***Nightintales* Podcast Transcript**

# **Episode 4 – Dr. of Nursing Practice and Assistant Professor Guest: Patrick Crane, DNP, AGPCNP** **Michigan State University College of Nursing, East Lansing, MI**

**Published: 5/3/21**

00:00:01 Host:

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.

00:00:27 Host:

Thank you guys for joining us for another episode of *Nightintales*. I'm excited today and even when I just said that title of *Nightintales*, but I'm especially excited for the speaker that we have today. We have Dr. Patrick Crane with us. He is an assistant professor at the College of Nursing at Michigan State University and has practiced as an adult Gero primary care nurse practitioner and so Dr. Crane. Thank you so much for joining us today and before telling us a little bit about your journey in nursing.

00:00:59 Guest:

It is my pleasure. Thank you so much for having me this is exciting.

00:01:03 Host:

Yeah, and I will get to the point in the story. You guys why I said the *Nightintales* thing is especially relevant with Dr. Crane. But if you don't mind. Let's just start by telling me a little bit about kind of where you started in nursing. You know nursing school if you always knew what you want it to be did you always know that you wanted to teach and then you know be an adult geriatric primary care NP or did maybe you know life take its own path for you.

00:01:29 Guest:

Yeah, my journey is probably a unique one and I always laugh when someone asked me if it was my what I always thought I wanted to do so. Let me give some reassurance to some students out there who are maybe even some older students nursing was my 4th or 5th major in undergrad. Uhm, I started out thinking I wanted to be a genetic counselor and then that of course, led me to molecular bio microbio. None of those seem to really fit with what I wanted to do with the rest of my life.

00:02:05 Guest:

They were fascinating subjects and I've always loved biology and I also really liked people and didn't want to be a lab rat my whole life and also I'll let your listeners in on a secret I am not good at chemistry. So, it's a course that I struggled with and I think everybody has that course that they struggle with I had to study a lot to kind of scrape by but my journey in nursing really began with a serendipitous visit to see my stepsister who at the time was in Nursing School at the University of Oklahoma and she was also a tech in the emergency Department. And I happened to be down there at a time that her boyfriend at the time was a paramedic and she said, “Hey, while you're down here are you interested in doing a paramedic ride along and then you know seeing what the ER is like?” and, like anybody, I was like yeah. That sounds incredibly cool, so I did it.

00:03:08 Guest:

Little did I know that that night, my life would really uh change and I just had this a-ha moment of Oh my gosh. This is everything I've been studying but in applied way that I can apply to people. It was interesting. The variety in the emergency Department was interesting was nothing like I imagine wasn't nonstop trauma. It was a lot of you know just acute illness and I instantly, despite not being a healthcare provider, recognized how the team worked and I was really fascinated by that.

00:03:44 Guest:

So, uh I get home after a week visit and apply for nursing school and somehow somebody was naive enough to let me in and I was accepted to Michigan State University 's BSN program. Had all my prereqs done just by the virtue of my previous coursework. And I got in and started nursing and during that time, I was working as a student. Student employee in the SIM Lab. No plan on ever being a nurse educator nothing like that, and I'm getting ready to graduate and now I want to go back to nursing school.

00:04:29 Guest:

I know I want to be an advanced practice nurse, but uhm, a professor named Dr. Louise Selander, who is a hero friend, a fellow colleague of mine. Says you know you really ought to think about teaching people and so I go off I work in the emergency Department. That was one of the first nurse residences at spectrum health in their Shock Trauma residency program as part of that first cohort so I'm loving ER nursing loving the skills.

00:05:05 Guest:

I'm getting and decide that I'm going to go back for a master’s degree after I'm done with my residency. In nursing education at MSU. Uh that program, no longer exists. That's become the CNS program at MSC of clinical nurse specialist program. But graduated from that, while working full time in the ER and literally I don't know a semester before I graduated got a phone call in the middle of the night in the ER and it was Dr. Mary Kay Smith, she said, “Hey, we've got an opening for a teaching position.” I've talked with a lot of the faculty members and your name came up are you interested in interviewing for the job.

