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

Welcome to Nightintales. This podcast was created during the international year of the nurse and nurse midwife. And what a year that was, this podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encouraging you to find your true passion within this work. I'm your host, Jessica Spruit and I'm so glad you're here. Hello, and welcome to another episode of Night and Tales. I'm glad you guys are with us today. And I'm also really excited to introduce our special guest today. We have Brad Phillips with us, and Brad is a clinical assistant professor at West Virginia University school of nursing, and also a newly recognized PhD candidate. And so Brad, thank you so much for spending time with us today and telling us about what your nursing journey has looked like so far.

Brad Phillips, PhD(c), BSN, RN:

Thank you so much, Jess, for having me and I'm, I'm very excited to be here.

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

Well, I'm excited to learn about this and for you to share your story and how much you've already accomplished and what feels like, a very productive less than 10 years of nursing so far. So if you don't mind, let's just start with, what did nursing school look like for you and what was your first job?

Brad Phillips, PhD(c), BSN, RN:

Yeah, so I started nursing school with an associate's degree in nursing at Monroe County Community College in Monroe, Michigan, and I was born and raised in southeastern Michigan. And so I've spent most of my life there and I've been down here in the mountains for about two and a half years going on three. So got my associate's degree first because I felt like at that time I wanted to enter the workforce kind of as soon as possible and wanted to graduate as fast as I could. And so I that route and graduated with my nursing degree in 2011, and I started working at Children's Hospital of Michigan in Detroit, in the pediatric intensive care unit right after graduation. And I was actually a nurse extern a year prior to graduating. So I kind of had a job lined up for me and ready to go, which was really nice.

Brad Phillips, PhD(c), BSN, RN:

Then went back, right away, did some more prerequisites and then did my RN to BSN, which was nice because at least back then Children's Hospital paid for the entire bachelor's degree. And so I had my BSN paid for by the hospital where I worked and I had to stay two years. But to me that was job security. So I was not going to turn that down. So got my BSN in 2014, I took some time to get prereqs together and that kind of stuff, but never quit my education and started early on becoming a preceptor on the unit and really found a love and passion for teaching. When I was in nursing school, I was back and forth whether I was going to become a CRNA, a nurse practitioner, I wasn't sure what life looked like.

Brad Phillips, PhD(c), BSN, RN:

And I think as a nursing student looking back and I tell my students now, you never really know until you're getting that experience. And I think your mind and your passion changes frequently. And so I didn't know what I wanted to do. I knew I wanted to pursue an advanced career and I wanted to go to graduate school, but I didn't know what that really looked like at that time, but started precepting nurses and fell in love with it, really, really enjoyed training new nurses and kind of around the same time I started working for Henry Ford Community College as a clinical instructor as well, part-time upon the burn unit at Children's and just really loved it. Just, I kind of knew right away. Maybe, this is where I want to be. I want to be a teacher. I really enjoy teaching clinical.

Brad Phillips, PhD(c), BSN, RN:

And so did that for a couple years and just kind of kept precepting, started moving into more of a leadership role at Children's Hospital and became charge nurse and led some committees and that kind of stuff, just to kind of gain some more confidence in my leadership skills and more experience, more broad experience than just being at the bedside. And so in 2017, I turned to graduate school at the University of Toledo and I did the accelerated master's in nursing education program. It was mostly online, but I had to do some student teaching and that kind of stuff, and some field research at the end. While I was in school, I kind of left that full-time bedside nursing role in the pediatric ICU and went to a contingent role, just to allow for time for my classes.

Brad Phillips, PhD(c), BSN, RN:

And I worked in the critical care resource pool at Children's where I got some experience with the NICU, PDD, some trauma. So that was kind of cool to broaden my nursing skills to other departments as well. I worked contingent through school and graduated in December of 2017 with my master's degree in nursing education. And at that point I knew that I wanted to pursue a faculty role. I wasn't sure if I wanted to be a hospital based educator. And I actually applied for the educator job at Children's Hospital PICU, and I interviewed for it and I didn't get it. And I remember being devastated that I was like, "I'm the best candidate for this. Why would I not get that job?" And I was really upset, but I think it's small blessings that I didn't get that because life moved on and there was something bigger for me out there.

Brad Phillips, PhD(c), BSN, RN:

And so I came to terms with that. I was not going to lie. I was pretty upset at first. I didn't get that job, but I think ended up working out for the better. And so I ended up for pursuing more of a faculty role in a school of nursing, and that's kind of where I am now.

