

UC San Diego Health

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UNIVERSITY OF CALIFORNIA, SAN DIEGO



**FORGING A PATH
IN NURSING**

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Transformational Leadership

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Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSDH. For more information go to our nursing website at <https://health.ucsd.edu/for-health-care-professionals/nursing>



Front cover artwork by
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Message from the The Chief Clinical Officer

My Professional Journey

My aspiration to become a professional nurse began in high school at age 16. I was working as a part time physical therapy assistant after school and loved connecting with my patients, hearing their stories, and helping them attain their restorative goals. I attended a private, all girls high school and met with my guidance counselor. She advised me that I wasn't college material and should look into a trade school. This consultation put me on my path to prove her wrong and pursue my bodacious goal of becoming a nurse. I studied hard, passed my exams, and was accepted into Molloy College Nursing Program. I graduated in 1978 with my BSN. Never doubt the power of a dream.

I began my career in a teaching hospital – North Shore University Hospital (NSUH). I worked the evening shift on a 30-bed medical/surgical/oncology unit. I quickly saw that nurses didn't have the knowledge or resources to provide excellent care. After 2 years at the bedside, I chose to go up the administrative track with the dream of creating an exemplary professional practice environment and pursuing clinical excellence.

I went back to school to get my MSN, and during that time made my next bodacious goal of becoming the CNO for NSUH and having an international influence in nursing practice.

My dream came true, and as the CNO for NSUH, I learned of the



This picture taken in 1983, working the evening shift as a house supervisor.

Magnet Recognition Program, our nurses embraced the idea, after which we began our Magnet Journey. We were recognized in 2001 as the 18th Magnet Hospital in the United States.

The ANCC attended our Annual Nursing Research Conference and were overwhelmed with our nurses' knowledge of evidence-based practice, research, and the number of research studies that had been completed and disseminated. Thus, I was asked to join the ANCC as an independent consultant. I visited organizations throughout the United States and several international hospitals. I taught them about the program and conducted many Magnet workshops.

My husband retired in 2004, and we began to spend time in San Diego. This was when I learned of an upcoming CNO opening at UC San Diego Health. I applied and was very excited to hear during the interviews that senior leaders, medical leaders, and nurses at all levels in the organization wanted to pursue Magnet Recognition. I got the position in July 2006 and we began our Magnet journey. In 2011, we received our first designation with exemplars in evidence-based nursing and research!

I have always been dazzled by the nurses, medical staff, and all team members at UC San Diego. I have stayed because every day they all exceed my expectations and challenge me to become a better leader. Working here the last 18 years has given me, as a person and as a professional nurse, many opportunities to learn and grow. I feel cared for, and have a sense of belonging.

Wishing you all a wonderful journey, and a reminder to never doubt the power of a dream! With patience and hard work, they really can come true!

With Gratitude,
Margarita

MARGARITA BAGGETT, MSN, RN
CHIEF CLINICAL OFFICER
UC SAN DIEGO HEALTH



Forging a Path in Nursing



UCSDH DREAM Externship Experience

Author: Kevin Daniel Parga, RN

My nursing journey began as a member of the UCSDH DREAM Externship Cohort of 2023. The degree of commitment that UCSDH has towards inclusion and fostering growth was made evident to me through countless experiences during my year in the DREAM externship. Despite the challenges I faced throughout my time as an extern, I am eternally grateful for every opportunity that was afforded to me by UCSDH and the DREAM Externship. I can say, with certainty, that UCSDH is unmatched in its ability to foster growth, promote inclusion, and create unique opportunities for professional development.

I was fortunate enough to have gained acceptance into the DREAM externship program during my third semester of nursing school. I was offered an extern position on UCSDH Hillcrest 5West (5W) Trauma PCU floor and quickly accepted. 5W cares for a multitude of patients including falls, motor vehicle accidents, gunshot and stab wounds, traumatic brain injuries and any other kind of trauma that requires in-patient hospitalization. After being given a description of the patient population I would be caring for, I was eager to begin learning and start my clinical hours.

From the onset of my externship, there was a seamless flow of communication between the heads of the externship program, the 5W nurse managers, and myself. The DREAM leadership, Gwendolyn McPherson and Bea Lizarraga, held an introductory meeting with the DREAM externs prior to starting our clinical hours. During this meeting, they discussed the

mission and vision of the DREAM program, clearly outlining the program's goals and expectations. It was apparent that Gwen and Bea were committed to promoting and sustaining an inclusive workforce at UCSDH and their dedication and support towards the DREAM program and its members was reassuring. Having a solid support system within the externship eased my apprehensions of balancing school with an externship.

My clinical hours began in August of 2022. Trisha Weers and Diane Wiskus, the 5W nurse managers, reached out to inform me that Misty Anderson would be my primary preceptor. Misty was a wonderful preceptor. On my first day, she familiarized me with the layout of the floor, nursing workflow, and opportunities for learning. Misty asked important questions such as, "What are your goals for this externship? What are learning opportunities that you would like to experience/be a part

of? From your point of view, how can I best assist you in ensuring that you meet your goals?" This conversation reassured me that I had the support needed to be successful, helped define my professional development goals, aligning these objectives with the hands-on aspect of my training. Having a consistent preceptor throughout my externship was a crucial component towards my learning and confidence, providing the stability that was lacking in my regular nursing school clinical rotations. The DREAM externship allowed me to gradually improve my skill set. Misty identified my strengths and weaknesses, using those to formulate weekly goals that progressively increased my autonomy. Trust established with Misty allowed me to take more responsibility with each shift, developing my critical thinking skills. Without a doubt, this externship made me a stronger and more confident nursing student, allowing me to go into my nursing school clinicals ready to take on my assigned patients. I felt empowered, allowing me to advocate and communicate my desire to take on as many patients as was appropriate. However, even though I was building my skills, I understood my limitations as a student and was aware of the room for improvement.

Another highlight from my experience as a DREAM extern was observing the unit culture. From the very start to the end of my externship, everyone on 5W was welcoming. It was a pleasant experience to get to know the staff, ranging from nurses to providers to assistive personnel, and all other members of the unit. The nursing staff



Kevin Parga, RN works at UCSD Health Hillcrest Medical Center. He recently graduated from Southwestern College, where he obtained his ADN in nursing and is currently working towards his BSN from Grand Canyon University. Kevin successfully completed the UCSDH DREAM Externship and was able to secure a position as a full-time RN working on 5W Trauma PCU.

was always happy to answer all my questions regarding nursing skills, policies, and procedures. Many would go above and beyond my expectations, such as printing the UCSDH policies and procedures for me to take home and review. I had previously rotated on units at UCSDH La Jolla and felt the same sense of inclusion. This, in my opinion, is a common theme throughout UCSDH, setting them apart from local hospitals. I believe this is because UCSDH values educating, training, and giving a positive experience to the next generation of healthcare workers. The workplace environment quickly became one of the driving factors as to why I wanted to begin my professional career with UCSDH, this and the continuing inclusivity, support, and collaboration.

I would like to acknowledge Gwen McPherson, one of DREAM leaders. Gwen is yet another prime example of the immense amount of support granted to me. During my externship, I informed Gwen that I had a strong interest in rotating in the Intensive Care Unit (ICU). She mobilized resources, securing a spot for my senior preceptorship in UCSDH Hillcrest's Medical ICU, 10 CCU. When she informed me of this opportunity, I was in shock, filled with excitement and overwhelmed with joy. I knew that senior preceptorships in the ICU were rare and Gwen made it happen for me! Similarly, to my externship on 5W, my senior preceptorship experience on 10 CCU was nothing short of amazing. The setting was incredible, the acuity and management of medical conditions was fascinating, and the role of the nurses was thrilling. I was lucky enough to have Khoder Osman as my preceptor, he is hands down one of the smartest individuals I have worked with and an excellent educator.

Although I had countless positive experiences, the externship had its challenges. The biggest challenge I faced was the management of my time. Commencing the externship during the most challenging semester of my nursing program was one of the reasons that many of my former classmates did not apply. The fear of not being able to manage my time appropriately was a valid concern, and it was indeed very difficult. Admittedly, trying to

coordinate my lectures, exams, nursing clinicals, externship clinicals, and my personal life was a major source of stress for me. I had to take a step back, set my priorities, mindfully plan and schedule my shifts months in advance, taking my academic schedule into consideration.

The fourth semester became even more difficult, intensified by the inclusion of my senior preceptorship shifts on 10 CCU. For that entire year, my life exclusively revolved around nursing and the only thing that kept me pushing through was my vision of beginning my professional career with UCSDH. I am proud to say that I successfully completed the UCSDH DREAM Externship and graduated from nursing school with a 4.0 GPA, which would not have been possible if it weren't for the support and flexibility that the externship afforded me. I am also grateful to say that I was hired as a RN on UCSDH 5W Trauma PCU. Recently, I completed my orientation and began independently providing patient care. Undoubtedly, the DREAM externship equipped me with the tools necessary to successfully transition into professional nursing practice. The experience equipped me with the standards of practice that UCSDH proudly upholds. I am overwhelmed with joy knowing that I am employed by an institution that has an exceptional organizational culture and highly values its nurses and their professional development. I am so grateful for the DREAM externship program and its leadership vision. I look forward to advancing my professional career with UCSDH, providing exceptional patient care to our community, and creating a healthier world — one life at a time.

