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The Other Side of the Sheets: Transitioning from Nurse Leader to Patient

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In a recent interview, I had the pleasure of sitting down with Katie Moss, the Interventional Radiology Nurse Manager at UC San Diego Health, La Jolla campus. Katie brings a wealth of nursing experience in critical care and leadership. This interview outlines her nursing journey and her ongoing personal battle with breast cancer. The interview took place at her home following a delightful dinner with her 2-year-old son and husband. We delved into Katie's professional nursing pathway and gained insights into what the other side of the bed has been like for her, transitioning from a thriving bedside nurse to her role as a nursing leader, to her experience as a patient.

Sheri Villanueva (SV): Could you please provide a brief synopsis of what led you to pursue nursing and detail your nursing pathway at UCSDH (University of California San Diego) up to your current position?

Katie Moss (KM): My mom and my aunt, who is her sister, were both nurses, and my dad is a pharmacist. Growing up in a household surrounded by medicine, it just came naturally to me. When I entered college, I resisted it for a while, but the medical terminology was already ingrained in me. Everything just flowed effortlessly, and I felt at ease in the hospital setting. Spending numerous holidays visiting my mom and aunt in the hospital, whether it was Thanksgiving or Christmas, contributed to my inclination towards nursing.

At UCSDH, I began as a new graduate nurse in the neonatal ICU, where I spent approximately two years. During this time, I actively participated as part of the code pink team. Subsequently, I seized the opportunity to pursue my true passion, transitioning to adult critical care ICU. I dedicated a decade to the Hillcrest CCU, taking on various leadership roles, such as charge nurse, code, and rapid response nurse. Additionally, I served as a preceptor and had the privilege of teaching ART (Advance Resuscitation Training) and BART with the Education, Development, and Research (EDR) department at UCSDH. Upon my decision to further my education, I earned my master's degree in Executive Nurse Leadership from the University of San Diego (USD). After graduation, I joined the



Katie Moss, RN, MSN, CCRN

holds a Bachelor's Degree in Public Health from San Diego State University, a Bachelor's Degree in Nursing from Creighton University, and a Master's Degree in Executive Nursing Leadership from the University of San Diego. Additionally, she is a graduate of UC San Diego's Health Leadership Academy. Katie has been a part of UCSDH since 2011, initially serving in bedside roles in the NICU and CCU, teaching ART and BART, and currently holds the position of Nurse Manager within the International Radiology department in La Jolla. Outside of work, Katie enjoys spending time with her husband and 2-year-old son, as well as with their family and friends. She enjoys traveling, attending Broadway and comedy shows, and catching a baseball game.

Interventional Radiology (IR) department in 2021 as the nurse manager for both Hillcrest and La Jolla. In 2022, the nurse manager role was divided, and I assumed leadership of the La Jolla IR department.

SV: Reflecting on your journey as a nurse, what pivotal moments or experiences do you believe played a key role in shaping both your personal growth and professional development? Additionally, could you elaborate on your recent educational journey and provide more details about your master's degree program and how it influenced your perspective as a nursing professional?

KM: I earned my master's in Executive Nurse Leadership from the University of San Diego, concurrently participating in the Health Leadership Academy at UCSDH. These two nursing leadership opportunities provided unique perspectives and contributions to my professional journey. The initial years as a new graduate nurse, especially in the NICU, involved substantial learning and growth. The NICU experience significantly differed from nursing clinicals, offering insights not extensively covered in nursing school. Moving into critical care and adult ICU brought about an even more profound learning curve and cultural shift. I found the ICU to be the domain with the most pertinent medical knowledge and its practical application. Each day presented new challenges, caring for the most critically ill patients in the hospital. I was fortunate to have supportive coworkers who enhanced my professional experience.

However, as I progressed in my career, I recognized that the environment and patient population I was immersed in began affecting my mental well-being, particularly during the challenges of the COVID-19 pandemic in 2020 when our unit became the designated COVID unit. The constant exposure to traumatic situations and the emotional toll of witnessing patients dying without their families took its toll. The realization that this would be a recurring aspect of my work led to a reassessment of my nursing career. The heightened anxiety

and tendency to envision worst-case scenarios prompted me to explore alternative paths. Fortunately, UCSDH provided opportunities to delve into different nursing roles.

Ricky Padilla, a former coworker from CCU, had completed the master's program at USD, so I sought advice to understand the program's applicability to my next steps and had extensive conversations to help decide if this program was right for me. Subsequently, I engaged with the School of Nursing at USD, and this exploration ultimately proved to be the right move.

SV: Would you consider Ricky Padilla to be your mentor? Could you share more about his position and influence at UCSDH?

KM: Ricky Padilla served as a Clinical Nurse Educator for EDR. His experience as a coworker in the ED (Emergency Department) and CCU instilled confidence in my decision to pursue both the Executive Nurse Leadership program and the UCSD Health Leadership program. Additionally, I engaged in Lean Six Sigma through UCSDH, and Ricky proved to be a valuable resource, providing mentorship and guidance throughout the process.

