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, and thank you for joining us for another episode of Nightintales. I'm glad you guys are back, and I'm also glad to welcome our guest today, Amy Surma. Amy is a nurse consultant for the Childhood Lead Poisoning Prevention Program at the Michigan Department of Health and Human Services. And Amy has a great story to share with us of her trajectory in nursing so far. Amy, I'm just so grateful for the time that you're giving us today and your willingness to share what your journey has looked like in nursing.

Guest: Amy Surma, BSN, RN:

Absolutely. I'm so happy to be here. I think this is such a wonderful opportunity just to share different roles in nursing. So I'm really hoping that a lot of people listen and are able to identify maybe something that better suits them and find some happiness within the profession.

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

Sure. I love your story, what I know a bit so far, and I'm anxious to hear more, Amy. But for those of you listening, if you are concerned or if you are feeling that a traditional role at the bedside in a hospital might not be your passion in nursing, I really encourage you to listen to Amy's story and hear about all the options that are available to you. But Amy, if you don't mind, let's start out with that more traditional trajectory that you were taking in the path that all of us have taken in earning our initial nursing degree. And if you don't mind, fill me in on nursing school, your first job and where you started, please.

Guest: Amy Surma, BSN, RN:

Sure. So coming up in July, I'll actually have had my license for 12 years. So I can't believe it's been that long, but it's been quite a journey for me, especially that first year after graduating with my bachelor's. Prior to nursing school or while in nursing school, I should say, I did work at a hospital in a step-down unit, but as a nurse extern, you're not really getting that full scope of what nursing is, you're taking some blood sugars, some blood pressures, things like that. Like, "Okay, this is easy. This is great. Perfect."

Guest: Amy Surma, BSN, RN:

So after I graduated, I had started working at children's hospital downtown on a general ped's ward, which I've interacted with them since in various roles. So it's like circular, wherever you go you're probably going to run into somebody that you've met before, maybe even a patient or a client, which has also happened. So it's pretty fun. But that first year was a struggle. I mean, I wasn't ever diagnosed with depression, but I can assure you I felt that way.

Guest: Amy Surma, BSN, RN:

I had a supportive staff behind me. I had great mentors on the unit, through my peers who were also like, we started a residency program back then. So you had to go through this. I think it was your first year. Then once you received your license, you continued on in the residency and they kind of set up other opportunities outside of your floor. So I was able to go to the PACU one day and shadow someone. So great idea, and just a built-in peer network. And what I realized was all of my peers, there were maybe 10 to 12 of us, they were all very excited about their new role.

Guest: Amy Surma, BSN, RN:

And I was like, oh my God, I'm the only one that I just, this is not working for me. Like I said, I had the support, and I questioned, why did I go into nursing school? I thought I could handle the going back and forth from day to night shift every other month, working holidays, nights, weekends. And I mean, I didn't have my own family. I didn't have a spouse or anything like that. So it was like, I really am only taking care of myself. Why is this such a struggle for me? Why is no one else saying this? And so I hadn't really talked to anyone else outside of my close friends who weren't in nursing. And then I had a group of three other friends from nursing school that we graduated together with that I maybe told one of them, I was struggling a little bit and they were all in their different various roles enjoying it. So I kept it to myself.

Guest: Amy Surma, BSN, RN:

But I can remember on my days off, I think I spent all of those days looking for other jobs outside of the hospital, outside of that clinical role. Things like tele-health in allergy clinics, over the phone case management. I mean, I had quite a few interviews and had talked to a few close family members. Like, what else can I do? I tried home visiting for a month after I'd quit my job at children's, which I stayed for a full year. Didn't like that. But I had also enrolled into a master's program, but prior to enrolling into a master's program, I really thought about leaving the profession. And I felt a lot of guilt.

Guest: Amy Surma, BSN, RN:

Going to U of M, University of Michigan, during orientation we were pretty much told most of you are not going to stay bedside nurses. Most of you are going to pursue higher education, probably even research. And I don't know that might've just been like, please choose research because we need it. I don't know. That was a while ago. That's part of my story too, if we get there. But I felt a lot of guilt, like oh my gosh, I went to nursing school and I don't like it. I don't like this job. And there was some embarrassment too. And also like reality check, like I am so unhappy. I would go home and cry usually, well, on my night shifts before I would go to work, I was still living with my parents at the time. After I graduated, I moved back home and I would just cry before leaving every night shift.

