

## Leadership Through the Eyes of a President

Jessica Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN discusses leadership.



Featured Speaker:

**Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN**

Dr. Jessica Peck is an expert pediatric nurse practitioner and anti-trafficking advocate who provides innovative, visionary, and award-winning leadership to develop and lead inclusive and diverse interprofessional teams to provide outcomes of high-quality health care.

Dr. Peck is a recognized and published national and international expert about human trafficking. She served as founding Chair of the Alliance for Children in Trafficking, a national campaign of the National Association of Pediatric Nurse Practitioners Partners for Vulnerable Youth, where she works with other national organizations to equip healthcare professionals to combat human trafficking of children and advocates for other vulnerable youth populations. Dr. Peck worked with the US Department of Health and Human Services as part of an interprofessional team to create a set of core competencies for health care professionals caring for trafficked individuals, published in 2021. She serves as the Lead Medical Consultant for Unbound Houston and helped create a statewide continuing education program and pass legislation mandating continuing education for all direct care providers in Texas.

Dr. Peck is currently a Clinical Professor of Nursing at Baylor University in Dallas, Texas. She holds active credentials as a Pediatric Nurse Practitioner, a Certified Nurse Educator, and a Clinical Nurse Leader. Dr. Peck has been practicing as a Pediatric Nurse Practitioner for more than 20 years in primary care environments. Dr. Peck is a frequently requested national speaker on anti-trafficking and health prevention for children at risk. As both a nurse practitioner and a mother of four children, she has a special interest in educating and equipping families to promote positive physical, emotional, mental, social, and spiritual health. She is an accomplished author of clinical articles for peer-reviewed journals, a regular contributor for parenting magazines and a frequent guest on radio, television, and other media to promote the health of children.

Follow her on Facebook and Twitter: @DrPeckPNP and on Instagram @dr.nurse.mama

Transcription:

Trisha Williams (Host 2): Hi guys, welcome to the Advanced Practice Perspectives. I'm Trisha Williams.

Tobie O'Brien (Host 1): And I'm Tobie O'Brien. This is a podcast created for Advanced Practice Providers by Advanced Practice Providers. We will be highlighting our amazing APPs here at Children's Mercy and do some education along the way.

Host 2: We are so glad that you're joining us today. So sit back, tune in and let's get started.

Host 1: Today's a special episode because we are going outside of the walls of Children's Mercy. We have the privilege to talk with the current President of the National Association of Pediatric Nurse Practitioners. For those of you that don't know, the National Association of Pediatric Nurse Practitioners is the professional association for Pediatric Nurse Practitioners and all pediatric focused Advanced Practice Registered Nurses. It was established in 1973 and was the first professional society for nurse practitioners and still remains the only national organization dedicated to both advancing the APRN role and improving the quality of health care for infants, children and adolescents. So, we have Dr. Jessica Peck with us. She is a Pediatric Nurse Practitioner and the current as mentioned prior, President of the National Association of Pediatric Nurse Practitioners. She is an expert pediatric clinician, faculty scholar and anti-trafficking child advocate.

She is also currently a Professor of Nursing at Baylor in Dallas. And she's the host of Team Peds Talks, a fantastic pediatric podcast, brought to us from NAPNAP. We are so thrilled to have her. Thank you for joining us, Jessica.

Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN (Guest): Thank you so much Tobie and Trisha for having me. I'm just thrilled to be here.

Trisha Williams (Host 2): Dr. Peck, we are so excited to have you here. I just, I'm so elated and I'm man sweating. I'm so excited. Um, but can you give us a little rundown about who you are and, and kind of a little bit about your background.

Dr. Peck: Yeah, I'd love to do that because, you know, anytime I go anywhere now and people read my bio, I feel like my grandmother is somewhere just clapping and being so proud and saying, that's my baby. You know? And people see me a lot of times through the lens of my credentials, which obviously I need a new hobby. Right? But you know, I really appreciate the opportunity to say that this is a path I never thought that I would take. And one of the reasons that I love nursing very much, I was the first woman in my family to go to college. My parents didn't go to college and no woman before me. And so it was kind of an out of the box kind of thing.

