Jessica Spruit,...: 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.

 Thank you for joining us for another episode of Nightintales. We're so glad that you're here and we're excited to share with you, today we have Ben Dempsey Klott joining us. Ben is a primary care pediatric nurse practitioner at Ascension Health and he's going to share a little bit about his role, both as a primary care pediatric nurse practitioner, and also within the setting of a school-based clinic. And so, Ben, thank you so much for joining us. I'm so glad that you can share this perspective and this is a unique role. I think it's... I'm excited to learn more about it.

Ben Dempsey-Klo...: Yeah. Well thank you for having me. It's been too long since we talked, so I'm super excited.

Jessica Spruit,...: It really has. Thank you so much. Ben, if you don't mind fill me in a little bit, could you tell us about your education, what you did out of your undergraduate degree and where your first job was?

Ben Dempsey-Klo...: Yeah, so I actually fell into nursing. When I was an undergraduate I never really planned on going into nursing. I originally wanted to go to medical school and thought, which is a terrible thing to say but I think a lot of people think this way, that nursing was below me, like it was settling for something. And so I was just kind of spinning my wheels, taking classes that I thought I needed. Wasn't really enjoying any of them, had a lot of conversations with my husband, like "What do I do?" I'm just... I'm stuck.

 And so he at the time was studying to go to nursing school. I'm like "Well, let me give it a shot. If I get in great, if I don't, I don't." And I ended up getting in and I can say, honestly, that it was the best... I don't want to call it a mistake, but the best mistake I think I ever made, because it just opened my eyes. This is what... What a nurse does is what I feel like doctors need to be doing, that very one-on-one, holistic, sitting down talking to your patients. And they don't have the time to do it, it really does fall on the nurse. And so I think I found what I was supposed to be doing. So, I did go to Wayne State for my undergraduate, fantastic program, very intense, very scary as everything is.

Jessica Spruit,...: As nursing school is, right?

Ben Dempsey-Klo...: As nursing school is. Yes, it's terrifying. So for those of you listening out there who think you're alone, no, it is terrifying. And so when I graduated, my first job was actually down at the DMC at Harper Hospital, on just a teeny tiny little med search floor, there are only 15 beds. And so I spent about a year there and then transferred over to Children's Hospital and worked in the ICU for two and a half, almost three years.

 And then I went on to nurse practitioner school, I went to [inaudible] school. That was something that I had heard talked about my final year of undergraduate, thought it was kind of interesting, looked more into it and then realized that as much as I loved that bedside nursing role and have as much respect as I have for those people who've been doing it for 20, 30, 40 years, I knew it wasn't for me. It wasn't something I felt fulfilled me. I needed more of that autonomy, not calling and asking if I can do this, that or the other thing, but sort of taking charge of the care of my patients. And so that's what really drove me to graduate school.

Jessica Spruit,...: Okay. Ben, I'm curious as we talk about that, what made you shift from a med surge unit, a small med surge unit to a pediatric intensive care unit where we know... The Children's Hospital of Michigan is one of the larger freestanding children's hospitals in the state, and we know the acuity there is really high. What made you make that transition?

Ben Dempsey-Klo...: I am a firm believer in fate and higher powers and what had happened was I applied for the Children's Hospital residency program for new nurses. So they were looking to recruit nurses who had just graduated or had less than a year of experience. And so I applied for the program and went through the phases of interviews and was just placed there. I think when I applied I was right at that ten and a half/eleven month experienced mark, so I might've had more experience than the other applicants. And so they just placed me there and I just went with it. It's like "All right, let's do it!"

Jessica Spruit,...: Oh, that's so interesting. I also just wanted to reflect back when you originally were talking about your original pursuit of medicine and the thought that nursing was below you, I just appreciate so much that you recognize, really. Nursing has a very unique and integral role in the care of a patient and so do our physician colleagues, but that they're not the same. And I like how... I feel like you kind of teased out: We are not in the same hierarchy, right? I mean, medicine has its own hierarchy and then nursing is its own discipline and its own profession. And I like how you sorted that out, I didn't want to forget to say that, but I think that's a really important perspective.

