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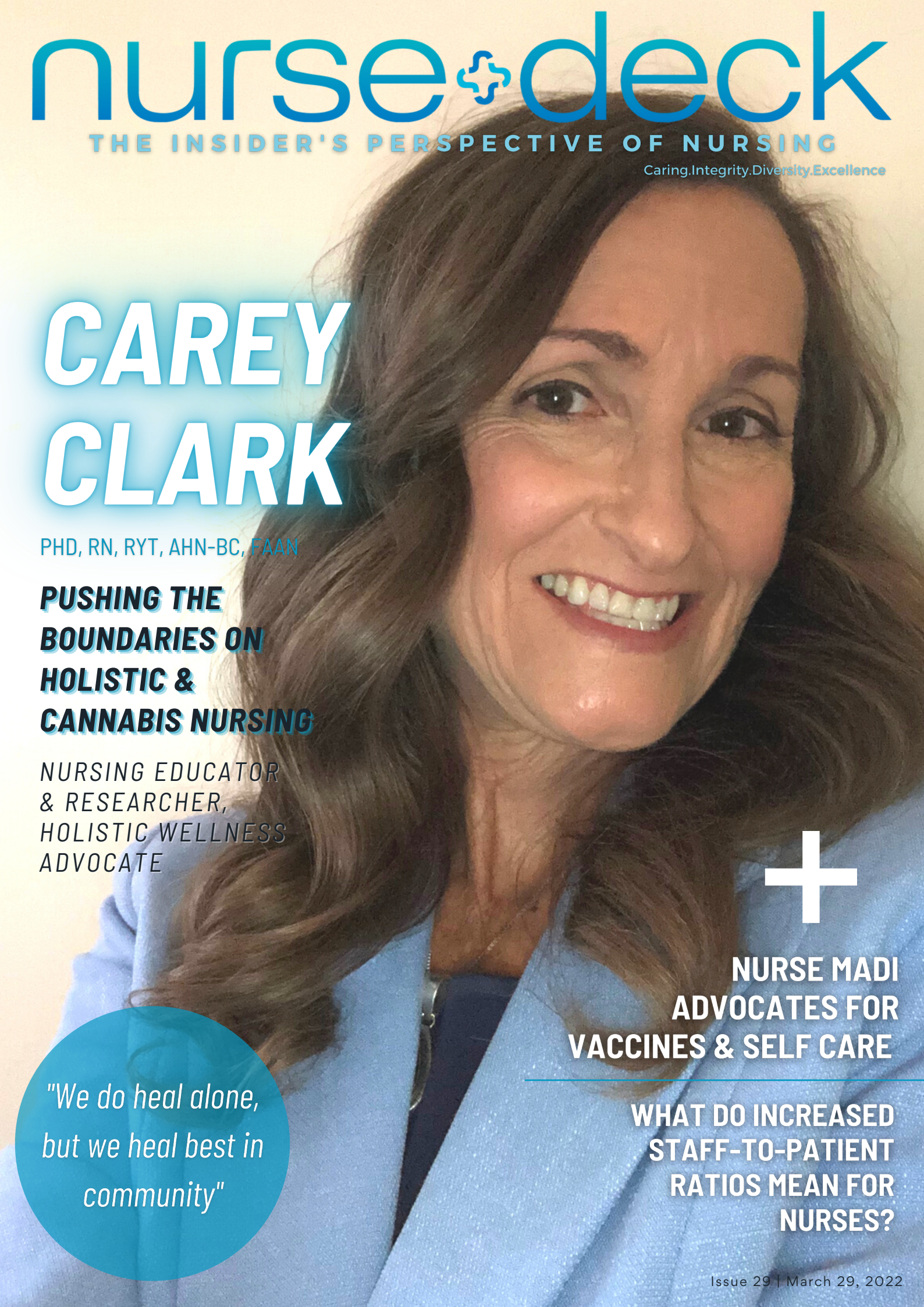
THE INSIDER'S PERSPECTIVE OF NURSING
Caring.Integrity.Diversity.Excellence



CAREY CLARK

PHD, RN, RYT, AHN-BC, FAAN

PUSHING THE BOUNDARIES ON HOLISTIC & CANNABIS NURSING

NURSING EDUCATOR & RESEARCHER, HOLISTIC WELLNESS ADVOCATE

"We do heal alone, but we heal best in community"

+

NURSE MADI ADVOCATES FOR VACCINES & SELF CARE

WHAT DO INCREASED STAFF-TO-PATIENT RATIOS MEAN FOR NURSES?