UC San Diego Bound, RN Dreams Found

Author: Megan Londerholm (Yap), MSN, RN, PHN

My journey at UC San Diego Health (UCSDH) began with wide eyes and a heart full of ambition, and it still hasn't stopped since!

As a nursing student, I walked through the halls of Hillcrest (HC), wearing a baby blue uniform and white leather shoes, stepping into the world of healthcare for the first time. The sights, sounds, and smells were overwhelming as a symphony of beeps, gurgles, and conversations played in the backdrop. Yet, amidst the initial chaos, a sense of purpose bloomed within me. UCSDH was the place where I knew I belonged and wanted to start and end my career as a Registered Nurse.

Those early clinicals years were a whirlwind of information and practical lessons on HC's 8th floor. I learned to take vitals with trembling hands, administer medications with thought and care, and navigate EPIC charts that documented each patient's story. The experiences I had on this floor will always remain the foundation of my journey.

Graduation marked a bittersweet transition. I was now a fledgling nurse eager to get hired at UCSDH! Shortly after graduation, I interviewed with JMC 4FGH Surgical Oncology, managed by Laura Vento, and it felt like home. I was the first newly licensed registered nurse (NLRN) that JMC 4FGH hired and was guided by a kind, bubbly, and resourceful nurse, Megan Bandfield. She taught me the unspoken language of nursing, the subtle cues that revealed a patient's and

family's needs beyond the words they spoke. I remember one of my first shifts working with her; we had a family who had just made the difficult decision to transition their loved one to comfort care. During 12-hour shifts, nurses establish meaningful connections with patients and their families, allowing them to learn about their values, cultures, and beliefs. After learning how much the patient loved ice cream, Megan organized a special ice cream party for the family to honor their loved one. Megan was not only a wonderful and color-coordinating scrubs preceptor (so we could be twins aka Megs x2) but exemplified the immense value and impact of establishing meaningful connections with her patients, patient's families, coworkers, and other healthcare professionals. I learned a valuable trait from Megan on that day, and I've carried it with me throughout my nursing journey.

After my first year as an NLRN, I joined my unit-based practice council (UBPC) and jumped into leadership positions. Having served as the co-chair of my unit's UBPC for two years, I discovered my passion for precepting and subsequently became the chair of the hospital-wide Preceptor Development + Support Council (PD+SC). For three years, I oversaw all



Megan Londerholm is originally from St. Louis, Missouri, and moved to Orange County, California, with her family. She has a Master's of Nursing from the University of San Diego and a BS in Nutrition Sciences from California Polytechnic State University: San Luis Obispo. When she is not at work, you can find her running with her golden retriever, Birdie, or traveling with her husband, Kevin. Megan loves being a UC San Diego Health RN.


RN preceptors within the system, spearheaded communication efforts, organized educational events, and facilitated biannual recognition with a wonderful team of bedside nurses, nurse educators, and nurse managers.

I started to reflect on my own career aspirations during this time as well. I was precepting others to do what they set out to do and realized that I wanted to be the kind of nurse who thrives in fast-paced and adrenaline-pumping


situations, handling the controlled chaos with a calm and collected demeanor... an ICU nurse. I applied to 3GH ICU, a floor below, managed by Chris Clapp and Heidi Burnell, and took the opportunity I've always wanted. Throughout my time in 3GH ICU, I was lucky to be given opportunities to have many different nursing roles: charge nurse, resource, preceptor to all types of new hires, lead unit orientation days, ECMO specialist, and trained to take care of the sickest patients within San Diego County. Being an ICU nurse was one of the most rewarding experiences of my life! And the support system at 3GH was simply amazing. The camaraderie and teamwork among the staff made the environment truly special. Again, like 4FGH, I felt like I was part of a family, all working together towards a common goal - providing the best possible care to our patients. It was truly an incredible experience!

But have you ever felt like you're going around in circles, only to end up exactly where you started? Well, that's exactly what happened to me! I landed my dream role within the UCSDH Education, Development, and Research Department (EDR) as a Nursing Professional Development Specialist, onboarding student nurses and new-hire RNs within our organization. And the cherry on top? The position was previously held by Kathy Swasey, a former NLRN who worked her way up also to become a Nurse Educator and recently retired in June 2023! I can't wait to continue her amazing work and help shape the future of nursing education at UCSDH!

My journey through the UCSD healthcare system has been one of constant evolution, a tapestry woven with the threads of clinical practice, mentorship, and education. From the nervous student to the seasoned ICU nurse and finally to the passionate new educator, each step has shaped me, deepened my understanding of the human experience, and strengthened my commitment to this noble profession. As I stand before nursing students and new nurse hires in my new role, I see not just blank slates but the potential for heroes, healers, and nurses who will write their own chapters at UCSDH.



*As you move through your life
You come across your purpose
And really try to focus
And put the vision into the hands of faith
You finally get there but do you succeed or do you fail
And if you fail do you continue to follow the trail
When do you think you'll get to the end
So many questions and thoughts ruminating
All that negativity is the enemy to your immunity
Trying not to blow all that snot out in open space
Infecting others with your germs
Touching your face
You finally begin to improve
But then you hear a cough and run past others and you ask
Should I be wearing a mask
Trying not to breathe all those microbes
Am I really going to be that germaphobe
So you shield yourself and isolate
All alone with those toxic thoughts
No breakaway and don't be that person
Looking for an epiphany
You were once a shiny penny
Now eroded
Acknowledged and duly noted
Flip that mindset
Be yourself, with every life there's a purpose
When the wave crashes against the cliff
Disperse the soul tossing, turning, and flip
Dive into that ocean take a deep breath and continue
Stop all those inner feelings of hate
Remind yourself you are doing great
Even when others don't recognize it
You know deep down you're doing your best
Forgive yourself and give it a rest
Continue to follow your trail
Without a struggle you will not avail*



**Poem by Janessa Esteban,
MSN-Ed., RN**

Nursing Military Pathways

Author: Nicole R Clement, MSN-Ed., RN, RNC-OB

My nursing pathway was intertwined with my decision to pursue a career in the military. The military was never my intended career path, however, my life's journey eventually led to completion of not only my bachelor's degree in nursing during my military career, but also earning a master's in nursing education. I have discovered profound joy in educating nursing students, and I attribute the trajectory of my career to the opportunities provided to me by my military background.

From an early age, I was placed into the role of a caregiver with the need to be mindful of the care given. While no one would wish this responsibility on a 13-year-old, the traumatic death of a parent made it necessary for me to assume the role of caregiver and to strive to provide some form of stability to my grieving parent. Immediately after this trauma occurred, my family uprooted everything familiar to us and immigrated to the United States from the Caribbean. Throughout my high school years, the focus was on maintaining my grades while alleviating some of the stressors on my mother, as she navigated her grief of losing her partner and adjusting to her life as a widow.

Joining the military was never a desire nor a thought on my career path as I navigated my journey towards adulthood and independence. As fate would have it, I was given the opportunity to take the Armed Services Vocational Aptitude Battery (ASVAB), a military test administered

to high school students. I merely completed the test simply for the option to skip class. The ASVAB is administered to assess if a specific individual has the qualifications to join the armed services and be assigned to an appropriate job. Based on the score achieved, recruiters from the various military branches will contact individuals with the intention of recruitment. Little did I know this test would change my future and propel me to become the individual I am today.

My service in the military did not start out as a nurse or an officer. The call from the recruiter(s) was not anticipated with enthusiasm from a newly graduated high school student in 2003. I was slated to start college to pursue my nursing degree without the need to worry about funding so there was minimal enticement to join the military service. What compelled me to pursue the military pathway was the simple desire to leave home. The Air Force seemed the most desirable out of all the military branches as I knew I could continue attending college with



Nicole Clement, MSN-Ed., RN, RNC-OB is a registered labor and delivery Nurse. She is a proud veteran from the United States Air Force. She has passion for teaching and caring for maternal patient and newborns.

the goal of completing my nursing degree. The journey to nursing started slowly in 2004 as my initial focus was to learn and master my new military career path, medical administration. Although my job was not related to nursing, I was extremely thankful for this option as my initial lack of sufficient college credits would have directed me to accept a role as a military police officer. The support given to me by my supervisors and leadership team played a tremendous role in my continued desire to become a nurse.

Opportunity struck in 2008 when the Air Force launched a new commissioning program for nursing, the Nurse Enlisted Commissioning Program. This program gave enlisted active-duty members the ability to earn their bachelor's degree in nursing at any college or university with a Reserve Officer Training Corps (ROTC) if they were selected. After completion of the degree and state boards, the military member would complete training to become a military officer and start their nursing career. As a first-time applicant to a new program, the fear and anxiety was overwhelming as there was not anyone that could properly mentor me for what to expect. Thankfully, I was accepted with my initial application. School, as many college students may express, was not easy, but the opportunity to complete my degree without the fear of accruing debt was motivation enough. With a grateful heart and determination, I achieved my goal in 2010 and completed my bachelor's in nursing and was commissioned to be an Air Force officer.

