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THE INSIDER'S PERSPECTIVE OF NURSING

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DWAYNE ALLEYNE

DNP, APRN, ACNP-C

**THE DNP CREATING
SPACE FOR COMMUNITY,
ADVOCACY, & EDUCATION
IN NURSING**

NURSE ENTREPRENEUR,
ADVANCED DEGREE HOLDER,
EDUCATOR

READ ABOUT

A winding journey to nursing
Why to seek an advanced degree
How to get into nursing academia

NEW NURSE SABRINA GIVES
INSIGHT ON HER FIRST YEAR OF
NURSING & HOW TO THRIVE

COVID MISTRUST &
MISINFORMATION: A NURSE'S
POV ON CDC MESSAGING

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 #InTheField, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse leader doing incredible work we can all look up to.



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DWAYNE ALLEYNE

The DNP creating space for community, advocacy, & education in nursing

Dwayne took a long, winding path to nursing, but since he found his passion he's never wavered. Now a nurse leader, educator, and community builder, Dwayne is working to create space for all in advanced nursing practice.

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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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#InTheField

New nurse Sabrina gives insight on her first year of nursing and how to thrive



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

A: “Nurses eat their young” in my experience is false. I have had an amazing experience at my hospital and don’t feel as if any of the “older” nurses put me through the ringer. I think that, especially during these times, more nurses are realizing how hard it is for new grad nurses and have backed away from “eating their young” or bully culture to be more supportive and help new nurses thrive.

Q: What does cultural competence mean for healthcare providers?

A: Cultural competence for healthcare providers is extremely important, especially during these ever-changing days. To me, healthcare providers that are culturally competent are those that are willing to learn, listen, and respect the cultural norms

A Virginia-based ER and wellness nurse, Sabrina chats about nurse grads starting out in the field, tips for success, and cultural competency in healthcare.

of their patients. Whether it's related to ethnicity, socioeconomic status or even sexuality. I don't think we are expected to agree with or accept everything our patients believe in but we should be competent enough to listen to them and respect their wishes. Being culturally competent can build connections between the provider and patient that could exponentially better their care.

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

A: My biggest tip to new nurses would be don't be so hard on yourself. Mistakes happen! There are going to be many days where you feel defeated, slow, or unsure if this was the right path but it gets easier. Find coworkers and friends to lean on especially when you're feeling down. Don't be afraid to ask questions - everyone was a new grad at some point. Take notes if there are things you don't want to forget and don't forget to take care of yourself, too. Find ways to leave the stress of work at work and enjoy your time outside of the hospital. ■

COVID mistrust & misinformation



a nurse's POV on CDC messaging

In the time it has taken for me to plan for this writing assignment, to do some research and make an outline—the span of less than a week—Omicron is slipping out the side door to make way for its doppelgänger, the aptly named “Stealth BA.2,” which has already arrived on our doorstep.

Of course, the consistent arrival of new variants is not unexpected. (Uncertainty, as it turns out, is one of the hallmarks of Pandemic-Living.) We collectively understand that we will never really be getting over COVID-19; but rather, like that one terrible roommate we tolerated in college because we needed to make rent, we must learn to live with it.

Another thing we, as healthcare professionals, understand is that science is ever-evolving. New best practices come out all the time, and we (sometimes begrudgingly) update our practice accordingly. We respect that the scientific process itself is rooted in curiosity and unknowns. What’s more, we expect that in trying to understand its mysterious ways through trial and error, we get it wrong as often as we get it right.

That being said...

What we are witnessing now and over the past 2 years (it’s only been 2 years, right?) as the worlds of science and health administration collide on an ever-increasingly frequent basis can best be described as a shit-show.

It’s always a rather uncomfortable interaction to witness, and one that has only gotten marginally better since the new science-“believing” administration took the reins last year. What has the potential to be a collaboration, or a partnership, just always seems to be one adolescent shy of a middle school dance. Awkward participants line the gym walls, uncomfortably watching the handful of brave souls who dare to sway under a glittering disco ball spotlight.

Except in this dance, the disco ball is replaced by the soft glow of millions of cell phone screens, thumbs poised to tweet, post, blog, and otherwise rip apart any perceived communicative misstep.

