

Unexpected cardiac issues at an early age inspired me to return to school to pursue a career in nursing. While in school, a close relationship with a family member facing a terminal cancer diagnosis gave me insight into the importance of listening as a tool for keeping patients safe and delivering the most appropriate care. These insights have shaped my career as I moved from student to RN to oncology nurse practitioner.

# Tell Me About You

Experiences teach a nurse the importance of listening

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I did not set out to become a nurse. As a child, I read popular medical books and made models of the heart and the eye from kits. I loved biology and dissecting things, and I set off for college to be a pre-med major. But life had other plans for me. I was derailed by freshman chemistry and lost my confidence. After graduation, I joined a bank training program. Once working, I had second thoughts and took pre-med courses at night. Later that year, I became pregnant with my first child and finances were my priority. I decided to stay in banking “just for now.”

“Just for now” turned into 13 years. Then, when I was 39 years old, I was at home making a grocery list and I noticed that I had left shoulder and arm pain. I was a runner, I had low cholesterol, and I had no cardiac history in my family, but I took two aspirin and took myself to the walk-in clinic to get checked. The electrocardiogram looked normal and the pain lessened as I was lying in the examining room, so I was sent home. But, I felt worse during the drive home. I had someone drive me to the nearest emergency department and, a few hours later, I was on the way to the cardiac cath lab for an angioplasty. I had had a heart attack.

My husband was on the red-eye flight home from California, my kids were at the homes of three different friends, it was late at night, and the doctor who proposed to thread a catheter up into my heart looked very young to me. I am a pretty stoic person, but I was the mother of three young children and I was terrified. As they wheeled me down to the cath lab, a nurse leaned down and whispered in my ear, “He

is a very good doctor. He did my husband’s angioplasty just last month.” How did she know that was what I needed to hear right then? Later that night, I was lying alone in my room with a sandbag on my thigh, instructed not to lift my head because I might bleed. Another young nurse stopped in and sat down. “I am going off my shift and I just had to stop in and see how you were,” she said. “I am the nurse who took care of you in the emergency room and, when I look at you, I see myself.” She didn’t have to do this. I am sure she was tired and wanted to go home, but she came to see me and it helped.

## Education and Experience

I had a lot of time to think during my recovery period. Facing my own mortality made me reassess my life, and being around so many doctors and having so many tests awakened my passion for medicine. I was a medical mystery that perplexed the specialists—a healthy person with no risk factors who had a heart attack. To this day, there is no explanation. At the time, rather than being worried, the mystery intrigued me. I decided to go back to school.

I still wasn’t thinking oncology nursing; I was thinking physician’s assistant or nurse practitioner (NP), so I enrolled at the local college to take science classes and found myself in organic chemistry lab with a bunch of 19-year-olds. It was a bit surreal, but also exhilarating to be learning and mastering something new. I was eventually accepted into a graduate entry NP program. Most of my clinical training was at Yale–New Haven Hospital and, during that time, my cousin Nan was spending

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