The Air Force provided two separate nursing career paths upon completion of my degree, labor and delivery or medical-surgical nursing. During nursing school, it became vividly apparent that I found joy in caring for newborns and maternal patients. As such, when the military career paths were offered to me, the only choice in my mind was labor and delivery. My military nursing career differed vastly from my enlistment as a non-officer. Training to become a labor and delivery nurse took me to many states, which included Texas and Arizona and various civilian facilities. This varying

approach to nursing taught me flexibility and different perspectives of care, civilian and military. The diverse military environment enabled me to care for a host of different cultures and views, while upholding professionalism and ensuring the utmost respect for others. Leadership opportunities for growth and expanded responsibilities came as my rank increased. My years as an enlisted member gave me a broader view to understand the mentality of the enlisted members under my supervision thereby strengthening my leadership abilities. During my service, I became a neonatal resuscitation instructor and childbirth instructor to ease my anxiety as a new nurse and care for newborns and the maternal patient population. These opportunities sparked a passion for teaching, and I was able to take advantage of the educational benefits provided by the military. After four years of being an officer, my pursuit of obtaining my master's degree in nursing education began. After serving six years as an officer, trauma once more reared its ugly head and put me on the path to ending my military service and

forging a new path as a civilian labor and delivery nurse in southern California.

Civilian nursing differed vastly from military nursing. After serving for a total of 12 years, the "military way" was difficult to modify, so a much-needed respite was taken after my discharge. As a form of adjustment to slowly delve into civilian nursing, I thought it beneficial to do a local travel nurse assignment. Not only did travel nursing give me the flexibility to adapt to civilian life without commitment to one facility, but it also granted the opportunity for rest mentally and physically in between contracts when needed. After completing my military service and gaining stability in the civilian sector as a labor and delivery nurse, I completed my master's degree in nursing education and currently teach aspiring nursing students maternal/newborn courses. Now seven years after completing my military service, my nursing journey has led me to UC San Diego Health, a facility where providing optimal care and continuous education is held in high regard.

Untitled, by Ten Mendoza, DNP, PMH-RNBC



Drafting My Path To Nursing

Author: Régina Monplaisir, RN, CNII

The principal of my Haitian elementary school shared with my grand aunt that being a nurse would be in my future. My principal retold the story of the time at recess when I was on the playground and a little boy fell and scraped his knee. As the blood oozed from his knee and his shrill cries echoed across the playground, most of the kindergarten class gasped and ran away. I ran toward him. Apparently, my grand aunt shares that I had always been that child, The Caregiver, though I did not realize it then.

Years later my same grand aunt got ill and a home health nurse would visit her. I would watch in awe as she administered medications and helped to bathe her. She seemed to anticipate my grand aunt's needs and she had a calm presence and caring demeanor. I remember the brilliant white crisp linens that clothed her from head-to-toe: nursing dress, stockings, a pair of classic wedge slip-ons and the traditional nursing cap. She was attentive, competent, and professional, and as a 10-year-old, I wanted to be just like her.

My freshman year of high school I moved to the U.S. I had taken a drafting class as an elective, and I fell in love with the meticulousness and precision of the drawings. Drafting classes were about understanding general engineering and architectural procedures. I was certain that I was going to be an engineer. I loved math and science, and I had taken four years of drafting courses. Nothing in my extracurricular activities screamed Nurse. Two years into my college career and after multiple pre-requisite engineering classes, I realized that I

lacked passion for these topics. I enjoyed the creative aspect of engineering, but when it came to the formidable mathematical formulas my brain would shut off. Mainly though, I was more social than I thought. I was shy growing up, I therefore tended to take classes that minimized interaction with other students. However, the more involved I got with engineering the more detached I felt from the rest of the world.

I wanted to work with people. I expressed my concerns to my father, who was obviously bothered. During our heartfelt conversation he suggested that I try nursing. I had not thought about it since my first drafting class. However the image of that nurse who took care of my grand aunt returned and I thought: "why not? I did want to be a nurse at one point in my life." I liked helping people and providing them comfort. I also thought that I could apply some of what I learned in my engineering classes to nursing.

Nursing school was a challenge. The Registered Nursing program was severely impacted during the late 1990s. While awaiting a spot, I started a nine-month Licensed Practical Nurse (LPN) program. Six months into my studies I was called in to the Nursing Director's office and was told that I would not be completing the LPN program. I was confused and panicked. I saw my life flash before me; *if I did not become a nurse, and engineering was out, what was I going to do?* My mind was going a mile a minute. Meanwhile, the Nursing Director tried to snap me back into the present:

"Regina! Are you ok? You are in the RN (Registered Nurse) program. Regina?"



Régina Monplaisir, RN, CNII has 23 years of nursing experience, primarily in the Cardiac ICU. Her continued dedication to providing exceptional care to patients has not faltered as her values are deeply rooted in ensuring the well-being and comfort of those under her care. Furthermore, her purpose is to share her knowledge by precepting new student nurses, aiming to be a guiding influence and role model in their professional development. She is committed to ongoing personal and professional growth, reflecting a steadfast dedication to both nursing and personal advancement.

I asked in disbelief, "I'm in the program?"

"Yes! A spot became available. You're in," she stated.

It is amazing how you can feel so low one minute and utterly exhilarated the next - a feeling that would repeat itself several more times during my career. I was going to be a Registered Nurse (RN).

One of those low points occurred during nursing school. I questioned if I



Figure 1. "The ARcturian"

was even cut out to be a nurse. I was unsure if I would pass my nursing classes. My grades did not reflect my efforts and I was barely making it. Infuriated and unnerved, my clinical days further enhanced my apprehension at being a competent nurse. I remember a moment vividly when I was assigned a patient who had undergone orthopedic surgery.

From the moment I entered this patient's room I could not meet her needs. I could not find the emesis basin she desperately needed. As she was vomiting, I inadvertently removed her intravenous (IV), and failed multiple times at replacing it. To make matters worse, I hung an antibiotic that was supposed to infuse for over half an hour, only to realize that I had hung Bumex, a diuretic, instead and it infused all the way through. I almost cried right in front of the patient. She eventually "fired me" because according to her, she did not like my perfume. Ironically, I was not wearing perfume, and it felt like the only good thing I had done that day. I felt defeated.

As I trudged along during the next few years of nursing school, I found that the courses did not get easier, but somehow clinicals did; I was able to establish a routine and managed my time better. The rotations that stood out to me most were Labor & Delivery and the Intensive Care Unit (ICU). I aced all

my mother baby exams but struggled with my exams for cardiac hemodynamics and critical care. This might have been a sign of where I would end up in my nursing career. During my last year of the program, I worked as a Nursing Assistant on the Telemetry floor. I wanted to gain some work experience in healthcare, and some financial independence. There, I met many nurses who became my mentors and searched for opportunities for me to do procedures such as insert IVs, foley catheters or nasogastric tubes (NGTs), or to do dressing changes. They also took time to go over electrocardiogram (ECG) strips and cardiac meds with me which helped me tremendously during my cardiac rotation. Eventually, I completed the RN program and passed my boards. I was finally a nurse.

I worked on the same Telemetry floor as a new graduate for a few months and then relocated to San Diego to begin work as a nurse on the Telemetry floor at UC San Diego Health (UCSDH). After a year, I transferred to ICU. Two years after working in the ICU, I transferred to Labor and Delivery (L&D). I was an L&D nurse for six months before deciding that critical care was home to me. I enjoyed Labor & Delivery, but I felt that with critical care there was always something new to learn, and

working at a teaching hospital meant that I would get to see first-hand all the medical advances that were unfolding.

Fast forward to today, I am a critical care nurse, a resource nurse and a mentor to new nurses. I enjoy precepting new graduates because it is a way to pay tribute to the mentors I had along the way. Besides providing me with a living, nursing also helped shape me into the woman I am today.

Whenever someone asked how long I have been a nurse, my response was always; "Oh I'm new." I think that was my answer because I was still shocked that I worked as a nurse. There was a moment during my nursing career that something seemed to click though. I was precepting a nursing student. He had such a nursing curiosity and asked appropriate and relevant questions. In the past, I would have struggled to provide the correct answers, but that day the answers seemed to flow out of me, and he understood the information I provided. "Your explanation was so much clearer than when I learned it in school," he shared. From that point forward, my confidence as a nurse skyrocketed. I felt like a Nurse. I noticed that confidence spilled over into my everyday life as well. I was much calmer under pressure and not reactionary. I was no longer the shy little girl who dreamed of becoming a nurse, and I owed this to my Haitian principal who saw that spark in me and to the home health nurse who inspired me as she cared for my grand aunt. I had drafted my own path.

The accuracy and detail I learned in drafting courses translated into the detail and critical thinking that I need as I care for patients in the Intensive Care Unit. I have been a nurse now for 23 years, most of it in cardiovascular critical care. My drafting classes has also inspired me to be more creative artistically. I dabble every now and then by drawing and painting — one I am most proud of is a mural of my son designed with bright colors and lines (Figure 1). As a nurse, I have realized the importance of merging the skills along my journey — the colors, the lines, the zigzag path you might take to get there. I do not know what the future holds, but I hope to continue to be inspiring, innovative and a positive influence on other nurses.

