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

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.

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

Hi, thank you for joining us for another episode of ‎Nightintales. Welcome back if you've listened to this podcast before, and if it's your first time, thank you so much for joining us. I know that you'll appreciate this episode today. We have a really specialized type of advanced practice nurse with us today. I would like to welcome Amber Marroquin. And Amber is a neonatal nurse practitioner at Henry Ford Hospital in Detroit, Michigan. And she's going to tell us a little bit about her journey in nursing, and then tell us about this specialty within this nurse practitioner specialty. So remember, we've talked before about Advanced Practice Registered Nurses, and one of those four roles is a nurse practitioner. And we've talked a little bit in the past as well about populations, and the population that Amber cares for are some of our most vulnerable, critically ill neonates. And so, she will tell us a little bit about what her day looks like there. So, Amber, thank you so much for joining us today.

Amber Marroquin, MSN, RN, NNP:

Thank you for having me.

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

I'm glad to hear about this and I'm excited, because I know that the role of a neonatal nurse practitioner is really unique. And that there are many different things that you do, within the hospital setting. And so I'm anxious to hear about that too. But before we get started, do you mind just telling us a little bit about, kind of where you started your career in nursing, please?

Amber Marroquin, MSN, RN, NNP:

Yeah. So, I have actually been in the nursing field since about 2004, which I realize, probably takes me a little bit to some of your listeners. But I started actually in the Chicago area. And, even in nursing school, I was interested in the NICU. And I was blessed with the opportunity to go and visit there, just for, I think a day, and really fell in love with it. So, also blessed with the opportunity to start in the neonatal intensive care, as a new grad, which I know some places don't do. So that was a blessing to be able to jump right in, and that's where I have been ever since. Of course, now I've moved on to the Toledo area, and now working in Detroit.

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

Wow. Amber, I wanted to talk more about your current role, but do you have any suggestions for, if a... We have listeners who are interested in perhaps entering like, neonatal nursing, right out of school. Do you have any tips or suggestions for how they might do that, and kind of follow the path that you did?

Amber Marroquin, MSN, RN, NNP:

Sure. So I think most NICUs are a little more with the nursing shortages that we've experienced in the past few years, and that are increasing now. More units are open to new grads. But my suggestion would be just as much as you can to get in there during school, so that the staff can see your excitement and your passion for it. And, sometimes it all it takes is that person to kind of help you get in.

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

Yeah, that's a great suggestion. I think building those connections is so valuable and can really pay off. I agree. Awesome. So, if you don't mind, can you tell us a little bit about what the role of a neonatal nurse practitioner involves?

Amber Marroquin, MSN, RN, NNP:

Sure. So, just to give you a little bit of history. Before I started nursing school, I considered going to med school. And, but it was really important for me to have a family and to play a vital role in that. And so that's how I kind of made my way into nursing school, to still be in the medical field and helping. And, I'm so glad that I made that switch because as we all know, the medical training and the medical heart is so different than the nursing training and the nursing heart. And so, I worked as a nurse for probably 13 years. 12, 13 years before I switched over and went back to school. In the meantime, I had my family and raised and I'm still raising my family. And so, when I decided to go back to school, it was because I still had that desire to learn more and know more, and help with that management.

Amber Marroquin, MSN, RN, NNP:

So as a nurse practitioner, we get to do the fun stuff like procedures, everybody loves doing the procedures and... But we also get to manage and really help coordinate and lead in a different manner than we did as nurses. We do all those things as nurses, but just at the different level. Not a higher level, just a different level. So, we get to come alongside families in a different way, and help support them to take their babies home.

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

I love that you said not at a higher level, just a different level. Because I think the nurse practitioner plays such an integral role on a team, right? We've got medicine, and we've got nursing, and I think the nurse practitioner is such an important bridge between those, and also the family. Then I love the way that you said that. So, if you don't mind, can you tell me about an average day, which I know I can imagine in neonatal intensive care unit, there is no such thing as an average day. But if you don't mind, kind of, what kinds of roles might you take on in your day-to-day work?

