

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

"Really reach for the stars."

DIANE CANNON

DNP, MHA, RN

OPTIMIZING CARE FOR A NURSE'S INDIVIDUAL SKILLS

NURSEPRENEUR, CONSULTANT, EDUCATOR, KEYNOTE SPEAKER

 xapimed



NURSE RUTH ON WHY NURSES SHOULD TAKE TIME TO DO THINGS THEY ENJOY

WHAT IS THE FUTURE OF NURSING HIGHER ED POST-COVID?

WHY IT'S IMPORTANT TO PURSUE CONTINUING EDUCATION

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.



Page 5

Nurse Ruth on why nurses should take time to do things they enjoy



Page 6

What is the future of nursing higher ed post-COVID?



Page 9

Why it's important to pursue continuing education



Page 13

DIANE CANNON Optimizing care for a nurse's individual skills

Dr. Diane Cannon is a nursing chameleon, with experience in oncology, labor and delivery, case management, and consulting. Using her ample experience, she was able to find the opportunities that allowed her to reach her full potential. Now, she's using her expertise to create virtual learning experiences for student nurses. This nurse is leading the way in technical innovation- read about how healthcare can use technology to optimize nurse care.

nurse social



New post

Question

Article



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

On NurseSocial, 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.

Photo/Video

File











Post Anonymously

post



Join the community

Our leaderboard shows which NurseSocial 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 the all-time top 10!

-  **Katrina Buchholz**
2,622
-  **Carolyn Harmon...**
2,152
-  **Mariah Edgington**
2,122
-  **Melissa Sherman**
1,452
-  **Rachel Grace**
1,347
-  **Jennifer Rodri...**
1,273
-  **Ottamissiah Mo...**
1,247
-  **Christina Aylo...**
837
-  **Lauren harback**
776
-  **Jasmine Joiner**
424

Join in at social.nursedeck.com



Apply to join

scrub*Verified*

Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

How it works:

Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at nursedeck.com/scrub-verified.

#InTheField

Nurse Ruth on why nurses should take time to do things they enjoy



Indiana medsurge and COVID nurse Ruth Roberts, BSN, RN, encourages everyone to spend their days off doing things they enjoy, such as getting a cup of coffee, reading a good book, or binge-watching a television show.

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

A: True. In my experience I had older nurses try to weed me out and belittle me when I was first starting out instead of trying to help me. Since I have gotten a year under my belt it has gotten better.

Q: What does cultural competence mean for healthcare providers?

A: We must be aware of different cultures and respect them by honoring other cultures and their traditions by asking questions to make our patients feel respected.

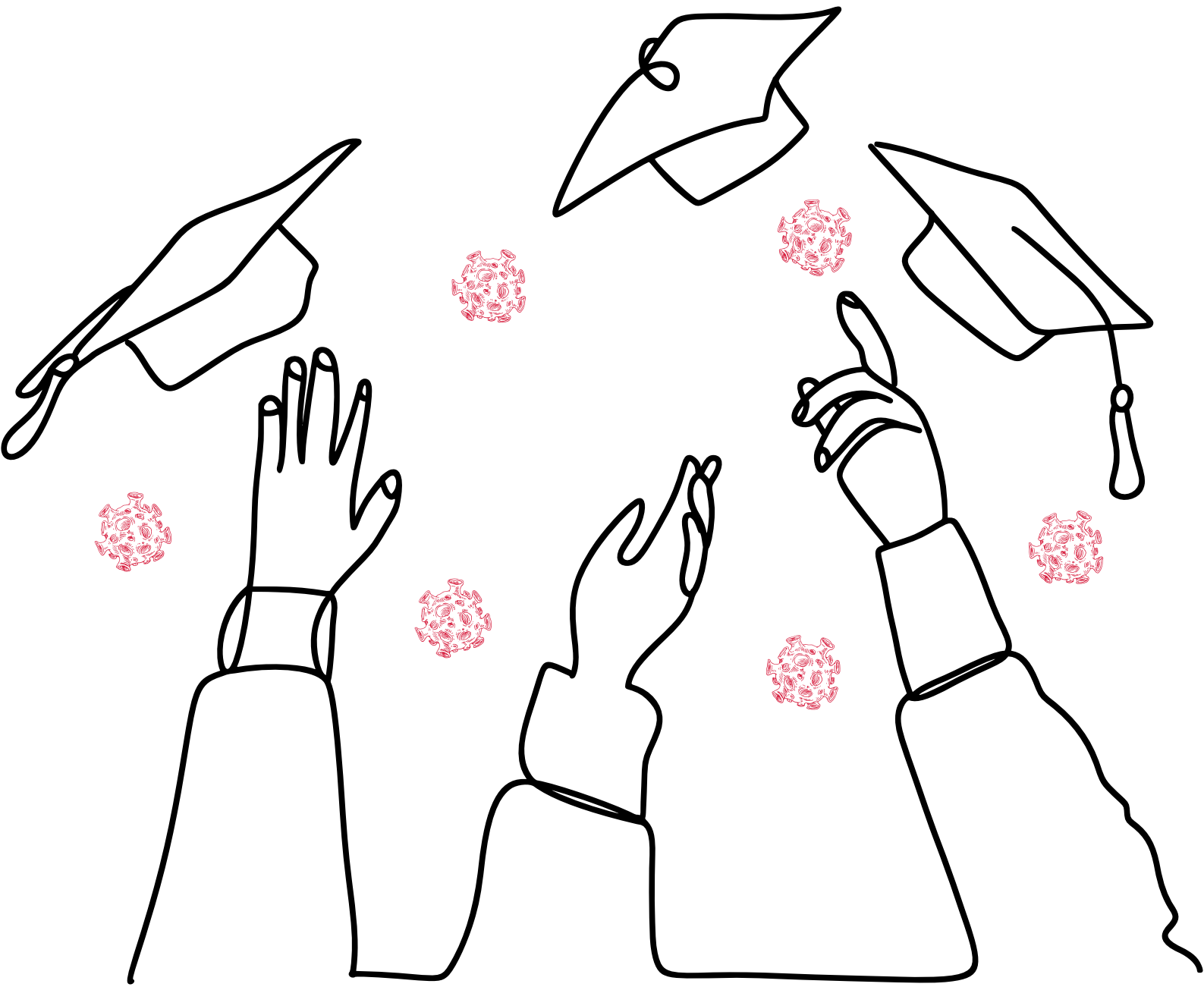
Q: Any self care or mental health tips for new nurses?

