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THE INSIDER'S PERSPECTIVE OF NURSING

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PENNY DAUGHERTY

RN, MS, OCN, ONN-CG

How cannabis can change oncology nursing

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MS, BSN, RN

NONPROFIT FOUNDER, NURSE LEADER, MENTORSHIP ADVOCATE

Facilitating mentorships through nonprofit work

WHAT TO DO IF YOU HAVE A DIFFICULT NURSING CLINICAL INSTRUCTOR

WHAT YOU NEED TO KNOW ABOUT THE UPCOMING STATE INSPECTIONS OF ASSISTED LIVING FACILITIES

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Issue 59 | October 25, 2022

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.

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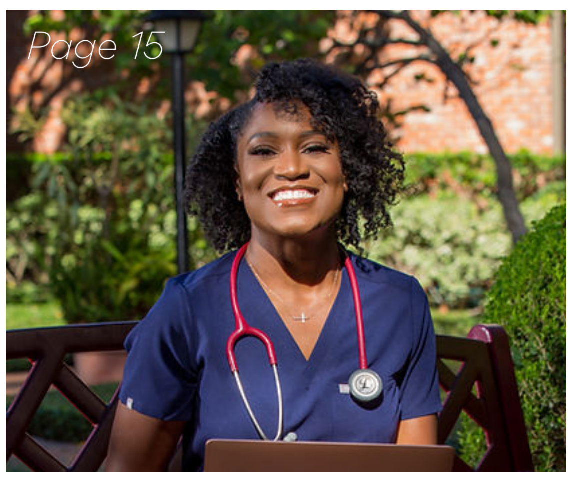

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NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

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

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

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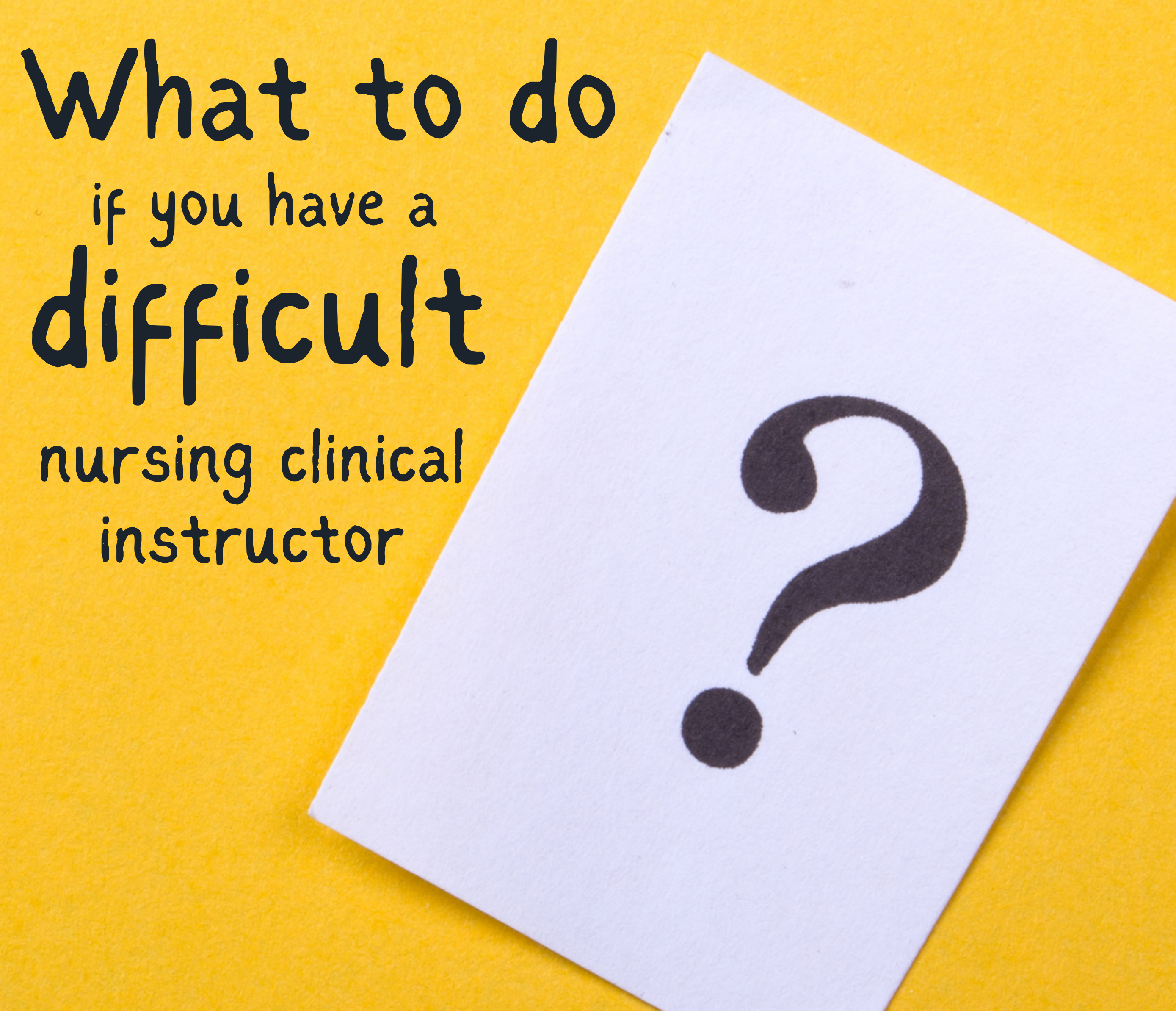
What to do if you have a difficult nursing clinical instructor



By RN Carolyn Harmon
NurseDeck Columnist

Nursing school is one of the most challenging times in a nurse's life. From getting into the program to adjusting to different clinical sites and instructors, your adaptability as a student will be tested many times. As difficult as this may be, it is preparing you for your role as a nurse.

