

Childhood Abuse and Neglect Awareness with Amy Terreros

Amy Terreros, a Pediatric Nurse Practitioner, discusses her role with SCAN and childhood abuse and neglect awareness.



Featured Speaker:

Amy Terreros, DNP, RN, APRN

Amy Terreros is a pediatric nurse practitioner in the Division of Child Abuse and Neglect at Children's Mercy Hospitals and Clinics. She completed her doctorate in nursing practice from Arizona State University in May 2011. She has worked as an advanced practice nurse in the field of child abuse pediatrics for the past 14 years. She has a special interest in the prevention of unsafe infant sleep/SIDS deaths. She co-chaired the Child Maltreatment and Neglect Special Interest Group for NAPNAP from 2007-2011. She is in her second term as the current Greater KC NAPNAP Chapter president.

Transcription:

Trisha Williams (Host): Hi guys, welcome to the Advanced Practice Perspectives. I'm Trisha Tricia Williams.

Tobie O'Brien (Host): And I'm Tobie O'Brien. This is a podcast created by Advanced Practice Providers for Advanced Practice Providers. We will be highlighting our amazing APPs here at Children's Mercy and do some education along the way.

Trisha: We are so glad that you all are joining us today. So sit back, tune in and let's get started.

Tobie: Today, we are so happy to introduce Amy Terreros. I bet most of you know her name. She is a Pediatric Nurse Practitioner in the Safety, Care and Nurturing Clinic also known as the SCAN Clinic here at Children's Mercy. Welcome to the podcast, Amy.

Amy Terreros, DNP, RN, APRN (Guest): Thank you, Trisha and Tobie. Happy to be here.

Trisha: We are so ecstatic to have you with us today, Amy. I've been looking forward to this conversation all day. So, tell our listeners a little bit about yourself, kind of your background and how you found your way to the SCAN Clinic.

Amy: Oh, it's been a long journey. I started at Children's Mercy after I got my Bachelor's in Nursing from Mizzou and working on 2 Hinson, put on the surgery floor, I took care of a baby who had been shaken or abusive head trauma is the term that we use now. And that happened to be during my MSN program at UMKC. During that policy course, I found out about some legislation on shaken baby syndrome or abusive head trauma and that sort of paved the way for my career. So, I finished my Master's from UMKC and went to Phoenix Children's Hospital to work at the Child Abuse Program there. And while I was there, I decided to get my DNP at Arizona State University and then ended up at Children's Mercy and the SCAN Clinic in 2010. And I've been there ever since.

Tobie: Oh, awesome. Well, Amy does the Phoenix program, did it have something special? Is that a specific program that is nationally known or did you just find a job there?

Amy: So, I was a travel nurse back in my very young, carefree days and had been at Phoenix Children's Hospital. I was there for a year and made friends down there. And when I graduated from the MSN program, I was still looking for a job here in Kansas City. And one of my friends called me up and said, we've got an ER provider who does child abuse, kind of part-time in her spare time.

She wants the nurse practitioner to come down here and do the program with her full time. Would you still want to do that? And I was like, absolutely. So, I went down there and they created the position for me, and it was a great start for my career. But that hospital does not have a program anywhere near like what we have at Children's Mercy.

Tobie: I see. Okay. So, then when you came back to Kansas City, was this SCAN Clinic already in motion? And did you join it or are you kind of part of the creation of it?

Amy: No, it was well in existence when I came, but I will tell you when I decided to come back to, Children's Mercy, after having kids and being away from family and wanted to move back here, I saw the job on the Children's Mercy website. So, I submit my resume, but I also knew the Division Director from a listserv that we were both on. And so I emailed him and also emailed him my resume. And that was actually what got me the job.

Trisha: Wow. So, you were on like a national listserv for these types of patients and got the job through networking?

Amy: Yes. It was a Child Abuse listserv that we were both on. And, they had actually offered this job to somebody else and they rescinded the offer so that they could hire me. So, I am honored to be at Children's Mercy. We have one of the biggest and best programs in the country just based on our size. We're so well supported by hospital administration. So, it is a true privilege to work in our clinic.

Tobie: Oh, absolutely. Will you tell us about your specific role?

Amy: So, when I came in 2010, I was doing inpatient consults, with some of the more serious abuse cases. A couple of years into that, I decided I was not really interested in doing inpatient anymore, so I went strictly to the clinic side. And so, I see the more minor cases. So, kids with minor burns, bruises, single extremity fractures, things that are seen in the emergency department and then sent home. And so I do all the follow-up for those kiddos in my clinic. But a part of my job is I spend most of my time, most of my day, talking to law enforcement or child protective services or prosecutors or family court attorneys, probably more than I talk to other medical providers. So, it's a pretty interesting subspecialty to be in. And then, so I spend a lot of time in court. I spend a lot of time, educating in different counties, on recognizing child abuse. So much of what we do is prevention and education. So, there's a lot of time spent outside of seeing patients. So, I'm involved with a lot of committees around Kansas and Missouri. Just to kind of keep that up.