Ben Dempsey-Klo...: It is. One of my brothers is married to a physician and I love her to death, she's fantastic. But even just talking.. And she's a very selfless giving holistic person, but even just talking to her... Sometimes we'll talk about patients, she sees adults in primary care and I see kids in primary care, so we kind of just go back and forth like that. And it's just a different mindset, it's not that what she's doing is wrong, I know she gives fantastic care, it's just a approach that we have.

Jessica Spruit,...: Right? Yeah. It's truly apples and oranges, right?

Ben Dempsey-Klo...: Yes, yes.

Jessica Spruit,...: So when we think of it that way we don't have to compare them or place one above the other, I think. Which I like.

Ben Dempsey-Klo...: Yes, we should be walking hand in hand. Because we both do different things, and we need to respect that and value that and appreciate that about our physician colleagues.

Jessica Spruit,...: I so agree with you. So, I'm imagining you're working in the PICU, you're an intensive care unit nurse, and then you decide to go to graduate school. And so for those of you listening, who are maybe still in the early stages of exploring what graduate school might look like or what it means to become a pediatric nurse practitioner, there is what's called an Advanced Practice Registered Nurse Consensus Model or the APRN Consensus Model. And I believe this was published around 2008 or so. And what it did was it helped identify the four roles of advanced practice nurses and one of those roles is a nurse practitioner. And then within the nurse practitioner, they identified some population foci. So, like Ben was talking about, there are adults, there's pediatrics, there's women, women and children. And so we've got... There's psychiatric nurse practitioners.

 So there's different kinds of nurse practitioners when we look at that umbrella of NPs. And then when we think about pediatrics, there's actually two tracks. And so there's primary care, pediatric nurse practitioners and also acute care pediatric nurse practitioners. And so Ben is a primary care pediatric nurse practitioner and he'll tell us a little bit about what that means, but I just want to help set that stage a little bit for the different... The fact that there are two.

 And usually you would see... If Ben would have decided that he wanted to continue working in the intensive care unit then he would have pursued the acute care pediatric nurse practitioner route, which really prepares you for more of the hospital-based, high-acuity, critically ill, complex medical need kids. Primary care is a little bit different. And so that's what we're going to dive into today. And if you have an interest in learning more about acute care, I would really encourage you to listen to another one of these podcasts that focuses on that. But, Ben you were working in an ICU and then you decide to pursue primary care PNP. Can you tell me how you made that decision or what your thought process looked like?

Ben Dempsey-Klo...: Yeah. So you and anybody listening are probably going to think that I just don't ever make decisions. What had happened was when I applied to graduate school, I was literally just starting in the ICU. So my plan was, "You know what? I'm just going to do part-time, I need to kind of get my ducks in an order. I'm learning so much in the ICU and it's such an intensive, pardon the pun, learning curve to start in the ICU. I just... I don't want to tax myself. I got too much going on."

 And so when I was talking to... And I cannot remember her name for the life of me, the graduate coordinator at the time, she had also recommended "Let's just do... Let's do part time." And so I really latched on to that. And then about three weeks before classes were to start, the College of Nursing called and said, "Hey, we have a grant for you if you're interested. But in order to receive the grant" and it essentially paid for my entire master's degree "is you have to go into private primary care as a certification and you have to go full time."

 And so that really kind of made the decision for me. I was on the fence at that point, I was like "Uh". I really could do either or, but unfortunately, sometimes money talks and so not having to take out additional loans to pay for graduate school, to have it paid for through the Affordable Care Act it was like "All right. Well, again, this is a sign. I followed all the signs of this far, why turn my back on whatever higher power at this point is trying to direct me someplace?" So that's what it was.

Jessica Spruit,...: Got it. We should pay attention to those signs, anything that makes every decision making easier, I think is worth paying attention to, right?

Ben Dempsey-Klo...: Yes, yes, yes.

Jessica Spruit,...: So tell me a little bit about what it means to be a primary care nurse practitioner and specifically within the setting that you were in, please?

