



"Every nurse is an innovator."

JUSTIN KELLY

MHI, BSN, RN, CCRN, RHIA

FOSTERING ADVOCACY AS A BEDSIDE NURSE

ONCOLOGY CRITICAL CARE NURSE, INTRAPRENEUR, GOVERNMENT ADVOCACY FELLOW



#IN THE FIELD

NURSE RACHEL ENCOURAGES EVERYONE TO STAY FOCUSED ON COMPASSIONATE CARE

ADVICE ON NURSING SCHOOL FROM NURSES WHO HAVE BEEN THERE

WHAT NURSE EDUCATOR HOPEFULS CAN EXPECT IN 2022

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.



#In The Field
Nurse Rachel encourages everyone to stay focused on compassionate care



Advice on nursing school from nurses who have been there



What nurse educator hopefuls can expect in 2022



JUSTIN KELLY

Fostering advocacy as a bedside nurse

Justin Kelly is a bedside nurse serious about creating change through advocacy and innovation in nursing. Through his fellowship at Ohio State University, Justin has not only managed to put himself at the forefront of nurse-led change through organizing events for nurse innovators, but has also been given the chance to talk to legislators about the problems nurses are facing as well. If you want to make change and don't know where to start, Justin can put you on the right path.

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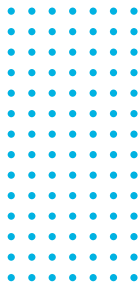
On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

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Join the community

Our leaderboard shows which NurseSocial users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for the all-time top 10!

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

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#InTheField

Nurse Rachel encourages everyone to stay focused on compassionate care



Rachel Chianakas, BSN, RN, a case management nurse who specializes in assisting patients suffering from behavioral health issues, believes that empathy, treating each patient as if they were a family member, and understanding it is okay for others to have different values and beliefs are critical to treating others with kindness, compassion, and respect in all personal interactions.

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

A: In my experience, more often than not. After all, it IS a saying in the nursing world. I, personally, have never understood it. Sometimes, it seemed like playful “hazing” to break in the newbie. Other times, it seemed hurtful and wrong.

Q: What is your specialty?

A: I work in case management, which is a field I never expected to work in. I specialize in assisting patients suffering from behavioral health issues and addiction. I can honestly say that I enjoy my job. I've never been thanked by patients as much as I am right now. I get to watch people grow and get the help they've always wanted but were too afraid to seek on their own.

Q: What does cultural competence imply for healthcare providers?

A: Empathy, treating each patient as if they were a family member, and understanding that it is okay for others to have different values and beliefs. Keeping this in mind, it is critical to treat others with kindness, compassion, and respect in all personal interactions.

Q: What is your background in nurse unions?

A: I have no background in nurse unions. I live in a state where nurses do not have the option of joining unions, but I am a strong supporter of them. Unions, in my opinion, serve as both a support system and a means of providing nurses with the safety and security they deserve. Now is the time to band together and prioritize nurse unions. The general public is beginning to hear about nurses, which is significant. Never be afraid to express yourself!

Q: Is there anything else you'd like to discuss that we didn't cover in our questions?

A: I am a fervent supporter of patient safety. I had no idea how many people are impacted by medical errors until it happened to me as a patient. I went in for a left lateral partial meniscectomy, which is a very routine and simple knee procedure. I knew something was wrong, but both my surgeon and physical therapist dismissed me and made me feel crazy. The surgeon did not obtain any imaging after my surgery. He looked at me eight weeks later and said, "We could do another MRI, but it will just come back abnormal because you just had surgery on your meniscus." He diagnosed me with sciatica and told me to return in four weeks.

