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Sarah Varney:

It can be a big change. And we see that transition with anybody coming into nursing, whether they're coming into it straight out of high school to college, to a career, or it's a second career, it takes time.

Announcer:

Ahead on Pathways, transitioning from the classroom to a nursing role.

Emily Tadlock:

Welcome to the very first episode of Pathways, part of our new, Healthy, Happy, and Wise Podcast Series at Northern Light Health. I'm your host, Emily Tadlock. On this podcast, we're meeting a variety of professionals exactly where they're at, exploring their pathway into healthcare. This first season is focused on nursing, so what better way to start than at the very beginning? I'm joined by Nurse Gillian Corcoran, and Director of Nursing Practice and Clinical Education, Sarah Varney. Thank you so much, ladies, for joining me today.

Gillian Corcoran:

Yeah, happy to be here.

Sarah Varney:

Thank you.

Emily Tadlock:

Okay, so let's hop right in. We are talking on this podcast to several different nurses who are in several different places in their careers, but it's got to start somewhere. So Gillian, let's start with you. How did you decide you wanted to become a nurse?

Gillian Corcoran:

So this is actually my second career. I was an mechanical engineer for seven, eight years, and I just wanted to feel like I went to work every day and did something that helped and made me feel good, so I took some pre-reqs while I was working and then I went to nursing school.

Emily Tadlock:

Wow. It's a little bit different than what you hear, your traditional person coming directly out of high school, going in and figuring out, oh, I want to be a nurse. You didn't know right away?

Gillian Corcoran:

No, I went to college undeclared. I had no idea what I wanted to do. And I was between engineering and nursing, which is weird. I was like, oh, I'm good at math, but I like people and I want to help. So, I picked one and I gave it a whirl.

Emily Tadlock:

Gave it a whirl, wasn't exactly what you wanted, and so then when you up for the other one?

Gillian Corcoran:

Yeah, pretty much.

Emily Tadlock:

I like it. That's interesting. Sarah, tell me, Gillian's story isn't necessarily what you hear most of the time?

Sarah Varney:

Not most of the time, but certainly some of the time. I think we do see a fair number of new grads, especially from some of those accelerated nursing programs, coming through that have tried something else already and have found their passion lies elsewhere.

Emily Tadlock:

I love that. Gillian, tell me a little bit about what nursing school was like? I see you smiling. School is not easy. It's not easy, especially for someone who's going back a second time to have to do all of it all over again.

Gillian Corcoran:

Yeah. So my first degree was wicked hard, and this one wasn't easier, and I did do an accelerated program, so it was 16 months nonstop. I had a week off for Christmas probably, but that was it. But that's what I wanted. I'm that type of person that if I'm going to do something, I'm just going to go do it and I'm going to get it done with so I can meet my goals. I don't know, I'm good at school so it wasn't too bad for me, but it's definitely overwhelming and it was a lot to undertake, especially having been out of college for a few years in-between.

Emily Tadlock:

So Sarah, when you guys are meeting new graduate nurses, you're typically meeting them in the classroom before they get anywhere, right?

Sarah Varney:

Yeah, and I'm really lucky in that. I am the hiring manager for our new graduate nurse program, so I have the opportunity to actually meet all of them before they start here. I have a sense of what background they're coming from, what they've completed already, which program they went through. But we spend a solid three weeks with the new grads as the education department, myself, and then a couple of educators that work with me as well, and we really, again, get to learn their learning style and try to tailor what we're delivering for our program to their needs.

Emily Tadlock:

Okay, so you mentioned the program. These new graduates, they go through school, they graduate pre or post NCLEX. They come to you?

Sarah Varney:

Pre or post, yeah.

Emily Tadlock:

And then what happens?

Sarah Varney:

Here at Mercy, they start on a common start date, so they'll all come in together, go through some class time, some general clinical onboarding that we would have for any new hire that first week, and then they

slowly ease into patient care. So it's almost like being in clinical again, which is really nice for that new grad who might be a little bit hesitant being a nurse on their own, or just about to be a nurse if they haven't tested yet. And we are right there at their elbow, we're supporting them as educators, being that resource to answer any questions as they're taking care of their very first patient assignment.