But, what if you have a difficult clinical instructor?

Some instructors want clinicals to be difficult so you are challenged and learn. Others may be unaware they are hard to follow or are not connecting with the students. On rare occasions, you will have one that feels impossible. This can impact your learning and clinical experience and even be the difference in how you are graded. These situations can cause an already stressed student even more strain and sometimes intimidation.

Think deeply about the situation.
Take time to reflect thoughtfully on the issue, its root causes, and how you feel about it. Is your instructor picking up on your shortcomings or ones you perceive? Could you be being overly sensitive, or is the instructor extremely critical? Nursing school is a highly emotionally charged time, and nothing is more difficult than wanting to be further along than you feel you are.

Clinical instructors can sometimes be demanding in a way they think is helpful to your learning, yet this can be hard to digest. Be sure there is a problem and then tackle it head-on. Clinicals are very subjective, and it is often difficult to determine your progress and competence.

Now is a great time to strengthen your conflict resolution skills.

This can manifest in conflict with your instructor. Take extra time to be sure you are prepared for clinicals, work on skills you may need to brush up on, and understand challenging concepts. Inward reflection is crucial before you can work on resolving a problem.

Talk to your instructor.
Now is a great time to strengthen your conflict resolution skills. As a nurse, you will often deal with difficult people and situations throughout your career. Keeping lines of communication open is crucial when you are a nurse, and this begins as a nursing student.

Discussing concerns and issues as they arise prevents things from festering and growing. Being honest and open with your instructors and professors are great ways to facilitate cohesive learning that is meaningful, positive, and effective.

Communicate effectively and use scripting.
Take time to think about the issue and what you want to say. The delivery of a conversation is just as important as the information you want to convey. Using conversation starters can help set the tone for a meaningful and productive discussion while setting up mutual respect.

Begin by saying, "I am having a tough time with clinicals, could we set time aside to discuss this privately?" Another great starter is, "This clinical rotation and information being learned are important to me. Can we discuss my performance?"

After you set time aside in a more relaxed and private environment, continue the conversation with more scripting such as, "Could we talk about what happened…" or "Let's discuss what happened, so it doesn't happen again." "I've noticed that…" and then name the behavior you want to address.

Getting into more challenging conversations about perceived conflicts between students and instructors can be more difficult. Beginning with, "I feel like you are unhappy with my clinical performance. Can we discuss ways I can improve?" is a perfect way to set a tone of concern and a genuine desire to resolve issues without attacking your instructor.

It's never easy to confront someone about a concern, and even more complicated when the person holds a certain amount of control over a situation. This is why these situations should be handled carefully and professionally. You will work with rude and demanding people throughout your career and often have to power through.

However, a good instructor will address your concerns and be receptive to making amends on difficulties, as they are vested in your success and learning. Handling yourself by remaining cooperative, honest and direct will ensure the discussion is productive. Being a good listener is also extremely important.

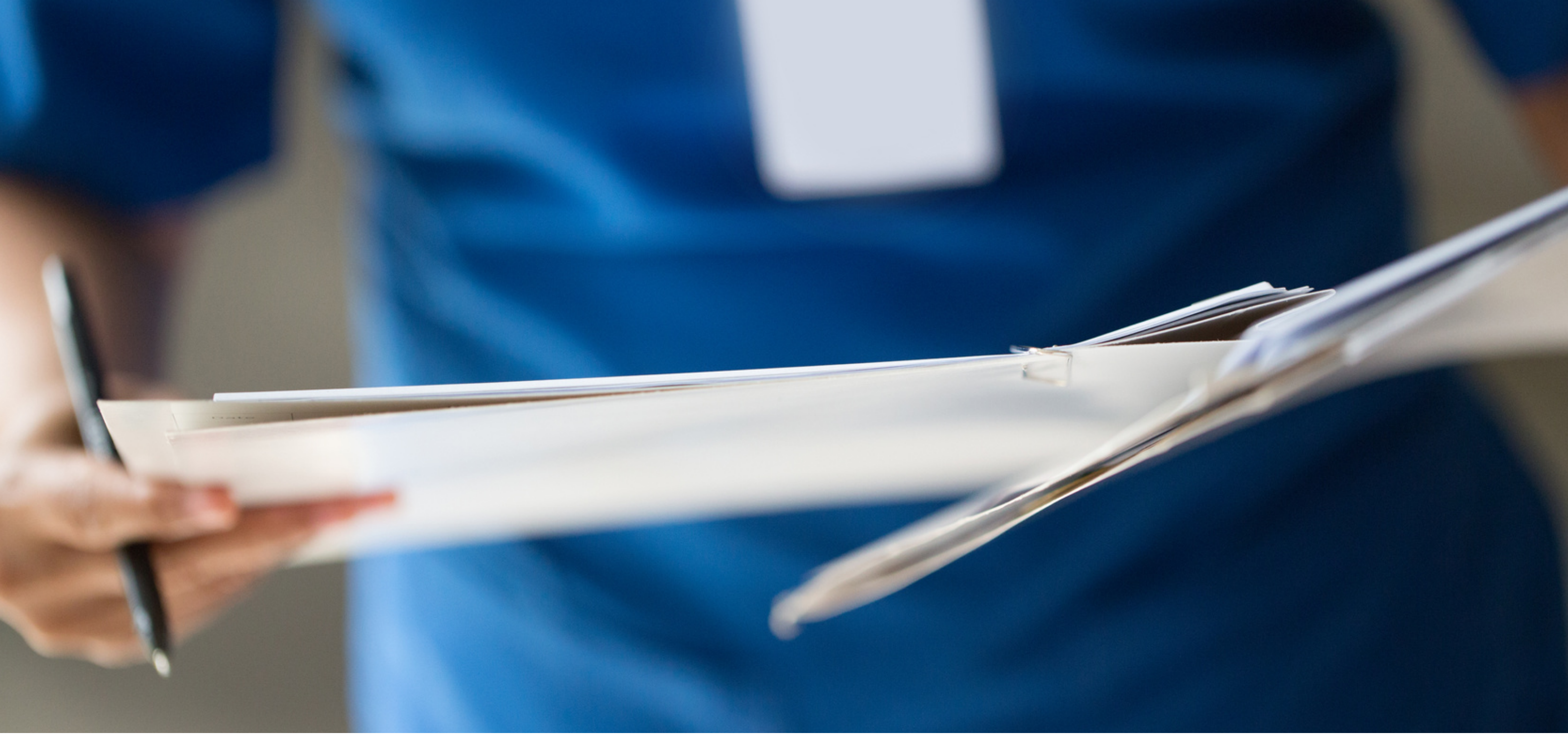
Document your exchange.
You will learn as a student nurse how essential documentation is for your patients. Documenting challenging situations is a great way to record events and help you to escalate them if and when needed. Be sure you are writing in a way that is professional and strictly factual.