A: I would say to make time to find things you love and that fill your cup on your days off whether that be getting a coffee, reading a good book, and/or bingeing a tv show. Also to not pick up everytime work asks, your coworkers will survive without you and think of your mental health.

8

WHAT IS THE FUTURE OF NURSING HIGHER ED POST- COVID?

By RN Carolyn Harmon
NurseDeck Columnist



Nursing higher education took a crushing blow during the COVID-19 pandemic.

Already experiencing educator shortages pre-pandemic, nursing education was also hampered by clinical placement shortages that led to institutions turning away tens of thousands of qualified students aspiring to become nurses. Nurses everywhere continue to experience tremendous levels of burnout from their jobs in every capacity, with many leaving the field without considering critical roles, such as nursing education, that are so desperately needed.

With a significant number of nurses leaving traditional nursing roles or contemplating leaving the profession altogether, now more than ever is the perfect time to consider a role in nursing higher education.

Nursing educators play a crucial role for nursing students in all aspects of their degree attainment. From all the various degree options and programs, there are also different educator roles within higher education. Nursing educators have the option to teach in lecture-style formats, as well as in simulation labs. Becoming a clinical instructor is another option for those seeking to educate in a more hands-on way.

Nursing innovation was highlighted during the COVID-19 pandemic. As we watched our world become a battleground, nurses, along with others in the healthcare delivery system, were the soldiers coming up with real-time solutions to PPE shortages, staffing shortages, and improved infection control strategies for an invisible enemy, conducting real-time research in the ways we provided care for our patients and coming up creative ways for our patients to communicate while isolated and critically ill. It was in these dark moments of great strength and ingenuity that our clear resourcefulness and adaptability shined through.

Imagine if we could come together as a profession with that same grit and determination to ensure our students receive



an exceptional education that enables them to function as top-of-the-line caregivers. This would transform nursing and healthcare for decades to come.

With innovation exploding into all aspects of life, it has never been a more exciting time to lead the nursing field by educating our newest members and greatest minds using cutting-edge technologies. The COVID-19 pandemic shed light on ways virtual learning could be easily put in place and be a workable alternative to in-person learning when necessary.

With continued limitations of in-person learning further complicated by a lack of clinical site placement options, we must embrace a new way of learning. Instead of fighting the old, we should welcome all of the latest technology and come up with ways it would benefit our students and learning institutions. Innovations would provide opportunities to accommodate the influx of students turned away due to challenges brought on by a lack of clinical sites. This is where the future of nursing higher education appears to be moving, and needs to be embraced.




Nothing replaces the critical thinking and knowledge acquired from hands-on experiences, or those first moments of deep understanding of learned concepts when a textbook scenario plays out in front of you in the patient you're caring for. This should never be eliminated and we should still fight hard for students to gain these experiences as much and as often as possible.

