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.

Hi everyone. Welcome back to Nightintales. I'm glad that you're here. I'm excited about this episode, and I think that you will too. I think you'll find it to be really relevant and something that really illustrates where nursing is today. I know that when I started this podcast, we weren't in the middle of a pandemic and we weren't facing the challenges that we are currently. However, I think our guest today will bring a light and a lens of what it feels like to be a nurse delivering care at the bedside in the middle of this. And so, I would like to welcome John Melhado. He's an ICU travel nurse and joining us today on Nightintales. John, thank you so much for your time and your willingness to come and share your story with us today.

John Melhado, BSN, RN:

Thank you so much, Jessica. As I said, it's truly an honor to be a part of this podcast, and I so enjoy what you're doing and the information that you're passing along. So, thank you again.

Jessica L. Spruit, DNP, CPNP-AC:

Well, thank you. Thank you. I'm glad to have you here. And I'm eager to hear more about what your journey has looked like, and now what your days look like in our profession. So, if you don't mind, John, start us out, please, by just telling us a little bit about how you chose to go into nursing and what the beginning of your career looked like.

John Melhado, BSN, RN:

Okay. Well, I sometimes like to think of it as how nursing chose me. I was a college student, 17, trying to figure out what I wanted to do. From about 17 to 21, after kind of blowing an academic, a full ride academic scholarship, going back and forth between not exactly knowing what my passion is. Bouncing between schools at the end of my senior year, what was supposed to be my senior year of college, just kind of ended up as a dead end. I didn't know what I wanted to do of my life, and my parents gave me an ultimatum that either I join the military, or I move out and just work a factory job. So, of course I walk into the army recruiter's office. He says, "Well, I have three jobs for you. You got great test scores. You could either be in the infantry, you could be in construction, or you could be a medic." I said, "Well, infantry and construction don't really have too much real world application once I get out, in terms of furthering my career and education." So, I said, "Hey, I'll give this medic thing a try."

And from that training, I started in the Army, August 31st, 2011. I left for training, for basic training in January, 2012. And after basic training, once we started the medic training, there's a EMT course where we were certified basic EMTs. And then, we went on to learn more so that Army field medicine, which is being under an intense amount of stress and still being able to retrieve the correct information that you need to make a life or death decision on the field. So, that really set the stage for my critical care and the way that I think about things in terms of making those decisions under stress, and being able to make the correct decisions to get the right outcomes.

After my medic training, they thought that I did pretty well and offered me a spot to go to LPN school. So, I went through LPN school in the Army in 2013. I graduated, and then I came back home and I was honestly a little afraid to jump into being an LPN. Having this Army training, I was in the Army reserve, but I felt a little afraid to jump right in after being in training for two years, coming back home to Michigan and not having really the confidence to go forth into that at the time. And I was offered an active duty position from 2014, 2017, doing military funeral honors. So, I over that time coordinated between about 5,000 funerals for our military veterans, while once a month maintaining my LPN skills with my unit, going over different trainings, different ways that we simulate and create combat support hospitals within an environment that we're unfamiliar with.

During that time, I was able to really hone in on an empathy and how to treat people during what is sometimes one of the worst moments of their life. And how to speak with and connect with people, and put yourself in their shoes. So, I did that and all while I was doing that, in 2016, while I was on active duty, I started taking my courses at Wayne State. Best school ever. I'm a Warrior. So, active duty. I decided, I was talking to some of my higher ups and they really encouraged me to go forward and use my LPN and go forward for RN.

So, 2016, I get married. My wife is pregnant. I go back to Wayne State and I start nursing school. And while I was on active duty going to school at night, and it was one of the greatest experiences to be able to transition from the funeral honors and the immense respect and the compassion that is to be had during that job. And then transitioning over to critical care and knowing that, hey, I love the problem solving aspect of all that I was able to do in field medicine, and I would like to apply that. And just thinking, how can I get that in which department? And ICU sounded like a no brainer. ICU or ER, I just knew that I was the type of person that was trained to be able to stay calm in those situations, and I oddly started to enjoy it.