Amber Marroquin, MSN, RN, NNP:

Sure. So, I think it probably depends on where you work and that's the beauty of nursing in general, is we get to kind of see where we want to go. So as a nurse practitioner, we can work 8 hours, 10 hours, 12 hours, 24 hour shifts. There's so many opportunities. And so, that shapes your day differently. But, in general, it's gathering that information that nursing has gathered all through the night, and putting it together. And then, making a plan for the babies. And where I work in, at Henry Ford, we very much work as a team. Seeing, what our nurses are thinking and how they feel. Of course, they're the ones, our eyes and ears, and they're seeing the babies and telling us their thoughts. I very rarely make a change before I go to the nurse and say, "What do you think if I do this with the baby?"

Amber Marroquin, MSN, RN, NNP:

And most of them have no problem saying, nope, not today. Today is not the day. And I respect that, because I know that they're the ones that are in there every minute. So, we're gathering that information and we're making plans. I love how we round, on all of our babies together as a team. So that helps us... I've only been a nurse practitioner for about two and a half years. And all of us are still learning, even those who have been there for 20, 30, 40 years. So that rounding process is an education time for us as practitioners, as nurses, as new doctors. And, we have students as well. So, a big part of our role is also education for the families, for the staff, and then for our students that we have coming alongside of us to help bring them up to be the best they can be as well.

Amber Marroquin, MSN, RN, NNP:

And then, it's a lot of problem and troubleshooting, as you can imagine. Things are coming up at us in every direction, and we are just trying to prioritize what needs to be done, and getting it done to help the babies have the best day they can have. So.

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

Yeah, I can imagine when I think of how vulnerable and fragile that patient population is. Babies can't tell you, what they're feeling or what's hurting or anything. And so, as you say, as you partner with the nurses and that, the whole healthcare team, I imagine you guys do a lot of interpreting of information and try to take all the data and then make the best decisions you can with it.

Amber Marroquin, MSN, RN, NNP:

Yep. And, I think it's always mentioned in nursing school, how you have to kind of lean on your intuition and your feelings. And in the NICU, that takes on a whole different meaning, because as you said, they can't tell us. And so, sometimes all it is, is us as the practitioners or as the nurses just saying, I just don't feel good about this baby today. Something's just not right.

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

Yeah. Isn't it funny. I remember learning about that too, hearing about intuition and thinking. I don't think I have intuition, how you think it's so intimidating when we hear that. But I heard it kind of rephrased as pattern recognition. And thinking instead that you recognize that because you've seen it before, because you are growing and building expertise, because you can use kind of all of your senses. And so you don't have to rely so much on something that's supposed to be innate within your gut, as much as you acquire that over time. Have you found that?

Amber Marroquin, MSN, RN, NNP:

Yeah, for sure. And the other blessing that we have in the NICU is that, so many of our babies have their parents involved. And, so we remind them, you're the most consistent one here. And so if they're the ones telling us that they just don't feel good, that means a lot. And that makes us take a stop to what we're doing and think, what's going on with this baby, so... But, so that's a good time for us to encourage that family, and educate them that they're the best advocates for their babies. And, that they're making good sound, intuition, choices as well.

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

Amber, when I've heard, when I heard you talk about your journey, you shared that you were a neonatal nurse for about 12 or 13 years before you became a nurse practitioner. I believe it's correct that you need a certain amount of neonatal nursing experience before you can enter NNP programs. Is that correct?

Amber Marroquin, MSN, RN, NNP:

Yeah, that is correct. And I think, to be honest with you, I don't know if there's a standard base. But every school has different standards, maybe on top of what that standard is. And, some of them, it's, you have to have two years before you enter the program. Some of them, it's, you have to have two years before you complete the program. So, it's very program based, but there are some minimums. And even as a nurse for 12 years, I learned so much. And I thought, how did I not know this. And how would I ever have been able to complete this. Had I not had the background that I had? But people do it. But I think that that experience just helps you... If you learn about a disease process and you can think back to, oh yeah, that's what was going on, when I had that baby a few years ago. It makes such a difference and helps you in your learning process.