From Philippines to USA: My Journey as a Nurse

Author: Amelita Aquino, BSN, RN

It does not feel too long ago, that fate asserted itself and pushed me to put on that white cap with humility and dignity. Nursing, as a profession, has put my life in order, but not without its tremendous challenges as an immigrant nurse.

As a child in the third grade, I envisioned myself wearing the white and pristine, crisply pressed nurse's uniform because my uncle pointed it out to me when he brought me to the hospital one day. That image of the future continued to be imprinted in my subconscious, like an invisible tattoo, until I was in high school, when I found myself caring for my grandmother who had pneumonia. I attended to her needs at home until she recuperated. At this young age, I saw how vulnerable, frail and helpless a person could be when sick, especially those people with advanced age. During this time, I had also witnessed how my mother suffered from migraines. I was so affected seeing her suffer that I cried with her whenever she moaned in pain. It is my belief that these experiences helped shape my vision for myself as to what I wanted to do with my life as a grown adult: it helped me find my life's purpose. I know I have empathy and being a nurse makes sense. During those moments of my life, I knew I wanted to become a nurse not for the nice white cap and uniform but to take

the opportunity to be of service to others. Twenty-three years later, I would have had experience in medical surgical nursing, telemetry, academia and psychiatry.

But first, let me tell you the story:

I graduated with a Bachelor's degree in 1992 in the Philippines. As it was, the Philippines did not have many hospitals and most of nursing graduates would, then, end up working as sales representatives in pharmaceutical companies (while they waited for the chance to work abroad). In my case, I got distracted with life and the love story of my youth. I put my nursing dreams on hold to focus on my marriage and building a family. This did not last long, however, because, alas, my marriage did not work. Soon after, I went back to nursing and obtained my Board of Nursing Certificate. It was the year 2000 and like everything else in the world at the brink of the new millennium, I started my career as a nurse at the Philippine Medical Heart Center.

The surge of hiring abroad for nurses from the Philippines increased the number of students enrolling in



Amelita Aquino, BSN, RN, also fondly called Amy by friends and colleagues, is an RN working currently at the Senior Behavioral Health unit. As one of many Filipino nurses who migrated for work in the US, finally being able to work at UCSDH is a dream come true for her. She is a mother of three adult children who are successfully pursuing their own careers. Amy enjoys travelling, hiking, art, music and dance. Amy considers her mental health one of the more important focus of this decade in her life and pursues life activities that nurture healing, recovery and joy.

nursing schools. Even already doctors, dentists, accountants and other professionals returned to school to study nursing. This correspondingly increased the demand for nurse instructors in colleges and universities. Seizing this opportunity after a year of working bedside on the medical-surgical floor, I decided to join the academia. I taught third year level in nursing school, doing both the lecture and clinical. I was thrilled to teach and really hoped to inspire future nurses to be compassionate, knowledgeable and efficient. I also went back for my Master's Degree while teaching and working. Also at this time, I looked at opportunities to work abroad and prepared to pass the necessary exams to do so. After 5 years in academia and working for my US immigration status, I was granted a work permanent residence (aka work green card) visa in the United States of America.

Arriving in Miami, Florida to work in an assisted living facility thru an agency turned out much differently than I expected, or agreed upon. There was no actual job opened for me as stipulated in the work contract. After six weeks, I remained jobless and only survived living in this foreign country because of the help of the other Filipino recruit nurses who had arrived earlier and had actually secured jobs in the same facility.

I started applying in other hospitals thru another agency. But I was not aware at that time that being hired by a staffing agency meant I would receive half pay only and receive no health benefits. This reality made me decide to leave Florida. I was offered a job from a hospital in San Diego. However, this move created a legal mess for me. Aside from countless threatening phone calls and emails from the staffing agency in Florida, they also warned me that they would not release my work visa and deport me. I sought the help of a lawyer and after a super stressful battle of proving who broke the terms of the work contract (remember that they hired me but did not give me a job!), it was decided that I could (and did!) pay off the contract with a large sum of money: money that I did not even have yet and would take me years to recover from. Finally, my first job as an RN in the USA was being a charge nurse in a

sub-acute unit.

I learned a lot after two years of experience taking care of ventilator dependent patients. I also took a second job as a telemetry nurse. Being a single mom of three growing children and as first-generation immigrant working two full time jobs was a daily uphill battle. I would not have survived the next 10 years if it had not been for the love of my children, my friends and my fellow nurses. I am also aware that I am blessed with a resilient and faithful heart.

Currently, I am in my seventh year working as a psychiatric nurse at the Senior Behavioral Unit (SBH). Caring for the older adult population experiencing challenges related to dementia and psychiatric conditions reminded me of why I wanted to be a nurse in the first place. My patients remind me of my grandmother who needed me and my mother whose anguish I felt.

I love working at SBH. I continue to learn how to communicate with compassion and empathy. I learn from my coworkers who show patience and genuine care. I know I found my niche because I understand more now how important mental health is. Lastly, I know this is part of my destiny because I feel at home being of service to my patients, just like how I felt when I took care of grandma.

Forever child, Forever lost

*They now only live in my memories
only the desperation in my soul
brings them back
only the ache in my heart
can make me hear them
laugh
only the struggle in my brain
keeps them alive
only regret brings hope
that time marches back
only to stare at my own
life ending
I may imagine
the peace
of kissing their hands once again
only the truth
of how little time we have
Do I realize
how much love
there always has been
and how this moment
is all we've got
And this moment
had passed.*



**Poem by Ten Mendoza,
DNP, PMH-RNBC**

Revolution to Evolution: My Nursing Journey

Author: Khoder, K, Osman, BSN, RN, BLS, ACLS, PALS, TNCC Instructor

My nursing journey commenced with a profound sense of compassion, coupled with an unwavering desire to impact the lives of others positively. Little did I anticipate that this path would lead me to a lifelong adventure filled with continuous learning, formidable challenges, and moments of profound joy. My fascination with the healthcare world was kindled during my childhood, as I became actively involved in medical missions from the tender age of 12. I was raised in Nigeria and the Ivory Coast from the age of 4 to 14, then relocated to Istanbul, Turkey, and eventually Lebanon. I got my start with the United Nations Relief and Works Agency which is an organization that collaborates with many local religious churches and mosques in different communities and countries in the Middle East and Africa. These missions left an indelible mark on my young mind, introducing me to healing stories and comforting those in need.

My parents, recognizing my passion in caring for others, encouraged me to pursue medicine and become a physician. Despite starting medical school, I realized nursing was my true calling. This decision to move from medicine to nursing was met with resistance from my parents, who, as Middle Eastern individuals, had different cultural expectations. There was a period where my parents did not talk to me after I chose nursing over medicine. Nevertheless, I persisted because nursing offered me a better fit

and the unique reward of making a difference in people's lives, providing me with a profound sense of purpose and a continuous challenge that I eagerly embraced.

I joined the Red Cross at 16 years old and trained for first aid and basic life support (BLS). This allowed me to take a more hands on approach during the medical missions I was involved with. I furthered my healthcare career while attending University and became a paramedic with the Red Cross. Paramedics and nurses have a different scope of practice in Lebanon than here in the United States, which facilitated my transition into a role as a trauma nurse upon earning my bachelor of science in nursing (BSN) in 2015.

My nursing education in Lebanon proved to be a unique and transformative experience, one for which I am eternally grateful. It was a journey marked by countless trials and triumphs. There were so many barriers to overcome, from late-night study sessions to navigating my way through road closures due to explosions so I could attend my clinical rotations. The training was demanding and filled with multiple barriers for success that could have easily dissuaded my path. Challenges included extended hospital shifts, providing adequate patient care during blackouts, limited supplies and equipment, and a wide variety of care depending on the hospital system. The lessons learned from limited resources and shortages were genuinely eye-opening. With time, I found my true



Khoder Osman, BSN, RN, BLS, ACLS, PALS, TNCC Instructor is a dedicated, energetic, and compassionate healthcare professional with a proven intensive care and trauma track record. He excels in an evidence-based practice environment, consistently delivering exceptional patient-centered care. Outside of the care he provides at UCSDH, he has been an American Heart Association instructor for the last seven years. He is currently an instructor at two nursing schools in San Diego and is pursuing his graduate degree to achieve his DNP. He is a role model for future nurses, bringing a wealth of experience and a solid commitment to shaping the next generation of healthcare professionals.

calling in critical care and trauma nursing, and I pursued advanced certifications and training to become an expert in this specialty. I also took on roles as a preceptor and trainer at Clemenceau Medical Center in Beirut which is affiliated with John Hopkins Medicine. My childhood in Africa, where English was my primary language, prepared me well for my studies in Lebanon, where using English, Arabic, and French languages were interchangeable and very common. Fortunately, my Arabic language skills proved beneficial during my training and improved significantly during my schooling and nursing training in Lebanon.

