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Speaker 1:

Ahead on Pathways, staying calm under pressure, thinking on your feet, and moving at a fast pace. Critical care nurses work in challenging and complex fields, and it's much more than just patient care.

Emily Tadlock:

Welcome to the Pathways podcast. I'm your host, Emily Tadlock. An intensive care unit handles severe and possible life-threatening cases, so to give us a sense of what that's like, I'm joined by ICU nurses Jake Zisette and Michelle Harding. Thank you so much for joining me.

Michelle Harding:

You're welcome.

Jake Zisette:

Thank you.

Emily Tadlock:

So first, I'm going to have you guys just introduce yourselves. Jake, why don't we start with you?

Jake Zisette:

Sounds good. Thanks for having me. So I'm Jake Zisette. I'm the AVP and help support and lead the critical care services here at Eastern Maine Medical Center. So that entails our ICU, our cardiac care unit, and our intermediate care unit as well.

Emily Tadlock:

Okay, great. And then let's go with you, Michelle. Tell me about yourself.

Michelle Harding:

I am the nurse manager for the cardiac critical care unit. That's what I'm doing right now. And we have 18 beds and we service all things cardiac critical care and also cardiac surgery.

Emily Tadlock:

Sounds busy.

Michelle Harding:

It is.

Jake Zisette:

Yes, indeed.

Michelle Harding:

It can be. It can be, yes.

Emily Tadlock:

Okay. So I guess my first question for you guys is, as we're learning through these different podcast episodes, there are so many different avenues you can take as a nurse working wherever, for a hospital system like Northern Light Health. Why ICU? Michelle, why don't we start with you?

Michelle Harding:

I was very lucky. As a new grad, I was hired into a small ICU and I fell in love with it. It was very purposeful as far as there was just such a need for the care of these patients that are so vulnerable and it is just very rewarding, meeting people and their families where they are in that moment of crisis because that's where these folks are when they're in the critical care units. So that's why I fell in love with it so many years ago.

Emily Tadlock:

Ugh, I can already hear the passion in your voice. Wow. I love it.

Michelle Harding:

Yeah.

Emily Tadlock:

Jake, what about you?

Jake Zisette:

Yeah, absolutely. My background, I've worked in some pediatric and adult critical care settings in different capacities, and I love... There's a few reasons. We could probably talk all day about why we love ICU, but for everyone, it might be something different that makes it rewarding. With ICU, there's a lot of autonomy when it comes to nursing and a lot of knowledge-sharing that really needs to happen to ensure that we're taking care of the patient the best that we can. And so with that, there's a lot of growth and an empowerment.

So nursing in ICU really has the opportunity to continue to be confident in the care they provide, so it's just rewarding to take care of the sickest patients of the hospital.

Emily Tadlock:

You mentioned the sickest patients at the hospital. So as I'm sure all of our listeners know by now, I'm not a nurse and I don't know much about any of these specialties. So why don't you guys tell me a little bit about what ICU nursing is and what you do day to day?

Jake Zisette:

Yeah, sounds good. Go ahead, Michelle.

Michelle Harding:

So here at Eastern Maine Medical Center, I will say that we get the sickest patients from at least half of the state. So geographically, half or two-thirds of the state of Maine, those folks that are in outlying hospitals that are so, so sick, they're coming here. We're a Level II Trauma Center, so after they leave the

emergency department, and if they're really ill, those patients are coming to either ICU or they could go to CCU depending on what's going on with them.

Emily Tadlock:

Okay. Wait, pause right there. You said ICU and then you said CCU.

Michelle Harding:

Ah, yes. We have two critical care departments. We have the ICU, which is most of our trauma patients go to the ICU, but they also take care of everything from the patient with a bad infection that leads to sepsis or DKA. They have a wide variety of patients that they care for in ICU. And in CCU, there is some overlap. We do take some sepsis patients and some DKA patients, but we also really focus in on those patients with cardiac issues that need a critical care unit.

Emily Tadlock:

Okay. CCU, cardiac critical unit?