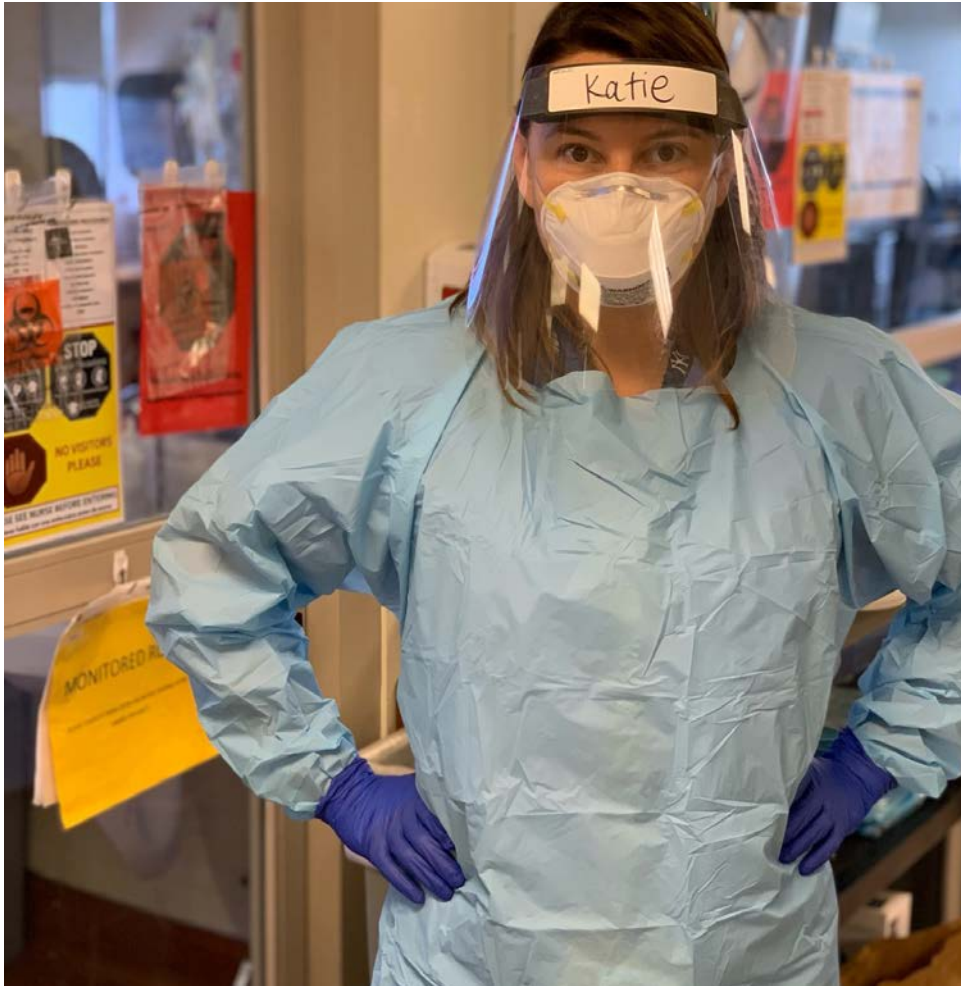
SV: What an invaluable connection! Your trajectory has been amazing and is a wonderful journey that I know will inspire others. Let's take a moment and shift our focus from the various nursing opportunities you have highlighted and move onto some personal moments. Would you share your recent health journey, particularly detailing the challenges you went through in 2023 and your current experiences?

KM: In late April 2023, I detected a mass in my left breast. At that time, I was still breastfeeding my 19-month-old son. Initially, I observed the mass for about a week or two, considering the natural changes in female breast tissue during our cycles. However, after two weeks with no change, which was unusual, I decided to contact my OB office. My OB immediately ordered an ultrasound, I went into the ultrasound thinking it might be a clogged duct due to my inexperience with such issues.



Sheri Villanueva, RN, BA, ART/BART Instructor has been a critical care nurse since 2007 and currently works on the CCU as a Charge, Rapid response, and Code RN. She participates actively in UBPC and hospital wide Code Blue committee. Many of you may know her from her classes as an ART/BART instructor where she helps staff gain confidence and competency recognizing and intervening on deteriorating patients. Prior to becoming a nurse, she taught elementary school grades K-3 and also owned her own gymnastics gym for 15 years. Her favorite activities are to watch her son perform with his band Saint Luna, watch theater shows, travel, and spend time with family!

Katie working in the ICU during Covid-19.



Following the ultrasound, the radiologist expressed concern about both my breast and left axilla. He decided to perform a mammogram on the spot, and after reviewing the imaging, he reiterated his concern and suggested a biopsy. Fortunately, there was a cancellation that morning, allowing me to undergo the biopsy promptly. The radiologist who conducted the biopsy shared his experienced perspective, expressing confidence that the results would unfortunately confirm cancer. My biopsy was completed on May 3rd, and on May 5th, the confirmation came, it was positive for carcinoma in both my left breast and lymph node.

Subsequent bone scans, CT scans, and MRI imaging were conducted to

check for cancer elsewhere in my body. I started chemo on June 1st as part of a clinical trial at UCSDH, involving four doses of a monoclonal mixed antibody combined with chemotherapy, the maximum allowed in the trial. Following this, I underwent 12 rounds of paclitaxel, a chemotherapy that is standard of care for breast cancer. Throughout the chemotherapy treatment, I underwent multiple MRI scans, CT scans, and biopsies. My chemotherapy treatment with palitaxel concluded on November 15th.

On December 28th, 2023, I underwent surgery, and looking ahead to 2024, my plan includes six weeks of radiation and maintenance with oral medications.

SV: Wow, that has been quite a journey, and I am grateful for your openness in discussing your health challenges. Let's discuss the impact of entering a disease process like breast cancer. Firstly, how has it influenced your perspective as a nurse, and secondly, now that you've walked in the footsteps of a patient, how has your outlook shifted your point of view?