Working alongside nurses in Beirut and rotating through the various hospitals, I discovered that the scope of practice varied significantly. For example, American hospitals like Lebanese American University and American University of Beirut adhered to set guidelines and policies. In contrast to local hospitals in Beirut, French hospitals such as Hôtel-Dieu de France-Saint Joseph University Medical Center, were well-organized. Lebanese hospitals, on the other hand, operated more chaotically. However, it was within these Lebanese hospitals that I encountered the sickest patient population and I found myself performing cardiopulmonary resuscitation (CPR) as a nursing student more times than a nurse in the United States may encounter over the course of their entire career!

I was hired by the Red Cross as a trauma mobile nurse and the experiences I encountered in this role left me with lasting memories and a degree of post traumatic stress (PTSD), but the memories also provided a degree of post-traumatic growth making me more resilient and robust. I rode in the ambulance as a first responder and was exposed to the casualties of war in Syria and in the Bekka Valley in Lebanon. I can honestly say I almost died more than 50 times while working as a trauma nurse. Despite having a white flag and riding in an ambulance, the military did not care. The memories of this time are seared into my brain. I witnessed babies buried in rubble, organs exposed, missing limbs, and so much more. It is

a humbling experience to respond to these atrocities and lack the ability to offer life sustaining therapies. One of the most distressing experiences I had involved my ambulance getting bombed and buried under the rubble of a building. Fortunately, my colleagues and I were not in the ambulance at the time. We were unable to communicate with anyone and I lost my phone, wallet, camera. The city itself was a dead zone due to all the bombings and we spent 6 days walking the city with no means to communicate to the outside world, no electricity, food, or water. My family and friends thought I had been killed. On the 7th day, we found a small local hospital that helped us connect to the Red Cross and we were able to return to the border and back into Lebanon. These experiences helped me transition into my subsequent position in the ICU at UCSDH which brought a unique blend of excitement and anxiety, while providing a different sense of safety.

In 2018, I moved to the United States to further my education, becoming the first applicant from the Lebanese American University to apply for a nursing license in California. The California Board of Nursing posed a formidable challenge, particularly about the mandatory clinical hours' requirement. I had to persistently navigate the system to ensure that my completed clinical hours during my nursing school were recognized. While awaiting my license, I began teaching BLS, advanced cardiac life support (ACLS), and pediatric advanced life support (PALS) to healthcare providers in San Diego, which ultimately led to my introduction to UCSDH Health. I met a UCSDH anesthesiologist and one UCSDH medical director and they convinced me to pursue a career at UCSD Health.

I am currently in my fifth year at UCSDH, and it has proven to be one of the best decisions I have made in my nursing career. Over time, I assumed leadership roles within UCSDH, precepting numerous new graduates, nursing students, and new hires. I also became a faculty member at San Diego State University Nursing School, passionately advocating for nursing students and the advancement of the nursing profession. In my first year at

SDSU in 2020, I received the honor of being named the Outstanding Undergraduate Professor of the Year for all schools at SDSU. The following year, I was awarded the title of the Most Influential Faculty at SDSU.

Nursing is a field that is in constant evolution, and I am deeply committed to lifelong learning through training the next generation of nurses and participation in conferences, workshops, and the pursuit of additional certifications. Staying current with the latest research and healthcare technologies motivated me to pursue my DNP focusing on Adult and Gerontology. Now, as a nursing educator at San Diego State School of Nursing, I can attest that my nursing education in Lebanon was incredibly hands-on, providing me with a solid foundation to offer nursing students a broad viewpoint and understanding of nursing practice and cultural awareness.

My nursing journey started when I became involved in medical missions and volunteer work, a commitment that remains steadfast to this day. I am honored to have been gifted with international experience and exposure that reflects my nursing pathway. I recognize the profound impact early exposure to helping people and being in the middle of an active war has had on my life and the privilege I have had to care for others. My aspirations for the future include mentoring the next generation of nurses and advocating for healthcare policy improvements. There are times that feel surreal when I compare my nursing experiences in the Middle East to the care I am able to provide at UCSD Health. I remain grateful for a health system where our daily safety is not compromised, our supplies are readily available, and we are not deprived of the daily necessities of food, water, and shelter. My nursing journey is an ever-evolving narrative characterized by empathy, dedication, and a steadfast commitment to improving the lives of others. It is a journey that I am honored to continue, one patient, one day, and one story at a time.

Navigating the Path to Nursing Leadership

Author: Stephanie Chmielewski MSN, MSCJ, RN, PCCN, HNB-BC

I have been passionate about caring for others since I was young and aspired to make a difference. As a girl, I admired my mother, who thrived as a Social Worker. I enjoyed volunteering on the weekends and spending quality time with beautifully aging adults. I was destined to continue healing by becoming a Registered Nurse and helping others not only survive, but flourish.

Through my desire to help others, I began studying nursing at Xavier University in Cincinnati, Ohio. On December 19, 2011, tragedy struck when my Dad slipped and fell. He was rushed to the hospital and received emergency spinal cord surgery. The care my father received throughout his hospital stay was world-class. The amount of encouragement and the level of support through various therapies and counseling paved the way for a remarkable recovery.

I earned my Bachelor of Science in Nursing (BSN) degree from Xavier in 2012. The supportive professors, small class sizes, and nurturing environment taught me the importance of promoting the whole person's health. Upon graduation, I returned home to help care for my father and assist my family. I drove my Dad to doctor's appointments, therapy sessions, and unexpected visits to the Emergency Department. He constantly suffered

from neuropathy and paralysis. I wanted to do anything to take away his pain, and he told me our time together eased the burden.

Professionally, I received my first nursing position in 2012 with the Cleveland Clinic at Fairview Hospital, a Magnet-recognized facility. As a new graduate, I provided bedside nursing care to six patients on a Medical-Surgical Telemetry Unit. My commitment to knowing each patient's story allowed me to build rapport and provide individualized care. My unit was a Primary Stroke Center, and I assisted patients on the emotional and physical journey of recovery. Medical-surgical nursing was rewarding and sparked an interest in trauma. After two years at home helping my Dad with his rehabilitation and working full-time as a Registered Nurse caring for stroke patients, I relocated to California.

Once in San Diego, I began working on the Trauma Progressive Care Unit (PCU) at UC San Diego Health in 2014 and found joy in advocating for vulnerable populations. As a Level I Trauma Center, the unit serves patients of various ages, ethnicities, and socioeconomic backgrounds subject to tragic accidents. Trauma patients are critical medically but also can be unpredictable, agitated, and even violent. I became more resilient in this team-based environment and further



Stephanie Chmielewski, MSN, MSCJ, RN, PCCN, HNB-BC, has worked as a Registered Nurse on the Trauma Progressive Care Unit at Hillcrest Medical Center since 2014. She transitioned into leadership in 2021. Before UC San Diego Health, she worked as a Registered Nurse at the Cleveland Clinic in Ohio. Stephanie was recognized as the 2020 UC San Diego Health "Clinical Nurse of the Year." She received a 2022 "Circle of Excellence" award through the American Association of Critical-Care Nurses for skilled communication, true collaboration, and effective decision-making. Stephanie is a Doctor of Nursing Practice (DNP) student at Xavier University, aspiring to improve healthcare policy for vulnerable patient populations. She is passionate about traveling and has visited all seven continents.

developed my communication and collaboration skills.

Coming to the Trauma PCU as a newer nurse, I was eager to learn. I first started attending the Unit Based Quality Council (UBQC) meetings in 2014 and participating in educational learning opportunities. I became more confident in my nursing abilities and started working as a Resource Nurse on the night shift. I transitioned to the day shift after two years of working nights. With my enthusiasm for safety and quality improvement, I was nominated to Chair the UBQC, which I served for two years. I began assisting with Resource shifts on the day shift, then transitioned to a relief Charge Nurse. I expanded my participation in hospital-wide initiatives by attending Clinical Practice Council (CPC) meetings in 2017. I was eventually nominated for the Co-Chair role in 2018 and served for one year. I progressed to the Chair role in 2019 and served for two years. As the Chair, I collaborated with interdisciplinary teams to implement evidence-based organization-wide changes. I served as the Communication Officer for the Professional Development Committee (now the Clinical Nurse Advancement Council (CNAC)) in 2019 for a year and a half. I also served as Communication Officer for the Holistic Integrative Nursing Committee for six months, then as Co-Chair for one year before the committee disbanded in June 2022.

After serving as a caregiver for my father, who suffered a traumatic spinal cord injury in 2011, I was motivated to improve spinal care at UC San Diego Health. A spinal cord protocol did not exist, creating a lack of confidence and a knowledge deficit for the nursing staff. With my passion for personal and organizational improvement, I spearheaded a team-oriented initiative to create the “Trauma Spinal Cord Injury Clinical Practice Guidelines.” The document focuses on the body’s systemic care utilizing interdisciplinary collaboration.

Moreover, I assisted with forming the Spinal Cord Injury Committee (now the Brain and Spine Rehabilitation Committee (BSRC)) to enhance the inpatient spinal cord rehabilitation experience. The collaborative group of nursing,

advanced practice providers, physicians, and respiratory, occupational, and physical therapists meet monthly to review patient cases to improve spinal care. My initiative helped me advance to a Clinical Nurse III. As a result of my hard work, I was recognized as the overall 2020 UC San Diego Health Clinical Nurse of the Year.

