

# nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

*"I really enjoy  
giving  
and doing  
for others."*

## CLARA MAGDALEON RN

**HOW IMPLEMENTING  
HEALTH EDUCATION  
EARLY CAN CHANGE  
OUTCOMES**

SCHOOL NURSE,  
COMMUNITY LEADER,  
ADVOCATE,  
ENTREPRENEUR



**WHAT BEING A NURSE HAS  
TAUGHT ME ABOUT HEALTH  
EQUITY & SOCIAL JUSTICE**

### **#INTHEFIELD**

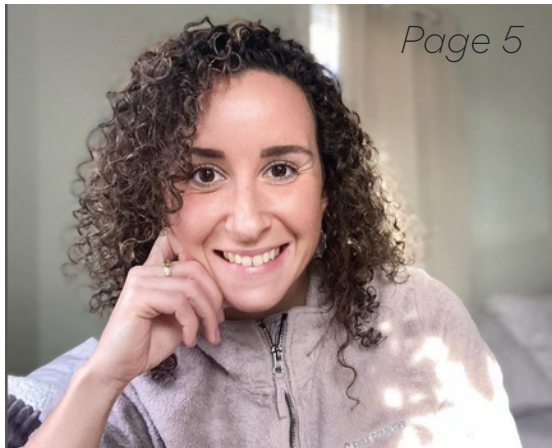
NURSE BRYANNA BELIEVES NURSES  
SHOULD UNLEARN THAT SELF-  
SACRIFICE IS REQUIRED TO SERVE  
OTHERS

**WHO IS FIGHTING FOR SYSTEMIC  
HEALTHCARE CHANGE?**

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# 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.*



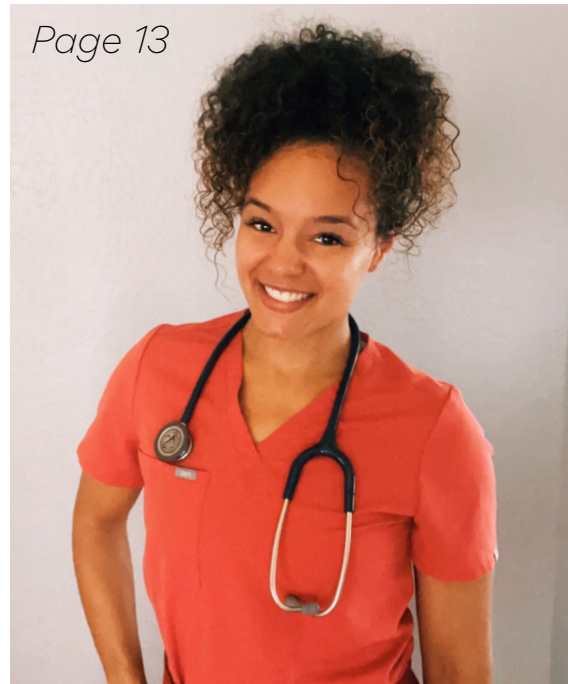
**Nurse Bryanna** believes nurses should unlearn that self-sacrifice is required to serve others



Who is fighting for systemic healthcare change?



What being a nurse has taught me about health equity and social justice



**CLARA MAGDALEON**  
**How implementing health education early can change outcomes**

It's tough NOT to smile listening to this interview. RN Clara Magdaleon took a winding path to nursing, but found her place firmly in health advocacy, education, and leadership. She overflows with passion, and an infectious optimism about the power nurses have to affect change in their communities. As a bilingual school nurse, elected school board member, fitness enthusiast, and budding movement-builder, we'd say Clara represents something pretty special: the next generation of nursing.

# LEADERBOARD



**Katrina Buchholz**  
1,393



**Christina Aylo...**  
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**Madeline Bean**  
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**Rachel Grace**  
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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.

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# #InTheField

Nurse Bryanna believes nurses should unlearn that self-sacrifice is required to serve others



Instagram: @nursecoachbry

*Bryanna Reilly, a med surg, psych, ICU, and homecare nurse, as well as a Board Certified Nurse Coach, explains that to engage in realistic self-care, nurses must begin letting go of the self-sacrificing beliefs that have become deeply ingrained in the profession.*

**Q: TRUE or FALSE: “nurses eat their young.”**

A: When I started my career 7 years ago, TRUE. Today, FALSE. It is wonderful to see the shift happening in the nursing profession. I see so many Nurses deepening the community, experienced nurses mentoring new grads, and leaders like myself sharing the truth of what to expect in the nursing field before graduation.

