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

Welcome to Nightingtales. 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. Hi, and welcome back to Nightingtales. We're glad to have you guys again, and we're also really glad to welcome our guest today. And so Nikeyia Davis is joining us and Nikeyia works currently as a home dialysis registered nurse for the Henry Ford Health System. And she is going to share with us what it means to be a dialysis nurse and tell us a little bit about her journey as well. So Nikeyia, thank you so much for spending this time with us.

Nikeyia Davis, BSN, RN:

Thank you for having me.

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

I'm excited to hear about this because this isn't something that we necessarily see a lot of in school. I think that we understand that patients will have kidney failure and understand that dialysis may be indicated, but we don't always know what it means to truly be the dialysis nurse or the expert in this situation. And especially in your setting, you've explained to me that you worked in a hospital setting, but also now you've transitioned to a home setting, so I'm really anxious to hear about it.

Nikeyia Davis, BSN, RN:

Okay.

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

Yeah, if you don't mind, do you want to just start with kind of where, your journey in nursing school and where you started and then how did we get here?

Nikeyia Davis, BSN, RN:

Okay. So as stated, I'm a home dialysis nurse. I teach patients how to do their peritoneal dialysis or hemodialysis in the comforts of their own home. I was led to this role because I started off as a dialysis technician about 20 years ago. So I've had several leadership roles in a hemodialysis setting, but when I became a nurse, I started off as a hemodialysis nurse in the in-center, in the clinic setting, but I wanted a different experience, so that's why I chose to do the home dialysis.

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

Mm-hmm <affirmative>. Wow. So that's kind of cool. It's interesting to me that you worked as a tech. And so then this was your first job as a registered nurse, is that correct?

Nikeyia Davis, BSN, RN:

Correct, correct.

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

Okay. Got it. So you kind of already had an interest in that.

Nikeyia Davis, BSN, RN:

Mm-hmm (affirmative).

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

If we can start out in the role of a hemodialysis nurse who's working in a hospital setting or in a clinic, what does that look like? What do they do?

Nikeyia Davis, BSN, RN:

So the difference between the two, so sometimes nurses or people working in the hospital will see a dialysis nurse in the hospital and say, "Hey, that looks cool, I want to do that." So we call those acute hemodialysis nurses, which is different from an outpatient setting. So an acute setting may be a little more of a slower pace. You may have a one-on-one or one to two patient ratio because those patients are sicker. Sometimes you dialyze the patients in their room, sometimes they're in the critical care unit. So it just really depends on the acuity of the patient.

Nikeyia Davis, BSN, RN:

Working in a clinic, an outpatient clinic, the patients are stable. They come basically three days a week. Our nurses usually work four 10 hour days. We have various shifts, so we don't have a seven A, seven P, or seven P to seven A. The nurses usually come in about six o'clock or nine o'clock and they work 10 hours, four days a week. We don't work on Sundays. We alternate every other Saturday. So it's kind of a pretty stable schedule for your weekends. And you know, for sure you're off for every Sunday except if it's a holiday or something. That's what the hemodialysis setting.

Nikeyia Davis, BSN, RN:

My role for home dialysis, I work Monday through Friday eight hours. I'm off on the weekends. I do have two other coworkers. We take turns being on call. So since it's three of us, every third week we're on call. Our patients, don't call often. We basically triage them over the phone and if it's an emergency situation, then we send them to the ED, but most of our problems we take care of in the clinic. We don't have to go to the clinic at 10 o'clock at night. Most of the time we'll see the patient the next day. We don't see the patients when the clinic is closed. And like I said, if it's an emergency situation that we'll send them to the ED if needed.

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

Sure. I'm thinking of a couple of different questions.

Nikeyia Davis, BSN, RN:

Okay.

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

The first is when I see a hemodialysis or even peritoneal dialysis, that's all pretty technical. There are a lot of details to that. There's a lot of fine-tuning. You're really measuring the patients in intake output really closely. And that can can vary from day to day or experience to experience. So I'm curious, how did you learn all of the technical ins and outs? Or you had that advantage of working as a tech, but how would a new nurse interested in dialysis learn all those ins and outs?