I also had 8 weeks of physical therapy, during which certain exercises brought me to tears. Fortunately, my neighbor encouraged me to seek a second opinion, and an MRI was immediately ordered. My second surgery with my new surgeon took place shortly after the results were received. Patellar tendon repair, second left lateral partial meniscectomy (tear to the lateral horn), and ACL reconstruction with donor tissue were all performed on me. When the first surgeon inserted the scope, he injured the patellar tendon. The meniscus was never fully repaired, and the ACL had a significant tear that did not exist prior to my first surgery. My new surgeon was shocked to discover that the ACL had attached to the PCL and was bound together with scar tissue. The physical trauma of being dismissed and feeling betrayed by one of your own was nothing compared to the emotional trauma of being dismissed and feeling betrayed by one of your own. I was left in debt after two surgeries and was out of work for a total of 20 weeks. I was not prepared for the physical demands of bedside nursing after my disability expired. As a result, I looked for a new job and eventually landed my current position as a case manager. My life changed the day I had my first surgery because my knee is no longer capable of standing on my feet for long shifts, squatting, kneeling, lifting, or responding to any emergency situation due to physical limitations.

For the first time since my second surgery, I felt at ease when I opened my eyes. I was overjoyed. I was given the best gift I've ever received: the ability to walk and be somewhat active again. I will be eternally grateful to a complete stranger and their family for donating tissue to repair my ACL because using my own tissue was not an option due to the extensive damage my knee sustained.

Since then, I've recognized an opportunity to advocate on behalf of patients who have been harmed (or worse) as a result of malpractice and negligence. Patients rely on healthcare professionals to provide safe and exceptional care. When an error occurs, the patient has the right to be informed.

In retrospect, I wish the first surgeon had been more forthcoming, listened to what I was saying, and cared enough to apologize and hold himself accountable. Unfortunately, he was unable to admit he could have made a mistake and perform appropriate imaging, which resulted in my care being delayed.

I remain committed to my mission of providing compassionate care through meaningful interactions. It is critical to always listen to the patient and to be compassionate. This will foster a culture in which healthcare providers and their patients develop trusting relationships. It goes without saying that our healthcare system is broken and ineffective. I believe it is time for a culture shift and to put pressure on administration to correct the systematic errors that continue to occur. It's time to take a stand, speak your mind, and demand change. No patient should ever have the impression that they cannot trust their healthcare providers or the hospital where they are being treated. Healthcare workers and patients alike deserve better. 🙏

Advice on nursing school from nurses who have been there

By RN Carolyn Harmon
NurseDeck Columnist



You are starting nursing school! Welcome to an elite club of incredible individuals. As you begin the foundation of the most demanding career you will ever love, you feel excited, nervous, and overwhelmed. Here is the best advice to get you started.

Connect with upperclassmen

Forging friendships with students ahead of you in the nursing program is the first of many essential things. Other students are excellent resources to help you know what you need and what to expect. They can assist as you navigate classes, instructors, and clinicals. They also often serve as tutors or can help you with studying.

They are highly resourceful in knowing all the ins and outs of the campus, and they can advise you on supplies such as stethoscopes, scrubs, and shoes. Try not to become too focused on this, as it can be overwhelming with so many choices.

You may need a specific color of scrubs/shoes for clinicals according to your college guidelines or clinical facility. Some facilities may require a particular color for students or that unit.

I always suggest getting a middle-of-the-road stethoscope when you are beginning. Some stethoscopes are more comfortable to use than others, which can vary from person to person. There is also a broad range in terms of quality and cost. When you decide on your area of specialty, you will find an abundance of stethoscopes specialized to that area and patient population.

Find your people

The next thing - what I feel is perhaps the most critical piece of advice - is to find your crew. These will be your people for the next several years as you maneuver some of the most challenging moments of your life. The friendships you forge in nursing school are friendships like no other.

Your group will be a blend of students from all walks of life. If you are a traditional



student, some will be a peer experiencing the same adjustments to college life and being away from home. Suppose you are an older student returning to college after a significant gap. In that case, the younger students may be able to assist you in maneuvering all the new technology, computer documentation, and EMR (electronic medical records).

The highly knowledgeable student will love to share their understanding while studying together, which in turn will reinforce their learning. The paramedic or allied health student advancing their degree will love to share all of their tried and true hacks and real-world practice.