And that's almost a feel that I get from a lot of the ICU nurses that I work with, is we enjoy being in the critical area at that time where sometimes stress can be a little high. Just in terms of self-awareness, you look at the type of person you are and I just knew, Hey, ICU is the way for me. I jumped right into critical care right out of graduation to a long term acute care hospital. And then, I went to Beaumont Royal Oak Neurosurgery ICU. Worked there throughout the pandemic, early January, 2020 to January, 2022.

And I decided to take a travel job, and I'm still working with those COVID patients in the ICU, which has been primarily my ICU experience on and off, which is taking care of COVID patients. But, of course, I have the neurosurgical aspect that we constantly have, but, of course, COVID kind of took over. It's been quite the ride, and like I said, I never thought that I would be a nurse or be in a medical profession, and I truly do believe that it chose me just like I know that it chose plenty of us in that way.

Jessica L. Spruit, DNP, CPNP-AC:

Wow, John, before you said that, again, I was thinking this profession really did choose him. And it sounds like the experiences that led you to entering critical care, even further chose you for that specialty within nursing. Of the high intensity, that stress, all of your training and your background, I could see how nicely that would translate to the clinical environment. I'm curious, was your first job then in critical care upon graduation?

John Melhado, BSN, RN:

Yes. Interestingly enough, my last semester at Wayne State was, I wanted to get some ICU experience. I was fortunate enough to be placed in, I forget what the last rotation is where you get your hours.

Jessica L. Spruit, DNP, CPNP-AC:

Like a leadership immersion or something like that, I think.

John Melhado, BSN, RN:

Right. I ended up being in Beaumont Royal Oak Neurosurgical ICU. I got that exposure in my last semester during that immersion, and I did try to apply to get right in. But at that time, hiring new grads in the ICU, wasn't as prevalent as it is now. And they said, hey, you need at least a year of some other type of critical care experience. And I was explaining that a long-term acute care hospital does have the requirements to meet that critical care aspect. And it's even acknowledged by the people around the TCRN. If you work in that long-term acute care, you can obtain a CCRN.

I did that for one year. I came back knocking, and I built a good reputation for myself. And that's what I always try to share with the students during their last immersion and building up those hours, it's essentially a 140 hour job interview. I was able to show that work ethic, my interest, my want to get better, my ability to take accountability for mistakes and be a great team player. I didn't even have to so much as walk through the door before the manager says, "I remember you, and you can start whenever you want." So, it was really just about getting the experience that was needed, and then moving forward.

Jessica L. Spruit, DNP, CPNP-AC:

Wow.

John Melhado, BSN, RN:

Moving forward.

Jessica L. Spruit, DNP, CPNP-AC:

Wow. What a great opportunity. Can you tell us a little bit, John, about what it's like to be a registered nurse in a critical care environment? Just because I'm thinking if I were entering nursing, excuse me, as a new graduate, I probably haven't spent a lot of clinical time. You had had that experience based on your leadership or your immersion opportunity, but what's your day-to-day look like? What is it like being in critical care? And I think even if you want to elaborate a little bit on what it's like being a critical care nurse in the middle of a pandemic, that's kind of once in a lifetime so far for people like us. I'd love to hear about your day-to-day, please.

John Melhado, BSN, RN:

Okay. For my day-to-day, well, I'll just introduce that I have a beautiful wife and two boys, five and two. That, of course, makes it very necessary for me to have a schedule. And I think not only people with families, but for single nurses as well. On those days when I work, I like to do a morning routine where I can set some intentions for the day. And I really like to do some meditation or breath work to go into the day with the correct state of being and state of emotion, because I feel like you aren't able to truly help someone else unless you are operating at your highest state, or your best state.

