Jessica L. Spruit, DNP, CPNP-AC:

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 the 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. Today we have Craig Banasiak with us. Craig is an occupational health RN, he's a manager at one of the major local automotive companies, and he's joining us today to share his unique perspective and journey in nursing so far. So, Craig, I really appreciate you taking time today to share your story and help us understand better what it means to be an occupational health RN, because as I've said so many times on this podcast, this is definitely not a role that we learn about in school or that we get any practice with. So I'm really eager to hear your story and I just appreciate your time.

Craig Banasiak, BSN, RN:

Well, thank you for having me today. And I am excited to give some of the nursing community exposure to what we're doing out in the community with manufacturers.

Jessica L. Spruit, DNP, CPNP-AC:

This is great, and I myself have a lot to learn so I'm really looking forward to it. If you don't mind, just to get started, can you tell us a little bit about kind of where you started in nursing and what path led you to this role?

Craig Banasiak, BSN, RN:

So I am a graduate of Wayne State University's second degree, second career program. I had an undergrad in accounting before I got into nursing. And after working as an accountant for a couple of years, I realized it wasn't something I wanted to do for the next 30 years. And so actually I talked to one of the nursing leaders at a hospital where, when I was thinking about going and changing careers, he told me about the second career, second degree program. And I joined it and graduated and started out at one of the local ERs in Detroit and worked my way up to a clinical coordinator management position in the ER. And because I live up toward Genesee County, I was really looking for a job closer than the drive to Detroit and I was also looking for a job with some security and then maybe the ability to use my accounting background combined with my nursing eventually. And so I just happened to go through the Classified.

 Back in the day, we opened the paper up and looked at Classified and one of the large automotive manufacturers had an ad in the paper for occupational health nursing. And I really had not had exposure to it in nursing school. You always hear about that, but a little bit. You maybe have heard from family members that work in a manufacturing environment talking about going to a medical department, but certainly I responded to the ad and started working in one of their occupational health clinics in one of their headquarters. So it definitely was a unique journey, someplace I never thought I'd worked.

Jessica L. Spruit, DNP, CPNP-AC:

Well, that worked out pretty well for you, that you had kind of vaguely heard about it and then the opportunity presented itself. I'm curious because I've had the opportunity to work with second degree students who bring so much expertise from outside of nursing. Did you find that you were able to use that accounting background?

Craig Banasiak, BSN, RN:

Well, so it was a journey. So I was working at the headquarters of this manufacturer. So in my nursing role, I would have exposure to all kinds of managers and executives, and I started really kind of writing down what roles might be there for a registered nurse who has an accounting background. And so I started networking, making connections just through my clinical practice I would see people. So about 10 years in, those jobs for nurses, those combined spots don't open up very often because, I wouldn't say there's 100s of jobs, but there are jobs and an opportunity opened up when someone retired who had a clinical role. And I went into a management position later on. So I actually ended up managing the healthcare relationship, Blue Cross Blue Shield relationship for the company. And so obviously finances are a big part of that, managing contracts. But then what was unique was I brought the clinical background.

 So I could really speak to the insurance representatives when negotiating contracts, talking about what coverage we wanted to do. That was right when ACA was coming through, it had just been passed. And so we were navigating how to manage that within our healthcare offerings. So yeah, the opportunity presented itself, but it was a 10 year opportunity and a 10 year networking opportunity that led to that stepping stone next job. And then that led to other jobs within the company. I ended up, because I went to the healthcare, I then managed all of their workers comp; disability, insurance and life insurance for the whole company. And then over the last five years, I came back home managing all the clinics corporate-wide that I used to for the medical operations side of the house. So been a unique journey, for sure.

Jessica L. Spruit, DNP, CPNP-AC:

Wow. Such a journey. And all of that journey within kind of that realm of working in occupational health, but you had so many different roles throughout your trajectory so far. That's really exciting. I know the listeners can hear it and not see it, but I love the enthusiasm that you share this story with, Craig. It seems like this has been really exciting work to you or work that you are fulfilled by.

Craig Banasiak, BSN, RN:

Yeah, certainly. I didn't want to feel like my original degree was a wasted degree. I always wanted to really leverage it for other positions. Did I love the clinical roles that I was in? Absolutely. But there's always a place for nurses in leadership roles too to then impact. I get to tell our story to executives that have never had any exposure to nursing. I get to kind of represent our field to them and show them our value in other roles. So it's certainly been a really exciting journey for me.

Jessica L. Spruit, DNP, CPNP-AC:

And that's such an important opportunity, that a nurse is the one shaping the narrative of telling the story of what it means to be a nurse. Craig, if we can back up a little bit, I'm thinking about that first job that you took when you were in the clinic and kind of in a very clinically oriented role, or maybe nowadays, now that you're managing these nurses in occupational health, what does it look like to be an occupational health RN day to day in your environment?