Guest: Amy Surma, BSN, RN:

I was like, "I am just so unhappy." I mean, I put my parents through some stuff, and I know like I shared some of that with some of my close friends, but I don't know if they ever really understood the extent of what I was going through because I wasn't sharing it. And I think it's so important now to share that if anyone else is feeling that way to know that there is some hope and there are some other options out there.

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

I love Amy that you didn't, I know you said you thought maybe nursing wasn't for you. Maybe that's not where you belonged. I love that you acknowledge these peers that I'm identifying within my residency group are happy in nursing and I'm not. I loved that what you recognized was maybe you weren't in the right nursing role rather than you weren't in the right professional together. It sounds like that didn't happen overnight. But I hope if someone listening is in those shoes where they're crying before their shifts and they're struggling to feel motivated to go to work and they're having a hard time while they're there, I hope they would listen to your story and be inspired to look within nursing before looking outside of nursing.

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

Because I do think, as you're going to tell us, there are a lot of opportunities where you can still mobilize all of that knowledge and skill that you learned in your nursing program and put all of that hard work and all of that investment to good use. So what did you do after you quit at children's and spent that one month in home care? How did you proceed from there?

Guest: Amy Surma, BSN, RN:

So prior to quitting, I had actually, I contemplated, I knew I was going to go back to school because I was like, this bedside stuff is not for me. I appreciate all the bedside nurses, especially right now during the pandemic, you are true heroes and you always have been and always will be, that is a hard job. So I thought to myself, because you interact with other professionals when you're inside of the hospital or within a health system. And I really appreciated what I thought was the role of a social worker. So for me naturally, I have tendencies to connect with people to be vulnerable with people, allow them that space to be open and honest and comforting. I listen well, connect well, things like that. So I was being drawn to the social work field because what I had thought that looked like was appealing to me.

Guest: Amy Surma, BSN, RN:

So I really didn't know any social workers I could really ask about, what's your experience like? Things like that. So I was looking for all different types of programs. I started with social work and then I somehow found, because I think I started looking at nurse educator, like okay, if I wanted to be a nurse educator, because I was like, that's still nursing. And I feel like that was a piece that I really enjoyed within my bedside role was taking that time, that discharge planning. Like do you have all your meds? Do you know how to take them? Do you know what they're for? Things like that. And I was like, and I would give more time with each of the patients, or so I thought in my head, because what you don't know, you don't know.

Guest: Amy Surma, BSN, RN:

And every position I've had, we're always understaffed. You have this idea, this utopian idea of what another role will look like. I encourage you to fully explore it and to talk to other professionals in that role. Just so you don't have another reality check. So while I was searching for programs, I found a public health nursing program, a master's program at Michigan. So I was like, do I want to go to Michigan again? Yeah. Why not? I mean, I'm familiar. I'll apply. I'll see what happens. And so at the time the program was called, so this was, I graduated 2009, this was in 2010 that I was actually accepted and started the program. It was full-time for two years, it's called, oh my gosh, Public Health, Home Health and Community Health Nursing.

Guest: Amy Surma, BSN, RN:

I enrolled, I was accepted. Hooray. I'm like, yes. Okay. This is going to be great. So I'm like, let me try home care. This is in the same realm. I knew some people started home care and I was like, oh my gosh, this again was not a good fit. I was doing that part time while trying go to school full-time. So the full-time program then, it was two years, but you really had some online components to it, some lectures. And then once a month we had to go on campus. And that was usually over the weekend. So it was full time, but it wasn't like a traditional Monday through Friday. So I was still able to work. I did home care for the month. I don't even really list this on my resume because I'm like, for what? I mean? And I was just like, oh my gosh, this, yes, this again is not a good fit.

