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:

Hello, and thank you for joining us for another episode of Nightintales. I'm so glad you guys are here, and I'm also glad that we have our guest speaker with us today. Today we have Lindsay Carter and she is a clinical team lead. She works at Duke University Health System. And, Lindsay, I'm so glad that you're here to tell us about what it means to be a clinical team lead and a little bit about your journey through nursing.

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. Thank you so much for having me. I'm really excited to be here today as well and just be able to talk to you about my nursing career and the path that's gotten me where I am today.

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

Yeah. I'm really anxious to learn about it. So if you don't mind, let's get started with just telling me a little bit about your background. Where did you go to school? What was your first job in nursing and where did all of this start?

Lindsay Carter, MSN, CNL, RN:

Yeah. So as you mentioned, I currently work at Duke. So I'm living in North Carolina right now, but I'm originally from Michigan. And so I actually went to Michigan State University is where I got my bachelor's of science in nursing. So I graduated from there in 2007 and I knew that I loved working with kids. I didn't really know exactly where I would land, so I just started applying for some jobs. My mother actually has a history of breast cancer, and so I was passionate about that, about cancer and treatments and also, like I said, working with kids. So that was actually what made me apply for my first nursing job, which was at the Children's Hospital in Michigan. And it was on a hema, renal, and bone marrow transplant unit.

Lindsay Carter, MSN, CNL, RN:

So that actually turned out to be a perfect fit. I loved working with the kids. I loved the patient population. Had some amazing coworkers for a first nursing job. That's extremely important having a great support system with your coworkers. So I ended up staying there for about a year and a half and I think maybe six, seven months or so into my job there is when I actually started learning more about the bone marrow side. That was something that as a new nurse I didn't jump into right away just learning the foundational skills. But then was able to start working with the bone marrow population, which was a really great experience and helped me to build a lot of confidence in my nursing skills. And then before I left children's hospital, I actually started precepting.

Lindsay Carter, MSN, CNL, RN:

And I wasn't sure how I was going to like that. I think as a newer nurse, you don't have that confidence to think that you can actually teach somebody else how to be a nurse. But I did actually find that it was a fun role to take on and it was nice to see that I actually could help to teach a new nurse how to get comfortable in her role. And at the same time, I learned a lot more about myself and recognized is that you can also teach somebody even when you don't know everything. You teach them how to use their resources and ask other people questions and stuff like that. So that was a big moment for me in my early nursing career learning that I actually really do enjoy teaching. And so I was able to carry that with me throughout the rest of my career. So I guess I was there for about a year and a half before I ended up moving to North Carolina.

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

Okay. Lindsay, I think you highlighted such an important thing that you don't have to know everything to teach someone. And I mean, I don't think in any of our career, especially I think the further into our careers that we get, the more we recognize we don't know. But I think many people listening to this podcast may find themselves in those very shoes where they hadn't been a nurse for that long. Maybe they're not especially confident with their knowledge, but they're asked to precept. And I think that that's such an important perspective that you offered of, you don't know everything, but if you can teach them how to think and pursue those answers. Are there any other tips that you would give for someone who's newer to precepting that you think is really helpful?

Lindsay Carter, MSN, CNL, RN:

Yeah. I think that as a new preceptor, I didn't think of a lot of these things until later on when I was precepting a lot more and actually once I moved to Duke and was there for a few years and precepted a little bit more, I was asked to take on the role of being the orientation coordinator for our unit.

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

Wow.

Lindsay Carter, MSN, CNL, RN:

And so that really took me back because I was like, wait, you want me to do that? I didn't think I had that much experience. But what I actually did in that position is I took a little bit of a step back from actually being a preceptor and I helped to facilitate schedules for new nurses and also helped to you get new preceptors up and going as preceptors.

Lindsay Carter, MSN, CNL, RN:

So I actually helped to teach a class about precepting and some of the things that we really focused on was just being welcoming to the new nurse. I think a lot of times people can probably hear about in nursing school, senior staff, eating their young nurses and stuff like that. So I think just having that perspective and trying to remember where you were as a new nurse and how you felt coming into that position. And so just trying to be encouraging and introducing people to the team. But also, where you may have some of that lack of confidence because maybe you haven't been a nurse for that long, or maybe you've been a nurse for five or six years and you still just don't know, feel like you know everything. One thing that I always say to new preceptors is what you highlighted, Jessica, is that you will never know everything.

