

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

"There's a reason people don't want you to see your own power."

JACQUELINE CLANCY

RN BSN MS AEMD CLNC

THE NURSE CONSULTANT'S ROLE IN THE COURTROOM

CERTIFIED LEGAL NURSE CONSULTANT, ADVOCATE, SMALL BUSINESS OWNER



#INTHEFIELD
NURSE FRANCIS WANTS TO SUPPORT STUDENTS BECOMING SURGICAL FIRST-ASSIST NPS

3 TECH INNOVATIONS IMPROVING NURSING EDUCATION

WHY YOU NEED TO KNOW ABOUT NURSE HACKATHONS

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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JACQUELINE CLANCY **The nurse consultant's role in the courtroom**

This nurse's specialty is taking us all the way to the bench! Jacqueline Clancy is a former nursing director who left the healthcare environment to start her own business as a legal nurse consultant. Jacqueline is brought on to consult cases involving nursing or medical issues, to ensure that the healthcare concepts are properly laid out and nursing consultants are best represented and understood. You're going to LOVE learning about this corner of the nursing world!

nurse social



New post

Question

Article



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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.

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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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#InTheField

Nurse Francis wants to support students becoming surgical first-assist NPs



Although surgery is surprisingly underrated among nurse practitioners, Nurse Francis Sabas, a cardiac telemetry nurse and current Cardiothoracic Surgery First Assist DNP Student at UMass Medical School in Worcester, Mass., hopes to increase awareness of the surgical field in nursing to encourage more NP students to pursue the surgical field.

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

A: Fortunately, I work in an environment where co-workers are extremely supportive of each other so the phrase “nurses eat their young” does not apply to my unit. As a new nurse for less than a year, it can feel quite overwhelming when starting out during a pandemic.

Patient ratios have doubled and patients

appear to be much sicker these days. With that being said, I believe it’s important for more experienced nurses to provide support to younger nurses to prevent burnout and improve nursing workforce retention.

However, expecting an environment where everyone is always supportive is unrealistic. Consequently, it is important that new nurses should speak up when bullying takes place in the workforce.

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

A: My specialty is cardiac telemetry nursing. I am also enrolled in the Adult-Gerontology Acute Care DNP track as well as in the RNFA (First Assist) program at UMass Chan Medical School in Worcester, MA. I aim to be a cardiothoracic surgery first-assist nurse practitioner, upon graduation.



Q: What does cultural competence mean for healthcare providers?

A: Cultural competence means recognizing that the patient is so much more than their clinical presentation. It is our responsibility as healthcare providers to consider all the different dimensions of a patient's background which would predispose a patient to developing a particular pathology.

These dimensions include social determinants of health such as a patient's socioeconomic status and access to education and medical care. By acknowledging these external factors, we can better customize our care in order to deliver compassionate and excellent care for our patients as much as possible.

Q: What is your experience with nurse unions?

A: I've had first-hand experience working with nurse unions when the previous hospital I worked in underwent a massive nurse's strike and I joined the picket line to strike for safer working conditions.

Unfortunately, the strike is still going on months later and there has been no resolution with that hospital institution. As a new nurse, it's reassuring to know that there are unions

created to protect the rights of the nurse in the workforce.

Q: Is there anything you'd like to talk about that we didn't include in our questions?