00:05:50 Guest:

The rest is history, I get my foot in the door at MSU start teaching there, mostly as a clinical instructor and then sort of gradually moving into Co teaching a couple courses. And decide uh still not a nurse practitioner. I've always wanted to do that. I also really want a terminal degree. PhD isn't really the thing for me didn't want to be a bench scientist and at that time. The DNP had started to great gain a little bit of a foothold in the US but in the state of Michigan, also Wayne State.

00:06:24 Guest:

UM had one of the first programs. I also looked at a few of them and I'm trying to think where outside looked but I might drop down to Wayne State. One afternoon for informational session and came away just thinking, “This is the perfect school for me, this is a great program.” I can get my DNP and my advanced practice credentials at the same time.

00:06:48 Guest:

I'm uh, in school for four and a half more years, and here we are. So that's a really long-winded story and a really convoluted way to get to. Umm.

00:06:59 Host:

But I think the perfect illustration of the fact that things don't always go exactly the way that we imagine them I.

00:07:05 Guest:

Oh no, no.

00:07:06 Host:

You know you're

00:07:08 Guest:

And that's also the beauty of nursing. I feel like there's so many options. And so many different directions. Your career can go that you just need to pay attention and you need to. I guess listen to your gut when your gut tells you that that direction is probably a good fit for you and listen to your gut when it tells you maybe this isn't the right fit. Or the right time sure.

00:07:30 Host:

So, I'd like to go back for just a minute. I think I'm understanding correctly that once you graduated with your BSN your first job was in an emergency Department.

00:07:39 Guest:

Yeah, correct I worked at Spectrum Health and Butterworth campus a huge regional Shock Trauma Center. I think we were staying you know during flu season; we were seeing close to 350 patients a day.

00:07:54 Host:

Oh, my goodness, yeah, tell me a little bit about that, if you don't mind just because I think some of our listeners who are new students might hear you know you have to do a year of Med Surg. You're not able to do maybe ICU or emergency Department or Pediatrics or labor and delivery.

00:08:10 Host:

You know without that year so if you don't mind telling us a little bit. How did you set yourself up to do that? You know if that was your first.

00:08:15 Guest:

Yeah, sure, great question from your listeners. You may know that it depends really on what hospital you'll want to work at. Some have policies that they want you to have certain amounts of experience. Other ones you can transition right into the emergency department, so I set myself up in a couple ways throughout my undergraduate education I had been working as a tech in a small emergency Department, Lansing gaining experience going to nursing school.

00:08:46 Guest:

Really, I was lucky. I mean really lucky I landed in a job where there was great teamwork, the nurses the physicians if you showed them that you were engaged and wanted to learn, they took extra steps to teach you, gave you lots of opportunities and I also you know, asked for a lot of those opportunities to helping to claw my way through as much knowledge as I could before I graduated and then when it came time to take some electives in Nursing School.

00:09:20 Guest:

I also took we had an ICU elective at that time, and I took that that was, I think 4 weeks of clinical and then a semester of uh coursework and getting closer to graduation at a job fair. I learned that Spectrum was starting this residency program and for students out there who don't know what a residency program is in nursing.

00:09:46 Guest:

It's essentially a structured program where you're working in a certain Department or in some cases departments. Gaining experience there's additional classroom content. There are opportunities to certify you have a preceptor. You have competencies you have to meet, and I wanted that experience to really grow into the role to really become a as excellent of an emergency Department nurse as I could, and I was lucky enough to get in.

00:10:14 Guest:

I was the only student from our program that was accepted, I think. I know I was the only student from outside of the Grand Rapids area that was accepted into that program so twice I was really lucky. And, uh, that was a year-long program worked full time it's kind of a weird schedule. I think I did two 12s and two 8s, then had 6 off.

00:10:39 Guest:

And uh. And yeah, so that sort of helped cement the experience. And I think also set me up for being accepted into that program.