KM: How has my nursing career influenced my experience as a patient? Well, I don't always disclose that I'm a nurse, but when I'm in the infusion chair preparing for chemo and a nurse is attempting to start an IV or handle any procedure, I make a conscious effort to remain patient with everyone. Being on the receiving end, I understand the importance of being understanding and cooperative. I recognize the challenges of the job and I don't want to be a difficult patient.

Going into my appointments, I try to formulate as many questions as possible without resorting to Google or WebMD. I brainstorm and try to come well-prepared with my inquiries and ask myself, "What do I not know?" or "Is there something you want to tell me?" I'm genuinely eager to listen to my medical team, especially considering that the nurses, who spend the most time with patients in the infusion center, are the ones with me throughout the day. It's not my medical oncologist. I value the insights and suggestions the nurses may have as I approach my appointments.

In essence, I try to be an exemplary patient – the kind of patient I would want to have if I were in the nurse's position.

SV: Did the nurses taking care of you know you were a nurse? How do you think it affected your care?

KM: Eventually, yes, because it is in my medical record, and it's a bit obvious on Epic. To access my chart, they must "break the glass." So, they often inquire about what I do. I don't actively volunteer the information right away, but I won't withhold it if asked.

SV: Do you think it positively contributed to your care?

KM: I do! It's twofold. Firstly, as a medical professional, considering everything we know, it gave me an advantage over, you know, someone like my husband, who has no medical background whatsoever. He's a landscape architect. I mean, he wouldn't know what to ask or what certain things mean, and I do. I think it helped my care as well because I knew a lot of people. For example, one of the people I was in the Health Leadership Academy with was a surgical oncology nurse practitioner. I called him the moment the radiologist told me I need to find an oncologist, and he got me scheduled for the very next Tuesday. I had my scans on a Wednesday, and I was seen by a surgeon on Tuesday, not even a week later. I genuinely think it made a difference.

However, having medical knowledge also has its drawbacks because we have this saying that we "know too much." In the ICU, we saw a lot of patients that had cancer and witnessed the impact it could have on them. I had to remind myself that those were very, very sick patients with a lot of comorbidities. Considering myself a young 37-year-old woman, meaning prior to my cancer diagnosis at 36-years-old, I prioritized things like sleep, self-care, nutrition, and exercise. I've continued to weight train throughout my treatments, joined a young survivors cancer support group, and consulted with a nutritionist to optimize my dietary and supplemental needs aiming to take the best possible care of myself. It's crucial to remember that everybody is different. Sometimes the anxiety is a lot higher because I know too much. Knowledge is twofold. So that's how I feel nursing affected me as a patient.

SV: So as a nursing leader, how do you take your own personal experience and carry that over to influence your own staff? Is there anything you feel strongly about that comes to your mind? For example, do you want to make certain changes as a leader because you realize it's something that didn't seem that important until now, but with your newfound perspective from being on the other side of the sheets, you view it differently?

KM: I think, in a way, I've been contemplating next steps in returning



Katie during her infusion.

to work. My role is very high stress, being in a management position where you're on call 24/7 and dealing with various challenges. I've been thinking about how to take care of myself as an individual, a young woman, a mother, and a wife. How do I continue to foster my professional growth and development in the same token? I have been reflecting on that a lot.

There's a drive in me to explore roles like working at the Breast Cancer Center, for example, where I can speak to my own experiences. I recall one of the first appointments I attended after I started losing my hair, and a mammogram tech walking out of that side of the Breast Cancer Center noticed me. She mentioned, "Oh, I had that haircut a couple of years ago." I was grateful for her taking a moment to share her experience with me. I wish I could find her again to thank her for the positive impact it had on me. If I could work there and share with people that I've been through it too, and you can be on the other side of this, serving as a symbol of hope or helping them through their darkest times, that would be meaningful. That is part of why I got into nursing, and I think it would be a

great opportunity. However, I also struggle with the thought of having too much cancer around me and wanting to move past it. Nursing offers many avenues, and as I continue healing, my thoughts on this will continue to evolve as I look at opportunities to help others as well.

SV: That's a significant aspect—the potential impact on future patients, not just for yourself but for the health system overall. It's a profound thought, truly contemplating those kinds of changes because what may have seemed less important before now carries significant weight based on your journey.

KM: I haven't started thinking about that aspect yet. I will say, particularly about my unit, I've built a very strong connection with my staff. We've kept in touch while I've been out, and I feel a lot of love and support from my staff. I know that this bond will carry over when I come back, fostering mutual respect, and understanding healthy boundaries, self-care, and how that runs in parallel with accomplishing the work. It provides an opportunity to

minimize the petty aspects present in any workforce or job and focus on what truly matters—taking care of each other and taking care of our patients. I believe it will contribute to a healthier workforce with that perspective in mind.

SV: I appreciate that perspective. How do you envision these thoughts transitioning into reality? Specifically, how would these manifestations unfold for you personally and what kind of positive impacts or gifts do you foresee extending to your staff? Are there aspects from your cancer journey that you would like to replicate for your team during challenging times, addressing work-life balance complications, and providing mutual support to help alleviate these common burdens?

KM: Understanding what support looks like to a person is key and I think it's very individualized. So, if we know each other, it's okay to also ask specifics, for example, "How can I best support you during this time?" or making some suggestions like, "Here are some ways that I feel I can support you. Do any of those sound like a good option for you to accept?" I think I would want to come to my staff with options when

offering support. Ultimately, I believe it's all about mutual respect, for each other and for our patients. Maintaining healthy boundaries and trying to be mindful continuously of what matters most requires patience, taking a minute to think carefully and thoughtfully about what we say, what we do, how we act, how we respond. Those are all so important and taking a minute just to think about the big picture. Those are some things I think would be helpful. It's like low-hanging fruit right there. I recognize it's easier said than done, but when a workforce has this as their foundation, it is low-hanging fruit with powerful reward. That is something so simple that we can do to show up for one another.

