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

Welcome to Nightintales. This podcast was created during the international Year of the Nurse and the 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:

Thank you for joining us for another episode of Nightintales. We have another special guest with us today, and I'm really excited for you guys to meet her. Amber Rafco (Stritt) is joining us and Amber is currently a pediatric nurse practitioner at C.S. Mott Children's Hospital in Ann Arbor.

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

Amber, thanks so much for taking your time today and being willing to share your journey in nursing with us.

Guest: Amber Stritt, MSN, CPNP-AC:

Of course, thank you for having me.

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

If you don't mind, tell us a little bit about where you started in nursing. What did your nursing degree look like? Once you launched from nursing school, what was your first job?

Guest: Amber Stritt, MSN, CPNP-AC:

I started at Madonna University in Livonia. I did a four-year program and I also played college softball during that time. It was a little chaotic, but one of the best decisions I ever made was to go there. Just the small tight-knit community was what I needed. Everybody knew you and wanted to help you, and knew you were an athlete.

Guest: Amber Stritt, MSN, CPNP-AC:

They really committed to my success. Then, my immersion was my last clinical, that's where I got my foot into St. Joe's on the midnight shift was my immersion. Then, that's where I got my first job was labor and delivery on midnight shift, and a wonderful job. I loved every facet of it, but I knew I didn't want to be a midwife.

Guest: Amber Stritt, MSN, CPNP-AC:

I started looking a little bit and then I threw a job application in on a Friday night. Got a call back on a Monday and got an interview on Tuesday for the Mott OR in Michigan. Just the way that it fell in my lap, it was meant to be.

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

Wow. Probably, there was some familiarity there. I think that some labor and delivery nurses may follow laboring mothers into the operating room when they have a C-section. I also imagine that it was a very different environment. I remember way back from being in my own nursing clinicals.

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

The time I spent with laboring moms and all of that downtime that you might spend with a family during the setting of a prolonged labor is probably a lot different than being in an operating room with children who are undergoing anesthesia.

Guest: Amber Stritt, MSN, CPNP-AC:

I would lie that I didn't have to go to the bathroom on a 12-hour shift. I would stay at somebody's bedside and all night getting them through labor, changing positions, making sure I was resuscitating baby, making sure mom obviously was taken care of. Sometimes not being successful and rushing to the operating room.

Guest: Amber Stritt, MSN, CPNP-AC:

I found that as much as I loved the very natural part of labor and delivery and successful birth, I liked the chaos of running back to the OR. I thought, "Man, maybe this is something that I should look into." I always wanted to scrub in at St. Joe's, I did not scrub. I always wanted more.

Guest: Amber Stritt, MSN, CPNP-AC:

Then, I also felt like, "Man, I got to have to give this baby back to the parents." I love these babies. I want more of them. They're healthy. They should be given back. [crosstalk 00:03:42] lit that little flame, "You know what? Maybe I'm more met for pediatrics." In labor and delivery, it was wonderful.

Guest: Amber Stritt, MSN, CPNP-AC:

We saw everything from triage to postpartum hemorrhages, just learning how to deal with whatever comes in. You didn't know what you would get through the door. Like I said, long labor, short labor, and just learning how people come into the world. It was a great, great job.

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

As you say that, it makes me think that that was probably a really nice first job. As you know, you are watching people come into the world and there you are entering your nursing career.

Guest: Amber Stritt, MSN, CPNP-AC:

Yes. Nurturing, so nurturing. I worked with a whole entire shift of nurturing women. I didn't have a male patient besides the babies and I didn't have a male colleague. Besides docs, I mean, they were all women. It was like this mother hen atmosphere of tough, but wonderful, wonderful women that brought me up in the career when I started.

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

That sounds like such a nice foundation for your nursing career. Then, you make this move to the operating room at Mott. If you don't mind, tell me what it's like to be a registered nurse within the operating room.

