***Nightintales* Podcast Transcript**

**Episode 1 – Psychiatric Mental Health Nurse Practitioner
Guest: Dr. Umeika Stephens**

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00:00:01 Host:

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.

00:00:30 Host:

Thank you for joining us for another episode of *Nightintales*. I'm glad you guys are here today and I'm also really excited about our special guest who's here today. And so we have Doctor Umeika Stephens joining us and Doctor Stephens is a psychiatric nurse practitioner. She currently coordinates the psychiatric Nurse Practitioner program at Wayne State University and also practices so, Doctor Stephens, thanks so much for joining us today.

00:00:49 Guest:

Thank you for having me.

00:00:51 Host:

Yeah, I'm so glad to have you and to hear a little bit more about what it means to be a psychiatric nurse practitioner and all of the opportunities that exist. I think we know that we have a really vulnerable population of patients who need this kind of specialized care that you offer, and so I'm really excited for you to tell us more about it. I wanted to just start by reminding our listeners about the APRN consensus model, so remember that we've got the clinical Nurse Specialists, Certified Nurse midwives. We have RCRNAs, the nurse anesthetist colleagues, and then we also have nurse practitioners and so then when we talk about nurse practitioners. One of the population foci is for psychiatric and mental health nurse practitioners, and so that's what Doctor Stephens is here to represent today.

00:01:39 Host:

So, Doctor Stephens, if you don't mind, just tell me a little bit about what it means to be a psychiatric nurse practitioner and maybe a couple of opportunities that students might have if this was something of interest to them.

00:01:51 Guest:

So working as a psychiatric nurse practitioner, it is really what we call like a broad spectrum role. So as a Psych NP you are able to prescribe medications. You diagnose patients with different psychiatric disorders, but then you're also available to be able to counsel and provide psychotherapy for individuals, groups and families. And so currently the certification is across the lifespan, so you see children, you can actually do a subspecialty in infant mental health that you would add, but you can see children as I mean I see children as young as two years old and older adults as old as they get. So whichever way that go, but typically you have some specialties that you know you focus on.

00:02:35 Guest:

So for myself, my focus is women’s health. So I'll see postpartum women with postpartum depression as well as I specialize in chronic disease management. So patients who are living with diabetes or other chronic diseases that also are known to have mental health impacts. So it's probably I would say a job now that is what we consider like the up and coming kind of job for some reason for NPs, we are when you look at kind of what doctors were talking about in terms of the spectrum. We're the youngest group of NPs, so we were actually the last group to go to Nurse practitioner, unfortunately. But as a specialty for Masters level or graduate level studies we’re actually one of the first programs, so it's kind of weird we actually started off with psych CNS, so you still may see those out in practice. But the majority of people you see now are psychiatric nurse practitioners and you can practice just about anywhere. I mean, I've worked in a hospital-based system.

00:03:37 Guest:

Work for community mental health. In the hospital-based system, I worked at outpatient but I also worked for the consult service where I went around to see patients for psychiatric consult. So a patient comes in for a medical condition but they also have a psychiatric issue.

00:03:53 Guest:

My service was a service to come see them so it is, I think a job that's only limited by your imagination because the opportunities continue to change, especially because you're seeing less people going into psychiatry and so you know the world of the psych NP, really, really has expanded. It's probably like I said, one of the things that I think draws a lot of people to consider coming into the program.

00:04:16 Host:

Yeah sure, oh it sounds like there are so many diverse opportunities. Yes, like I said, there's such critical need. You know, as we know and so you describe to me, doctor students, that the psychiatric Nurse practitioner is kind of a counselor plus a psychiatrist. You know? But all with the perspective of a nurse NP is in here. Yes, that's right. So if you don't mind, can you tell me a little bit about what that means and kind of what the psych NP brings to the patients and families that you're caring for.

00:04:43 Guest:

I will definitely say that it is something where just when you when patients come to see you as a nurse practitioner, just in general, we tend to make sure that we're looking at kind of the whole entire spectrum.

00:04:56 Guest:

So if somebody comes in and you're like OK, can you afford to get this medication? What other factors are there? I will really say that look a lot at, you know applying their psychosocial needs as well, so it's not just for me about making sure that person has this medication, can they afford it is their lifestyle, you know consistent, are they getting their physical health care done? So while I'm there and I'm I may just be, you know, my primary role is to deal with their mental health.