Sending a follow-up email after a discussion is an excellent strategy to establish a paper trail of documentation and helps to ensure follow-through and accountability while also being an icebreaker after a particularly tough conversation.

A great way to start this email is with a statement such as, "Thank you for taking the time to discuss _____. I am glad we could get this matter resolved/discuss this further and develop a plan." or "I appreciate you taking the time to meet with me." Be sure your email is written so that should it be forwarded or escalated, it would be acceptable.

Collaborate and escalate.
If problems persist with an instructor, escalate the matter to a professor. There are times when, with every effort and good intention, problems just are not able to be resolved. Escalating to a higher level is something you will do as a nurse and student. Reaching out to a professor or senior instructor to discuss alternative strategies or a next step can be very helpful.

If you're having a challenging time with an instructor you cannot communicate effectively with, discussing the matter privately with another trusted instructor or professor may shed light on the situation. However, being mindful not to be gossipy and keeping the problem private is critical.



I had a tough instructor during my critical care rotation. I wish I knew these strategies and conflict resolutions I have now, as I handled it poorly. I was going through a very emotionally charged time in my life, as my mom had passed away, and it was very difficult to be in the ICU setting after spending months at my mom's bedside in the same setting before her passing. I also can now reflect that if I had expressed my difficulties and how I was unable to separate them from my learning experience, I think it would have helped tremendously. I escalated to a professor. However, by that time, things had deteriorated with my clinical instructor with a complete breakdown in communication that affected my learning and mental health. Ironically, I chose ER as my senior practicum and thrived and had a completely different experience with a wonderful RN mentor I was paired with.

This rotation created a love and passion for ER nursing that has lasted my entire career. I was grateful to have developed resilience through this challenging situation that has carried me through other complex nursing relationships.

Dealing with a demanding clinical instructor is never easy and should be dealt with carefully, honestly, and professionally. Being sure you advocate for yourself as a student is a significant step in caring for your patients and their families.

Effective communication and expressing yourself during challenging times in your life while in nursing school lays the groundwork for your nursing career. Never hesitate to speak up when you need to, as the educational environment and culture are just as vital as the skills and information you are learning.

Carolyn Harmon, BSN, RN, *is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn_bsn_rn.*

nurse deck
What you need to
know about the
upcoming state
inspections of
assisted living
facilities

When COVID-19 first came onto our radar in early 2020, long-term care residents and the frontline workers caring for them served as canaries in the pandemic coal mine. As a nation, we experienced the collective trauma from this situation in myriad ways. Whether it was as family members "visiting" our loved ones through windows, or as bystanders scrolling through horrific headlines detailing the tens of thousands of deaths that occurred due to COVID-19, it was really the nurses and ancillary staff that bore the brunt of cobbled-together crisis management.

COVID-19 cracked open the problems in our healthcare delivery system in many eye-opening ways. Perhaps that's one of the silver linings: any and every systemic failure swept under the rug before was thrust into the light for all to see. Now as we finally get the space to catch our breath, the Biden administration has tasked the Centers for Medicare and Medicaid Services (CMS) with assessing how inadequate nursing home standards contributed to the more than 200,000 souls who died from COVID-19 in nursing homes during the pandemic.

It all comes down to safe staffing

Announced in February of 2022, the Biden administration's plans for nursing home and assisted living facility reform aim to "improve the safety and quality of nursing home care, hold nursing homes accountable for the care they provide, and make the quality of care and facility ownership more transparent so that potential residents and their loved ones can make informed decisions about care." Fortunately for the thousands of nurses and nursing aides who work in these facilities, a major focus of the initiative will focus on staffing.

It's no secret that nurses are experiencing extreme levels of burnout. Much of this is due to widespread staffing shortages. Many falsely attribute this to a nationwide nursing shortage, but that doesn't tell the whole picture. More precisely, there is a nationwide shortage of nurses who are

willing to provide direct bedside care.

Rather than working with nurses to create safe staffing by increasing wages and focusing on nurse retention, many organizations instead chose to dismiss their once-loyal staff nurses and continue operating via a patchwork of traveler and agency nurse replacements. Ask any bedside nurse—increasing staff turnover rates have affected nearly every health system. Unsafe staffing is often the number one factor that drives long-term care nurses to consider leaving their jobs.

Though in the past, CMS has failed to step in to mandate safe staffing, the data is clear that allowing long-term care facilities to craft and enforce their own staffing standards has failed across the board. We've all seen the posts on social media about nurses caring for three times a normal patient load, or read reports of facilities where patients are being abandoned altogether. Who can blame those nursing staff for leaving? Especially in today's litigious culture, nurses need to protect their licenses more than ever. .

How the plan will roll out
As part of the information gathering phase of the plan, CMS conducted a request for information (RFI) specifically soliciting staffing feedback in April 2022. The information obtained was then used to design their site study plan. Beginning in August 2022, the site inspections will be seeking "primary data…including interviews, surveys, and observation data in nursing homes," according to the official release.