Nikeyia Davis, BSN, RN:

Where our company does have a very detailed training program. So the only experience you really need is either a med-surg background or experience in dialysis. And so they would train you, just like any other job, our training is eight weeks and the training is offsite. Three weeks offsite, and then four weeks in a clinic. So it's like a clinical rotation and you have a preceptor. So you're trained very well, trained on medications, all these things before you ever even touch a patient. And really for the hemodialysis nurse it's kind of tricky because you have to learn kind of how to be a tech as well, because you have to know what the technicians do because you're responsible for their job. So you do have to learn the technical skills, how to set up the machine, how to put the patient on the machine, how to take them off, what monitoring is needed during the treatment, as well as learning your nurse role and how you monitor the patient as a nurse, give the medications and those things as well.

Nikeyia Davis, BSN, RN:

So it's a little tough for a new person, but we always tell people to give themselves six months to a year to really feel comfortable, not to give up right away because it is a lot of information to learn. But we try to be supportive and encourage our new nurses to stay and stick with it and we know every day gets a little bit easier. And we always say, either dialysis is for you or it's not, but don't give up before six months to a year. Give yourself a chance to learn it.

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

Sure. Yeah. I think it's important to be patient, right. As you experience those growing pains, no one walks into a brand new job an expert. And so we should often, offer ourselves a little bit of grace as we make that transition.

Nikeyia Davis, BSN, RN:

Absolutely.

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

And then the other thing I was thinking when I heard you describing this role. When we think of registered nursing roles and especially those that we see when we're in school, we don't see a lot of registered nurses taking call. And so I was curious about being on call maybe the best and worst parts of that, or the thing that took the most getting used to. I think sometimes it may sound really nice to be on call because you're thinking, "Oh, I'm, I'm getting paid for being at home." But I think it may also sound very intimidating to be on call. Because we rely so heavily on our physical assessment skills, right, and what we've learned in being present with patients. So can you talk about that?

Nikeyia Davis, BSN, RN:

So the first time I was on call was a little scary because, you teach you're teaching your patient how to do their own treatments at home. So that's already scary for the patient because they're taking care of themselves. And so now you're at a point where they're going to call you for an emergency. And so you have to know how to walk them through that emergency, so they're safe. So the person that trained me, she trained me very well. So my first time's on call she said, "I'll be on call with you. So if you need me, you can call me. So if the patient has a question that you don't know the answer to, then you can just three-way me in and we can go through it together." So when I train nurses, I do the same thing.

Nikeyia Davis, BSN, RN:

And so you're not as nervous because you have someone else to kind of be there with you just like you would if you were in the clinic at work, you would have someone to go to to ask like, "Hey, is this the right thing? Am I doing the right thing? Am I saying the right thing?" That was a good thing. And then, you know, like you say, people say, "Hey, I'm just making money." You have to have your phone, you have to be aware, be alert because your patient may call you and they, have an emergency and sometimes if you forget your phone in your car, which I've done that before, and then most of the time my phone does not ring at all. But of course the day that you leave it in your car, that's when it has rang and your patient has called.

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

Of course.

Nikeyia Davis, BSN, RN:

So just kind of, being aware of making sure you're in tune of what you're supposed to be doing because the patients, they have the safety to know that I can always call somebody if I have a problem. And the day that they can't reach you is the day that stresses them out.

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

Sure. Yeah. And it is the day that you forget it in the car that you get the call. So Nikeyia when you work Monday through Friday in these eight hour days, what do you do in your day? Do you go go to these patients homes? Tell us how you train them.

Nikeyia Davis, BSN, RN:

No. So I don't go to their homes. So a lot of times that scares people because they may not necessarily want to do home care. So they misinterpret home dialysis as home care as if I'm going to the patient's house all the time. I only go to the patient's house one time and I may go like another time, because the patient can say, "Hey, can you come look at this for me? I changed this and I want you to check it out." So we'll go if they want us to go. So what I do is train the patient in the clinic, depending on what modality of dialysis they're choosing. That depends on their training. So for a PD patient, I train them Monday through Friday, and it really only takes a week for them to be trained. And they're good to go.