So, I really do make that a very important key to wake up a little bit early, do the things that I need to do for myself and kind of fill my own cup, and then I can, on the way to work I'm thinking about how I can be of service, thinking about how I want the day to go, and getting myself in that frame of mind. Because sometimes walking into the break room when you start your day, there can sometimes be an energy of frustration, based on staffing or based on patient load, based on what's going on on the unit. And I make sure to attempt as much as possible to be that light, to extend that energy to the rest of the crew. I think that's a part of my military training as well, and being a Sergeant and knowing, hey, this is my team. We're all working as a team, and hey team, let's get ready to go out and do our best. So, usually I'm interacting with my team in the beginning of the day, because once we step out, it's kind of like, boom, we're here.

So, we're in the break room. I talk with my coworkers a little bit, try to boost the morale. And then once we go out, I get report, we're doing bedside report, and I'm using all the things that I did in the morning to maintain focus, because this is one of the most important times of the day where you're getting all of this critical information about this one to two patients that you'll be taking care of. And this part of what I like about the ICU is that you know you don't have five to six patients, but you have to immensely hone in on many aspects of the disease process. What's going on with the patient, the family? What surgeries are planned? What can we do for this patient? You're coming up with care plans in your mind while you're doing all these things.

So, I get report. And then I'll start the day as going through any charts that I need to, but I always like to do a bedside shift report and do an assessment with the previous nurse, and really go forward into exploring all those things that I'm thinking about in terms of the priority of care that that patient needs. At times in the ICU, critical situations can derail that plan that you have for the day. So, I also tap into the adaptability that was so important in the military as, yes, you have a plan and it's very necessary to have that plan. But when you see, say, certain patient conditions or certain data points, or you have to run a code, or you have to run to one of your coworker's room to help them with a code or help them with the critical situation, you have to be able to prioritize at that moment.

And that, again, draws back to the state that I am. I don't know if anybody has ever tried to do something really important while they're frustrated and off kilter, and a little mad and depressed. It's very difficult to do your best when you're not there. So, I really feel like that's something that I really, really focus on, and that allows me to go through the rest of the day and follow my plan as best as possible, adapt to the changes. Adapt and overcome to the changes that happen, so that I can do the best for my patients, the patients around me, on the unit and for my coworkers as well.

Depending on where I work, there's a 30-minute to one-hour break for a lunch, sometimes just dependent on when your patients allow that to happen. I know this is a very altruistic profession, but you do have to try to get in your own sustenance and lunch at one point at a place where your patients are stable. I just find a lot of times just depending on what's going on with my patients right now, is now a good time that I can take some time, kind of reset, and I know that my coworkers are watching some fairly stable situations depending on the patient.

So, just going through the day, of course I have the med passes in the morning, and sometimes throughout the day my patients get a lot of medications, sometimes through the NG two or working with respiratory therapy throughout the day. Most of my patients throughout this ICU from 2020 to 2022 have been intubated, if we're speaking about COVID patients and even prior. And mixed in, the neurosurgery patients, a lot of them have external ventricular devices, intubated. We're doing constant hourly neural assessments on these patients. We're titrating blood pressure medications, such as Levophed or Vaso, minute by minute in order to achieve a certain range of blood pressure through the monitoring of the arterial line. There are just so many different aspects that are to keep in mind and it will keep you busy throughout the 12 hours. I know 12 hours seems like a long time, but when you're engaged and you're really fully present and you're enjoying as I do the problem solving aspect of it all, time can really fly by.

Afterwards, after I get home from work on those days, I really do try and do some type of movement, whether it be I've got a little home gym in the basement. Well, my kids are usually up right at about eight when I get down there. They try and come and do maybe some movement with me, but I always able to at least read them a couple stories. We put the kids to bed, we have the kid's routine, and then I'm able to decompress a little bit. And especially, I think during the ride home, I decompress a little bit because I try not to bring that energy home each day. It's not necessarily for everybody, and you also want to have a sense of detachment to where you can come back to your wife and your kids, your husband and your kids, and still be your best you for them as well. And not be completely drained by the situations of the day.