And I thought, yeah, getting an associate degree in nursing was going to be my big adventure. That was really all that I started out to do. But when I finished and I truthfully was not a very confident student at all, I was the one that was going to hide in the linen room and pray that I didn't have any IV medications and that the show offs in the class would take all of the instructor's time, so, they wouldn't notice me. But somehow I made it through nursing school and met my husband who encouraged me to go on and get my bachelor's degree. He had a bachelor's degree in engineering and he said, well, why don't I just get a master's degree while you get your bachelor's degree? And we'll go to school together before we have kids. So, that's what we did. I got my bachelor's degree while he got a master's degree. And then I decided I really loved this. And I thought that I could be a Pediatric Nurse Practitioner. So, I went back for my master's degree and he went back for a second master's degree.

By the time I got to my doctoral degree, he said, I'm out. I don't need a PhD in engineering. I'm good. You've got this now. And so go ahead and go. And so I went to get my DNP, which actually at the time, there were no DNP programs in Texas yet. And so I ventured out of Texas for the first time in my education to go to the University of Alabama.

And at that time and we had four kids along the way. And so decided that I was going to teach for a little bit. And my second child actually had an immunodeficiency and was in and out of the hospital. And so truthfully, I just started teaching because it was a flexible schedule and gave me some more time that I needed as a mom and discovered that I loved teaching too.

So, I've never looked back from that and always maintained an outpatient pediatric practice in primary care, but I've always maintained, a faculty practice and that's kind of changed over the years. Sometimes more faculty, less clinical, sometimes more clinical, less faculty, but started to work at the University of Texas Medical Branch, where I had graduated, helped start their DNP program, then went to Texas A and M, Corpus Christi, helped start their DNP program.

And now I'm at Baylor University helping to start the first BSN to DNP program for Pediatric Nurse Practitioners. And for a time after I graduated, all of the PNP programs in Texas were closed because they were centralizing everybody into family practice, but recognized that we need pediatric specialists too.

And so we've seen a resurgence of openings of programs across the country and in Texas, and I'm just really, really glad to be a part of that. So, love pediatrics, you know, still have my four kids who are now 18, 16, 14, and 12. So, doing the mom of three teens and one tween thing. And so just doing pediatrics in my professional world and teaching and practice and at home. And that's kind of how I got here.

Host 2: Wow. What a journey, what a journey. And I can empathize with the raising teenagers at home. And that's no task for the fainthearted. That is for sure. One question that we have had from some of our colleagues at Children's Mercy is kind of looking at the difference between a DNP program and a PhD program. And I would love for you to take just a quick second and kind of talk on what do you feel like your importance of a DNP program is versus a PhD program and kind of go on that.

Dr. Peck: Well, the great thing about nursing is that we do have doctoral degrees. We have a terminal degree in nursing so that you can be at the top of your profession. And for a time you, a PhD was primarily the doctoral degree that nurses can get. And PhDs are experts in research, but starting around 2010 a little bit before that, we started to see an emergence of Doctor of Nursing Practice Programs, which provided a clinical pathway for a doctoral degree. So, now we have two pathways for a doctoral degree. You can be an expert in research or an expert in clinical practice. And I have to say just from my personal experience, I have five academic degrees. As I said before, obviously need a new hobby. Right? But I have to say that and kudos and shout out to my husband who sat through all five of my graduations because that's true love. But, I have to say that my DNP program was by far the most transformational experience I've had in my career.

And I do not believe for a second that I would be sitting here as president of NAPNAP, or doing the other things that I'm doing in national health policy. I wouldn't be an anti-child trafficking advocate, if I didn't have that doctor of nursing practice degree, and so we definitely need nurse researchers because that generates the science of our profession. But what DNP degrees do is that they help to accelerate that translation of science. So, we know that it takes an average of seven years for someone's research to really take place, to transform the bedside. But I see DNPs all over the country now that are accelerating that.

And we're able to go into specific areas of practice and really transform care. When I was in my master's program, I really learned how to be an expert clinician in a one-on-one setting. A child came in. I was very confident in my skill set. I knew what I could do. I knew who I needed to refer to, if I couldn't do something, I knew how to make a difference in that child's life. But what the DNP degree did was elevated my thinking to a systems level and to population focuses. And so instead of impacting children one-on-one, now I'm able to impact children all over the world and on a much larger scale. And one thing to think about is that as our master's degree, as a nurse practitioner, it already is so many more credit hours than most other master's programs.