Trisha: What types of committees are you involved in kind of on a state level that helps advocate.

Amy: Most of them, one of the things that I do, which is what we call case review, and I'm assigned to 10 different counties. And we review all the child abuse cases and I'm the Assigned Medical Provider for those counties to talk about those cases. As for child abuse, I have, started a project with two of the physicians I work with and it's called ECHO and we, so this was before webinars became a big thing before COVID. What we, when we describe this to a conference, we were at, we called ECHO. It looked the Brady Bunch screen was how we showed it, which is now how we all know teams and zoom. But that wasn't around two, three years ago as much. And we have different providers throughout the state of Missouri who have a special interest in child abuse, but who are not board certified or who don't work at a large children's hospital. And we provide, I think it's about 12 sessions each year, providing them education on sexual abuse, physical abuse, neglect, how the multidisciplinary

team works together and various topics like that. I am also on the Missouri Safe Sleep Coalition. And so, we work on safe infant sleep and educating throughout the state of Missouri.

Trisha: Amy, you do so much amazing work for the children of our community and then helping educate, all of the adults and law enforcement in our area. I just, I find you inspiring and I admire your work. I did 10 years in the Pediatric Intensive Care Unit as a bedside nurse. And it is gut wrenching, the things that we see and the things that happen to some of our kiddos and you were directly involved in hearing many heartbreaking stories and you do a wonderful job educating the rest of us and recognizing signs and symptoms of abuse. Like how are you able to balance your personal life and kind of leave that at work and go home and be happy, be content?

Amy: One thing I will say, and being a bedside nurse who did take care of these kids, like I said, that one patient, it changed the trajectory of my career. I knew from then on, I was going to fight to save kids, so that kid changed my life. But I think the bedside nurse, honestly, and the bedside team probably has a harder time dealing with these cases than I do.

Because somebody spends 12 hours at the bedside with that child, with those caregivers who might potentially be the caregiver who caused the injuries. At least from my perspective, I get to come in, do a consult or see a kid in clinic and then can leave. So it is a little bit easier in that regard.

It's never easy. But can I leave it always at work? Not always. There are certain cases I take home, but I don't think it matters which subspecialty you're in. There's probably patients we've all taken home, and kind of sat with, and had a hard time with that. But I do a pretty good job of having my boundaries.

I know at the end of the day, as long as I have fought the good fight for that child and keeping them safe that I've done everything I can do. But there's a lot to be said for, I start every single morning with a run or a workout because that physical exercise is so important for my mental health as well as my physical health.

So, I think that's a big part of it. But also having a very supportive team, like SCAN, the providers that we have, we are a very small team and it's very unique and we depend on each other to vent and to be there, to debrief on some of these more difficult cases.

Trisha: That is fantastic that you have that support system. We know that work-wise, career-wise, personal life, having that support system is a huge game changer. So, I'm so glad that you have that, working through such difficult things. I wonder also if being able to educate and get the word out there and help others learn from what you are learning; it helps in a way too, that you're able to educate all of these people throughout the community.

Amy: Oh, I think it does. And I, one of the things I always tell people is that we would be the happiest unemployed group ever, if we know that we have finally educated everybody out there and we have eradicated abuse. Unfortunately I don't think that time is going to come, but we would be the happiest unemployed subspecialty.

Tobie: Oh, for sure. I have, been lucky enough to hear you speak a couple of different times and keeping myself educated on child abuse and neglect and all of the different signs and symptoms, I think can be sometimes hard. And I wondered, I know that we can always page you guys and reach out to you and you are always very approachable, but I wonder, I thought I had noticed that there is an app that Children's Mercy had designed and I hadn't known about it. I wonder if you could talk a little bit about that app. I think it's called the Child Protector app.

Amy: Yes, we do have the Child Protector app and our Division Director, Dr. Anders had started working on this with a colleague in San Antonio. It was originally designed more for those outside people, child protective services and law enforcement. It's gained, sort of popularity and use in the medical setting as well. Especially, there's a lot of hospitals who don't have, one, they don't have pediatrics and two, they don't have a child abuse pediatrician because we're a small sub specialty. And so the Child Protector app is, something that's free on Android and on Apple. And it's a decision tree. So, you input whether or not your health care or whether or not your child protective services and you input all the things about your patient and it will, using a decision tree, kick out the things that you need to think about doing as far as diagnostic testing. So, that is certainly something that's available to all providers, as well as you can, obviously page whoever's on call.

Tobie: Oh, fantastic. And I did want to point out to everyone that you have received some awards too, right? I mean, you're known as a hero in our community, just because of this, that you do fight. I had read, I didn't see this when it came across a few months ago, but you had won a national award. Is that right from I think it was pinstripes?

Amy: Yes, it was a local award. I was nominated.

