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

Welcome to Nightintales. This podcast was created during the International Year of the Nurse & Nursemidwife, 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 to another episode of Nightintales. I'm glad that you're here to listen to this episode, and I'm really grateful for our guest today. Dr. Leah Amorose is here, and she's joining us. Leah is a family nurse practitioner, and she's going to present that perspective.

 I know we've talked a lot in this podcast about the advanced practice nursing roles. We've talked about certified registered nurse anesthetists. We've talked about certified nurse midwives. We've talked about nurse practitioners and also clinical nurse specialists.

 Dr. Amorose represents part of the nurse practitioners, and she'll tell us what it means to be a family nurse practitioner and help us understand what's so great about that advanced practice identity.

 Dr. Amorose, thank you so much for being with us today and spending this time to explain a little bit about your path and what you do every day.

Leah Amorose, DNP, FNP:

Thank you, Jessica. I'm really happy to be here.

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

Well, glad to have you. If you don't mind, let's just start a little bit with telling me about your journey into nursing and where you started as a nurse?

Leah Amorose, DNP, FNP:

I've been a nurse since 2011. I'm one of the many who did the second degree option. My first degree was in biology and chemistry, so biomedical sciences. I always wanted to do something in the medical field. I actually started off really wanting to be a podiatrist, funny enough. But once I graduated my undergrad from Central Michigan University, I started working as a nursing assistant in the hospital, just trying to figure out what I wanted to do next.

 I looked into possibly going to PA school and that, for whatever reason, I can't even remember at this moment, led me to nursing school. I went to the University of Detroit Mercy. I graduated there. I did their accelerated degree program, and then I went to work at Beaumont Dearborn as a medical-surgical nurse, which was actually where I worked as a nursing assistant. I was there for 10 years.

 I think I was there for seven years before I actually went to Wayne State for the Doctorate of Nursing Practice, specializing in family nurse practitioner. I think I picked that, I fell into it actually. I was initially going to do the acute care. Acute, I don't even know the proper way to say it, the adult acute care, because that's just what I knew.

 Then I took a step back and wanted to see, what do I really want from this? This is my end game. This is the last career choice I'm going to make after three college degrees.

 I decided my biggest thing was relationships with patients, and in education. I mean health promotion, disease prevention, all that education stuff so that people don't have to go to the hospital so much. That was what led me to primary care and then family practice in general.

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

Great. I think that's a really important background and I think especially as you're working with ill patients, it would be a very natural inclination for the nurse to think about what was upstream and how you could have changed, perhaps, their presentation within the acute care environment? That makes sense.

 Before we talk a little bit more about your role as an FNP, Leah, I was hoping that you could share a little bit. I think your experience as a medical-surgical nurse, you had a rich, many years of experience prior to returning to school. What was it about med-surg that you enjoyed or that has prepared you to do the current role that you're in?

Leah Amorose, DNP, FNP:

Like I had said before, what I really enjoyed was the patient connection. I enjoyed just discharging patients was probably my favorite thing to do because I actually got to spend some time, sit at their bedside, educate them, make sure all their questions were answered.

 Obviously, as a nurse, you do that type of stuff throughout your however many hour shift. But that was the time that you really got to evaluate, did you learn something? What are your biggest concerns? What do you do from here on out?

 One of the surgeries that we recovered a lot where I worked was bariatric surgeries, so the weight loss surgeries. I really enjoyed that, and they got a lot of education prior to going to the hospital, and their team did a lot of education before they left too, but I also enjoyed that part of it.

 I mean, learning about different ways that people do retain information, how they like to learn, how the language that's so complex? When you actually sit down, and now that I'm a family nurse practitioner, you look at diabetes and COPD. To me, I'm just like, it is frustrating when somebody doesn't understand something that I find second nature, but I have to take a step back and see how do these certain people learn? How do they retain their information? How can I reach them so that they can be successful in this, whether it be a new diagnosis or old diagnosis?