00:05:22 Guest:

You know from a nurse practitioner perspective, we really are very holistic and we tend to make sure that we incorporate a lot of care for psychosocial needs as well as physical health needs.

00:05:31 Host:

Sure, sure, yeah, we're I think we're all learning how much of an influence that can have when there isn't adequate coverage or buy in from families you know.

00:05:38 Guest:

Yeah.

00:05:42 Host:

And I think that the nurse is perfectly positioned to have that really holistic perspective.

00:05:49 Host:

If you don't mind, tell me a little bit about your practice. You described, you know, specializing in chronic diseases and also Women's Health. What does your day-to-day practice look like? And I know there is no standard day that, right?

00:06:04 Guest:

Well, I mean it. Yes. It you know, my day now looks different with COVID than it did before, but in general I'm in when my patient is. My schedule tends to be. I usually work about 8 hours when I see patients and so my schedule can be mixed. But typically I have days where these are all new patients.

00:06:24 Guest:

OK, and so these are all new evals. New evals take a little bit longer. You know you have to get to know the patient a little bit more background, but typically I'm for a new eval. I will see the patient for about an hour. We sit and talk. I mean literally, I get the hour to sit and talk with my patients, not 15 minutes, and then my follow ups are typically 30 minutes because we do some counseling as well as medication management.

00:06:46 Guest:

So yeah, absolutely see in a day maybe 10 to 15 patients depending on if I have what the what the mix looks like an it's usually a mix of medication management and some therapy. So we're looking at you know what are the issues that brought the patient to me. How are they managing? How are their manage in their kind of life overall, how is their life impacted by their mental health condition and is it getting better? One of the things I really tend to focus on is really kind of understanding how is this getting better?

00:07:17 Guest:

Because you can. You know people can be in therapy for many years and nothing ever gets better so. It's really kind of incorporated for them. How does the medication help them? And then how are these other tools that we're working with them to get them to a steady state being utilized in their life?

00:07:33 Host:

Sure, so for those of you listening who can't appreciate how long one hour sounds. It unusual to be afforded that kind of time, but I guess that, especially with some really sensitive and difficult topics, it takes that long to really establish your first appointment with the patient and start to build that relationship.

00:07:53 Guest:

Well, and then you have to get a lot of information so you know really trying to come up with a timeline for how the disease kind of manifested in their life? What kind of symptoms are you seeing? Whether the what's the overall impact and then you know look at, you know genetics so you have to make sure you're getting a really good family history so it because mental health really kind of bleeds into every part of our life, you have to get a really detailed history to kind of figure out what's what. It's so it's very different than when you're working with, say, physical health, like I don't have a. I can't check your sugar. You know it's not like you know if you have diabetes, I can draw A1C.

00:08:30 Guest:

You have hypertension. I could check your blood pressure. In order for me to know what kind of diseases are manifested. I have to talk to you so my biggest skill I have is my ability to interview.  So I have to be able to make people feel comfortable and really feel like they're able to tell me what it is they need to tell me. I'm an NP you're right, like sometimes very sensitive things to a stranger.

00:08:50 Guest:

So it's it's a lot of rapport building. You have to be very much a people person, but then also, you know sometimes you have people who are unable to, you know, tell you those things.

00:09:01 Guest:

So if you have somebody who's coming in who is acutely psychotic, getting there, hearing voices, and they're seeing things like you have to be able to kind of keep them calm. And filter out kind of what's going on, so it takes a lot of time.

00:09:12 Guest:

It's not as much like I said, the physical aspects of nursing. It is that ability to interview and kind of be present with your patient. That really is the majority of what you're doing in psychiatric nursing, as a Psych NP, 'cause otherwise you won't find out any information they won't tell you anything. And then they just sit there and stare at you so. That doesn't make for.

00:09:32 Host:

Right? I mean, I think that when you describe all of the things that you need to consider, you know the neurobiology that genetics can act out.

00:09:40 Host:

All of the things that are influencing the manifestation of disease in these patients. That is really complex. And as you said, without the benefit of diagnostic imaging like X Rays or kept in labs like hemoglobin, A1C, or blood pressure, that makes a lot of sense what you're describing. And it sounds like a lot which. When you think of your practice, what's your favorite part about practicing as a psychiatric nurse practitioner?