Guest: Amy Surma, BSN, RN:

I'm driving everywhere. They're like, okay, we need you to take a trig patient. I was like, "Hold up, what?" I was like, I am still a new nurse. I am not going into that house by myself. Because at that time I was still uncertain on my clinical skills. And I think I got into my own head about, you have the critical thinking when you go to a bachelor's program. You got that down, pat. But those other skills, those are the ones you really need to work on. So I was like, not for me. So in the meantime again, here goes this applying process, like monster career builder, are there recruiters I can talk to? Who's within my network now? Who can I talk to that I haven't asked before? What can I do? And at this time I just started the program.

Guest: Amy Surma, BSN, RN:

So I wasn't too familiar with my peers. It was a small program. I think there were only five of us in it. Now I don't know what the program is called because I think it's offered jointly between the school of nursing and school of public health. It might be like a global health nursing, or it might just be through the school of public health. So I wasn't comfortable yet asking. I carry this with me, like I'm a fraud of a nurse. I can't do these technical clinical skills, such a fraud. And so I'm like, I don't want to say anything. I don't want to speak up.

Guest: Amy Surma, BSN, RN:

And just so happens, as I was searching I found a school nurse position that I ended up working at until I graduated. So for those two years and a little after, because I think the next role I started was in the summer. So a little over two years I worked there and I worked with an LPN who had been an LPN gosh, for years, for years. Very, very knowledgeable. I mean, we did some pretty cool stuff, a lot of education and she was just a great resource for me.

Guest: Amy Surma, BSN, RN:

I also started had a clinical rotation at the Detroit Health Department with the director of nursing. So that's how I ended up in school and how I stuck with nursing is because I found more the route that I've seen in the public health side of things, which if you think about it does incorporate that social science, that social work idea that I had, that I've been able to really do and sharpen my skills and connect and things like that.

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

Oh, that's awesome. It makes me sad to hear you say, "I'm a fraud of a nurse," because you didn't have those technical skills, but I understand it. Because I think that there is so much emphasis on that. And so much of what we see of nursing truly is that nursing care at the bedside. And so I understand what you're saying, but when I think of nursing, I think of the compassion and the empathy and the care that we truly deliver. I mean, the care to patients and their families and the variety of environments where we deliver that and the different ways that that looks.

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

But I appreciate you saying that because I think that that's probably a feeling people may relate to and may struggle to put words to. So Amy, I appreciate you saying that the way that you did and it's evident to me that your nursing is clearly not fraudulent and that [inaudible 00:16:11] touched a lot of lives. So at this point, you've worked as a school nurse gained some experience, you've completed your master's program, and then you start your work at the Detroit Health Department. What were you doing at that point in time? What was the role of a nurse in a [crosstalk 00:16:26]?

Guest: Amy Surma, BSN, RN:

Prior to that, I just had a clinical rotation at the health department there. And so if anybody knows about the history of the Detroit Health Department, I'll touch on this again too, maybe in a little bit, but they had, when the city went bankrupt, the health department services were privatized. So they went to Institute for Population Health and weren't necessarily with the health department until recently, gosh, maybe the last five to seven years. Then the city started to take back those health services.

Guest: Amy Surma, BSN, RN:

But before that, my professor from my master's program actually recommended me because I was searching for jobs. And I felt a little stuck when I was looking for jobs because I knew I love public health nursing. I knew I didn't like home health and I wasn't quite sure what role I would find. It was kind of like a weird gap. I knew I wasn't going to stay in school nursing. It was a great fit for while I was in school, but there's no room for me to move up. And even though I've always worked with women in [inaudible 00:17:45] children families, I just felt like there was other growing and other things I wanted to do. And I was curious about other roles outside of school health.

Guest: Amy Surma, BSN, RN:

So my professor had recommended me for, it's called Nurse Family Partnership. It's a great program. If you are interested in public health, I would recommend doing some research. It's an evidence-based home health program, basically. So you are working with pregnant women from 20 weeks of gestation or earlier. 20 weeks is the cutoff for them to be enrolled. And you do home visits with them until their child is two years old. So it is a beautiful program.

