

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"You have to know what's right for yourself."

RACHEL LATTNER

BSN, MSN-FNP

ZEROING IN ON PASSION-LED NURSING

NURSE PRACTITIONER,
COVID COMPLIANCE
SPECIALIST & FITNESS
ENTHUSIAST



**RISING TO THE OCCASION:
HOW ONE NURSE RESPONDED
TO HEALTHCARE'S CHANGING
LANDSCAPE POST-COVID**

BSN, LVN LEA MOSQUEDA

**PULSE CHECK: THE ROLE OF THE
NURSE AND LGBTQIA+ RIGHTS**

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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RACHEL LATTNER
Zeroing in on passion-led nursing

This FNP is a slam dunk! After getting furloughed during the pandemic, she found a side hustle as a COVID compliance specialist with groups like the WNBA. Rachel has some great advice for approaching a specialty and whether being an NP is right for you.

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

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.

All members will first receive a FREE one week trial

Membership Rate:
One-time fee of \$35

Always wanted to explore entrepreneurship?



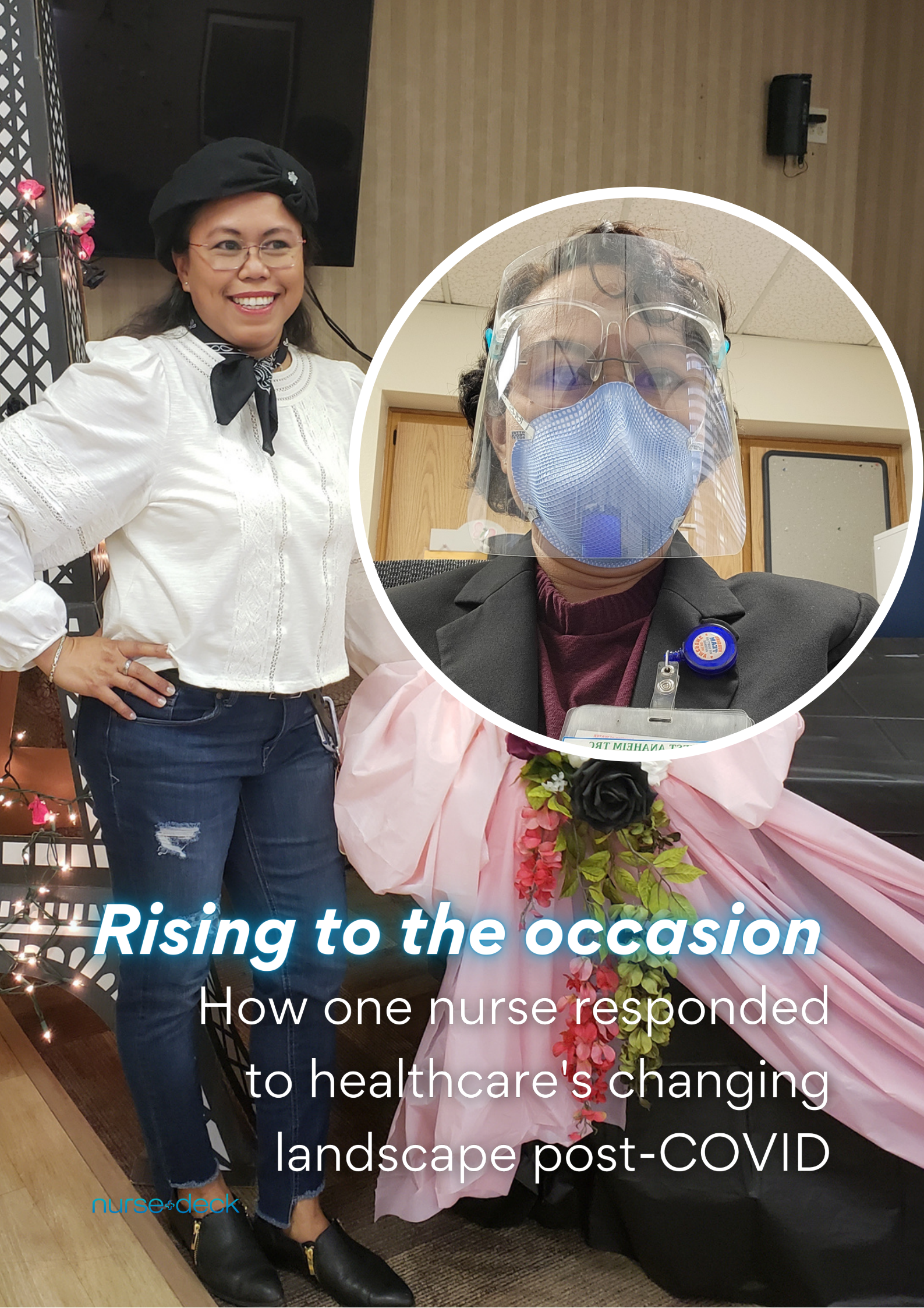
Nursepreneur Membership Program

Successful businesswoman and mentor RN Kym Ali is here to help nurses live life on their terms.