00:10:09 Guest:

I would say seeing my patients really like kind of relaxed like 'cause people come in and and you can feel like if you've been around anybody who's been depressed or anxious to feel them relax just by talking to you like to really see them change or even to see somebody who is being chronically depressed be able to identify some of the good things in their life like those are the things.

00:10:33 Guest:

That really impact you because you know that what you did worked right. You help them get like you are going to cure people, no, I don't have any fallacy that I cure people, but can I help them even in that 30 minutes have some relief from what's going on, and sometimes the relief is just being able to get it out of your own mind and tell it to somebody else. And not be judged because, you know, that's the other thing is that there's so much stigma that goes with  living with a mental health disorder and a lot of times patients become very wary to say a lot of times what's really going on in their mind 'cause they're fearful of, how, how, how? I mean, I'm in a seat of power, right? That as nurses, we are, we very much seat of power.

00:11:17 Guest:

And so if they tell me something that you know they feel like could get them hospitalized. Or you know, could you leave this on? So that's a lot of on. Ability to present to somebody else.

00:11:28 Guest:

And so when you have people who are willing to talk to you like that's the part of my day that's good. Like when somebody who like I can. I can pretty much get anybody to talk to me, and it's absolutely hilarious now, like when I first started, I was how do I get these people to talk? And now I'm like I have worked in places where people would come in and literally say I'm not going to talk to you. I'm like, OK. So you are you saying like so if you say we're gonna talk, we're gonna talk about something and eventually gonna start talking to me.

00:11:59 Guest:

And so I think that's the thing. Like when you see people kind of who are apprehensive and fearful because they don't know what you know, they always think you're going to like you have some magic and I said no, I don't have any magic other than our conversation.

00:12:12 Guest:

But to see them feel better and to see them kind of relax and kind of calm, receded, depression, get a little bit better. You know that you're in the right position. That's the.

00:12:23 Host:

I think that would be so rewarding to see now as you describe it, really in patients who are so desperate for relief and I love the way that you are offering such persistence in your perspective.

00:12:30 Guest:

Yeah. OK.

00:12:35 Host:

Of we're going to still. But Talk, you know and just figured it out. I'm curious if you had a tip for someone and maybe even outside of like a psychiatric patient. Right? OK, but if you have a patient too is you know really close down or really reluctant because they're fearful of being judged or very concerned about disclosing things that make them even more vulnerable than they already are as you described in our relationship with patients.

00:12:57 Host:

Are there different tips or different suggestions you would have help people feel more comfortable or help them understand that we are not there to judge them and that actually our intentions are good in hoping to help them.

00:13:00 Guest:

Yeah. Well, you know one of the things I think is that we don't tell people that right? 'cause if you don't have that conversation to say like I was. So like I never said to my patients nothing you ever tell me I won't tell anybody else because I can't tell you that 'cause if you tell me like you got eight bodies buried in your backyard, I have to call the police so I don't, you know I, I would say don't give false hope right?

00:13:33 Guest:

And so as nurses we always want to tell you it's gonna get better. We don't know that. It might not, but what you can offer what is generally valid. Whatever you tell me, I'm gonna help you with. I can't necessarily fix it, but whatever you tell me, I'm gonna help you to the best of my ability. And people sense genuineness.

00:13:55 Guest:

They sense when you really are going to be there and you're listening. I think that's the other thing is, don't feel like you have to talk, right. Silence is such a useful tool in letting people kind of come 'cause we sometimes think silence is that they're not gonna tell us, but sometimes silences them framing what how they're gonna tell us.

00:14:17 Guest:

So they need that few seconds to kind of figure out what's the wording, especially when we think about a lot of mental health conditions. One of the things that are is affected is our cognitive wordsmithing. So like somebody with depression, you have a lot of cognitive thoughts, so it's not that they don't want to tell you, but it may be taking them 45 seconds to put it all together to where it makes sense to you.

00:14:40 Guest:

See you so they want to give you a decent stream of consciousness. Sorry I'm in my yard, I thought somebody was coming. So they want to present to you a logical theme of consciousness and so sometimes just taking that moment of silence and not feeling like you have to fill a space, but be present so you're not checking your phone, you know.

00:15:01 Guest:

You're literally just there with them, it will get you so much more than feeling like you have to ask them 8000 questions, just sometimes give him that space to really show them that this person can sit with me in silence. That takes a lot to sit with somebody and not say anything.