Ben Dempsey-Klo...: Yeah. So I think going back to what you were talking about between the acute versus the primary care on the certifications, I think that a lot of people have a misunderstanding of what primary care does. I know I did when I first started and when I even went into the program. I'm like, "Oh, this is just going to be doing well-childs and the same thing every day for the next 40 years, it's going to be really boring." And it really isn't. People don't really understand what is involved in primary care, it's not just sore throats and giving shots. I work in a school-based health center, which we can dive into in a little bit later, but I am responsible... I am more or less the primary care provider for a lot of these kids. Yes, they're assigned primary care providers through their insurance companies, but they don't see them, they see me.

 And so I'm responsible for doing their yearly well- child's, getting them caught up on their vaccines, doing their asthma action plans, talking to them about sex and making sure they're getting tested. And uniquely for us in the school-based health world is" we're more than just providers. A lot of times we're surrogate parents or we're big brothers or sisters who take on also the emotional aspect of these patients. So it's not to say that acute care isn't difficult, I am thankful every day I'm not an acute care NP, but it's just as difficult, but in different ways.

Jessica Spruit,...: Sure. I've always... As an acute care pediatric nurse practitioner, I've always admired my colleagues in primary care. And one of the reasons that always sticks out the most to me is the autonomy that you have, the responsibility that you have in managing those patients. As an acute care provider, I'm among a team, an interprofessional team and so I feel always very well supported by other colleagues. And I think that our primary care colleagues are really asked to think on their feet and independently. Not that you don't have experts that you can consult and colleagues that you could reach out to, but in general, your day to day work I always think is much more autonomous than acute care.

Ben Dempsey-Klo...: In a lot of ways it is. I mean, yes, there is something.... This is going to sound terrible and I don't mean to... There's something thrilling about intubating a patient, going through and doing that and knowing, "Hey, I helped this kid breathe while they were crashing, that's really awesome! I'm feeling kind of cool about myself." But on the other hand to have, and this has happened to me frequently, unfortunately, patients reveal sexual assault, you're the first one they've told, or physical abuse or things aren't right at home, they're getting kicked out of their house because mom or dad lost their job. I mean, that's just as difficult as making sure you're not going to hit the vocal chords when you're putting a tub and intubate. And so it's hard. It's really hard in a different way. Sometimes I wish I didn't get those visits, but they come to us for a reason, right?

Jessica Spruit,...: Right. No, it's true. And I think that probably, one, you're accessible to them because you are located, in proximity to where they're being educated and so you are accessible. But I also think that often you build really trusting relationships in a really unique way with those patients.

Ben Dempsey-Klo...: Yeah. There are definitely some I'm like, "I need you to go to class. This is the fourth time you've been here this week. What's really going on? Oh, you have a math test, that's why you're here and get back to class." And then sometimes there really is something else going on. So, this primary care role really allows you to get deep down into what's going on in a way that sometimes you're not able to in acute care.

Jessica Spruit,...: Sure. So can you tell me about what kind of school are you in? What age patients are you seeing and what do you do every day? You've touched on it a little bit, but what does it look like for you?

Ben Dempsey-Klo...: So I have been with school-based for about six years now, it will be six years in November, which seems like a lifetime. I originally started with St. John down at Osbourn High School at Seven Mile and Hoover, which is an extremely rough area to be in. A lot of trauma for the kids and the families, it's a very socioeconomically depressed area. It's poor, to be completely frank about it. Generally Von Steuben ranks the first or second most dangerous neighborhood in the city of Detroit.

 And so I started there and really got my feet wet and I have to say, my ICU background really helped me there because there was a lot of stuff going on. Kids who had been bitten by dogs, who didn't go to see somebody for three weeks, and now they've got this huge infected bite mark on them. Or I know one time we had some kids who were fighting in the hallway and they went through a plate glass window. And so they immediately came to me, we've got bone sticking out out of wrist, because of course they landed on their wrists, there's blood everywhere, I'm like, "I didn't realize I was working in the ICU again."