**Q: What is your specialty and where are you based?**

A: I have experience in med surg, psych, ICU, and homecare in traditional nursing. Two years ago, I became a Board Certified Nurse Coach to support others in a deeper root-

cause approach. Today, I am building a movement of nurses prioritizing themselves so they can continue healing the world. I'm licensed in Massachusetts & New Hampshire.

**Q: What does cultural competence mean for healthcare providers?:**

A: Cultural competence means meeting our patients and clients exactly where they are today—viewing the whole human in front of us, honoring their unique experiences, beliefs, and needs. Cultural competence is required to provide health equity.

**Q: What would you say is the single biggest challenge nurses face today?**

A: Unlearning the belief that self-sacrifice is required to serve others. Most of us nurses were in the caregiving role before we got into nursing and as we practice it becomes difficult to prioritize ourselves before serving others. Creating realistic self-care specific to the lifestyle of the nurse is required to begin releasing the self-sacrificing beliefs that have become so deeply ingrained. ☹️

# Who is fighting for systemic healthcare change?

By RN Carolyn Harmon  
NurseDeck Columnist



Nurses are a powerful voice in healthcare, yet they are sometimes the last to be heard, especially when discussing crucial issues and developing ways to enhance treatment. With many obtaining advanced degrees and the unfortunate shift away from bedside nursing, nurses should have their voices heard and be part of crucial solutions for systemic healthcare change.

Politicians, CEOs, and other top executives are making poor decisions when they should be listening to those on the front lines. They should be listening to those who are delivering care and managing the realities of a failing healthcare system.

The healthcare system has evolved tremendously over the last several decades. After two years of a global pandemic, many controversial problems have surfaced in terms of healthcare access. These include healthcare and nursing policy, and a range of health-related injustices.

These issues combine to fuel the need for systemic healthcare change: “Healthcare redesign involves making systematic changes to primary care practices and health systems to improve the quality, efficiency, and effectiveness of patient care.” (Potter, Ph.D., RN, FAAN, FNAP, et al., 2021)

During the COVID-19 pandemic, the world has experienced amplified gaps in healthcare. Nurses produced inventive ideas and designed process adjustments. They did this while dealing with a double crisis of a global epidemic and a falling healthcare system.

As we watched our world become a battleground, nurses along with other members of the healthcare delivery system were the soldiers coming up with real-time solutions to PPE shortages, staffing shortages, improved infection control strategies for an invisible enemy, conducting real-time research in the ways we provided care for our patients, and creative ways for our patients to communicate while isolated



and critically ill.

Despite our clear resourcefulness and flexibility, nurses still largely remain out of the conversation for policy changes and healthcare reform.

Nurses have the power, skills, and knowledge to transform healthcare. We are the leaders in fact-based practice research and should be the loudest voice that drives healthcare initiatives. Nurses should become leaders in the fight for healthcare change. They should be among the most powerful voices in the fight for healthcare change.

A survey of over 4000 nurses found that nurse-led initiatives were most impactful in managing the COVID-19 pandemic. This should provide a clear road map to empower nurses to lead healthcare change. The summary of this survey makes the following recommendations for transforming the U.S. healthcare system:

- Identify gaps and appoint nurse leaders today.
- Grow the pipeline of new nurses.
- Embrace nurse-led experimentation within health systems.



- Rethink systems and policies that hinder community access to care.

Nurses must also elevate their voices on policy changes to be part of the fight for systemic healthcare change. The following are strategies to accelerate change and fight for improved healthcare for all:

- Nurses must advocate for policy changes that prioritize patient engagement and healthcare for all.
- Nurses must insist on healthcare equity.
- Nurse practitioners (NPs) should be allowed to practice to the full extent of their education, advanced clinical training, and national certification.
- Nurse-led community care models and healthcare technology need further investment and support.
- Nursing curriculums must be redesigned to give attention to primary prevention and social determinants of health.

Nurses are both the backbone and heart of healthcare. As the scope of practice for nurses continues to expand with additional roles, diverse responsibilities, and advanced practice providers transforming the delivery of healthcare, we must take the driver's seat in the fight for healthcare change.

We must capture the momentum gained in the last two years and use it to propel us forward. As the strongest advocates for both our patients and their families, the time to lead must-needed change is now.