00:15:16 Host:

Uh huh. I was just thinking that's, that's much easier said than done, but yes. Really powerful tool.

00:15:23 Guest:

Well, Oh yeah, we  feel silence.

00:15:29 Host:

I also think that you made such a good point that we don't know if the patient is attempting to find something in a way that would help us understand it, and so I can put that further. And something in it.  You know, validates that need to be very patient, and you know allow that for those spaces of silence. Two, I agree with you, that's. But this is really helpful information and I think it really makes me excited to hear about, you know this area of our colleagues.

00:15:54 Host:

These psychiatric nurse practitioner colleagues, who are really responding to such a need in our world and that makes me excited because I like the idea that, you know, there's a combination of counseling and medication management that's available for patients who you know perhaps in the past or even now you know didn't recognize as much hope as they have, and you know that we're kind of answering that call, and I'm saying that we, as nurses, obviously not me personally, as a psychiatric nurse.

00:16:22 Host:

But you are, and you know the other thing that you know, as I introduced you, I described that you're the coordinator at Wayne State of their program, and so I'm curious. You started to describe a little bit about what qualities would make for a good psychiatric nurse, and you talked about, you know, being willing to listen. Helping people feel comfortable.

00:16:43 Host:

What other thing that there are students who are wondering if maybe this is the right graduate path of study for them. What other qualities would you recommend? They recognize them helps.

00:16:53 Guest:

Do you feel comfortable around patients who have mental health disease? I mean, 'cause that's one of the things is that especially mental health disorders or substance use disorders. You have to be able to feel comfortable.

00:17:05 Guest:

I mean, I will say, you know, this is probably one of the areas. 'cause I do some some different talks for other places and then we talk about people's uncomfortable you know that uncomfortable since there's some patients that people are just there. So if you know that you know what I like and it's it's funny 'cause when I was a staff nurse I always got the psych patients right, and they're like, oh, you do so good with them. You know you can sit there and talk to them. They don't buy like you're not afraid X and you can't be afraid of like them.

00:17:33 Guest:

I get that this is a disease pathology. I know how to set the boundaries, you know, and so you have to have that comfort in being able to talk to some people who are gonna be irrational, delusional. You know, going through some things, they can be scary and and it's funny. 'cause I've been NP 20 years and I've been a nurse 25 and I have never been physically attacked and I work this like like all the time. I've never been attacked and the only injury I ever had came from somebody else fighting and I was trying to get past.

00:18:06 Guest:

Never been punched. I never like all the stuff that that people hear about and I think it's because I feel comfortable in the presence of patients who have psychiatric disorders. I don't. I can see I can separate that person from the disease you have, I think a willingness to listen. A willingness to not always like be OK with not always knowing the answer, because you don't have some of the same diagnostics that you have when you work in physical health. You have to spend a lot of time. Sometimes try to make you know if you like puzzles. Psych is probably for you 'cause you gotta try to figure out OK, is this this or is this that? But I definitely think you have to be willing. You know a comfort level in in being around people who are not always gonna be rational. No, and I think a good sense of self because one of the other things is that you hear a lot of hurt.

00:19:08 Guest:

It is something you know, especially when you work in a in a full time role. I've over the course of my career I've heard so much, and so, I have a probability to frame it in a sense of my presence is here to help. And I don't internalize the things I hear an that's difficult for people, I mean so if you're somebody who is like a super empath, I would say this is really not much like, you know, say, if you know you take on all these problems, like don't go into psych 'cause you will, you're gonna burnout. You'll help people but it's gonna be at a cost to you. I'm so you know you have to be somebody who is very self aware and able to be able to kind of separate themselves and just be present with the patient.

00:19:53 Host:

I think that's great insight because you do., you're right, you do hear a lot of hurt, right? You are. Those are deepest fears or worries or anxieties and the trauma that people have experienced and the consequences on their health as a result. That's a lot of burden if you were to take that on personally, it sounds like that's really helpful other than recognizing yourself as the helper in that situation, and not internalizing it, is there anything that you have found you know helps you kind of maintain your own Wellness and sense of self well. Thank you.

00:20:31 Guest:

I exercise. I mean, it really is one of those things like self care for me and it's something that I really do teach for my students because, again, you're, you're dealing with people who are at such tremendous need.