Tobie: Oh it was a local. I thought it was national.

Amy: There was a big national campaign that pinstripes did, which is the bowling alley out at Prairie Fire. But one of my running friends nominated me as a Hometown Hero for being a Nurse Practitioner just during the pandemic. And of course she talked about child abuse and such things. And so I did win, for the Overland Park store. And we get to go bowling every month for a year for free. And we got some gift cards, so I've already taken my kids. And my 10 year old kept telling our waitress every time she'd come over, my mom is a Hometown Hero.

Trisha: That is adorable. You are a hero. I remember running into you at the gift shop one day, Tobie and I were walking together and we spoke for a little bit and then you walked away and I looked at Tobie and I'm like, I want to be Amy when I grow up. I'm pretty sure I'm older than you, but I do want to be you when I grow up. So, you are, you're a hero to me too. You do fight the good fight. For sure.

Tobie: So, you see really busy at work and at home, but you also are very involved with the greater Kansas City NAPNAP. And aren't you the Chapter President, can you tell us a bit about that?

Amy: Yes, I am on my second term as the Chapter President for the greater Kansas City as a student in 2005. By 2008, living in Arizona, I was secretary of our board down there. And was Co-Chair of our Child Maltreatment and Neglect Special Interest Group through NAPNAP, and did that for, I think, five years until finally got somebody else to take over and then joined the board. Like I said, this is my second term. And your nap has just been very instrumental in my career. Getting to work with the other child abuse nurse practitioners throughout the country has been amazing. Who I met through the special interest group we have, spoken, I think we've presented at two national conferences together. We've written a white paper. We've written another paper, all because I met them through our special interest groups. So, for me, being involved in NAPNAP is just really important as far as networking, and being able to do some of those things. So I do credit NAPNAP with that again, it's a small sub specialty. I'm the only Nurse Practitioner at Children's Mercy who is involved in child abuse. So, having those contacts around the country has just been amazing for me.

Trisha: I think that is amazing to have those people to share and bounce ideas off and collaborate with for sure. Tobie and I are pediatric trained nurse practitioners. So, we know what NAPNAP is, but we do have some listeners that are family practice and we have physician assistants and clinical nurse specialists. So, can you tell us a little bit about what NAPNAP is and what it stands for?

Amy: Sure. So NAPNAP is our, the National Association of Pediatric Nurse Practitioners. And you can be a family nurse practitioner and still be a part of NAPNAP, especially important, if you are an FNP, who's working in pediatrics. So, you don't have to be a PNP to be a member of NAPNAP.

Trisha: Oh, that's interesting. I did not know that. I'm going to tell our colleagues that are family practice nurse practitioners.

Amy: And Children's Mercy gives a discount So Jana Swan can help with that.

Tobie: Well I just rejoined. Okay. I had joined a long time ago, let it lapse, but I am now inspired by Amy and I'm joining again and I'm going to get more involved, Amy.

Amy: Well I'm excited. I have a new board and everyone is super excited. We are getting ready. I need to post, we've got a whole year of webinars. The agenda is getting ready to come out, that we're going to do Lunch and Learns. So, we'll see if we can't provide some free CEs and get a little bit more energy going back in the chapter. And then hopefully, if COVID comes to an end, we can have a big social gathering for our local members.

Tobie: Awesome. Thank you for your work in that.

Trisha: Yeah. Thank you so much. I'm super excited. I recently rejoined as well, by you inspiring me as well. So again, I want to be you when I grow up. But Amy we so appreciate you sharing your expertise with us today. Since you are going to be our first guest in 2021, we have a new question for you. Because we always like to end our podcast on a light note, we talked about some heavy subjects today. So here's your question. Are you ready? Okay. If you could go back in time to your first year as being a Nurse Practitioner and give yourself some advice, what would it be?

Amy: Not sure that I would give this advice necessarily to myself, because I think that I had already found it. But what I think I would like to tell new nurse practitioners is to find that niche, even if you're in primary care, find something that you're passionate about, that sets you apart from all of your colleagues, so that you can be that content expert, that you can go and present, whatever your expertise is, that you then can educate and present to other nurse practitioners or other nurses or other disciplines. And so, I just think it will set your career down a different path if you have that little extra expertise. That would be my advice to any first year.

Tobie: Oh, great advice. I like it.

Trisha: I love that advice. That's perfect.

Tobie: Thanks again, Amy, so much for talking with us today and listeners thank you for tuning in today. Our next episode will feature Nicole Hutchison. She is an NNP and a PNP in our NICU, and we will be talking with her about her life in the NICU.

Trisha: If you have a topic that you would like to hear about, or you're interested in being a guest on our podcast, please email us at tdobrien@cmh.edu (<mailto:tdobrien@cmh.edu>) or (<mailto:twilliams@cmh.edu>) (<mailto:twilliams@cmh.edu>). Once again, thanks so much for listening to the Advanced Practice Perspectives Podcast.

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