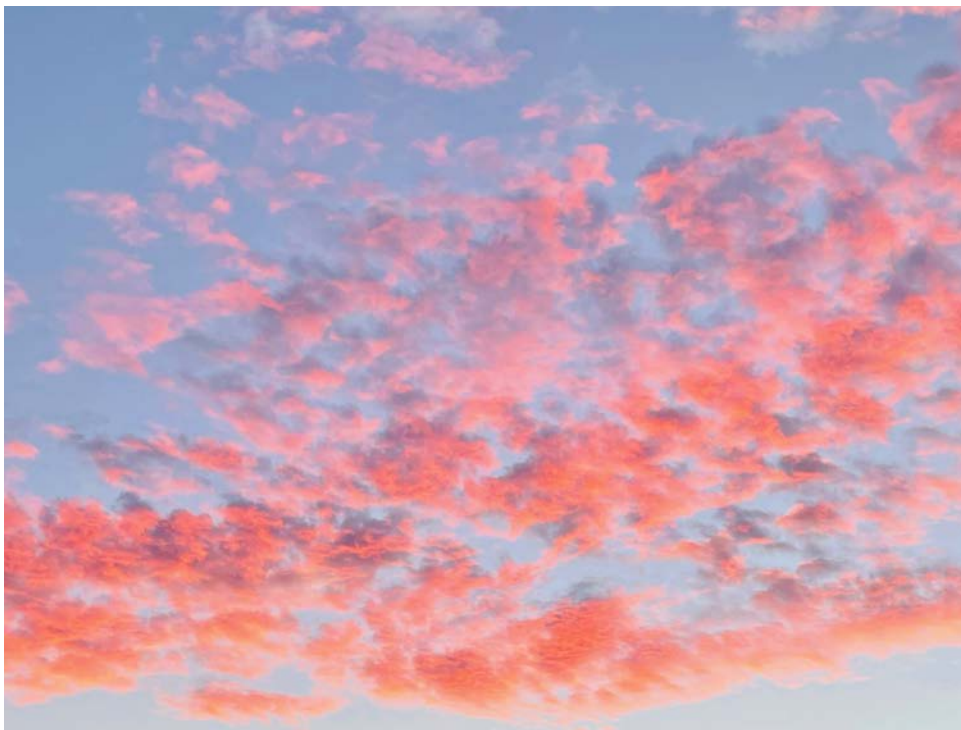
SV: Have there been any significant experiences during your medical journey, such as interactions with healthcare professionals or moments in your appointments, that you'd like to share with nurses as insights into avoiding burnout and sustaining well-being? Reflecting on your own hospital experience, where you were sometimes met with familiar and trusted colleagues, how do these experiences shape your perspective on the importance of caring relationships in healthcare?

KM: Yes! As I previously mentioned, there was a mammogram tech, who took the time to talk to me and her kindness and candor really stuck out to me. My infusion treatments are at the Breast Cancer Center at KOP (Koman Family Outpatient Pavilion). The schedulers have started to remember my name, so they'll say, "Hi, Katie!" They just remember you and being known is comforting and kind. It's a friendly face when you're going into such a devastating situation. My medical oncologist, Dr. Kay Yeung, takes a moment to sit with me in silence when I am emotional, providing the space and the time for me to feel whatever I need to feel. She has been so incredibly patient with the thousands of questions I've had, and I often keep coming back to her asking to clarify things. I'll say, "Tell me that again." or "Did I hear you right when you said this?" She takes the time to re-explain things without judgement. She has used a simple gesture like a hand on my knee and it reminds me that she is present, and I feel supported and cared for.

Another meaningful experience at the Breast Center is they do an interdisciplinary conference called Tumor Board. They get together and discuss their patients from a holistic framework, and it's a collaborative and interdisciplinary team. You feel like they're not missing anything. You just feel so well cared for. I talked about the nurse practitioner who helped get me into appointments in a very reasonable amount of time and I know of other team members that function like patient navigators and help in this manner. Having help to maneuver the health system is priceless.

SV: Can you expand on the meaning of interdisciplinary care?

KM: Certainly. The team that meets consists of multiple disciplines such as pathology, pharmacy, surgeons, medical oncologists, radiation oncologists, and potentially someone from the lab. There may also be social work, case managers, and any other team member that can contribute valuable input. Their purpose is to look at your situation and curate the most personalized medical treatment based



on the most current research for your cancer type and offer suggestions, clinical trials, and goals of care for diagnosis and prognosis. It instills a sense of trust and confidence that they're not missing anything because of that. It's comprehensive care.

SV: Have you felt satisfied with the care you have received at UCSDH and what factors contributed?

KM: Yes, I am very satisfied. I think it helps to know people and it helps to know how the health system works. In the initial state of shock at my diagnosis, having people in my corner took a huge weight off me and my family. One less thing for me to worry about. I wasn't consumed with thinking about how to navigate the system, who to call, who to contact, what scans I needed, what their phone numbers are, etcetera. Those are stressful things without a cancer diagnosis, and at the moment, you can barely comprehend what is happening. You have no idea where to start and you're expected to make this appointment because you've just been told you have cancer. That's it. It's so simple but so scary, right? The experience is surreal so having someone that could start mapping out my appointments to navigate the system such as which doctor I needed to see or what tests needed to be done, truly bolstered my ability to cope with my diagnosis.