Seventy-five skilled nursing facilities across 15 states (CA, CO, FL, IL, MA, MD, MO, NC, NY, OH, PA, TX, VA, WA, and WY) will be included in the study. In addition to management and nursing leadership, direct care staff will be interviewed in an effort to get honest accounts of staffing and how shortages affect care.

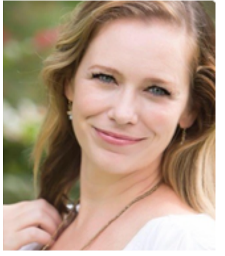
Part of the analysis will also focus on financial transparency within certain facilities

Many long-term care facilities receive government funding, but a growing number have been acquired by private equity funds that then use creative financial strategies to manage profit margins. The financial murkiness associated with these facilities contributes directly to a growing resentment among nursing staff; while shareholders continue to report large profits, somehow raises—even living wages—always fall short for those actually caring for the residents paying to be there. Worse still, recent studies show that residents at privately-owned facilities consistently suffer from significantly worse clinical outcomes.

Unveiling the finances at these facilities and others will hopefully allow the CMS to advocate for significant wage increases. Not only will this help with staff retention, but it is critically significant for the women of color who tend to make up the majority of long-term care staff.

Raise your voice
Government oversight is not always the best way to improve a system, it's true. But the attention and focus being directed at a field of nursing that has long been due for improvements is a net positive. We owe it to our aging population to ensure that these facilities provide safe and dignified care — and we certainly owe it to the care workers who have been there for them all along.

If you are a long term care worker and were able to take part in a CMS survey, tell us about it! We love to hear firsthand accounts on NurseSocial in order to connect and support those of us out there doing this hard work. ♁



Breanna Kinney-Orr *has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as @breanna_orr ad on Instagram as @breanna_nurse_host.*

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?

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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.

nurse deck
Facilitating mentorships through nonprofit work
RENEÉ OMOYENI
MS, BSN, RN

MEET RENEÉ

Renee Omoyeni is the Executive Director and Founder of CompassRN, a nonprofit organization which raises awareness of the nursing field to students who are underrepresented in the industry. She received her BSN in nursing from Bethune-Cookman University and her master's in health education and promotion from Walden University. Before founding CompassRN, she worked as a care manager, infusion nurse, and nurse navigator. She still works part time as an infusion nurse based out of Houston, TX.

Jamie Smith (JS): Hi, everyone. My name is Jamie Smith. Today we are interviewing Renee Omoyeni. As a nurse, how did you get started? What inspired you to become a nurse?

Renee Omoyeni (RO): I have been a nurse for about 12 years now. It's funny because I feel like I've always known I wanted to be a nurse–one of those cheesy stories. I don't remember ever wanting to be anything else, besides a teacher when I was in elementary school. I really just followed my dream and decided to pursue nursing and really didn't have any type of contact with nurses that I can recall where I could ask questions and learn more about career. Other than that, I had a favorite show that was called "Rescue 911." When I was young, I used to watch it and I remember just loving and enjoying what the nurses did. Like I always was so curious about what roles nurses had, and I just continued on with the process. I ended up going to nursing school in Daytona Beach, Florida, and that's where everything began. I took a love for med surg, where I started, and joined the army and worked as an army nurse for about four years and got into Infusion nursing case management.

JS: Tell us, what is CompassRN? What is its mission and vision? How did you come up with the idea?

RO: Compass RN is a 501(c)3 nonprofit. We're based in Houston, Texas. Our vision is to increase minority representation in the field of nursing. I came up with the idea during COVID. I've always really enjoyed being a mentor. I'm the youngest of four children. As soon as I became 18, I was like, "I want to be a mentor. I want to help out middle schoolers," and it just continued throughout the year. I continued on working as a nurse and I would always encounter nursing students and graduate nurses and I would talk to them and found that a lot of what I struggled with in my prerequisite journey they were struggling with as well. I really just combined my love for mentorship and my love for nursing, and then the struggle of my prerequisite journey. So that vision of increasing minority representation comes with so many different components, really starting before a student even becomes a college student. Like, how can we better prepare you before your transition to college from high school? How can we better prepare you to be a competitive nursing applicant, to be a prepared student, so that you're not barely trying to make it? You're really equipped with some tools that will really effectively help you throughout your journey. It's a program that won't be for everyone. Some people are driven, they have great resources, even if they have barriers, they still find a way to persevere and to still reach their goals without having any extreme difficulties at the beginning. But CompassRN is really for those girls like me, who had the drive, but

could have used some guidance. The mission is to provide students in underserved, underprivileged areas with the awareness of nursing–like, “What does a nurse do? You say you want to be a nurse? But have you ever had a conversation with a nurse? Do you know what it takes to go to nursing school? Do you understand the process?” Providing students with the awareness of the career of the field, and that's going into the classroom talking to students introducing them to nurses, and then we also have an access portion: Providing students with the access to the nursing community. So being able to talk to nurses, going to a hospital and seeing what the hospital looks like inside. If you've never been in the hospital and you think you want to be a nurse, are you okay with some of the smells you're going to encounter? Are you okay with dealing with bodily fluids? I find a lot of students, they really don't know. They have this idea and this dream of what they see on TV, or what they see online. I have to remind them it's not always glamorous. You're going to have days you really don't like what you're doing, but you love being a nurse. You have to push past that. So, the access is providing students with field trips. We're in the Houston Med Center. We have a summer nurse camp, providing students with that opportunity. There are several nurse camps around the country, but what happens is students that are in those underserved communities, they probably don't hear about those opportunities because they may cost $800 up to $4,000. So, we’re providing a camp where we remove the barrier of the financial aspect. And finally, there's mentorship that starts in their junior year, and extends all the way until they become a nurse. So, having that long term mentorship throughout their journey, that basically is what CompassRN is, it's a lot of guidance and support for students.