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

Wow.

Nikeyia Davis, BSN, RN:

And then I go to their home on the last day of training and watch them do a PD exchange, which is a form of their dialysis. So I watch them do it in their own environment. I check out their environment, I'm making sure they have a safe, clean place to do their dialysis. I'm looking at where they have their supplies and make any suggestions that I feel is necessary. If they have a low light setting and I'm at their house in the daytime, I say, "Hey, you may want to get an extra light book. You may want to get an extra lamp because when it becomes dark, it's going to be difficult for you to see." If they have their PLA supplies stored in a place where I think it'll be better, I'll make those suggestions. And so that's the only time I go to their house.

Nikeyia Davis, BSN, RN:

For a home hemodialysis patient, it usually takes four to six weeks to train those patients because they have to learn how to set up their machine, learn how to put their needles in, learn how to connect to the circuit. They're taking their blood pressure, they're programming machine to remove a certain amount of fluid. They're doing a lot of things. A lot of teaching, a lot of troubleshooting. What happens when they get dizzy and they feel faint or they're going to pass out? What happens if your needle passes out, pulls out? What happens if you get air in your blood? So we teach them how to handle emergencies and things like that, when to call 9 1 1. So that training is a little more intense, but then we go to their house and watch them do a treatment at their home, which is usually about two to three hours. So I only go to their house the one time, and that's it.

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

The training, especially for hemodialysis though, does sound so intense when you're describing the possible complications that they can run into. They are essentially administering life support at home, right?

Nikeyia Davis, BSN, RN:

Exactly.

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

They couldn't live without this intervention.

Nikeyia Davis, BSN, RN:

Exactly.

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

And suddenly you're delivering something that is sustaining their life in their home.

Nikeyia Davis, BSN, RN:

Mm-hmm <affirmative>.

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

I imagine that's pretty empowering for them.

Nikeyia Davis, BSN, RN:

It most definitely is and all my patients inspire me because it's like they are treating themselves at home, life sustaining treatment. No matter which modality they're choosing, they're making decisions on, "Hey, I have this amount of fluid on. My face looked puffy. I weigh this amount. I need to take off this amount of fluid." Or if they're a PD patient, "I need to use a different solution that's going to take off more fluid. Or my blood pressure is this. I need to make a decision." So they're making these decisions. We train them to do so. So when they first start out, of course, it's kind of scary because if they have to make a decision that deviates from the middle ground, they call and say, "Hey my blood pressure was kind of low. I think I should use this solution. Is that right?" And you're like, "Yeah, that's exactly right. You got it." So we empowered them and they encourage us because they're getting it. They're picking it up. They know what to do.

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

I was thinking that must be the best feeling when they call you and they know what to do. They're confirming with you and your training has really prepared them for whatever challenge they're encountering.

Nikeyia Davis, BSN, RN:

Exactly.

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

Wow. I love the way you're describing, too, just what a holistic approach this is and how holistic your role is as a nurse. When you think of all of the things within their environment that may interfere with their ability to successfully administer dialysis at home and take care of themselves. I just love, I think, how solid the holistic model is that grounds, this practice.

Nikeyia Davis, BSN, RN:

Oh yes, yes. And then we try to encourage that with the family as well, because sometimes the family say, "Hey, she never does this or he always does this" and they try to get on him in a negative way. But then you try to redirect the family member, too, and say, "Hey, you know, this is a lot that they're doing." So it's great for our patients to have support people. Sometimes they do. Sometimes they don't. But when they do have a partner that can support them throughout their treatments and just the mental strain that goes along with having a chronic illness. Our patients are depressed. Like 40% of them are depressed.

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

Wow.

Nikeyia Davis, BSN, RN:

And that kind of goes in and out, because they know they have to do this for life. And then even if they're transplanted, that's not a cure for kidney disease, that's a form of treatment. So they still have to take their immunosuppressants. You're always on a regimen, whether you're on dialysis or whether you're transplant. So it's a big deal.

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

Yeah, there's so many factors that complicate this picture, right.

Nikeyia Davis, BSN, RN:

Correct.

