

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"We are the backbone of the healthcare system."

MEEDIE BARDONILLE

RN, FCN, PCCN-K

THE IMPORTANCE OF PATIENT-CENTERED CARE MODELS

TEAM LEADER, NURSE WELLNESS ADVOCATE, AWARD-WINNING VOLUNTEER



A NURSEPRENEUR MOTIVATED BY DIVERSE MODES OF DIABETIC CARE
ERICA HALL, ANP-BC

THE IMPACT OF THE NURSING SHORTAGE: WHERE ARE ALL THE 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 in the field, 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.



Page 6

A nursepreneur motivated by diverse modes of diabetic care
Erica Hall, ANP-BC



Page 14

MEEDIE BARDONILLE

The importance of patient-centered care models

Meedie Bardonille is making big moves, and has been leading for a long time. The D.C. Board of Nursing director talked with NurseDeck about team leadership, compassion fatigue among nurses, and how to fix the systemic problems in healthcare. We were so inspired by this interview - and think you will be, too!



Page 10

The impact of the nursing shortage:
Where are all the nurses?

nurse+social

LEADERBOARD



Carolyn Harmon...
45



Ottamissiah Mo...
44



Sarah Denis
33



Drue Bailey
32



Taneille Burgess
30



Areanna Bassler
30



Marian Long-Sh...
29



Mariah Edgington
26



Chayanne E Amador
21



Keyra Gomez
18

Our monthly 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 April'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

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Apply to join Scrub Verified

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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- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis



How it works:

Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

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Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse, just like him.

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Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

Sign up now for \$25 a month

A portrait of Erica Hall, a Black woman with long, dark, braided hair, wearing a bright orange top. She is smiling slightly and looking towards the camera. The background is a plain, light grey color.

A conversation with:

Erica Hall

ANP-BC

A nursepreneur
motivated by
diverse modes
of diabetic
care



MEET ERICA

Erica Hall is a nurse practitioner at the John Hopkins School of Medicine, where she also received her master's degree in nursing. She is also the owner of the Hall Diabetes Management and Resource Center in Baltimore, Maryland, a practice which she opened in 2020.

How did you fall into nursing? What made you specifically decide nursing?

My mom was a nurse and she was at the bedside - she went all the way and did a doctorate. She was a prime example for me. Ironically, I was a credit analyst, but I found myself seeing some aspects of healthcare that were concerning. I had an aunt who was in rural North Carolina who actually died from complications with diabetes. She died of renal disease and was on peritoneal dialysis. We went to her home when she was in the hospital before passing away, and I saw stacks and stacks of dialysate in her home with dust on the dialysate boxes. My question at that time was: who would allow you to have this much dialysate and no oversight to make sure this patient was doing everything right? She did succumb to an infection that came from the peritoneal dialysis - only to find out there was really no oversight. There was no one advocating for her. There was no one in nursing from the health care system itself that was meeting people where they were. That was the switch for me, that I could make a difference and be a catalyst for change. That's how I actually got into nursing.

Can you tell us about your passion and

what keeps you motivated?

One thing I'm very passionate about is the patient. I have a strong family history of diabetes. My father is really one of my passions - for being an advocate for patients and providing care for populations that can be overlooked. I really am passionate about being a catalyst for change in healthcare to assure the disparities we see in particular populations, the minority population and underserved populations, are being served properly.

Right, you're passionate about diabetes, an area that is overlooked.

Yes, diabetes is what you hear a lot about, but it's also how to reach the patients where they are. I think we missed that sometimes. We focus on the disease, the complications. We really try to help prevent those progressions. Studies show the importance of diabetes prevention. We know there's no payout for that, but that is where we need to be.

You have been in endocrinology now for many years. What made you choose this field of nursing?

My dad is my passion, and seeing how he passed away from every complication of diabetes. Although he had access to

education, there was a barrier. We know diabetes is 80 percent or more patient-centered, but you really need to have somebody who can partner with them, to empower them. So that being the case, I got into endocrinology because diabetes is under that umbrella.

As the owner of a successful clinic, can you tell us how you came up it? What inspired you to have your own diabetes care center?