Guest: Amy Surma, BSN, RN:

I did that for three years, and that has been my favorite job so far because it encompassed everything. It was that relationship building. I was able to follow clients and understand what success looked like to them, and then experience like this miracle of their birth. Oftentimes I would go when they were in the hospital, getting ready to deliver, they would call me and you had a caseload of 25. So they're all at different points in their pregnancy or with their child. So it was kind of different, like what your schedule looks like. And it was only Monday to Friday.

Guest: Amy Surma, BSN, RN:

I mean, what a great gig, not to mention just the reward of knowing that you were helping these women. And so I did that in the City of Detroit, which the program is now run out of Starfish Family Services. And they really work with Infant Mental Health, which is a wonderful program too. So you might want to look into that, but that program really taught me about social determinants of health. And I was going into homes in the City of Detroit, and some people would be like, "Are you crazy?" I was like, "No, I totally feel safe." These families look out for me, sidewalks were shoveled when they knew I was coming, I had one time, a window was broken in my car. I wasn't at work.

Guest: Amy Surma, BSN, RN:

I was staying at a hotel downtown and somebody had broken into my car. So I had a new car one day driving to a patient's home. And my patient's grandma was like, "Amy, what happened to your car?" I was like, "Somebody broke into it." She's like, "Do you want me to do something about it?" I was like, "No, it's okay. I don't know who it was." But the relationship building in that. And then it was nice because we had a graduation when the children, well, when the moms finished our program. So when the kids turned two and it was just, it was amazing. So I learned a lot about what community resources were available.

Guest: Amy Surma, BSN, RN:

I actually better understood the barriers and challenges to accessing healthcare. And then from the perspective of being in someone's home, I was able to see those challenges of why they weren't going to those appointments, some of their fears, concerns. And then we have, breastfeeding is huge, right? Well, really talking to moms about, well, are you going to formula feed or breastfeed? And can you tell me a little bit about why, but they had no one there to teach them. They didn't even know that was an option for them. So it's just, I can't say enough.

Guest: Amy Surma, BSN, RN:

And that really kind of built me up as a nurse because it was so rewarding to see such be a part of their lives. And really a few of the moms still keep in touch with me now. So those kids are in elementary school and I'll get graduation pictures from kindergarten, or they've had children afterwards, they'll let me know. One of the moms actually is an LPN right now. And she was just accepted into an RN program and she asked me to pin her. And I just, of course I cried. Because I was like, "Oh my gosh, you're like my baby." We're like the same age but it was just like sharing in those moments.

Guest: Amy Surma, BSN, RN:

I didn't have those experiences prior to that. And I was like, this is why I became a nurse, because like you said, that empathy and that compassion and being able to break cycles, cycles of poverty. I mean, to see it and help with that, I don't know if anything can get better than that.

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

Oh, it doesn't sound like it. And our patients deserve informed nurses who were open to the perspective that you gained. They deserve nurses who understand that there's more than just us on the receiving end of waiting at their appointments or having opinions about what they should be doing for their families. You are able to understand what the barriers were and how to help empower them and overcome some of those challenges and recognize opportunities within the system. I love that Amy. I think we can never underestimate the opportunity we have to make a difference in people's lives. And I think you are really articulating that well right now.

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

So that was a cool job because I also think that in school we learn a little bit about community or public health. I think they seem like these big subjects, because if you have clinicals, they could look a lot of different ways. I know that we do a lot of different, we're in a lot of different environments and these are big umbrellas of specialties of nursing. And so I really liked the way that you are describing what it meant to you in this role. And I'm anxious to hear more about what else you've done with this specialty.

Guest: Amy Surma, BSN, RN:

Yes. So after that, so usually when I've moved on from our role, it's because there was no room for growth. So as a nurse home visitor, I had my masters and after three years I was like I understand this program, the nurse consultant for Nurse Family Partnership had encouraged me to apply for her job. And I did, I wasn't selected obviously, which was a blessing in disguise and actually other doors opened up for me. So there were no leadership or management roles within the Nurse Family Partnership locally either. There was one supervisor and she was staying there still. So I was like, okay, I need to see what else is here. I love it. But I was also getting very burned out.