Lindsay Carter, MSN, CNL, RN:

And that's okay. I mean, nursing is an ever evolving process. We see practice change every day, we learn new things. So you don't you don't want to come across as if you know everything because that new nurse is going to think that they need to know everything. And that can be dangerous sometimes because then they don't think that they can ask questions of other people. So I think that that part is really, really important. And then thing is really focusing on the use of policies and the evidence based practice that your unit and your organization has. Because I think sometimes if you've been a nurse for a little while, you can get comfortable and you might deviate from policy a little bit and not realize that you are.

Lindsay Carter, MSN, CNL, RN:

So one thing that I utilized a lot once a newer nurse would ask me a question is I would say, I'm not sure, but let's look it up together. And so that I'm showing them how to use resources, but also at the same time I'm showing them that I may not know, but here's how we can find out together. And I think that that's so important because then they can learn the right way to do it and also learn how, when they are on their own, if they don't know the answer where to go for the answer.

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

Sure. Oh, Lindsay, that's such great advice. I think that you sound like just exactly what a preceptor would need when taking on that role and trying to grow that role. And I think that's really good advice and I hope the people listening who either will be precepted or have an opportunity to become a preceptor really hear that message because it's so true. Rely on evidence-based practice on policies within the institution, maintain your curiosity. I think these are such good points that Lindsay is making. So Lindsay, you had been on the Henong unit in Detroit working with children for almost a couple of years. And then you told us that you... Did you move directly to North Carolina from there?

Lindsay Carter, MSN, CNL, RN:

I did. So it was a little bit of an interesting path because like I said, I really enjoyed the unit I was working on, enjoyed the coworkers that I was working with. So it really wasn't a move that I made because I didn't like my job. I know sometimes that's the case for a lot of people, but I actually... I'll take a step back for a second. So when I first started working as as a nurse in nursing school, one of the big things that was always talked about next steps, you're getting your bachelor's, next step nurse practitioner. I think that that was something that was talked about more than anything when it came to master's programs. And so when I first started working in Michigan, I had in my mind, oh, eventually I'm going to go back to become a nurse practitioner.

Lindsay Carter, MSN, CNL, RN:

I will say probably within three months of working in Detroit, I learned very fast that I did not want to be a nurse practitioner. Nurse practitioners are great. We need them, but I knew my personality. It wasn't going to be a good fit taking on that much responsibility and prescribing medications and that type of thing. I said, oh, that gives me anxiety. I don't think that that's going to be the right path for me. But I knew that I eventually wanted to do something. And what actually led me to move to North Carolina is Duke was offering a master's of nursing and ministry program. I never heard of it before, didn't really know what I was going to do with it, but I loved nursing and I have a strong Christian foundation.

Lindsay Carter, MSN, CNL, RN:

And so I thought to myself, well, this is marrying the two. Why not? Like, just try it out. So I ended up going to North Carolina, applying for jobs, interviewed at a job at Duke and got that job. Well, before I moved to North Carolina, they actually took that program away. They just didn't have that much interest, the funding wasn't there. So they said they were no longer offering it, but I already had in my mind that I was going to go to north line. So I packed up, I moved no family, it was just me. And that was in 2009. And I started working at Duke on a another pediatric unit and the patient population is chemo, renal, neurology, endocrine, and then pH general. So a 31 bed unit and you have all these different patient populations mixed in.

Lindsay Carter, MSN, CNL, RN:

So that's where I started working and that's where I'm actually working right now, but in a different role, which I think we'll talk about in a little bit. But I have been... I worked there from 2009 until 2013 and that's when I really started to figure out what I felt like I wanted to do as far as next steps in nursing. It took me a while because when I first moved to North Carolina, I actually loved the job. I loved my coworkers and I actually thought to myself, you know what, I think I might want to stay here forever. Like just work at the bedside and this is the perfect setting. So that is actually what brought me to North Carolina and I just decided to stay and then different things along my path from 2009 to 2013 is actually what led me to a want to go forward in my nursing career and actually thought about a different master's program.

