

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

"We try to meet each community where they're at."

FAITH ADOLE

PHN, MSN, FNP-C

**LEADING ETHICAL
OUTREACH MISSIONS**

HEALTHCARE EXECUTIVE,
NONPROFIT PRESIDENT,
UNDERSERVED COMMUNITY
ADVOCATE

 2022 TOP 10
NURSING
ASSOCIATION
PRESIDENTS WHO
CHAMPION NURSE
LEADERSHIP IN
HEALTHCARE

#INTHEFIELD
NURSING STUDENT **ISABELA
GOZZO** ADVISES HERSELF &
OTHER NURSING STUDENTS
TO KEEP DOING THEIR BEST

HOW AND WHY TO GET CERTIFIED
WHEN YOU ARE A NURSE

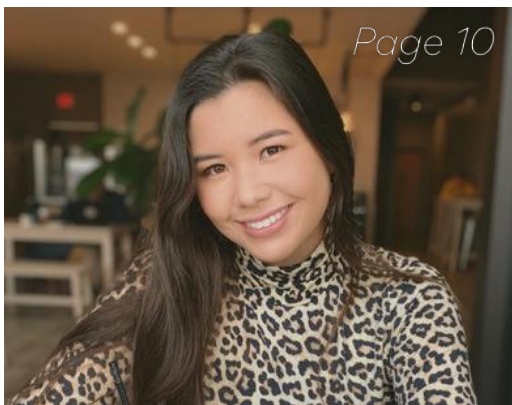
CLIMATE CHANGE NEGATIVELY
AFFECTS THE NURSING
PROFESSION — HERE'S WHAT WE
CAN DO ABOUT IT

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.

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FAITH ADOLE

Leading ethical outreach missions

Faith Adole is an FNP leader dedicated to helping those less fortunate. She founded her own non-profit, the U-VOL foundation, which is dedicated to leading ethical missions to bridge the gaps in the healthcare needs of underprivileged societies. Hear about some of her medical outreach initiatives in this very exciting nurse feature!

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**
7,634
-  **Christina Aylo...**
3,546
-  **Carolyn Harmon...**
2,590
-  **Mariah Edgington**
2,228
-  **Rachel Grace**
2,226
-  **Ottamissiah Mo...**
1,561
-  **Melissa Sherman**
1,520
-  **Divyanshu sing...**
1,416
-  **Jennifer Rodri...**
1,325
-  **Bern Jennette ...**
1,110

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- Submit at least one high resolution photo

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CELEBRATING EXCELLENCE IN NURSING



2022 TOP 10

nursing association presidents who champion nurse leadership in healthcare

At NurseDeck, we know the power of community in lifting each other up. It's always special when the nurses best positioned to drive change use their voices to get more nurses to the table where it counts. This month, we're recognizing 10 nursing association presidents who are walking the talk, and creating pathways and opportunities for more nurse leadership in healthcare.

Dr. Ernest Grant

PhD, RN, FAAN
American Nurses Association (ANA)



Dr. Ernest Grant is the 36th president of the ANA, representing the interests of four million registered nurses.

A distinguished leader, Grant has more than 30 years of nursing experience and is an internationally recognized burn-care and fire-safety expert. He previously served as the burn outreach coordinator for the North Carolina Jaycee Burn Center at University of North Carolina (UNC) Hospitals in Chapel Hill. Grant also serves as adjunct faculty for the UNC-Chapel Hill School of Nursing.

In addition to being a prolific speaker, Grant has conducted numerous burn education courses with branches of the U.S. military in preparation for troops' deployment to Iraq and Afghanistan. In 2002, President George W. Bush presented Grant with a Nurse of the Year Award for treating burn victims from the World Trade Center site. In 2013, Grant received the B.T. Fowler Lifetime Achievement Award from the North Carolina Fire and Life Safety Education Council for making a difference in preventing the devastating effects of fire and burn injuries and deaths.

Under **Dr. Beverly Malone's** leadership, the National League for Nursing (NLN) has advanced the science of nursing education by promoting greater collaboration among stakeholders, increasing diversity in nursing and nursing education, and advancing excellence in care for patients. Dr. Malone's career has blended policy, education, administration, and clinical practice, including as federal deputy assistant secretary for health under President Bill Clinton.