The single mom who may have to miss class to tend to a sick child would love the support of other students to fill in the gaps, and she will feel like a touch of home or the tough love of a parent when needed. You will be amazed at how you blend in a supportive and meaningful way as you all navigate uncharted waters.

Don't just take my word for it...

The NurseSocial community had some incredible pieces of advice, especially related to studying and organizing your time. Bailey shared very insightful advice to "be here now," especially in those moments of chaos



when you're having trouble focusing or feeling overwhelmed. Taking time to be in the moment goes a long way to help you focus your mind and energy on what you are studying to make the most of your time.

Nicole mentioned that understanding what you are learning and translating it into practice is crucial to being a proficient nurse. Studying so you comprehend the information is vital.

Diane and Bern mentioned taking time for yourself. You are laying the groundwork for caring for others, and learning to care for yourself so you can care for others is important to put in place now. Bern also expanded to include great mental health strategies, like positive affirmations. You will have days that, despite the best prep and studying, you may fail a test or assignment or not get the desired grade. Having an area with positive affirmations will help you redirect those negative thought patterns and help you remember to keep fighting toward your goals and believe in yourself.

Rachel, a nursing student, shared that recently a physician encouraged her to enjoy nursing school despite the challenges and stress.

Seek out relevant work experiences

Finding a position as a PCT (patient care technician) is another fantastic way to gain experience and make money while you are

in school. Most facilities offer these and are thrilled to have nursing students fill this role.

It's also an excellent way to get your foot in the door at an organization you may want to gain employment with after you complete your degree. Some offer incentives, sign-on bonuses, and student loan forgiveness programs.

It is also a great way to begin professional relationships with others in the medical field. Learn to trust your nurse and physician mentors you have along the way and seek them out as a source of advice and empowerment.

From me to you

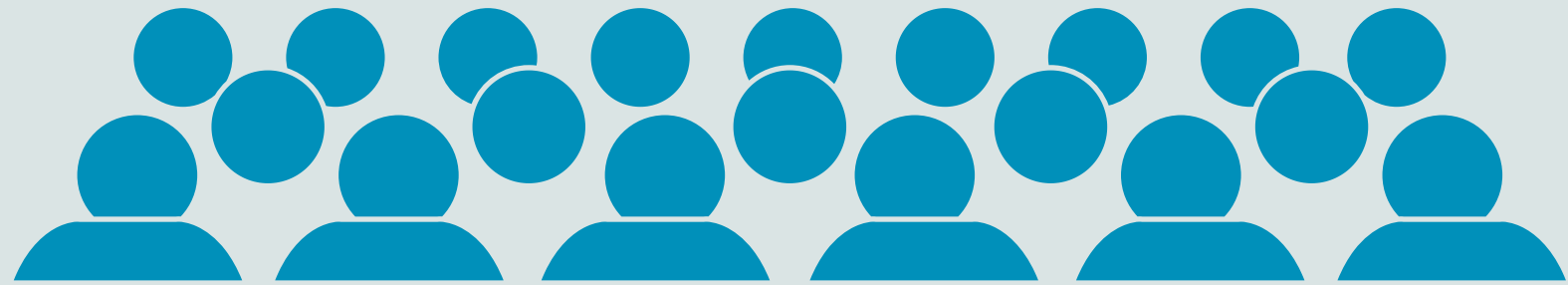
The best advice I can give you is that your nursing colleagues are just as vested in your success as you are. We are here for you, as you are the future of our profession and patient care. The NurseDeck community is an exceptional resource for all nurses in every stage of their career, especially students.

Never hesitate to reach out to another nurse if you are struggling or need help. No one understands the demands of being a nurse or a nursing student more than we do, especially during extremely challenging times.

Now more than ever, the future of healthcare is in your hands. 🙌

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.