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**Carolyn Harmon, BSN, RN,** is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn\_bns\_rn.



# What being a nurse has taught me about health equity and social justice



By RN Breanna Kinney-Orr  
NurseDeck Ambassador

“Social determinants of health” was not a subject I had much considered before stepping in bounds of nursing school. The privilege oozing from that statement makes it hard to write out loud.

I am decidedly average when compared to the majority of nurses I work alongside. Which is to say, we are 75% white and 90% female, with a median age of 44.6. This, in contrast to the diverse populations we serve, is a problem. We know representation matters, and it can extend into life or death scenarios when woefully absent in healthcare settings. I certainly experienced the ill-effects of this discrepancy while working in the ED of major metropolitan hospitals throughout my bedside career.

For the most part, I witnessed my nursing colleagues treating our patients with kindness and compassion. Cultural competence—a subject breezed over in my very white, middle-upper class nursing school—was practiced with diligence and respect.

For the most part.

That is, until a patient would come in displaying...less than desirable behaviors. Patients perceived to be drug-seeking, “welfare state residents,” or who had obvious struggles with mental health were unquestionably treated with a heaping spoonful of bias—and, in many cases—not unconsciously.

Time and time again, I witnessed certain patients being treated unfairly. Left for a few minutes longer before an initial assessment was started, delays in answering call bells, and providing the lower range of pain medications available were just a handful of the ways my fellow care providers wove their opinions throughout their care.

Anyone deemed a “frequent flyer” to the ED experienced these types of passive-aggressive care tactics almost every time they came in. Being dismissed and ignored

by those they sought help from, of course, only made them more insistent in their requests; this in turn solidified the perception that frequent flyers are ungrateful, needy and wasteful of health resources. As if the care we nurses provided was limited, designed to be doled out in some kind of messed up meritocracy. As if certain patients didn't “deserve” care.

POC—another cohort of patients “the average nurse” sometimes struggled with—were generalized to be aloof and disinterested in the care being offered. Truthfully, I too sometimes found it difficult to establish a rapport with patients-of-color.

A baseline level of trust is necessary to engage any patient into being an active participant in their care. While I now understand the deeply-rooted systemic racism that has paved the distrust towards the medical community at large, at the time, it felt like a personal failing.

These types of biases popped up consistently yet infrequently while working in med-surg and in the neuro-ICU. But in the ED, with its condensing of human behavior, the ugly aspects of healthcare delivery was highlighted with a particularly glaring spotlight on the daily. Health inequity and injustice seemed to be an accepted part of the culture there.

I noticed these types of biases becoming more brazen just before I left the bedside in 2015. Political messaging always seems to seep its way into places it doesn't belong, and the hospital environment is no exception.

Flies on the wall in the nursing station would have overheard conversations focused on healthcare delivery—specifically the evils of “Obamacare”—and the inevitability of bureaucracy's heavy hand ruining it for all. The subtext here being, all of the *good* and *deserving* patients.

It wasn't just the healthcare providers



echoing in this chamber, patients sometimes came in with a “holier than thou” attitude, demanding private rooms and citing because of their superior insurance coverage. (While VIP patients certainly exist, it definitely has nothing to do with what policy you’re under.)

Nurses I once admired bemoaned anyone coming into an emergency care environment for a chronic health issue. They never seemed to consider the barriers in place (the very systems they voted to keep running) that kept these same patients from accessing outpatient care.

There’s no doubt in my mind that these disappointing nursing practices had a direct impact on the care these patients received. A large part of nursing is patient education, focused on disease prevention and best-practices for managing chronic illness. When a nurse believes a patient to be less-than-deserving of the very best care, or disinterested in their own health, or one of the very skewed biases that wholly comes from the nurse’s personal beliefs and not the patient’s, she is failing that patient.

And we are failing them, too, by extension.

Now, these are just my personal

observations, specific to a handful of hospitals in a certain geographic area. But, I’ve now spoken with enough nurses, read enough accounts, seen enough news coverage, followed enough of the studies and statistics that clearly delineate this—health inequity and injustice—being a problem nationally. Plus, I think any sentient being these days really doesn’t need to see the receipts on this problem to know it’s a problem.

I wish I had a clear idea of where to go from here. What I can surmise is that we work in a terribly flawed system, one that keeps in place these terribly flawed practices. I think the best we can hope for now, is each of us aiming to be our own small pebbles of influence—fling us into a vast expanse of water and watch the ripples of change that emerge. One day they will reach a distant shore.