It actually came to me. I have a strong spiritual relationship, and it came right to me that, “you will go to school. You will go up to Maryland to the biggest teaching hospital in the country. You will be successful and then you will come back. You will open a health clinic for the underserved.” It really came to me clearly. I knew when I went into nursing this is what would be the outcome. I knew it was going to be a clinic. I didn't know what it would look like. I didn't know how I would make it happen, but I did. To me it is important to meet people where they are. That means in senior housing, that means with patients who have developmental differences, and also within my clinic, because COVID made you reinvent things. You have to do telemedicine, in the house visits, in the clinic visits, and to really make sure not to lose the mission, to really be the bridge and be there beside the patient.

Have you encountered any obstacles along the way? How did you overcome those obstacles? What advice do you have to younger emerging nurse entrepreneurs?

What I have learned is how in some spaces, you still have to prove your value. As a nurse practitioner, as a minority, as a woman, you still have to prove your value. “Why should we refer our patients to you?” Even with all the things I've done, you still have to prove yourself. That is one of the



barriers I expected, and it has shown itself to be true. I tell anyone who's considering nursing that you may run into barriers, but do not let that stop you.

What are some changes you would like to see in healthcare after the COVID-19 pandemic?

I really would love to see nurses at the table more in the hospital. Before I started my own practice, I wasn't at the bedside as much as when I was working in the role of an RN. But on short notice, you change a normal unit into a biohazard unit, with no nurses at the table to say how that would look to the staff and how that will look to the nurses. I would love to be nurses to be integrated.

How do you feel about the current working conditions for nurses and what can be done to help with nurse burnout?

I feel for the nurses because there is



staffing shortages everywhere. The conditions are not great for nurses at this point. I really would want the management to become more involved in preventing some of the burnout. COVID-19 has really overwhelmed healthcare in general, but the heart of managing these patients are really the nurses. In order for you to get more positive outcomes, you really want to make sure your nurses are being cared for.

How do you go about identifying your own burnout, and how do you handle it?

For me, I identify it, and I take a moment. I use a couple of apps to help calm me during the day. It doesn't have to be something formal. Say you want to meditate: you think you'll need a quiet room and you have to have all this time, but no, it just takes a moment. Just sit in the car a few minutes longer. I encourage everyone to do those small things. If you find that's not working, really reach out and get help, and never delay because it can be overwhelming.

How are your fellow nurses dealing with burnout? What is the best message and tip you can extend to our nurses who are burnt out to keep them going?

One is learning how to say no. Sometimes it's harder to say no, but one thing I would suggest for nurses is to work together. If you are feeling overwhelmed, work together as a team. The second thing I tell myself is to just take a breath. There are a few units I've been in that actually have a room with a stock for the nursing staff to go in and calm down with everything going on. If you don't have that on your unit, find it. Advocate for yourself and be your own self-advocate along with your fellow nurses in deciding that it's overwhelming for one of you today. Let's help her carry the burden today. To help prevent some of the burnout this definitely occurred because of staffing and other issues in this pandemic.

How do you think a community like NurseDeck can be a great support for nurses today?

It is a community where you can speak with nurses on every level, doing different things in the field of nursing. I think it's a place where you can bring issues that you're having, and so many will have an answer for that. It gives you an opportunity to meet other people like you.

Is there anything else you'd like to share?

Empower yourself to know that you belong at the table, that you as a nurse belong there. If you're at the bedside, you belong there. You have the education, the knowledge, the wisdom. You're not just a taskmaster. You belong at the table. You are there. You are the heart of this. ³

The impact of the nursing shortage:

WHERE
ARE
ALL THE
NURSES?

“We’re working short-staffed today.”

Perhaps the most hated phrase in nursing—a sentiment shared by both bedside nurses and management alike. Although working short used to be a situational occurrence, anyone working in nursing today can attest to the everyday commonality of this situation now. And while it may be tempting to wholly blame it on poor working conditions (not altogether untrue), the actual reasons behind our depleted workforce are a bit more nuanced.