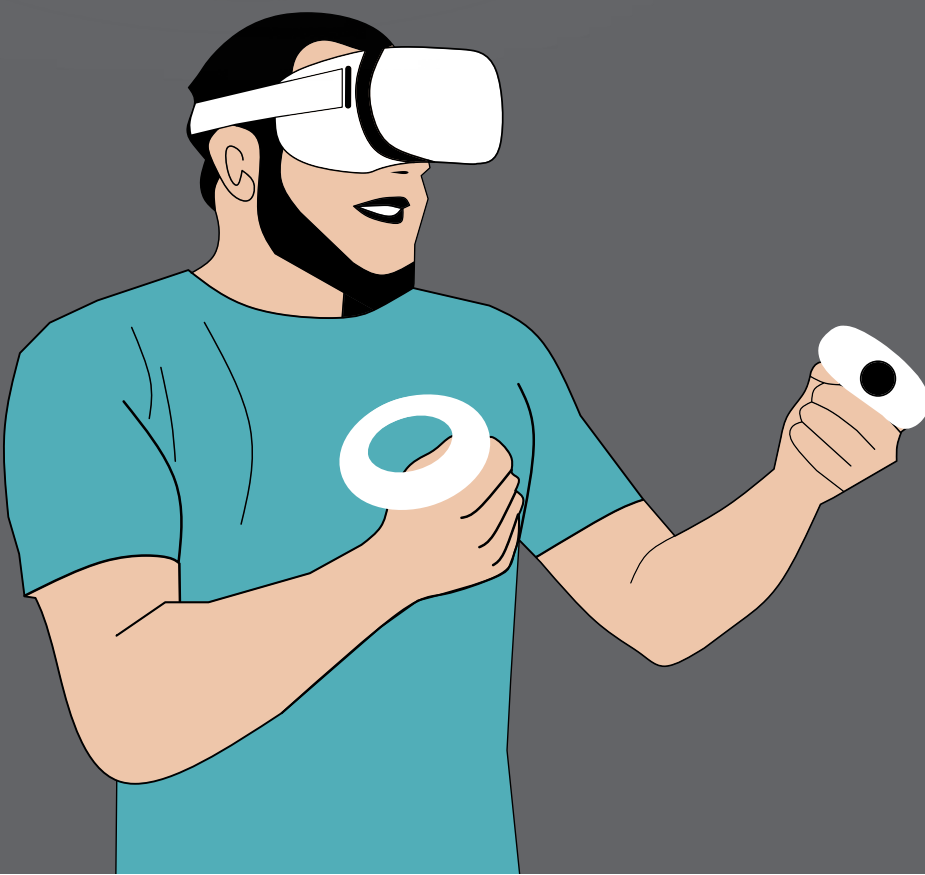
A: I started a YouTube channel hoping to help aspiring nursing students and nurse practitioner students navigate the journey towards becoming a surgical first-assist NP since there are scarce resources out there for students who are pursuing this career route.

I also aim to raise awareness of the surgical field in nursing in order to encourage more NP students to pursue the surgical field since surgery is surprisingly an underrated field among nurse practitioners.

Additionally, I'll be featuring my life working as a bedside nurse in the fields of Cardiology and Occupational Health. Moreover, I am creating a series that challenges medicine through a variety of topics that touch on care with diabetes, LGBTQ+, veteran care, etc. And if my life seems semi-interesting to you, I'll be showing what my day-to-day life looks as well. Feel free to follow me on Instagram @sabeyzee or subscribe to my YouTube channel, sabasinthehouse to keep up with my content! 🐾

3

tech innovations improving nursing education



By RN Carolyn Harmon
NurseDeck Columnist

In the last decade, there has been an explosion of technological advances of every kind imaginable. When it comes to healthcare and nursing education, there is no exception. With no end in sight to severe nursing educator and clinical placement site shortages and in the aftermath of COVID-19 shutdowns, educators have been forced to consider other alternatives to meet the changing needs of students.

Most recent evidence-based research has shifted teaching from a traditional teacher-centered approach to a student-centered approach. According to neuroscience research, the traditional approach primarily uses only the posterior cortex, whereas enhanced learning with technology uses both the posterior and anterior areas of the brain cortex. Enhanced learning with technology improves education by tapping into different learning methods and styles.

These advances have been so successful that The National League for Nursing (NLN) Commission for Nursing Education Accreditation (CNEA) and the American Association of Colleges of Nursing have revised nursing curriculum standards, encouraging informatics and technology competencies in nursing education programs. With healthcare innovations also in place and growing rapidly through the use of technology, these skills will be required for the next generation to be proficient not only as students but also as nurses.

Here are three huge tech innovations that have dramatically improved nursing education:

Virtual and remote learning

When the COVID-19 pandemic swept the world, the doors to many educational institutions closed, forcing educators and students to become creative with remote and virtual learning strategies. An education technology innovation boom occurred. Now that education has resumed pre-pandemic status, hybrid learning models have been cemented into modern education.



Distance learning has far-reaching capabilities which can transcend diverse student populations and unique student needs. Many students feel virtual learning offers the ability to be more focused with fewer distractions than in-person learning can often produce. Using blended models of virtual and in-person ensures that physical barriers do not detract from educational goals yet still provide a face-to-face connection between students and faculty.