Issue 29 | March 29, 2022

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.

Got questions about cannabis? Dr. Carey Clark is here to answer them all. This highly educated nurse has designed original curriculum about how cannabis impacts the body and advocated at all levels (including Congress) for a more informed approach to cannabis in nursing.

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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for last week's top 10!

Join the community...

NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

On ND Social, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

Join in at social.nursedeck.com

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Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse, just like him.

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Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

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#InTheField

Nurse Madi advocates for vaccines & self care

RN Madi Fogel RN, a Minnesota pediatric home care nurse, shares her take on nursing stereotypes, advocating for vaccinations, and self-care.

Q: TRUE or FALSE "Nurses eat their young."

A: False from my experiences, although I did have some clinical instructors in school that were pretty tough and expected us to know everything when we were there to learn.

Q: Any self care or mental health tips for new nurses?

A: Schedule self care time in just like you would your homework/work schedule. This way it is a priority just like work is. Also, working out is good for physical and mental health. I stick to a workout schedule because it makes me feel good and refreshed!

Q: What current events in the nursing field are you most passionate about?

A: Encouraging vaccinations, especially against COVID-19. It's important not only to protect our individual self, but to protect those around us.

What do increased staff-to-patient ratios *mean* for nurses?

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When thinking of healthcare, one word that should always come to mind is safety. Hospitals and other healthcare facilities should be a safe environment for patients and staff. One major area of healthcare that should always follow a safety first rule is nursing.

The nurse to patient ratio should always be considered when thinking about safety. Nurse to patient ratio simply means how many patients is one nurse caring for.
The American Nurses Association believes that safe nursing staff ratios are essential for the overall healthcare system. Hospitals should follow evidence-based practices to ensure safe patient to staff ratios.

Although a standard should be set, some hospitals and healthcare facilities may differ when deciding what is safe. The area in which you work may also determine the appropriate nurse to patient ratio.

The National Nurses United breaks down the necessary ratios in order to provide the best possible care. The recommendations seem fair but not every facility will follow these ratios.

- Medical 1:4
- Emergency 1:3
- Intensive care 1:1
- Labor and Delivery 1:3
- Pediatrics 1:3

For example, based on the recommendation a nurse working in the emergency department should only care for three patients at a time.

Congress introduced a bill in 2019 that focuses on safe nurse to patient ratios. Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act is a bill that would requires hospital to standardize safe ratios and advocate for the healthcare team.

Over the years, the nurse to patient ratio has seen some changes. Due to staff shortages some hospitals are requiring nurses to take on a heavier patient load. This is extremely unsafe. The recent pandemic is making the problem even worse.

Due to COVID-19 hospitals have been facing a major staffing crisis. The acuity and volume of patients increased. Nurses are getting sick, leaving to travel, or leaving the profession all together. Less staff means higher patient ratios.

Having an increase in nurse to patient ratios is unsafe for the patient but also the nurse. Nurses may not be able to pay attention to

the small details because they have so many patients to care for. That small detail could be critical for the health of the patient. Having more patients also means less care for each patient.

The quality of care will suffer and the nurse may become burnt out. This will have a direct effect on the entire healthcare system.

Safety should always be top priority inside the walls of a hospital or other healthcare facility. The increase in nurse to patient ratios is unsafe and a major cause for concern. Nurses are becoming stressed and overworked.

Studies have shown that having overworked staff can lead to medical errors. Some errors may be minor and some may be extremely serious. The stress of their current work environment is causing number of nurses to leave bedside nursing and focus on something else.