Nursing shortages were cyclical—until they weren't

The first nursing shortage happened in the early part of the 20th Century. On the heels of the Great Depression leading into WWII, the over-supply of nurses for nursing roles suddenly experienced an about-face. Determining the cause to be a bottleneck in educating a refreshed nursing workforce, nurse leaders at the time employed a three-prong approach to fill the gap; first, recruiting more nursing students, second, dividing less clinical traditional nurse roles using ancillary nursing assistants, and third, reducing the time nurses spent being educated. This approach was a success—by the 70s, the perceived nursing shortage was ameliorated.

Unfortunately, we didn’t learn from our past mistakes.

One of the most interesting aspects of our nation’s first nursing shortage was its parallels to today’s. In an effort to determine the reasons for why nurses were leaving the field prematurely, or choosing alternative careers instead, studies conducted in the 1920s (not surprisingly) determined that nurses—to put it bluntly—worked in crap conditions for crap pay. However, when faced with this helpful information about

why nurse retention and recruitment was not going so well, hospitals declined to increase wages or improve working environments for existing nurses. In their estimation, it was far more lucrative to recruit nursing students and rely on nursing assistants than to prioritize the value of the experienced nurses already on staff.

This trend was allowed to play out unchecked until a decade past war-time upheaval. In 1964, the government eventually stepped in with the Nurse Training Act, a massive funding effort for nurse education. This, coupled with significant and long-overdue wage increases eventually eased the strain of the decades-long nursing shortage.

Now, for the past 10 years or so, talk of a critical shortage in the nursing workforce has again resurfaced. An aging population utilizing more health-care resources, coupled with an aging nursing workforce—and again, working in crap conditions for crap pay—have all contributed to a current shortage that is only going to worsen. To be more precise, this current shortage was predicted to peak by 2030—and that prediction was made before COVID-19 arrived in 2020, with all its nursing career-killing vibes.

The current nursing shortage

Like any complex problem, the current nursing shortage is multi-factorial. The obvious ones—that half of the current clinical RN workforce is 50+, the COVID-19 shake-up with its rollercoaster vacillation between furloughs and critical staff shortages prompted many younger nurses to seek out traveler contracts, and sparsely employed nursing programs already turn away more than 80,000 qualified hopefuls per year—seem to provide, if not easy, at least straight-forward solutions.

And yet.

Nurses working today do so under the constant feeling of having infinite things added to their plate, and nothing taken away. Continuing to work long after the onset of burnout has become a disturbing trend that fewer and fewer nurses are willing to endure. To revisit our succinct phrase—nurses are no longer willing to work in crap conditions for crap pay. And therein lies the heart of current nursing shortage problem, as it stands unchanged for more than a century.

With so many career options available to nurses today, many nurses are simply electing not to work in clinical or acute bedside roles in lieu of non-traditional nursing roles. This is not just for our mental self-preservation (although that's a perfectly valid reason to step away from the bedside), but also in response to a disturbing trend seen in the criminalization of nursing errors.

Vanderbilt RN, Radonda Vaught, nursing home LPN, Christann Gainey, and corrections RN, Michelle Heughins, are just three examples from the past year of nurses who have fallen on the sword of prosecution for patient deaths, while the institutions they worked for and in were left largely unscathed. For many nurses, yesterday's worst case scenario of losing one's license due to a traumatic-for-everyone error has now been replaced with today's fear of criminal prosecutions. Who wants to be here for that?

Nursing isn't what it used to be — is there still time to make it better?

“Nursing isn't what it used to be.”

If you work with any seasoned nurse, we know you've heard this phrase uttered

more than once. Or perhaps, you yourself are a nurse who's been around the clinical block a time or two, and you've experienced the cultural shift yourself. No matter the decade one joins the profession, nurses get into nursing to be caretakers. Whether that means assuming the role of direct hands-on patient care, or leading a nursing innovation round-table, nurses inherently have the innate drive to work proudly in this sacred profession.

What we ask for in return really isn't that much.

Fair pay, working conditions that support our professionalism, and most of all—and what may be one of the biggest “misses” in our working lives—a genuine and sincere sense from our employers that we are valued members of the interdisciplinary teams that we work within.

For Nurses' Week 2022, here's something we can all reflect on...

Organizations that truly value nurses will retain them. Some of those same nurses will inevitably go on to teach other, newer nurses entering the field. Access to affordable education and broadened acceptance of applicants will again produce new crops of eager nurses, just as it did in 1964. Let's all hope that the critical difference in this century will be that these new nurses arrive empowered with a sense of their worth—both to themselves and the institutions they pour themselves into. 🍀

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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.



