

MARION LEARY

MSN, MHP

**THE BIG THINKER
PIONEERING
INTERNATIONAL NURSE
INNOVATION**

INNOVATION EDUCATOR,
RESUSCITATION
RESEARCHER, NURSE
ADVOCATE

READ ABOUT

Being a nurse researcher
How nursing is more than the bedside
Creating spaces for nurse innovation

NURSE MICHELLE DISCUSSES
HER SUPPORT
OF NURSE GRADUATES

10 TIPS FOR NEW
TRAVEL NURSES

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses #InTheField, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.



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MARION LEARY

The big thinker pioneering international nurse innovation

Marion Leary is just...so cool. She took a winding path to nursing, but found her passion in nursing research, leadership, and innovation. She is always thinking about how to cultivate nurses' minds, encourage design thinking, and find the next great solution to the many challenges facing healthcare.

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Our weekly leaderboard shows which ND Social 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 last week's top 10!

*Join the
community...*

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

On ND Social, 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.

Join in at social.nursedeck.com

nurse+deck Social

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

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Entry qualifications:

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- Submit at least one high resolution photo

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

Interested in travel nursing?

There's a new group on NurseDeck Social.



Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside.

The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse just like him.

Travel Nurse Rich - Exclusive Content + Tips

Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

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#InTheField

Nurse Michelle discusses her support of nurse graduates



Seattle urgent care nurse practitioner Michelle Lew discusses her career journey, supporting new nurses in the field and how to prevent nurse burnout.

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

A: Partially true. Unfortunately, this type of toxic environment still exists. I experienced it when I started my nursing career and have tried to make sure that new nurses feel supported when they start their career.

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

A: My latest tip for new nurses - short staffing is not your problem to solve. As a new nurse, you might have this overwhelming feeling where you want to help your clinic/unit out by picking up shifts to prevent short staffing. If you continue down this path, it's a short path to burn out. Take care of yourself and enjoy your days off to destress and unwind.

Q: Before working in your current role, what was your nursing career path?

A: I started my nursing career as a CNA in a skilled nursing facility. I was a nurse tech while in nursing school, first on a med-surgical unit and then the operating room. I graduated with an Associate in Nursing. My first job out of nursing school was in plastic surgery. As soon as I got settled into my first job, I started looking at different ADN-BSN programs when I stumbled upon an ADN-MSN FNP program that was offered at a local university. My initial plan was to gain some RN experience before applying for grad school but this program seemed too good to pass up. I applied and got accepted.

As an RN, I spent 2.5 years in plastic surgery and then transitioned to do general and ortho surgeries for the last 2 years until I graduated from my NP program. ■

10 TIPS

for new

*travel
nurses*



Research your new location. Granted, you've likely picked out your destination based on all of its appealing and alluring aspects; now it's time to get down to the practical. Map out convenience businesses near you and your assignment—laundry mats, grocery stores, take-out joints, maybe even dog parks/doggy daycare if you're four-legged companion will be joining you.

Create a packing list. The best time to create a packing list is right after you've successfully packed for your first assignment! When you're ready to go, make an inventory of everything you have packed. Then, make sure add to this master list all the things you forgot/neglected to pack that you'll only realize once you've arrived and spent a week or so acclimating.

Most travelers—especially newbies—lean towards overpacking. If you can nail down what you truly use during your first couple of assignments, it will make this aspect of traveling much less stressful for future you.

Test run your commute. You don't know what you don't know. A few days before you begin your assignment, it's a good idea to make a commute test run. That happy little blue route may look easy peasy on your google map, but you won't know local traffic patterns (or how to work around them) without making a test run or three.

Go as far as finding your parking lot/structure and seeing how long it takes to walk to your unit. It's already nerve-wracking enough starting on day one; take "showing up late because you didn't factor in xwz" off your list of possible stressors.

Ask for a hospital tour. Yes, you'll go through orientation which comes with some directional assistance, but think of how often you leave your unit to grab obscure supplies, get food (hopefully), and transport patients when needed. If you don't get a full-fledged tour of the hospital during your official orientation, make sure

you get one during your first week there.

