really nice for you to be the nurse that arrived if I were the nurse feeling really over my head.

Missy McClean, BSN, RN:

Yeah. That's what they're there for. And we always appreciate when they can recognize it early on. It's like it's great because it's just best for the patient, too.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That makes a lot of sense. Now I imagine, Missy, that if it's just you and a respiratory therapist, you're doing a lot of tasks that perhaps as a registered nurse in the intensive care unit when you were working in the pediatric intensive care unit, you were doing a lot of things that you weren't doing previously in those RN roles, is that correct?

Missy McClean, BSN, RN:

Correct. I always like to say is I get to practice as a nurse practitioner or an advanced practice or a PA, but I don't have the license. But we have a set of protocols, so I don't have to get orders on everything. If I see a patient needs a fluid bolus, I don't need to call a physician to get an order. If I recognize it, I can prove it, I can give it.

Missy McClean, BSN, RN:

So, we have a set of protocols that we work under. And then when we get to a point, we do have to call for medical control, and that would either be our neonatal intensivist, our pediatric intensivist, or the OB doc, and say, "Okay, this is what I'm seeing. This is what I've done. Here I'm at. Do you have any suggestions?" or "I think I want to do this. Can you give me that order?"

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Missy McClean, BSN, RN:

I get to place umbilical catheters into neonates, which is really fun, I think. We don't get to do that in hospital. I can place chest tubes. Usually it's like a battle between me and my respiratory therapist who gets it. I can do IO, which is I don't know many in hospitals that get to do that in the hospital setting. Usually, if you can get an IV in, you have a doctor there who's going to put a central line in.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Missy McClean, BSN, RN:

And then my respiratory therapist, they get to do intubations. That's their specialty. They also step up and learn a lot of nursing skills where they have to learn to do drug calculations and check drips with me because I don't have usually somebody else there with the experience.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Missy McClean, BSN, RN:

So, they have to be my backup. And they're great because sometimes when you're in a rush situation, we've all experienced... Even physicians can give wrong verbal orders that you might put a decimal in the wrong spot, but then you have your RT there to back you up and check it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. Oh, I imagine that that... I was thinking of how autonomous you are in your registered nurse role in that you can... based on protocols and based on knowing your scope of practice in this specific role, I feel like you are so autonomous. But at the same time, as you describe the role of you and the respiratory therapist, you're also so collaborative with that one teammate.

Missy McClean, BSN, RN:

Yeah. Yeah, it's a lot of collaboration. Yeah, and you get a lot of autonomy, which can be very stressful because we don't see everything every day. So, I could go a month or two without seeing a pediatric kid, honestly. We might just be running a lot of neonatal calls and OB calls and then a cardiogenic shock baby walks into an ER and they might just be, "We're not sure what's going on." They give the signs and symptoms, and your brain goes, oh wow, it's cardiogenic shock. I haven't seen this months.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Missy McClean, BSN, RN:

And sometimes you don't have time to be like, "Let me pull up my protocols and look."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Missy McClean, BSN, RN:

You really got to be... So, we tend to sometimes at base. The one thing about the job is sometimes there's a lot of downtime, and that can be very bothersome to some people. So, we try to talk a lot about our protocols and our scenarios, especially if we've been on a really hard case. We don't indulge on a lot of the patient information rather than just the symptoms and the signs and symptoms we've seen, and the disease process we've seen, and what we did and what didn't work just so we can constantly educate each other. So the next time somebody comes across that zebra that's out in Boise, Idaho.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Missy McClean, BSN, RN:

But we're like, oh, I remember. April, she said this worked for her when she got across this situation.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, that it sounds like an invaluable opportunity to really learn from each other. And I think sometimes engaging in that dialogue is the best way to learn, and learning from each other's experiences [inaudible 00:13:24] rather than just sitting down and reading a bunch of protocols or textbooks.

Missy McClean, BSN, RN:

Yeah, exactly.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That makes a lot of sense. I was curious, Missy, because I'm thinking of you doing this at the highest level. You're a flight nurse that's called to an outside hospital where you've got a patient in extreme distress. But I think that the way that you manage that, maybe your anxiety if you haven't seen a pediatric case in a couple of months, or if it seems to be a diagnosis that you're less comfortable with. I mean, we can all relate to that. No matter what we do, we are going to encounter things in nursing where we feel ill prepared or nervous, or it makes us feel a little bit anxious. How do you manage that, or what do you do in the time from the time you get that call to the time you arrive to that patient to try to help manage that?

Missy McClean, BSN, RN:

It's kind of like instinct for me. I just know to stay calm and to keep my cool, take a deep breath, just try to think things through clearly. Because if you get worked up and you get too distracted, you're not going to help the patient, and you're just going to end up in that spinning, circling toilet, just keep going down the drain.