I appreciate I'm able to talk to my wife. If I have had a particularly rough day, sometimes I'm able to speak with my wife. I won't go into all the bodily fluid details, but I am able to decompress some of the things sometimes that tug a little bit on the emotion and the amount of compassion and empathy that's offered, especially during such, I guess, morbid times. I've seen and talked with a lot of family members that have seen their loved ones die from this pandemic and this specific disease. So, yeah.

Jessica L. Spruit, DNP, CPNP-AC:

John, yeah, you've done such a great job I think, really illustrating for us what it must look like in a critical care environment, and talking about the lines and the drips and the technology, and all of the moving parts, everything that's happening around you. I think you really paint a picture of it. And I think I could really feel what I imagine it looks like at that moment. You started to talk just now about how challenging the pandemic has been and how devastating the outcomes we've seen are. And I was thinking back on your training with service funerals. And I imagine that you perhaps were even a little bit better prepared than some of your colleagues to support families through, as you described, the worst moments or days of their lives. Are there tips that you would offer a nurse who was new or hadn't had that experience yet, of ways to support patients and families through these truly devastating days?

John Melhado, BSN, RN:

Yes. Great question. And so, yes, to your point, I do think that this was a little divine, if I could use that word, on the amount of training I used from that military funeral system transitioning over to nursing right here, right now, at this moment. The one thing that I can really take with me is there were certain instances in presenting the flag to a loved one. And I can remember distinctly, I'd maybe done it 50 to 100 times. I don't know if anybody's ever been to a military funeral, but presenting a flag to that level and there's a speech that goes along with it, and there's just an immense amount of respect. And I remember looking into that loved one's eyes, whether it would be their widow or the daughter or the son. And I always just remember at times feeling the immense emotion and seeing myself in their shoes, and that driving me to do the very, very best that I could for them in that moment.

The ability to take a step back and just come out of your own shoes for a minute on whatever you've done. If the line was long at Starbucks in the morning, and somebody cuts you off, and now you're a little upset. And then you come in and this man's wife is on the ventilator with COVID. Do you want to bring that energy into that situation? Or, can you put yourself in someone else's shoes and then use that understanding to enhance the care? So, that seems to have taken me quite a ways in terms of the patient family-centered care, and just using the simple trick of putting yourself in someone else's shoes and detaching from your own problems for just a little bit.

Jessica L. Spruit, DNP, CPNP-AC:

Can appreciate that. And I know that some days that's easier said than done, but so critical to truly deliver the most compassionate care that we can. I think along those lines, and you've started to share with us, John, about your self care, and I think the way that you strive for balance in your life. But I imagine that, especially right now, the intensive care unit, in addition to just the stress that is inherent to being in critical care with staffing shortages and higher acuity patients and all of the struggles that we see in healthcare right now, I imagine that some of those self-preserving strategies and some of that self care is even more important. Are there any tips you would offer for nurses who find themselves struggling right now with the challenges that all of us in healthcare might be facing?

John Melhado, BSN, RN:

Yeah. Well, first I would like to acknowledge that if you acknowledge that you are struggling at this point, that is the very first and best step, which is the self-awareness. And one of the greatest things we could do I believe is to know ourselves. So, I commend anyone that can even acknowledge and be honest with themselves and say, hey, I'm struggling a little bit. And sometimes with the pressure from management or the hospitals that you work for, that can be discouraged a little bit. So, I just want to point out how important it is to first acknowledge, hey, I'm struggling a little bit. And then once you get to that point, just knowing that you're not alone. I guess in my military background, it was always the group and Us Free the Corp, the unit, and that you knew that you weren't alone, and yet you were going through this intense experience with these other people.

Sometimes I would talk to my other coworkers. I built immense friendships, especially during this time, because we'd go through the hardest times with people. That builds such a connection. I honestly reach out to my coworkers, see the types of things that they're doing. If what I'm doing isn't working, I try and switch it up. During the pandemic, I stumbled upon some great breathing exercises that have really been beneficial to my state and how I am. And that just came from what I was doing wasn't working. I wasn't working out on a regular basis. Here and there, but I wasn't setting intentions for the day. I would kind of let the day take me where it was.

