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.

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

I'm your host, Jessica Spruit and I'm so glad you're here. Okay. Thank you for joining us for another episode of Nightintales. I'm so glad you're here again today and I'm also really glad to welcome our guest. This is Erin Cook, and she is a registered nurse at Henry Ford Macomb Hospital. And Erin's joining us today.

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

She has kind of an interesting role that we don't see a lot of in nursing school, but she works in the preoperative space within the hospital and also the PACU or the post anesthesia care unit. Erin, thanks so much for spending your time with us today and sharing your experiences with us.

Erin Cook, BSN, RN:

Thank you so much for having me. I'm excited to be able to talk about all this fun stuff.

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

Yeah. This is exciting because again, I think there's so much within nursing school that we don't get to see when we are rotating through the few assigned clinicals that we have. And I think certainly the OR and the spaces surrounding the operating room is not somewhere that we often venture to, so I'm really eager to learn about your experience and what your days look like.

Erin Cook, BSN, RN:

Absolutely. I'm excited to share.

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

Awesome. Thanks. Well, if you don't mind, let's just start as we always do. Tell me a little bit about kind of nursing school, where you entered the profession and what the beginning of your career has looked like.

Erin Cook, BSN, RN:

Sure. So I was one of those people that was always very fortunate and I kind of knew I wanted to be a nurse when I was a little kid, so I went straight into nursing school and I went to Oakland and graduated in 2005 with my bachelors. And after that, I actually did all of my clinicals in nursing school and I didn't like any of them and so that was kind of terrifying. And the only thing I did not get a chance to see was the ICU, so I just kind of started applying and I ended up at Detroit Receiving in the neurotrauma ICU straight out of school and I loved it. Loved it.

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

Oh, wow. If you don't mind, before we get to the next step, I can't imagine having never seen the intensive care unit as a student and then transitioning into such a high acuity. What I can imagine as a very intense intensive care unit. What was that like for you as a new grad?

Erin Cook, BSN, RN:

I remember being completely overwhelmed. That first couple days that I even walked down the unit. Even my interview, I walked through the unit and it was fairly overwhelming. But I knew that I always wanted to be in a place where I would be challenged and I'm going to learn the most right out of school. I'm going to learn the most in the small amount of time.

Erin Cook, BSN, RN:

So I kind of just knew that you had to get through it. It was going to become familiar, you just had to get through the growing pains of it. But it was intense in the very beginning and you just kind of had to breathe through it. And I was fortunate to start with some other nurses, so we were all completely new at the same time, so we got to kind of get through it together.

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

Oh, wow. So that helps a lot I think, when you have other people who are in the same shoes and encountering the same challenges, kind of at the same pace that you are.

Erin Cook, BSN, RN:

Absolutely. You definitely can bounce things off of each other and when you feel like you're having a terrible day and you look at them and they have the same face, you know that you're not alone and you're going to get through it. So yeah, it was intense, but amazing at the same time.

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

Wow. Oh, I can't imagine how much you learned. For those of you listening who aren't familiar with Detroit Receiving, it is a large urban hospital, kind of in the heart of Detroit, known for seeing a lot of trauma and a lot of really critically ill patients. And so, I can only imagine what that environment was like.

Erin Cook, BSN, RN:

Yeah. It was fun. You know that you're working with the best doctors, you're working with amazing residents and fortunately the doctors were there to teach us also. So we learned a lot, a lot of amazing stuff for sure.

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

Sure. Well, that sounds like a really good experience as a brand new graduate. I think certainly some challenges and hurdles to overcome, but what a great foundation to start your career I imagine.

Erin Cook, BSN, RN:

Absolutely. Yep. That was the goal. Learn it all in the beginning and then anything from there on out would be easy. So yeah, it was definitely an amazing foundation and I wish everybody could have that education that I had for sure.

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

Sure. Oh, that's cool. So then what? What did you do after that neuro ICU?

Erin Cook, BSN, RN:

So I stayed there for about nine years and then I kind of got older and it wasn't as thrilling anymore. So I left and I worked at a small outpatient pain clinic for about a year. And then that was a little bit too small for me. It was amazing people, but just a little too small. So I ended up at Henry Ford Macomb at this pre-op recovery position that I have right now and that's been fantastic for me where I am in my life.

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

Sure.

Erin Cook, BSN, RN:

Yeah.

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

I love that about nursing. I think it can take on so many different roles for us as our lives continue to evolve and the demands on us continue to shift and transition. If you don't mind, can you explain please what it means to be a pre-op and recovery nurse and kind of what your role is?