MEEDIE BARDONILLE

RN, FCN, PCCN-K

The importance of
patient-centered
care models

an exclusive interview
By nursedeck

Meedie Bardonille RN, FCN, PCCN-K, is a nursing leader focused on patient-centered care models with over a decade of healthcare experience. Meedie earned her bachelor's in nursing from Howard University and her Masters in Nursing, Nurse Administration and Leadership from Jacksonville University. She currently serves as the Nurse Director for Surgical Oncology at the Medstar Washington Hospital Center and the Chair of the DC Board of Nurses. Her specialties include evidence-based project management techniques and servant leadership in acute-care settings.

Connect with Meedie:

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Instagram: [@nursemeedieb](https://www.instagram.com/nursemeedieb)
Twitter: [@MeedieB](https://twitter.com/MeedieB)

Breanna Kinney-Orr (BKO): Today we are joined by Meedie Bardonille. Meedie is the surgical oncology nursing director for a large acute care facility. She also currently serves as the chair for the D.C. Board of Nursing. So, we like to start at the beginning: Where did you get started in nursing? How did you get into it?

Meedie Bardonille (MB): Thank you so much for having me, and excellent question. At the tender age of four, I lost my mother. When my mother was in the hospital from cancer, I remember wanting to be like those folks that were helping her. I was four. The nurse's name was Nancy, and I will never forget her. I always try to remember to be like Nancy, who just went above and beyond the call of duty, making sure my dad understood what was going on. That is where my passion stemmed from—seeing people make a true impact on the lives of others.

BKO: Wow. What an incredible story.

What I do my best to instill in the team I lead is that what you do makes a difference.



You mentioned that you're very passionate about your role. What keeps you motivated in nursing right now?

MB: I know this is cliché, but it really is just the opportunity to serve. I've often reflected on why I do what I do – why I love the profession that I love so much, and I really believe the adage of “service is the rent that we pay while we're on earth.” So honestly, even when I'm tired and stressed and burnt out – all of those things that all nurses and quite frankly, anyone in healthcare is feeling – it's knowing that I am making a difference. That's what keeps me going.

BKO: Absolutely. We need that now more than ever. Tell us about being one of three chosen for the 15th

Electoral College for D.C. back in the 2020 Presidential Election.

MB: It was very monumental to me for a couple of reasons. I'm grateful to be acknowledged as a frontline worker. I hate the word "hero," to be honest, because we don't wear capes. But the point is that, to be acknowledged to represent the District of Columbia, for me, was just so significant, regardless of your party lines. As an African American woman, it was also very interesting, because I had the opportunity to make the first casting vote for the first African American woman vice president. In addition, Kamala Harris is also a fellow alumni of our illustrious alma mater, Howard University. For me to be a Howard grad voting for another Howard grad, in addition to being a Black woman being able to cast a vote for another Black woman, was absolutely tremendous. It was definitely an honor.

BKO: I can imagine. Speaking of honors, you have received a number of awards. You're a member of the Washington D.C. Alumni chapter of the Delta Sigma Theta sorority; you were recognized as mother of the year in 2019 and 2020 for exemplary service to the chapter and community. You've also been honored with the president's SHERO award from the Prince George's county chapter as of 2021. Tell us more about this organization, and what it's meant to you to win those awards.

MB: I'm honored to be acknowledged for the work we've been doing, for, quite frankly, all of my professional career. Delta Sigma Theta, my sorority, was one of the only Black organizations that actually marched

during the women's suffrage movement, and the sorority was founded based on service and social action. Delta Sigma Theta is one of the largest African American sororities based on sisterhood scholarship and service. The mother of the year award is from an organization that I'm a member of, Jack and Jill of America. I'm a chartering member of the nation's capital chapter. Jack and Jill was formed back in 1938 by some amazing women in Philadelphia during the Great Depression wanting to find ways to keep Black and brown children engaged, keep them safe, have activities for them, and make sure they still see some positive light in the world. We are a group of mothers that try our best to create programming around service, educational opportunities, community service, and leadership for our children. Some of those awards were given because I've used my own personal platform, social media and otherwise, to really talk about the importance of maintaining your health, not just because of COVID-19 but to really understand the impact of all these comorbidities of morbidity and mortality, specifically that underserved communities experience. Because of that, I was able to partner with Dr. Jehan El-Bayoumi, who is one of the leaders and the founding director of the Rodham Institute at the George Washington University Hospital Center. We were able to secure over 100,000 masks that I helped to disperse throughout some of the community organizations here in the District of Columbia, and over 6,000 bottles of hand sanitizer to the community.