Michelle Harding:

Yeah, CCU, cardiac, that's our major focus. So we get a lot of patients with heart failure, heart attacks, so anybody with an unstable heart attack, they're coming to us and/or post-cardiac arrest. So for the patients in those outlying hospitals that even come through our emergency department, if they've had CPR and their heartbeat comes back, then they're coming to us. Yeah.

Emily Tadlock:

Okay. So ICU, intensive critical care unit. There's different specialties even within an ICU?

Michelle Harding:

Yeah, yeah.

Emily Tadlock:

Oh my goodness. How granular do we get with this, Jake?

Michelle Harding:

Yeah.

Jake Zisette:

It's pretty granular, so it depends on the size of the hospital and the region that you're in. So that's where I think Michelle did a great job of sharing what we have in our hospital. In more urban environments, there might be upwards of five different ICUs in one hospital, different subspecialties. That can be anything from trauma to burn to neurological, surgery, and cardiac. So we specialize with our cardiac and then with our intensive care unit, which covers medical and surgical.

We also have our intermediate care that we is still part of our critical care service line where we take care of our patients, and those are patients that are a little less sick than in the intensive care unit. Having said that, it still requires great knowledge and practiced by our nurses.

Emily Tadlock:

Gotcha.

Michelle Harding:

The great thing that we've seen with our intermediate care unit is that nurses that start there, they get that passion for those sicker, that higher acuity patient. And what we've seen is that several of them have come and transferred into either ICU or to CCU, which has been really nice. So it's a nice place to figure out if it's what you want to do, if critical care is your thing, and then those nurses are transferring and moving up in acuity and skill level, which is really, really exciting.

Emily Tadlock:

Okay. So now that I have a little bit of a grasp on what ICU, CCU these types of places are, what do you do there as a nurse?

Michelle Harding:

So as Jake mentioned, there's a lot of autonomy. These folks are so sick, they are doing the full care of those patients and collaborating with our physicians and doing everything that we can to ensure the best outcomes for our patients, whether that's survival or making sure that they have the best quality of care when they leave. So a patient coming in with a heart attack, we want to preserve as much heart function as we possibly can for them so that when they're discharged, that they can go back to having the highest quality of life that they can possibly have upon discharge. So that also includes making sure that we work with their community folks to get all of the services in line for them for discharge so that they can do cardiac rehab, that they've got the right doctors in place, that we've set them up with nutrition, all of the things that they need to be successful on discharge so that they can really resume their lives and go back to... Yeah.

Emily Tadlock:

Wow. So you're not just taking someone's blood pressure or something like that. You're working a full, I don't know, repertoire of different things, checking on their nutrition, almost like social work in a way too, trying to get them-

Michelle Harding:

There's a team.

Jake Zisette:

Yeah, absolutely.

Michelle Harding:

There's a team.

Jake Zisette:

It really is.

Emily Tadlock:

Okay, that's what I was going for next. You can't do it all, right?

Jake Zisette:

Right.

Michelle Harding:

No. We have an amazing team. So our physicians are amazing. We also do cardiac surgery, so somebody coming in for open heart surgery, the same thing. And we have a nurse caseworker that works with us to help set up those home resources or community resources because like I said, we get patients from at least half of the geographic state coming in for either a heart attack or for cardiac surgery, and you need to make sure that they have those resources when they get home. So we all work together to make sure that those needs are addressed.

Jake Zisette:

Yeah. In addition to that, Michelle just hit it just right. Really, a day in the life of that nurse is that nurse is taking care of two patients, so two patients that can be pretty sick, and those patients may be intubated and have a ventilator so we're helping with that patient to breathe. And of course, our goal is always for the patients to improve and to get better overall. And so with that, there might be a number of critical care, critical drips, what we call drips or infusions that our nurses need to titrate and keep a close eye on that are very sensitive to those patients in that care.

So it takes quite a bit of oversight from the nursing, but as you mentioned, it's a team effort. So no one lives on an island and there's some strong teamwork. It's really awesome to see, especially how challenging it's been in the last few years with COVID, but the teamwork is outstanding. And that's not just within nursing, but within our other disciplines, like you said, social work, physical therapy, pharmacy, physicians. I couldn't even scratch the surface.