 So yeah, it was intense there. I was there for about two and a half years, left and joined U of M for about a year, year and a half and was up in Flint, which was also a very poor, very socioeconomically depressed area, but in a little bit different way. With the water crisis going on and they hadn't been... This is going to sound very strange, they hadn't been as poor for as long, if that makes sense. Whereas the Osborn neighborhood had had generations and generations and generations of poor, for lack of a better term. For Flint it was a little bit newer, it only been in maybe a generation, maybe two, depending on the kid you were talking to.

 And so they presented their own challenges up in Flint. Kind of distrustful of the healthcare that they were receiving because they had had this experience with the lead water and they were used to going to a primary care physician because they were used to having private insurance, this was all kind of new to them.

 And so did that for a while and then came back to St. John and I am now at a suburban high school... Middle school [inaudible] township, which people think, "Oh, you're out in the suburbs, so it must be easier." It's not. Some need... 80% of my kids are on Medicaid or receiving reduced or free lunches. Still poor, just again, different from even Flint and Osborne. So it's given me a nice perspective that just because you're in a certain city or in a certain neighborhood, you can't expect to see what you're thinking you're going to see.

 So an average day for me depends on whether I have NP students with me or not. If I do, I generally try to pack the schedule a little bit to try and get them more comfortable with those patient contexts and those interviewing skills and those sorts of things. But in general, I see anywhere between five and 10 patients a day, which I know doesn't sound like a lot, depending on who you talk to in primary care. But as the sole provider in the office, the sole medical provider, that's a pretty decent amount. And so we do lots of well-child's, favorite thing to do is give shots. So, I'm calling them down for their shots. We do a lot of STI testing and education and pregnancy testing, body mass index follow-ups for those kids who were over the 85th percentile and just your random acute visits, headaches, upset stomachs, those sorts of things. So, yeah, that's about... That's my day in a nutshell.

Jessica Spruit,...: Yeah. I'm hearing you talk about the socioeconomic conditions of the environments that you're working in and I think we can't underestimate the impact of that when we.. Right now I think, nationally, we were talking a lot about social determinants of health and the inequalities and inequity within our health system. And I think it is important that you have highlighted that and that you recognize that. What do you think is the most challenging part of your job as a school nurse practitioner in areas that are deprived? There may be food insecurity or home instability and all of these other factors what's the most challenging for you as a PNP in that environment?

Ben Dempsey-Klo...: So I think the most challenging would be just the access. And by that I mean some of these kids have never really been to a PCP they've only used the urgent care, or they've only used the emergency department to receive all of their care.

 And so to bring a kid in for a physical because they want to play football or basketball or something, and to do the finger poke, to test cholesterol and hemoglobins or to do the urine sample to make sure their kidney function is okay through UA is really foreign to them. And they seem, I don't want to say apprehensive, but you can definitely tell they're watching you, like, "What is this guy doing? I don't really know even who he is. Why is he poking my finger? Why does he want a pee sample? Why is he talking to me about the last time I had sex or if I have asthma? I've never had this done before, what's going on?"

 And I think just a little bit of distrust, especially, like I said, up in Flint, down at Osborne there's just a general distrust of healthcare providers, because they've been let down in the past. And so to really reinforce like, "No, this isn't... You're not going to get in trouble for telling me things. I want to be there to try and help and fix things." So that's probably the hardest thing, is the access and then just building those relationships, making the kids feel comfortable that they come back and talk.

Jessica Spruit,...: Right. Are there any strategies that you found that worked pretty well for you when you're trying to overcome that fear or mistrust?

Ben Dempsey-Klo...: Yeah. So I have found that teenagers like to be talked to like adults. They like to be viewed as people, not simply as somebody's, so-and-so's son or daughter. But to really sit there and ask them things that they really should know or to phrase questions in such a way that puts the responsibility on them.

 (silence).

 Okay, so I generally talk to my kids as adults. And by that, I mean, for example, during a well-child visit, part of my process is to always do a 24 hour diet recall. Because we both know... Everybody knows teenagers are eating Hot Cheetos and bagel for breakfast, which is not nutritious, right? And there are some reasons for that, that we can get into later. So by doing this 24 hour recall, they're not eating the fruits and vegetables, they're not drinking their water, they're not doing things that will really kind of help keep them healthy. And so generally my question to them is, "Well, where can you get more fruits and vegetables in? Or what can you do? Can you go with mom or dad to go grocery shopping?" And really putting that onus [inaudible] Have them look at me and say, "Oh, this guy is not telling me what I have to do. I'm not going to drown him out. He expects an answer from me." Is kind of... Something I do and it really gets them to open up.