Emily Tadlock:

So Gillian, your first day... Well, let's say after your first week of regular onboarding, getting to know Northern Light Health, getting to know the hospital, what was it like transitioning from that classroom? Now, I know you did clinicals, but transitioning from that into your first nursing job, what was that like?

Gillian Corcoran:

It's weird. I don't know, they do ease you in like clinicals, like Sarah said, because you go and you're on the floor with one of the educators for, what? The first two weeks, you're on the floors. And so you always have an easy person to go to, but you also should learn to talk to the people around you, like the nurses you're working with. But everyone here was really supportive. That's why I picked this floor specifically that I work on, because I really like the teamwork here, and everyone is so welcoming and you can just go to them and ask questions-

Emily Tadlock:

Pause-

Gillian Corcoran:

They're helpful-

Emily Tadlock:

We didn't say, what floor are you on?

Gillian Corcoran:

Oh, I work on telemetry.

Emily Tadlock:

Okay, there we go. Oh, wait. And what's telemetry, for people like me who have no idea?

Gillian Corcoran:

Cardiac monitoring, essentially. Anyone with heart problems comes to our floor.

Emily Tadlock:

All right, perfect. Now resume.

Gillian Corcoran:

What was I saying? The transition, it's weird, but it's gradual, and you get to do it at your own pace. When you start to do the rotations on all of the floors, you start off with however many patients you feel comfortable with and then you build up from there. So you don't come in and they dump four patients on you. They start you off with one or two, see how you feel, learn how to do all the charting, learn how to do your assessments in your own way and then build from there. It's progressive.

Emily Tadlock:

Well, that's really nice to hear because I think as a nurse who's never worked in a hospital, you're coming out of school and you're like, what is this going to be like? Am I all of a sudden going to have to just handle it, or am I going to have the support that I need to help me manage?

Gillian Corcoran:

Oh, yeah. I was worried for that for sure, because I had never worked in a hospital. I wasn't a CNA before and I had never been in Mercy before. All of my clinicals were at a different hospital, so I had never used our charting system. The pumps here were new to me. Everything was new. So all of it, I was a little overwhelmed, but...

Emily Tadlock:

But eventually made to feel super comfortable?

Gillian Corcoran:

Oh, yeah. Absolutely.

Emily Tadlock:

We love to hear that. That is so... Hello, new graduate nurses who may be listening to our podcast, we like to make you feel comfortable. Is that right, Sarah?

Sarah Varney:

That's the goal. It's all about that transition to nursing practice. I'm coming from school and being... I often hear people say they have this moment of realization that all of a sudden now... They've always been saying, "Oh, I'll get the nurse," and now instead, they are the nurse. And so it's a big shift, and that can be a lot for people to handle.

Emily Tadlock:

When they first come in, there is a new graduate nursing program. How long is it? Can it be extended? If someone is like, wow, I'm really still not sure, what does that look like for someone?

Sarah Varney:

And like you alluded to there, it can certainly change by person. The way we structure our new graduate nurse residency is the very... The part of the program that Gillian was referring to, that initial 12-week orientation, that is what I oversee. And after those three weeks that we were talking about earlier where we're getting used to taking that patient assignment and the educators are with the new grads, then they're paired up with preceptors on each of the med-surge units here at the hospital. During that time, it's really basically taking those patients as they're advancing through the weeks and becoming more comfortable with the full patient assignment. That's always the goal at the end, but not everybody gets there in 12 weeks. Sometimes it is longer. And around week eight or nine, we start to, for our new grads, look at where they're most interested in working.

So as I mentioned, in the beginning, they're really orienting to all of the units. And then as they're going through the program, they're getting to see specialty areas, they're seeing all three of those med-surge units that we have here, and then they're applying to the positions that are available on those units at that week eight or nine. And so as we start to look at that next transition from that orientation to med-surg, it's planning what that's going to look like at the end of 12 weeks as well. So that could be additional orientation, and most of the time is, but it could be to one of the med-surg units for maybe two weeks,

three weeks, or it could be they're moving into a specialty unit and might have even more. So it really depends on where they end up getting hired to after the initial orientation, but also where they're at with their own learning.

