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Announcer:

Coming up on Pathways, how Covid created an unexpected turn for one nurse's journey.

Victoria Sanborn:

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Announcer:

Plus we dispel some myths about what it means to be a med-surg nurse.

Emily Tadlock:

Hello to our listeners, and welcome back to Pathways, part of Northern Light Health's Healthy, Happy, and Wise podcast series. We're continuing to explore different pathways into nursing on this season. And so today we're learning all about medical-surgical, or in medical jargon. That's med-surg nursing.

All right. And I'm joined now by med-surg nurses, Victoria Sanborn and Emily Bennett. Thanks for joining me ladies.

Emily Bennett:

Absolutely.

Victoria Sanborn:

Thank you.

Emily Bennett:

Thanks for having us.

Emily Tadlock:

Yeah. So medical-surgical. Emily, why don't you tell me a little bit about what medical-surgical nursing is?

Emily Bennett:

So it's bedside nursing, obviously when patients are admitted to the hospital. But med-surg is basically your typical... We get post-op surgeries like if they go in for a knee surgery and they stay overnight, and we have to watch them and discharge them the next day. Or it could be something as much as a GI procedure, like a stomach procedure.

But we also get people who need to be monitored for pneumonia or a UTI. So that's the medical side of it. So people that come into the ER need to be admitted and they get admitted to our floor. It's a med-surg floor in that sense.

Emily Tadlock:

Okay, interesting. So Victoria, what made you decide you wanted to become a nurse?

Victoria Sanborn:

So really it goes back to my family. My mom was sick for a lot of my years, so that really put me seeing all kinds of different nurses out there. And I knew I wanted to help others just like they helped my mom.

Emily Tadlock:

Oh, I love that. So medical-surgical, what made you decide to choose that specialty?

Victoria Sanborn:

So really I didn't know what I wanted to do as most of us don't when we graduate college. We didn't know what kind of pathway for nursing, so med-surg, ED or whatever. So I just did my partnership at SVH for med-surg. I loved it there. I loved the little community of it. So then I stayed there.

Emily Tadlock:

Okay. Yeah, lovely. And for anyone listening, SVH is the Sebasticook Valley Hospital. Obviously it's a small rural area. Tell me a little bit about why you enjoy working for SVH.

Victoria Sanborn:

So the main thing is my co-workers. We're all one big family there. And it's busy, but it's not crazy, crazy like some of your bigger hospitals. So I kind of like the flow of it. I love my co-workers and that's the reason why I'm still there.

Emily Tadlock:

Aha. Good teamwork and a good pace for work.

And Emily Bennett, you work for Northern Light Inland Hospital, which is similar in size to SVH. Tell me why Inland?

Emily Bennett:

So I actually came here as a new grad. I never did my clinicals here unfortunately. But it was one of my interviews that I did, and I actually got offered from a different place. And I turned them down because I really liked the feel of this hospital. Kind of like what she was saying, it's like a family environment almost kind of thing. Because everybody knows everybody. So it's not a huge hospital. So I know a lot of people that are in the radiology department. I know them by name. We call them talk to them all the time. Same with the ER. All the specialty departments we know very closely. And I just got that vibe from that first interview and I just never really left. I mean, I've stayed per diem and gone other places, but here I am, I'm back again.

Emily Tadlock:

Coming in as a new grad. I mean that's got to be kind of nerve-wracking.

Emily Bennett:

It was, yes.

Emily Tadlock:

But how was that experience transitioning from the classroom setting into a hospital for work?

Emily Bennett:

So it was overwhelming at first, but they have a really good orientation program here. It's three months, but they keep you on longer if you feel like you need to. And they made it easy in that sense. I felt like I was ready to come off orientation when I did. They didn't throw me to the wolves, I guess you could say. It was overwhelming for the first, I would say couple months. And then after that I started to kind of find my niche.

Emily Tadlock:

And how long have you been a nurse here, Emily?

Emily Bennett:

It'll be six years in June.