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

Oh, Wow. That's so interesting. I love how transparent you are with us. When you say, that you applied for the job that you really wanted and felt you were the best candidate for, and then didn't get it because I think we may find ourselves in those situations. Right. And I think it's important to recognize that sometimes with that. And it sounds so cliche, but comes a different opportunity that perhaps is a better fit for us. Brad, I'm curious when we talk about your early career and you started precepting fairly early, it sounds like really identified this love for teaching very early. But if you were kind of counseling or mentoring, fairly new graduates on a unit who were then asked to precept, what tips and tricks do you have that might, because I think precepting can be kind of intimidating. What tips or tricks do you think may help them if they were new preceptors?

Brad Phillips, PhD(c), BSN, RN:

I think one of the most important things that I have found is that not everybody is a good fit. And I think that's probably something that we maybe don't maybe look at or don't speak up about. I think not every student or a new graduate, it is a good fit with the senior staff nurse and vice versa, and I think it's important to recognize that early on and to not be afraid if, if you're the new nurse to, or the preceptor to talk to management or the educator, and kind of have meetings about that and discuss that maybe it wasn't, it's not the best fit and they can maybe make different arrangements. Because I think that you really need to have that cohesiveness in terms of the mentor mentee role, and it needs to be a pretty good match for you to have successful learning opportunities.

Brad Phillips, PhD(c), BSN, RN:

I think if you're constantly worried to go to work or maybe just not excited about it due to the relationship with your mentor or mentee, that it's important to address that and kind of work through that. And maybe whatever that may be, I'm sure it's individualized to each person, but kind of see what can change about that. Also, I think it's important if you are a new preceptor to know what you don't know. Right. And I think we always tell our students that, and that it's good to ask questions. And I think even as an experienced nurse, an expert in the field, I still don't know everything. You know, I feel like I've been a pediatric ICU nurse for 10 years, which it is a long time in hindsight, but also there's so much, I still don't know. And so I think it's important that even though you're a preceptor, you may be in that leadership mentor role, that it's okay to not know everything and to still ask questions, to be able to offer your, your preceptee a good learnings experience.

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

Right. Oh, I so agree with you on that one. I think that, you have to really trust the person that you're working with, whether you are the preceptor or the person being precepted you're right. And that relationship needs to be so strong when you consider the significance of the work that we do each day. I totally agree. So, Brad, you talked about earning this master's degree in nursing education and really recognizing that you wanted to be involved either in the hospital role of an educator or in the faculty role. Can you talk a little bit about kind of your transition out of full-time work? I understand that you worked contingent in the pediatric intensive care unit, even upon your transition to the faculty role, but those two worlds are quite different in my experience. And I'm curious how that went for you.

Brad Phillips, PhD(c), BSN, RN:

I feel like you're never ready, truly ready to move into a faculty role because there is, I always say academia is in another world. And there's so much, I guess I started back at the bottom again. Right. So I feel like I was at the top of my bedside nursing, leadership role. And then I kind of started back at the bottom of the faculty role. And first of all, that wasn't a good feeling. So I'm like, "I'm back at the bottom again. I have to work my way back up. I just spent all this time and feeling proficient in my bedside nursing role and then feeling completely novice in my faculty role." Right. So there was a huge learning curve to say the least and just all of that comes with it. I feel like my master's degree prepared me in terms of like, teaching, learning, evaluation, like curriculum design development, that kind of thing.

Brad Phillips, PhD(c), BSN, RN:

But also, I think nothing prepares you with the challenges of an institution such as the university and the ins and outs of, I think more of the infrastructure was a large learning curve for me and just all that entails. But also I think when teaching students, because I was so, I am so young and I was so young starting out that it's important to find that balance. I always worried that students may not respect me because I was closer to their age or that I would have a difficult time earning that respect. But I think it took some time, but I found a balance between being relatable and then still having standards and expectations.

Brad Phillips, PhD(c), BSN, RN:

And so, that was kind of a tough spot to me was to really, because I'm not one to do well with conflict, or I really hate having those heart to heart conversations with my students. And that was probably the biggest learning curve for me, was learning how to navigate that teaching role, that leadership role. But I also being relatable as a young faculty member. So that was probably the most challenging part. And then coupled with the institutional infrastructure as well.

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

Right. So I think, you know, students see nursing faculty either in the clinical environment or for maybe two to four hours at a time in the classroom. And I think that it may be difficult to understand all of the other roles that go into being a faculty member or being an academia. Do you mind describing? I know no two days are the same, but what does a week look like as a clinical assistant professor for you?