00:20:44 Guest:

And depending on the population, the patients you're working with, they're not always going to be rational, right? So I mean, I've had population I work with seriously mentally ill patients. They have no insight. They, you know, they're very impulsive and they experienced a lot of trauma and so to be able to kind of separate that part out. So, I'm big on self care.

00:21:04 Guest:

I exercise before I go to clinic. Every time I have a clinic day, I workout in the morning before I go to clinic because in my head is clear my body is relaxed. Or tired, whichever way I look at it, and I make sure that I do some type of decompression when I get home.

00:21:21 Guest:

So if it's a show I like to watch like something that makes me laugh, something that kind of takes my my focus off whatever happened in that day and it's being very aware of my own connections to people 'cause sometimes their patients that you know you hear their story and you're like you just want to fix it for him and you're like no I can't. I can't fix it but I can like I said I can be there with you and help you as much as I can. So it's I think it in going in this specialty. I probably am more self aware than than any probably any other thing I've ever done, and I've done a lot of stuff.

00:21:56 Host:

So it sounds like it. I think those are also great tips for all of us. I think. You know whether or not again we're practicing in, you know psychiatric or mental health nursing. Those are good tips, and I've been asking a lot of our guests how they self preserved.

00:22:10 Host:

Because I think that sometimes we are so busy caring for everyone else that we forget to do it well for ourselves. I'm just curious also and this is only speaking obviously to Wayne State's program, because obviously there are number of programs offered nationally and so we're not trying to represent any other programs. But if a student felt like you know, wow, that description that she just offered is really consistent with who I am. I think that you know the goal. Of becoming a psychiatric nurse practitioner is a good one for me.

00:22:40 Host:

What kinds of things would you recommend they do to prepare to apply and be successful in their application in pursuit of this specialty?

00:22:48 Guest:

I always tell people specifically for this specialty. You need to go work inside in some way, even if you're volunteering. You know there is, especially for nurses. They have domestic violence shelters. They have different. You need to make sure that you have some type of actual connection to this population because I get people all the time that apply to the program and they you know they work Med surg day and worked with some psych patients. I said no, you work with high school, last like patients. That's a very different.

00:23:14 Guest:

Then the majority of patients that you're going to take care of, and so I tell them I want you to practice, you have to have some practice for me to advance, right? So it's probably advanced practice registered nurse, if you have no practice, I can't advance it. So I need you to practice and make sure that this is what you want, because this is a specialty that does have a very high burnout.

00:23:37 Guest:

You know, it's one of those things that you know everybody wants to be... So like when I first started I was going to be a neonatal nurse practitioner. You could have told me that that's not what I was going to be. And then in my senior year I did my immersion and, in my mind, how I visualized NP. It was great like that. First we had babies that passed away and I was like, no, this was not in my vision. In my vision, everybody made it and they came back 18 years later and tell me what a wonderful nurse I was.

00:24:04 Guest:

You know, when they were this 2-pound infant? But it was that part of it that was so overwhelming for me that it made me really have to re-evaluate what I wanted and so that practice portion a lot of times I think people want to hurry up, right? You know, I'm in my BSN program about to finish. I want to go into my DNP. And I say nursing is not going anywhere. These programs are not going anywhere. But your value added in taking that time to make sure that this is where you see yourself.

00:24:35 Guest:

And looking at it as a career trajectory and not just the next step. So you know, 'cause this is advanced education is not cheap, isn't really not cheap, and so you need to know that what you're adding to your skill set is where you see yourself going. I mean, because otherwise, then we do see higher rates of burnout, so. You go, you practice, like I love psych. This is what I see myself doing.

00:25:00 Guest:

I mean for myself, if you had told me I have been a psych NP, I never would have believed it, ever in 1000 years, I liked psych when I was an undergrad, and it wasn't until I worked this like and I you know, I started working with postpartum depression with women and it was just like this. I love this. I could do this and like I could do this every day and I can say I've done.

00:25:21 Guest:

About every type of nursing, and I did not feel. Like a majority of them. But for me, like I am a FNP and a psych NP. So my first certification was in family Medicine and I did the primary care thing I did I like I said I've worked in every part of the person that.

00:25:40 Guest:

When I found this, I found what I would say is my home. This is where knowing as a nurse this is what I what I'm supposed to be doing and I don't doubt it any day that I practice. I don't doubt that, and I think that's the feeling that we all want. Nursing is so large that you can find it. You just have to not put these blinders on it.