JS: Can you tell us a little bit more about the nurse camps? You said sometimes it might cost around $800. Is that right?

RO: Correct. Our summer nurse camp–we had our first one this past July. We had 35 students from a local school district. We interviewed them to find out their interests about nursing, and came up with this concept of just allowing them to talk to as many nurses as they could. When we interviewed them, one of the questions was, “Have you ever spoken to a nurse before?” And I would say 95% of them said no, they had never had a conversation and the majority of the students were seniors. That was something we really wanted to incorporate. We want to surround them with nurses to ask questions and to learn about the different specialties that are within nursing, outside of just being a nurse from what you see on TV. Nursing is so broad, there's so many different things you can do. So exposing

students to different types of nurses and nurses that look like them, having Hispanic and African American and Asian nurses come in and talk to them-the nurse panel was a huge component. We also had a hands-on skills portion where they learned how to tie a tourniquet, how to take a manual blood pressure, and how to insert an IV. These are like big things they were able to do that they didn't really know is what nurses do. The big barrier we've removed for our campus is that financial aspect and to really allow students to have a great experience by learning from nurses in the community. We didn't want to only have nurses from our little circle. We really wanted to branch out into our community of the Med Center, and bring in nurses from all different clinics and hospitals, and really allow students to just be inspired and be excited about becoming a nurse.

JS: How does the program work? How can people get signed up?

RO: You can start by going on our website, compassrn.org. Our Instagram or Facebook, you can go there. We have some videos of the summer nurse camp and of some of the field trips we've taken. We took one field trip to the forensic Center of Excellence, where students learned and heard from Forensic Nurses. We start in the eighth grade. We've expanded to middle school students, because my understanding it's the earlier and the sooner the better by just coming into the classroom. We've spoken to students, even in the senior year, and again, it goes back to that question. "Have you talked to a nurse?" We've heard from doctors, we've heard from different healthcare professionals, but I'm like, where are the nurses? Just to start off, we start with the awareness in eighth grade, ninth and tenth grade. They're introduced to that summer nurse camp, but then we have ongoing year round opportunities for students to learn more from nurses through virtual interviews with nurses or conversations with nurses. We did a few of those during COVID. but that's basically how we get connected. We really focus on the school districts, charter schools, and really just being more involved

with showing students and meeting students and introducing them to CompassRN.

JS: What can you say about the current working conditions for nurses? How do you think CompassRN can strengthen the healthcare system today?

RO: I feel like there is this uprising of nurses just speaking out more and more– really speaking up for ourselves. I feel like we had "The year of the nurse" during COVID, and the rest of the world was able to finally understand–to take a deeper dive into what nurses deal with and the care of nurses and how we provide care. It really gutted out a lot of misconceptions of nurses, and started a revolution within the nursing family and in the nursing community. Nurses are no longer being quiet about things we need to speak up about. With CompassRN, I feel like our piece– because there's so many different pieces, there's so many different components of the nursing shortage that we have-is providing more awareness to students and really giving them an inside look into what nurses deal with

and better preparing them for the future with mentorship. At CompassRN, we really have a platform to be able to effectively inspire students, but to also provide them with the guidance they need.

JS: What are the major changes and challenges you face as a nurse entrepreneur? What have you learned?

RO: I have learned a lot. It's been challenging. It's definitely come with its ups and downs. I think my biggest challenge is just being able to put on that business hat. I'm an ambivert. So I am an extrovert, but I'm also introverted. It's really pushed me to the front–but I'm used to and more comfortable being at the back of the scenes. I don't need to be doing an interview. I don't need to be in front of anybody. I just liked being a support. Knowing that we have all of these resources, and knowing that nurses are open and nursing organizations and hospitals will be open to CompassRN, but it's just getting through the 800 doors and 800 walls. Talking to the right people. Having the right people hear the story and be inspired by it. It's been a journey. It's been a process. I'm happy to say we've started to make some good connections and relationships in the nursing field in Houston, even outside of that, and we are going on this journey and believing and trusting in the Lord that we will affect more students.

> *I feel like there is this uprising of nurses just speaking out more and more–really speaking up for ourselves.*

JS: Good for you for putting on that business hat. And look at you– you took that leap of faith and look where you got to make a difference.