Of note—there are a number of fantastic nurses and organizations leading the charge to hock some big boulders of change into our flawed healthcare delivery system. For more info and ways to dive in yourself, check out *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity—A Consensus Study* from the National Academy of Medicine, the Robert Wood Johnson Foundation (RWJF), the nation’s largest philanthropy dedicated to improving health and health equity, and the very first National Commission to Address Racism in Nursing launched by leading nursing organizations.

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**Breanna Kinney-Orr** has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as @breanna\_orr ad on Instagram as @breanna\_nurse\_host.

## INTERVIEW HOST



**JAMIE SMITH  
RN, NP, MSN**

NURSEDECK AMBASSADOR &  
INTERVIEW HOST

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

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

*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](mailto:julia@nursedeck.com).

# CLARA MAGDALEON



## How implementing health education early can change outcomes

*an exclusive interview*

*RN Clara Magdaleon graduated from Morton College in 2021 with her ADN. She worked at RML Specialty Hospital during school and following graduation, and now works as a travel nurse, and school nurse outside of Chicago. Before following her passion to nursing, she earned her BA in business administration and worked in finance and as a medical interpreter (Spanish to English). She is also an elected official, and serves on the school board in her district. In her free time, she enjoys traveling and exploring new places around the world as well as in her own local community. Her thirst for advocacy, financial literacy, health and wellness have become an essential part of who she is.*

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Jamie Smith (JS): Miss Clara, we're so excited to interview you. I know you're relatively new to nursing and you've taken a winding path to get here. What did you do before nursing and what led you to the field?

Clara Magdaleon (CM): Thank you so much for having me! So, I started my career as an adult in private equity. I was in finance for about four and a half years, many, many years ago back when I was 20-years-old, and then got out of that completely. I decided to just stay home to raise my son, my last kid, and then I was a stay-at-home mom for a year and a half to two years. I even picked up nannying for a little bit, and then worked my way back into working full time, from nannying to interpreting for the medical field and in the school setting. That sparked an interest in nursing, once I was in the hospitals interpreting for the low-income community. It showed me there was a dire need for advocacy, not only within the health setting, but also within the educational setting, and I loved that part of interpreting.

*We, as a community, need to take care of our own, and it starts with education.*



When I started talking to other people within my own community and talking to some of my friends who are nurses, they were like, “you should really get into nursing, because that’s a huge part of it.” I started looking at schools, went back to school, and got my associates. I did that while my youngest was in kindergarten, and that was a big bust with COVID happening. I ended up teaching, going through nursing school, being like a mom - you just become everything when they are at home that whole time. It was very interesting to go through that, and then not being able to get the full on nursing practice you would get as a nursing student was hard because I'm a hands-on learner, but we did what we could. I started working as a PCT to gain experience. I'm juggling a few jobs here and there just to make it work. My kids were home full-time

which was difficult, but we made it happen. I have a really strong network at home, a support system that was able to get me through it. I worked at an LTAC for a couple of months, and I loved it. That's where I worked as a PCT, I worked there as a nurse, I had an amazing preceptor, and then decided that setting was not the right setting for me but started exploring other specialties and ended up with school nursing. I never thought I would be a school nurse, but I love it. I love working with 3- to 5-year-olds. I'm in the preschool setting at this time, but we have a team of nurses we work with. I just love what I'm doing now, learning this new specialty and learning how to use it to help others in different ways.

JS: That's awesome. So your interpretation work in the medical field really sparked your interest in healthcare?

CM: Yes, that and I have two heart conditions. So I have SVT and A-fib. Having experienced people saving my life, and having had kids and having amazing nurses for that, and then having their friends who are nurses, all that sparked the interest many years ago. Then I decided, "okay, maybe this is something I want to do," once I started interpreting.

JS: Well, that's a big deal. So, how did COVID impact your journey to nursing? How do you feel about the field, with everything going on?