00:10:52 Host:

Sure, and so then at that point, you returned to school where you also you were working at the time as well.

00:10:58 Guest:

Yeah, I was working at the time I worked for that entire residency period before I returned to school. I of course applied before then, but I had about a year of time to dedicate just to practice, and that's what I did and then the program that I was applying to. They didn't have an experience requirement, but I personally just thought I wanted a year under my belt before going on just a step away from school for a little bit, but not too long to where I'd get out of the swing of things.

00:11:28 Guest:

Just cause that's my personality. If I'd stopped out too long, I would have stopped going.

00:11:32 Host:

Sure, and I think that's so important, too because I think some people might really value that time away or life might require that time away and others you know that progression that just continues kind of so you're still in the mode of school and test taking and developing presentations and writing papers.

00:11:47 Host:

You know that might be a better fit. So, I think it just goes to show how many options we all have now.

00:11:53 Guest:

Yeah, absolutely.

00:11:54 Host:

So, I'm curious a little bit if you don't mind elaborating on your decision to pursue the DNP versus the PhD. We know there are 2 terminal degrees in nursing and they each have different roles and you said you were leaning toward the DNP and you pursued your NP at the same time.

00:12:09 Guest:

Yeah, sure, I am a practice person at heart. I love to be at the bedside I love taking care of the of patients. I love the constant evolution of what we do, and I was never one that wanted to be at a bench. You know crunch in statistics running studies developing that new scientific knowledge. I more wanted to apply that scientific knowledge, and I thought the DNP was the best way to do that.

00:12:43 Guest:

The PhD is the one trajectory I saw for myself gaining a PhD. Was to pursue a PhD in nursing history or about that in the Nightingale stuff in a little bit. The problem with pursuing a PhD in nursing history is it's very tough to find employment across the country because much of the PhD work needs to bring in money, grants etc.

00:13:11 Guest:

There's sort of priorities in academia for what you do with that, so while I was passionate about it, I didn't see a real clear trajectory, and I also didn't think I'd be fulfilled just doing that, so the DNP did a couple things for me. It allowed me to really hone my bedside skills. It allowed me to develop my role as an advocate through leadership courses through policy courses to really practice those skills. And it provided me an opportunity to have that rigorous education uhm, to really, I guess learn how to be a practice scholar.

00:13:53 Guest:

And it also, you know the DNP, especially when you compare it to the master's degree for advanced practice. I think it also comes with some intangibles, which is it gives you an equal seat at the table with the other healthcare profession. Which I hate saying is a thing, but it's how our society works. If you think about it, pharmacy, physical therapy, medicine, they all require a doctoral degree for entry into practice. Now in nursing still only requires a diploma in nursing. You know you don't even have to have a college degree to enter nursing, so for nurses to really have the complete impact on healthcare policy on education and practice, I really felt that it was my responsibility.

00:14:43 Guest:

To obtain that terminal degree to have an equal seat and to be able to drive change and so it was all of that that I considered in my decision. The other thing is, I just wanted a terminal degree. It was something that I wanted to prove to myself that I could do what I wanted that knowledge, but I also wanted the challenge.

00:15:04 Host:

Sure, no, I think that you're correct and I it is difficult to describe the intangibles that come, I think, with the terminal degree with the clinical focus, but I understand what you're saying and then I just want to remind our listeners when we talk about advanced practice nursing you know, we talk about certified nurse midwives nurse anesthetist, clinical nurse specialists and then also nurse practitioners and so Dr., Crane was describing you know pursuing the nurse practitioner as part of his DNP in many programs you know afford you that opportunity.

00:15:36 Host:

You can declare a clinical specialty and then when we talk about the population focused it was adult and Geriatric. So, you know, those are the patients that you're caring for and then just like we've talked about in Pediatrics. There's a primary care route and an acute care route. So, Dr. Crane identified that he wanted to be a nurse practitioner that he was most passionate about the adult geriatric population.

00:15:58 Host:

And then that he wanted to deliver primary care versus acute care to that population so can you tell us a little bit about what a primary care adult gero NP might do?

