

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"Asking for
help is
critical."

PAULE VALERY JOSEPH

PH.D. MS, FNP-BC, BSN, RN, FAAN

**MAKING A DIFFERENCE AS
A NURSE IN RESEARCH**

CLINICIAN SCIENTIST,
INTERNATIONAL SCHOLAR,
MINORITY HEALTH LEADER,
DIVERSITY ADVOCATE



NURSE LESA DISCUSSES
HOW FULFILLING IT IS TO
GRADUATE AS A NURSE
THE INCREASING NEED FOR
NURSING EDUCATORS

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.



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Nurse Lesa discusses how fulfilling it is to graduate as a nurse



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PAULE VALERY JOSEPH **Making a difference as a nurse in research**

Paule Valery Joseph SPEAKS on her incredible and highly COVID-relevant chemosensory research - and the importance of getting more nurses into research. From seeking help and finding mentorship to healing burnout, Paule opened up about her own experiences and how nurses can lead rich lives and fulfilling careers.



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The increasing need for nursing educators

nurse+social LEADERBOARD



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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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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
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- 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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Membership Rate:
One-time fee of \$35

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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.

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#InTheField

Nurse Lesa discusses how fulfilling it is to graduate as a nurse



LPN Lesa Pongracz, an addiction specialty nurse in Michigan, encourages nursing students to keep going no matter how mentally, physically and emotionally challenging nursing school is.

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

I’ve been lucky enough to have some of the best mentors in my nursing career thus far. I believe there are bad apples, if you will, everywhere you go within the nursing field but when you focus on what’s truly important everything else on the side doesn’t matter. I aim to make a difference in my patient’s lives for the better- and working as a team is an important step in this process!

Q. What does cultural competence mean for healthcare providers?

Cultural competence means providing equal care for all patients and doing so in a respectful manner.

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

This is going to be hard but you are going to get through this and make a difference in your patients lives! This is going to mentally challenge you, physically challenge you, and emotionally affect you some days. But once it’s over, you will walk across the stage - and it will be a proud moment, Les. You are meant for this. 🥰



THE INCREASING NEED FOR NURSING EDUCATORS

Nurse educators play a crucial role in the success and future of the nursing profession. They can be found as faculty in nursing schools and also within organizations where they share their knowledge and educate future nurses and also nurses who seek to expand their professional scope of practice. They are a group of professionals that are the foundation of learning and education for all nurses.

As the world continues to grapple with severe nursing shortages, an emphasis remains focused on strategies to increase the nursing workforce. The shift away from traditional bedside nursing roles and the aging population within the nursing profession has contributed to the Great Resignation during the COVID-19 pandemic.

Reduced student capacity and the inability to expand and accept more potential students into nursing programs are key issues that amplified this. This issue is largely related to nursing educator faculty shortages at nursing schools across the nation that are forced to limit student capacity when the demand for registered nurses continues to grow.

There are many factors related to this compound problem of faculty shortages, resulting in an increasing need for nursing educators and a reduced student capacity. Among the many reasons for this nurse educator shortage, key factors contributing to the crisis are budget constraints, aging faculty, and job competition from clinical sites.

In a recent American Association of Colleges of Nursing (AACN) report from 2019 to 2020, nursing schools turned away 80,407 qualified applications from baccalaureate and graduate nursing programs during 2019. This was largely



related to an insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints.

These numbers have continued to climb throughout the pandemic as the demand for nurses has reached critical levels. The AANC is working to leverage resources and funding to combat this largely undiscussed problem that continues to contribute to a national nursing shortage, with no end in sight.

Another casualty of the COVID-19 pandemic was a further reduction of nursing educators related to the many stressors the educators faced while continuing to teach their students. Constraints placed on educator roles during the pandemic caused many to leave the nursing educator profession.

Innovations were put in place to mitigate these constraints, such as distance learning and simulation labs. However, these strategies were difficult to implement and equate to real hands-on learning, which is a critical component of nursing education and student development. Increased enrollment in nursing schools combined with reduced capacities put further strain



on existing faculty, as schools have remained unable to scale up faculty in the way it is needed.

The need for nationwide recognition of the increasing need for nurse educators has now reached a critical level. The AANC is working to gain federal support and funding to rapidly expand this crucial nursing role. Nurses looking to leave traditional bedside roles should consider this inspiring, important, and very much needed role as an alternative, and a way to remain in the profession in a different capacity.