What nurse educator hopefuls can expect in 2022



By RN Breanna Kinney-Orr
NurseDeck Ambassador

Here's you, about to take the stage and graduate with your MSN degree. You're ready to take on your new role as a nurse educator...or are you? Nursing education has evolved greatly over just the past few years due to COVID-19. The good news is that educators are in great demand—but you worked hard to get here. You don't want to settle for a role that isn't right for you. Here are our best tips for nurse educators on the job hunt in 2022.

Tips for new nurse educators

If you are new to education, there's a few things that can help move you along. First up—finding a nursing mentor. School can only take you so far. You likely already know that from experiencing the difference between Nursing School Utopia and Real Life Bedside Nursing. Mentors are the beacons who help you navigate when the waters get rough. Just like any profession, there's a certain amount of nuanced experiences waiting for you as you begin your education career. Having a mentor by your side to guide you can take the sting and isolation out of it.

One way to find a mentor is by networking while you are still in school. In fact, building a support system while still in school can help lead you to a job once you've graduated. Throughout your practicum, show up as your best self. Many times before a position is posted publicly, the same educators that are teaching you may begin to view you as colleague material.

Consider joining nursing associations with local chapters. Immersing yourself among the people you might like to work with can lead to making connections that wouldn't otherwise be possible. Get involved—and be sure to document your involvement. Then, when you formally begin your job hunt, you'll have a tidy list of personal accomplishments and volunteer work to add to your resume, showcasing your dedication and eagerness for your new field.

Lastly—and this goes for all nurses,



regardless of their professional station—make time for yourself. Good educators are vibrant, engaged, and curious about the world around them. The best way to cultivate these natural abilities is by keeping your cup filled. Our brains and hearts are designed to seek connection, experience joy, and belly laugh from time to time. If you must, frame self care as a new job requirement—your future students will respond much more willingly and authentically if the educator in front of them is prepared, relaxed, and happy to be there.

Salary and lifestyle expectations

If you are considering becoming a nursing educator, there are certain hardline expectations to be knowledgeable about. One of the most important things here is salary range. Whether you are considering a career change because the bedside has burnt you out, or you are following a true passion to mold young nursing minds, you need to know whether your bills are going to get paid.

Currently, the U.S. Bureau of Labor Statistics reports that post-secondary nursing educators make an average of \$77,000 annually. Depending on experience and the institutional clout, the highest mean wage reported is upwards of \$125,000.

An annual salary of \$75K is comparable to bedside nursing in acute care settings.



However, you may be holding onto extra debt upon graduating from your master's program that needs to be factored in. Other graduate-level degrees offer a far higher median wage (\$114k for nurse practitioners, for example) for new grads—this is a significant gap in compensation that needs to be addressed.

The current job market is hot, hot, hot for nursing educators. The NLN reports that 3/4 of nursing schools have unfilled faculty positions; the search for qualified applicants has been a struggle. Another sobering statistic—the American Association of Colleges of Nursing (AACN) reports that almost 100,000 prospective nursing students were denied entry to nursing school in 2020, almost entirely due to faculty shortages. Unlike other nursing graduate degree holders, you can count on finding employment straight away.

Challenges in the nurse education field

Like any nursing field, nursing education is not without its flaws. Dominating the challenges to academia — and a hardship faced by all nurses, actually — is the current nursing shortage that is predicted to worsen as baby boomers retire. That means an influx of new nurses is needed *now*. Currently, a lack of qualified educators is not the only area in need of new blood—the administrators and auxiliary personnel that support nursing programs are also in high demand.

Faculty being stretched thin directly impacts how well educators can support their students. Nursing school is hard enough;

students suffer when they are denied access to their teachers. Mentorship and building connections while in school helps prevent students at risk from falling through the cracks. With the nursing shortage, we need everyone to succeed. Nursing educators must bear this frustration.

It does seem that help is on the way though. Early in 2020, while COVID was in its warm up phase, almost 1,000 nursing schools reported an increase in enrollment of almost 6%. The demand for travel nurses during the height of the pandemic, and the resulting surge in bonuses and stipend increases hospitals were forced to pay to attract them, has put the nursing shortage into mainstream conversation. This exposure is key to enacting policy change.