BKO: Amazing. I know you've done a lot of work for patient care and

patient centered outcomes. What do you think are the biggest drivers for quality patient care?

MB: What I do my best to instill in my newer nurses and the team I lead is that what you do makes a difference, from ensuring quality outcomes, from making sure you're doing your hourly rounding to making sure you do the four Ps, making sure you're telling them, "this is your last pain score, and this is how we're going to help to manage your pain." So again, it really all comes down to understanding why you are doing what you're doing. For me, it is putting on a face. I've just met you today for the first time in person, but what if you're my sister? What if you're my best friend? What if you're my neighbor, my mother, somebody that I know and love and care for? I'm going to want to do the best to make sure you have the best outcome. We can come up with all the algorithms, we can come up with technology, but there's still a human at the end of that who has to transfer that knowledge to that patient. Regardless of the technology, you are still dependent on the person who is utilizing it to make sure they are doing their best to have positive outcomes.

BKO: Exactly. This may be the 10th person you've cared for going in for surgery, but this is the only time they're ever going to have their gallbladder out.

MB: I would even say it's important that every person has an important role. Even though the physician might have saved you from your heart attack, and did that triple bypass and replaced your mitral valve, if the table in the O.R. was not cleaned appropriately, if the instruments were not clean, and you



go into septic shock, well you're going to die. So understand that the person who was cleaning the room, the people who are cleaning those instruments, are just as valuable as the skilled hands of the surgeon. It's important for us to really drive that home, that the entirety of the healthcare team is not just the nurse, the doctor, the physical therapist - it's everyone in that building.

BKO: That's so true. What are the main changes or challenges you faced in your leadership with regards to the COVID-19 pandemic?

MB: I hate to say this, but it's really just staffing, staff morale, and wellness. I say staffing because we've had a nursing shortage since Florence Nightingale, let's just be honest. We had this nursing shortage prior to the pandemic. My priority is making sure our team knows we're there and we care for them. We're truly in this together, not just by lip service but by word and deed and presence. We let them know we will do all that we can to ensure they are safe and ensure our patients are saved. I view my team members as my customers just as much as my patients. I have to make sure that my team has what they need to do their job so I can expect them to perform and excel and do what they need to do to make sure that patient has what they need. There's what I call "nurse burnout," and then there's "compassion fatigue." Burnout can easily be fixed. Burnout is no different than when you do a really, really hard workout when your muscles are sore. Then, you have compassion fatigue. That is when you are mentally absorbing the day-to-day traumas, and you are no longer able to absorb emotionally. As

Nurses, you cannot care for others if you're not caring for yourself.

nurses, if we don't have that compassion it's going to be a really big problem. You're starting to see that now: there's YouTube videos of nurses going live crying, and being frustrated, and not wanting to come to work because it's hard. It's challenging, even for nursing leaders. I know of nurse leaders who quit during this pandemic because they just could not continue to bear. So mental wellness of the team, and doing our best to get as many talented nurses as we can, is very important.

BKO: Absolutely. It has nothing to do with your capability alone as a nurse and your skill set, but you're working against this mountain of obstacles ahead of you. It's perfectly understandable that you feel like you're just not being able to do your job every day. Over time, it eats away at you. You're not just fixed by a good night's sleep.

MB: You have a moral issue, particularly with COVID. You have patients who are vaccinated, then you have those that aren't vaccinated, and those that aren't vaccinated tend to be the sicker ones. You put yourself at risk, because however you feel about the vaccination process, you emotionally are like "I'm taking care of you, but you didn't do this, which you should have done, but now I have to put my life, my my personal health and well being at risk to care for you." Then there's short staffing and people are leaving and they're frustrated. It's hard. It's really hard to come every day and fight that uphill battle.