Erin Cook, BSN, RN:

Sure. So the position I'm in, I'm contingent and I'm kind of like a spot filler. So I work pre-op and recovery. I kind of go based on what is needed that day. So when I work pre-op, usually start very early in the morning, usually start about 5:30 and we get patients ready for the procedures. Really we're kind of like the last line of defense to make sure that they are stable with their cardiac clearances, with their labs, just make sure that they're optimized for their surgery and that they're okay to have it.

Erin Cook, BSN, RN:

And then obviously we're getting their IV started and giving them some other medications and stuff like that. And then when I work recovery, you're really just doing that. You're recovering them after the procedures that they had. The big change for me in this setting is that I actually then had to discharge patients to their homes when all of my previous jobs they were in an ICU.

Erin Cook, BSN, RN:

So that was a little alarming. So we have to do a lot of education, so we know that they're safe at home or we're sending them into the hospital for further care. So yeah, it's kind of enough of a dynamic where it keeps it new and fresh every day. So it's a great spot for me to be in right now.

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

That sounds really interesting. Well, I can imagine, one, that discharging to the floor within Detroit Receiving in that environment is much different than imagining what barriers or possible challenges patients might encounter when being discharged home after surgery. So I can imagine that your education is really critical.

Erin Cook, BSN, RN:

Yeah. Yeah. You definitely do lean a lot on your past experiences. And I actually have had to learn quite a bit based on this job too, because I mean, I never really sent people home, I just got to kind of downgrade their care, but I wasn't that person making sure that they knew how to take care of themselves by themself at home. So that and pain medicine and all that, that was a whole new world for me. So even being a nurse for 15 years, I'm still learning new stuff so it's been good.

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

Oh, that sounds nice. I think we can never underestimate how much there is to learn in nursing. And I imagine too, with the different procedures that you need to have some familiarity with all of the different wounds or like surgical incisions and the way that people are being discharged home. I imagine that there's a lot to learn there.

Erin Cook, BSN, RN:

There is. There's definitely a lot to learn and a lot of it is based on procedures that they're having, but it's also based on surgeons that are doing it. So you can have surgeons doing all sorts of different types of procedures, but they do it very differently than each other, so your education is very different just based on that too. We have an amazing nursing educator that we listen to every week. She comes in and talks to us every week, but I also depend a lot on my coworkers too, so it's a lot of learning all the way around.

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

Sure. That was perfect that you said that because I was going to ask, how do you learn all of that when you've got so many different surgeons, so many different surgeries and obviously each patient brings their own unique perspective to our care. I was curious how you learned it and it sounds like you rely on your educator and also colleagues.

Erin Cook, BSN, RN:

Yep, absolutely. And of course there's manuals on everything that you can read up, but there's nothing better than relying on your coworker that's been doing it for 35 years, that knows these surgeons inside and out. But also the new things, the new trends, the new procedures that come to pass are always that nursing educator that's keeping us up to date. So it's wonderful.

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

It's an important resource, I think for all of us to keep in mind and not just when we start new jobs as you're pointing out, but because the healthcare around us continues to evolve. I think it's really important to know our resources from an education perspective.

Erin Cook, BSN, RN:

Absolutely. You have more confidence in everything that you do when you obviously have a background of information for you, so it's very important. Like you said, it's underestimated that nursing educators- They're needed greatly. We call her very often.

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

Right. Sure. Well, it's such a great tool to have for those of us who work in units that are lucky enough to have an educator. I think we can all appreciate how well we can utilize them.

Erin Cook, BSN, RN:

Absolutely. Yeah.

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

And so Erin I'm curious, if you were to talk to someone who was in nursing school right now, or thinking about being in nursing school or maybe even six months into their first job and really struggling, what might you say to them? What, from your career, would you offer to somebody who was maybe facing some uncertainty or what they felt like was an uphill battle?

Erin Cook, BSN, RN:

I feel like you have to give yourself enough time. You're never going to know it all. It's always going to be uncomfortable because you don't know it all. So I think you just need to know that there is a learning curve. You need to know that you have to say you don't understand. When you say you don't understand, you need some help, that's not a sign of weakness. You're actually going to learn something from it. I mean, I still say it every day, so you can learn and move on from it.

Erin Cook, BSN, RN:

I was uncomfortable at Receiving for probably two years and you just have to get through it. Every day the sun goes up, the sun goes down. Some of my worst days, I knew that I had to go back to work the next day. I couldn't end on a bad note. If you have a terrible day, the next day is going to be better. So I think you just can't be so hard on yourself. You can't think that you're supposed to know it all because nobody does.

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

Sure.