Excitingly, I am in the process of publishing my manuscript on the spinal project to share my research, experiences, and recommendations for care. My collaborative work was presented as a poster at the American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) and Critical Care Exposition in Philadelphia, Pennsylvania, in May 2023. I was a podium presenter at the 29th International Congress through the International Council of Nurses (ICN) in Montreal, Canada, in July 2023. I also presented at the podium at the 34th Sigma International Nursing Research Congress in Abu Dhabi, United Arab Emirates, in July 2023. Disseminating the collaborative spinal cord injury initiatives internationally was an exciting experience.

Humbly, I was promoted to

Assistant Nurse Manager in December 2021. Caring for trauma patients and leading my team has been a dream come true. Excitingly, I received a 2022 Circle of Excellence Award through the American Association of Critical-Care Nurses. The organization recognized me for my skilled communication, true collaboration, and effective decision-making.

I graduated Summa Cum Laude with a Master of Science in Nursing (MSN) and a Master of Science in Criminal Justice (MSCJ) from Xavier University in May 2022. In the fall of 2022, I began my Doctor of Nursing Practice (DNP) in Population Health Leadership at Xavier, and my goal is to graduate in December 2024. My mission is to promote holistic health through research, innovation, and compassion. Participating in patient and family-centered care is at the heart of my nursing practice. I hope to positively impact my patients, colleagues, and the larger nursing community. My DNP degree will allow me to serve marginalized and at-risk populations. I am eager to continue improving the exceptional care at UC San Diego Health.

Photograph by Lia Trageser, RN, BSN



My Inspiration into the Awesome World of Nursing

Author: Luann M. Eberhardt, BSN, RNC, CNIII, NBMU

Born in Wisconsin, I am the daughter of a chemist and a caregiver who cultivated an intellectually vibrant and loving home. While my dad dove deep into molecules and research, my mom, a Registered Nurse (RN), treated burn victims. She poured her heart into her patients and exhaled fulfillment as she passed through the door returning home. My mom, my inspiration, influenced the healer I would become. She is the reason I embarked on a journey towards cardiovascular research, but landed in this unique, healing world of nursing.

Growing up, I carried my backpack in the halls of Catholic schools, which taught me the virtues of morality, compassion, and honesty. Unsure of my calling, yet fascinated by science and psychology, I earned my biology degree and began conducting cardiovascular research at the Medical College of Wisconsin. I marveled at the wondrous frontiers of scientific research, but I was unsettled. I was not drawn to follow in the footsteps of my mentors in the lab. Something felt missing. While reflecting, my mother suffered a sudden, tragic accident. In a coma for three months, she lay on a hospital bed with me perched at her side. At the hospital, I observed an astonishing difference in the care various nurses provided. Some nurses sought to heal, and others focused more on executing tasks. I could tell the difference between the two nursing styles.

One day, a nurse and his assistant entered to change the bed linen. I vividly recall watching them briskly roll my mother from side to side, eager to complete a menial task, but not taking

care to protect Mom's arms or legs which flailed back and forth, even hitting the bed rails. Her body never appeared so lifeless to me—utterly helpless. Just like that: it clicked. I needed to share my empathy, compassion, and my capacity for connection with the world. Resolving to become the nurse I wished for my mother, I enrolled at a technical college to earn registered nursing degree while helping care for my mom, who suffered irreparable brain damage.

My nursing experience has developed over 17 years, with the last 15 devoted to UC San Diego's psychiatric unit. I am privileged to work collaboratively with esteemed attendings, residents, and nurses to treat a population comprised largely of low-income, underprivileged individuals. I receive deep, personal satisfaction from this clinical work finding purpose in advocating for marginalized voices whose impairment often masks their needs.

The longer I practice nursing, the more passionate and inquisitive I



Luann Eberhardt, RN, BSN, RNC

graduated from UW-Whitewater with Biology Degree & Chemistry Minor in 2000 where she belonged to Golden Key National Honor Society and Order Of Omega Greek Honor Society. She worked at the Medical College of Wisconsin conducting cardiovascular research for three years prior to returning to school for nursing. She graduated with her Associates Degree in Nursing in 2005 from Milwaukee Area Technology College and began working at a psychiatric nurse at Rogers Memorial Hospital in Milwaukee, Wisconsin. She started travel nursing in 2007, arriving to my first destination of San Diego, California and never left. She has been with UCSDH since 2008, working on NBMU, with the best team of nurses, a phenomenal nurse manager who is hands on and endlessly supportive, an amazing medical director, and a patient population that she receives a great deal of satisfaction serving.



Figure 1. Heat Map presenting results of factors of Gad 6-consisting of Factors of Feeling: Anxiety, Worry, feeling Relaxed.

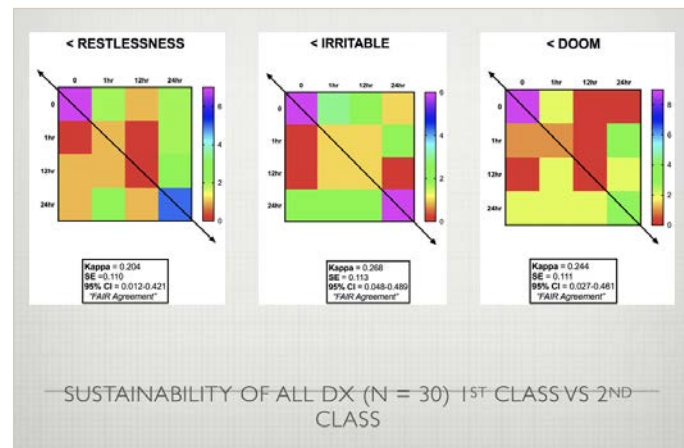


Figure 2. Heat Map presenting results of factors of Gad 6-consisting of Factors of Feeling: Restless, Irritable, Doom.

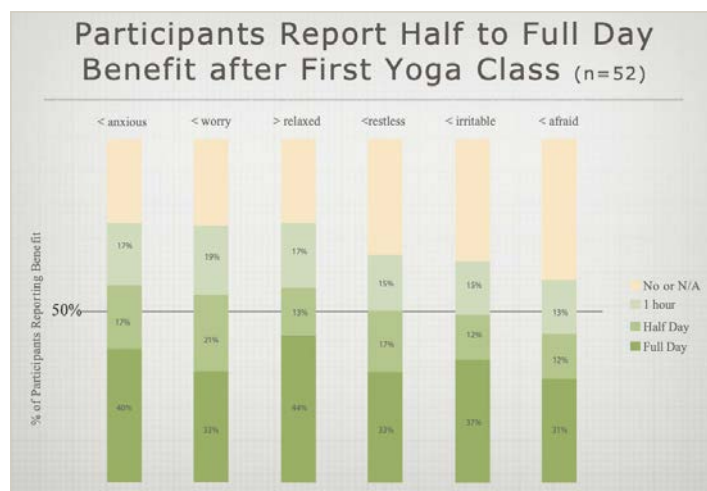


Figure 3. Sustainability of reported benefits 24-hr after yoga class. Half of participants (n=52) reported half day to full day benefit after the 1st yoga class for the symptoms less anxiety, less worry, and more relaxed.

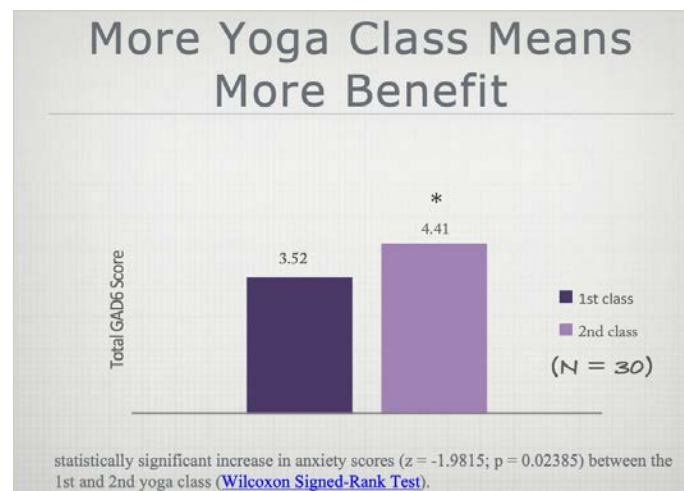


Figure 4. Total anxiety score and sustainability: first yoga class versus second yoga class.

become. Curious of the impact incomplete psychiatric admission assessments might play on length of hospitalization and recidivism, I teamed up with a colleague to research this question. This was my first foray into nursing research.

During this time another topic which I would become very passionate, surfaced. My colleague and I both felt limited in the treatment we could offer patients suffering from anxiety. We noticed a paradigm, that medications are the primary treatment and while there is an undeniable significant benefit gained from medications, they

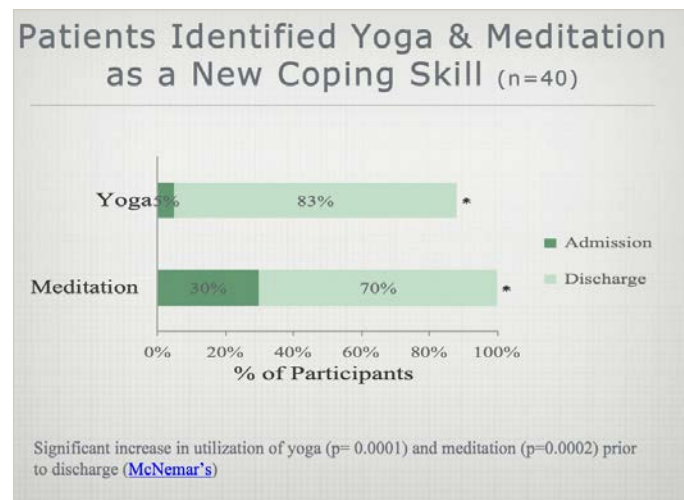


Figure 5. Utilization of yoga and meditation as coping skills on admission versus prior to discharge.