Guest: Amy Surma, BSN, RN:

I didn't realize that how much I was holding on to what my clients were experiencing. Definitely experienced secondary trauma quite a bit. So after that I was burned out. I was like, okay, let me see what else is here. So I reconnected with the previous director of nursing at the Health Department in Detroit, which why it's so important. Keep those contexts that you make when you're at clinical with your peers, with whatever professional nursing networks or nursing supports you join.

Guest: Amy Surma, BSN, RN:

There's a lot of them, especially even through social media. Keep those, because those are really how you learn about some other roles and potentially may give you a leg up and when they're considering or even offering interviews. So I had reached out to the previous director of nursing and she mentioned she was hiring. And now this is at the time where the health department was, those services were slowly headed back to the health department, but some of them were still with the Institute for Population Health.

Guest: Amy Surma, BSN, RN:

And so at that time, she had offered me a position working with a federally funded program called Healthy Start, another program I encourage you to look into. They offer them across the state, and it focuses, there is a focus on the fatherhood initiatives, which is awesome. You don't see that too much when we hear infant mother, baby, we kind of exclude the dads from that. Or that's in when there is a mom and a dad, there are different family dynamics now. So it's been a while since I checked on Healthy Start and I think it's very inclusive.

Guest: Amy Surma, BSN, RN:

So one of the components of Healthy Start was Maternal Infant Health Program, which again, look that up. It's a Michigan program, another home visiting. They do home visiting with women who are pregnant and then up until the child is a year old. So it's more of a risk-based program. So they're looking at, is there substance abuse? I can't think of any other risks right now, any health risks, things like that, that they can help the women through. And there's a bunch of programs through the state, again, a very good program.

Guest: Amy Surma, BSN, RN:

So I was helping with that as well as that was under the umbrella of Healthy Start, a few other projects. And I did more management of some of the social workers and nurses. I did presentations. I went to a bunch of conferences and networked with national people. So this contact who I see quite frequently really, really helped me grow within my nursing role and get that leadership experience that has been so crucial for where I am now. So after that, I think I was there a year-ish because funding was cut. So that is a concern with public health, funding is never guaranteed. So it makes it quite interesting, but there's a lot of opportunities out there when that happens and you get pretty creative.

Guest: Amy Surma, BSN, RN:

So I actually connected with the actual health department, myself and someone else went over there. And that's how I started with the Childhood Lead Poisoning Prevention Program with the City of Detroit, and ended up managing that program for three years. But the great thing about this was I really had to learn because a lot of my role previously, and I've seen clients pop up from nurse family partnership. I would see their children who tested, had elevated lead level. And I was like, oh my gosh, I need to go out there. And I had gone out to a house one time and the grandma was home and she looked, she's like, "Nurse Amy, is that you?" I said, "Yes, what are you doing?" She just laughed.

Guest: Amy Surma, BSN, RN:

And so the kids were like five and I think the baby was three. And I was like, okay. So I'm here for a different reason. Like we got to talk about lead, what's going on? So that was cool to reconnect. And the client that I told you about, who's now going to nursing school actually one day walked into the health department as I was walking down the stairs and we looked at each other, I was like, what are you doing here? She went to get her son who was going to kindergarten, his hearing and vision tested. I was like of all days.

Guest: Amy Surma, BSN, RN:

And so those days that I've struggled, I've usually had a former client or some kind of positive feedback somehow make its way to me. So that's been my confirmation, like just sit it out a little longer, where you need to be. And so the challenging thing about my role as a program manager was all those meetings and not so much the interaction with the community. So I really had to figure out okay, as a nurse, I'm not really able to be hands-on with the community, with individual clients. So how am I creating change? How am I making an impact?

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

Sure.

Guest: Amy Surma, BSN, RN:

And then I figured it out. So I guess I really learned that it allowed me this role, especially with a management or leadership role, you really have a wider reach. I was able to take some nursing students. We talked a lot about social determinants of health. They made a lot of phone calls to those kiddos with elevated lead levels in the city of Detroit. I think pre-pandemic, they were able to go on a few home visits. So it's forever, there are other ways to really expand that reach. And now I have an opportunity which is cool to advocate even more. So I do some work with policy changes, promoting our program and connecting to other programs to ensure that kids aren't getting lost in a system. So it's pretty cool. I jumped all over the place there.