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



Rising to the occasion

How one nurse responded to healthcare's changing landscape post-COVID



MEET LEA

Lea Mosqueda is an LVN who has been working as a mental health specialist in house case management for over a decade. Before that, she served as a clinical nursing instructor at her alma mater Divine Word College, and served as a labor and delivery nurse.

Connect with Lea on LinkedIn:

www.linkedin.com/in/lea-mosqueda-4435a4a7/

What made you decide to go into nursing?

When I went to Divine Word University, I was undecided. Then, I stumbled into nursing. I thought, "it's my first year, let's enroll in this and if I pass, okay, if I fail, then there we go." It came into my mind I was going to become a nurse. When you're a nurse, you have a lot of opportunity. You can go anywhere, you can work anywhere in the world. This is my opportunity to work somewhere else, and that's when I went into nursing.

How is it being a mental health specialist, and how did you choose that field?

My husband's cousin works in a residential therapeutic center, and she told me, "we have an opening, come in and apply." So I did apply, and I was a mental health worker. That was my job. While on that job, I started preparing for the exam, and I passed the LVN licensure exam. It is very nice to see progress. When a new admission comes to us, with the magic of medication – the right medication, right dose - we see a whole transformation into a different person, and we discharge them. Not to brag about our facility, but we have a very nice connection with our community partners because we don't discharge residents that aren't ready. We discharge residents who are ready into the community.

How was your experience as a clinical

instructor? What is one thing you've learned from being a nurse educator that contributes to your role now?

I am a visual learner myself, so what I do is make sure I make a visual presentation about a topic. From there, I get where the students are, and learn from them. The student has the capacity to have some knowledge in them, so I meet them where they are. I like to ask their opinions about where they are, so I will know where to start. "Do they have any idea of what we're talking about?" The best part is strategizing how you are going to present a topic, and learning what I got from that job stays with me until now.

How do you think society views nurses today?

I think it's 50/50. Some viewed us as heroes and some viewed us as just a nurse working there. So it's a divided thing.

What is it like being a mental health nurse during a pandemic? What are the realities and changes you have faced during COVID-19

The pandemic hits. A lot of our nurses get sick. Half of our residents have COVID. It was divided according to policies, and we had to follow strict policies, like the red zone is the positive, yellow zone is the exposed, and the green zone is clean. Since there were no nurses, and I am an LVN, they pulled me to

the nursing department to do a nurse's job. You work the AM but stretch to the PM, but then I'll go home and they'll call me and ask, "Can you work NOC shift? There's no one, please." So, I have to say yes. I'd have to tell my boss, "okay, what do you do for an NOC shift? Please type it down for me." That was my guide. I was relying on a cheat sheet or I would call or text for help. Since they're so thankful I took the challenge, I got a lot of sympathy. I don't know, maybe God was just helping us all, but I did not get sick. I did not get COVID. My boss didn't get COVID. We pray for each other. When we say, "I feel kind of sick. Can you do a rapid test for me?" I will pray so much.

What are the major challenges nurses face today?