Erin Cook, BSN, RN:

Yeah.

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

Oh I definitely agree with that. I do think that pretty much everyday I say, I'm not sure.

Erin Cook, BSN, RN:

Right. [inaudible 00:12:29]

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

Right?

Erin Cook, BSN, RN:

Well I think that's a huge thing. And I mean, we always said that with the residents that we were working with. It's the ones that scare you are the ones that think they know it all. You have to be able to say that you don't understand or you don't know, and then someone can show you the right way and then you're good. Moving on to the next point.

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

Right.

Erin Cook, BSN, RN:

So yeah.

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

Wholeheartedly agree with that. And I think you're right. I mean, all of us should offer ourselves enough grace to not know something and to ask for help with it. I think that's the only way that we all survive in healthcare really.

Erin Cook, BSN, RN:

Right. Absolutely. You need to know what you don't know.

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

Just thinking a little bit more about this pre-op and recovery position. You said that when you're in pre-op you start very early. As we know surgeries tend to start quite early for patients and so I understand that starts at 5:30. What does your shift usually look like or what are the shifts in the environment that you work?

Erin Cook, BSN, RN:

We're a little bit all over the map. There's eight-hour shifts and then there's also 12-hour shifts. So me being contingent, I can kind of pick up as many days as I want. So for me, pre COVID, I worked three days a week, post COVID, I'm down to two and then come fall, I'm a kindergarten teacher, so I'm down to one.

Erin Cook, BSN, RN:

But really my day in pre-op starts at 5:30, other nurses start at six. You can go from eight hours to 12 hours. So usually our surgery pre-oping is done by let's say three o'clock. People that are there for 12 hours usually then flip to recovery, so they kind of do both. Me being eight hours by two o'clock, I usually am not in recovery at that shift.

Erin Cook, BSN, RN:

But it's kind of a dance. Some people do both, but in this setting, it's nice to kind of pick the shift that you're going to be in. And obviously for most people, it doesn't change day to day. They'll be in 12-hour shifts four days a week and then other people do eight-hour shifts, five days a week.

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

I think you're bringing up a really important point about the role of a contingent nurse too. I think that in nursing, we utilize a lot of contingent people. Our nurses have great expertise and also have some demands in their lives where them being able to pick the shift or pick the days offers the affordability that they need or the flexibility they need, that they can still practice nursing and still carry on the rest of their lives.

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

And so, I think it's good for people listening to hear about that flexibility. I think clearly you came in with great experience and brought a lot into that role. And so for them to work with you on your scheduling and accommodate a contingent nurse is really just a bonus for everyone.

Erin Cook, BSN, RN:

Oh yeah. I mean, for me, it's like the best blessing in the world. My contract really says that I need to work two days every month, but the blessing is that I can pick it up as many days that I want because they do need me and kind of just fill me in as needed. So yes, to have the flexibility to do three days a week, one week, but really one day a week for the next, who knows how long. For me, it's absolutely a blessing.

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

Right. I love that about nursing. I love the way that it can fit into your life in so many different ways.

Erin Cook, BSN, RN:

Yes. Oh yeah. And for sure. And I mean, when I was single and at Receiving and I worked 12-hour shifts, I did three 12-hours and I could do the beginning of one week and then the end of the second and I could go on vacation in the middle. I mean, that's like the best schedule ever.

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

Right. Without even using vacation time.

Erin Cook, BSN, RN:

No vacation days needed. Yeah. I'll be in Aruba and I'll see you later, but I'm back by Thursday. So yeah, that was amazing also.

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

Right.

Erin Cook, BSN, RN:

So yeah.

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

Yeah. And now it's accommodating you being a kindergarten teacher from your home.

Erin Cook, BSN, RN:

Yes. Right. Right. Who knew that would be needed, but yes. Yes. Nursing has been very accommodating to me for sure.

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

Right. Oh, that's awesome. Well, Erin, I'm so grateful for the time that you spent with us today and for giving us a little bit of insight into what it means to take care of patients before and after surgery. I love the way that you described yourself is kind of the last line of protecting that patient and ensuring that they were as well prepared as possible and as finely tuned as possible to undergo anesthesia and a surgery.

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

And I think that's such a critical role of nurses and it carries through when you are educating patients and sending them home to be discharged safely from the hospital. So thanks so much for taking this time today and sharing what you do with us.

Erin Cook, BSN, RN:

Well, thank you so much for having me.

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

It was great to have you. I definitely enjoyed talking to you.

Erin Cook, BSN, RN:

You as well. Take care. Thank you.

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

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The 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 are active in.

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

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.