SV: Could you share your experience with having a patient liaison or advocate at the beginning of your cancer journey? How did they assist you in initiating and navigating the process?

KM: I was put in contact with the administrative assistant of one of the oncology breast surgeons. The impact she made was incredible. Looking back, I don't believe what she did for me was even in her job description, but having her plug me into all the different appointments and places made all the difference. She planned out all my initial doctor's appointments, tests, scans, and lab work and she just kind of nailed it!

The Breast Center also has social workers. I received a phone call yesterday from social work, just

checking in to see how I was doing. I was recovering from surgery, so I was a little foggy still and I don't remember the name of the person who called me. Additionally, I was called by the pharmacy department because they know that going into the first of the year, my deductible resets with my PPO plan: it's a low premium and a high deductible and the injections I must get are thousands of dollars. The pharmacist got me set up with discount codes for my medications and I didn't have to call anyone. I didn't even know to ask for these discount codes or that they were even offered but she reached out to me and certainly saved me a lot of money. I have received excellent care.

SV: I really believe in a role such as a patient advocate or patient navigator that when a person gets a disease process that is obviously life-changing, like cancer, there is a role that nurses or others can play. I wonder if our health system has people in those types of roles.

KM: At the Breast Center they do, and I think Moore's Cancer Center does too.

KOP Breast Center has received a lot of donations, so, they've been able to have some of those, things that we didn't necessarily have in ICU, and that was the role that the nurse played. We had social workers and case managers, but they covered many inpatient units.

SV: Certainly, with your diverse nursing experiences, from NICU to adult critical care, and now as a patient in oncology, each setting brings its own unique culture. Could you share your observations on the differences in the nursing culture, including personalities and dynamics, between NICU, critical care, and outpatient oncology? Do you have any intriguing takeaways or amusing anecdotes to share about these diverse environments?

KM: ICU nurses are very strong advocates for our patients. We speak up for our patients and same with then NICU nurses. I think I was a good CCU nurse because NICU taught me to trust my instincts and to speak up the moment I felt like something was wrong because babies crump very, very quickly because they're only inches long. If you don't speak up and act

quickly, you risk a life. I learned how to be a good advocate in the NICU. I think that was one of the most amazing things I took away from my NICU experience and that's something that will follow me forever. In contrast, the nurses in oncology have such a different ability to care for the mental part of it all. Their nursing tasks might seem simple compared to a 12-hour shift in the ICU, but an infusion nurse does much more than just hang the chemo medications. They can care for you mentally so much better than an ICU nurse might have the time to invest at times, given how sick someone might be, and I see the oncology nurses have a different capacity.

SV: That's intriguing. It seems that the primary focus of their nursing practice in the oncology setting isn't solely based on the technical aspects or the speed of tasks like titrating vasopressors in the critical care setting. Instead, it's about the emotional and mental support they provide to their patients. Could you elaborate on how this emphasis on mental support plays a crucial role in the care they deliver?

KM: In the ICU, we were given opportunities to be very supportive and we desired this for ourselves and our patients. But sometimes titrating the drips or cleaning a patient up or something else took precedence, and we had to prioritize life saving measures over mentally supporting the patient and their families and it is important to acknowledge our limited bandwidth. I feel like we didn't have the ability to give as much mental care as one would want. And so that's something I'm grateful for in the Cancer Center; you build a relationship with the nurses. Every single person knew my name.

SV: Really? That is amazing and so personal. You didn't have to introduce yourself on every single visit?

KM: Yeah, I mean, I had 16 rounds of chemo, so I was there every week on Wednesdays. I cycled through probably every single one of those nurses at some point, but even the nurses I only had once knew my name. When I walked in, it was, "Hi, Katie, how are you

today?” Everyone was just kind and personable.

SV: So, you weren't just a bed? I know in the ICU we have a habit of calling patients by their bed number instead of by their name.

KM: No, definitely not. Every time they call your name, you emerge from the waiting room, and then you proceed to accompany them into the infusion center. There's this amusing routine where they ask for your name and date of birth, and towards the end, there's a playful banter, almost like, "Is it really you?" And of course, they knew I was Katie.

SV: You weren't designated as a bed number or a chair in the infusion center. I often find it challenging to recall my patients' names in the ICU since we typically refer to them as bed numbers like Bed 7 or Bed 3. This practice of not using names can feel somewhat disrespectful, and I wonder why I struggle to consistently remember my patients' names.

KM: It's probably a protection mechanism, though, too. You know, in ICU, these patients are on the verge of life and death, and we can't see death every single day and be OK. That's not healthy for anyone. I believe it's one of the ways we protect ourselves, a method of depersonalizing your care. I'm sure of it. In oncology, I walked in and walked out of every appointment and my husband came with me every time. The nurses all knew my name. They may not have known my husband's name, but they knew him, and they knew he was going to be with me at every single appointment because he never missed an appointment. And the nurses would talk to him too. They knew my preferences and that I was doing cold capping, and that the process of cold capping was very painful. There were a couple of medications that they gave me for cold capping, but these took about 30 minutes or so for the benefits to settle in after I took the medication. From the moment I was checked in, the nurses would have my pre-meds ready to go, sparing me any unnecessary discomfort. I would take my pre-meds.

Then I would go put the cold cap on. Then I would come back, and they would hook me up to the machine. They knew to give it to me the second I walked in so that we could get that 30 minutes going so the medication would have time to kick in. The nurses just knew my preferences.