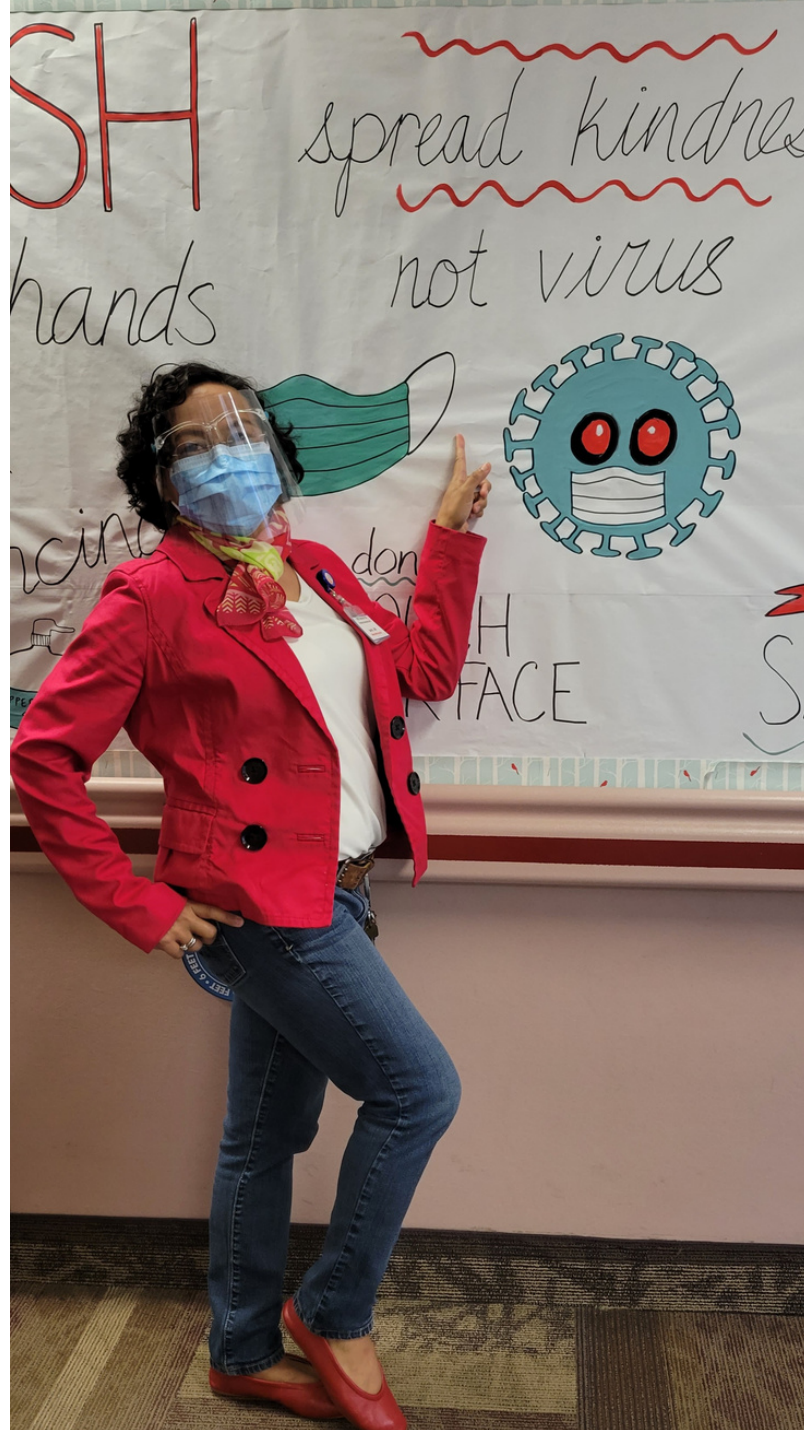
In today's time it is the shortage. Even now that I'm back in my own department, we still have to help the nursing department because they are struggling.

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

In our department, we try to laugh. We can crack jokes. I like to cope by reading books like fiction and romance. Then I found LinkedIn, so I connected with people in the arts. That was really helpful because it cultivates my mind into something else, through reading their arts and commenting. In the office, we have some speakers, so we listen to music. We try to ask everyone "how are you doing? Any problems at home?" We became really close. They call me "mama." When you ask your coworker, "how are you doing?" Look at their eyes. It's not lip service. "How are you doing?" You have to look and stop. "How are you doing?" Sometimes I would say, "don't underestimate me. There's something wrong with your face," and they really open up. Opening up our issues in the office really works, so we're doing that. We're covering each other.

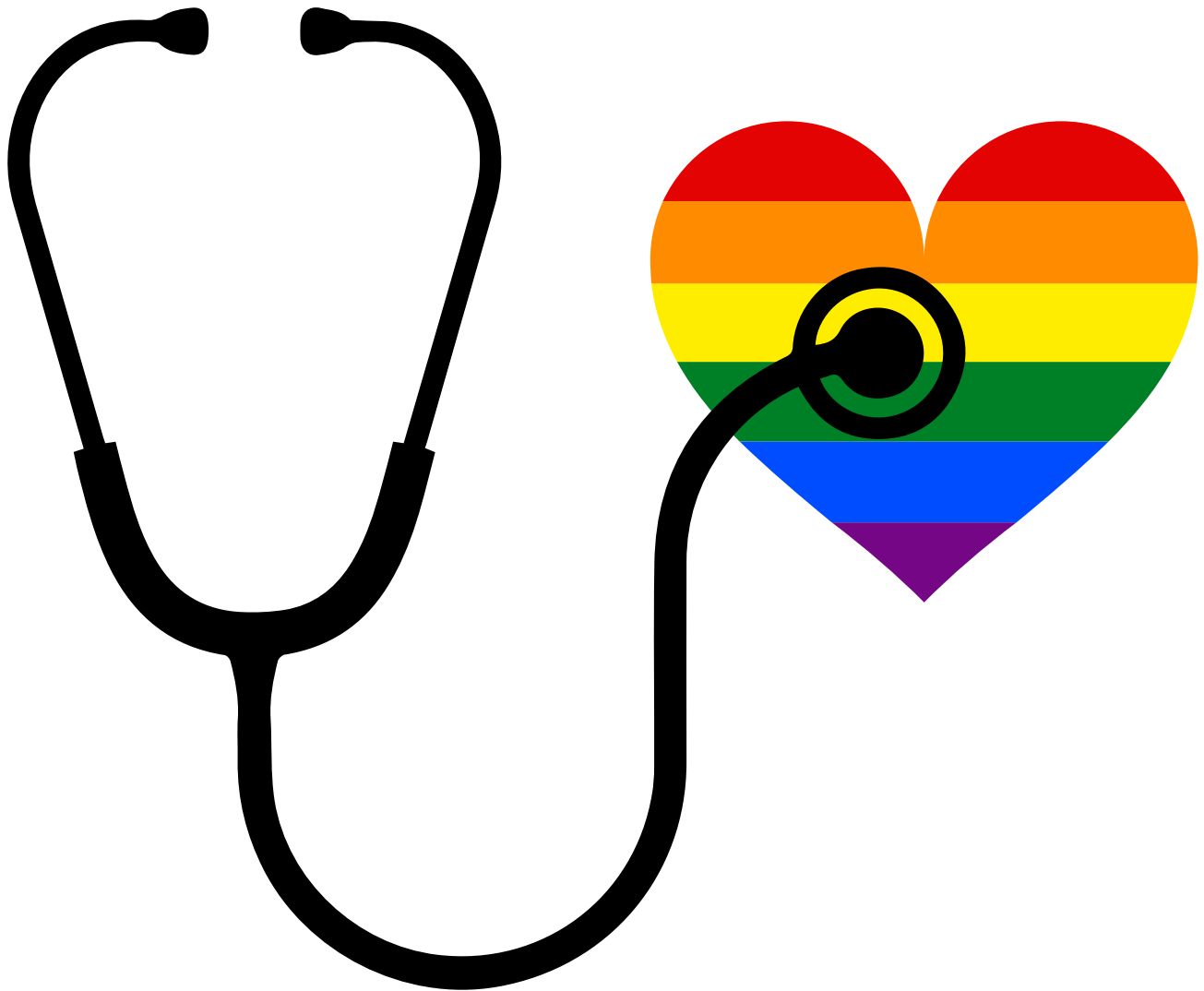
What is the best message and tip you can extend to our nurses who are burnt out?