Guest: Amber Stritt, MSN, CPNP-AC:

Coming from labor and delivery it felt cold. Knives and steel tables and mask over your mouth deal. I was very shocked the first child I saw on the table. I also grew to love it because that's the most vulnerable population is someone who is anesthetized. They can't move, they can't protect themselves. They can't say that something hurts.

Guest: Amber Stritt, MSN, CPNP-AC:

You're forming your care plan based on an entirely asleep patient, but you're doing the same thing you do in any other place, except doing it without asking someone you're helping them because they cannot say anything themselves. It's interesting to be in that role.

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

That's a really powerful description. I hadn't actually thought of it that way, but you truly are caring for some of the most vulnerable patients in those moments, and it's your job to keep them safe and also comfortable.

Guest: Amber Stritt, MSN, CPNP-AC:

You're invisible. People don't remember you and so your integrity has to be very high because who wants to do something that's not remembered, but at the same time, we have to remember that behind closed doors, we have to have integrity just as much as if a family was watching us.

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

Tell me a little bit about the team that works within an operating room. What kind of people were you working with? My understanding from spending some time in the operating room is there are a lot of players and a lot of very specific roles in order for things to go well and safe. Can you tell me a little bit about that?

Guest: Amber Stritt, MSN, CPNP-AC:

You are the circus coordinator, you're the policeman, you are the whatever it needs to be done, that's your job is to make sure that the patient gets the dispatch, whatever they need in that room. If it's blood, if it's more anesthesiologists, if it's a specialty, if it's making sure that all docs come together and make sure that we're on the same page, whatever it is, you're the one who gets it.

Guest: Amber Stritt, MSN, CPNP-AC:

Equipment, tools, instruments, and often they need it now. There's always this type of hurry up, wait, hurry up, wait, stress like baseball or soccer. Nothing happens until it happens. You have to be on your toes and be okay with not being okay. You don't know what's going to happen. You don't know what you're going to find.

Guest: Amber Stritt, MSN, CPNP-AC:

Often they have a plan, but then you get in and things look differently than they did on the scan. As far as team players goes there's always usually two people at the head for anesthesiology, then there's two to three people for the surgery team, and then a scrub tech and a nurse, or two nurses with one scrubbing.

Guest: Amber Stritt, MSN, CPNP-AC:

Usually, there's about six people in the room who coordinate, everybody knows the role and we function well. You get in a little jive and you know who likes what. When you get four years in like I was, you just fly through and everybody does their job, and it's like a well-oiled machine.

Guest: Amber Stritt, MSN, CPNP-AC:

Then, you hit something that's unexpected. It's exciting and you get to be in the action and taking out the cancer and putting in the central line that's going to give them chemotherapy and potentially save their life. Fixing an open fracture of a femur.

Guest: Amber Stritt, MSN, CPNP-AC:

Taking out a hemorrhage, a subdural hematoma and you get to do exactly what needs to be fixed. That's really rewarding.

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

Amber, I love the enthusiasm that you're offering us as you're describing this. I know that those of you listening are not able to see her, but I can tell you that this is genuine enthusiasm as I see her face light up and describe the role of the nurse. I think that's awesome.

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

I also imagine that the operating room can be a pretty tense place. I think of how critically ill some patients are or when they enter that space. I'm curious for students who are maybe just entering the field or for nurses who are maybe just transitioning into an environment like that, were there any tips or tricks that really helped you manage that kind of stress or tension when really the stakes are very high?

Guest: Amber Stritt, MSN, CPNP-AC:

I think that going into it, just understanding that you're not expected to be the most senior when you're new. People and myself included, I always thought, "Well, I have to know everything. I need to know everything in every situation." That's not true.

Guest: Amber Stritt, MSN, CPNP-AC:

If you walk into a situation with senior anesthesiologist or docs, surgeons, and they see you, they know you're new. They can look at your face and the way that you're carrying yourself and think, "Well, this is how I'm going to have to play this." On the other side of the coin, if I walk in and say, "Yep, I have everything you need, it's going to be a good day, then it's a different tone."