So, for example, a master's as a nurse educator program is somewhere in the 30 ish hour range, but nurse practitioner programs are about 60 ish credit hours. And so we're already close to a doctoral degree anyway, and this is just really the hallmark of the evidence of the professionalism really of our profession. And so we have seen a rapid expansion of enrollment in DNP programs. Whereas PhDs have remained relatively about the same, relatively stable, but we definitely need both of them to make the most of our profession.

Host 1: Oh, I love hearing you describe the difference for you from your master's program to the DNP program. I have often wondered that for myself, like, well, you know, asking, well, should I, and why would I, and what benefit would I get from it? And so I don't think I've ever heard anyone really break it down like that. So I appreciated that. That I felt like was really helpful.

Dr. Peck: Absolutely. And really that's what happened with me because I was actually in one of my DNP policy classes, and my professor told me, you should publish this paper. And I thought, Oh, I'm sorry. Are you talking to me? Like I should put, wait my paper? And she just kept after me and after me. And so finally I did really, just because I didn't want to do poorly in the course, and I look back and I think at that time, I felt very competent as an educator. I felt very competent as a clinician. I did not feel very competent as a scholar, and I really tended to diminish my voice, still at that time. And so I did publish that paper and much to my surprise, it became one of the most cited papers in the journal that I submitted it to. And people started contacting me from all over the country and they said, hey, you knew about this.

It was about Advanced Practice Nursing in Texas and the Texas Nurse Practitioners Board called and said, we'd like for you to serve on our board. And so I started to do something really that I hadn't done before. I started to trust people that were reaching out to me and to say, yes. Now we can't always do that in our career. Sometimes it's very healthy to have boundaries and to say, no, I can't do that.

But there should be a point in all of our careers where the stars align and everything falls right and you have to be brave and you have to step out there and say, okay, okay. I'm just going to say yes and not be afraid to fail. And so since I did that, then that's actually, how I got involved with NAPNAP. One of my professors said you should run for secretary. You should run for an office for NAPN. And once again, kind of did that thinking, okay, all right. I can check the box on that assignment. But imagine my shock when they called me, I'll never forget. I was in San Antonio for my birthday with my husband, we had gone to San Antonio for the night and Susan Van Cleave, who was the president at the time called and said, we would like for you to run for the board and I couldn't even speak. And she said, okay, are you happy about it? I said, yes. Yes, I think. And but really that's, that has been definitely the highlight of my professional career for sure, has been my involvement with NAPNAP.

Host 2: is one thing that you would pick out because there there's so many fantastic things that you're doing with NAPNAP that you had mentioned, your human trafficking. There's a global vaccination efforts that you're involved with. What is one of the things that you are most proud of, during your reign as president on NAPNAP?.

Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN (Guest): You're right. That is so difficult to choose because I love our profession. We are the first professional organization in the whole world for nurse practitioners, period. End of story. And we remain the only pediatric focused organization. And so I love that about our profession. We're innovative, we're resilient, we're forward thinking. We're constantly coming up with new ways to adapt, to meet real people with real needs in real time. And I love that, but really it's not as hard of a question as you would think, because hands down for me personally, the thing that I'm most proud of is NAPNAP Partners for Vulnerable Youth.

See when I was in Texas, I have a friend who runs an anti-trafficking group and she called me one day and she said, can you help me write continuing education about human trafficking? And I said, absolutely not. No, I don't know anything about trafficking. I can't help you with that. And she said, I can't find any nurses that can help. And so at first I said, okay, well, I don't know about trafficking, but I do know about educating nurses. So, tell me what you need. You give me the content and I'll give you the process and I'll have felt like I've done a good deed and given you what you need and you can go on your way. But the more that I learned about it, I told her after a period of time, I said, you know, I'm asking you the wrong question.

I'm asking you, how can I help? But really the right question is how can I not help, knowing now that children are vulnerable and at risk and completely unrecognized and underserved. And so I took it to the board at NAPNAP, where I was serving as secretary at that time. And they said, let's do something, let's lead nursing.

So, we started NAPNAP Partners for Vulnerable Youth, and they put me in charge of the Alliance for Children and Trafficking. And we really had basically no budget and no programs, just a startup from the beginning. But through that in a nutshell, do you know within two years I found myself in the halls of Congress testifying, doing a radio tour that reached 4 million people, leading the profession and writing standards for care.

We just partnered with the Department of Health and Human Services and NAPNAP was a co-author along with Heal Trafficking and the International Center for Missing and Exploited Children to write standards for how individual clinicians and academic institutions and healthcare organizations can implement core competencies to be able to care for children who are in trafficking. And so I look back and the motto I've adopted in my presidency is that we can do more than we think we can with less than we think we need.