In 2022, Dr. Malone was honored by the ANA with the prestigious President's Award, selected for the M. Louise Fitzpatrick Award for Transformative Leadership by Villanova University, and named one of the 50 Most Influential Clinical Executives by Modern Healthcare. She was featured as one of 25 Outstanding Women for Women's History Month by *Diverse: Issues in Higher Education*. Dr. Malone was also part of the 2022 STATUS List.

Dr. Beverly Malone

PhD, RN, FAAN
The National League for Nursing



Dr. Martha Dawson

DNP, RN, FACHE
National Black Nurses' Association



Dr. Martha A. Dawson is an associate professor at the University of Alabama at Birmingham School of Nursing. She is the 13th president of the National Black Nurses' Association. She is a co-convenor of the 2020 National Black Coalition Against COVID which has reached over five million during the pandemic.

Dawson is a co-lead on the 2020 National Commission on Racism in Nursing which is working to improve the image of and healing within nursing for Black and Brown nurses. She serves on the Advisory Board for Direct Relief Health Equity Fund, allowing her to address social justice.

Virginia (Ginger) Marshall was appointed Chief Executive Officer of Hospice and Palliative Nurses Association (HPNA), Hospice and Palliative Credentialing Center (HPCC), and Hospice and Palliative Nurses Foundation (HPNF).

Ginger loves being a nurse. Her growth from a bedside nurse on a med-surg unit to CEO of the HPNA-HPCC-HPNF enterprise has been fueled by this love of nursing and her natural curiosity.

"It has always been important to me to understand the 'why' in both my clinical and leadership experiences," she said. "I feel extremely fortunate for the mentoring I received early on through my volunteer work with these organizations."

Virginia (Ginger) Marshall

ACNP-BC, ACHPN, FPCN
Hospice and Palliative Nurses Association



Dr. Summer Bryant

DNP, RN, CENP, CMSRN
Academy of Medical-Surgical Nurses
(AMSN)



Dr. Summer Bryant is a senior managing consultant for Berkeley Research Group where she serves as a subject matter expert for medical-surgical nursing processes and care delivery. She is a healthcare leader with more than 19 years of clinical expertise and nursing leadership experience in med-surg environments. She has led teams in to transform performance, reduce staff turnover, and deliver high quality care.

As the AMSN Board of Directors president, she is a voice for over 12,000 nurses and uses virtual leadership strategies to increase membership, oversee programs, and mentor future leaders.

2022 TOP 10

Nancy MacRae

MS

The Emergency Nurses Association



Nancy MacRae is chief executive officer of the Emergency Nurses Association and Emergency Nurses Association Foundation located in Schaumburg, Illinois. She joined the association in 2016.

MacRae has more than 30 years of health care association management experience, previously serving as senior vice president of governance and operations at the American College of Chest Physicians. Prior to that, her tenure at the American Medical Association included 20 years of progressive leadership with experience in governance, operations, strategy development, advocacy, human resources and business development. She served on several association-wide task forces and provided oversight for several major board governance programs, association operational initiatives and educational and advocacy conferences.

Taylor Conaway is the immediate-past president of the Arkansas Nursing Students' Association and current president of the National Student Nurses' Association representing over 50,000 student nurses nationwide. Taylor represented NSNA at the American Nurses Association Membership Assembly last June where she brought greetings on behalf of NSNA. She is well recognized for her work in supporting student nurses. She is a true advocate for the nursing profession addressing mental health challenges of nursing students, nurse staffing issues, and workplace violence.

Taylor Conaway

National Student Nurses Association



Dr. Roxane Raffin Chan

PhD, RN, AHN-BC

Academy of Medical-Surgical Nurses
(AMSNA)



Roxane R. Chan earned a Bachelor's of Science in Nursing from Northern Illinois University, Masters of Science in Nursing Administration from the University of Illinois at Chicago and her PhD in Health Promotion and Health Risk Reduction from the University of Michigan. She is an Assistant Professor at Michigan State University where she focuses on teaching, curriculum design and researching contemplative and integrative interventions. She is a Board Certified Advanced Holistic Nurse, a licensed massage therapist, and Reiki master. Roxane also maintains her own practice, Chan Body Energy, where she works with individuals and groups.