Craig Banasiak, BSN, RN:

Right. So if I just take a step back, a lot of our nurses come to us without occupational experience and they really don't know what that role's going to entail. So what we're looking for when we bring somebody in is somebody that has good critical thinking skills, has good triage and assessment skills. So we tend to focus on nurses who bring that to the table because in the occupational health role, you're going to have a lot of patients walk in, a lot of employees walk in with injuries and you're not always going to have a physician right there. On first shift, maybe they do, but second and third shift, the RNs are working independent. So they've got to have good assessment triage skills to be able to decide whether someone needs immediate care, like we call EMS and send them to the hospital because they have a non-occupational emergency, or whether the shoulder can wait to see the doctor the next day, whether they need restrictions right now because they can't do the job while they wait to see the doctor the next day.

 So the occupational nurse role really, you're managing occupational injuries such as lacerations, eyes, shoulders, knees, all the musculoskeletal. But then just like any ER or urgent care, people can wander through your door with some major crisis going on that just happened to happen at work for them and you've got to be able to manage those cases. Other roles that we do for manufacturing companies is OSHA compliance, so regulatory compliance. OSHA says if someone gets injured at work, they want to know about it and we have to report it. And medical treatment determines whether or not we have to report something to OSHA. So we're the ones making a lot of those decisions of what gets reported to OSHA. And certainly we can be audited by OSHA, so it's very important that our nurses learn what OSHA rules are and when you need to report them and how.

Jessica L. Spruit, DNP, CPNP-AC:

Oh, that makes sense. I hadn't even thought about that role of the registered nurse in this environment. Craig, how does a nurse learn those things? How do you learn what to report and how to keep up with all of that and this specific specialty within nursing?

Craig Banasiak, BSN, RN:

So we depend upon having senior nurses and managers who really know those roles. And so we develop training modules for them, both in orientation and for when they're with a preceptor during their orientation too. We also hope that new nurses aren't just out on their own working by themselves right away. We put them at busy plants where they're going to have exposure to OSHA questions and injuries that might require OSHA compliance. So then they get to practice it after they've read the modules, our training modules, and they put it into practice. And then we can certainly as managers review decision making and hopefully be able to, if someone made a mistake, we can correct them, help them learn so that the next time, those mistakes aren't made in the future. And then it's like everything, it's a continuum. You start as a novice and you finish hopefully as an expert.

 And so we just try to place people with senior nurses who we consider experts and let the newer folks learn. Because occupational is so unique and you need to bring a skillset with you of assessment triage and good decision making, we generally don't do new grads right off the bat. We normally ask that they have three to five years. We love ER nurses because you're going to encounter injuries that you need that background. That doesn't exclude other areas, but we love our ER ICU nurses who do triage assessment all the time because you're going call upon that in occupational health. I think a lot of people, the misnomer is occupational is just this easy clinical job where, hey, you don't have to do that much. You're not seeing high acuity patients, and that may be true. A lot of the time, you're seeing knees and shoulders and they're not high acuity, but you will be called upon weekly to handle a major emergency of some sort, whether that's an injury or that's just a non-occupational emergency. So you need to bring that skillset with you.

Jessica L. Spruit, DNP, CPNP-AC:

As you were describing, even the lacerations, the musculoskeletal things, I was thinking, oh, I bet his emergency department background translated really well into this work. And then especially when you think about non-occupational emergencies, I imagine that background is pretty valuable. Craig, you were talking about, in a very busy plant and talking about how, in some fitted settings, you may have a physician colleague available. In general, is the occupational nurse in your experience kind of the one individual onsite or would you have colleagues who are all within the same clinic? I imagine that varies considerably, but how does that work?

Craig Banasiak, BSN, RN:

Yeah. So it varies by plant. Our very busy plants that maybe employ three or 4,000 people per shift, they're always going to have two RNs and a physician on day shift. Second and third shift, you'll have two RNs at those very busy plants. So you'll have a colleague with you, but not necessarily a physician on second or third shift. So you've really got to just bring that assessment triage skill and be able to handle cases and know when you need to escalate and just really make good decisions all the time.

Jessica L. Spruit, DNP, CPNP-AC:

So getting [crosstalk 00:15:10]. Sorry.

Craig Banasiak, BSN, RN:

Excuse me. I was just going to say, some of our other plants though, there may be what we consider a smaller plant. We don't have the volume of employees coming through that justify us having two RNs at the same time. And so it is in RN many times working alone in a medical department, handling everything. We're a manufacturing environment, so we don't have ward secretaries, we don't have medical records personnel. We're kind of a one stop shop for everything in those situations. And so they're handling interfaces with human resources, our environmental health and safety colleagues. The nurses really have a lot of responsibility and they have to be able to communicate both verbally and written very professionally in a corporate type manufacturing environment.

Jessica L. Spruit, DNP, CPNP-AC:

Actually, what you elaborated on actually just really helped reinforce the point that I was going to make or the question I was going to ask really which is, this sounds like a role that would be really ideal for someone who likes to function autonomously and who enjoys that critical thinking and that kind of solo work where you take responsibility for all of those decision and isn't as dependent on a team around them.

Craig Banasiak, BSN, RN:

Yeah, absolutely. We'll have people that come in and you just know they're thriving in that environment. They certainly have to also learn to work within their scope of their practice though. Know when you're going to be going outside of the scope of practice soon and, hey, maybe this needs to get a review of a NP or physician. So we don't want anybody to go outside of their scope of practice. But if you are wanting to work as a registered nurse with some autonomous practice, you certainly will have that ability in the occupational health environment.