Some nurses may even go on strike. A few New York hospitals had over 10,000 nurses threaten to go on strike due to staffing issues. Nurses are fed up and taking a stand!

Nurses who are currently working during these difficult times need a reminder to also take care of themselves. Increasing patient to staff ratios is leading to exhausted nurses that are on the verge of burnout. If this happens then both the nurse and the patient will suffer. ▪

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INTERVIEW HOST

BREANNA KINNEY-ORR, RN
NURSEDECK AMBASSADOR & INTERVIEW HOST

Nurse Breanna hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck community.

Breanna has been a Registered Nurse for 15 years. She specializes in creating communities where nurses are supported, focusing on amplifying nurses' voices across the healthcare community. She also specializes in content creation, editing, and copywriting, with an emphasis on medical, health, and wellness topics.

I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base. I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.

CAREY CLARK

PHD, RN, RYT, AHN-BC, FAAN

Pushin the boundaries on holistic & cannabis nursing

an exclusive interview
By nurse deck

Dr. Carey Clark is a professor and the former director of Nursing Programs at Pacific College of Health Sciences where she developed the first academic medical cannabis care certificate program. Most recently, she is the editor of the Wolters-Kuhlwer textbook Cannabis: A Handbook for Nurses. She is the immediate past president of the American Cannabis Nurses Association, where she developed the initial version of the Scope and Standards for Cannabis Nurse Practice. She's taught across the levels of nursing academia from ASN to Doctoral levels and served on many Ed.D and Ph.D. dissertation committees. She has over 40 publications in journals such as International Journal for Human Caring, Holistic Nursing Practice, Creative Nursing, and Advances in Nursing Science.

NurseDeck (ND): Thank you for being here! Could you tell us how you got your start in nursing?

Carey Clark (CC): I'm excited to be here! Boy, so my mother was a nurse - she always knew she wanted to be a nurse. She started working in nursing homes when she was in high school as a nurse's aide, and then went right to school and got her bachelor's and master's degree. She worked in a variety of different settings, including as a nurse educator. When I was 16 or 17 and looking at schools, she said "you should be a nurse," and I said, "not a chance in heck, mom." My perception - even though I'd seen my mother in these really professional roles and as a leader - I still thought of nurses as the handmaid of the doctors and that they really just took care of patients' physical needs. I didn't really have a good understanding of what nurses did. I went to school and started off as a chemistry major, and then decided

that wasn't for me, so I got a degree in food and nutrition. I worked as what we would now call a health coach,but back then I called myself an educator with moderately to morbidly obese patients. I had an opportunity to go back to school, and really felt called to nursing. So you can imagine my mother was absolutely thrilled, but what I was really happy about was I could take my skills as a coach and an educator and use them at the bedside and really build my skills around being really caring and compassionate at the bedside. So when I got out, I worked med-surg and psych for a few years, and then became a hospice nurse. I still to this day feel in my heart - even though mostly what I do right now is education - that I'm a hospice nurse, and I hope to someday actually return to that bedside.

We need to be on our own healing path if we're going to have sustainable, caring, healing nursing practices.

ND: We always love to see nurses that have gone on to higher education and advanced degrees. How did you find your inspiration or motivation to do that? How do you continue to grow and develop as a leader in the educational role?