However, there is simply not much that can be done in our current state with nursing educator shortages and a lack of clinical placement sites. We have remained unable to scale up programs in all the ways needed to accommodate more students, all while experiencing continuous critical shortages of nursing staff that remain a constant threat to the future of our healthcare system. Workable alternatives must be considered - ones we can come together and agree on as reasonable options.

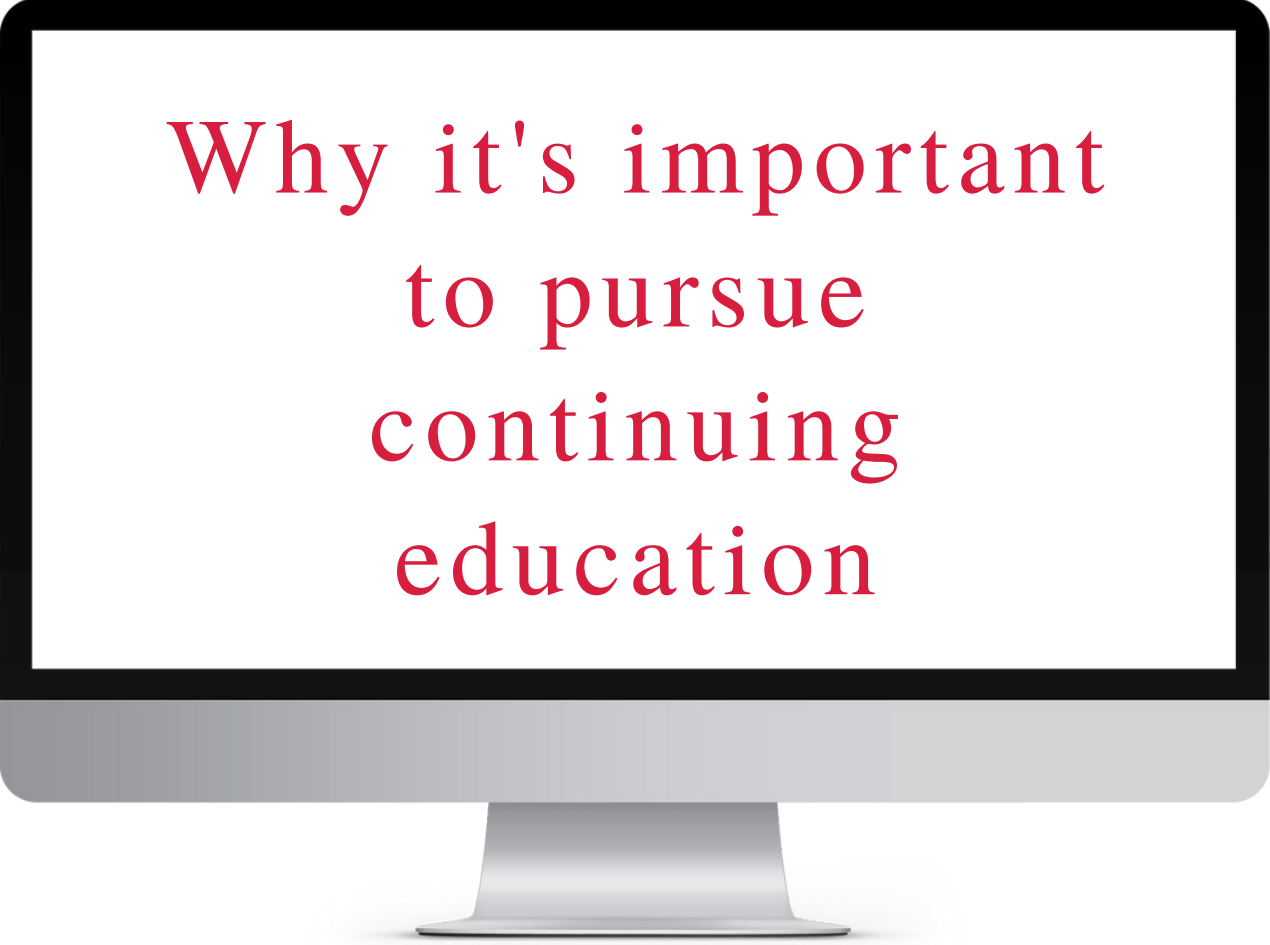
Incredible gains in technology over the last few decades offer a sea of possibilities. The use of virtual reality (VR) would be an incredible blend of new and old - not to take the place of hands-on, but to provide an alternative and the closest simulation experience possible during these uncertain times. It could also be used to test the proficiency of complex procedures prior to implementing them on a real patient.