Host 1: I love that. I mean, that is something to be so proud of. I did just read, I think it was in the most current issue of the journal, the human trafficking article that you guys just published.

Dr. Peck: Yes, that was actually NAPNAP's very first white paper ever. And it was on child trafficking. So, I was so excited to see that come out. And again, we're just being a leading voice in nursing and other organizations like the Emergency Nurses Association has been a wonderful partner. They trained all of their boards to be ACT advocates, which is our Train

the Trainer Program because the board wanted to set an example to their membership and really just people coming alongside with us and partnering with us has been just so amazing.

Host 2: That kind of leads me to my next big question about you being a host of a podcast as well. So, you're kind of in a flipped role now being the guest when you're typically the host and so it's Team Peds Talks correct? And that's the podcast for NAPNAP and you guys recently did a session on human trafficking, correct?

Dr. Peck: We did. And that has been a really fun thing to do because as a national organization, communication can be slow. If we publish something in the journal, actually that white paper has been written for almost two years and to see it go through the process of peer review and come out, it just takes a long time. And so we recognized during the pandemic that we needed a faster way to be able to respond to issues and to engage our members and equip them. I'm sure you all saw this during the pandemic. I mean, I found myself, following physicians and nurse practitioners across the country who were just on Facebook saying, here's what I learned in the ICU today.

And I thought here we are. So, we started the podcast really to be a thought leader. And so our Team Peds Series is a thought leadership series. We have Team Peds Town Halls where we've talked about everything from racism to COVID-19 vaccines, to human trafficking. We have our Team Peds Expert Live Series, where we go on Facebook live and answer questions from cyberbullying to antibiotic allergies, and just are able to meet our members and engage live, in real time.

And we have Team Peds Talks, which is our podcast and our first series we focused on child health equity. So, there's actually, your listeners out there can get eight hours of free continuing education by listening to the podcast series, you can just go to [napnap.org](http://napnap.org), or find us anywhere that you can find a podcast, but if you want the CE just go to [napnap.org](http://napnap.org), and click on Team Peds Talks right at the top. And you can listen to 16 episodes and get eight hours of free continuing education. And then our second series that we're just now wrapping up is child mental health. And of course that's what everybody's talking about right now in pediatrics is how is this pandemic going to impact our kids is all I'm talking about, about my kids.

And so actually trafficking encompass both of those because we talked about social determinants of health and criminal activity that impacts children and then impact on mental health. So, it's really exciting. We actually just passed our 10,000 mark for listeners this week.

Host 2: Congratulations.

Dr. Peck: Yes. Thank you so much. It's just a go team. You know, I have to shout out to our whole NAPNAP team because it takes a village and we have one of the best.

Host 1: Well, I also wanted to bring up that, I had just read through this president's message that you had put in the March April journal. And I just have to quote a couple of things because I mean, I just have to tell you, Miss Jessica, Dr. Peck, that's what to you. I was highlighting and I got my red pin out. I was underlining, I was circling it. I was like, amen sister. I was you.

Host 2: Amen. Preach. I love everything about this article.

Host 1: It was really great. I was sad that I just like that I just got my hands on it. I know I had it had come across me in the mailbox, and I think I got distracted by my kids. And then Trisha said, hey, did you read that? And I'm like, no. And I got to it. And then I thought, wow. So, I just wanted to quote you really quick. And so you said, although the care provided by nursing is widely and loudly celebrated, the voice of advanced practice nursing lacks equal attention. And that just really, I thought, wow, that's so true, right? Where everyone loves nursing care. And as you mentioned in this little article, everyone also trusts us, yet, we don't really always have a voice.

Dr. Peck: Well, first of all, you've just about made my life because if I'm being quoted, I mean, my goodness, I by you two. I can't even imagine being any more flattered ever in my life, but I appreciate that so much. But you're right, because what I see is that when nurses, even as the face of care during the pandemic, what the public wants to see, and what they're used to seeing is us with mask marks on our face, right? Or sitting by a patient's bedside and holding their hand and tenderly wiping their fevered brow, which we do those things. We absolutely do those things, but in my experience, and what I've seen is that yes, the voice of advanced practice nursing lacks equal attention. It's like, we want to hear about that bedside care, but we really don't want to hear what you have to say about policy or about leadership issues.