BKO: Right, and it's really not just getting through this one crisis period - it's existing in a crisis. Let's talk about your role as the Chair for the



D.C. Board of Nursing. I'd love to talk about what you see as the impact of COVID-19 on the D.C. Board of Nurses, the different issues they've had to deal with, and a little bit about your experience in that role.

MB: I'm humbled to serve as the chair of the D.C. Board of Nursing, which regulates over 25,000 individuals licensed to practice in D.C. Fun fact, there are only about 3,000 nurses that are actual District residents. The 20,000-plus others are those in our sister jurisdictions, i.e. Maryland, Virginia, places that practice but are not actually District residents. The opportunity to serve

on the board has really highlighted the importance of nurses, and it's also a very important segue for me to realize what drives me is to really have impact. So the board provides licensure for individuals once you've passed your NCLEX, making sure you've had appropriate background checks, etc. They also license people to practice, but in addition we provide oversight for all of the schools of nursing here. Howard University, my alma mater, Catholic, Georgetown, Trinity, all of the other four-year universities as well as some of the other local nursing schools with ADN programs, like University of the District of Columbia. People forget about our home health aides, our certified nursing assistants, and also our trained medication aides. All of these professions and skill sets fall underneath the board of nursing purview. We also do disciplines, which is sometimes a not-so-fun part of the job where you hear stories of varying things that obviously I can't publicly share - the board provides oversight. In a pandemic, we've had to pivot, but I believe there's power in the pivot. We had to make adjustments for what clinical nurses need to have or what clinical hours are needed for student nurses to have, so we've had meetings with some of the local academic areas, the deans of schools, and they had petitioned the board to reduce the number of in-person clinical sites. Because of the pandemic, nursing students were not allowed to come into the hospital clinical settings, so they completed some of them virtually via simulation labs. Now, that's been a little more lax, because of the vaccine and the booster shot, but at the onset, everything went to a halt. That was one of the biggest challenges we had to overcome.

BKO: I can imagine that. My heart

went out to all of those students. They all had their own set of challenges. Anywhere you land on the ladder, it's difficult.

MB: One of the problems we also had to conquer was because of the nursing shortage. We're grateful that the city council had enacted the state of emergency, which meant anyone who does not have a D.C. license specifically is able to practice in the district for a specific period of time underneath the emergency act. At that point, we relinquished the requirement of having a D.C. license, so as long as you had an unencumbered license from another one of the 50 states or territories, you were allowed to appear in the district.


BKO: Wow. Is that still ongoing now?

MB: It's still ongoing, particularly because of omicron, and also just a staffing shortage.

BKO: I know you're on a surgical oncology floor, and they faced the same issues when things came to a screeching halt - what we consider elective procedures. Someone with cancer probably doesn't feel like it's an elective choice. They need to have these procedures done on a certain timeline. Talk to us about caring for your staff who are caring for these patients at that time.

MB: That's something that's always been paramount to me. I have five pillars of my personal leadership and what I expect of my team members: the first one is compassion, to understand that person. That's something I can't teach. Having integrity, doing the right thing because it's the right thing to do. Another is having a good, strong

work ethic and making sure you're in a good mindset to provide the best care because what you do, or what you don't do, can literally kill someone. We don't have latitude in our profession to not be of that mindset. Also teamwork - you are only as strong as the weakest link, from the EBS colleague, to the surgeon, to the charge nurse, to myself. I tell my team I'm the least important person on the team. Lastly, I asked them to really communicate with me. I know for a fact I am a good nurse, I know my critical skill set, I know my heart and passion, but I am not a mind reader and so however I can assist you, I am begging you to tell me. What can I do? Is it a day off? Is it that you just need to come in an hour late? Or is there something going on at home? Or do you need extra training? Did you forget how to don and doff your PPE to make sure that you're safe from COVID? And make sure that you're able to get home safely? Do



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you need to figure out how you can get that rapid COVID test downstairs? And can I expedite that for you? All of those things are something that I only know if my team members communicate. Those are the five tenets that I adhere to. I ask them every day when we have our huddle: Does anybody need anything? I literally end with this, and I mean that sincerely. Sometimes it's, "oh, okay, I'll go get you a cup of coffee." Even though I'm a director, I am still very much hands on. I am still in the healthcare world. I still get my hands dirty. I don't mind turning a patient. If the bed alarm goes off, I run in there just like I expect my team members to go in there. I just think it's important to make sure my passion is shown through my presence.

