

MEET & GREET

Hi! I'm Christie.

I've been an NP (nurse practitioner) since 2009.

I have a B.S. in
Biochemistry from UNH
and Master's in Nursing
from Yale.



CAREER TIMELINE



- 2009-2012: Private Urology
 Practice in North Andover, MA.
 Outpatient Clinic Visits + Hospital rounds.
- 2012-2016: Dana Farber Cancer Institute, Boston. Outpatient GU Med Onc clinic.
- 2016-2021: Occupational Health, Children's Hospital Boston.
- 2021-today: BIDMC Medical Oncology (started as traveler and full time in GU since 2022)

SO, WHAT IS AN NP?

A Nurse Practitioner (NP), also known as an Advanced Practice Nurse (APP), is a registered nurse with Master's or Doctorate level training which expands their scope of practice to allow for the diagnosis of medical conditions and prescriptive authority.

The basis of NP training is an education in Internal Medicine, but most programs offer sub-specialization in specialties like Pediatrics, Women's Health, Acute Care, Oncology, Psych, etc.





HISTORY OF THE ROLE

The Nurse Practitioner role was created in the 1960s by Dr. Loretta Ford and Dr. Henry Silver who practiced in Colorado.

The initial goal of creating this new role was to expand access to care for pediatric patients.

You may hear the term "physician extender" to refer to roles like NPs and PAs which is essentially why the role was developed

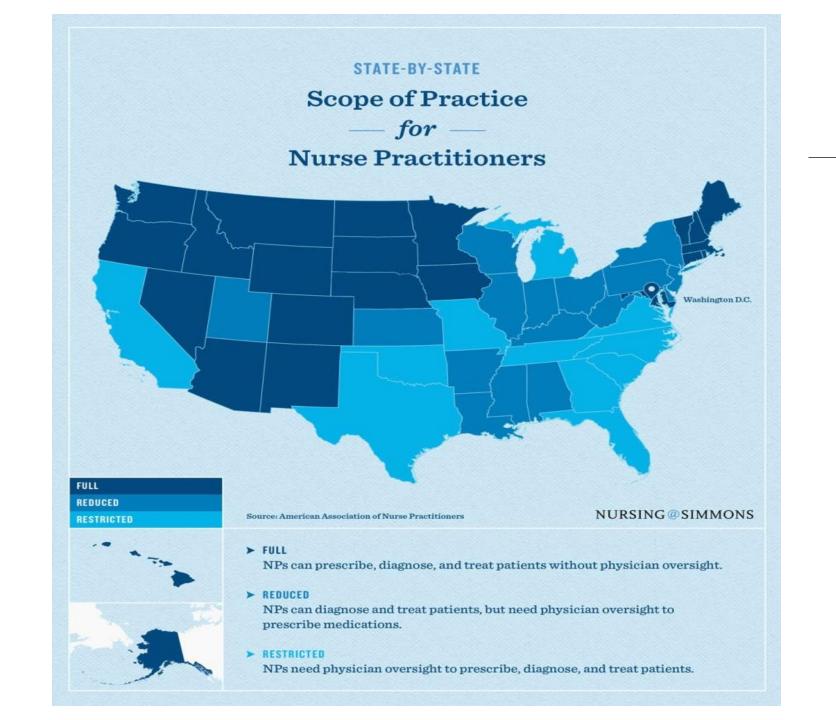


A FEW STATS

- There are ~385,000 NPs in practice in the U.S. as of 2023 (AANP)
- NPs are 89% women, 11% men
- FNPs make up the majority of NPs (70%) per the AANP

MAJOR DIFFERENCES BETWEEN NPS AND PAS

- NPs are educated in the nursing model, which focuses on taking care of the whole patient and family while PAs are educated using a traditional medical model
- PAs function under MDs while NPs are licensed unto themselves and can practice independently in many states
- PAs are often utilized more in inpatient settings and NPs in outpatient settings, but this is certainly not a rule



HOW DO NPS FUNCTION AS PART OF YOUR HEALTH CARE TEAM?

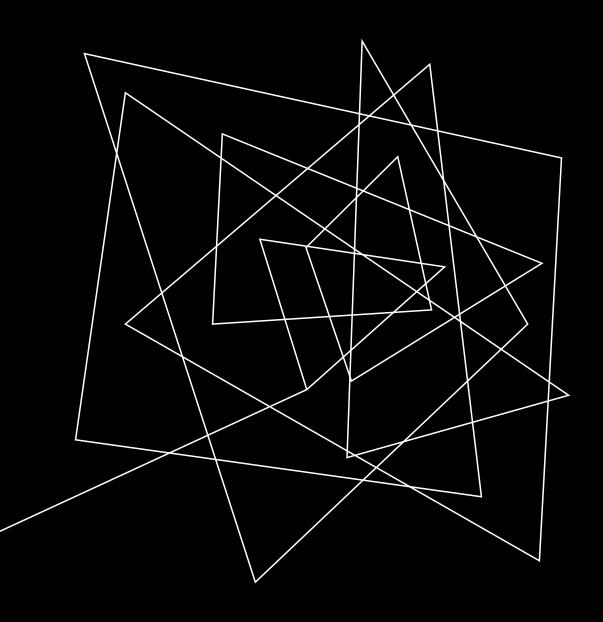


It's highly variable!