Stress is everywhere, even in your home. Understanding that stress is very important:



without knowing it, you cannot handle it, and it will just pop in your face and you'll be surprised and you won't know what to do. Even if your day is good, there's still stress. You have to de-stress when you go home. My advice is when you clock out, don't think about work. Don't think about work at all. You are not being paid to worry about work. There are a lot of coping strategies there, and exercising helps me a lot. Whatever works, because sometimes when nurses are working and they're burnt out, they have this attitude. I can feel that. When you go home, you need to get it out of your system because it will just eat you up. 3

PULSE CHECK



*The role of the nurse and
LGBTQ+ rights*

2022 has been a year of LGBTQIA+ civil liberty erosion.

Access to care for trans patients, bathroom and sports access, even the freedom to “say gay” have all been areas of intense legislative activity. In short, nurses need to care about these issues. We know all too well what the impact on vulnerable communities will be, in terms of health equity.

Already fragile, restricting access to care—in essence giving over decision-making about one’s own body to a legislative body—further marginalizes minority groups. It widens the gaping chasm that some of our patients already traverse in order to access care now. For nurses, the attacks on LGBTQIA+ rights are the most worrisome. It’s not right, it’s not fair and we need to pull the e-brake in the name of public health—the area where we can do the most good.

Many nurses already share the opinion that business and healthcare are a dicey mix. The amalgamation of politics and healthcare is even worse. Just as nurses have been screaming from the mountaintops—PEOPLE OVER PROFITS—we now must add a new exclamation: PEOPLE OVER POLITICS!

No matter your political or economic affiliations, we—as nurses—must recognize these politically motivated power-grabs as public health catastrophes in the making. In this article, we will examine the stripping of LGBTQIA+ rights taking place, their impact on public health, and the role nurse advocacy can play.

Current legislative moves limiting LGBTQIA+ rights

Of all the discriminatory legislative moves to occur in the past few years, perhaps the most abhorrent center on limiting transgender rights. That is because the majority of these bans target children. Since the beginning of 2022, more than 150 bills affecting trans people have been introduced. In many states, they have become law.

The Trans Formations Project, a group that



tracks “hateful legislation proposals that threaten the health and safety of vulnerable youth and their families,” is a great resource for up-to-date information on bans-in-the-making. While past discussions of trans rights have focused in particular on bathroom access and “fairness” in sports, the majority of anti-trans legislation now takes an even more intrusive and harmful stance.

Some focus on trans patients themselves (and the health institutions that serve them) by the criminalization of gender-affirming care. Another slew of bills target the very existence of trans people, by making it a crime to discuss gender fluidity with minors in public schools. (Ironically, the latter boldly proclaims that the rights of parents be protected above all, while the former removes the ability of parents to make private healthcare decisions for their own children.)

In essence, these two types of bills both work to place trans people back in the closet. The very same closet where shame, isolation, and suicidality thrive. Unfortunately for these lawmakers, forbidding people to discuss the existence of trans people doesn’t erase them; nor does equating gender-affirming care to child abuse protect children. You simply can’t legislate away people’s existence.



Children with gender dysphoria deserve inclusion, support, and appropriate medical treatment, a notion shared by The American Medical Association, the American Psychological Society, and the American Academy of Pediatrics.