One study utilizing information obtained from 21 clinical trials conducted in multiple countries found that the use of VR improved learning in 74% of studies and accuracy in 87% of studies. The results concluded that 95% of the studies underscored an improvement of skills in those being educated using VR technology, however results did vary slightly based on areas of specialty. This overwhelmingly punctuates that the use of VR is a real workable solution to a current nursing education crisis.

Unfortunately, VR technology and other means of innovation are very expensive to create and implement. The cost incurred would most certainly be passed onto the consumer - nursing students - who are already encumbered by significant debt to complete their degree.

Nursing leaders in organizations, big tech companies, and government agencies need to strongly consider the cost-to-benefit ratios of supporting nursing education innovation. Strategies must be implemented to be sure our students have an exceptional education and one that ensures they are proficient members of the nursing workforce. All qualified students should be able to be accepted into nursing programs to combat the growing void left by the Great Resignation in healthcare that jeopardizes the safety and quality of care. Everyone should be vested in the success of nursing students from all walks of their journey, as they are the future of healthcare. 

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_bsn_rn.

A computer monitor with a black bezel and a grey base. The screen is white and displays the text "Why it's important to pursue continuing education" in a red, serif font, centered on the screen.

Why it's important
to pursue
continuing
education

Learning doesn't end after undergraduate studies. For most people, it's just the beginning of a lifelong education journey in their chosen field. There are many reasons why it's important to pursue continuing education.

Higher education has a lot of benefits, and it will never be a bad idea to pursue continuing education.

Where should you pursue continuing education?

Continuing education can be done anywhere, anytime that you choose. There are many ways to pursue continuing education, and you have endless resources at your disposal.

If you're looking for a one-stop shop for nursing tips, NurseDeck has some bits that may help you decide how to advance your higher education.

What are different ways you can pursue continuing education?

Continuing education for nurses takes many forms.

Conferences

Conferences - whether virtual or in-person - often count towards your continued education. There are a lot of annual conferences for nurses, which different organizations hold to continue nursing education.

Some conferences also focus on a specific topic, which can be beneficial if you're planning on becoming a specialty nurse.

Classes

You can choose to attend virtual classes in an online course, which provide an easy and hassle-free learning experience. These also eliminate the need for traveling to campus. Virtual courses are good for those who prefer to work in the comfort of their home. You can also take in-person classes at your university if you think you're better suited to a traditional learning environment.



Both types will have their benefits and drawbacks, and whichever you choose, you're guaranteed to gain something from it.

Seminars

There are a lot of free webinars readily available when you search the internet, and they tackle a host of subjects experts hold. For example, the American Association of Critical-Care Nurses (AACN) offers webinars that are geared toward the topic of critical-care nursing.

If you prefer in-person seminars, these are also available. Although less convenient than webinars, they can also offer an interactive experience that rarely felt online.

Graduate school

A master's degree is one of the best options for higher education.

Getting one will open up a broad avenue of career opportunities for you. It allows you to enter a specialization in nursing and advance into higher job positions. However, these cost a lot of time, money, and effort. Always be prepared and committed when enrolling for a master's degree.

What to look out for

The main qualification you have to take note of when you pursue continuing education is it must be organized and held by reputable and qualified organizations.



There are many ways you can learn about opportunities to pursue continuing education. Professional nursing organizations abound. Most often, they are the ones that hold these events. You can also find out through nursing schools and even online nursing resources such as NurseDeck.

Some continuing education programs are free, while others require you to pay a fee. It depends on the type of continuing education you decide to participate in. Choose the program or event that fits you and your goals. Don't blindly pursue continuing education; make sure it aligns with your plans.

Apart from that, there are also many resources where you can get practical information and tips from those working on-ground. There are podcasts, magazines, and blogs about working nurses, nurse entrepreneurs, and anything relevant to the nursing field.

The importance of pursuing continuing education

Some states require this for your nursing license

These continuing education programs are essential for the validity of your nursing license. Although these requirements vary from state-to-state, pursuing some form of continuing education is always mandatory.

When you pursue continuing education, you earn units for the completion of these programs. Should you wish to renew your nursing license, you must make a specified

amount of units.

These help the government regulate and check the continued expertise of nurses.

It opens up broader and better career opportunities

When you pursue continuing education, you give yourself a chance to broaden your horizons. Continuing education will help open doors for you. They add credit to your reputation as a nurse and tell employers you are keeping up with new medical information that may help patients.

Continuing education is one of the first steps towards successfully achieving that goal, if you are aiming for a higher position.

It allows you to specialize in a certain field

At some point in your career, you want to specialize in a certain field. Higher education is needed in these cases. Specialty nurses undergo rigorous training to gain knowledge about the field they are going into.