The bottleneck in education is a perfect opportunity for nurse-led advocacy and innovation in order to reduce it. Increasing educator salaries to compete with other graduate degree roles, increasing the support staff for educators, and prioritizing realistic student-teacher ratios are three areas nurse educators have identified as needing to be improved. While we have the world's ear, we need to keep speaking up. 🗣️



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.

JUSTIN KELLY

MHI, BSN, RN, CCRN, RHIA

Fostering advocacy as a bedside nurse

an exclusive interview

Justin Kelly is a staff nurse at the Ohio State University (OSU) Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, where he also served as a 2021 Nursing Government Affairs and Advocacy fellow. He received a bachelor's in Allied Medical Professions from OSU in 2009 and a bachelor's in registered nursing from Mount Carmel College in 2011. In 2020, he earned his master's in healthcare innovation from OSU. In 2011, he began working at the OSU Comprehensive Care Center as a staff nurse working in the blood and marrow transplant unit, and in 2014 moved to the James Medical Intensive Care Unit.

Breanna Kinney-Orr (BKO): Welcome, Justin, thank you so much for doing this with us. Let's start at the beginning. How did you get your start in nursing? What got you into oncology? Tell us how you got here.

Justin Kelly (JK): Thank you for having me. I started way back when at Ohio State. I went to Ohio State originally in 2005, and I have a bachelor's degree in health information management and systems. I was a student intern working on the medical information side of things and realized I may have been missing some of that clinical piece. I think it was January of 2005 when I found out my grandmother was diagnosed with ovarian cancer. That was hard for our entire family along the whole course of her journey. Through her cancer treatment, she said the nurses made all of the difference. I finished my bachelor's degree at Ohio State, and I'm realizing I was still missing that clinical piece. I decided I wanted to go into nursing, and I did a second accelerated degree program at Mount Carmel. I did both bachelor's degrees in five and a half years - I don't recommend that, that was a lot in a very short period of time. That second degree program was 13 months. I gained a BSN on the back end, and I started at the James Cancer Hospital in March of 2011. I've been there ever since. I started in the bone marrow transplant unit and worked with the bone marrow patients for about four years. Now I'm in the ICU - an ICU dedicated to oncology patients. There are not a lot of ICUs out there that do just oncology patients.

BKO: That's an intensive area of nursing to go into, especially coming from the informatics world. How did you make that bridge? How did you



know you could handle the blood and beds as well as the computer aspects?

JK: I feel like I knew I wanted the ICU just based on my clinical experiences in nursing school. You're correct that it is very intense - labor intensive, psychologically intensive, physically demanding - and I've always been one to challenge myself in that regard, and knowing what my grandmother had said that the nurses had made all of the difference in her care. I wanted to serve in that emotional aspect of things for patients as well.

BKO: Yeah, that's beautiful. Tell us a little bit more about this fellowship - OSU Nursing Government Advocacy.

Can you tell us about some of the objectives or what your actual role is as a fellow?

JK: This role is in conjunction with my current staff nurse role I had applied for. It was agreed upon during the application process and with my management team that a certain amount of hours is dedicated to government affairs and advocacy while practicing as a bedside nurse. Any nurse can apply for this fellowship, regardless of whatever role they're in. It's just X amount of hours dedicated to government affairs and advocacy during the time of the fellowship. I've had a very gratifying experience thus far. The month I started, I participated in the virtual AOL advocacy day. There were seven different interviews set up with a mix of colleagues from around Ohio, advocating for mental health resources in nursing, documentation burden, and different types of stressors on the nursing profession, in addition to just talking about the workforce in general and how we're going to sustain the nursing profession, which has been stressed quite a lot in the last two years, and, moving forward, how we're going to change how we think about the nursing profession. It was

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really gratifying to talk with our legislators. They were all extremely complimentary of nurses and what they're doing for patients and really wanted to listen to us to figure out what changes need to be made to make things better for clinicians, but also better for patients.