James Summerfelt

MS, MA

Visiting Nurse Association



James Summerfelt joined VNA in June 2004 with extensive years of leadership experience in both the home health and hospice care industry. His passion for these industries and his innovative leadership guide our team of professionals as we serve under-resourced individuals in need of healthcare and supportive services.

Under Jamie's leadership, VNA has gained market share through both organic and inorganic growth. VNA merged with Easterseals Nebraska in 2012. Together, VNA and Easterseals provide exceptional services to help ensure all people with disabilities have an equal opportunity to live, learn, work and play.

His commitment to compassionate, high-quality care and strong employee engagement has resulted in VNA receiving a number of awards.

Heather L. Maurer serves as the chief executive officer for the NPWH. She provides visionary executive leadership that is inclusive, transparent, and empowering in a manner that supports and guides NPWH's mission and vision as defined by the Board of Directors to achieve the culture and structure that supports the long-term sustainability of the organization. She holds a strong belief in creating a collaborative and compassionate work environment that fosters success and growth for the individual and organization.

Heather L. Maurer

MA, CAE

National Association of Nurse Practitioners
in Women's Health (NPWH)



**SPECIAL
MENTION**

Dr. Shawana Moore

DNP, MSN, CRNP, WHNP-BC

National Association of Nurse Practitioners
in Women's Health



Dr. Shawana Moore was elected as the National Association of Nurse Practitioners in Women's Health Chair earlier in 2022.

Moore is a 2011 and 2013 recipient of the Independence Blue Cross Nurses for Tomorrow Scholarship. Other awards and grants include Under 40 Award, National Black Nurses Association, 2021; Stratton Foundation Grant, 2020; Thomas Jefferson University, Community Driven Research Grant, 2020, 2018; March of Dimes NJ Chapter Community Grant, 2015; USPHS Nurse Traineeship Grant Award, 2012; and Outstanding Capstone Award, Thomas Jefferson University, 2011.

#InTheField

Nursing student Isabela Gozzo advises herself & other nursing students to keep doing their best



Isabella Gozzo, a sophomore nursing student at Purdue Northwest's college of nursing in Chicago, advises herself to always be humble, study as much as possible, and do your best no matter how difficult or challenging nursing school is.

Q: What does cultural competence mean for healthcare providers?

A: Cultural competence is being able to take care of any patient regardless of beliefs, cultural differences, and how someone looks. I believe this is one of the most important traits in healthcare, because most patients you are caring for are sick and at a vulnerable point and deserve you to give the highest level of care regardless of beliefs or background.

Q: Given the opportunity to speak to yourself on Day 1 of nursing school, what advice would you give?

A: I chose this topic because I am currently a nursing student and I feel that most of my audience is students trying to apply to nursing school or in nursing school. Advice I would give to myself is that nursing school will be difficult but do the best you can. I feel like some of the most important tips are to be humble, study as much as possible, and everything matters. 🙌

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

A: I agree that some nurses eat their young, but fortunately I have not had this experience. I currently work in the emergency room and have shadowed in the ICU and all the nurses are super encouraging and willing to share as much information as possible. You can tell that they are all super passionate about their work and want to help others succeed.

How (and why) to get certified when you are a nurse

By RN Carolyn Harmon
NurseDeck Columnist

Professional development and education are lifelong processes when you're a nurse. Becoming certified is a great way to develop professionally, advance your career, and become more specialized in your nursing practice. Obtaining a certification sets you apart from your peers in terms of knowledge and specialty by demonstrating your commitment to providing the highest quality care. Many employers encourage their staff to become certified, even offering incentives and higher pay scales.

Many nurses want to become certified but don't know where to begin. Becoming certified can seem like a complicated process, which is often a deterrent to nurses seeking to obtain a certification. It's a decision not to take lightly and requires planning and setting aside time to devote to preparation. But look no further - here are all the necessary steps.

Explore certifications

The first critical step is to visit the American Nurses Credentialing Center (ANCC) Certification Program site. Here you will find a list of all the available certifications for RNs and APRNs. This step is important, since you may not be eligible for specific certifications. Clicking on a specialty you are interested in will take you to the four step process of confirming pricing and eligibility, the application, submitting education verification documents, and testing options. Study aids, including test content outlines, test reference lists, sample questions with answers, and other helpful links, are listed at the bottom of the certification specialty page.