Emily Tadlock:

Wow. Six years.

Emily Bennett:

Yes.

Emily Tadlock:

Awesome. And I didn't ask you this question, I asked Victoria before, but what made you want to become a nurse?

Emily Bennett:

So it goes way back to when I was in high school actually. So they offer these vocational schools where I was going to school, and I became a CNA. And right out of high school I was a CNA for a few years in a nursing home. And I liked it, but I wanted more. So then I became a medical assistant, and I was a medical assistant for about eight years, in a pediatric office. And I felt like I'd done everything that I could in that office and I loved it there, but I wanted more. So then I went to become a nurse and here I am. So.

Emily Tadlock:

So CNA to MA to RN.

Emily Bennett:

Yes. So my entire working career has been in the healthcare field. Yeah.

Emily Tadlock:

That's an interesting pathway. And speaking of pathways, Victoria, we were talking a little bit before this, but you got into nursing in one of the craziest times that you can get into nursing, right in the middle of Covid. Tell me a little bit about that experience.

Victoria Sanborn:

It was a little difficult than what your experience was.

Emily Tadlock:

I can imagine.

Victoria Sanborn:

I think I got eight weeks of orientation. Then they had to kick me off because we had people getting done.

Emily Bennett:

Yeah, they needed you.

Victoria Sanborn:

We needed the care. People needed the care. So we just went off running and I was taking care of people on BiBAPs, which helped you breathe. I was taking care of patients vented with a tube down their throat. So it was just a big adjustment going from brand new nurse to pretty much an ICU level of care. So it was a dramatic change. But I would not change that because I learned a lot, and now I think that made me a better nurse today.

Emily Tadlock:

I like that. Let's get back to the specialty real quick. Medical-surgical. A lot of people are hesitant, I think to go into med-surg, but from what I've heard from you guys, there's a good variety of things to do.

Emily Bennett:

There really is. And that's kind of why... So even in nursing school, I was one of those weird odd ducklings that I actually enjoyed my med-surg rotation because of that. Because I felt like I was learning a lot because there were so many different diagnoses that we were working with, that I was learning things, how to piece the labs with what was going on with a patient, and how to help them get better. And so I felt like I learned a lot in that sense. So I kind of stuck with it. Whether I'll go on to a specialty, I don't know.

But the other part is, like she was saying, it also is the teamwork in it. Because it can get really busy on a med-surg floor, but if you have your coworkers that have your back and you can lean on them when you need them, it really can make a horrible day seem so much better, just who you're working with.

Victoria Sanborn:

Someone told me when I graduated nursing school, is to find that one coworker that you can go to and vent to them, and you have that support. I can tell you if I didn't have my coworkers, I probably would not still be a nurse after going through Covid. But it is your coworkers that make a total different day. We could have 25 patients maxed out on the floor, but your coworkers work together and you can get through it.

Emily Tadlock:

I mean, nursing, it's a difficult profession. So knowing that you have each other to lean on, that's really nice to know. It sounds very hectic and busy, but also, I don't know, family-oriented, loving, caring, which is kind of what it takes to be a nurse in the first place. So it's kind of funny that you're not only caring for your patients, but you're caring for each other too.

Emily Bennett:

Right. Absolutely.

Emily Tadlock:

I love that. So tell me, what piece of advice would you give someone who is exploring the idea of becoming a nurse? What advice would you give them?

Emily Bennett:

I guess I would say just to keep an open mind. Because in the nursing field there's so many different things that you can do as a nurse. So I think some people might go into it feeling like they have to choose a specialty or they have to go here and stay there. You don't have to do that. There's opportunities to work from home. There's so many different things in the nursing field, I guess, that if you're feeling the urge to do it, I think it's a good thing and we need more people.

I think it's still a great thing to become a nurse. And I think a lot of people are deterred from it because of the Covid situation and how crazy things seemed at that time, which they were. But we got through it and we're still getting through it. But you don't have to be an inpatient nurse. There's so many other things that you can do. So yeah, I guess that would be my advice.