Emily Tadlock:

Oh, that's fantastic. So Gillian, you went through this. You got your feet wet in a lot of different places. How did you make a decision on where you wanted to end up?

Gillian Corcoran:

Well, it's awesome because you do get to see all the units. So you get to work on med-surg floor, on tele. You get to go on the surgical floor. And then I spent days all around the hospital, because you learn where everything is, which sounds a little silly, but it's really helpful because I wouldn't know where IR is if I hadn't been there for a day or two. You get to see all the different places and see what you like, how their days are structured versus what you want, where you could see yourself maybe in five years, but not yet.

And then figure out what you like, and then see what positions are open, and then go for it. That's basically what I did. And then knowing that you can always change it if you don't like it. I think that's always nice to know because I wanted to be in the ER, that was what I wanted to do. And when I was applying, maybe they had one position open and then it went away or something, and so I picked tele after that because I think the acuity of patients here is more interesting to me personally than the other floors, and it's a really good basis to grow my baby amount of nursing knowledge and go from there. So, I went for this place.

Emily Tadlock:

And you love it?

Gillian Corcoran:

Yeah.

Emily Tadlock:

Awesome. But that doesn't mean that you couldn't eventually go back to ED if you decided you wanted to do?

Gillian Corcoran:

Yeah, absolutely. [inaudible 00:11:06]

Sarah Varney:

And Gillian just said it, you're not stuck. You can always look to grow in advance, and that's the beauty of nursing. And I think that's why a lot of people go into nursing, because there's so many opportunities. So even for those of us who might end up where we think we want to be, we might be there a period of time and then decide, oh, there's something else I'm really interested in too, or I just need to change and I want to be challenged in a different way. So having that opportunity to see those different areas during that initial orientation, it really helps people start to develop what that path could look like for them. And we've seen that, we've seen new grads come in and they think they want to go one location and they get there and they spend a day there, and all of a sudden they realize that's not for them, or they fall in love with something else entirely.

Gillian Corcoran:

I remember one person in my group, my cohort, she wasn't really sure what she wanted to do, and then she did one day in the OR and she goes, "Oh my god, this isn't for me. Absolutely." And so she's been there since, and she loves it.

Emily Tadlock:

Oh, that's awesome. It's really cool to see that click. And especially for you, Sarah, you've watched so many new graduates come in to be able to see them truly thrive and love where they're at, and love where they're working, and loving what they're doing-

Sarah Varney:

There is a place for everybody, I always say.

Emily Tadlock:

That is awesome. Including your place, you're an RN as well, Sarah, so tell me, how did you end up working with new graduate nurses?

Sarah Varney:

It's funny to think about at this point because it's not something I ever expected to be doing, not that I gave it a lot of thought. I am just much more of an organic kind of take things as they come type of person. Unlike Gillian, I was direct into nursing when I graduated high school. I really loved the elderly population. I had really close relationships with my grandparents and thought, what better job than to hang out with elderly folks all day? And so, I did that. I went to nursing school, and the cardiac unit, telemetry unit when I started, especially back then, was certainly a lot of elderly patient population. An old heart is sometimes a sick heart, and that's just how it goes. So I spent 11 years on the telemetry unit. I started at Mercy as a new grad myself.

Emily Tadlock:

Oh, wow.

Sarah Varney:

And then over time, the way it actually ended up happening was when I was the nurse manager for the telemetry unit. So I started as a new grad, did rotating nights, days. I worked as clinical lead for a period of time, and then eventually interim manager, which led to being manager. And during that time, I was asked to oversee our new graduate program as the hiring manager. So we had an educator who was providing the education and the support, like I am overseeing now, but at that time I was really just the manager, point-person, and that was how it started. And I loved working with those new grads and overseeing that process.