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

I think that's the really fun part of graduate education, right? Is exactly what you're saying. You can apply patients that you've seen in the past. You can apply what you're learning to their cases. And it makes it so much more real and so much easier to understand. Amber, I would like to understand when I hear about neonatal nurse practitioners, sometimes I've heard about them attending deliveries, perhaps when a baby is very premature or expected to be quite, it's quite sick when they're born. Or I've heard about them also transporting because not every hospital has the same level of care available. And so, if a baby needs to go to a larger NICU where they're able to do more interventions. Is that part of your role too?

Amber Marroquin, MSN, RN, NNP:

It is. And again, that is going to depend on the facility you work in, and the level that they practice. NICUs are generally a level 2, 3 or 4, 4 being the highest level of care. So based on what your level is and what you will take, will determine if you do transports or not, as well as if you're a delivering hospital. So where I work, we do both of those things. We're a level 3 NICU. And so we attend a lot of deliveries. We are actually able to manage the care of our normal newborns, what we call normal newborns in the nursery. Which is nice for us sometimes to just take that step back and look at normal babies, happy, no problems. And just to remember what that normal looks like, right? Because sometimes when all you see are sick, you forget what normal looks like. So we go to a lot of deliveries, we attend deliveries, of course, for babies who are premature. If mom has something that makes her high risk, we're often invited to attend a delivery.

Amber Marroquin, MSN, RN, NNP:

And of course, if we're expecting something to be wrong with baby, based on testing that was done prior to delivery, so we get to attend a lot of deliveries. And then we also do transports, we only transport between our Henry Ford systems in general. So we may do a little less than some places who are referral centers, like you might see at like Children's Hospital of Michigan, who brings babies from all around there. Those are level fours. So we transport there for babies who we can't care for, which is minimal, but there are babies that we... We don't do like ECMO in our center, so we would transfer for that.

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

Thanks. That's a helpful explanation. I'm imagining you in the delivery room, and perhaps a critically ill neonate is born, and you spoke a little bit earlier about the procedures that you do and the skills that you have in addition to all of this knowledge and expertise. How do you stay current on your skills, and on this knowledge? How do you maintain your certification?

Amber Marroquin, MSN, RN, NNP:

So as far as certification in general, we have a base number of continuing education hours that we have to get. And then on top of that, every couple of years, we take a test. And it's not like a pass or fail tests where you, if you fail it, you don't get your license. But it tells you, what you might be lacking. So maybe if, you're a center that sends out all of your cardiac babies, you don't have as much cardiac knowledge, and so the test might tell you that. And so then you may have to get extra continuing education hours in that set of problems. So, that helps us to keep current on just a base education, but as well as what we may be lacking in. And then, as far as procedures are concerned, that is more center based.

Amber Marroquin, MSN, RN, NNP:

So, generally, most places you have to have so many, say, intubations. You may have to have five, at intubations in the year. And if you aren't able to get those, then they have... We have clinics. And I would assume that most places have that, where you work on those skills. In general, like in all of medicine, we don't want to do procedures on our babies. So if we don't have to intubate them, we don't. So it's a good thing, maybe that we're not doing as many intubations, but that just gives us another place that we need to practice.

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

I understand that's a helpful explanation as well. I think sometimes we... People get really excited about procedures, it's a really interesting. But I think, sometimes what's underestimated is just the value in how much you know. I think about your expertise and your critical thinking and the interventions that you're suggesting for these neonates every day, and really how much more valuable that is than your ability to place a breathing too. Right? I mean, you need to be able to do that too, but it sounds like, you recognize that if you don't have to do that, then that's a better day for that baby.

Amber Marroquin, MSN, RN, NNP:

Yeah. For sure.