Brad Phillips, PhD(c), BSN, RN:

Yeah, so I, right now I'm teaching clinical on the pediatric unit four days a week. So I teach Tuesday through Friday full-time and then I'm also teaching an evidence-based practice and research course to undergrad students, Tuesday evenings. And then usually Mondays are, are big meeting days and then I'm also a chair of the curriculum committee. And so we have meetings once a month on Wednesdays, but I also review all those courses each month. And so I'm kind of making sure that those courses are running as they should run as well. On top of, that's basically my faculty role, but also I'm involved in service activities such as I advise all of our student orgs. I lead the homeless outreach here in West Virginia as well. And then I'm on the State Board Nurses Association working in on some policy stuff too.

Brad Phillips, PhD(c), BSN, RN:

And then with that is research and scholarship. And so I'm working on a couple of research projects here and there, and then as well, pursuing my PhD. So I'm busy, I think students see that, you know, we teach for well clinical you're six hours and then a class, maybe two or three, but that's just a surface level of what we do. Because then I have, I grade most weekends and that kind of thing. So it truly is a full-time 24/7 job, as they say.

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

Right. Oh my gosh, it sounds like you're so busy. I was thinking of how long your Tuesdays must feel. I mean, I know all the days are long, but those sound especially long, but I think you made a really important point as you described kind of the different responsibilities of a nursing faculty. And so in addition to teaching, which I think is the most visible and easy to understand there is service to professional organizations, to the community, to the college or the university, and then also scholarship, which you were describing. And I understand that you have a role Brad, both as a faculty member, but also as someone pursuing a PhD.

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

And so if you don't mind, can you talk to us a little bit about your decision to pursue a PhD, kind of what motivated you to do that? And then I'd just like to talk about what it means to build your program up scholarship and, and what you're doing. Because I think that we probably don't spend a lot of time in nursing school or early in our nursing careers, imagining publishing papers in journals or contributing to textbooks or writing different guidelines. So I'm interested to hear your take on that if you would share, please.

Brad Phillips, PhD(c), BSN, RN:

Yeah. To be honest, Jess, I absolutely hated research in undergrad, despised it, every bit of it.

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

Some people feel that way.

Brad Phillips, PhD(c), BSN, RN:

I think that's probably a common thread across undergraduate nursing education. So I took a look back when I was, I knew I wanted to get a doctoral degree and I'm like, "You know what, at this point, I have a master's in education. I know I want to teach." So there's EDD, DMP and PhD. I was kind of thinking about, I talked to a lot of my mentors and did a lot of reflection on what my future looked like, what I wanted to do as I grew in my profession and my career. And so for me, I knew that I wanted to be a full-time faculty member.

Brad Phillips, PhD(c), BSN, RN:

I knew I wanted to start a tenure track. I knew I wanted to eventually my long-term dream goal is to be a Dean of the nursing school at some point. And so all of that led me to a PhD, that just made the most sense for my career. Still, wasn't a huge fan of research. And I'm like, "Well, I guess I learned to love it now, because I'm going to be doing the rest of my life." So I found that once you start doing research or reading research on your passion, that all changes. I grew to love it quickly. So the PhD, at least where I'm at down in West Virginia, it's really a five year program, three years of coursework. So many classes that I had to take and just advanced stats, methods classes, that kind of thing.

Brad Phillips, PhD(c), BSN, RN:

And then you have to pass your qualifying exam, which I just completed. There's a written an oral component. So I just finished that a couple weeks ago and then dissertation after that. And so kind of at that, it's called ABD, which is all but dissertation phase. And so my classes are all done, my qualifying exam done. And so now I'm just focused on PhD and I think for me, it just fit within my ultimate career goal. So I guess the take home from that is there's so many options for what you can do, because all three of those degrees would get you a faculty job, but it's what fits best for you. And just know that everybody's nursing careers is individualized, and you don't have to fit the mold of everything because your journey is, that's just that, it's your own.

Brad Phillips, PhD(c), BSN, RN:

Brad, I'm curious, you said that when you were considering pursuing your terminal degree, the doctoral degree, you spoke with some of your mentors. And I was just curious if you didn't mind reflecting on how you identified mentors so far in your career. And I think, especially as you made this move into the faculty role, how have you found mentors and built those relationships?