The first couple of appointments, the nurses would approach me with, "OK, let's see what works," and then during future treatments, I would say, "OK, this worked really well last time. Let's do that again." My treatment plan became, "OK, she likes her pre-meds the moment she gets here." The nurses would consistently provide that support for me.

SV: Reflecting on the diverse healthcare professionals involved in your care, including technicians, doctors, nurse practitioners, and nurses, who, in your opinion, has had the most significant impact on your journey?

KM: One experience that stands out in my mind, especially considering your mention of technicians, is from when I had my bone scan. When I had my bone scan, the machine moved really close to me and it went really slow, and being claustrophobic, I found it challenging. However, the tech in the room talked to me throughout the scan making me feel super comfortable. He also knew who I was, so as soon as the scan was done, he said "Look, I'm not a doctor and I'm looking on a very tiny screen. But at a quick glance, I want you to know, I don't see anything glaring that stands out that suggests issues in your bones. Now, a doctor will have to read it. They'll have to look at it on a much bigger screen." This moment was significant because someone took the opportunity to provide reassurance, understanding the anxiety that comes with being a patient. It's got to be so scary to wonder, "Do I have Stage 3 cancer or Stage 4 cancer?" The difference is huge, and it gave me hope!

SV: Hope! I love that!

KM: The MRI techs also stood out to me. Every single MRI, the weight of the results is so heavy and decides your next steps. Every time, the MRI techs

have been such a blessing, talking to me the whole time, understanding my anxiety, and reassuring me, saying "You're doing a great job." They guide me through each run, informing me, "We are going to do this run for four minutes," and after those 4 minutes, they update me on the last run. All the techs were amazing. I recently had a nuclear medicine scan right before surgery, and it was the same experience. The tech said, "OK, I'm here with you," standing next to me even though he could step away from the machine. It's heartening to encounter people who consistently demonstrate kindness at every step.

In radiation, the nurses and the techs make notes about your preferences, best position on the table, and ways to avoid burning such as putting a rolled gauze around my neck so there's no skin to skin contact. Everyone looks at the notes before every treatment session so I don't have to repeat myself and I get the same care every single time no matter who is on that day. They play my favorite music during my radiation sessions, and engage in genuine conversation with me, remembering things I've said and following up with stories I have. This personalized care is so comforting in so many ways.

SV: Do you think the positive experiences were due to your affiliation with the UCSDH system, or do you believe it was connected to your role as a nurse? Or was it more a general approach from your overall team?

KM: For my MRIs, I don't believe the technicians knew who I was. They could have, but I honestly have no idea if they knew I was a UCSDH staff member. We didn't talk about it. I think it's just that we have great people who are so kind and in their job for the right reason, and they help comfort our patients and make them feel much better every day.

SV: That's awesome to hear. It brings me joy because it reflects your desire for excellence in the UCSDH healthcare system. We want to be a part of a top-notch health system!

KM: So, you asked about who made the

most significant impact. I believe every single person holds a different place in my heart. My closest relationship is probably with my medical oncologist since she has guided every step throughout all of this. I attend all my appointments based on what she feels is best. However, every person at every appointment has been impactful in their own way. It is a tough question to answer because they have all been impactful; each person's role is crucial. Everyone's job is so important. Those mammogram techs, oh man, they are incredibly kind. They're there to hold your hand through all the uncomfortable moments when the machine smashes your face on one side, and you're trying to hold your breath when all you want to do is cry and scream. Some have even shared their personal cancer stories. It's a personalized experience for everyone, truly each person plays a significant role and I do mean everybody!

SV: If you're comfortable sharing, what insights or advice would you provide to nurses going through personal health challenges?

KM: If you're comfortable, discussing your experiences can be immensely beneficial. That's my primary recommendation, because for me, engaging in open conversations has resulted in various positive outcomes, such as faster appointment bookings in the early stages and a more effective coping mechanism for trauma. By sharing your journey, you allow people to show up for you.

Remember, you don't have to go through this alone. You shouldn't go through it alone. People want to be there for you and help you, whether it's your coworkers that you know so well, your friends, your family, or even a compassionate mammogram tech that sees that you are starting to lose your hair. People genuinely want to support you and want to show up for you. So, if you're comfortable talking about it and if you're comfortable just like showing up authentically, whether it's about the challenges you're facing, such as hair loss, or any other aspect, it can be incredibly beneficial. This approach has helped me ask the right question, receive information in a timely manner,

and access the best care. My hope and plan are to be around for quite some time for myself, for my son, for my husband.

SV: I want to express my gratitude to Katie Moss for openly sharing her experiences and vulnerability, detailing her transition from the UCSDH nursing pathway—from her roles at the bedside and in leadership—to becoming a patient within our healthcare system. There are invaluable insights to glean as we navigate diverse nursing pathways. Katie's experience offers valuable insights as we consider the importance of caring for one another, fostering mutual respect, providing individualized support, and prioritizing self-care. This narrative emphasizes the significance of creating a culture of transparency and understanding when facing mental and physical health challenges and is vital for personal healing and essential for our capacity and ability to care for others. Katie's story inspires thoughtful consideration of our fundamental role as nurses and the insight in our ability to prioritize our health first and foremost as we consider how to optimize both our professional and personal lives.

SV: Have you felt satisfied with the care you have received at UCSDH and what factors contributed?