Emily Tadlock:

Ugh, that's so awesome. I'm so glad you mentioned all of that. And you also mentioned, Michelle and Jake, that you're taking care of some of the sickest patients, and I would assume that along with that comes scared families.

Michelle Harding:

Absolutely. And as Jake said, usually it's a two-to-one ratio for our critical care units, but we also really, you have to take care of the families because that's just a necessity. They're scared and sometimes, as you know, these folks are so, so sick, and especially if... You know, we have a lot of death and dying in critical care, which it's not the easy part of what we do. And then our job is not only taking care of the patient, but really supporting that family member as they're starting their grieving process. It's so crucial.

Jake Zisette:

Yeah. It's not just taking care of the patient, it's taking care of the family. And that's where our nurses have such a strong sense of empathy to be able to truly take care of that family and do the best that we can, so it does require a lot of emotional intelligence.

Emily Tadlock:

What an emotional toll it must take on you too, though.

Michelle Harding:

I think it takes a very special person to be able to do critical care because you never know what you're going to come into every day, but it also can be very rewarding knowing that you've helped a patient and/or their family through a really difficult time.

Jake Zisette:

Yeah, absolutely. Especially when we had our peaks with COVID, it was tough to say the least. There's not the best words or the right words to say that, just even to scrub over would be really challenging because it was hard. It was hard.

Having said that, it was so neat to see what everybody did to come together to help not just the patients and families, but really help each other as a team and to buoy each other up. And so we're still working through that, I think, across the country with critical care nursing and we're on the upswing. I really think we are on the upswing.

Michelle Harding:

I think so too.

Jake Zisette:

Yeah.

Emily Tadlock:

That's great to hear.

Jake Zisette:

Yeah!

Michelle Harding:

Yeah.

Emily Tadlock:

I mean, it's a critical position-

Michelle Harding:

It is.

Emily Tadlock:

... that's really needed and it's definitely not easy, but as you were saying, it must be so rewarding.

Michelle Harding:

It is, yeah.

Emily Tadlock:

And so coming out on the other side of COVID, I'm hoping that you're able to take a deeper breath and reflect on some of that.

Jake Zisette:

And the wonderful part of that too is that at the end of... Why I feel like it's so rewarding for me personally, and I'm happy to hear how Michelle has in the past with her critical care experience, but at the end of the day or at the end of the shift, no matter what our nurses have done or what we've done, we always can walk away knowing that we did everything we could to help somebody. And the outcome might've been a wonderful outcome, there might be tears of joy, and there's been times when it might've

been a really tough outcome, but we did everything and our nurses have done everything they could to help somebody. And that's where we can walk away knowing that you've had that... That's where I get my intrinsic reward is knowing that we've done everything we can to help people.

Michelle Harding:

Yeah.

Emily Tadlock:

And it's got to be hard to go home sometimes after days like that. I'm assuming we have resources to help?

Michelle Harding:

We do. The hospital has the Code Lavender that they have initiated this past year.

The other thing that I will say with critical care, the people that work there, they tend to be very close because you are spending 12 hours a day and sometimes in a very rough situation or in crisis mode with some folks, so those people tend to be very close. So you have your home family, but then you also have your work family. And in spending time with the staff in CCU, I certainly know that they are incredibly tight and they help each other through, whether it's at the end of the shift, they have breakfast together just so that they can have a minute to laugh and to just decompress, that's an important piece, too.

So I think that the teamwork that you get to see in a critical care unit is amazing and there's nothing quite like it.

Emily Tadlock:

I, just real quick, want to go back to this Code Lavender.

Michelle Harding:

Yeah!

Emily Tadlock:

What is this?

Michelle Harding:

So if you have, here at the hospital, if you have a situation that has been incredibly rough, for example, we had a patient that did not survive, the patient passed away and had been with us for quite some time, and there were multiple people involved, multiple nurses that had cared for this patient, you can call a Code Lavender and the chaplain comes and you've got administrative support that comes to offer resources.