Guest: Amber Stritt, MSN, CPNP-AC:

People understand where you're coming from and if you don't know, you say, "What can I do to make this more successful? What can I get you? Can I anticipate that I'm going to need blood because I would like to order it earlier.I can see that maybe this equipment isn't the right size. I'd like to make this patient appropriate patient-centered."

Guest: Amber Stritt, MSN, CPNP-AC:

Mom was very anxious in pre-op, so I think I'm going to call her a little bit more to give a better outcome for you. Just communicating, "This is what I'm focused on and I'm focused on the patient. I understand my weaknesses let's work together. Let's be a good to team. Even though, I don't know this entire surgery in every step, I know the things that can help you and I can make your job better or easier as a surgeon, where you can also make mine less stressful by telling me what I can get you."

Guest: Amber Stritt, MSN, CPNP-AC:

I think just being transparent, even though that feels weak, it's not weak. I've heard many, many, many docs say, "Wow, that was really nice the way that you started the day out. How can I make this better?" People appreciate that. Just being transparent and not acting like you know something, and then it turns out to be a poor outcome because of miscommunication.

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

That's such a critical role for us as nurses. I feel that there's a very common theme in many of these interviews of know what you know, and what you don't, and then speak up to declare it. I think that I hope everyone listening recognizes you are not expected, nor is it realistic for you to know everything.

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

The best thing that you can do is own what you don't know and then try to learn it. I love the way that you described, "What could I do to anticipate this better? How I make this better moving forward." I also liked the way that you picked up on perhaps the anxiety of a parent or a caregiver, as their child is going into the operating room and under anesthesia.

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

The way that as a team, you can be the extension of that surgeon it sounds like, and update the mom more often so that she feels more comfortable. I love that example because to me that's such a pure example of what nursing is, you recognize distress and then you aim to relieve it.

Guest: Amber Stritt, MSN, CPNP-AC:

People will tell you things that they will not tell their attending surgeon they'll say, "Well, I had a terrible day. My car blew up on the way here." Then, they just stay on stone face in front of them. That's holistic, that's providing care that is taking that whole family into account.

Guest: Amber Stritt, MSN, CPNP-AC:

How is that child going to get home after surgery? How are we going to treat this? I think it's just listening a little bit more, asking the question, addressing things that maybe, "That's interesting. Did you tell your doctor that?" "Well, no, they didn't have time. They were rushed."

Guest: Amber Stritt, MSN, CPNP-AC:

No, we have time for you. We of course, have time for you. You are our only patient in this moment. Of course, we have many more and of course we have other responsibilities, but the bottom line is patient first. I think you're never wrong if you put that on the forefront.

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

That's such a nice description of the operating room. I think some of the stressors and also some of the perks of that role. Amber went on after spending some time in the operating room at Mott and pursued her advanced degree. You guys know we've talked about this before, but advanced practice, registered nurses, there are four types.

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

Amber went on to be a nurse practitioner. The population she chose was pediatrics. Then within pediatrics, as I've mentioned, we can go with primary care or acute care, and Amber pursued the acute care route. Amber, if you don't mind, tell us a little bit about that. How did you decide to go back to graduate school? Where has that taken you?

Guest: Amber Stritt, MSN, CPNP-AC:

I'm in the operating room. I obviously love fixing problems. Acute care was for me, preventative care, so important upstream thinking, I love it, but I wanted to be the one who received the critically ill and wanted action. That was me, that's my mind.

Guest: Amber Stritt, MSN, CPNP-AC:

That's why I chose acute care pediatric, because like I said, from the get-go, I was itching to get my hands on the little people. My role right now, we service mostly a teenage young adult, but still a lot of children as well. As far as NP, I wanted to be to have a diagnostic process, I wanted to be able to function and help the team, and be collaborative.

