

Altruism: Alive but on Life Support

We received a high volume of mail in response to Randy D. Danielsen's "The Death of Altruism, or, Can I Get a Preceptor, Please?" editorial (*Clinician Reviews*. 2016;26[4]:10,13). If you'd like to add your comments, send them to PAEditor@frontlinemedcom.com.

NURSING SCHOOL: KNOWLEDGE VS APPLICATION

I graduated in 2014 with my master's in Nursing. I am an FNP, but I no longer practice as one, less than two years post-grad. I have been an emergency room nurse for 14 years and was in EMS for five years prior to that. I thought that I wanted a change of pace.

After graduating with my master's, I went to work for a physician with a large practice. I jumped in with both feet and was single-handedly seeing at least 24 patients in an 8-9 hour workday. I had to teach myself everything. I was so afraid of missing something that I studied for hours before work, after work, and on my lunch break. I kept asking myself if this was what family practice is all about—knowing just enough to identify when a patient needs a referral.

The school I graduated from left me extremely ill-prepared for patient care as an NP. We spent more time writing papers than learning how to *apply* our knowledge. I have years of experience, yet I felt completely incompetent. It would have been nice if someone offered internships. I do not need you to teach me how to be a nurse, how to treat people, or even how to come up with differential diagnoses, but could I get a little help reading x-rays, MRIs, ultrasounds, etc?

Rather than agonize over whether I had missed something, I walked away to gain some con-

fidence and look for a mentor. My master's program was not what I had hoped for.

Your article puts things in perspective. I love precepting new graduates. I enjoy passing on my "learn from my mistakes" speech. Nursing is my passion. It is what I was born to do, and I love sharing that with others.

Dawn Smith, FNP-C
Houston, TX

ALTRUISM OR ALL IN A DAY'S WORK?

I have been a PA for 40 years. Obviously, I was early to the profession. I don't think altruism is part of the deal. None of my colleagues in the 70s seemed particularly altruistic. Basically, being a PA is what I can do ... well. I am not Mother Teresa, nor are any of the clinicians I work with. I have served the population I've encountered well.

I think altruism is a romantic myth. Medicine of any sort has multiple satisfactions: emotional, social, and intellectual. These are why we play. Patients should benefit any time clinicians do what they do, because they love their job. Mentors should mentor for the same reason.

Robert Hamel, PA-C
Ann Arbor, MI

CHOOSING THE RIGHT PERSON FOR THE JOB

I have been a nurse since 1988 and an NP since 1997. I have pre-



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cepted many NP students, but I have never considered altruism my reason for doing so. When I was an undergraduate nursing student, I had some very weak preceptors. I thought, *When I become an expert in my field, I will do my best to teach the new generation everything I can in my allotted time with them.* There have been many wonderful, sharp students who showed enthusiasm and humility; I would feel comfortable sending my family members to them.

There have, however, been barriers in precepting. The biggest, in my opinion, is that many students should not have made it to a clinical setting in the first place. There should be a screening process. If a student NP who has practiced as a nurse for a few years cannot do a simple RN-level physical assessment or differentiate between objective and subjective data,

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that student should not be sent to a preceptor. Also, in my program and many others, instructors do not practice; therefore, students are being taught by people who do not actively treat patients.

The electronic health record (EHR) has been another huge barrier. My students no longer document in charts, so I am limited in how much I can facilitate their documentation. I used to have them write the chart, read it, and sign it. Now, with the complex multitude of EHRs, it would take too long to teach students the system for them to document effectively and in a timely manner. Many students do not know how to write a prescription, and there is no opportunity to teach that, since everything is electronic. I do not know of a solution for this.

As far as compensation, I would love to see tax incentives. Another option, for those of us who have to pay for our own license, certification, and DEA privilege, could be a program that enables us to get credit from either federal or state government for direct practice expenses if we precept a certain number of hours. I also love your idea of complimentary CMEs or some sort of appreciation from society, not just individual students.

I will continue to precept and do my best to educate, because one of these people will be taking care of me or my family one day.

Luba Fry, ARNP
Boca Raton, FL

"MILLENNIALS" AND THE LOSS OF ALTRUISM

I graduated as a PA from St. John's University in 1978. I have had the

immense pleasure and honor of working in this capacity for 38 years—the first four in general surgery and the past 34 years (and counting) in cardiothoracic surgery. My decision to become a PA has been the most rewarding decision of my life.

I was intrigued by your editorial on altruism, as it has been a topic of discussion for quite a while among my senior colleagues. My service is comprised of many "millennials." I have found it increasingly difficult to work with this new group for many reasons.

Our service is very technically and academically challenging; it can take years to master (I am a witness to that). When I started my career, I spent hours of my own time with senior preceptors (and without pay) in the operating room. I wanted to learn and was extremely ambitious to do so. I asked many, many questions and never assumed anything.

The millennials are not interested in doing that. Their work ethic and dedication to the profession is nonexistent. It has discouraged me from mentoring them.

Even though we believe in altruism, it does not matter. This

group of individuals does not wish to learn from us; as a matter of fact, they believe they know more than we do and feel they can teach us a thing or two. We were always devoted to our institutions; they, by comparison, feel that the institution needs to be devoted to them. If not, they will leave their place of employment.

I am concerned. These are our successors in this profession who will be taking care of us in the future. Maybe the answer lies in a more regimented and careful screening process when interviewing candidates for PA/NP programs. Should work ethics courses and philanthropic activities be incorporated into the curriculum as measures of altruism?

We must be mindful of the fact that this may just be a sign of our times; many of these teachings begin in childhood at home, in school, and in social situations. I, for one, will not fall victim to the nonaltruistic world that we live in. I want my younger colleagues to understand the importance of giving back unselfishly to those in need. It makes for a better world to live in. **CR**

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