Despite the clear evidence of harm, fourteen states this year have enacted laws that limit the rights of trans people—and, in particular, trans children—as well as criminalize discussion of sexual orientation.

Why nurses should care about civil rights violations

According to the U.S. Department of Health and Human Services' Office for Civil Rights, civil rights are defined as “personal rights guaranteed and protected by the U.S. Constitution.” This includes “protection from unlawful discrimination,” and specifically names health and human service sectors including “state and local social and health service agencies, hospitals, clinics, nursing homes, and insurers....” Which is to say—the majority of places nurses work.

Nurses care about the dignity of human life. Therefore, we need to champion acceptance and inclusivity—and we need to follow the science when it comes to best practices for that purpose. While it’s great to work for an organization that publicly supports inclusivity, as nurses we know the real work is being done on the level of the individual nurse.

Our conversations with colleagues and patients alike must reflect this. Our vote must support this.

Unconscious bias and stereotyping aside, our patients rely on us to be their health advocates. While you may not understand or recognize someone’s identity, you must not allow your opinions to muddy your professional role. Which is to promote health, healing, and agency for all of our patients.

What does this look like in terms of best nursing practice?

Many nursing organizations, including the American Nurses Association, go into painstakingly detailed descriptions to guide your practice here. Care plans and nursing diagnoses and interventions are great pillars of practice to stand on, but let’s break it down to #nursingIRL.

It starts with listening to our patients’ lived experiences. It means staying abreast of current events affecting our patients. It means knowing what happens to patients who don’t have anyone on their side. It means taking an active role to address discrimination. More than anything, it means taking care of our patients in the ways they need us to, rather than the way we think is “right.”

Finally, we assert that it involves asking existential questions of ourselves. While the law-makers designing and pushing these bans believe they are preserving bathroom privacy, sports, sexual purity, and gender assigned at birth, one must ask—when the rights of some are stripped in the name of protection for others, who are the “others?”

If you answered “white, male, and cis-gendered” you’re beginning to unravel the true motivations of such bills...

Last time we checked, we nurses operate under The Code of Ethics for Nurses. The same one that states each and every nurse “promotes, advocates for, and protects the rights, health, and safety of the patient.”

All patients. 🌈

nurse+deck

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 Rachel Lattner, a woman with long, straight blonde hair, looking directly at the camera with a neutral expression. She is wearing a white lab coat over a dark top. The background is a warm, brownish-gold color.

Zeroing in on *passion- led nursing*

an exclusive interview
By nurse&deck

Rachel Lattner is a Family Nurse Practitioner with specialties in trauma care and orthopedic care. She also serves as a freelance COVID-19 protocol specialist working in special events like sports and music festivals. She received her bachelor's in nursing from Northern Illinois University and her master's in nursing from Chamberlain University.

**RACHEL
LATTNER**
BSN, FNP

*Connect with Rachel on
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www.linkedin.com/in/rachelattner/*

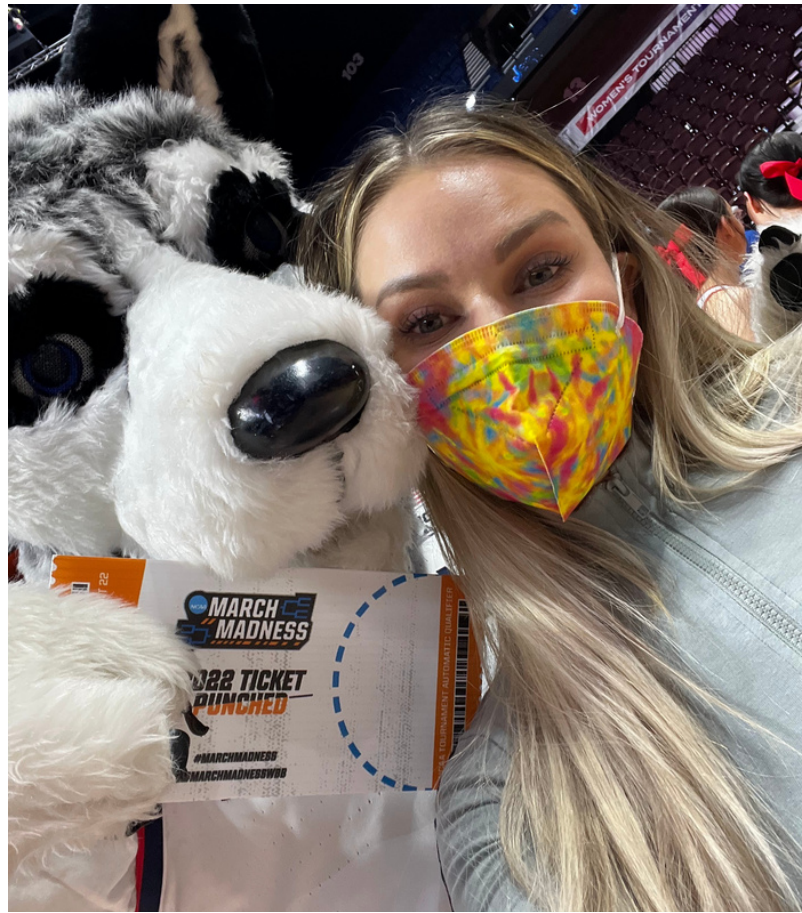
Jamie Smith (JS): Thank you for being with us today, Rachel. So, how did you get into nursing? Can you tell us about your journey?