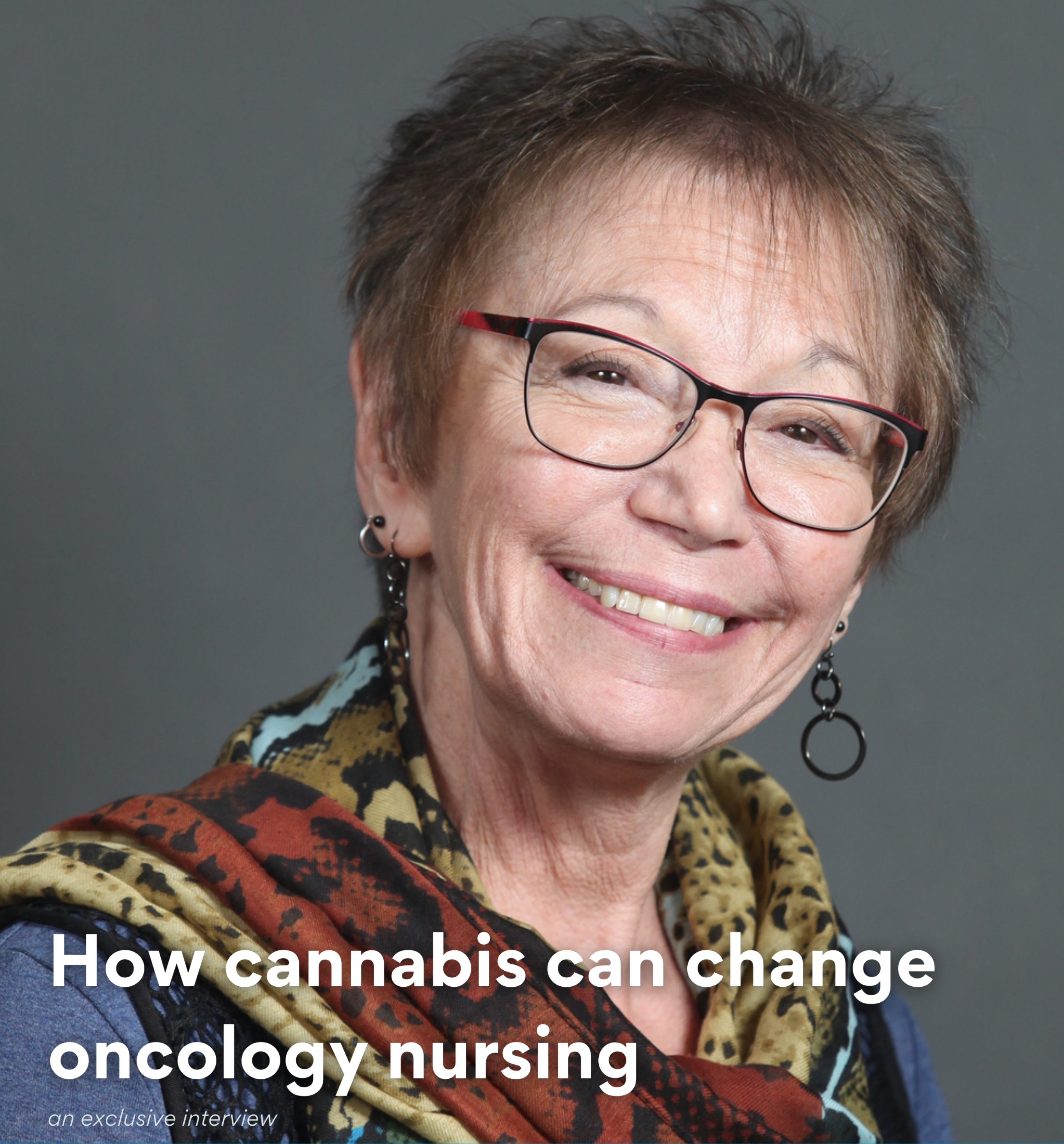
RO: Exactly. I call them "God ideas" and "God dreams." They have really been God inspired ideas that I don't think could have come from myself. I still work full time. I'm trying to balance my time and my work-life balance; being a wife, being a dog-mom, and then also investing and putting my heart and everything into compensation. There'll be moments that I have, like these weird thoughts that pop up at like three o'clock in the morning. I understand that it's a driving force of my faith. I have to believe that I'm being directed in a direction that's already been placed before me.

JS: Thank you for sharing your story. What do you want the future of nursing to look like?

RO: I just want students again. CompassRN is a program I wish I had when I was going through my hot mess of a journey. I just remember being so inspired, and so driven, but not knowing. I got so many denial letters from nursing schools, and I just never thought it was going to happen. But it happened, and I started on that nursing school journey. I want students to be inspired and I feel like a lot of the inspiration you have will drive you, but you need that support, no matter what form it is. I really want CompassRN to create a foundation for students at an early age where they know that they have CompassRN and this whole community around them that's rallying and providing support everybody needs. The future of nursing is to make sure our students across the country are guided, have a mentor, and that they just are able to do anything they put their mind to when it comes to nursing.

PENNY DAUGHERTY

RN, MS, OCN, ONN-CG



How cannabis can change oncology nursing

an exclusive interview

Penny Daugherty is an Oncology Nurse Navigator at Northside Hospital in Atlanta, Georgia. She received her bachelor's in Nursing Sciences form Florida SouthWestern State College. She has a masters degree in science and Clinical Psychology from Olympic College. In the past, she has worked as a Clinical research Coordinator and Director of Clinical research for numerous different companies. In 2018, she became a member of the Astra Zeneca Lecture Bureau. Since 2010, Penny has worked as an Oncology Nurse Navigator at Northside Hospital, where she provides navigation services to oncology patients and education to nursing interns.

Jamie Smith (JS): Hi, Penny, thanks for being here. Tell us how you got into being an oncology nurse navigator. What is it about?

Penny Daugherty (PD): I was a research coordinator prior to being a navigator. Our state organization, which is part of ASCO, also known as GASCO, had an initiative to start with navigation, and I was very interested in that. It has a lot of crossover to research because you're basically shepherding the patient through their journey, and I became interested in how our hospital absorbed our very big private practice. I asked our leading doctor at the time to let me be his navigator for his patients, because I knew most of them. He sat right down and called the director of oncology and she said, "Okay." I learned and I joined AONN, which is a fabulous organization for any navigator, to learn, and to network, and to bounce things off of as you go into it. I've done this for 12 years, with GYN patients. For a little while, maybe three years, I was the substitute teacher for head and neck cancer, and then we hired a nurse navigator, which was wonderful, but I got a lot of variety there.

JS: How did you get started in nursing? What led you to oncology?

PD: When I was in school, I thought I was going to be a pediatric nurse and probably work in a school, because before I had been a nurse, I was a clinical psychologist, and I worked with children who had Down syndrome and were autistic. That was very primitive, because that was in the 60s. I thought I was going to be a pediatric nurse and my first three patients - I was such a mess, because I cried. The pediatric nurse who was teaching me dragged me into the lounge and said, "You're not going to be a pediatric nurse. You can't keep a straight face. Find something else to do." Pediatric nurses are big warriors for their patients, as they should be. My very next rotation was oncology, and here I am, 40 years later.

JS: Can you tell us more about your advocacy as an oncology nurse navigator?