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

I love that because I think the role of educator is so integral to who we are as nurses, right, as we try to set patients and their families up for as much success as possible. If you don't mind, Leah, tell us a little bit about your current role. What do you do as a family nurse practitioner? Where do you work and what does your day look like?

Leah Amorose, DNP, FNP:

I work at an internal medicine office in Taylor, Michigan, so down river. It's a private practice, so I see a lot of COPD patients, a lot of diabetes, hypertension, a lot of those chronic illnesses that I manage. But one of the things that I fell into working with this provider is medical assisted therapy for opioid use disorder.

 I prescribe a lot of Suboxone, which has actually become probably one of my favorite parts of my job in treating the opioid epidemic. As it's worsening, unfortunately, we're not seeing that influx of patients. Just trying to, I think a lot of my focus has been looking into how do we reach out to patients and let them know that this service is a available or this therapy is available?

 But I work full time. I come to the office Monday through Friday and I work, typically I see patients for about five hours of my day of my eight hour day, give or take. Then I also do round at a few hospitals in the area, patients that are admitted to the physician that I work with here.

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

Oh, wow. That's interesting that you assist with Suboxone prescribing. I know that that's an especially vulnerable population of patients that we care for. I think that that service is invaluable and something that we certainly do not have enough of when I think about prescribers available, both in the state of Michigan, and I imagine that nationally that's a challenge as well. That's really interesting work.

 Can you tell us a little bit about how your transition went? You had really developed some expertise as a staff nurse. You had been there for 10 years, you went to school, you earned a Doctorate of Nursing Practice and gained a specialty in family nurse practitioner. What was that like going to start all over in a role that you hadn't done before?

Leah Amorose, DNP, FNP:

I think, like anything, it's scary. I'd like to think I was pretty well prepared with my experience as a nurse and then my education in clinical rotations and all that kind of stuff. But I'm very autonomous here in the office, even though the provider that I work with, he is always available, but we're not always in the office together. Going from being a staff nurse to having six nurses or somebody to always bounce things off of, or at least you know that you have support right next to you in the friendships, obviously. That's what I've missed a lot since transitioning here.

 But overall, it has been pretty easy. I don't want to say easy because that's really not true. That's not true at all. It's been, now that I've been here for about two and a half years, I think I can say that it was, easy is not the right word, but it was almost seamless. Let's put it this way. It was seamless, seamless transition.

 I am very lucky enough to know a lot of advanced practice nurses in various areas, and I've leaned on them a lot too for support, even though they're not with me physically in the office, I always use them. Then just the tools that I got from Wayne State. I know that might sound cliche, but I was given a lot of good information, a lot of good resources that I was able to practically use and I still use them today.

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

That's great, and so reassuring to hear because I think having that foundation would help really promote your confidence and your ability to make that transition so seamless. When things do continue you to evolve, as you know, the healthcare world that we live in does, where do you get your education, Leah? What does it take to maintain your certification?

Leah Amorose, DNP, FNP:

I have yet to renew since becoming a nurse practitioner, but when I was in grad school, I did a little bit of teaching. I was a graduate teaching assistant. I did some teaching with the undergraduate students clinical and I also started precepting some Wayne State students within the Family Nurse Practitioner Program.

 I know that will give me some points toward my recertification. I use UpToDate pretty regularly, so I know that accumulates some CMEs for me. Then being a full time working mom of three, I get my little, I do seminars, just log on. Currently, I'm doing a diabetic one right now that's probably taken me way more time than I care to admit. But I will just choose something that has come up in practice that I think I need to brush up on or something that I find interesting.

 That, in and of itself, is kind of a full-time job, making sure that I'm staying up on that. I really enjoy, pre-COVID, which I wasn't practicing that long pre-COVID, but I would like to actually go network and go to conferences and stuff.

 Being a nurse and being a nurse practitioner, I think it comes with this community that we really enjoy being with each other and seeing each other. I feel like once things get back to normal, if there's ever such a thing, going to conferences, I think is the easiest way to get your continuing education credits.