Rachel Lattner (RL): So good to be here. Everyone has their own story in terms of how they became a nurse or went into the nursing field. For me, I wouldn't say there was anything specific that really made the decision, it was how I was brought up. I was the oldest of three, and I was always the second mom. I just enjoy caring for others. So it seems like in terms of personality, that seemed to fit me the best, so I went into nursing because of that. My mom was a single mom, and I think a lot of people have dealt with that, either where their parents are busy and they had to step up or they were a child of a single parent.

JS: Well that makes sense. What are you most passionate about? And what keeps you motivated?

RL: I think that's just who I am. I really enjoy health and fitness in

*What's important
doesn't always
mean giving a
patient
medication.
Sometimes it's
just being present
and listening.*



general, and so that's another thing that just makes sense. I just think our bodies in general are so fascinating and I'm always learning something new. I love getting to know people and what makes them work, so that's another component I really enjoy. In terms of health, I really enjoy connecting with other people who are providers, or who work in the field, and having them share their experiences with me.

JS: I can relate 100%. Can you explain a bit about the difference between a nurse and a nurse practitioner?

RL: A nurse practitioner has either a master's or doctorate degree in nursing. What that allows them to do, in some states, is practice independently, where you can have your own practice, you can have your

own clinic, you can be a medical director, that kind of thing. Some states are more limited, but in general you're able to see your own patients and prescribe medications and develop their treatment plans.

JS: What is it like being a nurse practitioner?

RL: It's great - I'm so happy I went this route. With COVID, things have fluctuated quite a bit, but I still really enjoy what I do. I have worked independently in multiple different roles, and it's allowed me to make my own decisions on what I think is right for the patient. I still really enjoy collaboration with the physicians I've worked with. I think more than anything, it's just allowed me a little bit more freedom than what a nurse would do, and even what a doctor would do. You are in this mid-level role, and you have more flexibility in terms of your schedule, and specialty and all that. I've really enjoyed it.

JS: I can relate to you. I get to practice independently as well, but I do enjoy the collaboration with long-term care doctors. The freedom is really something that stands out with being a nurse practitioner that I have found versus when I was a nurse.

RL: Definitely. That's something I think physicians don't have. It's still like you said, there's more freedom and independence than being a nurse.

JS: Thank you for that. So, how do you promote excellence in your chosen profession?

RL: That's a great question. For me, I just have a sense of pride and conviction in terms of doing what the right thing is. It's very important to me - more than anything. I think for

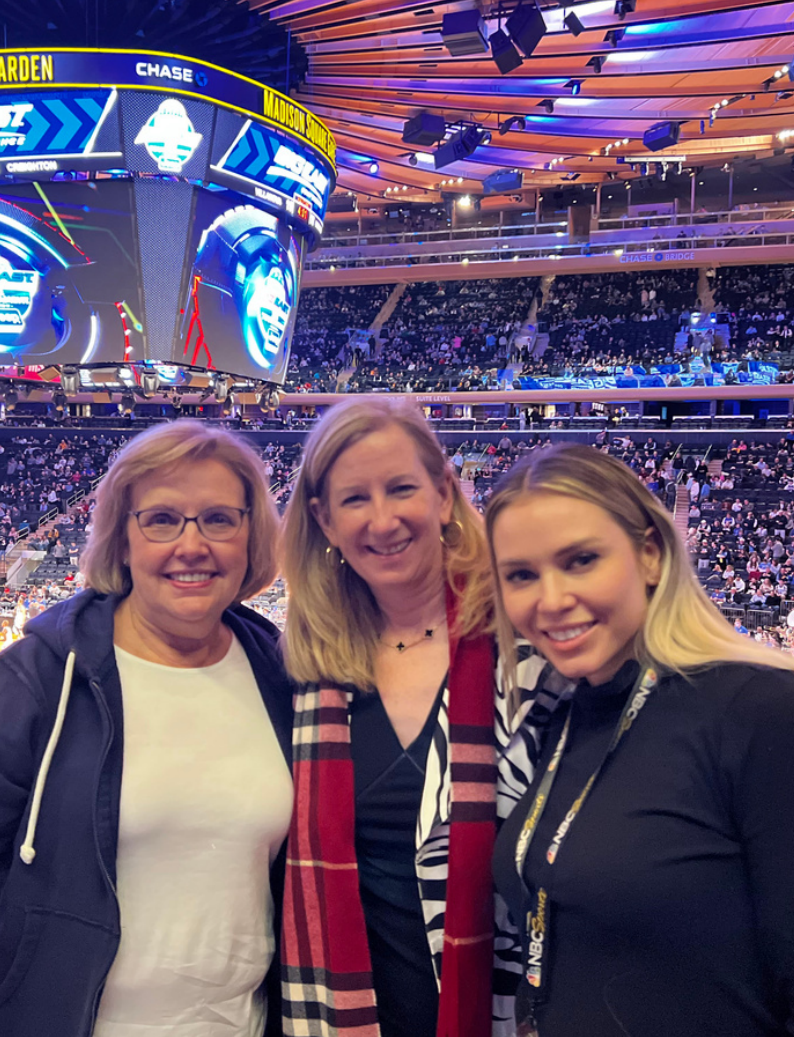
me, excellence is really doing what's right, what you think is right, and listening to your gut and carrying it out to the fullest. Just giving it 100% even when it's challenging, even when people might not agree with it, you still go forward with it.