00:26:02 Guest:

Say this is what everybody does, no. What is your career path? So if you find it of interest you practicing it, you know if you had to. I know I would be a midwife if I if they had better hours, you know. So.

00:26:19 Host:

Yeah, no, that's it is. It is Inspiring you say that because you can see I know you listening can't see, but I'm telling you I can see and I'll see you here in Dr. Stephen’s voice like the enthusiasm that she offers as she talks about this work and doing it every day and I think it's such an important message.

00:26:36 Host:

You know we don't want. To hear, oh, you know, there are a lot of jobs in this specialty. Or you make a lot of money in this. But to do that no matter how many jobs are available to you or how much you're being compensated with to do that day in and day out and serve populations well, is a very exhausting thing.

00:26:55 Host:

And so I think that I would just encourage everyone to make sure. This is really a good fit for me because it's the passion within me that drives me to do it rather than something external, because those things sound great and they may be great for a period of time, but when you're thinking of specialties that have risk for burnout, and for exhaustion I mean how much of yourself are you willing to give up? You know, do something that you're not happy with each day. One other thing is you know, people say, well, job security you're a nurse.

00:27:22 Guest:

And if you're a nurse or a nurse practitioner, you will always have a job there. Is there there is. You know hospitals are not closing. They're always going to be health care needs, and the thing is that are you in the place that you are meeting the best need for that patient and for yourself? Because again, going into a job that was my philosophy is that money will come, right. I've been an NP 20 years, which I still can't believe. This Halloween will be 20 years as a psych NP. I don't look for jobs, jobs find me. Like I literally have been on elevators at conferences and people are like oh, what do you do for a living?

00:27:59 Guest:

Oh you’re a psych NP? Are you looking for a job? No, I'm not looking for a job. I get emails that somebody knows somebody.

00:28:04 Guest:

Oh my friend is looking at my current private practice was like I was calling him about a clinical placement and he hired me. But oh, it was no job interview, it’s like do you want to work here? I'm like, yeah, I'm looking for a practice that would be cool. Private practice.

00:28:21 Guest:

Never thought of it. So I think you know if you're in the right place that Peace of Mind is from a side perspective. It's priceless. You know you can have a job where you make lots of money and you're miserable. But in health care, if you're miserable, you cannot. It's not gonna just be you, you're gonna you're gonna pass it on to your patients. You're not gonna be present for them.

00:28:43 Guest:

You know you are not going to have like it's a joy when you. You can see somebody who's in the right line of work and you can see people who are. And if I'm sick, I don't want you coming to See me but.

00:28:59 Host:

Oh, you're absolutely right, I think. We need to keep that front and center like he said, you know. Caring for our patients, but also for ourselves and the way that those people can interact with each other. Now we hear that so often in nursing. If you don't care for yourself, you're not going to be affective, caring for others. I do you think as you know, cliche an as often as we hear that I think it's true.

00:29:19 Host:

I think that's why we hear It so often, yeah well, I think, but I think we discount it and again. I mean it's a different you know thing now like becoming a nurse practitioner is something that is like you know, people are now going to school like there on Step 2.

00:29:35 Guest:

Already like the first part is the first part, right? So the BSN 'cause I gotta get it. But I'm really going to be this and it's right, well, that may be on your list, but you get out here. You practice. You practice a year a year of your life. Like I said, if you had told me I can't believe I've been doing this 25 years, it seems like I can still remember my first nursing job. I can still remember all that. I can remember graduated from nursing school. So like I'm like I can't believe it's been 25 years.

00:30:02 Guest:

But I will say that my career I did do that like, this sounds of interest. Let me try it. 'cause before you invest I mean. What average NP program Masters is $60-$70,000 before you invest $60- $70,000? Because this is where you think you should be versus taking a year getting paid to figure out if you like it or not, and then investing in it. Is a that's logical right?

00:30:33 Guest:

I get paid to figure out if I like being a psych nurse, 'cause if I don't like being a psych nurse, I'm not gonna like being a psych nurse practitioner.

00:30:39 Host:

Right, absolutely. As you said, nursing is going to be there. Our. Careers will be there. Yeah I also. After the what a sacrifice it is for ourselves from a time perspective. You know financial of course.