PD: My patients, who are gynecologic oncology patients, come in with total terror. Everybody knows that if you have ovarian cancer, you die. Everybody knows that if you had cervical cancer, there was some sexuality involved there. You have very high stress patients, and very big needs, and women, - we don't like our fairy tales disturbed. In this scenario is a patient who is angry, which is just being terrified turned inside out, and I help them learn about their chemo. I help them if they need financial assistance, which many people do these days. I also work a lot with integrative modalities and medicinal cannabis. I have places I can refer patients to. I also work with sexuality. I try to help them with sexual side effects, which are huge. My view is I work with the patient from the moment they refer to me until they go to hospice. It's a disease of many recurrences, so there are a lot of different needs along the way.

JS: Can you tell us more about the role of cannabis in oncology nursing, and its role in enhancing cancer treatment?

PD: Cannabis has an amazing amount of therapeutic value in all of its different forms. It's very effective for nausea, for insomnia, for anxiety. It's also helped a lot with glioblastomas, because it does cross the blood brain

barrier, which is a huge statement in itself. Patients really need a very well educated practitioner who can steer them toward the right form of cannabis. It's very good for symptom management. Patients are unable to think rationally when they're hysterically afraid, so it calms people down. There are also topical forms of cannabis which help with wound healing. I have a patient on Doxil, which is an anthracycline/antibiotic type of chemotherapy, and she looked like a leper because she's very fair skinned. One of the biggest side effects of Doxil is skin rashes, but with various forms of cannabis, she's now fine so they did not have to reduce her dose. She is much calmer when she comes in for chemo, knowing that she's not going to have to submerge her hands and feet in ice water, which is never a happy experience, and her rashes are all healed. So there's a lot of iterations of cannabis, and the good thing about cannabis is you can tailor what you're doing to different needs. When you give them an opioid, you've just knocked them out and they're stoned.

I don't know anybody who's ever been addicted to cannabis. They just get older and go on to drink wine.

We have patients who have been prescribed Oxycontin, Tramadol, fentanyl patches and rollbacks and all at one time, and the doctor says the patient didn't remember what you said to them. You don't have that type of global knock you out response with cannabis. It's not heavily laden with THC, which is psychrotrophic. It works very well. I've used it with most of my patients, and I've also used it with my dogs. It works very well to calm dogs down. There's a lot to be said for it. It's unfortunate that the government won't make it available for research, but it can't be researched as a schedule one drug because it's right up there with heroin. That's somewhat of an oxymoron, because we're all aware of how quickly you can become addicted to opioids. I don't know anybody – and I say this quite seriously - I don't know anybody who's ever been addicted to cannabis. They just get older and go on to drink wine.

JS: So cannabis has a lot of therapeutic value. I didn't know it crosses the blood brain barrier and impacts those with glioblastoma - and then you mentioned the topical form. This is the first I've heard of that.

PD: It’s amazing. I've had patients put that on different keloids, which is a body's over-enthusiastic scarring. I've had people use it for myalgias. One of my co-workers tripped over one of those things they put on the floor to keep you from tripping, and she fell right on her knee. I gave her some of my juniper joint cream I had, which had cannabis in it, and she was able to walk to her car - and that was from limping and almost being in tears.

JS: Have you seen people go on this

and be able to be weaned from the opioids?

PD: It's very difficult to wean somebody from opioids, because the dependency is a very physiologic one. People are over-narcotized, because it's what they think their doctor said. “If it doesn't work, take two.” Well, two oxycontins are huge, in terms of disrupting your brain power, and then we expect them to drive. Those are very detrimental. Cannabis has many forms that do not have any psychotropic effect at all, when they're CBD.

JS: You mentioned how cannabis can provide quality of life because it impacts symptom management and helps with GR stuff like your nausea and insomnia. I want to know more about how cannabis specifically can help restore joy and re-actualization to a sense of self.

PD: People, when they are stressed, cannot think about anything except the stressor, and fear, pain, and nausea. It's a little hard to think about anything else at all when you have nausea. There is actually a synthetic cannabis called Marinol that has been very successful in helping with nausea but it is indeed synthetic. When you can use CBD-A and also insert the terpenes of lavender, peppermint, and linalool - which is a lemon-type scent - you can create a much calmer GI tract, which allows people to be able to eat and drink without being afraid they will become nauseated. When people feel physiologically normal, they're able to domino that effect out into their general persona. When you feel like a victim and something is so wrong that that's all you think about, it's very difficult to actualize yourself as a person. I've suggested to some patients that they have a gummy with Delta-8, which is similar to THC, but not not the type of substance that makes you stoned. I've taken the Delta-8 - which is legal and you can purchase it - and they've gone into chemo and just relaxed so they don't need the Benadryl or some of the chemicals to keep them from vomiting. They've had cannabis, which is encompassing because it affects the endocannabinoid system, which, again, goes with the vagus nerve, which speaks to the nerves in your body and controls just about everything. It's been a very rewarding experience to see people be able to feel in control of themselves. If you don't feel in control of yourself, it doesn't really matter about anything else, because you've suddenly become 4-years-old, trying to escape being in a box. That's a very difficult person to talk to in a goal-directed manner, because they're only thinking about what they want to do to get out of this. The other thing it helps with is intimacy. I don't mean sexually, necessarily, I just mean intimate. You can't feel that way if you're a basket case, if you're hypersensitive, if you feel like you could throw up. All of those things are deterrents to any kind of intimacy. When I first went to KenMed, which is a very good conference, they invited several really prominent football players who discussed their experience with medicinal cannabis in lieu of being given a Ziploc bag full of glycogen. They resurrected their life with it because they weren't stoned on opioids. It was very well attended by physicians from all over the world, not just cannabis purveyors. The pediatric neurologist from Tufts University talked about and showed videos of children in Status Epilepticus, and then after being titrated with cannabis by the pharmacist, these children are able to

have normal lives, eat with spoons, and not be helmeted and quilted to keep them from harming themselves. These were not stoners. These were physicians learning about cannabis. I'm really sorry that our government doesn't want to legalize it, at least to be studied under clinical trials, yet they have all of these crazy drugs we're importing from other countries where the quality control is sketchy, at best.