CM: Oh, COVID. So, I was in the middle of nursing school when this happened. Morton College did a really good job at handling our class even though it was a bit hard. We did advocate for ourselves a lot as students, I was part of the nursing club there, and we spoke up a lot

like, "hey, this is not okay," "hey, we need clinical sights," "what can we do? How can we get out there and talk to these people?" From the student perspective it was difficult because we lost the chance to do a lot of regular clinical rotations. They were not available; the facilities wouldn't allow us and we had to do a lot of online simulations. It's just different, especially for someone like me who is a hands-on learner. I like to have that experience with a clinical instructor where they say, "here, I'm going to show you how to do it. We'll do it together and then I'll let you do it and then see how you can learn from your mistakes." That's exactly what I told my preceptor when I started nursing. I was like, "this is how I learned, can you please show me?" So pre-COVID, I wasn't working full-time, but as a mom I had to make ends meet - I'm a single income provider in my house. So I'm like, "okay, well, how do I change this out? How do I still do nursing school, work kind of full time, still gain experience, and get through this without feeling inadequate at the end of it?" I ended up picking up Uber, I was picking up all these side gigs and side hustles that people do nowadays - I was doing all of them. Pick up a little bit here, a little bit there. When I started working I humbled myself and said, "I'm gonna do PTT work." It was way lower pay than I would have normally made, even being an Uber driver you can make \$20 to \$25 an hour if you do it you know how to execute it. I went from doing that to, "I'm gonna take the \$15 an hour and suck it up. I'm going to do this because I want to see what it feels like to work in a hospital setting. Even though it's an LTAC, I felt like there I was going to gain a lot more experience for a lot of different things. Nurses don't give LTACs a lot of credit, they sometimes don't even



acknowledge that as experience, but we do get a lot of experience. There's all the things you learn through observation, like, "hey, can I see you give that blood transfusion? Can I just sit in for a little bit? I've done all my work, can I come do this with you?" They allowed me to do that, and I was one-to-one a lot for things you would not even have gotten in a clinical setting. It also helped me gain a lot more than I would have had. So, COVID is tragic, it's a horrible situation, nobody would have wanted it to happen, but I think it definitely allowed me to learn to pivot. As a nurse, things happen and can get crazy pretty quickly.

JS: COVID in the middle of nursing school, working and going to school, being a new nurse - wow. I wasn't able to work when I went to school, and I can't imagine being a single mom, too. That must have been hard.

CM: It was. I give it up to my kids. My kids are slightly older. My older two - my daughter is 15 and my son is 14 - and I have a 7-year-old. My 7-year-old had a really hard time - he was the one getting naked in front of the camera. It was a lot of trying to manage and juggle, and you just learned to adjust because I wasn't going to quit. It's just not in me to quit, and we just make it work. The hardest part for me was the emotional side, the, "am I going to bring something home?" There was a lot of, "this patient that you were taking care of had COVID," but it's two weeks later, and it's like, "what do you mean? I could have brought that home?" I took all the necessary precautions I needed to take as a mom, but I was terrified at times. I would literally get undressed in the garage and have my kids bring me a bag. I'd go into the house and straight into the shower, and manage it that way.

JS: So I see you're an elected leader in your school district. Can you tell us about that process? How did you get involved? Why did you want to serve on the school board?

CM: Education has always been my safe haven, it's always been something that I look to for comfort. Knowledge is something I am hungry for, even as a little kid through my upbringing. Many years ago, I started with Girl Scouts and I met the mayor of Berwyn through that because his wife was a Girl Scout leader. I was actually trying to promote and grow a group here in North Berwyn for my daughter who wanted to join Girl Scouts, but it wasn't available. We ended up creating a group, and now we're a couple groups strong. It's really nice to see that grow, but it stemmed from one conversation with the mayor, and being involved in my



PTA at the schools, at both the elementary and middle school level. I decided to step away from it all when I started nursing school, but towards the middle-end of nursing school, the mayor approached me and said, "Hey, there's this position available, I think you'd be a great fit." I was like, "oh no, I'm in the middle of nursing school. I don't know if I want to do this. There's a lot to take on; there's probably going to be a lot of work involved." But then I was like, "you know what? I do want to be informed as to what's going on in my kids' district. How can I create change there?" There is a nurse already on the school board, she was a school nurse for a long, long time, and she was also one of my Girl Scout leaders. So I was like, "what do you think?" I knew a few people on the board already, so once I had a few conversations, and once they reassured me this was going to be something solid that would not immediately interfere with my nursing school journey, I decided it was something for me. My signatures were due in a week, and I was informed with little notice, so I

*“It's important to start young implementing habits, behaviors, and mindset.”*

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actually got all of my nurses and nursing students within the community to help. I said, "I need to get these signatures by the end of this weekend. Could you all help me?" Through social media and just word of mouth, I let them know I wanted to come in and shake things up, and at least give a new perspective, bring fresh eyes to things. I went door-to-door that weekend, drove around like crazy, and got my signatures to the local pole place to actually submit my bid. When people voted, I came off pretty strong, and I think I have made an impact. Since I've been on the school board. I've learned a lot about how the process works, how decisions get made, how difficult some of the things are, and some of the controversies that can come up behind closed doors that you don't really see as a parent. Now I understand from that perspective, so I'm able to now better communicate as a nurse, even in the school setting, certain things I wasn't able to do before. I would like to use my platform to encourage other things like health and fitness, not only in North Berwyn but in other communities as well.