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

Lindsey, I love the way that you recognize and that you were self aware enough to recognize that becoming a nurse practitioner wasn't the right fit for you, because I think it's important that we share that message. Every registered nurse is not destined to become a nurse practitioner and there is no shame in that. I think it's the one that we... It's like you said, it's probably one of the master's degrees or the advanced practice roles that we talk about the most, we hear about the most, but I love that you were so self aware to recognize that that wouldn't serve you well in this profession.

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. It took me back because I was like, "Oh, well, this is what I thought that I was going to be doing." But once I settled into North Carolina and found my place there, like I said, I moved here with no family, no friends and started making those connections here and was able to get comfortable and start calling North Carolina home. I got settled more into my job and started developing and figuring out what my true passion was. And so, I'll talk a little bit about some of the things that I did from 2009 to 2013 to lead me to that path.

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

Sure.

Lindsay Carter, MSN, CNL, RN:

I started working as a preceptor not too long after I got settled into Duke and then went into being a charge nurse. And those were like mass progressions for on the unit, not everybody... Even to this day, not everybody does them. I know there's some units where I hear six months into nursing, you're charge nurse preceptor, that's just what happens. But one thing I did about this unit was not an expectation. It was something that you could decide if you wanted to do or not. And I found myself really enjoying both roles. I enjoyed the preceptor role. I loved teaching new nurses. And then I also really enjoyed the charge nurse role because just seeing myself in that leadership role on the unit was something that I didn't know if I actually had in myself as a nurse and just my personality in general, but I actually found that I really enjoyed it and I seemed to get the feedback from my coworkers. They felt like that I was doing a good job in those positions, as well as my manager.

Lindsay Carter, MSN, CNL, RN:

So moving forward a little bit, really finding my passion and the teaching aspect of things, I wanted to explore that a little bit more. I had different family members, especially my mom who kept saying, when are you going to get your masters? When are you going to get your masters? And I'm like, maybe eventually, but I don't want to just do it just to say that I got my masters. I wanted to make sure it was something that I was actually going to enjoy. And so knowing that I enjoyed teaching, I decided to look into being a clinical instructor.

Lindsay Carter, MSN, CNL, RN:

And so actually in 2013, I was able to get an opportunity being a clinical instructor for Duke School of Nursing. And they were accelerated nursing program. And so I actually was a clinical instructor for a semester, so that allowed me to have two different nursing groups and on the pediatric unit. And so I actually was able to do it on my unit, which was pretty nice because I was already comfortable there, I knew the staff, I knew the patients. So that helped me to be a little bit more comfortable teaching others about the patient population. And I found that I really enjoyed that part of teaching. The thing I didn't enjoy was doing all of the assignment grading after the students left, but actually interacting with the students and helping them to teach and grow were all things that I really enjoyed. And so after doing that, I said, okay, I know I like education. So it actually led me to apply to a masters in nursing education program.

Lindsay Carter, MSN, CNL, RN:

And so that was... I applied for that program at Duke, and I thought, this is where I want to be, this is what I want to do. And I actually got a call for an interview for the program. Well, right around that same time, life you throws you some loops. So right around that same time Duke hospital, the health system, they actually provide some funding to help students go back to school. And it's a pretty significant amount, but Duke is really expensive.

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

[crosstalk 00:18:20]

Lindsay Carter, MSN, CNL, RN:

Yeah. It's a private university, so all those are usually expensive. And so without the funding I knew that I didn't want to go that path of having that much debt from a master's program. And at that same time, Duke was uncertain if they were going to be able to provide funding for all the students.

Lindsay Carter, MSN, CNL, RN:

So I actually backed out of the interview process for the program at Duke and started having conversations with a friend that went to UNC and did her master's in a program called clinical nurse leadership and she also was able to get an education certificate at the same time. And so that sounded super appealing to me. I said, oh, I got a little bit of leadership. I get some education all mixed in there together. And so I thought that actually might be a better fit for me and UNC being a public school is not as expensive as Duke. So I thought that was kind of a win-win on both sides.