Nursing educators hold the key to the future of our profession and we as a nation need to do whatever we can to ensure the expansion of this important role. ³



*By Nurse Columnist
RN Carolyn Harmon*

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. She is also a freelance writer that seeks to move others through thoughtful, meaningful discussions that amplify the voices of nurses.

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INTERVIEW HOST



JAMIE SMITH
RN, NP, MSN

NURSEDECK AMBASSADOR &
INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

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.

A close-up portrait of Paule Valery Joseph, a Black woman with long, straight black hair, smiling warmly. She is wearing a grey textured blazer over a white top and gold hoop earrings with pearl drops. The background is a plain, light grey.

PAULE VALERY JOSEPH

PH.D. MS, FNP-BC, BSN, RN, FAAN

Making a difference
as a nurse in research

an exclusive interview
By nurse\$deck

Paule Valery Joseph, PH.D. MS, FNP-BC, BSN, RN, FAAN is a leader and a compassionate and forward-thinking scientist. She is committed to contributing to society through innovative discoveries, inventions, and scientific research in chemosensation and metabolic diseases. She is the founding strategic advisor for the Smell and Taste Association of North America and the co-founder of the Global Consortium of Chemosensory Research. She has more than 15 years of clinical nursing, research, and academic experience, and currently works in multiple leadership roles at the National Institutes of Health Intramural Research Program. She is also a dedicated philanthropist, and serves as the chief operating officer of health and heritage at the Amazing Grace Children's Foundation in Ghana, West Africa.

Jamie Smith (JS): Paule, we're so excited to interview you today, thanks for your time. So tell us, what drew you to the nursing profession, especially nursing research?

Paule Valery Joseph (PVJ): Thanks so much for having me! That's such a great question and one that I get often. So, it might not be surprising, but my mom is a nurse, and I grew up watching her pretty much care for the whole neighborhood. I'm originally from Venezuela, and I remember growing up and my mom being the nurse in the community. People came in asking her questions, and she was going around helping people. I didn't think much of it, I just thought, "Okay, I guess this is what she does; this is what we do." She did that the whole time. My dad was a teacher. I was growing up, so that influenced me, although I didn't want to be a professor. I didn't want to be a nurse - it was my way to rebel against my parents, by not doing their professions.



But an apple doesn't fall far from the tree, so here I am, doing both things. My mom was my first example of a nurse and really inspired me to do what I do today in terms of helping people and being devoted towards caring for others. My dad influenced my love for pedagogy and education. Both influenced my love for science. I've always been interested in research, and I can also trace that back to my time in Venezuela. While I was in high school, and even before that, I was always that person reading a lot or interested in doing little research studies. One of my first experiments was actually trying to understand the effects of mercury in the body using animal models. I like to think of that as my initiation in formal research. Later on, I came to the U.S., where I first earned an associate's degree in nursing. While I was doing my associate's degree, I didn't have

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handle
everything,
and it's okay to
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many opportunities for engagement in research, and I think that was primarily because of the way the curriculum was designed. When I went on to do my bachelor's, and then my master's, and started working in the hospitals, I took every opportunity to engage in research. Doing research and patient care has always been a calling for me. I'm just one of those people who wants to know why we do what we do, and tries to find the answer to questions we might have by using data.

JS: I think that's awesome. So, what made you into the person you are today?

PVJ: That's another great question. I don't think I can single out one particular person. For sure my parents have shaped me into who I am today, but also other individuals, like my teachers and mentors. I would always say that every experience we encounter in our lives shapes who we are; even individuals you meet for short periods of time have such a long impression on you, and you may remember them later on- and something they said that impacts the way you make decisions. It's really hard to pinpoint on one particular person, but I will say it's a conglomerate of individuals and experiences that have shaped me into who I am today. I am grateful for that and their impact in my personal and professional life. I firmly believe that it is important to walk daily in gratitude.

JS: Can you tell us more about your studies on chemosensory function? What inspired you to focus on sensory research?

PVJ: One of the things that has always been interesting to me was nutrition - overall, what impacts why

we eat what we eat. Just looking more closely into that, the mechanisms of taste and smell are ones that we often don't think about. It's not necessarily until individuals have very severe deficits in their taste and smell - as we see now when COVID-19 - that people recognize the importance of these special senses. When I was working in the clinic many years ago, especially working with patients who had weight loss surgery, we were noticing reports from these individuals saying that food didn't taste the same anymore. This was back when I didn't know all of the things I know now in terms of mechanistically what could possibly be happening, so I would pinpoint that as the catalyst that led me to really study this area of chemosensation. Who doesn't love the smell of good food? Think back to Thanksgiving dinner and the smell coming from the kitchen. Who doesn't like a very tasty burger? Who doesn't like very tasty ice cream? If we look at data, even during the pandemic, taste is one of these things that has driven consumers. You buy something to eat because it tastes good, right? I think it's a very important domain to study, and more work and support is needed to study these areas. And why not do it? As a nurses, we have all of these different perceptions and experiences with patients that allow us to ask these questions and other novel questions.