Focus on charting/learning computer system in orientation. This is probably the area that most new travelers worry about the most. Learning a new system can be both overwhelming and intimidating. To help mitigate some of the learning curve, take focused notes during orientation. Especially when it comes to entering assessments, orders, and accessing the MAR. These are the areas you will be using the most.

Each hospital/unit has specified requirements of what absolutely needs to be charted, and they definitely differ. For example, pay attention to frequency of charting (is it q 2 hours, or q4), and what needs to be included each time.

Find a few good (wo)men. Travel nurses tend to be an independent lot. While that personality trait serves us well in taking on unfamiliar territory, it can bite us in the ass when we find ourselves in over our head. The evolved traveler knows that more than asking for help when you need it is seeking out support from a few co-workers you vibe with.

Building relationships quickly takes skill, it's true. But it's worth pursuing; the payoff of having people around us who may be able to recognize our SOS giveaways before we do —and step in with much needed assistance—is invaluable.

Time management/focus. Being a new traveler means you're forever the new kid on the block. This aspect you will acclimate to, we promise! But for each unit you work in, you're going to be a person of interest to the staff. Naturally they will be curious about you, and in the friendly way that people like to welcome newbies, will ask you questions...

Where are you from? Why did you get into traveling? What's been the best



assignment? Is it hard? These are some examples of the standard line of inquiry. And while it's great to feel welcomed, it can be hard to find time to chat AND work. The best way to keep distractions at bay is by charting in rooms as much as possible.

Ask questions/Protect your license.

Never, never, never assume. We all know the adage, "Assuming makes an ass out of you and me." Well, to assume in a travel nurse assignment is to risk your licensure. Just because something is done one way at one hospital, it may not be done similarly at another.

Another (concrete) way to think about this concept is to read your Policies and Procedures handbook! Anything that you have the slightest inkling of hesitation over deserves further inquiry.

Optimism carries the future; grace carries the present. Traveling—especially as a newbie—is hard. Plain and simple, it's hard to leave your family, friends, and familiarity. While seeing new places is definitely exciting, the flip side of that is the

anxiety of constantly being in new environments.

Two ways to approach beginning your travel journey (where the anxiety and excitement flip flop on a daily, even hourly, basis) is to maintain your sense of optimism for what's possible and heap on piles of grace for when those expectations aren't met.

There will be wildly amazing assignments and there will be excruciatingly painful and tedious ones...and everything in between. In order to make a career out of traveling, keep looking at the horizon to maintain your forward momentum while still remembering to soften the edges where you currently stand.

Keep your perspective. Thirteen weeks is not that long, even if it may feel that way at times. Know this: you will survive every single travel nursing assignment ever if you remember to breathe your way through it. Great nurses are made from challenging experiences. You can do it. ■

nurse+deck

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.

MARION LEARY

MSN, MHP

A portrait of Marion Leary, a woman with short dark hair and red-rimmed glasses, wearing a tan blazer over a white t-shirt. She is standing in front of a bookshelf, with her arms crossed.

An exclusive interview: The big thinker pioneering international nurse innovation

By NurseDeck

Marion Leary is walking, talking, and teaching innovation. She is the director of innovation for the University of Pennsylvania's School of Nursing. She earned her master's degree in nursing at Penn in health leadership, a master's degree in public health at Penn, and is currently a Ph.D. student at the University of Pennsylvania's School of Nursing, focusing on innovation and technology. She's been a contributor to the Huffington Post, host of a podcast or two, and in the last decade founded ImmERge Labs, LLC, which uses augmented and virtual reality platforms to reimagine how we prepare for emergencies, and Sink or Swim Philadelphia, a non-profit working to assist people who were uninsured or underinsured raise funds to pay for medical expenses using social media and medical crowd-funding.

NurseDeck (ND): Hi everyone, we have an exciting interview today. I am joined by Marion Leary, the director of innovation for the University of Pennsylvania School of Nursing. She focuses on nurse-led innovation and design. Her research focuses on cardiac arrest, CPR quality, and improving bystander response. She's a member of numerous nursing committees and associations, a founding member for the Society of Nurse Scientists, Innovators, Entrepreneurs and Leaders, and the recipient of many awards, including maybe my favorite award I've ever heard of: The Geek of the Year. Welcome!