Missy McClean, BSN, RN:

So, I've always been known to keep my cool. And I just think for me it just comes natural. I have had times where like maybe my partner is getting very nervous and frustrated, and I've learned to just say, look at them, because you work with them 24 hours in a day, so you come very close, to look at them and say, "Hey, look at me. Take a deep breath. We got this. You're going to get it this time. You're going to get this tube. You're going to get this intubation. You got it." So, keeping your cool and just telling yourself, hey, you got it. You got it. Just being confident in yourself.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That confidence. Well, first, maintaining that calm, collective attitude I think would be really be valuable. But then that confidence is so important. And I think that sometimes we forget how well prepared we are for situations like that. Like you said, you've been a nurse for 11 years. Your first job was in a pediatric intensive care unit. You can forget how much experience and how much knowledge you do have. But it sounds like that has really worked well for you in trying to help maintain that confidence and being as well prepared as possible.

Missy McClean, BSN, RN:

Yep. And there's been times where the situations have just not gone as planned, and you just have to then think, okay, I can't get an IV in this patient. I've put an IO in. We lost that IO. I tried to put in a second IO. It went through the bone. This kid is hypoglycemic. Now, what am I going to do? If I lose my cool, this kid will seize. You kind of think of that. So, you're like what else can I do? You always have to have plan B and plan C in your head when plan A doesn't work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. Oh, it sounds like it. When you have those really tough cases when things don't go well or you get to plan C or D maybe before you get back to your own center or your own facility. How do you then debrief from that? How do you end that day when that's over with?

Missy McClean, BSN, RN:

Since, like I said, me and my partners are always so close, we always debrief it together. We talk about what we could have done better. What did we miss? And usually after we drop off the patient, we always drop it off to an intensivist or the OB physician, we'll stick around and we'll ask them, "Can you do a quick debrief with us? Help us. Talk us through this. What did we miss? What didn't we do right? Why did that time when I drilled that IO, why did it go through the bone? Was I a little bit too much posterior or anterior? Was I should have been more to the left?"

Missy McClean, BSN, RN:

And all of our physicians are so amazing. They know that we are their eyes and their ears. So, we've built such a great trust and such a great work environment with them that they will sit down with us. They will take time off their... Any day they have a time off and if you have like, "Can you meet me for lunch? Can you go over some of these protocols with me? Can you do this?" They're all willing to do it.

Missy McClean, BSN, RN:

So, having their support has been such a blessing for this job, because you can't do this job... I'm a nurse. I'm not a nurse practitioner, I'm not a physician, but I am getting to practice like one at times, but I need their help and their knowledge more than anything at times.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. No, I think it speaks to what an integral member of this team you are as a nurse. And it's true, you are a registered nurse. But what great opportunities have come your way so far in this career. You said it's already been 11 years, and I know how fast that time goes. But at the same time, it's only been 11 years.

Missy McClean, BSN, RN:

Yeah, exactly. Exactly.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

What else may come your way? I'm curious if you don't mind, Missy, just backing us up. When you graduated from nursing school, you had probably done a very brief pediatric rotation, and then your first job was in the pediatric intensive care unit. And I know that sometimes people will be discouraged from pursuing jobs in a specialty like pediatrics or in the intensive care unit.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

There's, I think, what I believe is a myth that you have to spend one year in med-surg. And that may be true for some jobs, but I personally don't believe it makes or breaks you as a nurse. And it sounds like that's definitely not the path that you took. I'm curious when you were making that transition, what do you think helped you going from probably an eight to 15-week pediatric semester to what we know here in Detroit, it's a very high acuity pediatric intensive care unit?

Missy McClean, BSN, RN:

Yeah. So, I always knew I want to do pediatrics. So, in nursing school, I did work on the oncology hematology floor, and that got my foot in the door and I got a taste of... I wasn't the nurse, but as a CNA I got a taste of pediatric nursing more then. And that's really when I knew this is what I want to do. So, I believe I did that for a year-and-a-half before nursing school ended, and that's where I started.

Missy McClean, BSN, RN:

And I never wanted to do adults. I knew it from the beginning. Sometimes just talking to other people and getting their advice, especially in the beginning, I found was so helpful for me because I was torn where I thought I wanted to do neonatal, because I did my preceptorship in the NICU, and I was so wanting to do that. Unfortunately, at the time when I applied, they had no openings. So, I applied to the ED and the pediatric ICU.