CC: I had my bachelor's degree in foods and nutrition, and after I finished my associate's degree, all along I thought I should be able to get right into a master's degree since I had a bachelor's in a related field. I applied to a couple programs, and they all said, "yeah, you can do that, but you've got to take 24 units of bachelor's level nursing classes." I was like, "why would I do that? I'll just get a second bachelor's in nursing." So I did that, and at that time I started teaching. My impetus for going on to get higher degrees of education was that I did want to be an educator. My experience working with moderately to morbidly obese patients, motivated me as well, because I felt like even though I wasn't a holistic nurse yet, I had a more holistic approach. Prevention was really important to me, and I wanted to be able to do nursing education a little bit differently. I started teaching a couple years after I became a nurse when I was finishing up that second bachelor's degree. I started teaching with LVN students in the clinical setting, and then got a full time job with RN students while I was getting my master's degree halfway through the program. So, back in the year 2000, faculty asked for a student representative to serve on this technology committee, because they wanted to move the program online. I volunteered, and I was sitting around the table with these Ph.D. professors I really admired. I started to figure out I could do that - I could stay in school and get my doctorate degree, too. Lo and behold, the program did go fully online for my last year of my master's program. I was actually shocked they got it together so quickly, even though I was the student representative. The first couple weeks were really challenging moving into a new mode and I didn't know what I was doing, but I absolutely fell in love with online teaching and learning. I just thought it was the coolest thing that we weren't just sitting around in a classroom and shooting the bologna, we were actually supporting our ideas and concepts with a body of evidence, and I found that to be a much richer experience. When I was finishing up my master's degree, we had to do a comprehensive written exam/paper, and we were encouraged to go out and have other graduates read it. So, I found a graduate from the program and got her to read it. She had just finished her Ph.D. and I was looking at Ed.D. programs and Ph.D. programs and wasn't sure what I wanted to do. She'd gone to the California Institute of Integral Studies, and studied

something called transformative learning and change. It was like one of those lightning bolt moments: that's what I wanted to do. I went home and called the school, and they said they'd closed applications for the semester. I was pretty bummed. I was trying to finish up my master's degree, but she said, in a week, "do you think you could have a 10 page personal bio and a 10 page essay on Haridas Chaudhuri versus Alfred North Whitehead's philosophies?" I had no idea who these people were, but I was like, "yeah, I can do that." So, I did get into the program, and it was an amazing experience. A lot of philosophy and Eastern thought. I got to take some great electives. I also got to study with Dr. Jean Watson who developed the theory of human caring. I just emailed her when I was doing my master's degree, and within an hour she got back to me.

ND: Wow - like you just jumped out of my textbook!

CC: It really motivated me to do something different in nursing education, so my dissertation focused on her theory, placing it alongside other philosophies to expand and explicate it. What I think has only gotten more important with the pandemic and all the suffering of nurses and changes in our professional environments, is we've got to be taking care of ourselves. I did some research with nursing students, and found that nursing students have a higher number of adverse childhood experiences. So we come to the profession with more trauma than the general public. There's another theory called nurses wounded healer: because we've had these experiences, we really get drawn to the healing arts, but we need to be on our own healing path if we're going to have sustainable, caring, healing nursing practices. We've got to be healing ourselves. Our environments are so stressful. There's a lot of science around things like mirror neurons, so if we show up at the patient's bedside, and we are stressed out, they're already stressed out, we're just going to amplify each other's stress. If we show up at the bedside, and we can be calm and relaxed, and help them to be more calm and relaxed, we're all going to feel better and heal better. There's a lot of great evidence to show ew need to be taking care of ourselves,

We do heal alone, but we heal best in community

ND: Talk to us about gentle leadership: what does that mean?

CC: It's still evolving as a concept and an idea. When I was president of the American Cannabis Nurses Association, a couple of times people said to me, “Oh, you're such a gentle leader.” Sometimes that can be said in a way that's almost derogatory, but for me what gentle leadership means is, firstly, we're gentle and compassionate with ourselves because being a leader is so stressful to begin with. Next, we really lead by being a role model and a mentor, and by creating opportunities for people and we gently guide them to where they need to be. It’s flattening those hierarchies that exist out in the natural world, in our organizations, but kind of bringing people up with you. I do think it starts with managing our own stress, being gentle and compassionate with ourselves. recognizing those around us that need care, too, and really creating these caring, healing organizational environments so people feel supported in doing their work.

ND: Let's shift gears a little bit and talk about cannabis nursing - it’s a relatively new field. I know you have a ton of expertise in this area, and I know people are super curious about it. You've written a textbook, you've taught in this area, designed curriculum. Can you talk a little bit about all of that?