JS: I agree with you, it's an important domain to study. So what is the ultimate goal of your research?

PVJ: One of the most important things I look forward to really achieving with my work is understanding the mechanisms that lead individuals to have alterations in their senses of taste and smell. With our research, I hope we're able to

find concrete mechanisms we can target by developing new drugs, or repurposing drugs that might help in terms of improving the symptoms of individuals experiencing these disorders. One of the challenges we have currently - and that's been highlighted through the pandemic - is the fact that a lot of these individuals who are losing their sense of taste and smell, and having symptoms as part of long COVID, is the lack of effective treatments to help them and improve this. I'm hoping that through the work I'm doing now, and the work we'll be doing in the future, we really can come closer. One of the things we learned through this pandemic is that one lab alone cannot tackle all of these questions, so it's critical we develop interdisciplinary collaborations that allow us to really dive deeper into understanding these particular mechanisms. I am very grateful to all of our collaborators from our the world who are helping us achieve our goals but most importantly are dedicated to advancing science and improving patient outcomes.

JS: I respect your work, I really do. This is the first time I've heard of anyone doing this type of research or work.

PVJ: I'm not sure if we can definitely find a cure for those with deficits at this time, but I think we can ameliorate symptoms. We know that when individuals have these alterations it impacts the quality of life. The reports from those with COVID or have experienced COVID-19- one of the things they talk about is their experiences. Imagine going to a wedding, or even your own wedding, and not being able to taste the cake. Or if you are having a baby, and not being able to smell that



newborn smell. Taste and smell impact so many different domains of our lives. Think about going to the mall and going to the perfume line. You want to buy something that smells good, but what happens when you can't smell it? There are also safety implications in these deficiencies. If you have a gas leak in your house, and you can't perceive that, that's a safety hazard. You can think about the different dimensions this actually takes on and how relevant it is for nursing and nursing science.

JS: You're right, I'm sitting here thinking about how miserable I would be if I couldn't smell, if I couldn't taste, I would want something out there to help improve my symptoms. Can you tell us more about COVID-19-related chemosensory changes in your studies?

PVJ: That's a great question, and one

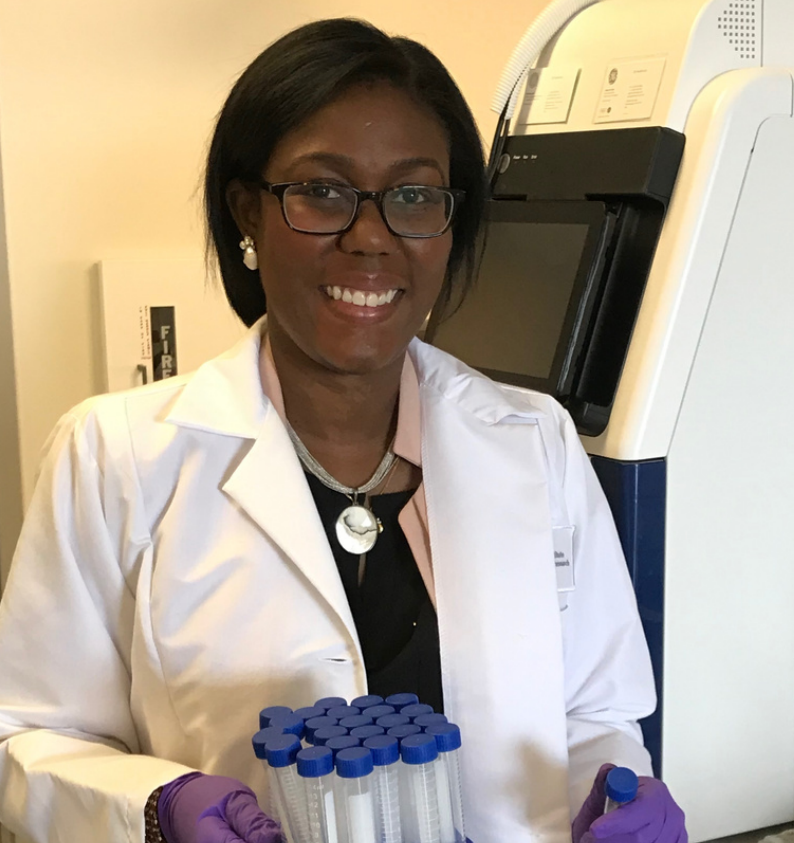
we've been tackling since March of 2020. This whole COVID-19 pandemic has highlighted the importance of the sensory systems, specifically taste and smell, as we are seeing a robust number of individuals who have not recovered. This is not work I've been doing by myself, this has been part of a global consortium, and that was co-founded by myself and other colleagues across the globe. This was, in particular, was to understand the chemosensory reports in individuals with COVID-19. We have been able to publish a number of papers, and one of them was seminal to establish the fact that these reports are real: individuals are not confusing taste with the loss of smell, they really experience this taste and smell loss. Some of them are getting better, but there are some still experiencing lingering effects since their first COVID-19 infection. One of the other things that this really pushed us to do is to really think outside the box on how we needed to start assessing these individuals, considering all the restrictions we had in terms of research. So, through the Global Consortium for Chemosensory Research, the GCCR, we have been able to establish some groundbreaking work to highlight some of the sensory deficits. I think