00:16:09 Guest:

Sure, that's kind of the more interesting part of my journey, I think. So, you might think an emergency Department nurse who also rotated through ICUs as part of his education, etc. might want to be an acute care nurse practitioner cause that's where all his experience was. But uhm, the more I practiced in the emergency Department, the more I realized I was shifting my values towards prevention and health promotion because I was seeing people at their sickest. I was seeing people who didn't have access to health care in the ER due to either insurance reasons due to lack of providers that were willing to take things like Medicaid.

00:16:56 Guest:

Made up and I really started to feel this voice. Just saying you need to be part of the solution and keep some of these people from using ER the Gerontology piece. If I can be quite honest I do not like caring for Pediatrics for a number of reasons. So, the family NP role, which includes Pediatrics up to the age of 13 and also OB patients. Hence wasn't something I was passionate about and I do like caring for older adults quite a lot, so the population foci for me was easy.

00:17:38 Guest:

It was adult general primary care. I can take care of everyone from 13 years old to death and don't have to care for any OB patients, so check. Then check so that was easy. The primary care part of that was more of the, uh, a-ha moment for me and then the first job I had as a nurse practitioner out of school was actually working at the Ingham County Jail taking care of inmates in that Correctional Facility, which was sort of the whole gamut of emotions and challenges.

00:18:18 Guest:

On one hand, I am grateful that I was able to care for some of the most vulnerable people in our country. People who have never received healthcare people with incredible mental health, substance abuse, problems, people are marginalized by society.

00:18:36 Guest:

People have a difficult time getting health care after they're released because of their criminal history or job opportunities. So that makes me incredibly proud. However, it was incredibly challenging. You had all the issues that I just said.

Plus, you have to operate within a Correctional Facility that some from my experience, tend to value security over high quality primary care. So, it was exhausting. It's not something I could have done my entire career.

00:19:09 Guest:

It's a very litigious setting as you can imagine. And you have a lot of people who are, quite frankly, quite aggressive, and so the emotional toll it takes on a provider who's you know trying to do the best they can to get these people health care really difficult situation. It was difficult. However, I did learn an incredible amount about care, coordination, and chronic unmanaged disease.

00:19:35 Guest:

I mean, we'd see end stage disease a lot in young people. I learned a lot about mental health. I had to come and so, so that eventually came to an end.

00:19:49 Guest:

There was an opportunity to practice with MSU health care in a primary in their primary care family medicine clinic, and I switched over to that role last year and have been there since September.

00:20:03 Guest:

Love of 2019 so I have my own patient panel. Practice one day a week. Take care of patients. It's been a really great gig.

00:20:15 Host:

Sure, that sounds like a really challenging experience, especially for your first job. I think when you're trying to establish practice and establish yourself as an advanced practice nurse. But I appreciate that you, saying how much you did take out of that experience and I'm sure much you'll be able to translate some of those lessons to the care that you deliver now to patients and their families.

00:20:35 Guest:

Yeah, and I think it's a good lesson for newly graduated BSN students as well that your first job may not be your dream job. You know it. It used to be. We were in a nursing shortage and you could kind of waltz into your dream gig. I got, I got into the ER on my first try now with COVID-19, especially in hospitals are making.

00:20:55 Guest:

Uh, throw overwhelmed or have different priorities for the where they need new graduates. It's going to be a little more challenging for a lot of students but take away what you can learn. Build your career, develop your career, know what you want to get out of that in order to plan for the next steps.

00:21:12 Host:

Sure, no, I so appreciate that I would like to get to you know, we talked a little bit. I think from a practice perspective but thinking about your faculty role and you know you guys heard Dr. Crane mention Dr. Louise Selander and I have to say that she's someone who I equally have the utmost respect for and when I think of. Went to her birthday party on Sunday.