Missy McClean, BSN, RN:

And I actually accepted a job in the ED. And my friend who worked with me on the oncology hematology floor called me and said, "You need to take that back. You will not like it. You need to go in the PICU, trust me." Because she was in it for six months before me. She's like, "Trust me, you're going to want to do this." And I just took her advice and I was like, she was right.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow.

Missy McClean, BSN, RN:

Not that ED would've not been fun. I think that would've been fun. But the skillset that you learn in the PICU right away, in a sense, like Detroit's PICU, all the cardiac stuff you get to see, all the general stuff. It really makes a great backbone for you as a nurse.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. No, that's so funny that your friend called you and you just trusted her. You just knew to trust her. And look at where that advice has carried you.

Missy McClean, BSN, RN:

Yeah. She's she was right.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right, yeah, it sounds like it. I mean, it sounds like it's definitely worked out well for you. Missy, I'm curious also, and this is taking us back to the current time. I didn't want to forget to talk a little bit about the challenges of being a new graduate in an intensive care unit. But I am curious about out your current role. What do your shifts look like? When you said you guys are together 24/7, do you really do 24-hour shifts or what does that look like as a flight nurse?

Missy McClean, BSN, RN:

Yeah, so my team, the way we do it is we do a 24-hour shift a week and a 12-hour shift. So, Monday I'll work usually a 24-hour shift, and then I'll come back Wednesday and work a 12-hour shift.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Okay.

Missy McClean, BSN, RN:

And we have a set schedule for holidays, because we have to rotate through those. And on the holidays, you will work a 24-hour shift. So, sometimes for Christmas, there is no Christmas day for you, which can be tough, but you work with it. And then the way we work out our weekends is we do every fourth weekend. So, I will work a 12 on a Wednesday and then a 24 on a Friday, I'll have Saturday off, and work a 24 on a Sunday, and then come back like a Wednesday or Thursday for my 12-hour shift.

Missy McClean, BSN, RN:

So, you can get a lot of time off at times, too. The one thing that is difficult is you don't get off right at shift change. We work at 9:00 AM to 9:00 PM or 9:00 AM to 9:00 AM the following day. If a call comes in at 8:15, you don't hold the call. If it's a 24-weeker being born somewhere, you can't be like, "Well, they can wait 45 minutes for the next team to come on."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Missy McClean, BSN, RN:

You don't do that. You go. And a call like that will put you until like 4:00 in the afternoon till you get back to Boise. So, you have to have some flexibility. Your family has to be able to be flexible with it. And that especially gets harder as you get older and get children and those kind of responsibilities. But you find ways to make it work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. I think that's such an important consideration, though. Because we are hearing about all of the exciting things, all of the opportunities that this offers you. But like anything in nursing, it's also not without some sacrifice and some compromise as well. And so, I think recognizing the need for flexibility and having an open mind about what time your shift will really end is really important.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm curious if there's anything else, Missy, that you would want to tell nurses who are just entering our profession or who maybe think that they have an interest in flight nursing or in anything about your trajectory that you wish someone would've told you or you think is a valuable lesson.

Missy McClean, BSN, RN:

I think getting the most experience you can. If you're comfortable somewhere and you're like, oh, I really like it here. And I've heard this a lot from people. They're like, I want to maybe come on your guys' team one day, but everyone tells me I need to go get neonatal experience or pediatric ICU experience. If you really, really want to go this route, you need to go into those units and get that experience. You need to have that kind of... see those kind of acuities, see those sick kids, those really sick babies, and just put it all in in the beginning, get it all done.

Missy McClean, BSN, RN:

One thing about our team is, like I did speak about, we have some nurses that originally came from labor and delivery. Well, they had no neonatal or pediatric experience. So, when they orientated into the team, it was a year to almost a year-and-a-half for them to get through because ICU is just so intense. There's so much to learn.

Missy McClean, BSN, RN:

And it's not that they need the time because they just needed it because they couldn't understand the concepts of anything. It was just that there's just so much to learn in those intensive care units. So, I really think going that way, if you really think one day I want to be a flight nurse. If you want to be an adult flight nurse, really getting into the adult ICU is the key to this job.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah. It sounds like that experience is just invaluable as you think of how best to prepare for a role such as this, because you're truly operating your own intensive care unit, either on wheels or in the air.

Missy McClean, BSN, RN:

Exactly. We always say we bring the ICU to them.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. But with so few resources. When you think of how many people thankfully we have, how many hands we have in our intensive care units, and then you think of you guys delivering the ICU to them but they're being so few of you, I think the breadth and depth of your skills would have to be so impressive.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Well, Missy, this has been so interesting. I definitely appreciate the opportunity to learn about what it means to be a flight nurse, specifically with the population that you're working with, and what that looks like in your day-to-day life. I really appreciate it and think that you've offered a lot of really good insight for all of us.