We need a lot more underrepresented scientists in research.

the GCCR is a great model for Global crowdsource research but also a great model for collaborative endeavors. Through this initiative I have met people from across the globe that I wouldn't meet otherwise.

JS: Paule, how does being a nurse practitioner - with all of your clinical practice - contribute to what you do now?

PVJ: One thing that has been very important to me as I embarked on this research journey, was to not give up my clinical practice. My clinical practice has been fundamental in informing the questions I'm interested in, whether it has been with chemosensation, with obesity, or with nutrition. As a nurse practitioner, we have that clinical lens that provides us with different insights about patients. I'm the only nurse trained in chemosensory science in this area of research that I'm doing, but I'm hopeful we can train more people in this area. The gaps we have clinically, in terms of having nurses, nurse practitioners, PAs, and other clinicians really understand this chemosensory system, it's something we need to assess. One of the challenges we've had so far clinically, is the fact that we don't have clinical guidelines that can help clinicians assess, prevent and diagnose these problems. We need to train nurses and other primary care providers early on what to look for, how to treat and refer patients appropriately. By the time a patient comes to us, it's when the symptoms are really affecting them robustly. We don't have something like the Snellen chart that can be used to assess vision or the audiometer for hearing that we can use with patients when they present to the primary care clinics. With the use of tools like the snellen chart, we know if you have 20/20



vision, and if things are going off, you're going to get glasses, but we don't have that for the sense of taste and smell. However, I must add that the NIH Radx Initiative has been instrumental in encouraging and funding novel tools during the pandemic. Tools such as SCENTinel or AROMA-T are promising and may have larger applicabilities in the clinical setting. From a clinical perspective, we've the ability to really advocate for the development of these types of clinical guidelines that are necessary for nurse practitioners like me and other clinicians to be able to help patients with these disorders.

JS: I must say, I admire your work. How do you find time to balance everything you're doing?

PVJ: I'll answer this with a lot of honesty. I got to the end of 2021, when we needed to actually do this interview, and I found myself really burned out. I think it was primarily from the fact that March 2020 came with this whole COVID-19 situation, and it really pushed us to elevate the

amount of work we were doing to be able to help patients in real-time, and to really start gathering data. We worked night and day, -it was all hands on deck-we published several papers, we were very, very busy. This pandemic has been going on for over two years, and you close and open your eyes, and you realize, "wow, in over two years, I haven't taken a vacation." It was a lot but it was good. I loved that my science had public health relevance. I like to think of the pandemic as a blessing to slow down in some areas of my life- especially "to stop and smell the roses"- no pun intended. Normally, I've been able to do a number of things that have helped me stay sane and find balance and some harmony, because I like to think about work-life harmony in that way. One of the things I've done for many years has been meditation and yoga practice. I'll be that person barefoot by my tree, just really grounded into the floor, trying to connect with the world and the essence of where we are today. Just breathing. I also have a family. We have two little kids and it just really puts things into perspective in terms of what matters and their lives and just being good examples to them. I would say to anyone reading this, just take time for yourself and assess - every six months, every three months, every week - if you find yourself at a point of being burned out and it has gone too far. Find what you love to do. I've picked up painting, and I'm not a good painter at all, but I just figured that this would actually be helpful, even just coloring or doodling. Doing different things could really help you stay in harmony with the rest of your life so it's not all work.