CC: It's one of my favorite topics! I'm married to a musician, so I know about cannabis from the recreational perspective. I used cannabis recreationally when I was in college, but stopped using it because I was having side effects from it and then was not using it as a nurse. I was living in California, and I did vote for medical cannabis legalization back in the 1990s. California was the first state to legalize it on a broad perspective. When I was a hospice nurse there, though, it was kind of like our policies were “don't ask, don't tell, don't talk about it.” If you see it, just ask patients to put it away. It was medically legal, I still don’t understand why we weren't saying, “would you like to look into using cannabis to help alleviate your symptoms.” Instead, it was all about all the other meds. Often I would see patients that would die and the last part of their life was really low quality of life, because they were so - I don't want to say over medicated but medicated to the point of relief, but that also left them unable to communicate and have much quality of life. In California we were living in

western Sonoma County, one of the leading cannabis growing areas in the state of California, so it was everywhere, it was just part of the culture. In October the whole neighborhood would smell of terpenes, which are the essential oils that give cannabis its unique smell. We moved to Maine, which at the time had the second highest per capita cannabis use in the United States, but I didn't see it anywhere. It was so odd to me, there were maybe six dispensaries in the whole state but even those were well hidden. I'm a board certified advanced holistic nurse, and I had an AHNA student faculty chapter on my campus - I was teaching at University of Maine at Augusta where I developed a holistic integral curriculum. They brought this physician in to talk about caring and healing and presence at the bedside, and afterwards, he said, "what I do is I recommend medical cannabis to patients, and I can come back and talk about that." He did - his name is Dr. Dustin Sulak - and I learned all about the endocannabinoid system. Our bodies make our own endocannabinoids, which are cannabis-like substances, and there's a whole system in the body called the endocannabinoid system which is important for helping us to maintain homeostasis. When we don't make enough of those we can become ill or have other health issues, and that's why people may need to supplement with cannabis, which interacts directly with the endocannabinoid system. When I learned about that, it was like a big light and I was so excited and thrilled to know how it works in the body. Like, how can it work for nausea? How can it work for Parkinson's? How can I help stop seizures? He introduced me to the American Cannabis Nurses Association, which is a 501(c)3 nursing organization. It's been around for about 11 or 12 years now, and when I started there were just a couple 100 members. I connected with the then-president and started the research and education committee, and we put out a white paper on how all nurses need to be educated in this area. She asked me to run for president and I really had to think about it because the organization was growing really quickly. Around that time, I also started advocating for adult-use cannabis in Maine, because I really felt there were lots of people unable to access cannabis who could benefit, and I also felt like this is a pathway for us to begin to free the plant and move out of this prohibition era. I did get in trouble at work for doing that. I wrote a letter, I was in a TV commercial. Because it was a referendum, the letter went out to 10,000 healthcare providers in the state of Maine, and some of those health care providers. I explained why I supported it and why they may want to consider supporting it, and some contacted the school and my president saying I should be fired. Luckily, I had just been tenured. It did pass in Maine, but just barely, but it took four years to operationalize. I did run for president and I was president of ACNA. One of my first goals was to develop the scope and standards of cannabis nursing, I did that. The Oncology Nursing Society invited me to speak at Congress in 2017, which was an amazing experience, and then they sent me out to regional conferences, and then I got requests from other state oncology organizations. I was doing a lot of that before the pandemic.

ND: Was it mostly oncology or palliative care?

CC: Yes, some palliative care. I did speak at NHPCO in, which is the National Hospice Palliative Care Organization which is a mix of nurses,

social workers, some doctors, too. I'm still doing a number of webinars, and we're starting to see our way back into the more face-to-face conferences. I wrote an article for the Clinical Journal of Oncology Nursing, that basically does a real basic explanation of the endocannabinoid system and what the nurses role is. When I was president, we held our inaugural, standalone ACNA-sponsored conference in 2019 in New Orleans with over 200 nurses. Now I'm the immediate past president, so I'm just a regular member, and we just had our third one in New Mexico. We will have another one next year, so if people are interested you'll find more information on our website. Cannabis crosses every nursing specialty. When we go to these Nursing Organizations Alliance-type conferences, everyone wants to talk to us because it impacts every area of nursing. Then there's the textbook - it started with one of my colleagues talking to one of the publishing groups at an NOA conference in 2018. The book is around 300 pages, it has nine chapters, and it talks about the history of cannabis and how we got into the prohibition era and how we're moving into an era of cannabis regulation. There's a chapter on the endocannabinoid system, the pharmacology pharmacokinetics and pharmacodynamics, evidence and research, CBD, the nurses role, the advanced practice nurses role, and ethics and advocacy.