Brad Phillips, PhD(c), BSN, RN:

So I think, and my mentors have changed, some have remained, but as you move through your journey, I think mentors come and go. But like I had mentioned when talked about precepting is, is a mentorship is reciprocal, right? It's not just a one way street. And so the mentor and the mentee both have to give it's a push pull kind of thing. And so I think number one, it's finding a good fit, somebody that you think is, that you can learn from and ultimately get along with. But I think there's room for mentors in different parts of your life. So I had, I don't really practice anymore on the bedside, but I had a couple mentors at Children's Hospital Michigan that I would go to for clinical based stuff.

Brad Phillips, PhD(c), BSN, RN:

Then as I moved into academia, my preceptor at, in Toledo, I still they'll speak to frequently and she kind of helped guiding me towards a PhD and I still call her, probably once a month and just ask her questions about things going on or what I have questions about. And then I have a couple mentors here at WVU, where I teach, and one mentor that kind of helps me in my research. One, I go to for my teaching. One I go to, for curriculum committee things. So I think it's just important to have specific mentors for the areas that you are not an expert in, and it's okay to have more than one mentor.

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

Sure. Yeah. I think that, that's so accurate because we take on so many different roles. Right. So to find someone who can mentor us in each of them is sometimes really valuable. I agree. Can you tell us a little bit about your dissertation and what you're doing with your PhD?

Brad Phillips, PhD(c), BSN, RN:

Yeah. So you have a PhD. Yeah. So right now my main, I guess, program of research, if you think about the big term, that's like, my lifelong career is going to be focused on appearance of children with acute and chronic illness basically. What kind of drove me to that top broad topic is I felt like, when I was working in the pediatric intensive care unit as a young nurse and as I moved through that, that job that I always say the quote, like we always ask, "Can I get you anything right?" And I think that's usually like a cup of water or a cup of coffee. Right. But we never ask. I've never seen anybody actually ask, "Really how are you feeling? What does experience mean to you? What is it like to be in an ICU? What is it like to see your child go through this? How's your mental health? How's your emotional health? How's your finances?"

Brad Phillips, PhD(c), BSN, RN:

So many different questions that I think that we need to be asking, because what we know out there is that parents do undergo severe depression, anxiety, and post traumatic stress from being in an ICU setting. And I think we don't do a good job with really taking care of the parent and the family. We still focus a lot of our attention on a child, which is what we're supposed to to do. But I think ultimately who's the one providing long term care for the child and it's the parent and the family usually. So I just completed a study in the peds ICU here that just kind of surveys parents for various psychological and negative emotions.

Brad Phillips, PhD(c), BSN, RN:

And as expected, they're really struggling here. And then my dissertation is going to take more of a qualitative approach and I'm going to be interviewing parents in home. And I want to know what their experience is like caring for a child with chronic health needs and disabilities. And so really, what that means to them and kind of how that experience shapes who they are and their family as well. So just kind of want to move through and gather information in the hospital setting, in the home to see where the gaps are in resources and how we can better help these families transition and cope with caring for a child with chronic health needs.

Brad Phillips, PhD(c), BSN, RN:

Sure. Oh, this is such important work. When you think of, as you said, there is literature to support how traumatizing these experiences are on families and the detrimental effects that they have. But I love that as a nurse at the bedside, you recognize this need and this opportunity to learn more and then eventually hopefully influence the practice of caring for these patients and families and doing things that help support them. And I think, who better to do that than the nurse who spends the most time at the bedside, right?

Brad Phillips, PhD(c), BSN, RN:

When all of the social workers and child specialists and the physicians, when everyone leaves the unit or goes home for the evening, it's the nurse who's there. The nurse is there who sees kind of the distress that comes after the strong face has been on every day or once the child falls asleep or in the dark when they think no one is watching. I think it's the nurse that picks up on that. And I love that it's a nurse who's going to be driving the work that you are doing, Brad. I think it's so important.

Brad Phillips, PhD(c), BSN, RN:

And I think also, now that I moved to West Virginia, I never really understood because I'm a city boy. Right. I worked in Detroit. I never understood, you hear about rural Appalachia and you don't think about what that's like, but just seeing the state and the limited resources that are here in West Virginia, it breaks your heart. There really is nothing for these families.I think, I mean, when you think of healthcare disparities, I think that does, you can take that to Detroit. I mean, there's a lot of low income families, a lot of poverty, even in the city of Detroit, and as you know home healthcare is few and far between especially pediatric home healthcare. And advanced care, like ventilators and tracheostomies and medications and tube feeds and the list goes on and on.