Visiting the specialty page is a great way to know what this process will entail. Be sure to evaluate the requirements and particularly the renewal information to be sure it aligns with your career and professional goals. Considering your career trajectory will help you narrow down options. Reaching out to your peers in your unit, your education department, and your managers is a great starting point to help you consider and narrow down your specialty. Many



organizations will reimburse you for fees associated with certification. Your organization will be able to assist you with these details.

Develop a preparation plan

After deciding on a certification specialty, be sure to develop your plan for preparing to take the certification exam. Studying can seem extremely overwhelming and even impossible, but do not get discouraged! Take advantage of every resource you have available. The AANC site has a wealth of resources right at your fingertips. Many organizations offer free review courses and other supportive options, so be sure to ask about these resources when checking with your organization.

Creating your personal study plan is another critical step to successfully obtaining your certification. Consider the methods of test preparation that seem to be best for you and follow through with the plan you put in place by setting achievable goals every step of the way.

- Take a review class if available.
- Consider various study methods such as utilizing a study buddy or group, online resources, reviewing textbooks, and joining an online community.
- Be realistic in the timeline completion and your self-expectations.
- Pace your studying by taking breaks, changing your study patterns, or breaking up studying into smaller tasks.



Testing options

There are two ways you can take your exam: at a Prometric Test center where a computer is provided or through a remotely proctored internet-enabled location of your choice. These options depend on the exam you are taking. If you choose the remote option, be sure you have a computer with a camera, microphone, and stable internet connection. Verify all computer specifications on the ANCC site and complete the system check to be sure your computer and network will allow testing. Both testing options require scheduling.

The day before and the day of your exam

The night before your exam, eat well and de-stress throughout the day. Getting a good night's rest is also essential. Review the testing link to be sure you have all the necessary items and know where you are going. On exam day, be sure to start on a good note. Eat a light, nutritious breakfast, and check the status of your testing center location. Allow plenty of time to arrive at the testing center to avoid unforeseen issues. Be sure to take any documents you need, including your valid, unexpired government-issued photo ID. If using the remote option, be sure your computer is fully charged and in a perfect location to minimize distractions and interruptions. Take some deep breaths and feel confident as you enter the testing center or are logging into your computer, knowing you have prepared well and know your material.

Feeling well-informed and assured in taking on this process by carefully following through with your preparation plan are critical components of obtaining your nursing certification. Understanding the process and picking the appropriate specialty are also very important.

Once you have received your certification, display your new credentials with pride! 🎉



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.

Climate change negatively affects the nursing profession

Here's what we can do about it

By RN Breanna Kinney-Orr
NurseDeck Ambassador

Our communities are only as healthy as the environment in which they exist. Certain aspects of our environment—like air, soil, temperature, and water—are things we often take for granted in more developed parts of the world. Yet, as climate change affects our environment, that, in turn, affects our health.

One of the primary roles nurses fulfill is that of an educator. Whether it's discussing disease prevention practices or helping our patients to manage their chronic health problems, nurses must now consider the environment's health as a critical contributing factor. In other words, to be an advocate for our patients is to be an advocate for the environment.

Pulse check on climate health

Environmental nurses, public health nurses—and really any nurse who has ever worked with vulnerable communities—know just how impactful the environment is on our patients' health. Children regularly get screened for lead, we routinely educate patients about the dangers of smoking (both first and second hand), and headlines about failing water quality continually dominate the news cycle.

Both nursing students and nurses of younger generations regularly rank climate change as a top concern. Their growing frustration is certainly understandable—with decades of life left to live, they will be the ones most impacted by climate change, both personally and professionally. Despite overwhelming scientific evidence demonstrating how destructive climate change is to life as we know it, not enough is being done to mitigate what aspects we can control.

The Lancet's annual report on climate change and health validates how very real the burden of climate change is for patients and the healthcare workers caring for them:

- In 2020 alone, air pollution from fossil fuel particles directly contributed to 1.2 million deaths, with 11,840 of those deaths occurring in the U.S.