JS: That's right. So, what's the biggest challenge you've had so far, and how do you manage it?

PVJ: That's another great question. We all encounter a number of challenges, and I like to look at those as lessons and things that shaped who I am. I will say that, as a Black Latina nurse, I have faced a great deal of discrimination and racism. One of the things I've been able to do to manage this - because sometimes it hurts, I'm human - is to really have a seat at the table in spaces that may not have people that look like me, to educate other individuals but also open up opportunities for other women and people who look like me. We need a lot more underrepresented scientists in research. In particular, we need more nurses in leadership, especially those who are from underrepresented groups in science. If I can be an example to these individuals and whoever is out there who's interested in this career path, I want to be able to mentor them, I want to be able to be there for them. I look at all of these challenges and many others as an opportunity to learn and prevent other people from experiencing similar things. I will say another challenge is that we have a child who is autistic, and just being able to manage the clinical practice, handle the research, and just be home. I talked a little bit about burnout, and sometimes we associate burnout only with our work, but as a caregiver, and especially a caregiver that has a lot of clinical knowledge, you may be carrying a heavier load. You also need to take time to reassess the situation and take care of yourself, so you can take care of those who need you the most at home. We hear it time and time again, put on that oxygen mask first, and just breathe so you're able to be there for everybody in different situations.

JS: Thank you so much for sharing that information. I've no doubt you

set an example just now for others reading. So, how did you go about identifying growing burnout? How did you know you were burning out in the first place?

PVJ: I think it's just being honest with yourself, and also realizing when you lose enthusiasm and motivation for things that normally would bring you joy. Again, it's just taking that time to breathe and realize you're not a superwoman. You can't handle everything, and it's okay to say no. One of the challenges, and one of the things I had to learn in my career, is to really say no. When people ask you to do certain things, and you look at your schedule and wonder, "when do I have time to eat?" That might be a little too late. It is important not to saturate your schedule and become overwhelmed. It's important to realize these things, but also asking for help. I would also add listening to people close to you, at times they notice that you are burning the candle on both ends and the edge of being burned out before you even acknowledge it. We need to be empowered to ask for help, or have someone to help you be accountable for some of the things you choose to prioritize at a particular point in time. Asking for help is critical, and it is not a weakness. Honestly asking for help has helped me tremendously lately. Besides all of the different things I shared earlier that helps me manage the many things I do, it's really having someone to help me and assist me, even just regulating my calendar so I don't end up triple booking things. It sounds very simple, but, again, it's help and that is valuable.

JS: That's exactly right. I like how you mentioned how we're not superheroes. We're nurses, we're

strong people, and we all work hard, but we can't work 24/7. We're human beings, we're not superheroes.

PVJ: Absolutely. The other thing I would like to mention is that when we talk about self care we often forget to really think about our mental health. It's okay to have a therapist, to talk to someone. There's so much stigma around these things, and there shouldn't be. We go to a primary care provider, when we have some pain, so if we are having some emotional pain, why shouldn't we go to a mental health provider and talk to them? We need some mindful acknowledgement that our mental health is critical, because that also impacts our physical health.

JS: You're so right. What are your thoughts on community, from support groups to online communities? How do you think nurses can benefit from the NurseDeck's community for nurses?

PVJ: It is imperative to have a support group; we are who we are based on the conglomerate that surrounds us, and our community, in my perspective, is critical. Communities like NurseDeck are essential for us to be able to network, and we can get so much education and different resources. The people who surround us are critical and important. It's not only what you can gain from other people, but also how you can contribute to other people's development. One particular thing that's been important to me is elevating women, elevating girls, elevating others, into places where they want to be, places where they are invited to the table, to the room, inviting their voices to be heard. Communities like NurseDeck allow us to do that, to have a voice in your platform. I would have never thought I would be doing this interview, so I

am really grateful to have my voice heard. Hopefully for some of you who are reading, some of the things I've shared today resonate with you. One thing I want to make clear as we continue this conversation is that if you have any questions, just reach out to me. Reach out to others, and learn about their path. Remember you might have a mentor for your career, but you also have a mentor and a coach about just life. It's okay to ask these different questions and have someone you can reach out to. 8



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Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	thecorporatenurse.co
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	www.kymali.com social.nursedeck.com/group/kym-alis-membership-program
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

Where nurses share stories, resources & guides to help inspire and motivate.

“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.”
—Unknown

MEET THE NURSEDECK TEAM

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Insider's Perspective of
Nursing

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GABRIELLE DIDATO

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