Missy McClean, BSN, RN:

Oh, thank you. And I think if anyone is ever thinking about it, like really, go for it. It's great. The autonomy you get. Like you said, there are downs to this job. There's a risk with flying. That crosses a lot of people's mind. But if you know that you're working with a safe program, and you have trust in your pilots, and a program that's willing to list to you. We always say it's four to go and it's one to say no.

Missy McClean, BSN, RN:

If you're concerned about something and you say, "I don't feel comfortable. I feel like this weather's getting risky." You can ask your pilot, "Tell me. Give me information. Make me feel comfortable." And if you still don't and you say no, you say no. And unfortunately, I have had to do that before, turn down a call because of weather. And you have to put yourself sometimes before the patient, because it could be four people that lose their lives, unfortunately.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

No, absolutely. I think that when you think of a role such as this, that's probably among your greatest fears, right? And so, I think knowing that you guys have that motto, and that you feel empowered to speak up and say if you're feeling unsafe. It's one thing to say that you can do that. But I think the fact that you've actually done it and it was respected really says a lot about your team, and I think really says a lot about your professional [inaudible 00:28:45] to this work as well.

Missy McClean, BSN, RN:

Yeah. It's great to know that if you do use it, you are respected.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. Because I imagine it's not an... that can't be an easy call. I mean, we all know how torn you must feel when you so desperately want to help someone. Right?

Missy McClean, BSN, RN:

Exactly, exactly. And I've only had to do it once in the seven years, luckily. But it is. It's a hard decision to make. Because you're like, well, maybe, just maybe, maybe it'll work out, or maybe we can get there and the weather will clear up, or maybe the roads aren't as bad. You try to make it work, but sometimes you have to just think about really what could happen.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. Oh, and as you said, I mean, it's obviously potentially devastating for that patient, but the consequences for so many more patients should something happen wrong to your team would be even more devastating and just so much harder to take.

Missy McClean, BSN, RN:

Exactly.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

[crosstalk 00:29:55] a lot of sense. It really is. I mean, I think self-preservation in so many ways is so valuable in our careers, whether it's just trying to protect yourself from burnout or recognizing when you're struggling with something. And I think this is, again, the ultimate display of self preservation is recognizing when you don't feel safe and when you may be putting yourself in harm's way and it exceeds what is appropriate, really.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. That's such important work that you're doing. And thank you for sharing that too. I think it's so easy to talk about all the cool things you do and the procedures and the lifesaving interventions. But I think also thinking about that responsibility that you're taking and you yourself what an important role you have in advocating for everyone's safety is just another dimension of this really important work you're doing.

Missy McClean, BSN, RN:

Yep. And sometimes you find that you have to even... I always tell my partner, we check each other, like, "Are you okay today? Can you go on a call? You seem like you got some emotional stuff going on. Are you okay?" And what's great about our team is we all respect each other and trust each other so much that we don't get upset if somebody says, "Hey, are you okay? Can you go on a call, or do you need to take a safety time out, or do you need to take the day off?" So, that's always great to always know that you have your partner who's also looking out for you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. It sounds like you guys have built really, really strong relationships as you're describing the amount of time that you spend together, the nature of the work that you're doing together. It sounds like those relationships have really helped sustain you as well and help take care of yourself.

Missy McClean, BSN, RN:

Yes, for sure.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Which I think is important in any role in nursing, to build relationships with your colleagues and look out for each other, offer the same kindness to each other that you offer to patients and families. But sounds like you guys have a really nice model and you guys have figured this out.

Missy McClean, BSN, RN:

Yeah.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Awesome.

Missy McClean, BSN, RN:

We've all become pretty close friends, too, which helps. There's always men that always joke about, oh, I'm going to be the first match nurse that's not a male or the first RT male on the match team. We're like, I don't know. Do you want to work with all females?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. That's funny. Well, Missy, thanks again for your time today and for sharing all of this expertise with us. I truly enjoyed hearing about what you do.

Missy McClean, BSN, RN:

Oh yeah, I'm excited I could share it. Honestly, being a brand new nurse, I knew nothing about this type of career out there. So, when it just came out in front of me, I was like, oh wow. This has my name written I all over it. So, if you ever have somebody that reaches out to you or wants to know information, please send them my email.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, I appreciate that so much. Thank you so much.

Missy McClean, BSN, RN:

Yes.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

All right. Well, you guys, thank you for listening to Nightingtales today. I hope you've enjoyed this as much as I have, and we will catch you for the next episode.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightingtales. 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're active in. The stories of their career path and progression are not intended to suggest that there's a uniform approach to achieving similar accomplishment, 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.