Portable devices and simulation labs

Laptops, mobile devices, and tablets have gone from being optional to being a necessity for students and healthcare providers. Digital resources enhance learning through many means, from PowerPoint presentations to the ability to rapidly obtain crucial information at your fingertips. Immediate access to educators and students through the use of email, chat groups, and video calls assures help and assistance when it's needed and most convenient.

Simulation labs are a solution to the growing



concerns related to the lack of clinical placement sites and reduced ability to provide nursing students with the required hands-on education that is critical. Great strides have been made to provide realistic training modules. Repeating simulations until a student reaches a level of competency is a great way to improve the hands-on experience. It also stimulates a student's independence and self-learning. Simulation labs are not meant to replace in-person learning of essential skills, but as an excellent means to enhance and prepare students for actual in-person clinicals and the application of patient care skills and techniques.

VR and AR technology

Virtual reality (VR) and augmented reality (AR) are something that only a few years ago seemed futuristic and far off. What started as a technology for gaming platforms is now being injected into learning and other aspects of life.

VR is a headset device that completely takes over your vision to give you the impression that you're somewhere else, whereas AR adds to your visual field as a transparent overlay. Both provide incredible means of adaptive learning and have limitless possibilities. Studies have overwhelmingly shown that VR technology improves student knowledge, but still limited in how that

translates into measurable skill improvement. These methods also propose a new concern related to redesigning test measures to determine competency.

Using combinations of VR, AR, and simulations offers a unique blend of learning that creates a simulated patient environment that can be altered in endless ways to improve students' understanding. The use of 3D technology to comprehend the dimensions of the anatomy of a patient's unique conditions that would be unable to be understood through any other method of learning makes these incredible tech innovations extraordinary.

The future of nursing education

As the nursing profession continues to grapple with severe educator and clinical placement shortages, technological advances punctuate real solutions and hope. Many educators and institutions still do not realize the full scope of potential that tech innovations offer. Technology advances continue to innovate every corner of our universe and should be embraced as ways our world is enhanced, including education. New models of education focusing on students and using tech innovations are the future of nursing students and healthcare education.



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.

Why you need to know about nurse hackathons

By RN Breanna Kinney-Orr
NurseDeck Ambassador

You may have heard the term ‘hackathon’ being tossed around in nursing circles before. Despite it being a buzzword, many nurses are unsure what a nursing hackathon actually is. In this article we’ll break down what nurse hackathons are all about, introduce you to some of the major players in the hackathon world, and tell you how to get involved yourself.

Hackathons are heckin’ hot

In short, nurse hackathons are collaborative, problem-solving events that typically take place over a weekend. During an intense 24-48 hours, nurse participants are immersed in ‘design thinking,’ which is a human-centered method of problem solving. To begin, nurses gather into teams and begin brainstorming possible solutions to a posed problem in healthcare. The teams then pitch their ideas to a panel of industry experts in attendance, who also serve as an arms-length resource while they develop their idea further.

The goal of the event is for teams to create a completely novel Minimally Viable Product, or MVP. By the end of the event, the winners of the hackathon are chosen with the hope of their MVP being advanced into design and production stages for use in the real world. This is what makes nursing hackathons unique—they’re not just an opportunity to mingle and network with innovative nurses, they’re a chance for nurses to take action on healthcare problems that challenge us in real time.

The hackathon all-stars

Hackathons have been around for some time. More frequently seen in computer science and engineering spaces, the concept of bringing together problem-identifiers with problem-solvers is not new. Healthcare-driven hackathons have been around for a little over a decade. Specifically engaging nurses to help solve hyper-focused healthcare challenges, however, only began in 2016, with an acceleration in nurse hackathon attendance seen in 2020. One of the more established healthcare

hackathon organizers is MIT. Hosting close to 200 ‘Hacking Medicine’ hackathons globally each year, they have spawned 50 new companies as a result. By design, their teams are multi-disciplinary, but when the COVID-19 pandemic hit in 2020 and nurses were thrust into the global spotlight, MIT began prioritizing nursing expertise. The only problem? Even though hackathons had nurses on their radar, nurses were not particularly aware of hackathons.

The very first nurse-led hackathon took place at Northeastern University in 2016. Only 200 nurses attended. But they were gaining in popularity. In 2020, amid COVID-19 lockdowns one of the most popular nurse hackathons—the NurseHack4Health (NH4H) series—transitioned from an in-person format to virtual. They had close to 1,000 nurse participants from 26 countries in attendance.