To keep the childhood analogies going, what we think we hear during such public health updates has evolved into a demented game of Telephone. Only the trajectory of such friable new information is predictable: a variant emerges, rapidly followed by the making of graphs and the



forecasting of trends. Then—alllllll the opinions. When the folks at the CDC step up to their podiums once again, the tap on the microphone is reluctant at best.

Is this thing on?

Believe me, if people were desensitized to these guideline updates before, these same people are listening now with renewed interest.

And that's because it appears that CDC guidelines are now being framed to convenience and appease the private sector—rather than to instruct and reassure the public, to whom they truly must answer. Specifically, I'm talking about the most recent change in isolation guidelines that Omicron preempted. The once-titled, "It Used to Be Prudent To Stay Home With

Your Contagious Pandemic-Inducing Viral Illness for 10 Full Days" guideline now reads something like this, "On Second Thought, 5 Days Is Probably More Than Enough. You Know, If you Still Feel Bad on Day 6, Continue to Stay Home, and If You Do Happen To Have a Rapid Test Laying Around (You Won't), Then Use It! If It's Negative—PHEW—But, If It's Positive, ummm...Refer to Page 5B-C of the Appendix (That We Haven't Yet Written)...so, ummm, yeah. And Keep Wearing Masks for the Right Amount of Days. We Like the Number 5."

You know the one I'm talking about?

Of course, it did not comfort any healthcare workers to hear that this guideline was specifically crafted with them in mind. In fact, millions of healthcare workers, upon hearing about this guideline change, reacted with the level of repugnancy reserved for those of us who have continued to work through straight-up trauma for the past two years.

You could say it touched a nerve.

(Especially when we learned that a strongly worded letter from Delta Airlines was said to have—ahem—heavily influenced said guideline.)

Now, here's the part of the story where I will remind my dear readers that it is not what you say but how you say it, that is so critical in times like these. Because, based upon the science alone, and what very smart and uber-qualified scientists had gathered so far about Omicron, dropping the isolation window does, in fact, line up with the data. The virulence potential of this newbie variant is less than Delta; in other words, it makes folks a lot less sick, for a lot less time. And considering the fact that it has proven itself to be super-duper-duper contagious, it was rightfully predicted to



affect a wider swath of the population. Aaaaand there is that pesky situation called Keeping the Economy From Grinding to a Complete Halt to consider, too.

But you see, that's not how the message came across. And therein lies the problem.

From (this) nurses' POV, we've kinda gotten the short-end of a number of pandemic sticks. There was that whole PPE misunderstanding; and then when elective procedures got shut down, some hospitals were out there encouraging those nurses to take mandatory PTO breaks (which they attempted to rebrand as furloughs); and then those same nurses were curiously overlooked in lieu of agency nurses being brought on to the tune of thousand dollar sign-ons; plus all that wishy-washy-ness about who exactly was going to cover sick time for sick nurses away from the job that gave them said sickness.

At the same time that children were encouraged to make handmade hero posters and thousands participated in heartwarming rounds of applause every damn night across an entire globe...nurses were getting screwed over.

So...whatever version of kid-gloves the CDC needs to don the next time they intend to deliver a guideline update that specifically "guides" frontline healthcare workers, let's make sure those are not on the same supply chain route as 2020's N95s and isolation gowns, shall we?

Do better, CDC.

We care—about our patients, our families, our communities—miraculously, we're even beginning to care FOR OURSELVES. But we need to know that you care before we care what you know. ▀

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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.

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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.

DWAYNE ALLEYNE

DNP, APRN, ACNP-C

A portrait of Dr. Dwayne Alleyne, a Black man with a short beard and glasses, wearing a light-colored blazer over a blue patterned shirt. He is smiling slightly. A name tag on his lapel reads "DOC DNP of Color". The background is a blurred wall with some logos.

An exclusive
interview:
**The DNP creating
space for community,
advocacy, &
education in nursing**

By NurseDeck

Dr. Dwayne Alleyne had quite the journey into nursing, but always knew he wanted to be in healthcare. He's spent almost two decades working as a nurse practitioner, and earned his doctorate of nursing from the University of South Carolina in 2020. He continues to serve as a nurse practitioner and hospitalist at PRISMA Health, and works as an assistant clinical professor at his alma mater, the University of South Carolina College of Nursing. He also co-founded the Capitol Nurse Practitioner Group, a Columbia, S.C. networking, education, and policy advocacy group, and serves on the advisory board of DNPs of Color.