Guest: Amber Stritt, MSN, CPNP-AC:

That's exactly what I do. I function in a role that is very like a utility player. I function wherever we need to be, wherever there's a deficit, that's where they put me. I've made it very clear to my team that, my chief resident for scheduling, she knows if there's any gaps, boom, she can throw Amber there, there, there.

Guest: Amber Stritt, MSN, CPNP-AC:

Doesn't matter where it is and I'll make it work, and because of that, it makes the name of a nurse practitioner wonderful. All of my docs and I work with over 10 usually on a daily basis, we have a large team. Everybody is, "How are you doing?" They know that I'm going to try to improve every situation I come into, whether it's just morning rounds, whatever it is. I stay positive as much as I can.

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

Nurse practitioners play such a key role, I think they can be such an integral part of an interprofessional team. When you have physician colleagues and you're working with nurses, maybe on the floor or in the operating room and you've got children and families that need to be taken care of, it's such an important role.

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

Those of you who are listening in Amber's describing working with children and adolescents and some young adults. In general pediatrics, there is no absolute age cutoff when you become a pediatric nurse practitioner, but you should be caring for pediatric conditions.

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

There are certainly some circumstances and I imagine when we learn more about Amber's job, it'll become very clear where a pediatric condition, for example, a congenital heart lesion or a certain cancer that is pediatric in nature, we may care for patients who are 21, 24 years old because we are managing the pediatric element of their care.

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

It's important that when we find ourselves in those situations, we also have the support of adult professionals who are able to provide their adult care. In general, pediatrics is around the ages of 18 to 21. Again, there is no hard firm stop. I just want to explain that a little bit too.

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

We are seeing now the children who maybe historically wouldn't have survived into adulthood are now surviving well into adulthood with still pediatric conditions. It's a really unique role for pediatric nurse practitioners. Amber is a member of the oral maxillofacial surgery team at Mott. If you don't mind, tell us what that means.

Guest: Amber Stritt, MSN, CPNP-AC:

It's awesome. What we get to do is fix the face. The self-esteem, the identity of a person, it's very personal. Our work is above the neck, there's scarring. There's aesthetics that we have to take into account because all of our work is right here. You know where you're going to look.

Guest: Amber Stritt, MSN, CPNP-AC:

With COVID 19, there's a little bit of masking up, but still, people that's the first thing they think about is where is my scars going to be? How big? Is somebody going to notice when I go to school? The majority of what we do is usually in the mouth, so it is hidden, but we do basically from the collarbone all the way up to the orbits.

Guest: Amber Stritt, MSN, CPNP-AC:

If somebody breaks their orbital bones, we would fix it. We wouldn't touch the eye globe, we wouldn't touch the brain. We wouldn't touch the ear, but kind of the skeleton of the face is our bread and butter. If it's [inaudible 00:19:06] fracture, maxilla, mandible anything in the neck, lymph node, vessel, soft tissue, everything up there we do.

Guest: Amber Stritt, MSN, CPNP-AC:

It's a toss up. We take care of cancer as we take care of cleft lip and pallettes, which the other day we did a consult on a pregnant mom about her 28-week-old fetus. We go all the way from the unborn, all the way up to somebody who may come in with a mandible fracture who was driving. It's any age, each day is very different.

Guest: Amber Stritt, MSN, CPNP-AC:

My role specifically, I was hired in as an inpatient nurse practitioner, to take care of the people after they have surgery on the floors. Make sure their pain is managed, prepare them for discharge, patient teaching, monitor vital signs for stability. Of course, all of that comes with that.

Guest: Amber Stritt, MSN, CPNP-AC:

Then, what's very exciting to me is that I get to scrub into the OR. It is my world. It's where all my friends are. I love it. I get to put my hands in the field. I get to do procedures myself. The two surgeons that I work with primarily have been priming me to totally be independent, autonomous, and to the full scope of my practice.

Guest: Amber Stritt, MSN, CPNP-AC:

They know that that means if we can divide up and conquer that we can service more patients and in the end, provide a lot of care to people who need it.