A lot of being a manager is educating your team as well, and the opportunity came up to work in the education department, and I had found a new passion, and so I took it, and was really lucky to have the support to make that transition. Telemetry will always be my home, so I'm a little partial, but it is a great place to learn. And I really had the opportunity of working with a lot of individuals that were very driven in their career path, starting out as new nurses, or even CNAs who then became nurses, and then nurse practitioners or nurse leaders, all different paths. That was something that I really enjoyed on that floor. So, that's pretty much how it led to me being here now.

Emily Tadlock:

So you went from wanting to work with our elderly to working with some of the younger-

Sarah Varney:

Go figure.

Emily Tadlock:

... population. Wow, look at that. What a shift [inaudible 00:15:14] I love it though. And it's neat that nursing offered you the opportunity to shift that passion in different ways. That's pretty neat.

Sarah Varney:

Absolutely. I always say, if I had known I was going to love working with new graduate nurses so much, I probably would've taught clinicals a long time before I changed to the education department, but hindsight.

Emily Tadlock:

Hindsight, and now here you are. And you must be so proud of Gillian.

Sarah Varney:

Yeah, absolutely.

Emily Tadlock:

Listeners, you can't see Sarah, but she just looks like the type that would be the proud mom of all of her new grad nurses.

Gillian Corcoran:

Probably comes from her being a mom.

Emily Tadlock:

Probably, I would say so. So we're going to have a variety of people listening to this podcast, whether they be your fellow nurses or fellow new graduate nurses. What would you say to nurses or students even about getting into the nursing field?

Sarah Varney:

I think it's important to be patient with yourself. It can be a big change, and we see that transition with anybody coming into nursing, whether they're coming into it straight out of high school to college to a career, or it's a second career. It takes time. It definitely takes time to feel comfortable. I really encourage new nurses to consider a nurse residency program because it does provide a lot of that support. It can make that transition easier. It's not for everybody. Some people will know where they want to be and want to jump right into that unit and work in that area. But certainly, if there's any hesitation around making that transition to being a registered nurse, I think it's a really good way to successfully navigate that.

Gillian Corcoran:

I would echo the, "Be patient with yourself," because I'm the type of person who, if I'm going to do something, I like to be good at it. It's just who I am. And I know that after the 12 weeks were over, I had two more weeks I think of orientation and I felt good about doing things but at the end of the shift, you still feel like you know nothing. You got through the day and you know did your stuff, but you still feel

like, I learned so much and why don't I know a little bit more already? I should have more of this. And it's frustrating, but you have to realize this is all brand new.

Even nurses who have been nurses for five, 10 years are still learning things every day. And it's going to get better. I don't know when it happened, but somewhat recently, something hit and I was like, oh, when I leave, I feel good that I actually did complete all my charting and I know it. I just felt more confident. And so, you'll get there. Just be patient, it's coming. Everyone feels like this. Everyone feels like it.

Emily Tadlock:

Everyone feels like this. Maybe that should be the title of the episode. I love it. I love it.

Gillian Corcoran:

And then I just want to add that when we were talking about how you're not stuck on the floor or stuck in one role of your nursing career, at Mercy specifically, I feel like I have seen so many nurses who have moved all around this hospital. You'll see, Sarah has done it. You'll find someone who is in IR that used to work on tele, but also work somewhere else per diem, and people float all around this hospital and people here encourage it. They're happy to grow their nurses in any form that that is. If we can still help you here and we're still growing you here, we're happy to.

Emily Tadlock:

Whatever makes you happy, we want to help with that. I love that. And a lot of our hospitals in the Northern Light Health system, they all offer new graduate programs, which is really great to know that anywhere you work in the Northern Light Health system, you're going to have that support that you need to transition from the classroom into the hospital.

Gillian Corcoran:

Yeah, that's great.

Emily Tadlock:

Awesome. Well, thank you ladies. I really appreciate you being here today.

Gillian Corcoran:

Thank you.

Sarah Varney:

Thank you.

Emily Tadlock:

Thanks to our listeners for tuning into Pathways. Be sure to join us again in two weeks as we explore medical-surgical nursing.

Announcer:

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