

Transcript of Interview with Cindy McPhee, RN

Hi, I'm Holly with The Apprentice Doctor and today we're talking with Cindy McPhee who has been a registered nurse for over 33 years. When she first started out she attended Bowling Green University in Ohio for about a year and then decided what she really wanted to do was be a nurse. At the time Youngstown State University had a well-established associate degree in registered nursing, so she attended there. Once she had her associate degree, and passed her NCLEX and had her registered nursing license in hand, she began working as a nurse the OR.

She trained as a Circulating Nurse, Scrub Nurse, and First Assistant. That hospital had five operating rooms and they performed all the specialties. Each month all the staff would rotate through all the OR rooms performing each position. After five years there, Cindy moved to a 17-room OR in Youngstown, Ohio. Nurses there were assigned to special groups and Cindy was primarily a circulating nurse. After that she worked in an Outpatient Ambulatory Center in Austintown, Ohio. There she served primarily as a Circulating Nurse, Scrub Nurse, and Assistant for 23 years. So she's with us today due to all her experience in all the different specialties in the operating room.

Today Cindy is going to talk to us about licensed practical nurses versus registered nurses in the operating room.

Cindy, thank you so much for being with us today.

You're very welcome. Glad to be here.

1:45 Thank you. Now, when you were in school, what type of courses did you take?

1:52 In college I took anatomy and physiology, of course, maternity, pediatrics, mathematics for nurses, and pharmacology. Communications were very important, nutrition, psychology and basic patient care.

Wow, that sounds like a lot to absorb.

That was over a period of time, actually a number of years you realize.

2:25 It stills sounds like a like to absorb. Was it difficult to gather all that information?

2:30 No, not really. You know, you took it a little bit at a time and it all compounded and worked with one other. The knowledge would interact with itself and you would be able to actually learn and you would do clinical trials as well. And while you did your clinicals, it would apply itself. So it was absorbed and it made a lot of sense and it was easy to do.

3:02 Okay. Were any of your courses in school specific to the operating room?

3:10 Actually, no, not to the operating room. The only thing I did in college was that we had one week where we could observe surgical procedures and we were able to watch the delivery of one baby, which was awesome. And I really loved that part of the procedure.

That sounds like it would have been interesting to see a baby being delivered.

It was really nice.

3:40 How did you gain your experience when you wanted to work in the OR?

3:47 Well, as you had previously said, when I was hired, I was hired as a floor nurse. And the hospital where I worked had a void in their operating room nurses and they needed more people. So they approached me and asked me if I would like to work in the operating room. So, I was actually just trained on the job in the operating room for everything I learned in the operating room.

4:19 Was that scary?

4:21 It's scary in the beginning but it was fascinating for me. I went right from nursing school into learning all about instrumentation and specializing in a certain area. And it was really very exciting and I really did enjoy it a lot.

4:42 Wow. I'm not sure I could have done that. But my next question has to do with licensed practical nurses. Are licensed practical nurses on surgical teams?

4:54 Yes. And in the past practical nurses were hired often to be scrub nurses. But over time there's been a lot more surgical tech facilities and training programs that have come up. So what has happened over the years is that now, primarily, there's just RNs and surgical techs that are hired. For LPNs that are already working in hospital situations and, say, a position comes open in the operating room and they have seniority, they are being placed in operating room positions. But now most LPNs are really not being hired, per se, for the operating room in hospitals.

5:48 Okay. Alright. that's really good for our visitors and especially our high school students to know as they're considering what type of nurse to be. Are they ever invited to surgical teams or are surgeons automatically, or, excuse me, I misstated that question. So LPNs aren't necessarily invited to surgical teams and they are not automatically part of a practical nurses' daily routines.

6:18 As far as I'm aware, if you're hired in a operating nurse to be a practical nurse, then yes, you would be part of a surgical team. You would be a scrub nurse or an assistant. You cannot be a circulating nurse. That is only a position that an RN can hold. It has to do more with the legal

paperwork and matters and being patient advocates - things like that - more technical. But the LPNs would serve on a surgical team as scrub nurses in an operating room. They would work with different teams as far as specialities.

7:08 So when you say that it's a scrub nurse, can you explain what a scrub nurse and a circulating nurse are?

7:17 Scrub nurses actually scrub at the table. They set up, they gather and set up surgical supplies for different procedures. Then they set those up and actually scrub with the doctors and surgeons at the table. Perhaps they work at having to assist as well. They are with the procedure as long as it lasts. Afterwards they would clean up and then they would be responsible for cleaning, sterilizing instrumentation and setting up work for the next day. Primarily scrub nurses work at the OR table with the doctors.