ND: Sounds very thorough.

CC: It's a great little tool. We also just did some research surveying over 1,000 nursing students to see if they're getting education around medical cannabis because in 2018, the National Council of State Boards of Nursing said you've got to be educating nurses across all levels of nursing education about medical cannabis. They defined six essential areas that nurses need to know about, which are covered in the textbook, but it's not happening. The good news is students recognize that they need this information. What we're hearing from them is that faculty are saying they still think there's not enough research about cannabis - it's the most researched plant, there's over 30,000 articles about it. It's fairly safe, it can have side and adverse effects, but nothing like opiates or alcohol and we still teach about those. When faculty do teach about it, they teach about it from a substance abuse perspective and from a therapeutic perspective, and students really want this knowledge, even if they're in a state where it's not "legal" or medically

allowed, although most states have some kind of medical law. It's like the faculty don't even recognize students who are also living in other states, but going to school in this state, are likely to become travelers. We need to be doing this: patients are using it, and we are ethically obligated to support patients in their autonomy to choose this. There are social justice issues going on around it, and there's a real ethical obligation for us to learn about this, to be able to support patients to use it safely and effectively. It's not going away.

ND: Absolutely, and have it be something that's streamlined within our scope of practice, so all nurses are learning the same thing about it, and not just whatever you happen to Google, because your patient mentioned it offhand to you.

CC: That's what our surveys show, too: that is how nursing students are learning about it, they're Googling it, they might read some research articles on it which they probably don't even know how to analyze because we don't teach people how to do that very well until they get to the graduate level. And, they're learning from patients, which is good. I strongly believe in patient-informed practice. There was a survey done with oncology patients in Washington state, which is an adult-use and medical cannabis use state, where they surveyed 900 patients. Over 200 had used medical cannabis recently, and wanted to get their information from their health care provider, 85% said I want to hear about this from nurses, doctors, oncologists, and only 15% ever got any information at all from their health care providers.

“There's a real ethical obligation for us to learn about this.

ND: You mentioned a few times the role of the nurse. I know it's difficult to boil it down into a few talking points, but could you summarize what the role of the nurse is with cannabis?

CC: There's the general role of the nurse and then there's a cannabis nurse role that's more specific. In the general role of the nurse, you just apply the nursing process, so during assessment, you'll be asking them about any prior or current cannabis use, if they've explored using cannabis medicinally for their condition. As you go into this process you need to be aware of your state laws and federal laws and regulations, but it’s just assessing. Try not to approach it the same way that we do with substances that are very damaging, like nicotine and other narcotics. Maybe include it in your assessment along with herbal medications a patient might use to change that stigma, and start to document these things, get them in our charting. Nursing diagnosis could be almost anything from spiritual distress, which we haven't really talked about - cannabis is a plant in entheogen, one of the few medicines we have that can help support people's spiritual healing. It does that