JS: I bet you're making a difference, I





can tell you're really passionate. Can you tell us about your dreams, specifically around creating a preventative health initiative for kids? What do you want to change? And how will an initiative like this help?

CM: Working at an LTAC, especially through COVID, I saw too many casualties in the young age range. I don't mean young like 18 or younger, I mean people in their 30s and 40s - people my age. I think creating a preventative health perspective within the community can be amplified so the outcomes in your 30s and 40s can change. That way you're on less medication, you're dealing with less chronic illnesses. If I implement this on a pre-K level, if I can get my district to implement something at that level with families - it's changing the mindset of how people think about health and healthcare. Right now, we're treating the symptoms instead of getting in front of the problem. For example, type 2 diabetes - we all know that's something that can be taken care of. It does not have to get to the point

where you're amputating legs, you don't have to be on insulin - and all that is really expensive! If you think about these communities that suffer the most with these chronic illnesses and diseases that can be prevented - they are the low income communities, the ones that have food deserts. We, as a community, need to take care of our own, and it starts with education, it starts with implementing these things at the youngest level. I know as a parent: we care about our children, we want our children to have the best outcome, but we have to stop thinking just about, "how are we going to live materialistically?" And incorporate, "do you want a long life span? Do you want a life of living or do you want a life of dying slowly?" People are living longer, but they're living longer because they're on meds that are keeping them alive in a very bad state. How do you want to live towards the end of your life? Some people are thinking like 60s, 70s, 80s, but I'm talking about 30s, 40s, and 50s. How do you want to live that part of your life? It's

important to start young implementing habits, behaviors, and mindset, and then you can then continue on. Get the pre-K to work with the elementary schools, the elementary schools to work with the middle schools, and then keep implementing that. We had this training recently, where they were talking about why school nurses became school nurses, why they brought them into the school systems. One of the reasons was because the military had unfit soldiers when they were trying to recruit for war. They implemented school nurses to make sure that by the time they were ready to recruit, these soldiers would be fit and ready. It had a ripple effect of like, “now we have fit kids.” If we can change the way we think about medicine, we can absolutely set that up so our community can think the same. It starts with people like us who have that trust and connection with the community.

JS: Absolutely. Can you tell us about your personality and life experience, and how it's impacted you as a nurse?

CM: My life has been full of tragedy, full of trauma, but that hasn't stopped me from being a bubbly person. I am, I think, a very empathetic person, I take on a lot of people's emotions and energies around me. I am a giver, I love to take care of people. I think it's something that just comes second nature to me. I think that's another reason why I have a lot of compassion fatigue, as a nurse and in the hospital setting, especially, but I just love it. I really enjoy giving and doing for others. Even though some of my life has been really bad, I've experienced enough from mentors and people that have come into my



life and shown me how to step up for someone and done that for me in my lowest lows. As a kid, as a young adult, and even as an adult now, it was really hard for me to accept help from people at times, but I'm learning more and more as I change my own mindset. I'm constantly working on myself, I'm doing the inner work, that while I can accept help, I can develop myself and I can create change. It was hard for me to say, “wow, I can think beyond just my school, just my job, just this. I can think beyond that.” Thankfully, because of LinkedIn, because of nursing, because of these people that have decided to do that for me, I've been able to expand my mind a bit.

JS: It really sounds like you're paying it forward, because you've received

help. That's awesome. Tell us about the job you are in currently. What do you like about it? What other types of nursing do you want to explore in the future?