And I have recognized that as I've grown and been able to acquire more skills and more education and more training and just been poured into by leaders who have gone before me, I feel really compelled to speak up on behalf of our profession and say we are a profession of highly educated clinical scholars, and we know about a lot of things and there's so many boardrooms. There are so many leadership councils that we don't have any representation and decisions are being made about the care that we're providing without asking the people who are providing the care. And so I think that we just really, nurses are just key to the health of the nation.

And you know, one of the things that we saw was even when president Biden announced his first COVID 19 taskforce, there was no nursing representation. And thankfully, you know, we wrote a letter and said, hey, with other nursing organizations and said we need nursing representation. And so they did appoint a nurse, a public health nurse to help in those efforts, but even looking at vaccination efforts, we are the experts in that. I mean, we can get people vaccinated in no time. And so why not use pediatric nurse practitioners and advanced practice pediatric providers to help in those efforts? We just did a survey of our organization, the secretary, Dr. Jen Sawhney and I, and that was the one bright spot that came out of the survey is that even at the end of March, 73% of our members surveyed had already had both series, both doses of the COVID vaccine. And there were only 4% who were planning on not vaccinating for reasons that may be related to health or personal choice, but we had a very high vaccination uptake.

So, I think that we just need to have our voices represented more because we safeguard the majority of public trust. And so we just need to be more represented in those decision-making tables and in leadership and in the media.

Host 2: Yeah. I remember, attending an advocacy day, at the state of Missouri. And one of the speakers said that we need to have a seat at the table, because if we don't have a seat at the table, we are the menu.

Dr. Peck: We are on the menu. That's right.

Host 2: don't want to be on the menu and I know nobody does. And so, how can we start at a local level or even at a national level? Like if people are interested in getting involved in NAPNAP, what can we do to get our seat at the table to get our voices heard, to get out there, and be a representative of the nursing field?

Dr. Peck: That is probably my favorite question you've asked me. So, you're absolutely right and at different points during your career, you're going to be able to give different ways. At some point it may just be that membership in a professional organization is all that you can do. Maybe you're in school, you're learning a new job. You're having babies. You're moving, you know, there's life transitions that are happening and you can't be a volunteer in a leadership position or something like that. And that's completely fine. Don't underestimate the power of just having your membership because there's power in numbers.

And we have under-representation even through professional organizations in nursing. The percentages of nurses who belong to a professional home are very low, but we need that. And even, you know, for me, when I became president of NAPNAP, and I looked at all the policy sign-ons that I'd be responsible for doing, even as a highly engaged member. I thought, I can't believe we're doing all of this. This is amazing. And people are coming to us all the time and asking for our opinion as an organization. So, just being a member is really, really important. And then I think, after that, volunteer.

Don't be afraid to volunteer. As nurses, we are so, so very good at underselling ourselves, thinking, oh, that's not me. Well, I don't have a doctoral degree or oh, I don't have very much experience or I don't. She's so much more well-spoken than me, or he's had so much more experience than me, but just saying yes. So, if there's a position in your local chapter, if they're looking for officers say yes, we have tremendous support that's going to come behind you. We have great mentors who are looking to provide support. So, that

would be a great way to get involved. Just read the newsletters that we send and engage with us in our Team Peds Thought series, and there's so many great resources there.

And the last thing I'll say is, that we're planning an in-person gathering, which is looking more and more optimistic in Orlando, Florida. Yes. And we're going to call it reconnect and rediscover, and we're going to have a big emphasis on provider self-care because there we've all endured a lot of trauma in this last year with the COVID-19 pandemic response. And again, nurses take care of everybody else. And sometimes we're the one that gets left on the back burner. And so we need to make sure to take care of ourselves and we have just tremendous education to provide to you. So, if you've never been to one of our NAPNAP things in person, come, because nurses are generally very nice people and pediatric nurses are among the friendliest and the warmest because you just have to be.

Host 2: Yeah, we're a pretty good group of humans, I think.

Dr. Peck: I agree.

Host 2: I love that you're doing a thing on self care. We just recently, Tobie and I, had our last podcast surrounding professional wellbeing and mindfulness. And it was a very enlightening conversation that we had with one of our professional wellbeing coaches. And so it was a great episode. So, it is very important for us to participate in self-care because if we don't take care of ourselves, we can't take care of our patients and our families.

Dr. Peck: I agree, a hundred percent.