Programs that offer continuing education often cover a vast range of topics. It would be a wise move to choose programs that cover topics related to your specialty.

It deepens your knowledge and expertise

Learning, especially in the medical field, never stops. Every day, some new medical inventions or breakthroughs happen. To deal with the constant shifts of the patient population, new nursing interventions and systems are created daily.

Continuing education will help keep your knowledge current and help you serve your patients better.

Lifelong learning

In the field of nursing, education never stops. Pursuing continuing education should be one of your constant goals as a nurse delivering quality healthcare. It's one of the most important things you ever do in your career. It is sure to complete your skills holistically. ☺

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.

DIANE CANNON

DNP, MHA, RN

Optimizing care with a nurse's individual skills

an exclusive interview

Dr. Diane Cannon, DNP, MHA, RN, is the director of clinical education and innovation at Xapimed. She has a certification in oncology nursing and experience in oncology, transplants, infusions, clinical research, case management, and emergency care. She has been working in nursing education as a faculty member, visiting professor, and consultant. As the director of clinical education and innovation at Xapimed, Diane works with a company designed by nurses to create technology for nurse learning and competency management.

Breanna Kinney-Orr (BKO): Hi Diane! We are so happy to have you - welcome. Let's jump in. Tell us how you got your start in nursing, a little bit about your journey, and - our favorite question - did you always know you wanted to be a nurse? Or did you stumble into it?

Diane Cannon (DC): Thank you. I'm happy to be here. I've always been a caregiver and a teacher. I was either going to go into medicine or teaching. My dad was a teacher and a football coach, and he kind of steered me away from that, and I had a hometown doctor that really was a mentor to me. I actually started out thinking I was going to go to medical school in a very small town. You know, when you're a big fish in a small pool, sometimes you get to a large campus and it's kind of a shock to the system. I thought, "Oh man, I don't know if I can handle that school." So, through different jobs, I've been a personal trainer, I've done medical transcription, and I had an ER doc that said, "You need to come and see what my nurses do." I had a very narrow view of what nurses did. This is not it, and I was completely blown away. I was like, "These are my people." I applied to nursing school and I never looked back.

BKO: Do you think you would have had a similar reaction had he been a surgeon or from another department? Was something about the ED that really spoke to you?

DC: There was really something about the ED that spoke to me because I loved how there were standing orders. I loved the nurses. I mean, they didn't have to ask anyone. A chest pain rolled in, it was the night shift and the doc went in the sleep room, and so they did everything until they needed him.



That in and of itself - I didn't know that was possible. So many things I learned in the ER laid that groundwork for me then to build from there.


BKO: Right. You were able to really see nurses as autonomous clinicians rather than just carrying out somebody's orders. My background is in ED as well and I had a similar feeling, like you could really do your own nursing work here. I encourage everyone to go look at your LinkedIn page, because I was blown away. We talk a lot about how nurses can wear so many different hats, and I think you've worn almost all of them. From your clinical experience to stuff you've done as an entrepreneur and a consultant.

' It takes a ton of work to accomplish all of that. Work life balance is something we talk about a lot. Do you have specific measures you take to control or to implement some sort of a balance with work life?

DC: That's why I have such a varied career path. For me, the work-life balance was the one thing that came first, and I can be anywhere and do anything. I really looked for things that would not only challenge me professionally, where I could learn new things, but would fit the lifestyle I needed, whether it was a 12-hour shift, or a night shift, or a weekend or whatever. Those were the things that were so important to me that I found nursing just really lends itself to.

BKO: Absolutely. You can really be a chameleon, if that's something you need to be for your life at home. Talk to us a little bit about burnout. How you identify your own burnout, or how you prevent it or handle it if you're feeling like it's coming on, are really important.

DC: That's changed over the years. When I was in the ER, my burnout and frustration came from the stress and overwhelming burden of being a newer nurse.



*Just because
you're not a
manager or a
director, you're
still a leader in
some capacity.*

As I continue to grow in my practice, stress and burnout evolve. It's always been there a little bit, for nurses. How do you balance all of the things in your life? For me, the worst burnout I ever felt was when I was a clinical instructor during COVID. Trying not only to manage my own work life, manage my students to make sure they got all of the education they needed to be prepared to graduate, pivoting to online learning, and then also taking care of my kids while they were home doing online learning. I meditate, I do yoga, I run, I cook, I have a friend group. So for me, there's not just one thing. It's the shared understanding that a lot of people were going through that and sometimes I needed to handle that on my own. But then sometimes I needed to be with a group.