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

Oh, I totally agree and I'm equally so eager to return to those environments full of people who have pursued the same degrees and specialties that we have, who have such passion and yet such unique perspectives all in the same room. I love that. I hope that happens sooner than later for you.

Leah Amorose, DNP, FNP:

Yeah.

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

Leah, what's the best part about being a family nurse practitioner?

Leah Amorose, DNP, FNP:

I would say in my office, we do primarily adults, but I do see husband and wife, sometimes families, sons, daughters, all that kind of stuff. I really like that. I love just the relationships that I have with my patients.

 I can be a little chatty and nosy, so maybe that's a good thing. I always joke about, I'm talking to patients and we go off on a tangent about their social life, but I also think that's super important to incorporate into their health because it gives me a little idea of why things are the way they are?

 Obviously, we need to know their family history for medical reasons and to treat them and whatnot, but I think the social part of it is super important too. I really, really enjoy the relationships that I have with my patients, and it's fun, makes it fun.

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

That makes sense, and I imagine that being in primary care, and also managing some of those chronic diseases that you mentioned, allows you the opportunity to see patients over and over again where you truly are their primary care provider, and you have the opportunity to build those longitudinal relationships. Is that correct?

Leah Amorose, DNP, FNP:

Yes. We don't so much in the office. It's myself and then two other physicians. I shouldn't say other physicians, two physicians who are there a little bit more part-time and then myself, who's there full time. We share patients, but because of my hours, I do see them more often. Yet it's nice to see the progression after I see them of, whether usually it's to a healthier state, or if that's even the right way to put it.

 But I enjoy that part of it, and I think that the patients appreciate having a little bit of, it's not so intimidating. I sit down and I talk about something that's not necessarily their diabetes or their blood pressure first. We talk about some other things and then we jump in. Because a lot of these patients, they come in very nervous, obviously.

 Then, especially with medical assisted therapy and the Suboxone patients, for them, I see them once a month. I feel like it's nice to get to know them and I like that part. I mean, I feel bad for them having to come in so frequently, but I enjoy that part.

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

That would afford a great opportunity for continuity. That makes sense.

Leah Amorose, DNP, FNP:

Yes.

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

Leah, this has been such a great explanation of the role of a family nurse practitioner and what kind of opportunity is out there? I know there are many, many other roles for FNPs as well, but I think you've illustrated a really important one. I appreciate that.

 I'm curious, as we close, if there's just any piece of advice that you would share with aspiring nurses or new nurses or perhaps nurses who are considering returning for their advanced degree?

Leah Amorose, DNP, FNP:

I know nursing is really tough right now, especially in the inpatient setting. A lot of people are probably taking a step back and thinking, what's next for me and what can I do? Even some people, sadly, think about leaving the profession.

 But I think that for nurses, I mean, for me, why I went back to school may be different than why somebody else went back to school, but I always say, do what's in your heart. Do what works best for you. If you want to stay with nursing, there's so many opportunities and there's so many avenues.

 If you're thinking about it, just do it. There's so many different sayings about do something that scares you. You'll be really surprised in the end. Like this podcast, who wants to hear me talk? What do I have to say that people want to listen to?

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

We do, we want to hear you.

Leah Amorose, DNP, FNP:

Well, thank you. But advice wise, just follow your heart. I know, again, it's a cliche, but do what you want and you'll find some great opportunities. Maybe something like this medical assisted therapy, which I kind of fell into, which I really enjoy. You just never know what you're going to find that you love until you try something different.

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

Well, it sounds like you offer such a gift to those patients that you're caring for and that you bring such passion to that role.

Leah Amorose, DNP, FNP:

Thank you.

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

I really appreciate, yeah, it's true. You can tell, you can tell that it's something that really excites you and it kind of makes you tick, as we say. But Leah, I just thank you so much. I appreciate your time today. Thank you for sharing the story of your journey, and also one of the roles that a family nurse practitioner may be able to pursue. Thanks again.

Leah Amorose, DNP, FNP:

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 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.