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

That's great. I know from having some experience with the pediatric acute care program, that we did not teach you how to perform these procedures or to do these surgeries. This is often the case, you guys, because we can't teach everything for every specialty. You'll find that medicine is so very healthcare is so very specialized.

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

When you got to this role, Amber, and started to learn these brand new procedures and see these things that definitely were not covered in class or in the simulation lab, how did you learn this? What did you do to better prepare yourself for this responsibility?

Guest: Amber Stritt, MSN, CPNP-AC:

Read, I read first at home. I think that it's hard to say there's a stupid question. I think that there are better questions. I look up baseline what needs to be on procedure, review anatomy, things like that, so when I come and I want to learn this procedure, I can say, "Now when you're doing this, how do you differentiate between this safe and unsafe? Where's your landmarks? I know that I would start here. What's something that you think of?"

Guest: Amber Stritt, MSN, CPNP-AC:

You pick the brain of the senior person in a better way and not just what are our landmarks, because you should know those landmarks. You should know things like that or vital structures when you're doing a biopsy of the neck. We should think about vessels. We should think about airway.

Guest: Amber Stritt, MSN, CPNP-AC:

Those are very basic things that we can do to prepare the night before, and come in with a very strong question, as opposed to very basic, because that's something we can do. That's within our scope of practice. That's what we learn in school. I think just being open to, again, leaning on that senior, your doc, or resident and saying, "We're going to do this. I'm excited. I want to dive into this."

Guest: Amber Stritt, MSN, CPNP-AC:

Showing enthusiasm will get you so far because it shows that you're curious and it shows that you want to jump in and be a part of the team. It's very hard to turn down somebody who is willing, who is safe, and who's intelligent. If you come in and you have read all these articles, you'll see a doctor's face go, "You're a nurse practitioner. Okay, she came to play today." I think that's important.

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

I definitely agree with you. I can imagine that really is people really respond well to that, I imagine. What has been the hardest part about transitioning from your role as a registered nurse to the role of a nurse practitioner?

Guest: Amber Stritt, MSN, CPNP-AC:

I would say two things. Number one, one stepping back. The first time we rounded on a postsurgical patient, the resident said, "We're going to turn off the IV." I turned off the pump. What they meant was we're going to put the order in for the nurse to DC the fluids in saline, but I just did it.

Guest: Amber Stritt, MSN, CPNP-AC:

Then I thought, "I'm touching somebody else's pump, I should probably not do that." Simple things like that, you're a doer and you want to get it done tasks. You have to remember that you got to step back and what is my role now? Then secondly, specific to my job, orthodontics, teeth, different things that we do not learn. That would be a big thing for me.

Guest: Amber Stritt, MSN, CPNP-AC:

Coordinating orthodontist, dentists, CBCT scans, learning how to read [inaudible 00:24:34] all of the imaging that they do in our realm it really isn't taught. Of course, we do chest x-rays, we're learning all of that other stuff, but specific to TMJ, MRIs, all of those things that are very, very specific.

Guest: Amber Stritt, MSN, CPNP-AC:

I ask questions until my surgeon's ears fell off and I still do because they know that I'm there to learn. My hope is to fly from the nest eventually and lean back when I see something abnormal, but I want to fly. They know I want to fly and that's important.

Guest: Amber Stritt, MSN, CPNP-AC:

They know that I'm picking their brain for a reason. Again, I go home and read articles and come back, and say, "We saw this patient. Let's go back. Let's do talk more about this because I don't understand this part of it. How did you make that decision? Where was your brain in that moment?"

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

That's awesome. To the contrary, what's the best part of your job? What do you love the most?

Guest: Amber Stritt, MSN, CPNP-AC:

(silence) That's a tough question.

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

Sorry. I didn't mean to stump you. I'm curious, what is it about your day that's your favorite part?

Guest: Amber Stritt, MSN, CPNP-AC:

That every person on my team appreciates me.

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

That's really nice.