NurseDeck (ND): Hello, we're so happy to talk to you today Dr. Dwayne Alleyne. Can you tell us a little about yourself?

Dwayne Alleyne (DA): Sure! I'm currently working full time as a clinical assistant professor at the University of South Carolina. I also work part time or PRN as a hospitalist at Prisma Health, a large hospital in Columbia, South Carolina. I'm involved in multiple things, which we'll get to later on in this interview.

ND: Deal! Tell us how you got started in nursing?

DA: I never wanted to be a nurse. I steered clear from nursing - my mother was a nurse. I went to Michigan State University with the intent of going to medical school, but things didn't work out. I took the MCAT about three times. So when things didn't work out with applying to med school I applied to become a physician's assistant. I did get through their initial interview



process, but I got rejected. I tried to apply again, and got rejected. I really wanted to stay in the medical field and build my repertoire and resume. So, I decided my plan was to apply again, and I applied to surgical tech school. There was some mixup in paperwork so I got rejected. My mother's friend was a nurse as well, and I wanted to get involved in something because I didn't want too much lay time, I wanted to jump into something. My mother's friend told me, "there's this licensed practical nurse program that starts in two months and the deadline is still open, so why don't you apply?" So I reluctantly applied and I got into LPN school, and it worked out well! I actually enjoyed it. Shortly after I got into LPN school, I applied to Adelphi University in Garden City, New York, and graduated top of the class. I worked as an ICU nurse after I got out of the Air Force and my career started to progress from there. I did



The world of nursing is so open, there's so many opportunities

not want to be a nurse - I swore up and down - and I love it. That's my passion.

ND: Sounds like you are where you're supposed to be. Have you seen any roadblocks along your nursing career?

DA: My roadblocks, which I mentioned, led me to a nursing career. So, I didn't have any roadblocks in nursing, the roadblocks I had in my other career goals led me to nursing. Since then, the pathway to nursing has been clear. Nursing essentially has been my roadmap to success, not just in the nursing field, but in me developing as a person, making an impact on people. Everything I've been doing has been based on my nursing knowledge. So no roadblocks, there's nothing but roadmaps.

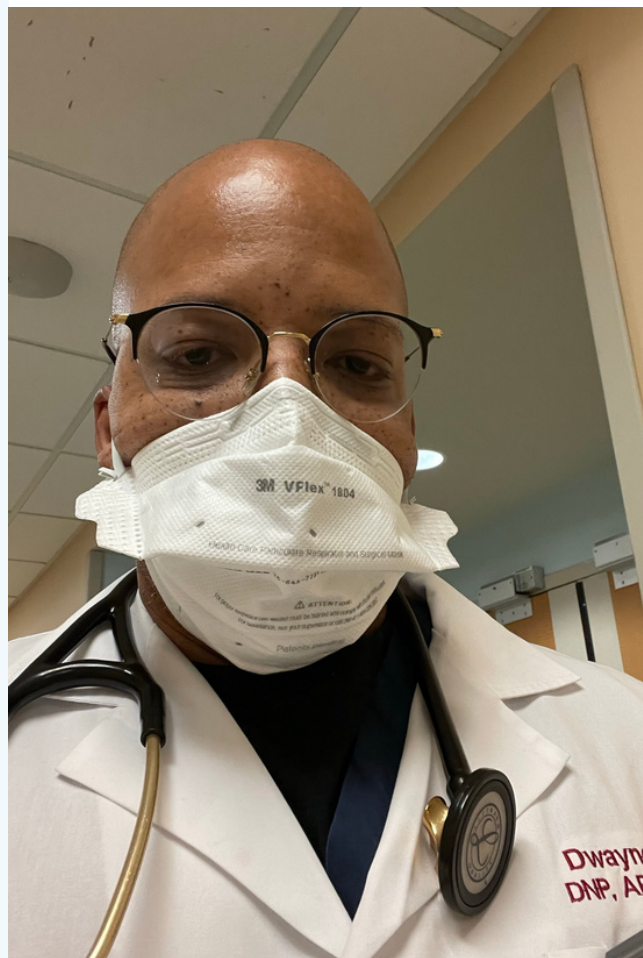
ND: Sounds to me like you're the persistent type: you knew you wanted the medical field and you got yourself there. So, what keeps you moving forward and achieving your goals? Where does that drive come from?