00:21:35 Host:

Oh, really, oh my gosh. Oh, I would love to celebrate her. But I also had the fortune of getting to go on a trip. A study abroad trip with Dr. Louise Selander’s to London, England, and really learning about nursing kind of you know in the home of Florence Nightingale and seeing so many things that were so near and dear to the Nightingale family and to Florence and the history of modern day nursing and so I bet when you went to nursing school after that ride in the you know the paramedic call that you didn't imagine you would take a cohort of students to London each year. So, it's just a little bit about that.

00:22:09 Guest:

Yeah. So, spoiler alert I now teach that program from Jessica was talking about and I was also a student in that program. So, one thing, Dr. Selander immediately captured my imagination with is a love of nursing history. There was a uh undergraduate elective course on nursing history, which I am fighting tooth and nail to get back and to teach. But I learned so much about. The development of our profession from an undisciplined, uneducated teacher. Role to that of a scientific, highly educated profession and the people the trail blazers that were part of that that were predominantly, you know, women at a time where women literally couldn't vote couldn't hold property. Were seen as domestic servants to their husbands. I mean it was this incredible story about all the obstacles that nursing had to get over socially.

00:23:17 Guest:

In order to develop so opportunity came up to study abroad and I was borrowing my way through nursing school and told Dr. Selander I would love to go but I can't. She marches then to Emily Wilson, another professor who I adore, who's since retired and says, “Patrick needs to come down to my office now I'm shaking in my boots, cause for those of you who have never met Dr. Selander's, getting hauled into her office usually is not a good thing.

00:23:47 Guest:

Don't know what I did. And she sits me down in a chair and says, you're going on this trip. We're going to find a way. And so, we found scholarships and all sorts of things to get me there. And I went on that trip. Had never left the country other than to go to Canada and Wow fell in love fell in love with London, fell in love with touching seeing where Florence Nightingale did her work

00:24:18 Guest:

Seeing documents that she wrote, and it was living history and it just captivated me and I fell in love with the City of London too. It's now like my favorite place to be other than Lake Michigan. So of course, I made the comment that I think every student makes is if you ever need somebody to help out let me know. And she said, are you good at carrying suitcase? And I said I'll carry whatever you want. Well, when I when I graduated with my master’s degree, I was teaching and then one summer actually I guess it was spring. She called me up and she said brush up on your Nightingale. I need a second faculty member. And went along and finished up my doctorate and took over the program when she retired.

00:25:07 Guest:

So that course now is taught over the entire month of June. We do take outside students if anybody from Wayne State is interested in going, I can get Jessica all the info. Uhm, but it's focused on nursing history. We have a lot of field trips to sort of cover the actual sights, sounds and smells of nursing. Have a really good time doing it. Yeah, it was undeniably one of the most influential experiences in my nursing career and kind of the trajectory of my career.

00:25:38 Host:

I think to come and yeah, I imagine that you know that wasn't something you pictured yourself doing you know prior to that trip. You know you'd never left the country but doesn't that go to show you that nothing is out of reach.

00:25:51 Guest:

Yeah.

00:25:52 Host:

If you work hard enough in our creative, enough in writing solving those problems. That's awesome.

00:25:58 Guest:

Yeah, and I think it goes to show too about playing your trajectory. I had co-written a couple Nightingale articles with Dr. Selander before I did that. Just to you know, develop my knowledge and also to gain some credibility to.

00:26:13 Host:

Sure, well, I think that what one thing that's easy to underestimate you know, we know that there are so many nurses in the country, but I think it's easy to underestimate how small our communities really are. You know when you think of people with an interest in Florence Nightingale and nursing history. Or you think about people with people with an interest in you know, whatever specialty it is. These are actually pretty small communities pretty well-connected communities and so I think you're right?

00:26:38 Guest:

Absolutely.

00:26:39 Host:

That being really intentional and really thoughtful with the things that we do sets us up for great success. I mean, there are so many opportunities in this profession. No matter what our specialty is or our interest, you know.

00:26:53 Guest:

Yeah, that's absolutely.