8:06 Circulating nurses are the nurses that - we would be responsible for also gathering up equipment and making sure we have everything ready for the surgery and the operating room. Then we go and introduce ourselves to the patients. We go through all the paperwork and medical records, all the permits, and all that. We would also work with the doctors and the team in making sure that the surgery that the patient was expecting to have, we would work with them making sure that all the paperwork was signed for that. We were all on the same page about what exactly we were doing that day.

We would work with anesthesia as far as limitations were given. During anesthetic we are standing by their side with the anesthetist while they induce the patient. We also then are responsible for writing up all the paperwork and overseeing the sterile technique in the operating room. And doing any kind of - we have a lot of video work that we do and are responsible for taking pictures and getting those and keeping the records. And then when the patients wake up we are, of course, with the anesthesia department and then we move the patient and transport them to the recovery room.

Okay. That sounds like a great deal of responsibility.

It is. But it's really, really fun. Really rewarding I should say.

9:53 Sounds like it would be. Can you tell me or give me a little idea, and also our visitors, of what types of surgeries you did?

10:03 I worked in open heart surgery. We also did a lot of thoracic and worked with pulmonary and the lungs. I did a lot of neurological and spinal cord laminectomies, craniotomies, a lot of orthopedic with different bone fractures, joint replacements, hand surgeries, eye surgeries, podiatry and general cases that would involve anything in the abdominal cavity.

10:42 That sounds like a lot. About how long were the surgeries? Maybe give me an idea of what the shortest surgery was and what, maybe, the longest surgery was.

10:55 Well, a short surgery could be anything from just doing a biopsy and maybe removing something from the skin. That could be maybe 20 minutes to half an hour. Or if you're doing any of the colonoscopies and the gastrophopies, they usually take 20 minutes or so. The neuro things, or cardiologies, I'm sorry, craniotomies, or orthopedics depending on the fractures and things, could last maybe eight to ten hours or more.

11:32 And you had to be on your feet the whole time?

11:34 Yes.

11:42 That sounds like a lot of stress.

11:44 And it can also be very stressful working with surgeons that long. Everybody gets a little tired sometimes and everybody has their own personalities. And occasionally things can get tiring and stressful as you said.

12:02 Those are good things to know because they don't show that on television, do they?

12:13 No, they don't. At least not them interacting with the scrub people. Maybe with each other, the anesthesiologist or the other residents are interacting on TV. But you don't see much about the scrub people in the room.

12:28 One of the things I did when I taught and oversaw medical programs is that I liked to tell surgical technologists and nurses is that if they are in the operating room they simply need to do what the surgeon, and maybe what the first assistants tell them to do. And not question it. Is that good advice for me to have given?

12:52 That is good advice unless there is a problem that you would see through your experiences and whatnot. And if you would have an issue, that would be something that you could call your circulating nurse over to you and the two of you could discuss together. If you have a question about something, and it wasn't an emergency of course, you could take the time to do that. And then it would be her responsibility to decide to engage the surgeon about that at that time.

13:32 Okay, so there is an opportunity in the operating room to continue to learn and grow professionally and get more and more comfortable with what's going on on the table. Is that an accurate assessment?

13:47 Absolutely. Absolutely.

13:52 Great. When you got into the OR and you knew that you liked it and you started working through it, was there something in the operating room that you weren't prepared for that maybe you wish you had been.

14:08 Well, one of the things I didn't anticipate was how much time I was going to spend with my awake patients. I mean that seems silly, maybe, but we had a very short time to be with a patient. And you have to learn how to very quickly build a rapport with them. You're trying to take information and you're trying to get all their medical forms put together. But you're also looking at the patient and their families that are there at the time and you need to gain their trust quickly.

And that was something that I didn't anticipate. It took some time for me to learn. But once I did it, it became the most rewarding part of my career in that I could meet somebody while I was educating them and consoling them and distracting them from their fears, that I would stand with them at the operating table while they went to sleep. That was probably the best part of my career and as rewarding to me as if I had worked with patients on the floor.

That sounds really nice. I wouldn't have been prepared for that, either. That's good for our listeners to know.

15:34 Now, our last question today is, if one of our high school students is seriously considering becoming a licensed practical nurse and wants to be involved in the OR, would you advise them to go for a bachelor degree in nursing, instead? Or the associate degree in RN? What would you think would be the best path for them if they really want to work in the OR?

15:59 I would suggest to them that they would become an RN because right now medical facilities, like hospitals, are hiring mainly surgical techs and RNs with four-year degrees. And I would, while they're young and energetic, I would encourage them to invest in their future by taking more time and getting their four-year degree right now. It will provide them with multiple opportunities in their career choices.

16:35 That is great advice. That is great advice.

That's all the questions I have for you today, Cindy. I really, really thank you for being with us today. I know that everything that you have said and shared with our visitors, especially our high school students and probably their parents, will be taken to heart and considered as they decide what type of nursing path they want to take. So thank you very much. I appreciate the time you've taken with us today.

You're most welcome. Thank you.