Marion Leary (ML): Thank you for having me, I'm excited to talk with you. There are so many options outside of bedside nursing, and nurse-led innovation and entrepreneurship is just one of many.

ND: It's so important for nurses to see how to do that, and that there are actual living, breathing people out there doing just that. Tell us how you got your start in nursing.



ML: It was not a straight path; I never even thought about nursing, to be honest. I didn't go to college after high school, but worked for a while for a variety of nonprofit organizations and AIDS service organizations. While working in a residential program for people with HIV/AIDS, mental illness, and substance abuse issues, I met a nurse who really changed my path, and changed my outlook on what nursing was and could be. Nursing has this weird, stereotypical public perception of what they are and what they do, and I had no idea. I thought it was just nurses working at the bedside who took orders from doctors and, and that was it. I got to know this nurse who was just incredibly knowledgeable, compassionate, autonomous, creative, innovative, and I immediately knew that was the profession for me. At the time I was

Innovation is about taking risks and being creative and being okay with that.

living and working in Boston, and I decided to start taking classes and all the prereqs you need to apply to nursing school. I'm from Philly, so I decided to move back and really start looking at going to college. As soon as I got back, I still wasn't sure if nursing was for me - like I said, I didn't really know what nurses did and I really did not want to work at the bedside. Being a clinical nurse was not what I wanted to do, and because I didn't know you could do anything else with a nursing degree I kept taking other paths. Eventually, I saw a brochure that listed all these different things nurses were doing with their degrees. One of them was as a nurse researcher, and that was it: all the stars aligned. I've always loved science, I've always loved asking and answering questions, so bringing together nursing and research was it for me. I applied to that program, got in, and life has taken off from there.

ND: That's such a great point. I think a lot of nurses - especially in nursing school, because you all get funneled into one track where you have to be a clinical, bedside nurse to graduate - might not get the exposure to those other opportunities out there.

ML: It's crazy because, as a nursing student, that's all you learn. Everybody tells you, you have to go to the bedside after nursing school. Actually, I had one professor say to me, "if you don't want to go into clinical nursing after school, you don't have to," and that blew my mind. I actually didn't work clinically after college, but I worked in the medical ICU for a very short period of time before starting resuscitation science research.

ND: That's exactly right. People drill it into you: "you have to get your med surg year in or people won't take you seriously," or "how can you

research something you yourself haven't been in the shoes of?"

ML: Well, and they're not wrong. I never would have been able to do the research I was doing, at the level I was doing it, with the people I was doing it with, had I not had that time in the medical ICU. It gives you so much street cred, and knowledge and experience that you otherwise would never have. Even what I'm doing today - I just would not be able to relate to the clinical nurses in the way that I can. The fact I worked in the medical ICU for a year full time, and then for three years part time, it just gives you that base of knowledge. I was doing cardiac arrest research: if I had never been to a code or never coded a patient, how could I have even done that? The medical ICU where I work, we have the most cardiac arrest events of any other unit in the hospital. So I knew what a cardiac arrest was, I knew how





to code a patient, I knew what had to happen, and that really just helped in the research. But I'll say, I talk to so many undergraduate students and practicing clinicians who have no idea they can do anything else with a nursing degree. They've never been told that, they've never been taught that, they don't know anyone else doing anything with a nursing degree other than working clinically. I think that right there is a failure in our education, because not everybody wants to be at the bedside and that's okay. Nurses are doing so many other things with their education and their degrees, and we need to start promoting that.

ND: I couldn't agree with you more. How did you get your focus in your teaching and your research? What led you there?

ML: I was working in a variety of AIDS service organizations before I went to school for nursing, so I really wanted to do HIV/AIDS research, but while I was working in the medical ICU one of my colleagues saw a job posting for a nurse research coordinator with the Center for Resuscitation Science.