BKO: Right, exactly. Happy nurses make healthy patients. That's amazing. I was going to ask what the government tie-in was. So, you're actually working with legislators, and speaking with them one-on-one?

JK: Yes, there were several interviews. I've worked a little bit with some legislators here and there. There've been two fellows prior to me that have worked more closely on some specific issues. That has changed a little bit with my fellowship, just with the pandemic, being a little more virtual. One of the fellows before me helped coordinate the day at the Ohio State House. So, we're working very closely with congressional leaders on how we can bring awareness to the issues that are working with nurses.

BKO: That's really cool. It sounds like this fellowship is one way you can actually do something rather than just hold a sign. I'd never heard of a government and nursing fellowship before.

JK: Well, that's certainly been a tangible way. Bedside nurses or nurses in any role can use their voice to advocate for things that nurses need at the bedside. I think unions can be extremely successful with advocating for those nurses. As a nurse at Ohio State, I am part of the union. It's been a great resource.

BKO: Very cool. Let's talk about the importance of innovation with

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healthcare. Specifically, we've seen so much come out of COVID, just forcing the issue on certain things. What do you think are some of the barriers still left to getting these innovative ideas to fruition?

JK: Where do I start? I have my master's in healthcare innovation and going through that program was fantastic. Working with the faculty – they really have the foresight I think is needed right now for where healthcare needs to go. You've got some traditional paradigms in place, like research and evidence-based practice and quality improvement, that are wonderful assets to making change in organizations. As I've learned in my coursework, innovation has the potential to make long lasting changes, but maybe in a quicker way. The statistic now is that, within the context of research, it takes an average of 15 years to get research into bedside practice. In doing my capstone project, through the MHI program, we did essentially virtual rounding in the ICU and we couldn't ask for better timing under the circumstances we were in, in the midst of the pandemic. We created a pilot and a project where we were able to facilitate and at least get that in place to say, “We can do virtual rounds, because we know people are busy, and right now, people can't visit their loved ones.” What was extremely gratifying in doing that capstone project is that we were able to facilitate a final conversation between a family member and their loved one because they couldn't visit and they couldn't get there. It was unfortunate it had to happen for a multitude of reasons, but at least we were able to provide that for them so they were able to speak for that last time. I would argue every nurse is an innovator. They may not think that, but – I go back two years ago, we

would tape up a tongue depressor on the side of the bed, so we're able to hold the IV line so they wouldn't fall on the floor. That is an innovation of sorts. I have a colleague who created a device herself and owns her own company that can be held on the patient's arm or on the bedside rail to do that. I feel like every nurse, regardless of role, should have a pathway to innovate.

BKO: I love it. Nurses are natural problem solvers, and we find ways to get it done. You're 100% right. We hear “innovation,” and it's just such a broad scope that sometimes we feel like only big things come from it, but it can be a series of small things that make your day-to-day so much smoother.

JK: We probably overcomplicate innovation, to some degree. Innovation does not mean a new technique, doesn't have to mean a new technology, or a brand new device, or something that is big and brand new. It's as simple as doing something like my capstone project, or like what we did at Ohio State. Innovation is at the tips of your fingers. To your point, nurses are problem solvers. We're going to get it done regardless. The imperative thing now is figuring out how to pull those ideas out of nurses and get them to the right people, and get them connected to the right resources so we can put them into practice and bring them to full scale.

BKO: That's right. One of the major problems we're facing is the nursing shortage, which has been accelerated by the pandemic, as many things have been. Coming from an innovative nursing-led approach, what solutions are out there?

JK: A good example of that now is



looking at the core of nursing responsibilities. Look at what a nurse is responsible for during a day. I can tell you, in the course of my 12 years as an ICU nurse, so many things get piled on nurses and nothing ever gets taken away. That's how I've done gratifying work in the last two years. Actually looking at our electronic medical record and spending two years with a core group of people literally going row by row, and taking away a bunch of things that were superfluous. That impacts nurse time. I'm giving time back to the nurses. In turn, that time can be spent providing important patient care. It's really looking at the responsibilities of the nurse, and what we can take away to allow them to do what they need to do.