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

It's much more than a failed organ.

Nikeyia Davis, BSN, RN:

Exactly.

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

There's a lot. There's a lot there. Nikeyia, I think I remember you saying you were involved in your professional organization, is that true?

Nikeyia Davis, BSN, RN:

Yes. So I'm involved in the American Nephrology Nurses Association for the Michigan chapter. I'm the president-elect.

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

Oh, wow.

Nikeyia Davis, BSN, RN:

And what we're doing is really trying to encourage nursing students to, and even if you're not a nursing student, you can be a nurse already, but to consider a career in nephrology. So the National American Nephrology Association, they have put together a package for student nurses to join the association for free. It's like a virtual student membership. They don't have any rights, so to speak for voting or anything like that, but they do have access to our library to get CEs and just see what's going on. And currently they're giving away a scholarship for our next leadership meeting in Chicago. It's going to be virtual, but they could enter to win a free ticket, so to speak, to attend that.

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

Sure. That's a great opportunity. If anybody listening has an interest in nephrology nursing, you said that was the National Association of Nephrology Nurses.

Nikeyia Davis, BSN, RN:

Right. So the website will be ANNAnurse.org/student.

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

Okay, great, and then there's a Michigan chapter of that as well?

Nikeyia Davis, BSN, RN:

Correct? Yes.

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

Awesome. And they're hearing from the president-elect, So this is obviously good information. That's awesome. No, I appreciate you sharing that because this is definitely not a traditional role that we see in school and not a traditional three 12 hour shifts a week on an inpatient unit. This is something different and I think really helps us open our eyes to how many opportunities exist in nursing.

Nikeyia Davis, BSN, RN:

Absolutely.

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

And then, Nikeyia, I was just curious about one more thing. So you have elected to kind of take your career from this registered nurse and pursuing an advanced practice nursing role. And so if you don't mind, tell us about the nurse practitioner program that you're in.

Nikeyia Davis, BSN, RN:

So I'm at Spring Arbor university in Spring Arbor, Michigan, which is right outside of Jackson. I'm an adult-gero primary care nurse practitioner program. I chose that because I want to stay in nephrology, but I want to increase my responsibility. And like I said, I've been doing dialysis for 20 years in various roles when I was a technician, and then I've had a few different roles as a nurse. So I just wanted to advance my practice and become a nephrology nurse practitioner.

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

Sure. Awesome.

Nikeyia Davis, BSN, RN:

In addition to that, I am a certified nephrology nurse as well. There's two type of certifications that you can get. You can become a certified dialysis nurse, which requires you just to know one modality of dialysis. So say you just know hemodialysis, or you just know peritoneal dialysis, or you just know acute dialysis, you can become a certified dialysis nurse. To become a certified nephrology nurse, you have to have experience in more than one modality. So you can be a chronic kidney disease nurse working in the clinic. These people are not on dialysis. Working in the transplant center, have experience with acutes, have experience with home dialysis, peritoneal dialysis, and center dialysis. So I have four different experiences. You have to have so many hours of experience in different modalities. You have to be more than one, and then you have to have a bachelor degree.

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

Okay. What does it take to maintain that certification? Do you have to take tests, or do you continuing education, or keep practicing, or what does that look like?

Nikeyia Davis, BSN, RN:

You're continuing education hours will have to be all in nephrology. So you have to have for the certified nephrology, you have to have like 25 or 30 continual education credits in nephrology. So that's an addition to your other nursing CEs.

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

Right. Okay. And what are the benefits of being a certified nephrology nurse or a certified dialysis nurse?

Nikeyia Davis, BSN, RN:

I would say just enhance your practice with your patients because you go that extra mile. I mean, it's not required at all. I don't get paid more money to be certified I know most people don't, but it enhance your practice and I think you're a better nurse. Not that you can't be a great nurse without a certification, but you kind of go, I find myself going beyond and above. Seeking out that evidence based practice, translating research into practice, being more involved in presentations and research. I presented at our national conference before. I've written articles before. Currently I am a reviewer for our certification course. It's actually for the national certification. So it has led me for other opportunities and I just feel it's best for your professional development, actually.