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

I love it because this is like an all encompassing role. When you think of how big your reach can be, when you think of policy, I mean, that's a really significant reach and training students who have so many opportunities. So if you don't mind, Amy, I imagine as I ask all nurses, this, that there is no traditional day, but what does your day look like right now in your current role? Or maybe what does your week look like?

Guest: Amy Surma, BSN, RN:

Sure. So full disclosure, this role is newer for me. So I left the health department in September and started the role that I'm currently in as a nurse consultant for the lead program. So there's a wide variety, one, because of the pandemic. And two, I do have a counterpart. There is another nurse consultant, but our roles are pretty different. So the other nurse consultant has great knowledge of the program. She's been here a long time. She also has like a educational background. Whereas my expertise comes from being at that local level.

Guest: Amy Surma, BSN, RN:

So I have a little bit of local. I can say, no, this is what really happens. Like you think this is going on, that's not the case. And so day-to-day, it varies. I think once you leave the bedside, you'll probably realize you're in a lot of meetings, like a lot. And virtually right now, I think one day I had five hours and five different meetings back to back to back to back. And I was like, okay. So one, more meetings. But two, those meetings are more about various projects that I'm working on.

Guest: Amy Surma, BSN, RN:

So right now what I'm working on is as a team, and it's cool because we work with other public health professionals. So there's epidemiologists, there's those who have certain certifications within public health, public health consultants. We have a physician consultant, a nurse detailer or physician detailer, which is also another role you could look at. And so we work together when we identify population health concerns.

Guest: Amy Surma, BSN, RN:

So we know due to COVID, we've seen that the lead levels or the rate at which we're testing kids when they should be to identify if they have an elevated lead level, that rate has gone down significantly. And it's not just in Michigan, it's a national thing. So the projects we're working on are really geared towards increasing testing because we can't help if we can't identify that a child has an elevated lead level. And because of the pandemic we know, and the stay at home orders, kids are constantly being exposed to lead hazards.

Guest: Amy Surma, BSN, RN:

So in Michigan, the primary source of lead exposure is lead dust from chipping and peeling paint. One of the other lead sources that I work with is the lead pipes. So action level exceedences. I'm working on trying to make sure we can test in those communities as well. And there's several other different exposures through hobbies. There are still leaded bullets. So day-to-day, it varies on what's due, what's immediate.

Guest: Amy Surma, BSN, RN:

And then we also get requests. So we have to provide support if we ask for more dollars, and those go with the funding cycles. So we have to make sure that we have reports ready to go, to justify why we need additional money. So we're constantly working in that. Another piece of my role is working specifically, I mainly support the City of Detroit. My counterpart supports other areas across Michigan. I'll tag team and help her. But primarily, I work with Detroit because they have so many, they have the highest rate and one of the higher rates of lead poisoning, and I'm familiar with Detroit I used to manage them. So I can be like, "Where is this? I need this now."

Guest: Amy Surma, BSN, RN:

I'm never that mean, "Can I help you? I haven't seen this documented yet." But I'm reviewing to see because I'll receive all the blood lead test results, we get a weekly report. And then also I'll see reports come through daily. If a child's lead level is 20 or above. So of course, if there's a kiddo that needs to be hospitalized, we're kind of like whoosh, we're on that. Making sure that the local health department nurses have the resources they need, they can figure out how to help that child get to the hospital to receive culation treatment and things like that.

Guest: Amy Surma, BSN, RN:

So I guess it's a wide variety. It just depends on the day, but I am working also with Maternal Infant Health Program. So I like to see what other programs at the state level we can connect to make sure then at the local level they're connecting and they're aware of other resources. And it varies across the state, but that's another big piece of my role. So it just varies, but it's a lot of interesting stuff I get to present. I presented at a CDC meeting, which was pretty cool. So yeah. And I mean, I've been here six months, I'm sure [inaudible 00:37:28] really what I'm supposed to be doing in another six months. So we might have to revisit this question.