We can also call an EAP and they can do a group session. I know especially with our pediatric intensive care unit, that's really a helpful thing because those are always a little rough on our nursing staff. Because it can be a very emotionally hard place to work sometimes, we have to remember to take care of ourselves and that's the last thing that nurses do is take care of themselves.

Jake Zisette:

That's right.

Emily Tadlock:

Right, right. You're so busy taking care of everyone else, yeah.

Michelle Harding:

So there are some resources in place with the Code Lavender, and also certainly with EAP, to have people to be able to come back together maybe a couple of days after the incident to just talk about how they're feeling and how they're coping with whatever situation they may have encountered.

Jake Zisette:

Yeah. I would just add to that, because those are great mechanisms, and I think Michelle hit the nail on the head to start off with, too. It really requires leaning on each other. There's nothing like it, and just of our own staff leaning on our own staff in terms of helping each other. And that's where that bond and that teamwork comes in when it comes to working with each other.

Michelle Harding:

I agree.

Jake Zisette:

There's something that is undescrivable that nothing can replace that.

Emily Tadlock:

Ugh, I love it. It's so nice to know that you have a team that you can count on. I think that's true for anywhere you work, but especially in situations like that.

Michelle Harding:

Yeah, yeah.

Emily Tadlock:

So you know what? Let's head back a little bit. So you're a CCU nurse. How in the world did you get there? How long did it take you and-

Michelle Harding:

Whew. I got lucky. So as a new grad, I went into a small ICU. It was only a seven-bed ICU, but we did have higher acuity patients at that time. And I worked there for a little bit, and then I did some night supervision, and then I became the clinical leader of that small ICU. And then I came over here to Eastern Maine Medical Center and was the educator for our ICU. I did that for a few years, and then I went into other educational opportunities, and then the CCU position opened up.

Jake Zisette:

CCU nurse manager position, yeah.

Michelle Harding:

The CCU nurse manager position opened up. And it was a-

Emily Tadlock:

Okay. Yeah, he's not going to let you be humble about that.

Jake Zisette:

That's right.

Michelle Harding:

All right.

Jake Zisette:

Yeah, she can't be too modest. She's doing an awesome job. She's great.

Michelle Harding:

I will say that I had a personal experience just before I applied for that where my son was very ill. He's in the Navy, so he was home on leave and he ended up getting... It was the summer and he had a tick bite that nobody knew about. So he ended up with Lyme carditis and he had a third-degree heart block, and he was in Florida where nobody knew what Lyme disease was, and I spent two weeks sleeping on a bench with him in their CCU, and I realized how much I missed critical care.

The silver lining through all of it was that he was okay and that he recovered, but I realized how much I missed critical care. And when I came back and I looked at the job board, there was the nurse manager position-

Emily Tadlock:

Wow.

Michelle Harding:

... and I'm like, "All right, I'm going to try. We'll see where this goes," and so it just worked out.

Emily Tadlock:

So how about schooling-wise? What did you do there?

Michelle Harding:

So I have a master's degree in nursing, and then I also took a... I did an additional program. I did the nurse coaching program, which I absolutely loved. And that really is more about how to connect with people and how to be of service to people. Because the best part about nursing leadership is I'm not the person who's actually taking care of the patients. I'm overseeing it, but I get to take care of the people that are taking care of the patients. So I get to take care of the nurses, and that's gold because I see how hard they work every single day and what they're doing for their patients to take care of them, and that's my passion is to take care of those hardworking nurses at the bedside.

Emily Tadlock:

Oh, I love it. And Jake, we can't let you be too modest either, so explain to us what your title is.

Jake Zisette:

Oh, no, I can be... No worries. So I am the AVP over patient care services, that covers our ED and critical care areas in our trauma program. So some of my background is varied in areas within critical care and areas without critical care.