BKO: For those also in nursing leadership roles, I think we've heard this topic come up – about how not to be a micromanager. I think a lot of nursing leaders are strong. They like to have control, and it's hard to give up some of that control. What advice would you have for them to be someone that works alongside the team rather than nitpicking what the team is doing?

MB: I am a person of faith unashamedly so I have no problem sharing that. I'm always reminded of the scripture in the Bible parable that talks about teaching them to fish, versus just feeding them with the fish. For me, it is so important to make sure I surround my team with positive energy. I'm the silly one, and I know that as a leader I've made that pivot as I've grown. There's a huge difference between leading and managing. During the pandemic, there have been times where I had to pivot and do a little bit of both.

There have been times when I've had to manage, "okay, this is what we need to do today, and this is what we're doing." Then there's been times when I've had to lead, and I think the difference between a leader and a manager is when you're casting the vision, and when you are also just supporting what management is doing in the day-to-day operations. I try my best to not be that micromanager. There's times when I'm in my office, and then there's some days where I literally pull up one of the computers, and I just hit the nursing desk. There's a little level of area that I sit on, and I just do my work at the nursing station for the whole shift. I just want them to know that you can't lead from the office behind the door. The key is to get by not to always agree, because there's



times when I don't agree with everything that our CMO or our senior leadership puts before us, but I understand it's for the good of the organization. I think that's what I would instill upon people – to make sure you empower, you educate, you expect, and you excel. Those are my four E's for my team. I educate you so you know what's happening, I empower you to do those things. I have a sense of expectation, and then my last thing is for us to excel – to do those things in excellence.

BKO: I love it. We've touched on some of the challenges in nursing. How do you prepare for challenges that you foresee coming down the road as a nursing leader?

MB: I mean this in all sincerity: the first thing is always have a mental health check on yourself. Whether you're a nurse or not, I really think it's important, particularly because I'm a nurse, so I know the importance of mind, body, and spirit. I'm a runner, so I think about the times when I go running. You don't just go out and run. You can, but you might cause or create injury. There's preparation that takes place. You have to take a few moments to stretch. You have to make sure you're hydrated. You have to make sure your pre-game is on

*It's knowing that
I am making a
difference.
That's what
keeps me going.*

point so you can succeed. I think it's important for nurses to create places and spaces of congeniality where we can let our hair down proverbially. Where we can just release the stress and tension. Sometimes, you can't overcome something you're not willing to talk about; and maybe then you can find another one of your colleagues who has experienced the same thing who can give you points and tips. If you keep those things internalized, and if you don't share those experiences, I think you're going to set yourself up for failure. It's important for all of us at some point to, and I mean this sincerely, find a mental health provider or a counselor or tap into your Employee Assistance Program. If not that, at minimum create a place in a space or community where you can just really decompress. I believe that leaders – we're at the abyss, we're sitting here, we're trying our best. There was a day about two weeks ago that I knew I was not in a very good place. There were a couple things that happened on the unit. Once everything settled, I said, "Okay, I need to leave." I came home and I went for a five mile run, because if I did not do that they were not going to get the best version of Meedie. They were going to get someone who was not going to add value. It's important to have that self awareness, to not feel guilty about that. It's getting a manicure or pedicure or massage or having a drink with a colleague or your family or friends, or painting. Whatever it is that you do to relax, do that so you can come back and be the best version of yourself. We have to do health care differently. Quite frankly, it's not health care, it's sick care. We have to ensure that this sick care system is dismantled, and we need to build it again from the bottom up and really understand what we're doing,

why we're doing it, and how we can have a positive impact, because what we're doing now as a country is just not working. Even when the pandemic is over, we're still going to be here with nurses being burnt out.

BKO: Right? So, maybe a couple of years ago, we had the year of the nurse. As a whole, we've already talked about the "hero" trope that's been overplayed. Now, anybody that reads the headlines knows about this giant gaping wound in a system that needs fixing. What are your thoughts on how society views nursing? Has it changed how you've been a leader?