Guest: Amber Stritt, MSN, CPNP-AC:

They verbally say that every day.

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

Wow, that must be a great feeling.

Guest: Amber Stritt, MSN, CPNP-AC:

As a new nurse practitioner and that's important to me because I would spend all weekend preparing for the week ahead and all weekend preparing for the week ahead, reading surgeries, feeling like a resident working 80 hours a week. I was also covering clinic while one of my colleagues was off on maternity.

Guest: Amber Stritt, MSN, CPNP-AC:

I was doing three different roles, work in triple time. She's since come back so my workload has relieved itself, but also I've jumped in on more. We had a resident that was COVID positive. I took call, I offered call and people were like, "Whoa, whoa, that's not part of your job."

Guest: Amber Stritt, MSN, CPNP-AC:

I said, "I'm part of the team. I would like to help. This is a way that I can help us to allow my team member to stay at home, to convalesce, to get his strength back up, and not worry that the team is scrambling and nobody's taking call."

Guest: Amber Stritt, MSN, CPNP-AC:

I think that taking an opportunity and jumping on that and being able to say, "You know what? I've never taken call before. I'm a little worried about it, but you know what, we're going to talk through it. I know how to be safe. I know how to provide care. That is bottom line safe. I know who to call when I get into deep water."

Guest: Amber Stritt, MSN, CPNP-AC:

It turned out to be a good move because people respect you for jumping in and saying, "We need to let our other team members, especially, in this pandemic era, if one goes down, we all have to step up, even if we're new." It's worked out.

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

I can't imagine how valuable that is for a team like that, and what an important sense of teamwork. I think that some days are tough and long and we find ourselves challenged by things that we don't even necessarily always anticipate.

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

I think that to feel that you have the support of a team around you, and that you are supported just as you would support them must really help. That must really facilitate some better days and better outcomes.

Guest: Amber Stritt, MSN, CPNP-AC:

I give feedback to my attendings, which is weird, but they appreciate it. They're always telling us how we're doing and teaching us, and giving us praise, but who gives them praise? We're doing all of the stuff that they do. They're doing research. They have a full load of clinic patients, full OR, and children and wives and husbands at home.

Guest: Amber Stritt, MSN, CPNP-AC:

I think that even as a rookie NP in the business, just giving it back, "You did a good job today, sir." Then they're like, "Thank you. Appreciate that." Just being able to for me, be myself is probably one of the best part parts of my job is I can be this lovey-cuddly type of person in this very cutthroat, for a better word, type of environment. We actually do [inaudible 00:29:40], that's funny.

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

Well, Amber, is there anything else that you think we didn't cover or anything else you want us to know, or do you think we've hit the high points?

Guest: Amber Stritt, MSN, CPNP-AC:

What do I want to them to know? I would say, do what you want to do. If you want to be in a place, if you want to be in a specialty, no matter what you think, if it's crazy, if it's wild, go for it, do it. Network, navigate through it, write a job description, and tell people how you can be valuable because it can be done.

Guest: Amber Stritt, MSN, CPNP-AC:

There's a lot of people who say, "You're a nurse practitioner and you're at the OR, you scrub, what?" People are just blown away. At the same time that team needed a nurse practitioner. We can bring so much value to a team and you have to believe it first. You verbalize what you can bring to a team and you go for it.

Guest: Amber Stritt, MSN, CPNP-AC:

Whether it's cardiology, whether it's ICU, just be awesome at whatever you do. Be thankful for the people who help you get there.

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

That's awesome. Well, Amber, thank you so much for sharing all of this insight and expertise, and most definitely your enthusiasm with us tonight. That was really valuable. I really enjoyed hearing about the elements of the operating room and the role of an operating room nurse.

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

Also, what potential may exist for advanced practice registered nurses in one specialty within the OR as well. Thanks so much for your time.

Guest: Amber Stritt, MSN, CPNP-AC:

Thank you. Good luck, everybody.

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 view 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.

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.