They thought it'd be a good fit for me, just as a way to get my feet in the door in research and get some experience. So I applied and I got it. I hadn't ever had any intention of staying in resuscitation, I really just wanted to learn the process, get the experience, and then move on to infectious disease or AIDS research, but I ended up falling in love with the work I was doing. Again, having been in the medical ICU, a lot of what I was doing was work in the ICUs in the hospital that I had already been working in, it sort of made sense. It was exciting. It was important. At the time, there were new therapies coming out that we were trying to promote and research, and I had some really nice colleagues and it all just worked out. There weren't a ton of nurses doing research in this area, so I was able to quickly become my own nurse researcher, and then PI of my own grants, doing my own research agenda. I ended up spending 12 years as a resuscitation science researcher, and that's really where my innovation work started to flourish. By the end of my resuscitation time, I was looking at how technology and innovation can

improve training and education for in-hospital clinicians, but also lay responders. It started to bring together all of my passions: innovation, technology, health, communication, and social media.

ND: We talk a lot about nursing professionalism and excellence, how do you see your work or your start in research as promoting excellence in your field or in nursing in general?

ML: We're assisting with the research, especially in the space that I was in. I was in this weird, biomedical research space that was led by all positions in the medical health center, it wasn't through a school of nursing or anything. I honestly had no interaction with my nursing degree whatsoever. During that biomedical research time, it was really always looking at stuff through the lens of biomedical research and the physicians I was working with at the time. So we need more nurses leading research, and we need more work nurses leading research in interdisciplinary groups. It was really helpful for the physicians and other interdisciplinary colleagues I worked with to be able to see what I was able to do with my nursing degree. By the

Yes, we're at the bedside, but we're in so many other places doing so much amazing work.

end of the work I did in resuscitation, I was leading different committees, I was on the international guidelines writing groups and on writing groups for the American Heart Association guidelines, and all these things, as a nurse. It was me and like two other nurses with 30 other physicians and a couple respiratory therapists and paramedics. This goes with innovation and entrepreneurship: We need to be at the table. We need to show up, we need to do the work, and we need to be there. You won't always get invited. Show up, you need to ask to be there. You need to demand to be there, that's really how it works. Luckily, the resuscitation community is incredible, and very interdisciplinary and collaborative. Not all specialties are like that, a lot of them still are very physician centric which needs to change. It's teamwork - one discipline is not better than the other. We bring different experiences, different knowledge, and different lenses, so we should all be there leading.

ND: I'm thinking of the part where you said you have to demand to be there. How does one do that in a way that doesn't ostracize you from the group you're trying to be a part of?

ML: I've mastered the skill of being assertive but also being nice and laid back and collaborative. Asking in a way, that's not really asking. I'm not asking: you need to have nurses here, and you need to have me here, so I want to come and be a part of this effort because it's important we all work together. I think it's partly building relationships and partly not taking no for an answer, but also being a team player. If you're going to say you want to be there and show up, then you need to be there, show up, and do the work. I rarely say no to things - for right or wrong. If I'm going to push for nurses to be at things, then I'm going to be at things.

I'm going to do interviews, I'm going to do presentations, I'm going to do working groups. You've got to do the work and show up, so I think that's part of it.

ND: We talk a lot about the whole concept of “nurses eating their young” a lot, and I think that phenomenon happens in other disciplines as well. Some nurses are conditioned to be this meek player, because they don't want to get their heads bitten off.

ML: It's so true, and I see that all the time. I've talked to so many nurses who have all these amazing ideas for innovations and potential companies and ways to scale things up, and they're so afraid to take the step to do it. I'm involved with the NurseHack4Health, which is a virtual hackathon, and I talked to a ton of nurses who were just like, “well, I don't know, I don't want to cause any problems,” or, “I'm not sure if it's going to work.” We need to empower our nurses. They belong everywhere! Everywhere that anything's happening, the nurse should be there. We eat our young, and we need to stop that yesterday.

ND: Tell us about some of the innovations you've worked on or are excited about that you see happening and transforming the nursing industry?