Host 1: Well, Dr. Peck, it has been such a pleasure visiting with you. We have looked forward to this so much since we first visited a few months ago. And so we are so thankful that you took the time out to talk with us today.

Dr. Peck: Well, thank you so much for having me Tobie and Trisha. I just really love to be able to connect with other pediatric advanced practice nurses and other advanced practice providers who just have the same mission as experts in pediatrics and advocates for children to optimize child health. And I find no better place to renew my energy than that.

Host 2: Yeah, it has been a true honor to talk with you today. We kind of end each podcast asking each of our guests kind of the same question. So, if you're ready, I'm going to ask you the question.

Dr. Peck: I am so ready.

Host 2: Okay. If you could go back to your new nurse practitioner self, like picture yourself one year out of practice, what advice would your current self give your old self?

Dr. Peck: So to be fair, as you said, I knew you were going to ask me this and I have to tell you, I spent a long time thinking about it. Because as I was thinking, I was looking back, I've been a nurse practitioner for 20 years now. And I looked back at that really, you know, naive little girl that just came out of school and, and really, I thought, oh my gosh, what would I tell her?

So, I did put some thought into this and, really found it therapeutic, honestly, to give her this message. So, my kids make fun of me a little bit because I have a flare for the melodramatic. So, here we go. You'll have to come with me my journey.

Tobie O'Brien (Host 1): let's

Trisha Williams (Host 2): let's go.

Host 1: you

Dr. Peck: So, here's what I would say. I would say Jessica, you think you have reached the summit and you can't imagine anything higher or better than this, but know that this is just the beginning. You're learning now to make a difference in the lives of individual children who come to you for care. But 20 years from now, you'll be making a difference in the lives of children all over the world and setting patterns of practice in place to influence generations to come.

Don't be discouraged when people tell you no, when doors close in your face, when people demean your education and say something can't be done and you especially can't do it, and everything seems impossible. Find comfort in the integrity of your profession. Find strength in the courage of trailblazers who have gone before you. Find inspiration in the precious faces of children everywhere. And find a way to do more than you think you can with less than you think you need. And remember, most of all, you are never alone, but joined by like-minded experts in pediatrics and advocates for children with the same hopes and dreams for our future.

Host 1: Mic drop.

Host 2: clap,

Host 1: was really awesome

Host 2: Dr. Jessica Peck, I have tears in my eyes.

Dr. Peck: Okay

Host 2: Oh.

Dr. Peck: To be truthful, I have tears in my eyes a little bit too, because I just think, how did we do this? And it's just really, just a testament to the inspiration I've found in children and in our profession, I just, I'm so grateful for nursing because for someone like me, education never would have been accessible in any other way.

But thankfully, you know, having accessible education in my community and people who believed in me before I believed in myself, I just had to believe in them. And then I could believe in me. And so I, really hope to inspire anybody else that's out there listening, thinking, oh she does this or that. It's like, nope, this is where I started. And if you'd just be a little brave, you can do so much more than you think you can.

Host 2: Well, you've inspired me.

Host 1: I love your story. I love how you started and then what you've become and really your passion for encouraging others to think of just that the sky's the limit. And especially when you work hard and have so many experts around you, like you said to rely on and trust yourself. So, thank you so much.

Dr. Peck: Well, thank you so much for having me. And I hope that we get to meet together in person one day, because I'm thinking that would be a really fun get together. I think we would get along just fine.

Host 2: Yeah, I think we might have to watch Legally Blonde potentially.

Dr. Peck: That's exactly what I was going to say.

Host 1: We might've had a little bit of an email, like quoting we're going back and forth before with this podcast recording.

Host 2: For listeners, for you that don't know there's a love affair with Legally Blonde, the movie. So everybody thanks so much for listening. And Dr. Jessica Peck, you have been all inspiring for me and I truly believe you have been inspiring to our listeners as well. Thanks for tuning in today, everybody.

Host 1: If you have a topic that you would like to hear about or you're interested in being a guest, we would love to have you. You can email us at [tdo](mailto:tdo@cmh.edu) (<mailto:tdo@cmh.edu>) or [brien](mailto:brien@cmh.edu) (<mailto:brien@cmh.edu>) or [twilliams](mailto:twilliams@cmh.edu) (<mailto:twilliams@cmh.edu>). Once again, thank you Dr. Peck, and thank you everyone for listening to the Advanced Practice Perspectives podcast.

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