- Deaths from extreme heat have increased 68% worldwide, and 74% for seniors in the U.S. since 2020. Extreme heat is also to blame for 98 million cases of hunger.
- Disease spread by mosquitoes has increased 12% globally as a direct result of changes in temperature and precipitation that favor their population growth.
- Mental health has also been impacted, with rates of depression and anxiety, stress, and PTSD increasing as a result of climate change.
- Wealthy countries—the worst offenders contributing to climate change—have decreased their assistance to the poorer countries most affected by it. Recent floods in Pakistan killed more than a thousand people—but the insufficient global support afterwards has left nearly 8 million vulnerable to communicable diseases (this is one stark example of this worrisome trend).

It's no secret that our most vulnerable communities—especially BIPOC folks—will be the most impacted by climate change. Globally, humanitarian organizations are already overwhelmed caring for communities affected by climate change, like the victims of the Pakistan floods. Without a significant commitment from wealthier countries, including funding assistance and making good on promises to decrease their negative impact on climate change, the consequences will be dire.

Ways to advocate for the environment

Preparedness is one way to mitigate the impact of natural disasters, which often prompt round after round of negative health effects. Climate emergency management scientists view natural disasters as vulnerability-creating systems. In this way, predicting which communities will be hardest hit is obvious—the ones that already have socioeconomic and health disadvantages.

Advocating to reduce health disparities

within vulnerable communities—to improve their drinking water, housing, temperature-control, food security, and access to affordable health care—is one of the most effective ways to reduce the impact of climate change and natural disasters. As nurses, we already do this. But it doesn't hurt to underline the importance of this work, knowing that any improvements in community health will improve their quality-of-life in real time and in the future against climate change. By using our voice as one of the most trusted professions, we have the capacity to influence public awareness.

In addition to our role in primary prevention, nurses can also advocate for the environment closer to home. According to the Lancet's report, hospitals and other health care organizations account for 8% of global emissions in the U.S., and 5.2% of emissions globally. The enormous amount of power required to run large machines, the filtration systems, and constant lighting are all hugely energy intensive. Add to that the massive amount of single-use products used, along with the harsh chemicals and biohazard materials that need to be disposed of, and it's not hard to see how the healthcare system leaves a massive environmental footprint.

Healthcare institutions have also been agents of positive environmental change, too. One good example of innovative change occurred during the early days of the COVID-19 pandemic. With an extreme shortage of PPE nationwide, improvisations to reuse what was available were made, particularly when it came to N95 masks. One such practice, disinfecting N95s using UV light, was used without much evidence to back its effectiveness. However, a recent study conducted by the National Institute of Standards and Technology confidently proves both its efficacy and safety.

Framing the state of our environment as a health issue rather than a political one is a good place to start. Nurses are an obvious choice when it comes to linking healthcare

and climate change. Nurses who view climate change as a major concern are natural ambassadors for bringing awareness to the link between healthcare and environmental care, and for weaving this connection into the care of their patients.

A recent nurse-led campaign called the Nurses Climate Challenge takes these ideas to the street. With a goal to “Launch a movement of health professionals committed to climate solutions in care settings and in the community,” this campaign provides resources, guides for creating awareness events—even the opportunity for membership within their Alliance of Nurses for Healthy Environments for those nurses seeking actionable tasks.

In the spirit of the well-known adage, “be the change you wish to see in the world,” nurses have 4 million opportunities to bring awareness—and change—to the profound relationship between climate health and human health. It's up to us to take advantage. 🌱



Breanna Kinney-Orr has been a registered nurse since 2008. Her clinical background is in 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 and on Instagram as @breanna_nurse_host.

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.

FAITH ADOLE

PHN, MSN, FNP-C

Leading ethical outreach missions

an exclusive interview

Faith Adole is an experienced nurse leader and the founder and president of the U-VOL foundation, a non-profit organization dedicated to helping bridge healthcare gaps in underprivileged communities. She received her bachelors in nursing from California Baptist university, her master's from California State University, and her MBA and doctorate in nursing practice from Johns Hopkins University. She has years of experience as a registered nurse, nursing administrator, family nurse practitioner, and nonprofit leadership. In 2015, she founded the U-VOL foundation with the goal of providing medical outreach, education, and other health sustainability projects to communities in need.