BKO: I think it's really important to have different streams you can pull from depending on what your needs are. It's important for nurses everywhere, because sometimes people confuse self care with getting a manicure, and it's so far beyond that. Those are really great examples you listed. So, you've had a lot of nursing leadership roles. What are some major challenges or changes you're currently facing as a result of the pandemic?

DC: I've always worn multiple hats, and after the pandemic and coming through it as a professor, I was just baked. I needed something different. With the support of my family, I was able to take some of my side gigs and open up my own consulting company and really take the lessons I learned, innovating online for my nursing students, and use those for myself to be able to work from home, to be my own leader, and to really look at the nursing crisis. For me, I

want to make a difference in not just the individual patients from the bedside, but in how I can use all of my experience as a nurse leader, as a nurse, and all the roles I've been in, to come up with solutions from a nurses perspective.

BKO: That's a great answer. One of the big parts a lot of nurses get feedback on is just the general umbrella of a nursing shortage, but now one that's been compounded by the pandemic, and nurses leaving for greener pastures or higher education. As an innovation thought leader, what innovative solutions do you think we can work on specifically with the growing nursing shortage, especially when we have all these nurses set to retire in the next 10 years?

DC: From my perspective, nurses need to be empowered. We're not a shy group, right? We are used to being in charge of our patients or being in charge of our students, whatever it is. Just because you're not a manager or a director, you're still a leader in some capacity. It's very important for cultures in hospitals or organizations or whoever is hiring the nurse to understand that it's so much more than just a sign-on bonus. Yes, benefits are great, but you can get the same benefits across the street. What are the things that are going to attract a nurse, keep a nurse in your organization for a very long time, and enable that nurse to have their career trajectory and still be the master of their own career? You want to keep a nurse and you want your turnover down? You need to figure out how to do that within your organization.

BKO: We've really reached a crossroads right now, between administrators and the nursing

workforce, where nurses are just done with settling. Thank goodness for that, because we needed changes even before the pandemic hit. It's not about money, although we hear about that all the time. That's not what keeps you at a facility. Can you talk to us about some of the programs you've designed or executed, specifically with nursing education? You mentioned you were teaching right in the middle of when COVID hit, and I always think about that first class of students that was just like, "Well, we're not going back to clinicals." I just can't even imagine getting through that, and also feeling the urgency to get these groups of nurses graduated and into the workforce to help. Can you talk about the changes you saw that you helped implement to get nurses out there?

DC: I remember the very last day of clinicals. I had my nurses in the ICU and we had COVID patients. We weren't caring directly for the COVID patients, but we were learning so much. We were supporting the nurses caring for the COVID patients. We were looking at medications that hadn't been used for a long time. We were helping find more pumps for patients who had four pumps. I distinctly remember that and knowing it's never going to be the same and how I needed to push my students, but I also needed to protect them. Because I had experience with informatics and teaching online, I helped develop virtual rooms for students to use as clinical experiences. We did a lot of online critical thinking experiences. There's some wonderful open source, free simulations out there. I would take groups of students via Zoom through those, and we would have our clinicals there with lots of discussion and Q and A. Because of that forced experience, I really got into it.

That led me to working with a company who was creating nursing training simulations through virtual reality, and then that led me into more and more online things, which led me into my consulting business. Now, here I am with Xapimed. They hired me at first as a consultant, but we've really become so nurse-driven and nurse-focused. I helped them redesign their website. We're doing some podcasts and webinars, and then also to hear from nurses so we can build technology that is user friendly, that can help organizations create cultures to help with the nursing shortage.

BKO: It really is a cool time. Just thinking of if this pandemic had hit even 30 years ago, 20 years ago – all of that technology wasn't available. So to have it happen at the same time was probably very daunting. I've had a conversation with someone who helps design some of those virtual reality simulations. What I didn't understand was – I thought it was just like a sim lab. Like, “you're going to put on your goggles, see a dummy there.” And she's like, “No, our entire classroom is VR.” She walked me through all of it.

DC: Yes, You've got the avatars. You can have an older person. You can have a baby. When you're holding the controllers, they'll vibrate or you actually get some tack. It's very cool.

BKO: I feel like we can appreciate those changes, the future innovations for the nursing industry. Related to COVID or not, what would you like to see continue to happen? What do you think would be the most helpful or exciting developments coming down?

DC: There's so much out there. In the last two years since I've been doing



this. I've joined different organizations that either have a tech focus on the patient, or have a tech focus on the staff. My hope is to somehow be able to cross those over to ultimately come up with a true staffing matrix for acuity that not only takes into consideration the number of patients in your ICU, but their level. Then, you visualize, “Okay, I have these nurses, but what is their skill mix?” Look over the organization, and maybe if my role is in the ER, but I used to work oncology, you may not know I have ventilator experience or chemotherapy experience. If somehow we can use AI, can I make sure the staffing office and the nurse manager and everybody knows who's where, with skills that are available? To truly have safe staffing ratios with an equitable staffing mix?