The first and most important step, knowing yourself and knowing that, hey, I am struggling. And then not being afraid to talk to other people, or to talk to, if you have a professional that you talk to. I have a therapist and I use that resource as well, especially during the pandemic. But just know that keeping it to yourself and going through it alone doesn't have to be the case. I find that we have an in incredible network of professionals who are almost empathy experts. Who better to talk to than your coworker, who's a nurse, and that understands exactly what you could be going through because they're right next to you going through it. I can appreciate all the coworkers that I've had and the incredible bond that we've shared.

And again, just touching on the self-awareness, to know that, hey, I've got to change something, and there are resources out there to stimulate that change.

Jessica L. Spruit, DNP, CPNP-AC:

Awesome. That's such a thoughtful answer. And I think it provides so many solutions, thinking about your teammates and strategies that you can mobilize yourself in seeking expert help. I love that we are empathy experts. I can't disagree with you at all. I think that is nursing. And as people who look holistically at other individuals and communities and families, I think we are empathy experts, and I like that. I'm going to stick to that.

John, is there anything else? As we were wrap up this interview today, is there anything else that you would share with listeners, or things that maybe you wish you knew when you were a new graduate, or when you were making various transitions in this career?

John Melhado, BSN, RN:

Yes. Well, when I was in the new grad, of course, I had so many questions. But, I think it's very important. I think at times when I was first starting out as, not just a new grad, but when I started out on the neurosurgical ICU, there was an incredible amount of stress that I had when thinking about the possibility of making a mistake, or doing something not up to par, or how my colleagues would judge me based on my nursing abilities and what I'm doing on the floor. I just remember in those first couple years having so much anxiety just based on, well, I want to be the best, but oh, well maybe I forgot this. And then, did I forget this? And I would be at home in bed thinking about those things that I could have done. And, oh, should I call up the unit and tell the night nurse that the urine output for the last hour was 30. So, to just be kind to yourself. That would be the best advice.

And the thing that I'm starting to really learn during these tough times is, you have to be kind to yourself. If you continue to beat yourself up about these things, it's so hard to get out of that cycle and you can never get up. You have to know that, yes, sometimes there will be mistakes made and in the critical care sense, that's why we have so many checks and double checks. And if you're ever unsure, don't be afraid to ask your coworker who's been there and who's experienced those things. Reach out, ask questions. There's so many resources, and there's so many people that want to help you to do better if you show that you really want to. So, just being kind to yourself and that, hey, that can-do attitude is really, really important I think in those first two years, so that you're not overcome with anxiety about what people think, and what you didn't do and what you did do. Instead, you can know that failure is a part of the success process, and that you've got people around you that want you to win.

Jessica L. Spruit, DNP, CPNP-AC:

Yeah, and that's such great advice. I have truly enjoyed hearing about your story, and learning about your journey so far in nursing. And I'm excited for what the rest of your career might look like. It is evident to me that you do bring light to the teams that you work with. And I can only imagine the impact that that makes on the patients and the families and the colleagues whose lives you touch each day. And I just am so grateful for your time today and appreciate this perspective, because I think it's one that's so valuable. And I think that we need to share this narrative, and take care of each other and be kind to ourselves. And I'm really grateful for you bringing this to us today.

John Melhado, BSN, RN:

Well, thank you again so much, Jessica. I can't express enough gratitude. I'm just so happy to be here and be a conduit for any information I can help to any of the listeners. So, thank you, thank you, thank you for the opportunity.

Jessica L. Spruit, DNP, CPNP-AC:

Well, this was excellent and I hope that everyone out there takes a little piece of this joy. And I think the smiles that very naturally have come to our faces as we listen to John and his passion for this work, into their work as they go in the next time. So, we've got John Melhado with us. He's an ICU travel nurse, and we are so grateful. Thank you.

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they'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.