BKO (Breanna Kinney-Orr): Hey, everybody. Today we are joined by Faith Adole, who is a family nurse practitioner and nurse leader passionate about a great number of things, but namely healthcare, advocacy, public health and improving health care access for underserved communities, both locally and globally. She is a current DNP, MBA candidate at Johns Hopkins, and she is also the founder and CEO of the U-VOL foundation Incorporated, which we will get into in just a bit. Welcome, Faith. Tell us how you got into nursing.

Faith Adole (FA): Awesome. Thank you for having me, to the whole nursing community. I started as a registered nurse at the bedside and acute care setting, like many nurses do. From there, I kind of moved around to different parts in the acute care setting, and ultimately I specialized in a neuro-stroke floor. From there, I actually navigated out of the acute care setting, went into home health and ambulatory care, then eventually advanced practice leadership.

BKO: Awesome. I love hearing nurses' journeys up until present day, because there's no two stories that are ever alike. We had a similar trajectory in acute care. I followed a lot of the same pathways that you did. Let's move into the meat of the work that you do now, because you're doing so many amazing things. You wrote an article titled "Seven steps to ensure quality Global Health missions." We hear so much about this. We've written articles about if you want to be a health-missionary-type person. But there's not a lot that goes into qualifying these from the nursing perspective when you're looking into it. Tell us more about this article that you wrote— how you

got interested in this topic, and why it's important for nurses to know about this.

FA: I was really inspired to write about that topic, because it's where I was at personally and professionally. I was thinking about things I've seen in the global health field – kind of "The Good, the Bad, and The Ugly," and "Where do we go from here?" So there's no doubt that medical missions and other short term healthcare relief missions really help bring healthcare quickly to those that need it the most. I emphasize 'quickly' because there are millions of people even right now that are dying or gravely ill from preventable illnesses. Without the aid, many people won't have the opportunity to access anything like that. At the same time, when it comes to missions, there's a challenge that presents itself in that people can be exploited. Or there could be missions that can be used as just opportunities for the countries that are going over there.

BKO: Like tourism almost.

FA: Yeah, exactly. And it completely takes away the focus from what our mission is – why we're going there. And who is the focal point – which in healthcare, should always be the patient and a community and those in need. I find global missions are a part of healthcare, just as the clinicians that are a part of it are part of healthcare, and should be held to the same ethical, moral, and even clinical best practices, just like other healthcare settings. I really just wanted to have the opportunity to start a dialogue and a conversation with colleagues.

BKO: Yeah, I could talk about that one point all day long. I'm thinking of all the terms like "trauma porn" and

all those things you hear, like people exploiting emotional situations to make content or to do PR stunts – like you said, centering the practitioner rather than the patients. It's all very problematic, but to talk about it on a level that works, to understand why that happens, and then also how to address it, while pushing it back onto like the patients in the communities that need help, today is such an important conversation for people to be having. It's so interesting, I haven't heard a lot of people talking about it. Tell us about the foundation you started, the U-VOL Foundation. What's the mission? What does it stand for?

FA: Sure. So, U-VOL stands for United Vessels of Love Foundation. It's a 5013-C. It's a nonprofit healthcare foundation I founded in 2015. Our focus and mission is to help bridge gaps in healthcare for vulnerable populations. We do that through medical outreach, health education programs, water sanitation, and other healthcare sustainability initiatives.

BKO: How do you guys find the communities you serve? Do you have an application process? Do you go out and find them?

FA: One of the current communities that we're working with in Nigeria, we actually saw a lot of media reports. I'm reading news articles, things on TV within the host country about an issue that was going on in that region, so that alerted our team to go over there and assess what was going on, and to see if possibly we could help or be a partner. Sometimes that assessment isn't necessary for us to do work there, but also to be an advocate or a voice.

BKO: What was the concern there?



FA: It was water contamination. At the start of COVID, in the beginning of 2020, there was a region in central Nigeria- It's called Obi, and they had this very bad water contamination in their local stream. It was killing a lot of people. That's because their main source of water was the stream. So we've been able to help some parts, and now they have water, but several thousand others don't.