by creating a space for healing, a spaciousness for better understanding of self and connection with others. Any kind of nursing diagnosis that applies could be altered status of nutrition, pain, activity and tolerance. You can kind of start to imagine how it might help with any number of nursing diagnoses. Interventions might be educating patients how to use it safely and effectively, seeing what their baseline knowledge is, coaching them around how to get a medical recommendation in their state. That's something all nurses can do, and then the cannabis care nurse is going to get more into a coaching role and support patients on how to select their medicine that's going to be best for them and how to read something that's called a certificate of analysis. If they're getting cannabis from a dispensary, a certificate of analysis should show everything that's in the medicine, how to use it safely. I'll tell a story that was in the news a couple years ago in Massachusetts, when adult use just started. These people were out on the Cape, got to a nice dinner, and thought they'd celebrate by starting with an edible cannabis product. They're getting ready to go to the restaurant and they're like, "oh, it's been an hour, I can't feel this at all." So they took some more, but by the time they were sitting down to order they were passed out, or maybe falling asleep. The police were called, and it's kind of a typical story we hear that people don't understand that you take an edible and you should not have another edible for at least three or four hours. It can take a while to digest and affect you. The good news is that you can't overdose. They can use too much and have an adverse experience, which can be things like paranoia, feeling like you're going to die, but the good news is nobody's ever died from cannabis use. It's impossible. There's very few cannabinoid receptors in the brainstem. So it won't stop anybody's breathing. I do recommend not using alcohol and cannabis, that could be an issue. So, the cannabis care nurses do more of the coaching, helping the patient to titrate their medicines so they can figure out which plant medicine is going to work best for them, helping them to see if they have any side or adverse effects. We really want patients to use the least amount of cannabis possible. They do not necessarily have to feel high in order to have the benefits, and then we also coach them that there are things you can do to upregulate that endocannabinoid system. It's all the things we've been talking about already: yoga, exercise, eating a diet rich in flavonoids, which are the colors in our plant products, so grapes and strawberries - those all help the endocannabinoid system to function properly balanced. Most of us get too many Omega 6 and not enough Omega 3, and we need that balance for the ECS to work properly.

Things like meditation, reducing our stress can make the endocannabinoid system function a little bit better. Losing weight if a person is obese, can also put less strain on the endocannabinoid system. The goal is to really take a holistic approach that people are changing their lifestyle, because rarely is cannabis going to be enough on its own. We want people to use the least amount that it's most effective, we also want them to be able to take breaks from cannabis so they have other tools and to kind of reset that ECS and then come back to it and see where they're at. I think a lot is going to change in the future. Once we get rid of the federal prohibition and move toward federal regulation, we'll see a lot more research and pharmaceutical development. Cannabinoid therapeutics will become more standardized. I'm hopeful that people will still access the whole plant as sacred entheogenic and have a relationship with the plant, which can be healing as well, but I think we'll see a lot more specialized cannabinoid therapeutics designed for specific illness or wellness issues.

ND: You developed a holistic interval nursing program for students, could you talk about why holistic nursing is so important for nurses as a framework for when they're learning?

CC: That experience really stemmed from my dissertation. Barbie Dossey has a theory of integral nursing, and what it basically says is you've got to be practicing self reflection and knowing yourself better in order to really be able to meet patients where they're at and create caring, healing spaces. It's much more complex than that, but it aligns well with Watson's theory, and with Venter's theory of novice to expert, which clearly states that in order to get to expertise, you've got to be reflecting on what you're doing as a nurse. We've all had those shifts where you're like, "if I could go back and do this differently." But sometimes we don't want to think about that, we might push it down. Sometimes we don't want to listen to that little voice inside of us, and it can be hard work to do it but it is really important for growth as experts.

Developing a program was a pretty exciting opportunity for me. I started off the first year on my own and developed nine classes from a really holistic perspective. What that meant was there was self care and reflection was threaded throughout the curriculum. So even in a class on research, you could get into how you could research something from a holistic perspective. People don't understand: holistic is everything. Just because we're holistic nurses, we still believe in surgery. We still believe in allopathic medications, but we also believe in the power of doing your self care and your healing and upregulating your endocannabinoid system and the stress response and how all these different modalities come into play there. I developed a Reiki elective, and it's still being taught which thrills me to death. We used to take them to the cancer center to get some practice with doing Reiki, but it's also academic. So they're writing discussions, they're getting into a body of evidence, they're writing an evidence-based paper. I was. When the accreditors came, one of them said, "when I looked at your curriculum, I thought there's no way they're really doing this, it looks too good. Students can't be grasping this information." And actually, she said what solidified it for her was talking to the students about their experience, and that they were getting it, they were changing their lives, they were recovering from

burnout, many of them would leave their positions because they were looking for something different.