KM: Yes, I am very satisfied. I think it helps to know people and it helps to know how the health system works. In the initial state of shock at my diagnosis, having people in my corner took a huge weight off me and my family. One less thing for me to worry about. I wasn't consumed with thinking about how to navigate the system, who to call, who to contact, what scans I needed, what their phone numbers are, etcetera. Those are stressful things without a cancer diagnosis, and at the moment, you can barely comprehend what is happening. You have no idea where to start and you're expected to make this appointment because you've just been told you have cancer. That's it. It's so simple but so scary, right? The experience is surreal so having someone that could start mapping out my appointments to navigate the system such as which doctor I needed

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SV: Could you share your experience with having a patient liaison or advocate at the beginning of your cancer journey? How did they assist you in initiating and navigating the process?

KM: I was put in contact with the administrative assistant of one of the oncology breast surgeons. The impact she made was incredible. Looking back, I don't believe what she did for me was even in her job description, but having her plug me into all the different appointments and places made all the difference. She planned out all my initial doctor's appointments, tests, scans, and lab work and she just kind of nailed it!

The Breast Center also has social workers. I received a phone call yesterday from social work, just checking in to see how I was doing. I was recovering from surgery, so I was a little foggy still and I don't remember the name of the person who called me. Additionally, I was called by the pharmacy department because they know that going into the first of the year, my deductible resets with my PPO plan: it's a low premium and a high deductible and the injections I must get are thousands of dollars. The pharmacist got me set up with discount codes for my medications and I didn't have to call anyone. I didn't even know to ask for these discount codes or that they were even offered but she reached out to me and certainly saved me a lot of money. I have received excellent care.

SV: I really believe in a role such as a patient advocate or patient navigator that when a person gets a disease process that is obviously life-changing, like cancer, there is a role that nurses or others can play. I wonder if our health system has people in those types of roles.

KM: At the Breast Center they do, and I think Moore's Cancer Center does too.

KOP Breast Center has received a lot of donations, so, they've been able to have some of those, things that we didn't necessarily have in ICU, and that

was the role that the nurse played. We had social workers and case managers, but they covered many inpatient units.

SV: Certainly, with your diverse nursing experiences, from NICU to adult critical care, and now as a patient in oncology, each setting brings its own unique culture. Could you share your observations on the differences in the nursing culture, including personalities and dynamics, between NICU, critical care, and outpatient oncology? Do you have any intriguing takeaways or amusing anecdotes to share about these diverse environments?

KM: ICU nurses are very strong advocates for our patients. We speak up for our patients and same with then NICU nurses. I think I was a good CCU nurse because NICU taught me to trust my instincts and to speak up the moment I felt like something was wrong because babies crump very, very quickly because they're only inches long. If you don't speak up and act quickly, you risk a life. I learned how to be a good advocate in the NICU. I think that was one of the most amazing things I took away from my NICU experience and that's something that will follow me forever. In contrast, the nurses in oncology have such a different ability to care for the mental part of it all. Their nursing tasks might seem simple compared to a 12-hour shift in the ICU, but an infusion nurse does much more than just hang the chemo medications. They can care for you mentally so much better than an ICU nurse might have the time to invest at times, given how sick someone might be, and I see the oncology nurses have a different capacity.

SV: That's intriguing. It seems that the primary focus of their nursing practice in the oncology setting isn't solely based on the technical aspects or the speed of tasks like titrating vasopressors in the critical care setting. Instead, it's about the emotional and mental support they provide to their patients. Could you elaborate on how this emphasis on mental support plays a crucial role in the care they deliver?

KM: In the ICU, we were given opportunities to be very supportive and

we desired this for ourselves and our patients. But sometimes titrating the drips or cleaning a patient up or something else took precedence, and we had to prioritize life saving measures over mentally supporting the patient and their families and it is important to acknowledge our limited bandwidth. I feel like we didn't have the ability to give as much mental care as one would want. And so that's something I'm grateful for in the Cancer Center; you build a relationship with the nurses. Every single person knew my name.

SV: Really? That is amazing and so personal. You didn't have to introduce yourself on every single visit?

KM: Yeah, I mean, I had 16 rounds of chemo, so I was there every week on Wednesdays. I cycled through probably every single one of those nurses at some point, but even the nurses I only had once knew my name. When I walked in, it was, "Hi, Katie, how are you today?" Everyone was just kind and personable.

SV: So, you weren't just a bed? I know in the ICU we have a habit of calling patients by their bed number instead of by their name.

KM: No, definitely not. Every time they call your name, you emerge from the waiting room, and then you proceed to accompany them into the infusion center. There's this amusing routine where they ask for your name and date of birth, and towards the end, there's a playful banter, almost like, "Is it really you?" And of course, they knew I was Katie.

SV: You weren't designated as a bed number or a chair in the infusion center. I often find it challenging to recall my patients' names in the ICU since we typically refer to them as bed numbers like Bed 7 or Bed 3. This practice of not using names can feel somewhat disrespectful, and I wonder why I struggle to consistently remember my patients' names.

KM: It's probably a protection mechanism, though, too. You know, in ICU, these patients are on the verge of

life and death, and we can't see death every single day and be OK. That's not healthy for anyone. I believe it's one of the ways we protect ourselves, a method of depersonalizing your care. I'm sure of it. In oncology, I walked in and walked out of every appointment and my husband came with me every time. The nurses all knew my name. They may not have known my husband's name, but they knew him, and they knew he was going to be with me at every single appointment because he never missed an appointment. And the nurses would talk to him too. They knew my preferences and that I was doing cold capping, and that the process of cold capping was very painful. There were a couple of medications that they gave me for cold capping, but these took about 30 minutes or so for the benefits to settle in after I took the medication. From the moment I was checked in, the nurses would have my pre-meds ready to go, sparing me any unnecessary discomfort. I would take my pre-meds. Then I would go put the cold cap on. Then I would come back, and they would hook me up to the machine. They knew to give it to me the second I walked in so that we could get that 30 minutes going so the medication would have time to kick in. The nurses just knew my preferences.