JS: I respect what you said 110%. Rachel, what are some tips you have for other nurses looking to become a nurse practitioner?

RL: Something that really helped me, when I was becoming a nurse practitioner, is I worked all throughout but I still dedicated additional time to the specialty I was most interested in. I would say that, as a nurse, if you're thinking about one particular area, or even if you're not, taking the initiative on your own to reach out to coworkers and to supervisors and say, "hey, I might be interested in this, I'd really like to spend some additional time with you or pick your brain on it." That will lead you and guide you into what you want to do: doing your own research, making sure it's something that you really want to do. If it's not, then that's totally okay, you can find something else you want to do, but be willing to invest the time in the beginning to find out the specialty and practice you want, knowing this could be a long term commitment for you. That's really important.

JS: I don't know if you'd agree with this or not. I only had two years of NP schooling. I felt like I learned a ton, but it only covered the tip of the iceberg when I got into geriatric medicine. When I graduated, I knew a lot, but having that tie for me, one-on-one with a geriatrician changed my whole life. It helped tremendously with my stress level.

RL: Absolutely. If you get in with a



good collaborating physician or a good group of NPs, you'll quickly realize they don't know everything. A good one will be open to listening to you and potential suggestions and questions you have. As a nurse, if you're looking into a certain specialty, it's helpful to develop that relationship. It's helpful to understand that specialty or practice more – and also to understand what that dynamic might be like.

JS: Rachel, can you tell us more about the roles you play in your jobs as a nurse practitioner and health safety supervisor?

RL: Through COVID it's shifted for nurse practitioners, I would say pretty significantly - especially what specialty you're in because a lot of surgery and different facilities were really cutting down on the patients they were allowing to come in. At the practice I was at, I actually got

furloughed. It was predominantly nurse-practitioner-run, and I was one of the last people to get furloughed. I basically reached out to friends and different entities and applied for different jobs, and that's when I got into handling the COVID side of special events. I started with the WNBA: in 2020, I did their bubble, and I completed their season. From there, I just really enjoyed working with sports in an abstract role because it's not like you go to a clinic and see patients, you're functioning within the event. That involves a lot of preparation, and really understanding the guidelines set forth for the event. It also involves a lot of research in terms of that state's guidelines. I've worked across the U.S. for different events – a lot of basketball. I'm working with Big East now, which I love, they're so great. I've done swimming. I'm doing track and field now and I'll do basketball again. I really like that, it's a different kind of role. I've done some music festivals. I've worked with some artists, and I've helped them with their COVID compliance guidelines. That involves the guidelines, it involves research into the state's regulations, the ever changing CDC guidelines - all that kind of stuff - and looking at the bigger picture. You're looking at what it's like to function with their event from start to finish and what it would look like in case of symptomatic patients and COVID-positive patients and all the details surrounding that. The way I do that is I speak to infectious disease physicians and specialists, and I keep in close contact with them, ask them questions, and connect with the state's health department. Then, I formulate a team - and they have invaluable skills. They are really organized, they're flexible, they're kind, and they have great customer


service. It hasn't always been that they have a medical background, and I think that's one of the fun parts - you're meeting people with all different backgrounds are very good at what they do in their fields, and you're helping them guide and translate it into this new world, where COVID is a factor. We're all just trying to work through it, while still having the same sports and different events that are going on. It's been fun, and it's definitely been interesting and challenging. Sometimes there are long hours, sometimes you have disagreements, sometimes you have to put your foot down. You have to know what's right for yourself, and also for the project as a whole and be able to stand firm in that, and sometimes that can ruffle some feathers, but that's just the way it is.

JS: That sounds like a really cool role. You get to do research, you've been to music festivals and you get to work with infectious disease professionals and other specialists in the health department. You do a lot.

RL: I definitely do a lot. Because those are temporary events, I work primarily on contracts. In addition to that, I still do trauma and orthopedics. I still enjoy doing that. It's both of those things I enjoy for different reasons. I have fun in the OR and I have fun in the clinic and seeing patients and I have fun at these events. I think it's all fun. I do work really hard at it, but it's fun.