Jessica L. Spruit, DNP, CPNP-AC:

I think the advice you offered about ensuring and being attentive to the fact that we practice within our scope is good, no matter where we're working, just a really important reminder. Craig, in your current role as a manager, what do your days look like?

Craig Banasiak, BSN, RN:

Well, certainly like a lot of managers, I represent our organization to the broader organization. So lots of meetings. Certainly COVID, we became a key pillar of keeping the plants operating during COVID. We transitioned really quickly to public health nursing during that time. So we had to write policies and procedures that followed CDC guidelines, that went out to the rest of the plant so that HR, everybody knew who needed to be isolated, who needed to be quarantined. We had to develop tracking systems, so that you can handle the volume. When we have 50, 60,000 employees that you have to manage every COVID case, we had to develop all those systems. So a lot of policy procedures, making sure that we are uniform because we have plants all across the United States and Canada that we manage. Just making sure that we're as uniform as possible in following company policies and procedures for things like COVID.

 But then day to day, going back to occupational, just making sure all the plants are keeping up with their OSHA surveillance programs so that we're in compliance. It's really just keeping an eye on key performance indicators at all of our plants to make sure that we're meeting our targets of what our core goals are. And it's really about managing occupational injuries and OSHA compliance. And so we really watch those key performance indicators.

Jessica L. Spruit, DNP, CPNP-AC:

I can't imagine how heavily the company leaned into you all as the healthcare experts on site when COVID hit. And I think in a time of such uncertainty, I think a lot of people looked to nursing and to other healthcare providers to really try to help get us through such a difficult time and a time that evolved so quickly, especially in those early days. Craig, that seems like an inevitable experience. For all of us who are in nursing, at some point in our career, we are going to need to, as we all say, pivot or need to be more flexible in our thinking and really quickly innovate and figure out ways to still deliver the care that we do. Was there anything, any guiding principle or any strategy or anything that helped you get through that time as you became such an important resource in such a new way?

Craig Banasiak, BSN, RN:

Well, I think you go from your experience. All I can say is had I not had 10 years in the clinic understanding how we interface with plants, and I had worked almost all of our plants at some point in my career when I was in the clinical role, understanding how each department utilizes our decision making, it's really being prepared when things happen, because if you're not prepared with your experience and education and your problem solving, when those crises come up, it's very tough to navigate that world. You can't fake it at that point. So you really have to make sure you're prepared to know all the... You need to have a 360 view of your organization and know where you fit in that and how you can help them, because they were really looking to us for help in keeping the plants open. And all of our nursing leaders, we were honestly working seven days a week just trying to do contact tracing.

 All of the public health things that go on maybe in a public health nursing situation, we were doing on a smaller scale for a population in manufacturing. So it was just really drawing on experiences and being ready when that... None of us could have predicted it. And so it's just being ready.

Jessica L. Spruit, DNP, CPNP-AC:

I love that about our profession though, right? I love that in a time like that, you became such an important resource for an entire industry and for keeping things going and keeping people healthy. And I love that about nursing. So Craig, I'm curious, just as we wrap this up, is there anything else you'd like to share with or any tips or tricks you've learned along the way that you'd like to offer to others?

Craig Banasiak, BSN, RN:

Well, I guess what I would say just career wise and maybe it's not occupational specific, but every time you have contact with a patient, one of your colleagues, one of your managers, realize that you're always being interviewed. Sometimes people approach a formal interview and they come really prepared and they speak nicer, they speak more professional. But all I would say is, throughout my career, and I don't want to pat myself on the back that I haven't made a mistake or two, I have. But always realizing that every conversation you have could benefit you later down the road in your career. And if you're burning bridges today because you're mad about a specific issue, it could burn a bridge five years from now that you didn't even know you burned and they remember it. So all I would say is try to always feel like you're in an interview with every conversation you have with anybody.

Jessica L. Spruit, DNP, CPNP-AC:

That's great advice and it seems like a very thoughtful approach that has carried you a long way so far in your career.

Craig Banasiak, BSN, RN:

Yeah. Certainly, I've had a lot of opportunities and I've been excited about it and that's why I was really happy to get a chance to share this. As I get into the last 10 to 15 years of my career, I hope maybe it opens some eyes for some of our younger nurses, maybe some of the CD2 grads that never even considered this as a career path. There's certainly a lot of opportunities if you're looking for them and you're ready for them.

Jessica L. Spruit, DNP, CPNP-AC:

Craig, you have certainly been a great voice for this area of our profession and to help guide people in that direction and help open up people's minds to this opportunity as well. So I'm just really grateful for your time today. And I would just, again, like to say, this is Craig Banasiak. He's an occupational health registered nurse manager, and he's joined us today to share all about this unique journey. And I really appreciate your time and all of the insight that you offered us. And you taught me a lot, that's for sure.

Craig Banasiak, BSN, RN:

Thank you very much. I appreciate it.

Jessica L. Spruit, DNP, CPNP-AC:

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.