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

Right. Can you describe, Lindsay, just more service level. Not necessarily the role that you are in now, but what it means to be a clinical nurse leader when you earn a master's degree in that, what is that preparing you for?

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. Absolutely. So one of the things about clinical nurse leadership, it focuses on the use of evidence based practice to provide, to deliver care. And it can be to a variety of patient populations. It could be in the hospital, it can be in the clinic setting. It focuses on the micro system. So think about like, I'll just use Duke as an example. It's a huge hospital. I mean, it has a couple hospitals attached to a hospital and they've got pediatrics with inside of it and they've got adults and they've got a cancer center and all these different areas. Well, that would be more like the macro system, the micro system is more at the unit level. So you're a nurse, you're working on a unit in a hospital and that would be more focused on the micro system. Or you might be at a clinic, a doctor's office, something like that will be more of like a micro system.

Lindsay Carter, MSN, CNL, RN:

So it looks at using evidence based practice in that type of setting. And some of the things that the program really focuses on is interprofessional care coordination. So utilizing the whole team, I think, unfortunately a lot of times inpatient or outpatient, we can see that the doctor is the really the one that's driving a lot of the the care and facilitation of everything. And this program really focused on the interprofessional where the nurse is involved in it and the social worker and maybe psychology, but also really at the center of that is the patient, and I think really in pediatrics, the patient and the family. So that's one of the big things.

Lindsay Carter, MSN, CNL, RN:

And so in the clinical nurse leader role you actually learn how to do needs assessments. And so in the program, you actually take a master's level pharmacy assessment and the other section-

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

Other physiology?

Lindsay Carter, MSN, CNL, RN:

Yes, other physiology. Thank you.

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

Sure.

Lindsay Carter, MSN, CNL, RN:

So you actually take those, the same classes that nurse practitioners take. So you get a little bit higher level understanding of those areas so that you can be a leader and in the system when you're looking at whatever micro system that you're working with. So that was something that I really enjoyed being able to get that additional knowledge there. And then, so when you're doing these needs assessments, you're looking for different risks that might pop up and things that you can intervene with. And so say if you found an opportunity to improve patient care, then the program really focused on doing cycles of a plan due study act cycle. And so we had opportunities to look at that and see, okay, if I implement this change how well is it working? Do I need to go back and adjust something to continue to make improvements? And really at the end of the day, the the goal is to improve care team collaboration, patient satisfaction and also a goal of it is actually nurse retention bringing them more into the patient care aspect of things.

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

Wow. That sounds like such an important advanced role. Cool. I know the clinical nurse leader is fairly new when you think of the advanced roles in nursing. I know that it's been around for a while now, but it's fairly new when you compare it to other advanced roles. But gosh, what a important work. I can see based on what you've described about your story and what you've done, and you identifying your passion for precepting and training newer colleagues, it makes a lot of sense to me that that master's degree fit really well with your interests.

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. When I actually start to learn more about it, I was really excited about it. Like you said, it is a newer advanced practice role and when I was looking at it, I said, okay, this sounds really interesting. I feel like I can utilize this in my career. But the thing that I did learn very quickly is that a lot of organizations do not actually have an official clinical nurse leadership role or position within the organization. I think there's maybe one health system in North Carolina that hires clinical nurse leaders. And I think... Excuse me. I think some other states utilize them utilize that position a little bit more. So when I did the program, I didn't necessarily have the expectation that I would actually find a clinical nurse leader job specifically, but I felt like I could use that in a variety of different roles.

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

Yeah. That makes a out of sense. So I think what you're saying is you wouldn't necessarily search for employment opportunities and search clinical nurse leader and find something there. But it sounds like the skills and the knowledge that you gained from completing the program has changed the way that you approach the nursing roles that you are in.

Lindsay Carter, MSN, CNL, RN:

Yes, that is exactly correct. It definitely shaped my thinking a lot differently than I did when I was previously working at the bedside and prior to my master's studies. I was able to... Now when I go go to work, I can have a different perspective of things and try to do some of those assessments in my mind where it may not be something that's so official, but I can take that back and help to support the staff that I work with and try to bring about change in that way as well.