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

Right. I think that certification is such a great statement of your commitment to that patient population or that specific focus. But it also sounds like that's provided you a lot of opportunities to get really involved and probably, I imagine, collaborate with professionals from across the country who are equally doing work like you are. And I don't know about you, I found that sometimes it's really nice to know there are people out there doing work like we are.

Nikeyia Davis, BSN, RN:

It is exactly. Exactly, exactly. Thank you.

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

Yeah. What's your favorite part of being involved in your professional organization to the extent that you are?

Nikeyia Davis, BSN, RN:

Just what you said as far as meeting people all over. So I go to our national conferences and I know that's a big thing in nursing, too, especially with the new nurses. Being involved in professional organizations, attending national and local conferences, you just get to meet people. I like being a part of the American Nephrology Nurses, because everybody there is a nephrology nurse. You get to see what people are doing across the United States inn their practice, with their company and learn from each other. I'm a part of the American Nurses Association as well and I have a board position with the Michigan chapter as well. I'm our secretary. So that's different because you're meeting different nurses, different specialties. We're all nurses, but being in the Nephrology Nurses Association, which I think probably with anybody's specific nursing association, everybody belongs to the same group and you get to bounce ideas after each other and really learn from each other.

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

Right. Well, that's awesome. I love hearing about all of that. I think for those of you listening, American Nurses Association is truly the one voice for all nurses across the country, no matter what kind of nursing we do. And so I always think of that as kind of our home base that represents all of us. And then as you're describing, our specialty organizations have so much more to offer that's specific to our practice. But when it comes to big issues, and national issues, and things that affect all nurses, it's really ANA who is our voice.

Nikeyia Davis, BSN, RN:

Exactly.

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

And definitely an important organization to look into and consider joining if you have the opportunity.

Nikeyia Davis, BSN, RN:

Absolutely. And we have free student memberships with American Nurses Association as well.

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

Oh, I really hope that those of you listening will take advantage of these opportunities because it really is... the value of a free membership is actually so good. Networking, when you think about getting jobs, collaborating with people, getting advice, having people look over your resume. I think there are unlimited opportunities when you really engage and offer your commitment to those organizations.

Nikeyia Davis, BSN, RN:

Absolutely.

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

Awesome. Well, Nikeyia, is there anything else you'd like to share with us or anything that I forgot to ask that I should have?

Nikeyia Davis, BSN, RN:

Well, one of the nursing pearls, I wanted to share some success tips. So a success tip that I would give someone is to be open minded as a new nurse, or even as a seasoned nurse. You want to listen to people with more experience than you, even if you have a higher degree than them, because sometimes experience, I don't want to say trumps a degree, which not trying to belittle anyone's degree, but sometimes people would think, "Hey, I have a bachelor's or a master's and I know more than you." That's not necessarily true. You need to consider what they're saying and always be a team player, helping out, and remember that no job is beneath you just because you're a registered nurse. So I have found in the past, I don't know if it's because I was a technician before. I don't know. But when you get down in the trenches and help out your fellow coworkers, no matter what level they are, because every job is important in the places that we work, they'll be willing to do anything for you when you need them. So never forget that.

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

That's really good advice. That's really powerful advice. And I think a good, like you said, for definitely new nurses, but probably for all of us, a good reminder.

Nikeyia Davis, BSN, RN:

Most definitely.

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

Well, Nikeyia, I so appreciate you taking the time to share all of this with us, share those pearls of wisdom as well. And just your enthusiasm for the work that you're doing and the way that you're able to empower patients and the lives that you can kind of give them back with their families.

Nikeyia Davis, BSN, RN:

Thank you. I appreciate you having me.

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

Thank you for your time tonight and I hope that everyone listening does take the time to look into those student memberships and perhaps get involved and look into kidney nursing if this is of interest to you.

Nikeyia Davis, BSN, RN:

Yes, we would love to have you.

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

Thank you so much. Thank you.

Nikeyia Davis, BSN, RN:

Thank you.

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

Thank you for listening to this episode of Nightingtales. As you do, we encourage you to consider the unique nature of each person 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.