From Novice to Leader: A Nurse's Journey Within the Hospital Walls

Author: Kristina James, MSN, RN, CNL, PCCN

For as long as I can remember, I always wanted to work in healthcare. Looking back, I fell into the nursing role with my friends and family. One of my favorite 'nursing' memories of my childhood was a camping trip I took in Girl Scouts. Many of the girls on the trip fell ill with a stomach bug and I volunteered to take care of them, encouraging them to push fluids, assisting them to the bathroom, and staying with them while they recovered. A little-known fact about me is that I 'grew up' at UC San Diego Health (UCSDH). I was born at UCSDH Hillcrest and my parents were pharmacists here until they retired. Learning about UCSDH's incredible contributions to our community over the years inspired my desire to follow in their footsteps upon graduating from nursing school. I asked my school for an externship opportunity at UCSDH and was lucky enough to complete a rotation on both Hillcrest 10 East and Thornton 2 East. When I graduated, the manager of 2 East offered me a position as a newly licensed registered nurse.

I started on 2 East when it was the only non-cardiac intermediate care unit on the La Jolla campus. I will forever be grateful to my 2 East family for creating a safe place for me to learn about multiple types of patients from bone marrow transplant to medicine to surgery in a fast-paced environment. During my time on 2 East, I was able to grow and contribute to the unit and

organization through participation in our Unit-Based Practice Council (UBPC), the Falls Prevention Committee, and Clinical Practice Council (CPC). I also served as the editor of the 2 East newsletter. Due to my eagerness to be involved, I was humbly nominated as Rookie of the Year.

Eventually, I stepped into the resource nurse role and helped precept nurses across the organization, teaching them how to care for intermediate care patients in preparation for opening new progressive care units in Jacobs Medical Center (JMC). After 3 years on 2 East, I had the opportunity to help open one of these new units in JMC, 4FGH Surgical Oncology. During my time on JMC 4FGH, I was able to expand my knowledge in many new roles. I worked as a resource nurse, Clinical Nurse Leader, and charge nurse.

Outside of the unit, I continued to attend the Falls Prevention Committee and CPC as a representative of JMC 4FGH. I was nominated as the Co-Chair of CPC in 2016 and became Chair in 2017. I started to attend Nursing Cabinet as the Co-Chair/Chair of CPC. Engaging with bedside nurses on CPC and Nursing Cabinet was incredibly rewarding. We were able to provide a voice for our peers and affect positive change for everyone. In 2019, I was nominated as a Nursing Cabinet Co-Chair, and with the help of my other Co-Chair, successfully



Kristina James MSN, RN, CNL, PCCN is the assistant nurse manager of Thornton 2 West and has worked at UC San Diego Health since 2013. She received her MSN at the University of San Diego and is finishing her DNP from Purdue University Northwest this summer. In 2022, Kristina was awarded Nurse Leader of the Year for Structural Empowerment. In her free time, she likes to trail run and check out the local food scene.

transitioned the shared governance meeting from a report-out structure to a more actionable, problem-solving meeting. With my leadership experience in CPC and Nursing Cabinet, I was asked to be the inaugural Chair of a new interfacility shared governance council between UC Irvine Health (UCI) and UCSDH, the UCI/UCSD Shared Nursing Governance Council. This council's goal was to work together to create efficiencies within our shared charting system, EPIC.

After working as a bedside leader for many years, with the support and encouragement of my colleagues, I felt empowered to take the next step into leadership and applied for a position as an assistant nurse manager. I felt like this transition would help me become a better advocate for my bedside team and took the chance to step out of my comfort zone. I gained a lot of experience as a bedside leader and knew that my time working with my interdisciplinary peers across UCSDH and UCI prepared me to step into my current role as the assistant nurse manager on Thornton 2 West. Luckily, my 2 West team took a chance on me in 2021 and I have had the pleasure of working with them since then. Together we have been able to create change, improve recognition, and increase our patient and staff satisfaction. By sharing my story, I hope that I can inspire others to collaborate and contribute to the successes of our organization. I am so proud to be a UCSDH nurse and look forward to continuing to model the way for my UCSDH team for years to come.

My Inspiration into the Awesome World of Nursing

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do not come without consequences, particularly when considering the population of patients suffering a comorbidity of addiction, or those patients so firmly averse to accepting medications or are medication resistant. Medication resistance and non-adherence are significant problems observed within this population, which greatly alters the quality of life for those tormented by this illness.

This fueled a fervor to dissuade developing an archetype of a quick fix, go-to solution of “taking a pill” as an easy fix to the ever-growing symptoms of anxiety. Enthusiastic to deliver more tools to patients suffering from addiction, and galvanized to offer alternative coping skills to aid patients in managing their symptoms, I worked with a colleague to research yoga as an adjunct therapy to manage anxiety in our patient population. This included a trifecta of treatment modalities: deep breathing, meditation and yoga stretching to be offered three times a week by a yoga instructor. With a lack of resources, we improvised: one day of teaching by a licensed yoga instructor, one day by my colleague - an RN and licensed yoga instructor - and the third day taught by myself, an avid yoga fan.

My colleague and I had done extensive biomedical and cardiovascular research respectively, but were absolute novices in this type of research. We therefore sought council from UCSDH Scientist, Dr. Judy Davidson, who imparted her wealth of

knowledge into our project. We also called upon one of our medical directors Dr. Vanessa Lauzon and a medicine resident Dr. Priti Ojha.

We were astounded at the spirited participation we received, from even the most unlikely of candidates, from the most robust assaultive patients to the very acutely psychotic. We received great feedback on our yoga program: “I never thought yoga could help me” and “this is the only time I feel peace in my head”.

Our study was published in Archives of Psychiatric Nursing entitled *East meets west in psychiatry: Yoga as an adjunct therapy for management for Anxiety*. Finally, after our hard work and proven results, our manager hired a licensed yoga instructor to offer yoga twice a week as an adjunct treatment modality! Years later, yoga remained part of the psychiatric units' curriculum prior to COVID taking its toll (Figures 1-5).

This project inspired me to seek more knowledge: I returned to school to earn my BSN. I continue to cherish the opportunity to educate and equip the next generation of nurses to deliver the care I wished for my mom. I don't know what the future holds, but I do know I appreciate the opportunity to serve the psychiatric population, to be in this awesome profession of nursing, and to be working alongside such a supportive team!

Oncology Nurse Leadership and the Challenges in the Cancer Specialty

Author: Courtney A. Nelson, BSN MHA, RN, OCN

Nursing was not a childhood dream of mine. Following a disillusioning stint in sales, I returned to school to pursue nursing. While in sales, I found myself asking for favors, but never felt that I could reciprocate anything of value. My interest in nursing was rooted in the desire to help people during vulnerable times of illness, where I could offer them care and guidance to help them improve. After graduation, I was offered a job in oncology at an outpatient infusion center, which was not the conventional path for most new graduate nurses, but a role that I eagerly embraced.

After a short time, I fell in love with the specialty of oncology. Oncology patients are on a long journey fighting for their lives, and it is oncology nurses who watch their fight every day and up close. In the outpatient setting, oncology nurses cultivate profound relationships with our patients, getting to know them very well, as most of them come in for weeks, months or even years of treatment. I witnessed many patients win their fight against cancer, adding meaningful years to their lives, but other patients are less fortunate. It was heart-breaking to see some of these fighters lose their battle with cancer. They aren't just patients – they become friends, and we fight alongside, offering support when they can't seem to do it on their own.

Stepping into leadership-

After several years in the infusion center and experience in case management, I felt the need for a change. I had attained expertise in oncology, including oncology nursing

certification, leadership roles as charge nurse, and the privilege of precepting other nurses. I recognized my natural inclination toward leadership. I strive to keep things moving forward, constantly working to find solutions to problems, so when a supervisor position became available in the infusion center, I jumped at the opportunity to further my professional development. Some are hesitant to step into a leadership role, concerned about the headaches and difficulties that come with it. I have been asked, "Why would you want that responsibility?" The answer is very similar to why I became a nurse in the first place: I wanted to extend this same care and guidance to my staff that I had provided to my patients. My focus shifted from the chairside of sick patients, to the needs of my department staff – thus allowing them provide the best possible care of our vulnerable patients, while I in turn, cared for my team.