BKO: I've never heard it explained that way. That is such a good use of big data. All this stuff is information that can be collected – but to funnel it into something that can spit out a close to perfect ratio of where everybody's skills could best be used for today.


DC: We're starting down that path. My short term goal is figuring out the skills gap and then tracking it and figuring out competencies.

BKO: Imagine if you're a nurse with these unique skill sets, and every nurse has their own and being placed in an assignment – being placed somewhere you could really do what you do best for your patients. If every day was like that or close to that, that would be incredible as a work experience for the nurse.

DC: You look at my resume, I've always had a full time job, but then I've had different side gigs here. Wouldn't it be great for an organization to allow me to have that side gig at the place where I really work and save money instead of paying a travel nurse? That fulfills me knowing you value me plus you value patient outcome, because we have a nurse staffing ratio.

BKO: It's incredible. There's so much to be developed on top of even just starting there. It's so exciting. Talk to us a little bit from an educator perspective, specifically on how you would encourage nurses our future nurses. We have a lot of nursing students in our community.

DC: Sure. I've changed my mind on this and this might be controversial – I used to tell my nursing students, “You need to have a year of med surg under your belt before you venture out and do other things.” The reason I've changed my mind on that is because through my experience and talking to people like you, and really talking to people all over the world, nursing is not just one thing. So if you want to go into nursing and go into nursing informatics, and you don't want to do a full year of med surg, you still have the basics, you still have the knowledge, right? I would encourage nurses to, if you're a nursing student, really reach for the stars. What would be your ultimate? Think about where you would really



I would encourage nurses to really reach for the stars.

like to be. Do you want to work with the World Health Organization? Do you want to do research with NASA? Do you want to work in VR? Or do you want to be that med surg nurse? You could do any of those. Find mentors who allow you to have those newer ways of thinking about nurses.

BKO: I love everything about that answer. It's such a good point. It does get drilled into us to get that year of clinical experience before we decide what we really think we want to do, but you're so right. To keep nurses excited about our profession, we need to know those things are possible. I love that you talked about mentors. We do a lot of articles and resource guides, trying to help nurses find mentors. Sometimes, especially for new and inexperienced nurses, it can be intimidating if you see someone and you're like, “I want to be like you, but I don't want to ask you to guide me because I don't want to add to your plate.” In my experience, most mentors are flattered. Even if they aren't able to fulfill that, they can connect you with someone that maybe could. That's the beauty of social media and everything right now is you are just a couple of clicks away from connecting with people. That brings me to my next question about



community, which we're huge on at NurseDeck. You have been a part and are a part of so many different types of nursing communities. Can you talk to us a little bit about how that's impacted your career, personally or professionally? Or how nurses can benefit from the community aspect?

DC: Community is huge. When I was an oncology nurse, a lot of our patients used medical cannabis. It wasn't until 2018 that it became legal in Oklahoma. Because of that experience, I actually did my doctoral project on helping a hospice organization create a nursing policy regarding medical cannabis and their patients who use medical cannabis. I helped them do legal research and write their policies. So from my experience with oncology and hospice and home health, I gained understanding of the laws and ramifications with medical cannabis. I've been able to go out in the community and speak on it. I've spoken with different hospice organizations. I've spoken twice at the Oklahoma Nurses Association, I was a visiting professor in pharmacology, and I teach both undergrad and grad students on medical cannabis. It's been really, really great for me in that whole community of cannabis nurses. That's one aspect of community for me, then I have my nurse entrepreneur community and I have my tech people I work with. Depending on what's going on either in my local community, at the state level, I know people and they call on me and they ask me to come and speak or answer a quick question. That goes back to being an educator and being open to being a mentor.

BKO: I love that. That's such an important part of that mentor-mentee relationship, the whole aspect of

paying it forward. That is such a great way to keep yourself excited as a nurse, is to plug in with someone who has way more experience and has ridden the roller coaster a little bit, even if it's not COVID-related. Every career has its own bumps and bruises along the way. The knowledge and insight you can gain from somebody else's experiences is something you can't find in a book, or even just in your own practice.

DC: Absolutely. I'm still in contact with a lot of my students I've been a nursing instructor for. It's about mutual respect and lifting each other up. We all know it's hard. We who have been through COVID have so many different, awful, and terrible stories, but that's the nature of healthcare. I was a hospice nurse, my job was to help people have a good death, and that can be done. We too, can come out on the other side of COVID. Take some positive lessons and go, "How are we going to fix things?"