DA: Before I got my bachelor's degree, I was really excited about the potential of nursing because I realized it goes beyond just giving patients medicine and changing bedpans and turning patients. The impact of nursing in general is inspirational, so that's what keeps me going. Just the fact that by being a nurse, I can touch people's lives with the knowledge I gained from everyday activities. That's what keeps me motivated. That's what keeps me motivated. The fact that I can inspire others and help someone. It's when I've had a patient I took care of for a week, who'd been laid out in bed really sick with little real chance for survival, get up and go and say thank you for your care. That's what keeps

me going, and I can see the potential is always high in nursing.

ND: I respect that - 100%. So tell us more about the Capitol Nurse Practitioner Group, we know it's the largest NP networking group in South Carolina, and being on the advisory board for DNPs of Color.

DA: Yes, so the Capitol Nurse Practitioner Group started off when one of my colleagues, Barbara Hall, approached me when we went to a nurse practitioner conference. She said, "Do you want to revive this group?" The Capitol Nurse Practitioner Group is actually a resuscitated group that fell apart. When we first formed, it was around 2013. We met in a little Mexican restaurant, there's three of us, and the initial purpose was to network with nurse practitioners around the city of Columbia, South Carolina, bring people together, show the





significance of the nurse practitioner field by networking, and show people the value of being a nurse practitioner. Since then, we've gone from three members to well over 300 members, and we're eight years strong. This was unexpected, I thought it was just going to be some fun little club, but we started to grow exponentially, to the point where we need a lot of help. Right now we are hosting monthly meetings, and our meetings are so packed we have to set RSVP limits. Within two hours those meetings fill up, and we actually had to create a waiting list. We've also been doing continuing education - virtually, since COVID. We started seeing the value of doing things virtually so we can reach audiences outside of the area of Columbia. We've been lobbying, and helping create a lobby for nurse practitioner rights. We've been working with the coalition to help implement health policy, and a new venue we're venturing on is helping out nurse practitioner students, especially the ones that really need help. Now it's very difficult for them to get preceptors, a lot of them need mentoring and coaching, so we're

trying to open up and be a valuable resource for them. I always tell people I got my job, due to networking, so this enables people to get access to preceptor jobs. My involvement with the DNP of Color happened during the pandemic. Everyone couldn't go anywhere, I was on social media a lot. I met Danielle McCamey, she's the CEO and founder of this organization, we met on LinkedIn, and she said, "you need to get on my calendar." So we got a chance to chat and we clicked instantly. We've been side-to-side working together since. She's the CEO, and I'm the chief executive director and co-founder of the organization. We put our minds together, we built up this organization. It has well over 1000 people and the purpose is to build diversity and show excellence with nurses with advanced degrees, particularly doctoral degrees. It's not just a social group, we teach them and show the value of your doctorate in nursing, in showing your work, and train people how to use that doctorate - not just call yourself a doctor and actually use it to motivate and uplift individuals who may be

underprivileged or disadvantaged. That has grown significantly: we just had a big conference and well over 200 people virtually, and it continues to grow.

ND: You're doing some pretty amazing things. Isn't it funny how things work out? I'm still thinking about how persistent you were: the medical physician route didn't work, PA, and then you became a nurse practitioner. You work full time in a university setting, you work as a hospitalist, and you've got all this stuff going on with the DNPs of Color and the Capitol Nurse Practitioner Group.

DA: My pathway to failure led to my journey to success. I think, without nursing, I would have never gotten to this point. I used to be socially awkward or have difficulty talking comfortably, but this broke all my fears and my barriers and things that can be progressing forward.

ND: Good for you! What are your experiences and tips for anyone interested or currently working in a university setting?