Take a quick Google stroll through ‘nurse hackathon’ and it won’t be long until you come across the name ‘Marion Leary’ and the organization she co-founded, SONSIEL (the Society of Nurse Scientists Innovators Entrepreneurs and Leaders). Leary, RN, MS, MPH, is currently the director of innovation at Penn Nursing and NurseDeck was lucky enough to snag some of her time for a conversation about nurse-led innovation last spring.

Marion’s passion for nurse-led innovation has been evident throughout her entire career. But she has been especially vocal about involving nurses at all levels of healthcare problem-solving (“We need to empower our nurses. They belong everywhere!”). After attending (and, ahem, winning) not only her first nurse hackathon, but the first nurse hackathon (the 2016 Northeastern event, mentioned above), it wasn’t long before she realized the true potential of bringing passionate problem-solvers together. According to Marion, it wasn’t so much the solutions they came up with, but the people involved that helped inspire the creation of SONSIEL.



Through organizations like SONSIEL and others, nurse-led innovation has captured the curiosity of many nurses. In turn, learning institutions have noted this. Many nursing schools now offer nursing certificates in innovation, whole departments devoted to this field, as well as dedicated funding—like Penn Nursing’s Innovation Accelerator—for solution-driven nursing research and development.

How to get involved

Even if you don’t think you have an entrepreneurial spirit, by virtue of being a nurse, you have a problem-solving spirit. And that’s precisely the foundation necessary for all nurses entering the nurse hackathon world. You may already have a nurse hackathon product clipped to your scrub top, like the LED uNight Light by Lumify; or perhaps you’ve downloaded the popular nursing app, FifthWindow, a wellness platform that normalizes nurses’ well-being (and designed by another NurseDeck Insider’s Perspective spotlight nurse — Charlene Platon). These examples just serve to remind you that the potential for innovation is accessible for all nurses.

One of the easiest ways to become involved in nurse hackathons is to join SONSIEL. Whether you receive information passively through their newsletters and podcast, branch out into online meet-ups organized monthly, attend their next scheduled NH4H hackathon, or want to design your very own hackathon event, SONSIEL has you covered.

Looking for more inspiration first? For first-person accounts and advice on how to broaden your nursing innovation horizons, you can browse through NurseDeck’s many profiles of nurse innovators, like RN Andrea Jaramillo, RN Anna Moats-Gibson, and Dr. Taura Barr.

Hackathons are the tip of the nursing innovation iceberg

As nurses, we are empathetic, compassionate, highly skilled, and hands-on. That makes us uniquely intuitive problem-solvers. ‘Make it work’ has always been the unofficial nurse motto (especially in the current healthcare climate). Nurse hackathons are one way to tease these creative, efficient, and inherently nurse-led ideas out of our brains and into our hands. ☺



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

INTERVIEW HOST



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.

JACQUELINE CLANCY

RN BSN MS AEMD CLNC

The nurse consultant's role in the courtroom

an exclusive interview

Jacqueline Clancy is a certified legal nurse consultant who has had her own consulting practice for over a year. She received her master's degree from Regis university in Nursing Leadership in Healthcare Systems Organizations. As a nurse, she has experience in telemetry and patient logistics. From 2019 to 2021, she served as the director of the Centralized Transfer Center with Northwell Health. In 2021, she opened her legal consulting practice, Jacqueline N. Clancy Consulting.

BKO: Today we are joined by Jacqueline Clancy, who is a legal nurse consultant. Super excited to get into all what that entails. She also has an extensive background in operations and logistics with healthcare delivery. Welcome, Jacqueline. Thank you for being here with us. Tell us where you got your start. I love hearing about nurses' careers and the trajectories they take.

JC: Thanks so much for having me. I started a long time ago. In high school I actually took an LPN course. I started at 17, turned 18 and finished right out the gate. I really love helping people and being able to give back to the community. That's how I started my nursing career. I was in a sub-acute rehab and nursing home pursuing my RN and went into acute care. As I was looking around in acute care and ending up managing a telemetry unit, I started learning that some people need more help than the patient's nurses and the doctors. I asked a question that I'll hear echoing for the rest of my life: how come every time my patient posts, there's never a bed available? Being inquisitive landed me in that logistical role, patient throughput and capacity management and helping all milestones throughout a patient's journey in an acute care system.