ML: I'm on the board of SONSIEL, and at the beginning of the pandemic, we obviously saw that our clinician colleagues were struggling. There wasn't enough PPE, there's a lot going on in the health systems with COVID. In partnership with Johnson & Johnson, Microsoft, and dev up, we started a virtual hackathon called NurseHack4Health, so nurses could solve the problems they were seeing at the bedside related to COVID. It has just taken



off! We just ran our fourth one, and we had over 800 registrants from 48 countries around the world, and 35 states in the United States. It is always incredible, the nurses who come to this are really looking for the things that we've talked about. They're looking for encouragement and empowerment. They're looking to learn new skills, they're looking to meet a community of like-minded individuals who are excited to lead in health and healthcare innovation, excited to lead the change they want to see in health systems, at the bedside, and in the work that they're doing. For those who don't know what a hackathon is, it's a quick-paced event that typically happens over a weekend. On Friday night everybody gets together - and it's not just nurses. We've had engineers, designers, programmers, entrepreneurs, other health care providers, there are physicians and EMTs, and all sorts of people who come together to try and solve problems over the weekend. They pitch their ideas and form teams with people they don't know from all over the world, then throughout the entire weekend they hack. We use the human-centered approach of design thinking to help guide the work. So they define their problem, they ideate, and they start coming up with solutions and creating these low fidelity prototypes of what their solution is. By the end of the event, they pitch to a panel of judges. We really want this to be an upskilling event, so we have design sessions. We have one-on-one workshops on how to pitch and what design thinking is. We have practice pitch sessions, we give them feedback. There's tons and tons of mentors and coaches who work with them throughout the entire weekend. It's an incredible environment for learning and networking, and building a community. It has changed my life, and my professional life, and it has

done that for hundreds of hundreds of nurses.

ND: I can imagine if you're a nurse working at the bedside, and you have this idea gnawing away at you that you need to get out, I imagine it could be a lonely experience unless you meet someone else who's like, "oh my god, me too." It must be like the coolest feeling ever.

ML: So one of the teams recently told the story about how they were talking to another nurse on LinkedIn about an idea they had. They didn't know each other, they were just chatting on LinkedIn, and separately they both registered for the NurseHack4Health, and then found each other because of the topic they wanted to work on, and worked together the entire weekend on the idea they were randomly talking about on LinkedIn. It's crazy to be able to find the same type of people. It has really helped a lot of the nurses who are feeling burnt out, feeling like health systems don't listen to them, and understand the power of what they can bring.

ND: Nurses feel like they have this impetus to do something, but they don't know where to channel the power to even know how much they really have within them. It might just feel like exhaustion and frustration. It's amazing hearing all the work that different nurses are doing with that uncomfortable feeling.

ML: We had a lot of nurses talking about that during the hackathon, getting very emotional about how nurses are struggling. They're burned out, they're sad, they're mad, they're tired. and a lot of them don't feel like their health systems get it. They're on the last straw, and at least this weekend they had a space to share and feel empowered, and hopefully feel a little better. Honestly, we're not going to solve all the problems,



I could have never imagined what I am doing now... The possibilities are limitless.

but at least giving them a weekend to be heard and lift each other up. I think it can't hurt. Because of COVID, the hackathons have been virtual. We're hoping the plan moving forward would be maybe two per year, one in person and one virtual. There's pluses and minuses to both. The reach we can get with the virtual events is like nothing we've ever been able to get in person - nurses from all over the world, interacting together. We've had teams in Africa and Israel, we had someone from Sweden and Ireland. Now I've connected nurses around the globe. It's been incredible.

ND: Amazing. How should we encourage nurses, that maybe never even considered this path of nursing, to pursue innovative thinking? To make it something that could be part of their lives or careers?

ML: Part of my primary role as director of innovation is to help educate our faculty and students around what innovation is - what it means, what the methodologies are. I really feel like it starts at the base level of educating the next generation of nurses as leaders in health and healthcare innovation. We can't do that unless we're teaching

them what that means very early on. At Penn Nursing, we're really trying to infuse innovation throughout the entire curriculum from undergrad all the way to the doctoral level. I teach a course called "Innovation in Health: Foundations of Design Thinking," which is housed out of the school of nursing but open to every student across the university. It just gives them, as the name suggests, that foundation of what human-centered design and design thinking is, and how they can use it to think differently about the work they're doing at the bedside or in the community or wherever it is they practice. We've been infusing it throughout the curriculum in many other ways, in existing courses, and through other programming. For the clinicians who are already out there working, we put together a free, open access course called "Design Thinking for Health" that anyone can use to learn about what nursing innovation is, and how to use human-centered design and design thinking in their work. It's a great resource for either nursing schools to use - they can take the whole curriculum and create a course around it - or for health systems, which can take components of it and use it at workshops. We created original

lecture videos, original case studies, videos, podcasts, and there's a curriculum that walks you through all the different phases of design thinking. We really built this for anyone to use. It has a Creative Commons license, you really can just take the whole thing and teach your students with it.