 So just treating them, not necessarily as an equal, but as an active participant in the visit.

Jessica Spruit,...: Sure. I can imagine that would be really powerful, especially because I think probably not enough adults treat adolescents that way. And so I imagine it feels really empowering to them when they're asked to come up with some solutions.

Ben Dempsey-Klo...: It is, and it's something my parents did with me. And I hated it when I was a teenager, because I'm like, "Well, you're my parents, you should be coming up with the answers." But I found that they're more receptive and they take ownership of it almost.

Jessica Spruit,...: Sure. So that's the biggest challenge. What's the best part of your job?

Ben Dempsey-Klo...: Sorry, just drinking some water. The best part of my job is for better or for worse, we're really busy site. And by that, I mean, if you were to look at some of our sister sites, we see far and away more students than most of our sister sites. And that's not to brag, it really isn't. To me, it's a testament of the work that our medical assistant and I, and our behavioral health counselor do that those students feel like they can come down at any point and see us. Something's going on, they're super anxious, or maybe they went farther than they planned with their partner and they didn't use protection so I know that I need to go see somebody about this because this is an important thing. Or, you know what? I know I need a physical, let me go down and schedule it. So I think that's the best part is we see a lot of kids. We don't have a lot of kids that just show up once and we never see again. Usually, like I said before, it's you need to go to class, you've been here too much.

Jessica Spruit,...: Well, it sounds like you are really filling a need. There is a gap there and you're filling it, there you are, right there. Which I think is what nursing so often does and one of the things I love so much about this profession. Then if you have any other tips or pearls or anything that you would say to nursing students, or maybe nurses considering going to graduate school or considering the PNP role?

Ben Dempsey-Klo...: Run. No, I'm kidding. I'm kidding. Go to graduate school. First of all, finish your bachelor's degree and then absolutely go to graduate school. I think you need to be okay with not knowing everything, that was the hardest thing I had when I came out of graduate school is I thought I was supposed to know everything and to have the answer for everything. And you're just not, nothing ever prepares you for that. I feel stupid on a daily basis and that's just part of growing as a provider, growing as a person, growing as a nurse, be prepared not to have the answers. But also be prepared to reach out, to find the answers for that patient and for yourself.

Jessica Spruit,...: Sure. That's good advice because it's true, we can never... I am imagining you standing there after that fight and the broken window and the injuries that were sustained, and I'm just thinking: there's no way we had a lecture about that in school.

Ben Dempsey-Klo...: No, there was not. Yeah. I drafted my therapist that day, he became an honorary nurse, and I'm like "You just need to hold this gase here at don't let anything else happen. Let me go attend these other people. But it was just that base instinct, just do no harm, do no harm. If you just follow that mantra, you're going to be okay.

Jessica Spruit,...: Sure. Ben, it was so great to listen to this story, to hear about the invaluable resources that you're providing to the patients that you see and to learn a little bit more about the role of a school nurse and nurse practitioner in this case. And really how critical you are in providing primary care and access to care in communities that may or may not have access in other routes. So thank you so much for sharing your time with us and sharing-

Ben Dempsey-Klo...: Oh, you know what? I think I lost you.

Jessica Spruit,...: But I just am so grateful for the time that you've spent with us and for sharing all this information. I think it's really helpful as we consider what career options we have available and what advanced practice nursing might look like as well.

Ben Dempsey-Klo...: Yes. Well, I'm honored that you reached out to me, Jessica. Anytime you need anything you know how to get ahold of me.

Jessica Spruit,...: Awesome. I sure do, and you know, I'll find you. Thank you so much, this was Ben Dempsey Klott, he's a pediatric nurse practitioner in a school-based health center with Ascension Health. And Ben, thanks for your time today.

Ben Dempsey-Klo...: No problem, Jessica. Thank you.

Jessica Spruit,...: 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.