JS: Thank you for that information. That was good stuff. What are the major challenges in your role? And how are you dealing with it?

PD: For me, the major challenge is to get a patient from an initial diagnosis, where they are terrified, can't think, scared to death, and angry, to being able to deal with this as a thinking woman, knowing how to make a plan for yourself because if you're a basket case, you don't make plans, you just kind of defend yourself. That's been a challenge. Getting people to understand that in gynecologic oncology, we have many drugs that we did not have before, that are now very efficacious in producing durable remissions. Before 10 years ago, there were no markers you could tailor your treatment to, and now we have those. They've been developed for us. The biomarkers are much more amenable to gynecologic malignancies. It gives us a monopoly of drugs to use where before we had not too many. Now they're doing studies on cervical cancer, some ovarian cancers, and I'm really excited to see this. It's also speaking to the need for education because as solid tumor people, we don't know about the side effects of the drugs that are for hematologic malignancies. It's a whole new learning opportunity for those of us in solid tumors and very much in gynecologic malignancies. When you do a hysterectomy on a woman who is pre-menopausal, you have just yanked out her entire estrogen compound, and you toss people into surgical menopause. It makes it very hard to be rational and calm. People

laugh at that and scoff at that – but I promise you, if you'd done that to a man who has prostate cancer and his hormone imbalances, he's going to act extremely emotional. Hormones are necessary for us. This is a big problem with women with gynecologic malignancies.

JS: So you also provide CE's or continuing ed for oncology nurses. Can you tell us more about that role and its impact on oncology nursing?

PD: I think oncology nursing is changing about every five minutes for all of us. We, at AONN, have taken the position that education is crucial. In gynecologic nursing – actually, any type of oncology nursing – you need to have fact-based everything. It's been very important to create that as a navigator because navigation is a somewhat nebulous role. If you've seen one navigation program, you've seen one navigation program. Standardization is coming, but it's not the same as in other things. So for all oncology nursing, as things are developed, the nurses have to adapt. Education is the key - preemptive education. Not, "Okay, I made a mistake. Now, what do I do?" I think it should be presented prior. Being prepared as an oncology nurse gives you a sense of calm, and you can impart that to your patients and be able to answer their questions because people with cancer are hypersensitive.

JS: What do you think the future of oncology nursing should look like?

PD: That's a loaded question. I know a lot of older people say this, but when I went to nursing school, we did a lot of what was called IPR, which is personal relationship type training. Now, there are a lot of

> *People, when they are stressed, cannot think about anything except the stressor.*

things that are different, much more personal. Now they have a nursing shortage, they're trying to teach the nurses skills. The skills are important, but the skills also need to come from your heart. I was very blessed because I and another nurse here at Northside won a scholarship to go to the city of Hope and take communication courses. What you had to do to reciprocate was give those courses to the newer nurses. I have a program I do called "Sex, chemo, and rock and roll," which has to do with intimacy and helping patients with that. They took that course away from the new nurse training because they want them to learn skills. Skills are very important, but for a patient to go into a scenario where they're getting chemo, they taste the chemo. They feel like they smell the chemo in their body. They are being cautioned about precautions to take while they're on chemo. It's very hard to maintain a sense of intimacy. It's crucial to be able to feel cherished, physically, because a lot of people feel like freaks. I say that quite seriously. Even the smallest parts are huge. When you start altering people's physical appearance, we are one Gestalt creature, not just physical, mental, emotional. It's very difficult to appreciate that as a nurse. I had a hip replacement a few years ago, and I

had to walk down the hall with my tushy sticking out and using a walker. I worked there, so I was very self conscious about that. I know what I'm doing. I'm a nurse, but what about a woman who's an accountant or a teacher? The whole experience we have for people initially is way beyond daunting. Something I do is give my new patients mugs, and I buy them from Cracker Barrel, or wherever they have sales on, because I really did not appreciate drinking from a Styrofoam cup when I was in the hospital. I'm thinking it would be nice to have your own porcelain mug. It's important for us to address all parts of the patient. That's a big deal. A lot of little tiny things make up our expectations as individuals, and we as nurses need to be aware that we can always be more therapeutic. That's very important. You have a very small amount of time with a patient, and you need to optimize it. Once you become yourself, you can rationalize a lot better.

JS: Thank you for that. Is there any other topic you'd like to address or discuss that we haven't already mentioned or brought up?

It's important for us to address all parts of the patient.

PD: Well, these days, there are a lot of different insurance complications with some of the insurance companies and I think we should try to make resources available to our patients. We don't really because the people who run the business office and so forth are very busy and there's not enough of them, but it's something that we need to ask the patients: "What type of activities of daily living would you like me to help you with? Tell me, are you concerned about driving your car?" I think a lot of open ended questions can give you a lot of constructive answers from patients.

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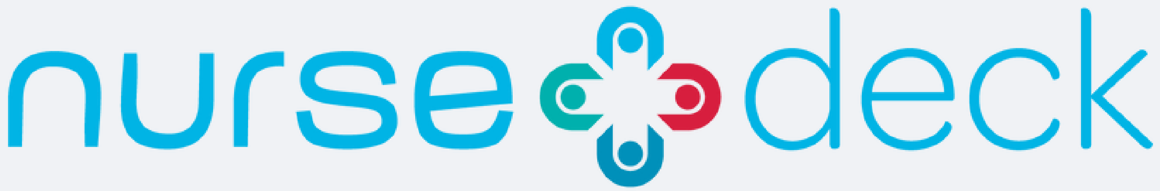

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