Victoria Sanborn:

I would say maybe shadow a nurse one day and just see if this is truly what you think it is. Because some people think they know what a nurse does and then they don't really have an idea. So I think shadow a nurse. And then just always remember once you graduate, you're not stuck in one job. There's thousands of different, like you were saying, thousands of different alternatives you can do and still use your nursing degree.

Emily Tadlock:

Victoria, tell me a little bit about the school process. What did it take to become a nurse for you?

Victoria Sanborn:

So I did the bachelor program. So there's different pathways. You can do the two-year, four-year. I did the four-year. And it's a lot of hard work. I mean, I would never go back to nursing school again. It is your whole life for four years. It's dedication and you've got to want it to actually get it, because if you don't want it, if you're not passionate about nursing, you're not going to be able to do well in nursing school. So, yeah.

Emily Tadlock:

Okay. What about you Emily?

Emily Bennett:

So I actually did it a little bit differently and I went to the associate's degree route. So I had a two-year program, which took me three years because of the prerequisites and things.

But it still was very overwhelming at times and I was working in the beginning, and I couldn't work after the first year once I actually started my nursing core classes. There was just no way for me to keep up and do everything and still work. So that was a huge adjustment for me. And I think it does take adjustments going to any college or schooling. But in the nursing degree process, regardless of the Associates or the Bachelors, it is a huge commitment and it can be life-altering. But it was worth it. And looking back, I would do it again, but maybe a little differently. The timing.

Emily Tadlock:

Okay.

Emily Bennett:

The timing would be different.

Emily Tadlock:

We're going to talk about this in one of the later podcasts. So here's a little plug for that. Let's keep listening to this podcast. But we're going to talk about our Earn While You Learn program that we have for nurses so that they can go to school part-time, work part-time, maintain benefits, and get paid while they're still in nursing school. So they get the support from Northern Light Health that they need to make it through nursing school, and be able to maintain a job and benefits and help take care of their family. Because nursing really is in people's blood. You say that, but it really is.

Emily Bennett:

It's a passion.

Emily Tadlock:

Yeah. Well ladies, I just want to thank you for coming on and talking about your med-surg specialty and being so open about nursing. Is there anything you guys would just like to say?

Emily Bennett:

I think my parting piece would be the good outweighs the bad. So I have some pretty terrible days as a nurse. I've cried and it's been rough. But when you have that patient who literally pulls you aside or takes you in their room and says, "Hey, I just need to tell you, this is how you helped me today." Or they break down and they're like, "Thank you so much for X, Y, & Z." Or whatever it may be. I've had several of those. And I can have a terrible week or month, and just one patient pulling me aside and telling me how I've impacted their life or their healing, it just resets me for a very long time. So it makes it all worth it. So yes, that's, I think where I would leave that, yeah.

Emily Tadlock:

Victoria.

Victoria Sanborn:

So I would stem off that. So you can have a thousand bad days and you're going to have bad days as a nurse. I've definitely drawn home many days saying, "I'm done, I will not go back there." But patients, families, you have that one patient that really connects to your heart and they just say, thank you for all you do. Your manager is saying thank you for picking up that overtime shift. It makes what you do worth it.

Emily Tadlock:

Well, from the bottom of my heart, and I'm sure some of the patients maybe who are listening, thank you so much for everything you do. We really appreciate it.

Emily Bennett:

Absolutely. Thanks for having me.

Victoria Sanborn:

Thank you.

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Emily Tadlock:

And a big thank you to our listeners for tuning in. We've still got several episodes of our season left to go join us again in two weeks as we travel outside of the traditional hospital setting to chat with a home care nurse.

Announcer:

Thank you for listening to this episode of Pathways. Please join us next time for a new episode. There are several ways you can tune in, on our website at northernlighthouse.org/healthyhappywise. We are also on Apple, YouTube and Spotify, which makes it easy for you to listen on the go, on your favorite app.