The first couple of appointments, the nurses would approach me with, "OK, let's see what works," and then during future treatments, I would say, "OK, this worked really well last time. Let's do that again." My treatment plan became, "OK, she likes her pre-meds the moment she gets here." The nurses would consistently provide that support for me.

SV: Reflecting on the diverse healthcare professionals involved in your care, including technicians, doctors, nurse practitioners, and nurses, who, in your opinion, has had the most significant impact on your journey?

KM: One experience that stands out in my mind, especially considering your mention of technicians, is from when I had my bone scan. When I had my bone scan, the machine moved really close to me and it went really slow, and

being claustrophobic, I found it challenging. However, the tech in the room talked to me throughout the scan making me feel super comfortable. He also knew who I was, so as soon as the scan was done, he said “Look, I’m not a doctor and I’m looking on a very tiny screen. But at a quick glance, I want you to know, I don’t see anything glaring that stands out that suggests issues in your bones. Now, a doctor will have to read it. They’ll have to look at it on a much bigger screen.” This moment was significant because someone took the opportunity to provide reassurance, understanding the anxiety that comes with being a patient. It’s got to be so scary to wonder, “Do I have Stage 3 cancer or Stage 4 cancer?” The difference is huge, and it gave me hope!

SV: Hope! I love that!

KM: The MRI techs also stood out to me. Every single MRI, the weight of the results is so heavy and decides your next steps. Every time, the MRI techs have been such a blessing, talking to me the whole time, understanding my anxiety, and reassuring me, saying “You’re doing a great job.” They guide me through each run, informing me, “We are going to do this run for four minutes,” and after those 4 minutes, they update me on the last run. All the techs were amazing. I recently had a nuclear medicine scan right before surgery, and it was the same experience. The tech said, “OK, I’m here with you,” standing next to me even though he could step away from the machine. It’s heartening to encounter people who consistently demonstrate kindness at every step.

In radiation, the nurses and the techs make notes about your preferences, best position on the table, and ways to avoid burning such as putting a rolled gauze around my neck so there’s no skin to skin contact. Everyone looks at the notes before every treatment session so I don’t have to repeat myself and I get the same care every single time no matter who is on that day. They play my favorite music during my radiation sessions, and engage in genuine conversation with me, remembering things I’ve said and following up with stories I have. This personalized care is so comforting in so

many ways.

SV: Do you think the positive experiences were due to your affiliation with the UCSDH system, or do you believe it was connected to your role as a nurse? Or was it more a general approach from your overall team?

KM: For my MRIs, I don’t believe the technicians knew who I was. They could have, but I honestly have no idea if they knew I was a UCSDH staff member. We didn’t talk about it. I think it’s just that we have great people who are so kind and in their job for the right reason, and they help comfort our patients and make them feel much better every day.

SV: That’s awesome to hear. It brings me joy because it reflects your desire for excellence in the UCSDH healthcare system. We want to be a part of a top-notch health system!

KM: So, you asked about who made the most significant impact. I believe every single person holds a different place in my heart. My closest relationship is probably with my medical oncologist since she has guided every step throughout all of this. I attend all my appointments based on what she feels is best. However, every person at every appointment has been impactful in their own way. It is a tough question to answer because they have all been impactful; each person’s role is crucial. Everyone’s job is so important. Those mammogram techs, oh man, they are incredibly kind. They’re there to hold your hand through all the uncomfortable moments when the machine smashes your face on one side, and you’re trying to hold your breath when all you want to do is cry and scream. Some have even shared their personal cancer stories. It’s a personalized experience for everyone, truly each person plays a significant role and I do mean everybody!

SV: If you’re comfortable sharing, what insights or advice would you provide to nurses going through personal health challenges?

KM: If you’re comfortable, discussing your experiences can be immensely

beneficial. That’s my primary recommendation, because for me, engaging in open conversations has resulted in various positive outcomes, such as faster appointment bookings in the early stages and a more effective coping mechanism for trauma. By sharing your journey, you allow people to show up for you.

Remember, you don’t have to go through this alone. You shouldn’t go through it alone. People want to be there for you and help you, whether it’s your coworkers that you know so well, your friends, your family, or even a compassionate mammogram tech that sees that you are starting to lose your hair. People genuinely want to support you and want to show up for you. So, if you’re comfortable just like showing up authentically, whether it’s about the challenges you’re facing, such as hair loss, or any other aspect, it can be incredibly beneficial. This approach has helped me ask the right question, receive information in a timely manner, and access the best care. My hope and plan are to be around for quite some time for myself, for my son, for my husband.

Author’s Note: I want to express my gratitude to Katie Moss for openly sharing her experiences and vulnerability, detailing her transition from the UCSDH nursing pathway—from her roles at the bedside and in leadership—to becoming a patient within our healthcare system. There are invaluable insights to glean as we navigate diverse nursing pathways. Katie’s experience offers valuable awareness as we consider the importance of caring for one another, fostering mutual respect, providing individualized support, and prioritizing self-care. This narrative emphasizes the significance of creating a culture of transparency and understanding when facing mental and physical health challenges and is vital for personal healing and essential for our capacity and ability to care for others. Katie’s story inspires thoughtful consideration of our fundamental role as nurses and the discernment in our ability to prioritize our health first and foremost as we consider how to optimize both our professional and personal lives.