DA: So the one number one tip is: do



My pathway to failure led to my journey to success.



adjunct first. In adjunct work you feel your way into academia, because academia is not what it seems. I can tell you my first year was very difficult, it was a challenging time where I doubted myself. The imposter syndrome is real, you feel like you're not good enough. So start slow, do some adjunct. Then, one of the things you have to realize is being in an academic setting does not just mean teaching; you're involved in many meetings, programs, you're responsible for creating courses, questions, and counseling students. It takes a lot from you, so you just have to be prepared, be organized. If you can, do some training, like get your certification in nurse education first, because it shows the nuances that I'm still learning as I go, and you learn a lot with students. You have to have a great attitude, be patient, and be able to take criticism, as you will be criticized. You just have to take everything with a grain of salt, and then work on yourself to be better.

ND: That's good to know. So, don't jump in full force.



DA: You'll be knocked right back on your feet. Don't think you have a bunch of free time, you're very busy. But it's rewarding when you see students smile and say, "thank you," or students who say, "you helped me a lot." Those are the things that kept me going in the field.

ND: Absolutely. So, amidst the pandemic and nurses being burnt out, how would you encourage our future nurses to pursue their nursing career?

DA: I would tell them there's flexibility in nursing. When they get into nursing school, they focus on the bedside or travel nursing. The world of nursing is so open, there's so many opportunities. You can be an IT nurse, you can be in case management, education, management. So you don't have to stay at the bedside - it's good to stay at the bedside for at least two or three years - but once you get past that phase, and learn what you need to learn, you can break away. You see a lot of nurses now creating businesses, because nursing teaches you how to be organized, how to think

critically, and that's an important part of business. So just keep in mind that there's a lot to nursing outside of being at the bedside.

ND: Right, there are so many avenues you can take. So what is the best method you can tell our nurses who are burnt out to boost their morale and keep moving forward?

DA: In three words: don't give up. You have more power than you think. You see how everything changes, even with the pandemic, and I'm surprised it took a pandemic for people to realize the power of nurses. We have more power than we know, and if we know how to utilize and harness that power, nursing will always be great. People are burnt out because they've been in a place where they're allowed to be abused, so step away from that situation. Use our power, advance and move on. I've never felt burnt out from nursing because I've always kept the movement.

ND: So keep your head up and keep moving forward. What significant changes have you seen in nursing for the past 20 years of your service?

DA: I've seen a lot of changes, but the most significant changes were due to the pandemic. One of the big changes, which is upsetting because it took a pandemic to realize the value of nurses, is how these nurses stepped away from being burned out so now they have to be paid high hourly wages to be kept. We are significant, we're not just a number in a corporate book. We definitely made the case for the value of nursing. Previously to the pandemic, I'm seeing the value of advanced nurses, as well. We've been utilized more in clinical settings, we're gaining more independence, our experience is being appreciated more, especially by physicians and other healthcare

professionals. Our expertise is being utilized in many health care facilities. That's where I've seen progress and hopefully that will continue to grow, especially when it comes to access to care, especially to the underserved and underprivileged.

ND: You are right: nurses are very, very much valued. You mentioned it took the pandemic to really spotlight and show just how valuable we are - because look at how much these travelers are getting paid. Nurses are needed, you've got to have us.

DA: I think they're still thinking we're disposable. Companies abuse them and say, "we're going to give you a raise but cut everything else," and we learned the hard way. You have a choice where you want to work, you can set your own hours, if you just want to work weekdays, work in a place like a clinic. You have the right and the options based on your skills module. You just have to gain the skill; once you have the skills, you're golden.

ND: Thank you for sharing your story with us. You're doing so much!

DA: Thank you, I appreciate this. Hopefully whoever sees this will be inspired. I'm always available to chat with people if they want some motivation. During my last two semesters of obtaining my doctorate, I had to deal with the challenge of my sister passing away from cancer, and during my last semester my father died from COVID. After his funeral, I had to do my final defense. So, don't let challenges or setbacks hold you back, you're going to stay consistent and push forward, you can do it. That's part of the reason I'm motivated, as well, because of my sister and my father. My sister said,

"promise me you'll keep going no matter what," so I keep going.

ND: It takes courage to share what you just shared. You've persisted, you're moving forward, and now you're where you are. Thank you for sharing this story. You never stopped, and I have no doubt you inspire people.

DA: Thank you. ■



Connect with Dwayne on LinkedIn:
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—Unknown

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