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

Sure. So, Lindsay, if you don't mind, can you explain to us what it is that you do? What it may needs to be a clinical team lead at Duke?

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. I definitely can. And I actually, so I went ahead and got my masters and like I said, the education certificate, and so the education certificate was something that was optional, but knowing that I really loved teaching, I wanted to do that. And so it involved me taking just a couple extra classes in nursing education. So I was able to add that piece onto it. And so I graduated with my masters in December of 2016, and actually one of the things that I... Just taking a step back a little bit, one of the things that I really liked about the program was because clinical nurse leaders are not a big part of organizations right now, they allowed us to pick who we wanted to be our preceptor and in what area.

Lindsay Carter, MSN, CNL, RN:

So I had to do a lot of clinical hours when I was in the program. And I actually decided to do them with a nurse educator at Duke so that I could really dive more into that. So that was just one piece of the program that allows a lot of flexibility. So when I was getting ready to graduate, I had to think about, what do I want to do with this degree, right? Because it's not as specific as nurse practitioner and nurse practitioners do things in a lot of different role as well, but a lot of times go to school just because they actually want to practice in that role.

Lindsay Carter, MSN, CNL, RN:

So I was in a position at my current job where I was actually starting to get a little bit burnt out. I knew that my master's would give me a lot more opportunity. I wasn't really sure how that was going to work out. I still love the patients that I was working with, but I think I had gotten to a point where I had been in a place for so long that some of the negativity that was being fed by some of my coworkers, feelings about the organization were starting to build up in me as well. And just being at the bedside is a demanding position physically and mentally. And so I felt like I needed to step away from that a little bit. And I knew with my masters, I had a lot of opportunity. So I actually took a job a right out of grad school as a case manager. So I totally stepped away from the bedside and worked in a physician's office.

Lindsay Carter, MSN, CNL, RN:

So it was part of University of North Carolina. They have many physicians per practices, and so my role in the practice was as a case manager. And I felt like as a clinical nurse leader, getting that information and knowledge that I could actually utilize that a lot as a case manager. Well, as I started working in that position I quickly realized it wasn't what I thought it was going to be. I was actually doing what's called Medicare annual wellness visits. So I went from working with pediatric patients to total opposite, like geriatric patients really.

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

[inaudible 00:30:04]

Lindsay Carter, MSN, CNL, RN:

And doing their annual wellness visits, which is a little bit like their physical assessment. And that was something that I did like eight or nine of those a day, just back to back to back to back.

Lindsay Carter, MSN, CNL, RN:

And it's a very important job, but I just did not find passion in that. And I actually got proposed the opportunity to be an educator for the case managers. They did not have an educator and I felt like there was so much information that needed to be developed and to put out to everyone. And so they actually granted me that opportunity. So I took on that role as an educator, but I still wasn't finding satisfaction in my job. And actually the biggest thing was probably the organization that I was working for. Like I said, it was a subset of UNC, and so they actually had their own directors and people managing things, and it just was not a great fit for me. And the opportunity for the clinical team lead position at the job that I was at previously at Duke opened up. And I actually had people reaching out to me asking me if I would apply for the position which was very good to hear. I guess I left a good reputation when I left there.

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

That's a good thing.

Lindsay Carter, MSN, CNL, RN:

Yeah. Yeah. So it took me a little bit to decide if I wanted to go back, but I really thought about the people that I worked with and the patient population and it actually working at another organization and seeing how disorganized things were, I quickly realized how organized things actually were at Duke. So sometimes it's a good thing to step away because it can give you an appreciation for where you were before. So fast forward I applied for the job, I got it. And so what the clinical team lead position is, the best way I can describe it is like an assistant manager position.

Lindsay Carter, MSN, CNL, RN:

But the clinical and the title is a key thing because I do some staffing shifts, so I actually still do some bedside patient care. That usually is about once a week, but then the other amount of time I'm doing is more administrative things. So I'm actually a supervisor for all of the staff on our unit and recognized in that way. And in my position my manager and I, we worked really well together. When I took the job, she was actually new to the manager on the unit. So it wasn't the same manager that I worked for before, which was not a bad thing. And she just brought a totally different perspective and it was it. And so we actually work really well together. So anything that she does, she's constantly trying to teach me about doing that.