BKO: Interesting. Since you started so young, in high school, were you already a very organized logistical systems thinker? Did you even know that about yourself? Or is that something that you uncovered during your early nursing years?

JC: Oh, no, it's inherent. When I was two or three years old, I was organizing stuffed animals.

BKO: Oh my God, that is so cute. I

love it. Tell us about your current role. What is it like being a legal nurse consultant? Your day-to-day, typical client – that sort of thing.

JC: It's great for me right now. I work for myself. I also teach students or nurses who are looking to be legal nurse consultants through a wonderful company called Selma Consulting. It's split. With my own business and my own clients, I have a business plan and I am very granular with how I'm blocking out my time. There are certain things devoted to marketing, but I market myself, I educate myself, I educate my attorney clients or prospects. I like their patients or patients' families, because they really don't have the medical expertise to be able to navigate the level that we can do for them. On a typical day I wake up, I go work out, I come home, take a shower, I do some follow ups. I do some cases. I coach for the legal nurse consulting business for the nurses on that side, and help bring other nurses to their success, which I really enjoy. We have some group polls and then I'm able to take my active cases that I'm going through and share those experiences in those wins. One of the exciting things – I was able to bring up service lines in the largest health system in New York. I got those from my first 30 clients I did in that health system for a decade.

BKO: Isn't that interesting? To me, legalese and medical jargon are two different languages. So really, you have to be fluent in both and have the ability to translate it into a layperson's speech to that which is all systems and organizational thought as well. But what really fascinates me is being able to translate the various information tracks you're trying to get to your

clients and to their clients, in order for them to pursue their cases. I was looking through your website, and I was like, “I don't speak this language.” It's just amazing to me how much nurses can learn when they're motivated to carve out new niches for themselves. What do you think are the qualities and expertise that help set you apart?

JC: I think any nurse with experience under their belt can certainly pursue the world of legal nurse consulting. What should be done? What should have been, could have been done? When you're going through records, what's missing? It's just like when you're getting a report from another nurse, and thinking, “What about this?” Once you start getting in on pieces, you really see the lawyers as they are for the legal side. You need to know a few of their red flag words like “depositions,” “interrogatory,” “birds,” “statutes of limitation,” etc. But beyond a very superficial layer of that, it's really just you and your expertise. There's a behind-the-scenes piece, which is legal nurse consulting, where you're not disclosable to anyone. It's just between you and your attorney client. The other half of that is expert witnessing. It's when you need to be a particular expert in your certain realm. I'm an expert witness in my last role, which is inter-facility transfers. I was director at over 23 hospitals integrating not only the inter-facility transfer, the specialties, the surgeons, the physicians, but also the transport including ambulance and helicopter.

BKO: Wow. That's a lot of moving parts.

JC: It is but I loved it. It's so niche that when attorneys come across me, they want to get me because



they know they're going to be hard-pressed to find someone with expertise who can speak to it articulately.

BKO: Yeah. That is where the ball gets dropped a lot is in those transfers of care, even within the hospital. The holes in the charting – that was drilled into me in nursing school and, of course, in practice as well. But if you've ever followed nurses that have holes in their charting, you just worry for them now and the climate they're in.


JC: Oh, absolutely. My favorite role in legal nurse consulting is plaintiff med mal.

But my overwhelming passion when I approach these cases is to bring the question: Is this a person-issue or is this a process-issue? What I do for my attorney clients is I nail it down: nine times out of ten, it's a process issue. I know exactly where those failures are. So I take particular satisfaction in not letting that crap slide, so to speak, without proper responsible parties accountable. Of course, the attorneys love that. Because when you can get that high level of accountability, it's going to be a higher and faster settlement. Not to mention, you're sticking up for your fellow healthcare workers in impossible situations and predicaments.

BKO: Yeah. I think system failures are such a huge problem with healthcare right now. With the spotlight being on nursing so much the past few years, I feel like we have such a platform to really speak to this. I think nurses are recognizing or realizing the collective power they have and speaking up about the problems and the holes they're seeing in the systems. I'm just curious – do you feel like Radonda Vaught was given a fair shake with the system? Or do you feel like Vanderbilt got off easy with this whole situation?