BKO: Forward thinking; keep it moving. We nurses are always going to be needed. I think the respect and the appreciation and the validation for what we actually do ties full circle to what you were saying. If we can get nurses back into whatever their first moments were, because we all have had those moments as a nurse where you're like, "This is really freaking cool. I want to do more of that or what she's doing or he's doing." That's the sneaky way to keep us engaged. Money in bonuses and all that stuff is icing on the cake.

DC: I just wrote an article where I contacted colleagues and former students for Nurses Week. We're going to do a little blurb on LinkedIn, and I asked them, "Why did you want to become a nurse?" I got some of

the best, coolest stories about family members or friends or things that happened when they were young. Then, I got a little text from them saying, "Hey, thanks. I hadn't thought about that in a really long time – going into nursing to make a difference." Sometimes we just need to be reminded.

BKO: That's such a great point. I love that you still keep in touch with your students on a professional level. To know that they remember you too, I mean, that's a huge pat on the back for you!

DC: I always told them: "You're going to be my colleague. Just because you don't know all the things yet to pass the test doesn't make you unvaluable or unworthy, and doesn't mean I'm going to treat you as a lesser person. My attitude towards you is not going to change. At the end of May, or in June, when you pass your NCLEX, we're going to be colleagues, you're just not at that point yet."

BKO: I love that. That's great. So, we always like to leave off asking if there's any messages you have for nurses today. We have nurses from all levels in our community, from nursing students or potential nursing students all the way through advanced degrees and advanced practice. We always like to leave it open for you. Is there a message you have for our audience?

DC: I think the message would be: nursing is the greatest profession. Other people see it. We see it. We saw it when we went into it. Don't lose sight of that, and all the incredible work we do. Don't be bogged down by negativity. Yes, it's hard. I'm not trying to negate any of that – but it is a noble profession. It's

not just a skill. It's holistic healing and caring and meeting people where they are, whether it's their best time or their worst time. Don't lose sight of that. Take that feeling and push the boundaries of what nursing can be. Look to the future. It's going to be different and make it be different. Don't accept what it was. It's never going to go back to how it was before COVID. 8





Nurse Product Directory

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



A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

Where nurses share stories, resources
& guides to help inspire and motivate.

*“When you’re a
nurse, you know
that every day
you will touch a
life or a life will
touch yours.”
—Unknown*

MEET THE TEAM

NEVILLE GUPTA

Founder/CEO

JULIA TALIESIN

Chief Multimedia Editor

SARAH VALENTINE

Editorial Assistant

GABRIELLE DIDATO

Program Manager,
Influencer Marketing &
Partnerships

LAKESHIA BATES

Senior Project Manager

SUZANNE METCALF

Public Relations Specialist

LESLEY KOROMA

College Partnership
Manager

Hey nursing student -

Have you applied for the

NURSEDECK GO AWARD?

The NurseDeck Go Award is an opportunity for RN/BSN students in financial need, who have completed their freshman year of college/university in the nursing program and are enrolling in their sophomore year. Sophomores, juniors, and seniors can apply. It is a competitive application process. The award is a one-year, \$1,500 non-renewable opportunity for second year and above nursing students who have a go-getter mentality, excel through adversity and financial hardships, and display a commitment to the nursing field. However, they may need financial assistance in helping them pay for their required nursing supplies and student nurse association membership fees.

You are eligible if you:

- Have a 3.0 GPA or higher
- Interested in pursuing a degree in nursing
- In financial need to continue and complete their nursing education
- Currently enrolled as a second-year nursing student in an accredited two-to-four-year college or university in the U.S.
- An active member of your college or university's chapter of the student nurse association organization and community

How to apply

- Create an official NurseDeck account
- Submit an official college transcript
- Submit a photo of your college or university ID card
- Submit a list of your honors, awards and certifications (if applicable)
- Submit a one-page essay; tell us about yourself, your experience using NurseDeck, nurse related activities and what you hope to achieve as a nurse in your professional career after graduation (500-700 words max. and doubled spaced)
- Submit one letter of recommendation (on college, university or business letterhead) The letter should be from an educator and/or professional from school (teacher, counselor or employer) or a representative from the student nurse association chapter of your college/university
- **Email all documents to scholarship@nursedeck.com by October 1, 2022**

NURSES SUPPORTING AND INSPIRING TOGETHER

**We're here to nurture a
trusted community by
empowering nurses to
connect, network and
share through a built social
space where trust,
authenticity and
comradery are valued.**

nurse  deck