My true first exposure was within pediatric critical care setting, and I fell in love with it and taking care of those patients, and also taking care of the parents and grandparents too as well, and then gravitated

towards adult critical care as well. And equally loved it as well in terms of just the wonderful thing about nursing is that there are so many different areas to work in and so many different ways to get that, to feel like you can make a positive impact on patients. And so that's where I've felt that way working in critical care, and especially I do like to share with COVID, how challenging it was, but there was times when it was just really rewarding where we really came together just to help out. It's all hands on deck and we're all doing everything we can.

And then even today, right now, we're in a more stable position across the country right now, but we're still always going to keep the patient in our sights, regardless what the healthcare climate might be across the country. So I love that piece that you're just at... We are always doing everything we can to take care of patients.

So before I got into nursing, I was about a semester or a year away from graduating in a different degree that was not healthcare. And I felt like, "Ah, I don't know if I feel like I'm giving back to society the way that I wanted to," and just once I got into a taste of being in healthcare as a CNA and as an LPN and as RN, associate's RN then bachelor's, that I felt like this is where my personal niche was because I feel like I can give back to society the way that I want to.

Emily Tadlock:

Wow. Look at that path to get to where you are. I mean, you're speaking to the name of my podcast, Pathways, so it's interesting to hear that you started as a CNA and have now made your way up to nurse leadership, which, if you guys keep listening to our podcast, you'll hear an episode about. There are lots of different avenues people can take to get to where you're at, and so this is incredible. There's lots of room to grow.

Jake Zisette:

Yeah, absolutely. There really is. That is just the wonderful thing. I am just so passionate. I love nursing for that reason is that everyone has a different area where they feel like they can make that positive impact and get that reward. Of course, we want to give back. That's what we do. But it's important for all nurses to be able to feel like they love their job and it's not just a job, it's a passion. And so that is the beauty of it, and there's so many different great opportunities, and that's why there's people that are very passionate about critical care and that's okay and passionate about other areas too, and we support that. We support that.

Emily Tadlock:

That's great. I can't tell you guys how much I appreciate you sitting down with me today and talking to me about this. Are there some final thoughts you'd like to leave with our listeners?

Michelle Harding:

I would just say that even within critical care, so once, if we have somebody that's new to us, there's so much room for growth just in the department. So when a new nurse comes to us, they start out taking our basic critical care patients, but then they get trained to the balloon pump and then they get trained to taking care of a patient with an Impella, and then trained to taking care of a patient after post-cardiac surgery, so there's so much room for growth. And the same thing with ICU and pediatric ICU, there's limitless things that they can learn and do.

I think that there's never a day that you don't learn something new.

Jake Zisette:

Exactly.

Michelle Harding:

You know?

Emily Tadlock:

Yeah.

Michelle Harding:

You're always learning and there's always something, whether it's a new medication or a new procedure or a new piece of equipment that you're learning. Every day is a day to learn something and to grow.

Jake Zisette:

Yeah, I'll just echo that. We love continued education, right?

Michelle Harding:

Yeah.

Jake Zisette:

That's something that we can always learn something new, and that, I feel like, is very satisfying. I think you can do that in any area. In the critical care area, you have to do that. So it's a good thing, it's a good thing at the end of the day.

I would say or recommend any of those nurses that might be experienced or those new graduate nurses that are interested and maybe even haven't worked in critical care or are just thinking about it, there's nothing wrong with job shadowing, and that's a good way or a good avenue, just for a few hours to be able to at least get a taste of job shadowing an ICU nurse or a CCU nurse or a pediatric ICU nurse or a intermediate care nurse to get a taste of what they do, what a day in the life it is to be one of those fine nurses.

Emily Tadlock:

See, I love that you mentioned this because I will say that when I asked several people what their final thoughts are, a lot of them say or have said throughout the podcast, "Shadow," and I think that's so real when there's so many different types of nursing out there.

Thank you both so much for being on with me today. I can't tell you how much I appreciate you taking some time out of your day, hopefully not too long, and again, just thank you from the bottom of my heart.

Michelle Harding:

Thank you.

Jake Zisette:

Absolutely. Thank you. It was great to be here.

Speaker 1:

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 northernlighthealth.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.