JC: Vanderbilt didn't get off easy; they got off completely. I wish I had a piece of that case. I'd like to think the outcome would have been different.

BKO: Yeah, I know. I felt like she just was put under the biggest, baddest bus and it just sent a shiver down every practicing nurse's spine. Which, to me, just feels like it's going to lead to more secrecy. Like, if you feel like you've made an error, you're now motivated to cover it up rather than to report it, which is going to



I may not be able to advocate for myself, but I'm the best damn advocate for anybody else.

affect patient care. Anyway, what are the major challenges you face in your role? How do you manage through them? How do you deal with those?

JC: I think the biggest issue is having an entrepreneurial mindset and being able to stay positive. That's one. I'd say the other 50% of it would be being able to get yourself out there. When I started this business, I looked into going into legal nurse consulting several times, but I kept getting promoted. I was like, "Okay, let me do this and let things settle out." Finally, someone actually reached out to me on LinkedIn to be an expert witness on inter-facility transfer. Aside from that, I had no attorney friends, no attorneys that I knew personally. I just reached out dry and built myself one at a time. So being able to have confidence in your own expertise, and what you can bring to the table is the biggest hump for a lot of people initially. I'm a very confident person with this degree. I'm a certified legal nurse consultant. I've done high level operations, and even cocky-me making those calls has that little negative self. It's like, "Are you really good enough?" And you have to be able to say within yourself, "Yeah, I am good enough, and by the way, you're not invited in my head anymore." I think nurses particularly suffer from some of that, which can be a barrier to them getting on with their business because we have been forced in



unbelievable circumstances – not being allowed to uphold any boundaries, even peeing, taking a break, etc. So that transition is very funny. When you're moving, you have to be extremely mindful of that.

BKO: That's such a good point. I love how you bring up the entrepreneurial mindset because I think that is that sense of imposter syndrome we've all experienced at some point in our lives, particularly as new grad nurses. Like when you walk into that first patient's room and you're like, "I'm going to be your nurse," and you feel like you're just acting in this role, but then it just becomes a skill. You learn the skills and then you go on. How do you grow and develop? Do you do a lot of mindset work in addition to growing your business, marketing, and legal nurse consulting skills you have to build upon?

JC: Oh, absolutely. Once I took this venture into my own business, I took it as a complete reset for a second chance at life. I didn't want to mess it up, because now I have nobody to blame but myself, for not living the best day everyday. Daily habits are huge. I take each day with gratitude. Most days I work out, do integrated

yoga a few times a week, and I work on doing affirmations and leading with positivity first, not only for myself, but for others as well. As far as education and keeping up on things I'm seeing scenarios pose themselves to me, I'm opening them up, and I'm researching. I'm networking with this huge network of other legal nurse consultants and all other sorts of specialties.

BKO: Can you walk us through some specifics? What are the common allegations that come up in nursing practice that could help nurses avoid these things arriving on their own doorstep in terms of malpractice or negligence claims?

JC: It's really hard to say. I've been in business a little over a year now, and I haven't yet seen one case come across my firm that was 100% someone that was grossly negligent and did something absolutely wrong. I have not experienced that yet. I see deviations in obtaining standards, and I'm asking for production, meaning I'm asking for additional documentation to support the story I'm looking to tell. But more importantly, competency. You may have a policy, but did you train the



staff? Are they working in their normal specialty area? Or were they forced out in an unfamiliar condition? So as we're going through all these things, it's not negligence per se. As the case advances – and we're getting into depositions and interrogatory, which I also assist the attorneys with writing – we're uncovering the fact that nurses aren't covering up for their employer, and doctors aren't covering up for their employees. So if you're in any sort of environment that affords you the opportunity to protest assignment, or right when there's some sort of unsafe condition, take advantage of that every time and even if you take a picture of it with your phone for your own reference to that, and if you're somewhere that doesn't offer that, band together – there's strength in numbers.

BKO: There are so many nurse influencers now on social media, but there's such good information if you find influencers that have reputable information and do your homework on that. We follow one nurse, I think she goes by Christie PRN and she's an LPN, but she's taking up as her cause the transparency of billing. It's just incredible to see this campaign

that's just snowballed, and she has nurses involved in how to help their patients. It's been so cool just to watch that whole thing unfold. I think you've made such a good point that – even just taking a photo with your own cell phone for your own records, because I think a lot of nurses are like, “Well, where am I documenting this?” But you're documenting it for yourself. You're not documenting it in a patient's chart, necessarily.