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

I totally understand that. And that's also one of those normal things you guys, as you get settled into jobs. Don't worry that you don't recognize all of your responsibilities or the breadth and depth of it immediately. But what I do love Amy, is I'm hearing you talk about how many things, when I hear a consultant for the Childhood Lead Poisoning Prevention Program, it sounds kind of narrow. It sounds pretty focused. And the truth is what you're describing is actually not narrow at all. I mean, you're talking about things from the CDC and policy and access to testing, and then down to the level of hospitalizing a single child at the recognition of an elevated level. So it's actually even something that sounds so specific, it has a lot of variety within it.

Guest: Amy Surma, BSN, RN:

And I've learned too, I guess some advice I have is take what you need and ask for what you need. So for me, going into this role, I know that a passion of mine is really supporting nurses. And in my role now, I kind of envisioned that I would work more with the local public health nurses who are working on lead. But my passion is to really talk about burnout, about that secondary trauma and figure out how to support them through one of the tools and interventions that I learned in that I did with my team in Detroit previously is called reflective supervision. And then I've talked to some of the nursing students about it.

Guest: Amy Surma, BSN, RN:

It's simply unpacking your day or your experiences and talking about them. It's a little more than a debrief, but really acknowledging how you're feeling about those experiences and then figuring out what is within your control, how to help yourself. So right now that's translated into me doing monthly brown bag presentations for the division of environmental health. I've been doing mental wellness and presenting on mindfulness. We walked through meditations through many mindful activities. And so I encourage you, ask for what you need, make your passion a part of your day to day and just ask all they can say is no. And so now I'm going to be working with MIHP and kind of do like a burnout mini mindfulness session at the home visiting conference, I believe in August. So you just have to ask, and even if you're not ready to do it, just do it. That's what I'm learning, just do it. You're always learning, especially in this profession.

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

I love that you found that opportunity. You didn't find it actually, you created it for yourself. You recognize something that was important to you, that will benefit your colleagues and you're offering that to them. And I think so often we don't recognize how well-received some of the things that we would like to do will be if we don't just put ourselves out there and ask for it, just as you said.

Guest: Amy Surma, BSN, RN:

Right. And if they tell you no the first time, maybe some other way that you can still do it, I just encourage you to ask. And if you are interviewing for a new position, speak up, say this is a passion of mine. What are some ways you think I could incorporate this? Here are some ways that I'm thinking I could share this talent or this passion of mine that I have.

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

I think that's so valuable, both in benefiting the profession, but also in ensuring that you're getting the fulfillment you need, even on your toughest days, right?

Guest: Amy Surma, BSN, RN:

Right. Yeah.

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

If you get that outlet and that balance, I think it's invaluable. Amy. I'm so glad that you didn't leave the nursing profession. I love hearing your enthusiasm for the work that you're doing. And I can just imagine the families that you've touched along the way, and those of you who are listening have either been pinned perhaps recently, or you are anxiously awaiting your nursing pinning. And to think that some mother that you cared for has asked you to do that. I mean, what a tremendous honor. I'm so glad that you did stay in nursing and that you were willing to share this with us today. Is there anything else that you would want to share with listeners or anything else that I forgot before we close?

Guest: Amy Surma, BSN, RN:

You know what, the only thing is keep trying. You'll figure it out eventually. Your journey is going to look different than everyone else's because it's your own journey. And if your role is not fulfilling, is not making you happy, you don't have to explain that to anyone. It's a personal thing. So if it doesn't fit, it doesn't fit. That's okay. And Jessica, you have my contact information, if anyone wants to reach out, please feel free. I don't mind. You can email me. You can call me, we can set up a virtual chat or socially distance with masks on and meet up for coffee. By all means if there's a way I can help, please, please, please let me know.

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

Well, thank you so much, Amy. Thanks for everything you're doing for our profession and the patients and families that we care for. And for your time today, I really, really enjoyed listening to your story.

Guest: Amy Surma, BSN, RN:

Absolutely. Thank you for doing this. I think you're going to help many, many nurses, and I think it's just going to make our nursing profession stronger and have such a wide breadth of knowledge and variety. So thank you, Jessica.

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

Thank you. So Amy Surma, from the Michigan Department of Health and Human Services joining us today. Thank you so much. And I hope that you'll all listen to the next episode as well.

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 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.