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

Amber, I was imagining also, going to deliveries or you talked about partnering with families and empowering them to recognize what they do know about their newborn. And I imagine that as much as that's supposed to be a really joyful thing and a really happy thing, I imagine you have some really difficult days in the neonatal intensive care unit. I'm curious, what strategies you found both as a nurse and a nurse practitioner, to try to help get you through those more difficult days?

Amber Marroquin, MSN, RN, NNP:

I think for me, I try. And this is how I come about a lot of what I do, my interactions with nurses as well as families is that, I want to treat them like I would want to be treated. So, if I was losing a family member or a baby, how would I need to be supported? And of course, not everybody needs to be supported in the same way, and so we have to step back and realize that. But, just taking a minute to, even ask, sometimes it's just asking, What would help you get through this? Do you want to hold your baby?

Amber Marroquin, MSN, RN, NNP:

Some people, that's just not part of how they cope, and so we have to understand that too. But in some way we just have to come along and treat them like we would want to be treated, ultimately and respecting how they're feeling and what they're going through. It's hard for us to watch babies struggle and pass away, so I can't imagine what that would feel like as a parent, or a grandparent or a sibling. And so, it's just remembering that, those babies are people, and those families love them. And, that we're just there to support them and saying, oftentimes hello and goodbye at the same time.

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

Oh, you said that so beautifully. And I can only imagine, how much the families treasure, the care that you've offered them, and how important that is to them, during what can be really difficult times. When you go home, how do you sustain? How do you come back the next day? What is it that keeps you going in this? Because you do have bad days.

Amber Marroquin, MSN, RN, NNP:

Yeah. So the pleasure in it is that most days are not that way. Especially with medicine being what it is today, and the care that we give, we don't have to do that many days. And so, most days we get to help families learn how to take care of their babies, and send them home doing well. And it's a happy ending. And so, we just have to keep holding onto that, even after those bad days and remembering that. We're learning from what we went through and what those, that family and what that baby went through, and how we can make that better with the next family.

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

That's such great perspective. I think sometimes we forget to celebrate those good days, right? We forget to celebrate those victories. But it sounds like you really kind of savor them, and keep them close to mind for the tough days too.

Amber Marroquin, MSN, RN, NNP:

Yeah.

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

This has been so interesting to me. I think it's such an important role, and I'm so grateful for people like you who are doing this important work. Is there anything else Amber, before we conclude this episode, that you would like to share with our listeners, or things that you wish you knew before you started down this journey?

Amber Marroquin, MSN, RN, NNP:

I think, I don't know that there's anything I can say I wish I knew. I mean, there's things I wish I know, that I still don't know. But I don't know if I could say there's things I wish I didn't know, because there's so much learning in the process. I think I would just say, I appreciate so much what nursing has done for my life and my family, in general. Like I said, I wanted to be in the medical field and I wanted to have a family. And so, there's such an amazing balance, and so many opportunities in nursing. Even within the NICU, like I said, you can work so many different shifts in so many different places and levels of care. If you like excitement and you want to be on the go, and doing procedures, and seeing those zebras and unicorns as we would call them, then you work in that kind of a facility. And if you like to like, just feed the babies and help them go home, then you work in a level 2.

Amber Marroquin, MSN, RN, NNP:

So there's just so many opportunities in nursing and in advanced practice that... Even if you're feeling like I can't do this, just remember, if you just need to get that experience in, and then you can step into what you want. There's something, there's something out there that you'll fit in. So, just keep moving and keep asking, until you find the spot that's right for you.

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

That was awesome, I love that. There's things I wish I know. So I think, continuing to wish you know, is a natural thing that hopefully we can all embrace. And I really love the way that you said that. But I am really appreciative of your time today Amber. Thank you for teaching us about the role of a neonatal nurse practitioner, and sharing some of the tools that have helped you along the way. This was a really informative, and I think really inspiring episode, so thank you so much.

Amber Marroquin, MSN, RN, NNP:

Yeah. Thanks for having me, it was a pleasure.

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

Thank you.

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

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 are 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.