JC: Right. I can't advise on that. I know at the institutions I work for, there would be ramifications for talking on that. I can't advise on the legalities of that, although I'd love to say, “Yeah, write it. Write it all in there.” In reticle, record review, you see funny things, and sometimes you see people that have had enough, and they'll just write that in there as well.

BKO: I feel like there's a lot of reading between the lines, subtext in narrative charting sometimes, where you're like, “Oh, I wouldn't have written that, but I don't blame you, because I've been in those shoes before.” Speaking of short staffing, and nurse burnout, and all the things that lead to nurses taking shortcuts or system failures happening – it's such a widespread phenomenon. COVID certainly fuels those flames. How do you feel like the COVID situation or the latest wave of nurse burnout, the great resignation – whatever you want to call it – has led to more malpractice? What would your advice be to nurses to avoid these things? Is there anything specific you think COVID added to this where nurses were just in new territory every day?

JC: It certainly wasn't impossible to navigate. I think with the fluctuations in the guidelines that were given, and

the instructions healthcare staff had to uphold, we've lost a lot of faith in certain entities that were upheld in the past. I can speak for myself: the WHO and CDC have definitely dropped multiple notches, in my opinion, at this point due to their inconsistencies and lack of transparency. It is extremely tough to navigate. You bring in vaccine mandate options at this point, and now we're seeing all the counter side effects – and we're only a few years in at this point. What's to come in the future? Putting people that are supposed to be advocating with their own degrees and critical thinking skills, but you're forcing them to march a certain way. So, how do you navigate it? Sounds like a call for our rebellion and banding together. It certainly has to be on a large level, and political is the only way out of that. No nurse will be able to tackle that alone.

BKO: Yeah, that's very true. I think you bring up a good point with that, in terms of the WHO and the CDC, with the amount of political pressure they were both under. It's certainly interesting to think about it through a legal lens – because I'm sure a lot of nurses just go in and work. We're like, "I don't know what's going to happen today. I hope I don't get sued at the end of this when all the dust settles." We're going to switch gears entirely. I love that you keep bringing up nurses banding together and the strength in numbers and realizing the collective power we have. If you could talk a little bit about community – how has community helped you in shaping the nurse that you are and how you think nurses can benefit from having a strong community behind them?

JC: Whether you have someone making a large positive impact, where



they were being a really good coach and mentor and supportive of you – or maybe you have someone that really was not supportive and did things that maybe you wouldn't want to repeat – there's still positivity and a lesson to be learned from that. Because you're drawing upon those experiences, that helps you to become a better nurse. Nurses are caretakers by proxy, but also by proxy they take care of themselves. Everyone else comes first. I really think seeing all these nursing communities, and what you're doing here with NurseDeck, is really helping to draw that and bring that together collectively. Because then, I may not be able to advocate for myself, but I'm the best damn advocate for anybody else. Nurses start at least setting their boundaries and self care by watching out for one another. I hope one day people that are still in the acute health care side of things



will be able to do that for themselves. Building the community surrounding that is going to help the nurses and their careers in the best, most positive pathway forward.

BKO: Yeah, I agree. I think it's so helpful and encouraging to see people - you're like, "I have this situation going on." And then you reach out to your community, you find 10 other people that have gone through it and you automatically don't feel alone anymore. Then you can learn from the past they've already walked. We talked so much about mentorship on our platform, but I think a lot of nurses get stuck with like, "How do I find a mentor? How do I ask? Literally give me a script because it's intimidating." I think that's so important for our community. Anything that you want to leave our audience with? Any

messages, or a topic that we maybe didn't cover?

JC: Man, I could talk on this for an eight-hour shift. I just love it so much. I would say the amount of expertise, knowledge, critical thinking, meticulousness, and care that you have is not set within a boundary of a wage cage, or someone you're working for. You are actually many CEOs of your patients already, you just don't see it. There's a reason people don't want you to see your own power. If you've ever thought about tapping that more, at least be open to looking around and seeing what other options are out there - because you may just find what you love, your purpose in life, and be able to make a huge impact, and empowering not only other nurses but, in my case, the legal system. 🐾

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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
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