00:30:51 Host:

But yeah, and the things that we miss out on with our family and friends as we are pursuing graduate studies, I think it's worth it to make sure it's the right move. Yeah.

00:30:59 Guest:

Well, I mean you think about how much with the time frame to is spending that time in someplace that you don't even end up. I mean so we say $500 like average program is 500 hours of clinical or longer, DNP is even longer than that. So you say you spend 1,000 as a DNP during clinical hours. That's not including all your studies or your coursework. All that. So what we're at, but maybe probably 2500 hours of your life. Uh huh.

00:31:25 Guest:

And then you decide. Of course, you get in practice, you hate it, and you owe $70,000 like so. It's like what are you gonna do with this. So then you go back and you get another dude. And and like I said, this is coming from someone who has two degrees. So I mean I have, I’m totally preaching to the choir, but I think if if you take that time and you know that that's what you want to do, you're gonna find that direction for yourself. An I think now it's so much this checklist, right?

00:31:55 Guest:

Again, I’m supposed to do this also, and it's like no, work. Fill out and then when you go back you're gonna enjoy your graduate experience so much more if you know in in inside of you that this is what I'm supposed to be doing. The classes don't feel like labor. You can see this adding to your life in a positive way versus it being something like that. You know you got tricked, bamboozled or recruited into you know, and now they're torturing you, 'cause it's not. You don't see the  point of it all.

00:32:25 Host:

Right. Yeah, I think that's great advice for going into, you know, independent. Studies so at. Wayne State currently is the psychiatric nurse practitioner offered all the Masters as a DNP program. Or both?

00:32:39 Guest:

So we offer a Masters And a DNP. There used to be multiple different specialties but since 2014 it was streamlined so used could be just a child and adolescent psych nurse practitioner, family nurse practitioner, or adult. They got rid of all that and they said everybody learns across the lifespan, so you know, once you graduate, you can go into whatever so specialty to you want, but right now it's across the lifespan. We have our Masters program full time is about 2 1/2 years and most of my DNP's are about four and a half depending on what their project is. So just depends.

00:33:17 Host:

Perfect is there. I know we've talked and advise a lot to make sure this is the right. The right specialty. Is there a requirement prior to submitting an application Doctor Stephens? Or could a student who is finishing their BSN and has a job in a psychiatric RN role apply?

00:33:33 Guest:

Yes, so for my program and most programs that are out there., if they have a clinical requirement, it is a practice requirement before you can go to clinical so you could get accepted into a program, but you would not be able to finish that program or complete your clinical practicum hours, which is that internship that you need to do, until you got the appropriate amount of experience.

00:33:59 Guest:

So that's how my program operates. Typically I will say, like I will tell people like just go see my program has been around. We were going to be celebrating 75 years this program is not going anywhere, so go figure out what you want to do and then you know, come ready to know that this is really the path that you're ready to walk and like I said that I tell them I'm not going anywhere, so I just want you to graduate with your sanity intact after there's a psych program, I can't be responsible for driving nurses to insanity, so I want you to be as sane as possible when you finish grad school.

00:34:36 Host:

Right, absolutely, and just to clarify when Doctor Stephens said before the clinical often before the clinical component of a program, you would have some like core courses like leadership and evidence-based practice and theory.

00:34:52 Host:

Right, and then also, what we call the three Ps, which is your pathophysiology, pharmacology and physical assessment courses. And that usually can give students at the very minimum one year, but usually. Two years, yeah.

00:35:06 Host:

You kind of gain clinical experience while taking core courses before you would enter clinical and so just to kind of put that into perspective of what that means from a time perspective.

00:35:16 Guest:

But that's what you know, and that's one of the things I tell people is that you know if you know that there's a specialty of interest start looking for a job in that specialty of interest because again it does really help to solidify that that kind of fire for you.

00:35:34 Host:

Well Doctor Stephens, thank you so much for taking this time with us today. This is a great interview. It was really fun to hear something new but also, you know, hear about what things to consider as you might consider pursuing a psychiatric nurse practitioner program and the strengths that really I think will benefit you throughout that trajectory so.

00:35:54 Host:

Thank you for everything you have with us and you know for the time.

00:36:00 Guest:

You're welcome, thanks for having me.

00:36:01 Host:

Yeah, that was really fun. Thank you.

00:36:03 Guest:

Thank you.

00:36:05 Host:

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