00:26:54 Host:

Absolutely. The other thing I wanted to just touch upon from Dr., Crane is the newly elected president elect of the Michigan Council nurse practitioners. And so, if you're not familiar with that. The Michigan Council nurse practitioners is kind of the central NP organization professional organization in the state of Michigan that does a lot of the work. From an advocacy perspective and when we think of issues like you know how do patients get access to care? How can we be part of the solution to providing care to patients and helping promote wellness, prevent illness and also manage illness when it does you know when we are facing it really my camp is what the MICNP is called, is a huge driver in that and if you don't mind can you just tell us a little bit about the value for your personal career in getting engaged in a professional organization like that?

00:27:47 Guest:

Yeah, absolutely so the role the advanced practice nurse absolutely must be involved with is advocacy for the profession and advocacy for our page. Hence, UM and Michigan Council nurse practitioners since I was a student has been a major outlet and uh organization for me to learn about the policy process to be able to work with colleagues to advance causes that improve patient care in the state of Michigan. I really have to give a shout out to another one of my heroes at Wayne State.

00:28:28 Guest:

Nancy George was my advisor during my DNP program there and a previous president of the Michigan Council Nurse practitioners for really, uhm, helping me to understand but also love health policy. I had been aware before and I had had some interactions with my legislators, but that really grew during my DNP program where I wanted to be involved and I want it to be somebody who was shaking up the status quo. And working with elected officials on both sides of the aisle in order to get things moving that would ultimately lead to better outcomes.

00:29:06 Guest:

The other really big motivator for me being involved with that is we live in one of the worst states in the Union for advanced practice, we are significantly restrained by the laws of the State of Michigan to not be able to use the fullest extent of our education or certification or licensure, and it's incredibly frustrating. I love this state I this is my home. This is dumb. You know where I want to practice, but it's also really tempting to move elsewhere where you can. You know, basically hang your own shingle, start your own practice and go.

00:29:45 Guest:

Whereas Michigan everything is considered delegated authority, so it's really, really restrictive in that sense and feels a little smothering sometimes. So anyway. Being involved with my camp helps me, it helps me to do that. It helps me speak for my colleagues. It helps me speak for my patients. It's also been a really good way for me to grow my leadership abilities. It's been tremendously challenging.

00:30:13 Guest:

To get to where I am today, and I think the biggest challenge is still to come when I take over as president in two years. So yeah, it's a way of keeping me on my toes and making sure that I'm still learning and still engaged and still willing to make mistakes and learn from them so. Yeah, yeah, I think it's.

00:30:32 Host:

If a student was interested and you know, becoming really engaged and really an active member or you know eventually a board member of their organization? What kind of like first steps do you recommend? How does somebody get started on that trajectory to eventually lead an organization that's doing such important work?

00:30:52 Guest:

Get involved with a community organization or with a student organization. It doesn't have to be nursing related. I mean, if you're on a, I don't know, Kiwanis club or Intermural Club at school, I mean, that's a great way to get started if you want to look at nursing issues in your nursing student, get on your Student Nurse Association, or on some other kind of governance.

00:31:18 Guest:

If you're already in your career and you're practicing as a nurse, get involved with shared governance on your unit. Seek those opportunities to see how things are run. I mean, there's procedural stuff to learn, like Roberts Rules of order, which no one thinks are well...I guess somebody thinks they're amazing.

00:31:34 Guest:

There are people who become parliamentarians but it's how the work is done in it. I'm one of my skills that I really needed to develop as a leader is a sort of organization, and it's always been one of those areas. And I'm always developing, and it's really helped with that as well so. So, uhm. You know, read about current events.

00:31:57 Guest:

I mean I argue with my students in my undergraduate curriculum that every policy is nursing policy. It's kind of like how all politics are local, whether it's education, whether it's jobs, whether it's environmental policy. We all know that social determinants of health are real that they affect people differently that there's implicit bias in healthcare, and the only way you can change those things are through being active. So, get involved with an environmental group if that's your thing. Get involved with a community or organization if that's her thing that will give you experience.