MB: We need nurse-led action, period. We need to not have a seat at the table, we need to build our own table. Nurses are the ones doing the work at the bedside every day, so we need to have interdisciplinary conversations, and we, the ones actually doing the work, are the ones that need to be at the table. The people with MBAs and in healthcare administration are great - we need you, we need that administrative push behind us. I'm speaking to the CEOs, the people in the C-suites, that have never been the clinician. You need to make sure you have those clinicians with you to provide you real feedback when you are making these policy decisions. When you're making these policies and procedures in your organizations that impact the people who have to do the work. You have to ask them, "does this work?" Use the nursing process: you make an assessment, you evaluate, then you re-evaluate, and then you test what you're going to do. If it works, great, if not, then you change it, and you do something different and make another diagnosis. That's why in the last few years, I really want people to know

that nurses are more than just the handmaiden of our physician colleagues. We are more than just passing out medications, we're more than just making the bed and getting you to the bathroom. We do so much more. We are smart. We are brilliant. We are intelligent. We are the backbone of the healthcare system. I am working on something now I've just created, called the Black Nurse Collaborative. As African American nurses, we too are often underrepresented. When you look at the numbers of CEOs throughout the country, there's a very small, minute number that are African American, or minorities for that matter. When I am on the Board of Nursing, when I go to the National Council of State Boards of Nursing national meeting, I can literally count on one hand the other individuals that look like me that are chairs of boards of nursing. We've got to create our own table.

BKO: I love it. Let's talk a little bit about wellness in nurses. We've been discussing how our healthcare system is sort of a reactionary sick care system instead of a preventative health model. How can we take that same theme and apply it to nurses and promote the wellness of nurses? Or what could we tell our working nurses to boost their morale?

MB: Excellent question. Honestly, this might be something where people might get mad at me, but you have to know yourself. You have to take care of yourself. Nurses, you cannot care for others if you're not caring for yourself. Period. Work the extra shift, that's not a problem, but when you're off, be off. Make sure you decompress. Make sure you relax so you're in a good mental space because our profession, unlike any other, requires us to give 100% every



day. As a manager, you need to be intuitive and say, “hey, Breanna looks really frazzled. She looks a little disheveled. Her scrubs are wrinkled, and that's never her.” That's the other part of leadership: keeping your finger on the pulse and making sure you are aware of your team. So yes, there's day-to-day operations, but the leader also has to care about the people following them.

BKO: Absolutely. We touched on this briefly, when you were talking about how it's so important to be in spaces where you can let your hair down and be around people that understand you without you having to give some disclaimer about how you really love being a nurse. What are your thoughts on how a community can solve that for nurses and provide the space we need right now?

MB: Community can help us by sharing our stories. It's important for us to make sure that we share our stories - groups like yours have interviewed people like myself and many others so people can really

understand what we're going through and what being a nurse really is. We're not superheroes. As much as I know the intent of that, then people think we can just keep on going and going and going, and we can't. It's so imperative for us to make sure that as a profession we also let them know how we're really feeling. I'm grateful for the president of the AMA, who put out the statement that said to Congress, “there is a huge nursing shortage, and if you all don't help us do something about it - if you don't help some of these student nursing professionals pay off these crazy loans, there's going to be a huge staffing shortage.” Generally speaking, the community can help by just taking care of ourselves. Having more of an emphasis on wellness. There's a little hashtag that I always use when I do social media: “be well and live”. It's not just about being healthy, because healthy is just the absence of a disease process. Wellness is completely different. Wellness is the mind, the body, the spirit, the understanding of who you are, what you're doing. You're caring for yourself, exercising, eating right, getting enough rest. That's what makes you well, even in the face of potentially having diabetes or something else. Even though we are the most trusted profession, it's one of the most difficult professions because there's a huge clinical acumen that we have to have and it's also a huge emotional weight we bear every single day, whether it's a hospital clinician or school nurse.

BKO: Thank you for your time. It's been awesome talking to you.

MB: Thank you for this opportunity to share. I'm honored and humbled to be a part of it. 🙏

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