I work very autonomously in my group, which is based on my level of experience, trust of the team, and needs of the team. I have my own panel of patients which I manage independently, collaborating with my MDs as needed.

Other NPs "share" patients/alternate visits with MDs.

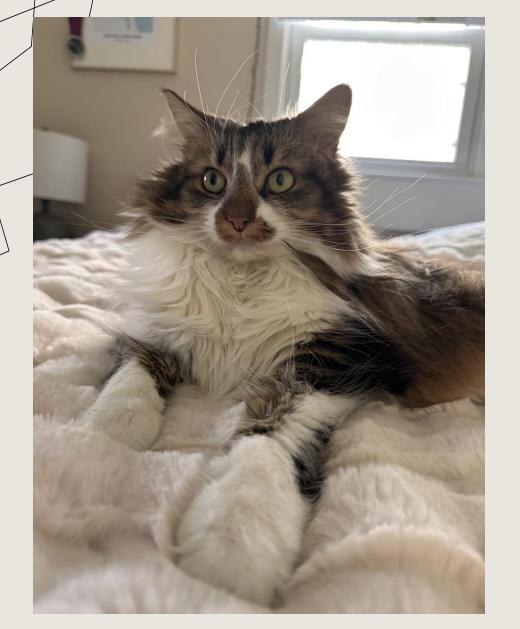
And, as mentioned before, there are some NPs that work completely independently in some states in Primary Care settings.

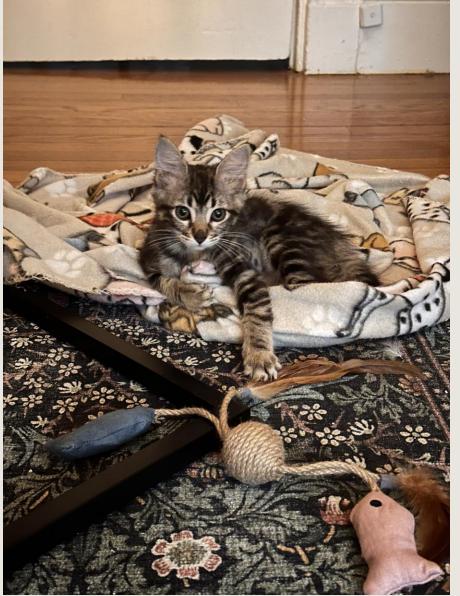


A DAY IN THE LIFE

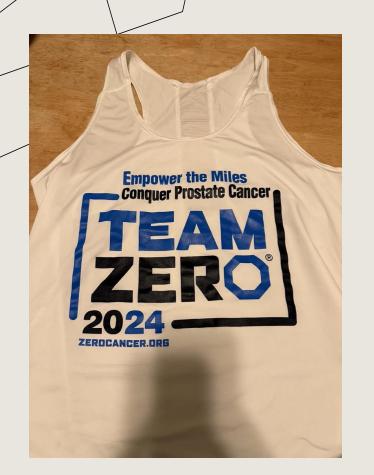
- The majority of my patients have a prostate cancer diagnosis, but I also take care of patients with bladder cancer and see some testicular cancer patients post-treatment
- Visits consist of new patient appointments, follow ups on treatment, and post treatment surveillance visits.
- During visits, I am able to evaluate, examine, review labs/imaging, prescribe medications and chemotherapy
- I spend two full days in clinic seeing patients for visits, one half day doing Telehealth visits, and a full day covering our urgent pager to respond to needs/emergencies in treatment area. I am lucky enough to have one remote day for administrative time/meetings/clinic prep.

WORK FROM HOME DREAM TEAM!





WHY DO I LOVE CARING FOR PROSTATE CANCER PATIENTS SO MUCH?



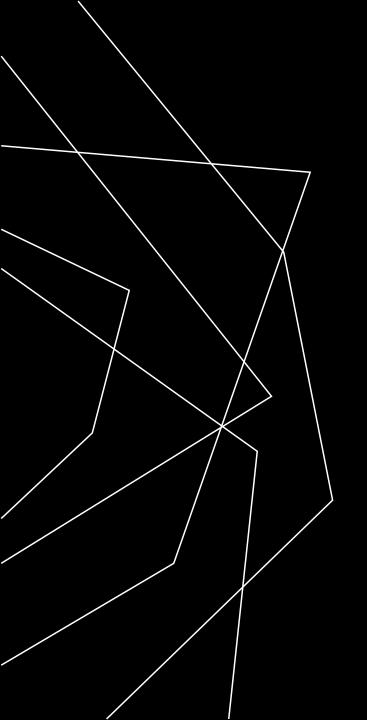
Because of people like you!

EXTRA CURRICULARS









THANK YOU!