00:32:35 Guest:

The other thing I would say is speak up to your nursing knowledge. So, if you're sitting on one of those non nursing organizations saying it's the PTA, say I'm a nurse. This is what I see from my disciplinary perspective. This is how I think we should resolve this issue. Let them know you're a nurse. Let them know you have an educated opinion, a scientific opinion, and share that voice. Nurses have been too silent for too long.

00:33:04 Host:

Which is interesting coming from what is recognized as the most trusted profession. You know, time and time again. And so, it's interesting that we do have such a silent voice because I think that when you say that as you just suggested when you put yourself out there as I'm a nurse. I think that oftentimes that opinion is met with respect and receptiveness right.

00:33:24 Guest:

Yeah, absolutely you know. I think it's a shame that we don't have a voice in our profession like Neil deGrasse Tyson, right? When you're talking about physics and issues regarding the science is Bill Nye and Neil deGrasse Tyson have done an amazing job. I mean, Bill Nye is an engineer Neil Degrasse Tyson's and astrophysicists. They’re household names.

00:33:45 Guest:

There are not any nurses who are household names. I'd argue that there's some physicians who are household names. Dr. Sanjay Gupta, I think is recognized in a lot of households, but nursing doesn't. We really have that person, so that's your job Jessica—this podcast. Be that person.

00:34:02 Host:

Well, I think you know this is just such an amazing profession and I think that you would entertain have illustrated all so many directions. I mean, and you haven't been doing this for you know 50 years I mean. This is still you're still relatively young in your career and yet it's taking you in all these directions, you've had.

00:34:19 Host:

This opportunity to influence so many patients and families, either directly, through your care or as an extension of the students that you've educated you know. I mean, there's just so much potential and I think that you've just offered such great wisdom. Today I've personally loved listening to this and hearing these pearls and you know the turns and twists that your career has already taken. It makes me kind of excited for what's ahead of us in the next you know 30 to 40 years of our professional practice.

00:34:48 Guest:

Yeah, it's exciting. I don't think we've even scratched the surface. I think it's hard to predict the future of nursing. Now we're going to have new technologies coming like augmented reality. AI, I mean it's gonna be amazing to see how that impacts how we care for people.

00:35:05 Host:

Absolutely and I think the innovation that we are seeing especially you know in the setting of a pandemic and with the other challenges that we're facing I agree. It's an exciting time.

00:35:16 Host:

You know, and I hope that everyone takes those opportunities to self-reflect and maybe if they recognize as you did, in your first you know, NP job that it's not fitting you well. I hope they take the opportunity to pursue one that that is a better fit. You know, and that is more fulfilling because certainly they're out there.

00:35:32 Guest:

Yep, absolutely.

00:35:34 Host:

I'm just curious is there anything else that you would want to share with our listeners as we conclude here or any other pearls of wisdom.

00:35:41 Guest:

I think the thing I'd like to say is thank you to the listeners for deciding to pursue nursing. There are so many professional opportunities out there and to recognize that this is where you want to dedicate your time, your energy, your sleepless nights, I think.

00:36:02 Guest:

Really speaks for the next generation and just remember that nursing will give you back 10 times what you give to it, so I you know. I always tell students you can skate your way through nursing school, but it's not going to give you back what you put into it. But if you give it your heart and your soul, it'll give it back in spades, so, uhm, I think that's probably the most important takeaway, and it's not always fun, it's sometimes it's the hardest job you can ever do.

00:36:35 Guest:

Sometimes it beats you up, sometimes it will absolute. Really frustrate you, but that frustration is only because you're loving what you're doing and that you envision better. So, bring solutions. Bring innovation.

00:36:48 Host:

Sure, Dr. Crane, this has been such a pleasure to speak with you. Thank you so much for sharing the breadth and depth of experience that you've already gained, and this was done with us. I really appreciate your time today.

00:37:01 Guest:

Yeah, thank you. You're a rock star also. So, thanks for all you do.

00:37:05 Host:

Thank you. I think that's an overstatement but thank you very much and thank you.

00:37:09 Host:

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. 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.