BKO: So just something as simple but profound as that. Tell us a little bit more about the documentary project – the solar powered Clean Water Project documentary. What inspired you to come up with this project?

FA: We're really excited to bring in water because with a lot of the communities we're already working with overseas, we're always dealing with waterborne illnesses. So

whenever we do an outreach mission, we collect information so we know what's the most prevalent issue that region is dealing with and see how we can help them after we leave with partner organizations. We found waterborne illnesses over and over, and the regions that we're working in didn't really have many options for water. Many people ask, "Well, why did you start with water?" It's because the need is so great. And there's so many regions that still need help. It's focused towards a sustainability, capacity-building-model for the communities we engage in.

BKO: Exactly. I can imagine there's never an end to it. But it also sounds like what I'm hearing when you're describing your organization is a basic tenet of nursing, which is connecting people with resources, even if you yourself aren't the one that will be providing them. I love that, because that's just intuitive to what we do and practice anyways. That's an important part – being able to be selfless as a community organization. Talk to us about what you see down the road for your foundation. Five years from now, what's in store for U-VOL?

FA: U-VOL has always really been focused on building its infrastructure for its existing programs. That includes our personnel as well. Making key collaborations with different partners, so we can learn from others and do what we do better. And then, ultimately, it is just for greater impact. We're really focused on making healthcare more accessible, and at the same time, equitable to communities that we serve and beyond.

BKO: It makes me think of one of the big things that gets talked about a lot right now is the distrust of the

healthcare community as a result of COVID, but also building upon decades of health systems that have undermined certain communities. What have you seen on that, in terms of building back some of those bridges so that nurses and nonprofits can be trusted again?

FA: I really think it's time for greater transparency as organizations and leaders, and that transparency involves accountability. So acknowledging the places where we have maybe missed the mark, and saying, "Well, before we were strictly doing missions like this, but we realize we were wrong and we decided to change that." I think the general public would be more supportive of that. I think a lot of maybe saving face or not acknowledging issues that are there inequities that are there only perpetuates the problem and makes it worse.

BKO: Let's switch gears a little bit and talk about community empowerment and engagement. How



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do you get people on board when you're trying to do these big public health initiatives or even global health initiatives? How do you get that engagement and buy in from the communities? You mentioned homelessness, where a lot of people literally step around it in their daily lives and don't realize the health issues or any of the issues really? I read a study one time - they were flashing images in front of people's eyes and a lot of them had to do with homelessness. And some people viewed them more as an object and some people viewed them more as a person.

FA: I think you hit the nail on the head. It's people who want to be seen, people who want to be heard. It's part of human nature. We find that with the communities we serve, whether it's homeless communities or international communities not experiencing homelessness. We focus on building trust, and showing we're committed. And as you may know, Southern California has a huge homeless issue. That's multifactorial.

A lot of the people are experiencing homelessness in different facets, whether on the street or in transitional housing - I find that they say they've heard this before, or might be jaded, in a sense. They may not want to go somewhere or engage because of fear of being turned away, or being overlooked or viewed as a number for so long. That affects how they move and whether or not they're open. We really try to meet each community where they're at. We just did an outreach, for example, in San Bernardino County. That's about an hour and a half east of Los Angeles. The way we approached that specific community was different from how we approach LA County. If we do an outreach week, and we see there's a person in a desperate or survival mode, there is a part where they need some relief. If they're sick, they want something that can save time. We're just trying to find avenues where we can help them, so we facilitate a lot in what we do. It's a lot of similar things, but a lot of learning goes on. In a part of that learning, I think something that is



standing out to me is respect. Respect for people's land, their leaders, their practices that are already going on, before you even get there. And really listening and being more of a partner alongside instead of leading the conversation and imposing.

BKO: A physician could completely miss the mark with a patient that you might have developed a great rapport with all day, spending all of a shift with them. But then, and no offense to doctors, they're not all like this, obviously – but the ones that are like this, they're not listening to a word you're saying, because you're just talking at them. That's such a key component of communication and without communication, you're doing nothing to change this person's life, even though you're technically right, and the information you're saying is correct.