ND: That's amazing! I think in nursing we're often taught, "this is the way we've always done it." There's evidence-based care, of course, but then it's also "don't question me." I think it's so healthy to team nurses to question things, to innovate: "If you have a better idea, let's hear how you might want to change things, and here's a framework for how you do that to legitimize it."

ML: Exactly. It's okay to fail early, and fail fast, but to do it in a rigorous, methodical way where it's safe, and you're learning and you have a methodology to help guide you. Innovation is about taking risks and being creative and being okay with that. We're here to get people to get nurses excited about nurse-led innovation, and you have to give them opportunities. Opportunities translate into innovations happening. We have our own Penn Nursing innovation accelerator program where students, faculty, or clinicians from our Penn Medicine hospitals can apply to go through our 10 month accelerator program where they receive funding, mentorship, and education to help them take their developed idea and either commercialize it or get it out to their health system. Nurses want to do these things. They have these ideas, they just need the support, education, mentorship, and resources, and they need the time. What I have learned over the last couple years is that it's going to take nurses a lot longer to do these things

because they're working clinically, they're raising families, and a vast majority of them are in school. There are so many things against them that don't make it easy for them to say, "oh, I have this idea and I want to create this company." That's a whole other full time job doing that. You have to be patient, know that it's not going to happen on an accelerated timeline. Be willing to just be there and help them along the way. Our accelerator program is 10 months long, but I've already decided I'm going to keep working with our teams until they don't want to meet until they don't want to meet with me anymore. It's important that we stay with them and understand what that timeline is going to look like.

ND: You're tapped into the ideas floating around right now, being actively worked on. Are there specific solutions being targeted right now to prevent nurse burnout? Or to keep nurses in the field? That's a huge trending topic right now.



ML: The Hackathon was all about that, and there were lots of ideas that had to do with mental health for the nurses. There's a couple of teams looking at nurse staffing and flexibility around that. I've had multiple conversations with folks about how, if you want to keep nurses at the bedside, health systems need to start understanding that and they need to be flexible in the way that nurses work. Nurses want to build. Nurses want flexibility, right in the way they're working. That was a big issue that came up, was trying to brainstorm a solution for staffing of systems and how we can give that flexibility to our nurses.

ND: That's a huge issue. Are there any projects in particular you want to call out?

ML: One of my big pushes has been around storytelling: using storytelling to amplify the work that nurses are doing, you know. Going back to where I started - I had no idea what nurses did, other than what I saw on television, and I think the vast majority of people have no idea what nurses do on a daily basis. At Penn Nursing, we launched a podcast called Amplify Nursing, which focuses on the things that nurses are doing around innovation, policy, research, and practice. We now host an annual nursing story slam. There's a theme and nurses come and tell their stories around that theme for seven minutes. It's been incredible, and it is a great way for people to see nursing and through a different lens. That's been really exciting, and then I just got this really cool new grant through the SEC Program for Arts Innovation here at Penn Nursing. We're working with a theater company and doing ethnographic interviews with frontline workers - so

nurses, physicians, and others in the hospital setting - and they're going to take the interviews and create original plays and put on plays based on those interviews. There's a lot of ways we can get out what it is nurses do on a daily basis. Yes, we're at the bedside, but we're in so many other places doing so much amazing work.

ND: I could not love that more. That's one of the most unique things about our profession, that you really can take it in so many different directions. Thank you so much for the work you're doing. Is there anything else you'd like to share?

ML: Thank you so much for having me. I think I'll just say I could have never imagined what I am doing now. If you're out there, you have a degree in nursing, you don't know what else there is to do, just know the world is your oyster. You can do anything with a nursing degree. The possibilities are limitless. ■



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—Unknown*

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