CM: What I love most is interacting with the little ones. I mean, I love my team at the school, it's a very encouraging team. Getting down to a kid's level and really understanding someone that can't speak to you, but wants to communicate, learning body language, I just love all of that. Being able to console a child is one of the purest forms of love. It's like nursing in its purest form. I can take care of them, they can feel taken care of, and you not only feel the gratitude from the children, the students, the staff, but from the parents. When I call them and I'm proactive and say, "hey, this is what's happening, this is what's going on, this is what I've already done, and these are some resources that I think you can use," it feels like I'm not only helping the student and staff member get through the day, but I'm also helping this parent, this mom, this dad, this aunt, tuncle, grandma, grandma, whatever the situation might be, to provide better support for all of

*“It was really hard for me to accept help from people at times.”*



them. The gratitude I hear in people's voices daily - I feel like I didn't get that a lot in the hospital setting, you don't get the "thank you's" as much - that's very fulfilling for me as a nurse.

JS: You're absolutely right, that makes such a difference. So, as a nurse, what power do you hold? How do you want to make a difference with it?

CM: The biggest power almost all nurses have is the automatic trust people have with them. I think nurturing and really valuing that trust factor is very important. Just like any relationship, once that trust is broken it's really hard to regain that. I really value the trust parents give me, the trust the staff and my facility give me and, and even the community when they reach out and have questions about COVID or whatever. We are a team, not only am I a team here with your student, I'm also a team with our staff, and I'm a team player with you. If you're willing to work with me, then

we can build that relationship. As a nurse, it's about bringing it all together, and through relationships letting them know that you got them. I really enjoy that process.

JS: I love your energy and your positivity, and I know that gives them trust in you because they know you love what you do - it shows. How do you think the NurseDeck community can make a difference in the nursing field?

CM: So I was actually talking to nurses recently when we had this training, and I was like, "you guys all need to get on NurseDeck. I think it's super, and if I had known about NurseDeck through nursing school, it would have been amazing, especially during COVID when we lacked all those resources. It's like a Facebook for nurses! What I've learned from LinkedIn specifically, is that the power of connection and having access to people like that is incredible. If you are trying to make an impact - like I'm trying to create a movement. I can reach out to certain people, I can reach out to other school districts I might not have had access to, and you know they're all nurses, nursing students, licensed nurses, nurses that have been there, done that and know how you're feeling. You're talking to people that understand you and that's something you just don't get in other places - you can't talk to somebody in marketing and expect them to understand what it was to lose a patient. You can joke around with dark humor and people understand you. That access, that ability to network, and to also provide what healthcare lacks: that sense of, "I understand you, you're more than just a piece of chocolate." Sometimes we're in a place where you're like,

"man, I really need a moment where I'm in a supply closet crying," but if I could reach out to someone, like one of my mentors as part of NurseDeck and say, "hey, I'm going through this thing right now and I need your guidance. I just need somebody to hear me out, let me vent, and give me some good advice here." You make those connections, you build friendships, and those are lifelong. It's like being part of a sorority. It just makes your life as a nurse just a bit better and sweeter.

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## Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	<a href="http://lbcareercoaching.services">lbcareercoaching.services</a>
Richard Darnell	Travel Nurse Rich - Private Membership Group	<a href="http://social.nursedeck.com/group/travel-nurse-rich-private-membership">social.nursedeck.com/group/travel-nurse-rich-private-membership</a>
Melissa Sherman, RN	Magical School Nurse Designs	<a href="http://www.magicalschoolnurse.org">www.magicalschoolnurse.org</a>
Netra Norris, RN	Mental Savvy Nurse Program	<a href="http://netranorrisemprise.com">netranorrisemprise.com</a>
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	<a href="http://revitalizelife.teachable.com">revitalizelife.teachable.com</a>
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	<a href="http://thecorporatennurse.co">thecorporatennurse.co</a>
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	<a href="http://www.kymali.com">www.kymali.com</a> <a href="http://social.nursedeck.com/group/kym-alis-membership-program">social.nursedeck.com/group/kym-alis-membership-program</a>
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	<a href="http://nursekeith.com">nursekeith.com</a>
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	<a href="http://theresabrownrn.com">theresabrownrn.com</a>
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	<a href="http://kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students">kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students</a>
Janet Celli, RN BSN	CPR Associates of America	<a href="http://cprassociates.org">cprassociates.org</a>
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	<a href="http://www.nursetilda.com/books">www.nursetilda.com/books</a>
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	<a href="http://xapimed.com">xapimed.com</a>
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	<a href="http://built.com">built.com</a>
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	<a href="http://sjfcommunications.com/author-shop">sjfcommunications.com/author-shop</a>



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—Unknown

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