FA: You just hit the core of nursing practice. We talk a lot about nurse-patient relationships. The core of any relationship is trust and respect,

displaying care and love and those things take time. It could be a shift of 12 hours, but you're still spending time. And you're showing up, whether or not you know that patient is being nice to you or not, whether or not there's constraints of pressure on the shift. It's the same thing in the mission field. You're still showing up no matter what. Those things display to the recipient that I can trust this person. They mean what they say, and they're going to come back.

BKO: Yeah, that's such an important aspect of it. Tell us about some of the challenges. I'm sure the list is endless. But in your role, specifically with public health or the global health missions you've worked on?

FA: One of the main challenges is that public health delivery is married to our stakeholders. A lot of the countries we do global health work in still lack basic healthcare, basic infrastructure, basic things for personnel that deliver the healthcare. So coming in and trying to partner with a place that doesn't have the basics, you've got to advocate and convince those that maybe have the power to create that infrastructure. To tell them this is important. We need to do this, and here's why. So I think that's been one of the biggest challenges for many of us, and especially U-VOL. Some people ask, "Oh, well, how come you're not yet working in this country, or this region or this part?" And I tell them, "Well, if you want to really make a long-term impact, it takes time, and we're not really focused on as many pictures we can get, or social media likes. We're really interested in investing in people's lives and helping people long term."

BKO: How do you encourage others to support your missions? I imagine

When it comes to missions, there's a challenge that presents itself in that people can be exploited.

you get funding from a lot of different areas. What do you find connects with people the quickest to get them to care about the things that you care about?

FA: That's the core of what we do. That's how we're able to do what we do, is buy the support from the public. Yes, monetary donations help us. A lot of times, I think people overlook even just being partners in sharing or liking or raising awareness. You'll be surprised how many people still don't know some of the things that are going on, maybe in their backyard, or maybe far away. So helping us spread the word has been really essential and in what we do. I would encourage those within my profession that are already doing, particularly medical missions, to look up something called the Brocher declaration. It's a statement of ethical guidelines and principles that guide Global Health missions. If anything, this global pandemic has taught us that nurses were the focal point of healthcare delivery. We have this unique vantage point, because of our training. Because of our experience, we look at things differently, our approach is different. I would love to see more nurses, especially in global health leadership positions. I think more global health organizations should have a nurse to sit at the leadership table and would definitely be beneficial.

BKO: That's such a great point. I mean, we hear a lot of people, especially in the conversations I get to have here, about nurses having a seat at the table. Nurse-led initiatives are so important, because we have walked in the shoes of nurses, and it's hard to know what nurses are going to need unless you yourself are a nurse or are very familiar with it. That's such a great point. I'm glad



you brought that up. What are your thoughts on the nursing community in general? How do you think nurses can benefit from a community like NurseDeck that's virtual, or any community that they could join different organizations and volunteer mission work?

FA: I think it's super important for so many reasons. Even just camaraderie in our field, it's not easy. I think having an opportunity to hear from



I find that global missions are a part of healthcare, and should be held to the same ethical, moral, and even clinical best practices, just like other health care settings.

others that are experiencing the same things you are is definitely helpful to continue on. And also, I think it's an opportunity to exchange ideas and even notes, if you will. And to really see how much we're really connected. Whether you're like me working in global health, or in a hospital, we face a lot of the same challenges, highs and lows. So I think that's wonderful as well.

BKO: Yeah, I agree. Tell us about some of the projects that you're currently working on, and for those that are reading, what's the best way for people to connect with you?

FA: Absolutely. So right now, the U-VOL foundation is in the middle of a campaign. It's called Project WASH. So WASH stands for water, sanitation and hygiene. It's a campaign that's pushing forward the work that we've already done from the documentary

that you mentioned. Access to clean water is just one part of the equation. We really want to empower our communities to know how to wash hands, but how can they wash hands if they don't have a facility to do so? So this whole campaign is part awareness and mostly part delivery. People can get involved by visiting www.U-VOLfoundation.org/wash. It's a peer-to-peer campaign. There are a lot of different people that are helping to fundraise and online and we give people tools to be able to do so. And we also have open positions for other nurses that are like volunteer positions, like our ambassador program, that really gives voice to the work that we're doing. I encourage people to just reach out to us on any one of our social media platforms and get engaged. 🙌



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Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
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