JS: It's obvious that you enjoy what you do. So, how do you feel about the current working conditions for nurses and the way society views nurses today?

RL: I think society really appreciates nurses. They definitely carried us



You have to know what's right for yourself, and also for the project as a whole. Sometimes that can ruffle some feathers, but that's just the way it is.

through this pandemic. It is a struggle because nurses are pretty burnt out from everything, so there's going to be a really difficult time with retention. I think for people who have stayed in the hospital, they probably don't feel as valued as travel nurses. A lot of people are going into travel nursing because of the rates, which is still creating that fluctuation. It's hard to get things to be a little bit more solid and secure within hospital systems or healthcare facilities when that's happening, and I think that has also affected nurse practitioners. Nurse practitioners have seen quite a difference, I think, in terms of opportunity and pay through the pandemic. A lot of people are like, "well, nurses are so needed, and they're making so much money," where that's not always the case. Our rates have dropped quite a bit. So, I love being a nurse practitioner - I think it's great - and that's probably something else I would add as advice: if you're just looking for a salary increase, becoming a nurse practitioner is probably not the way to go. If you're looking for more meaning in your role, and more autonomy, and just more options, then I would say it's 100% the way to go. Again, you have to make the decision for yourself: "Do I enjoy



this? Am I happy doing this?" That brings a lot of value to yourself, and that's really what's most important. Money is great, 100%, I like money, but sometimes that does mean sacrifice. If you're willing to sacrifice your peace of mind and your schedule, and your location, then maybe travel nursing is the way to go or travel surgical tech. But for me, I like what I do. I like where I'm doing it and how I'm doing it. So it's valuable to me.

JS: How do you think we can help nurses today to boost morale and keep them going?

RL: The easy answer is pay - I think that's what a lot of people would say - but there are other things that can be done within facilities to make them feel valued. That could be events, or maybe making mental health options available. When I worked on one particular event when I was with the WNBA, I did work with two nurses and they really showed me the value of the little things, and that it is important to do the little things for other people so they feel appreciated. At a lot of events I've done, they've had a mental health counselor available for certain hours or a free coffee day. That makes a big difference. When I worked in that one bubble, they really showed me

the value and the importance of making others feel appreciated, and I do try to do that with every event I do. A lot of times, when I lead a team of people, I buy them coffee from time to time. It's not a lot of money when you consider the value it brings to someone else. If facilities did that, they would see just a better morale.

JS: Have you ever felt being burned out with all that you do?

RL: Oh, definitely. There have been different times in my career where I felt burnt out. That's where it's a good idea to take some time to yourself. On these contracts, I do dedicate a lot of time to them and a lot of work. So, on my off time, I like to visit friends. I also really enjoy working out, and it's really important for me to make that a priority each day. Every day, I need to work out, even if it's just for 30 minutes at a time. Of course, I want to stay healthy and in shape physically, but it's also mentally. It really helps me mentally. I just feel so much better, even if it's 30 minutes. The other thing I do just to make sure my mind is prepared for the whole day is writing out a list. I write down three things I'm grateful for, three things I'm proud of, and then my intention for the day. When you write that list, it just really prepares your mind for

the whole day. Like you're looking for that thing to make you feel grateful for your life and for what you're doing. I think everyone goes through this feeling where they might not feel good enough or they're a little bit of an imposter, especially if you're a new nurse or new nurse practitioner. You're new and scared and just wanting to make good decisions.

JS: We're curious, how did you know you were burnt out? What were the red flags? How did you even know you were experiencing burnout?

RL: I'm pretty self-aware, and I see it more with my patience - when my patience starts to run more and more thin. Then, I start to notice I'm more physically tired and wanting to sleep more, not doing as much stuff. Those things show up when I start to get burnt out. Then I have to really reevaluate my schedule. Sometimes that happens when I over-sign-up for things. I will overcommit and it's not like I felt like I had to do those things - I wanted to do those things, I was very excited for them - but it can still burn you out in the same way. So, having time for yourself, making sure you're getting enough sleep, and you're eating right, and you're working out and taking care of yourself first - it's very important.

JS: How do you think nurses could benefit from NurseDeck?

RL: Being exposed to different people and their kinds of experiences is important. When you feel like you're a part of a bigger purpose and you're able to connect with other nurses or nurse practitioners through a centralized source, it's beneficial in the way that you're exposed to different opportunities and options. You also feel more supported.

JS: Is there a topic I may not have brought up today you'd like to discuss?

RL: I think there's something that drew us all to nursing in general. That baseline is just caring for others and finding meaning in what you do, and that's really important. So, just always trying to come back to that is helpful. What's important and what's meaningful doesn't always mean giving a patient a medication, or delivering an IV or giving them wound care. Sometimes it's just being there and being present and listening.



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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



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—Unknown

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