BKO: That's a good point. It's such a simple concept to have a nurse behind the person on the screen looking down that task list, as opposed to someone who doesn't seem like they need to be doing this. I was having a conversation with someone who works in "big data," and she says it'd be so cool if we had a central registry of nurses and all their unique qualifications, and being able to just press a couple buttons in the morning and figure out where everybody would best be served.

Almost like everybody's a float nurse.

JK: There are some organizations that are looking at that as a retention strategy – looking at a nurse being nurse-y at the base, like they can be a nurse but all of them have separate characteristics. If they're on a certain unit for a period of time looking at those responsibilities and say, "Oh, this person has this quality. Is there an opportunity to move them to a different area to create a little more balance for them?"


BKO: Because having eight patients on one unit is a lot different than having eight patients on another unit. Trying to balance it out that way, that's what technology should be doing for us. It'd be nice to have some sort of a data point to refer to for that, instead of just winging it. You're really passionate about patient care and the patient experience quality, especially being an oncology nurse, where patients are spending most of their time for a period of their lives in a hospital or in an acute care setting. Tell us a little bit about your concept of quality patient care and what you think is important to improve the patient experience.

JK: Every patient is different, and every family is different. My

interaction with those patients and families is imperative. The quality of care I provide starts with my interactions with patients and families. It's walking in the door and introducing myself and making sure they know who I am and I will be taking care of them and their family members for this shift or that shift. Yes, there are a plethora of tasks that need to be completed during my day and I'm worried about the ventilator and the continuous dialysis machine and the IV pumps – but beyond that is a loved one. That person is still a person in that bed that needs to be taken care of. It's talking to them, it's getting to know them beyond the beeps and the alarms, and the meds I have to give. That is where the quality of care comes in. Yes, I am responsible for a lot as an ICU nurse. I need to know a lot and manage a lot, but what is more important, especially after the last two years, is ensuring the relationship is there with that patient and that loved one for however long I'm taking care of them.

BKO: That might be my favorite answer to that question, ever. It's such a good summation of what nursing feels like to nurses, and what it should feel like for patients. I'm always impressed with the ones that just take a few minutes at the beginning to acknowledge the human being in the bed.

JK: You would be astonished at how much of a calming sense a family member has if a nurse sits down in the room with them. I know that is not possible some days, sitting down and talking to them, but it doesn't have to be for a long time. It's just the fact you're sitting down to take a minute to acknowledge that, yes, they have a loved one in that bed, but they're there too. It makes all the difference.



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BKO: It really does. Tell us a little bit about the 2022 James Nursing Annual Innovation and Research Day, which is happening in April. What are nurses getting out of this?

JK: My staff nurse colleagues and I led a monthly meeting in that regard. For the past several months, I've been working with our marketing and event planning folks to plan our virtual Innovation Day for innovation and research. We have several different speakers coming in: Dr. Mica Skeans, Dr. Diane Vonaugh, Dr. Michael Ackerman - who are well known in the innovation and research world, and we really want to demystify it. You hear nursing research, you hear nursing innovation, therapies, big, scary concepts. We're hoping to bring that down a little bit and give people some energy around wanting to do nursing research, wanting to do nursing innovation, and give them some tools and resources within our own organization to make that happen for nurses. Like I said, every nurse, regardless of their role, should have a pathway to innovate and do research. It's virtual, but pre-pandemic we had it in person at the Heart State College of Nursing. We also had the Innovation Studio, which is a little bit mobile. They come and

they've got some engravers and some different product making devices they bring, and people were able to disclose some ideas. We hope to do that next year in person, fingers crossed. I hope we're heading in that direction. This is really a chance for nurses to take a step back and think about what they're doing at the bedside and how they can make changes within the context of their own role.

BKO: That's really awesome. Talk to us a little bit about the degree you hold - master's of healthcare innovation. What advice do you have for nurses who have ideas popping up into their head? Nurses trying to implement innovative ideas inside wherever they work?