Brad Phillips, PhD(c), BSN, RN:

And I always say, I think it's interesting that, when we trained families to take their child home on an ventilator with a trach and a G tube and medications, and around the clock care. We require a four day of hour stay. And I went through how many years of nursing school and 10 years PICU experience to be able to provide quality care for these children. These parents get two days and then they go home. And so just to me, it's like, I can't even imagine what that must be like, to go home after that. And your whole life is in shambles and that impacts marriages and siblings and finances. And I mean, you name it, the list goes on and on. So there's a lot of room for a lot of our work to be done, I think.

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

Sure. Oh, I can't wait to watch your work as you move along this trajectory and continue to do this. As you said, you are building a program of research. And so for people listening that really means is you can hear, Brad's got a big picture idea of what his life's work will be and discovering this new information and then collaborating with people to apply it. But you will definitely generate new knowledge in nursing. And I think it's knowledge that we desperately need, especially as you say, we send children home on life support and ask their parents to take care of them. And I think when you think of really the implications of that, it's pretty overwhelming. So Brad, I love hearing about this. I really appreciate your perspective. I think, we hear a lot about the nursing faculty shortage and the fact that we expect a lot of our nursing faculty colleagues to retire. And so I think that you've also identified, an important opportunity for you as a nursing faculty member.

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

I applaud that and think that your passion for this is really evident throughout our conversation. Is there anything else you would share with listeners, who are maybe students of nursing or newer nurses thinking about, where their career may go?

Brad Phillips, PhD(c), BSN, RN:

Yeah. I feel like there's so many students that are unsure like me, what they want to do. I always say, like, "When I grow up," like, what are you going to do when you grow up? And I still say that to this day, and I just, I want to say just follow your passion, don't let the outside, or things like money, whatever influence you in what you do. I think that, I always say I'm a teacher not to be rich, but because I love what I do. I think that's just, it holds true. I love going to work every day. I love teaching my students and I think it's true, they say that if you love what you do, you won't work a day in your life.

Brad Phillips, PhD(c), BSN, RN:

And I think it's just important to not have it set in stone, coming out of nursing school, what you want to be, but to really explore different options and take, take that time to gain that experience and really try different things. And because if you don't know, then you'll never know. So I think it's just important to explore op different options and not to have your mind made up because things might change. I ask a lot of freshman students, what kind of nurse they want to be. And they might, they say, CRNA and I'm like, "Well, that's good that you have a goal, but that may change 20 times before you graduate or after you work for a couple of years." So I think it's just important to you be open to different opportunities and kind of just follow where your passion takes you.

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

The other thing that I heard as you shared your journey with us was a lot of self-awareness. I heard you say I recognized I liked precepting. I recognized I wanted to do some educator role. I recognized these parents were in distress and that we weren't meeting their needs necessarily beyond their hydration status. I really think that that also, I would just say, use Brad as an example of, the value of self awareness as you maintain that curiosity and that open-mindedness, thinking about where this career may take you and where you might go is, go ahead and listen to that voice because it sounds like you have Brad and that it's served you really well.

Brad Phillips, PhD(c), BSN, RN:

Yeah, I agree. And I think it's just important to, throughout my life, I've tried to be mindful and really incorporate reflection into my daily life and really think about, what I want to do and where I see myself. And I think also an important take home is to be picky, I think, about your choices and what you choose used to do and not to do. I had a really hard time saying no along the way, and that got me into some deep water and above my head and we can be overwhelmed with so much that goes on. But I think it's important to really think about different options that present to you and take the time to reflect on that and say, "Is this the best the option for me? Is this the best move for me? Or is there something better out there?"

Brad Phillips, PhD(c), BSN, RN:

And just to really manage your time well. For me, it took a lot of time to find that work life balance because I do so much and I still want to have a life on top of my career and my school. And so I think it's just important to be able to say no, important to pick and choose what you give your time to, and make sure that aligns with your passion and your future plans or your life. So.

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

Awesome. Brad, you've offered us such valuable insight today, and I really appreciate you sharing this with us. I think, like I said, there are so many pearls that you've shared along your way so far, and I truly am excited. I think that your work has the potential to significantly impact the families that you and I both care for. And that means so much to us. So I really look forward to that as well and wish you the best of luck in the rest of your PhD studies and pursuit.

Brad Phillips, PhD(c), BSN, RN:

Thank you. It's been a pleasure being here.

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

Yeah. Thank you so much for your time. I really appreciate it. And I hope that all of you who are listening will join us for the next episode. And again, I just want to thank Brad Phillips, who's a clinical assistant professor West Virginia University school of nursing.

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

Thank you for listening to this episode of Night and Tales. 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. 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 to individual that we serve. We hope you'll listen again next time.