I did leave there to go to Pacific College of Health and Science, then ironically realized I needed to focus on my own self care. So after years of leadership as president of ACNA, and then taking on leadership of that program and getting it reaccredited, and also developing the medical cannabis certificate curriculum at Pacific College of Health and Science, I'm teaching there and at UMA now it's, I think it's gonna be a nice little combination for me. We're developing a new medical cannabis curriculum there as well, hopefully to eventually offer a master's degree that will be in something like applied cannabis therapeutics. We mostly have nurses that go through the certificate program. We've had a couple hundred folks go through it at this point, and it's one of the most popular programs there. People are really thirsty for that knowledge.

ND: You spoke about recognizing your need for your own self care, did you have any element of the whole "nurses are the worst patients" when it came to recognizing symptoms within yourself?

CC: Oh, yeah. We're subject to the larger culture, too. So our culture really values working and overworking and giving it your all. I was doing too much for me - I was traveling a lot and when the pandemic started in March 2020, I did get COVID. I was pretty sick, and it was definitely a scary thing because nobody really knew what to do. You couldn't get tested, there were really no good treatments, and everyone was saying, "do not come to the hospital, stay home on your own." Then I had a concussion, so I had to take time off to recover from that and really start thinking like, "what do I want to do?" I decided I needed to figure out how to do something differently in my life, right. I've recovered from the concussion and COVID, and I'm fully vaxxed and boosted, but I think what I'm recovering from now is this idea of workaholism. I'm not working as much, and I'm seeing other areas that need healing in my life. I see so much suffering now with nursing like, and I'm working on myself, other nurses might be working on themselves, but then how do we get to the point where we take all this healing work we've done and help change the profession? There are people doing things, a lot of the nursing leaders out there, but I feel like we haven't done enough from top of levels, to really reach down into the actual practice level and create support - the kind of change that we need as a profession.

ND: What do you think are the biggest things nursing students are up against right now?

CC: To nursing students: thank you for coming and joining this amazing

profession. You're entering at a really challenging time for change and transformation. I think some of the things we're up against is not getting enough clinical experience with the pandemic, that applied experience, which can be really scary. I know a lot of folks are getting simulation but, and the data makes simulation look like it's pretty good, but it's just not the same as interacting with a human being. You're up against walking into very stressful environments, working with people that have PTSD and are burned out and not recognizing it, you're up against figuring out your own healing journey and what you to do so you can take care of yourself so that you don't get sick, but also go in and help to change systems. Just getting the experience right now is really tough. We're not recognized as that important and no one's going to stand up for us. Now, we've got to do it for ourselves.

ND: You talk about holding a healing space for patients. At NurseDeck, we feel like connection is a curative process and we want nurses to come together because not having to explain something, to enter a space where people just get it and it doesn't really matter what you talk about in that space. I love that you know so much of the science behind this and why that it is truly a healing experience for everybody involved. Can you speak a little bit about how communities like NurseDeck can help facilitate that?

CC: That's a great thought, and I think it's super exciting. One thing I have learned across my own healing journeys is that we do heal alone, but we heal best in community. When others are there to witness and when we're able to release things, and when we recognize that we're not alone - loneliness, we know, is a "killer." It's just as damaging to your body as smoking. So we've got to figure out ways we can connect, that we can share our common experiences, that we can find solutions for issues, and that we can listen and hear each other. No one's going to do this for us, no one's going to elevate the profession of nursing except for us. Medicine is not really interested in it. We need to take more control of it, and set our limits and boundaries, which is hard to do when we come from traumatic backgrounds. As NurseDeck grows and evolves, are there ways to have things like advocacy training and learning things about setting boundaries? And how do you communicate effectively? And how do you affect change? Hopefully, those are all things you're thinking about to really become a hub of healing, and from that healing really stems the action in the ability to create change.

ND: I love that. Is there anything else you want to share? A message for anybody?

CC: My message is just that it's a challenging time right now. I want to wish us all as a profession some grace and some ease as we're on our healing journey, and that we can emerge from this stronger and healthier and ready to create a new era of nursing. ▪

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