JK: I would say, "Just do it." I know that is hard and so complex. I understand that, but I think the director of my program would also agree with that to some degree. Nurses are afraid to put themselves out there and want to make change, and want to bring their ideas to fruition. I would encourage any nurse that has any idea to network and reach out. You have no idea how many times, at least in the context of my schooling, I've just reached out to someone within my own organization, and they're like, "Sure, I can help you." You never know.

BKO: Chances are if you have a thought of something, probably another nurse has had that thought as well.

JK: Yes. I'm very fortunate in Ohio State. Obviously, we have the OSU College of Nursing and the master's of healthcare innovation program. There are a couple other programs throughout the country. The beauty of the master's program at Ohio State

is it's actually all virtual and online as well. People can take what they learn in the context of that program and apply it to their own organizations, which I think is great. I enjoyed every minute of my coursework. Well, maybe not every minute, but it was certainly gratifying. The faculty were amazing. They want to see nurses succeed. Another thing about the program itself is it wasn't all nurses. It was physical therapists, radiation technologists, it was nurses in leadership. So it was very gratifying to come together and have all of those voices at the table. No nurse thinks the same way, which is also great. You have one idea, you're trying to solve one problem, a bedside nurse is going to think differently than a leader.

BKO: Absolutely. That's actually a great segue for my next question for you about community. Can you talk a little bit about your experiences with communities and how nurses can benefit from them?

JK: Two things. One: find a mentor. I have several mentors I've had over the past several years who have been wonderful and amazing and helped to guide my nursing career. Some have been in my own organization and some have not. LinkedIn is a wonderful resource. Every nurse should be on LinkedIn. There are so many webinars and forums for free. I've attended some ANA California webinars, and there was a webinar recently about nurses in the media and how you navigate that in context with your organization, and it was just great to hear people talking about nurses. In terms of bodies or groups of people, SONSEIL is a wonderful resource. It's the Society of Nurse Scientists, Innovators, Entrepreneurs, and Leaders. They have been amazing to work with.

Everybody is excited about nursing. Everybody is excited about innovation and nursing. I would encourage people to look into that one as well. They do hackathons semi-often. I've attended a few hackathons, which have been great. You sit with computer programmers and engineers, and it's astounding what those voices bring to the table and what solutions you can come up with, with everybody sitting at the table in one weekend.

BKO: Another question I had for you was about this term "intrapreneur." Can you explain that? I'm intrigued.

JK: So a lot of people know what entrepreneurs are. They go out and create new ideas and start new businesses, and have to go down the venture capitalist route to try to create these changes. Intrapreneur is attempting to do that in the context of the organization you work in. That is the role I've taken within my own organization. I like to have a seat at the table. Sometimes I bring my own chair to that table, trying to navigate some of the complexities of a big, large academic medical center. In embracing that intrapreneurial spirit, it's figuring out how to make things better. In our own organization for what nurses need, and in turn, what patients and their families need, too.

BKO: Very nice. We always like to leave this open at the end, if there's any message you have for nurses. We have a lot of nursing students and nurses that are just getting into the field. Is there anything you want to shout out to nurses right now?

JK: I would say for any nurse, don't be afraid to put yourself out there. I've spent the last 12 years of my nursing career attempting to change what the traditional bedside nurse

role looks like. Yes, I'm a nurse in the ICU, but I am also a government affairs fellow. Talk to your leaders, and talk to your nurse managers. I would be remiss if I didn't thank my direct leadership for allowing me to do some of the things I've done over the course of my nursing career. It takes a special person to allow me to do those things. But it can't hurt to ask. I currently also sit on the ANA Innovation Advisory Committee, the business entrepreneurship and entrepreneurship arm of that group. Don't limit yourself. Yes, you will be a bedside nurse for however long you want to be. I'm still a bedside nurse right now, but the options are limitless for what you want to experience and what you want to accomplish as a nurse. I would say you can do anything as a nurse. 🙌





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