Lindsay Carter, MSN, CNL, RN:

So whether it's learning about the budget or interviewing and hiring new staff in the clinical lead position, I actually do all of the coordination for orientation. So I was able to come back to that position that I really enjoy. We also do the scheduling and just learning about a lot of human resources different things. And then also one of the other things is I'm a part of a lot of different committees. So I'm a part of the pediatric clinical practice committee, I am a part of our education committee, We have safety committees. So I sit on a lot of different committees. And so I'm able to provide that input from how would things be affected on our unit. And so people look to me a lot and say, "Hey, Lindsay, on your unit if we implement this, how do you think this will work?" So it's a very nice balance because I still get that patient care and patient interaction, but I also get that leadership role as well.

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

Oh, and I think it's so important to have that voice when they're considering policies that will impact you guys on your unit and the way that you deliver care. It's so nice to have that voice. From your perspective... I mean, I think that you offer those committees a lot of perspective, but from your perspective, what do you enjoy most or appreciate most about being on various committees like you've described?

Lindsay Carter, MSN, CNL, RN:

Oh, that's a great question. One of the things I really enjoy being on the pediatric clinical practice committee, because that is actually where all of the policies filter through. And so if there's... The university itself and the health system has tons and tons of policies. Some of them are adult specific, some of them are pediatric specific and some of them are combined. So they're used in adults and pediatrics. And so if it's a policy that is up for renewal or needs to be changed in any way, and it affects pediatrics, it comes to that committee. And also if there's new ideas and thoughts about new policies, it comes through that committee as well. And so I really enjoy being first hand learning and understanding why are we implementing this change? What type of policies do we really need to focus on?

Lindsay Carter, MSN, CNL, RN:

And the policies that come up for renewal, they all have expiration dates and those policies need to be looked at to see if there's any new evidence out there to lead us to change the policy. And so several different specialties sit on the committee. There's physicians, there's nurse practitioners, there's clinical nurse specialists and then nurses from all of the different pediatric units are on the committee as well. So I also will get to see the different perspectives and why somebody might think one way versus another. And then the different safety committees I sent on, there's probably three or four. One is like all the way up in pediatrics, all the way down to our unit level safety committee. And then there's also a pediatric oncology safety committee. And so I really enjoy sitting on that because we actually talk about safety reporting and the things that come through when there's maybe an error that's made or there needs to be something that's looked at a little bit closer to see if we can actually prevent an error from happening. So it's really good to get the insight and be firsthand in those conversations.

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

Oh, wow. I bet. Lindsay, I think this job sounds so interesting. That sounds like such a nice integration of kind of everything that you've described you love. The orientation and mentoring and still caring for patients and their families yet leading and being part of the implementation of evidence-based practice. It just sounds like such a nice combination of all of those things. I am curious though, when you finished your or master's degree and became a clinical nurse leader and then you started that role in case management and weren't loving it, and then you transitioned to a role as an educator and still didn't love it. I'm curious, how did you help persevere through that and recognize that the time that you invested, the energy that you invested in earning that master's degree, how did you make sure that that paid off for you rather than just hating your job every day and struggling through it? I mean, what kinds of things helped guide you through that period of time where you maybe were a little less passionate about where you were in nursing?

Lindsay Carter, MSN, CNL, RN:

That's a great question. I don't think I've ever truly thought about that. So I think that the specific case management role where I was doing the annual wellness visits to me, I think, obviously there are some people that are truly passionate about that, was like a little bit mundane. I just felt like I was doing the same thing over and over again. But I also was in the position in this organization where the case management role was a little bit new. There was new management that was coming in and there was constant changes that were happening especially because it was Medicare driven. They had to look at how are they getting paid and funded and all that type of thing. So even though I didn't actually love doing the wellness visits, it was very interesting learning about that side of healthcare.

Lindsay Carter, MSN, CNL, RN:

And I tried to focus on that during my time there because from 2007 to 2017, so for 10 years, I worked as an inpatient nurse. So I didn't have to think anything about billing, what is happening when these patients go outpatient. So even though I worked in pediatrics and I was now working with the adult population, it really...