Beginning my pathway as a nursing supervisor, I felt like a novice again. I



Courtney Nelson, RN, BSN, OCN, MHA is the Nurse Manager for North County Cancer Services. She has worked at UCSDH since 2012 first on the BMT unit then in Outpatient Oncology. She received her BSN 2009 and Master's in Health Administration in 2022. Taking care of Oncology patients is a passion and a privilege.

fumbled through challenging conversations with staff and became nervous when addressing patient complaints. And of course, staffing challenges – as a leader you must equitably distribute resources. I felt such a pang of guilt when I needed to ask my nurses and other team members to work short-staffed, but as I went along and continued to have these conversations, I found that the more genuine and empathetic I could be, the easier these conversations and requests became. As a leader, I realized my ability to effect meaningful change, by being open to good ideas brought forth by dedicated and passionate nurses. Working in leadership allowed me to



Encinitas Infusion Center Staff

partner with my staff, saying yes to shared ideas that implemented meaningful change. I had the ability to make people feel valued for the tremendous work they were doing. The satisfaction from taking care of my staff equaled, if not surpassed, the fulfillment I found caring for oncology patients.

Moving from supervisor to manager-

After four years as a nursing supervisor under a nurse manager, an opportunity to step into a lead managerial role opened. Again, I dove into the opportunity. When asked why I sought a role with even more responsibility, my answer was the same: I had the heart for this job. I wanted to take on the responsibility and challenges, so that all staff could continue to do their work and feel cared for by a leader who had the ability to guide them. Taking on the role of managing an entire department came with overwhelming moments, but with each situation of the day that challenged me, I would tackle it – realizing by the end of the day how much amazing work we were doing collectively as a group.

Cancer nurse becomes a cancer patient-

Two months after my promotion into a manager position, I was given some unfortunate news. I was diagnosed with myxoinflammatory fibroblastic sarcoma, an incredibly rare type of cancer, involving the connective tissues in my knee. As oncology nurses, we often joke about how with every

symptom we experience, “it must be cancer.” Initially, I brushed off the lump, attributing it to my history of knee injuries as a runner, the thought of cancer never crossed my mind.

When I received the diagnosis, I was stunned. I began to remember the faces of the sarcoma patients that I had taken care of over the years – some sad stories and some good stories. In true oncology nurse fashion, I began to prepare myself for the worst and hope for the best; but I was not just the nurse – I was also the patient.

Patients had often told me of the terrible anxiety they felt while waiting on test results, the pain of telling their families, and the mental fog experienced during their first few weeks. I would nod my head sympathetically, but now, I gained profound empathy and understood what those patients shared with me. After my diagnosis, the work-up and appointments, I was walking in the shoes of my cancer patients, while simultaneously running a cancer center. The silver lining that kept me going every day was when I felt out of control of my own diagnosis and journey, ironically, I could at least affect change for other patients in the very same position. I had my first surgery, followed by 5 weeks of radiation, then another more extensive surgery. I soon found myself with very competing priorities: I had a responsibility to my staff and every patient they cared for, but now I also had to take of myself as the cancer patient. It is not a balance I was prepared to manage mentally and physically.

Throughout this challenging period, I gained valuable insights and growth. I learned several things during this time period. Firstly, if you care for your staff, they will care for you. Many staff stepped up to shoulder responsibilities when my bandwidth was limited. I felt love and care from staff who truly understood what I was going through. I also discovered my own strength – cancer notwithstanding. I continued to work and manage staff– I didn’t want them to feel like I was giving up. Ultimately, I found my resilience in wanting to fight for all of us. Finally, I realized the importance of self-care. Nurses often prioritize others over themselves, giving advice that they may not apply to their own lives. I had to learn to rest, accept help when offered, and check-in on how I was doing. It was a humbling experience, but one that I wouldn’t take back.

Fortunately, I am now cancer free, thanks to a dynamic oncology team. I still carry scars from surgery and radiation, and I will continue to feel the anxiety that all cancer patients feel with cancer surveillance testing and screening. I hope this personal experience makes me a better cancer nurse and leader. I had always felt a sense of urgency to do the best job I could for every patient in our center. Newly into cancer survivorship, I am beyond grateful for the opportunity to continue to do my work with a newfound source of resilience and honored to be in partnership with an incredible team, walking hand in hand with each patient and their cancer journey.

The Other Side of the Sheets: Transitioning from Nurse Leader to Patient

Authors: Katie Moss, RN, MSN, CCRN
and Sheri Villanueva, RN, BA, ART/BART
Instructor

In a recent interview, I had the pleasure of sitting down with Katie Moss, the Interventional Radiology Nurse Manager at UC San Diego Health, La Jolla campus. Katie brings a wealth of nursing experience in critical care and leadership. This interview outlines her nursing journey and her ongoing personal battle with breast cancer. The interview took place at her home following a delightful dinner with her 2-year-old son and husband. We delved into Katie's professional nursing pathway and gained insights into what the other side of the bed has been like for her, transitioning from a thriving bedside nurse to her role as a nursing leader, to her experience as a patient.

Sheri Villanueva (SV): Could you please provide a brief synopsis of what led you to pursue nursing and detail your nursing pathway at UCSDH (University of California San Diego) up to your current position?

Katie Moss (KM): My mom and my aunt, who is her sister, were both nurses, and my dad is a pharmacist. Growing up in a household surrounded by medicine, it just came naturally to me. When I entered college, I resisted it for a while, but the medical terminology was already ingrained in me. Everything just flowed effortlessly, and I felt at ease in the hospital setting. Spending numerous holidays visiting my mom and aunt in the hospital, whether it was Thanksgiving or Christmas, contributed to my inclination towards nursing.

At UCSDH, I began as a new graduate nurse in the neonatal ICU, where I spent approximately two years. During this time, I actively participated as part of the code pink team. Subsequently, I seized the opportunity to pursue my true passion, transitioning to adult critical care ICU. I dedicated a decade to the Hillcrest CCU, taking on various leadership roles, such as charge nurse, code, and rapid response nurse. Additionally, I served as a preceptor and had the privilege of teaching ART (Advance Resuscitation Training) and BART with the Education, Development, and Research (EDR) department at UCSDH. Upon my decision to further my education, I earned my master's degree in Executive Nurse Leadership from the University of San Diego (USD). After graduation, I joined the



Katie Moss, RN, MSN, CCRN

holds a Bachelor's Degree in Public Health from San Diego State University, a Bachelor's Degree in Nursing from Creighton University, and a Master's Degree in Executive Nursing Leadership from the University of San Diego. Additionally, she is a graduate of UC San Diego's Health Leadership Academy. Katie has been a part of UCSDH since 2011, initially serving in bedside roles in the NICU and CCU, teaching ART and BART, and currently holds the position of Nurse Manager within the International Radiology department in La Jolla. Outside of work, Katie enjoys spending time with her husband and 2-year-old son, as well as with their family and friends. She enjoys traveling, attending Broadway and comedy shows, and catching a baseball game.



Sheri Villanueva, RN, BA, ART/BART

Instructor has been a critical care nurse since 2007 and currently works on the CCU as a Charge, Rapid response, and Code RN. She participates actively in UBPC and hospital wide Code Blue committee. Many of you may know her from her classes as an ART/BART instructor where she helps staff gain confidence and competency recognizing and intervening on deteriorating patients. Prior to becoming a nurse, she taught elementary school grades K-3 and also owned her own gymnastics gym for 15 years. Her favorite activities are to watch her son perform with his band Saint Luna, watch theater shows, travel, and spend time with family!

Interventional Radiology (IR) department in 2021 as the nurse manager for both Hillcrest and La Jolla. In 2022, the nurse manager role was divided, and I assumed leadership of the La Jolla IR department.

SV: Reflecting on your journey as a nurse, what pivotal moments or experiences do you believe played a key role in shaping both your personal growth and professional development? Additionally, could you elaborate on your recent educational journey and provide more details about your master's degree program and how it influenced your perspective as a nursing professional?

KM: I earned my master's in Executive Nurse Leadership from the University of San Diego, concurrently participating in the Health Leadership Academy at UCSDH. These two nursing leadership opportunities provided unique perspectives and contributions to my professional journey. The initial years as a new graduate nurse, especially in the NICU, involved substantial learning and growth. The NICU experience significantly differed from nursing clinicals, offering insights not extensively covered in nursing school. Moving into critical care and adult ICU brought about an even more profound learning curve and cultural shift. I found the ICU to be the domain with the most pertinent medical knowledge and its practical application. Each day presented new challenges, caring for the most critically ill patients in the hospital. I was fortunate to have supportive coworkers who enhanced my professional experience.

However, as I progressed in my career, I recognized that the environment and patient population I was immersed in began affecting my mental well-being, particularly during the challenges of the COVID-19 pandemic in 2020 when our unit became the designated COVID unit. The constant exposure to traumatic situations and the emotional toll of witnessing patients dying without their families took its toll. The realization that this would be a recurring aspect of my work led to a reassessment of my nursing career. The heightened anxiety

and tendency to envision worst-case scenarios prompted me to explore alternative paths. Fortunately, UCSDH provided opportunities to delve into different nursing roles.

Ricky Padilla, a former coworker from CCU, had completed the master's program at USD, so I sought advice to understand the program's applicability to my next steps and had extensive conversations to help decide if this program was right for me. Subsequently, I engaged with the School of Nursing at USD, and this exploration ultimately proved to be the right move.

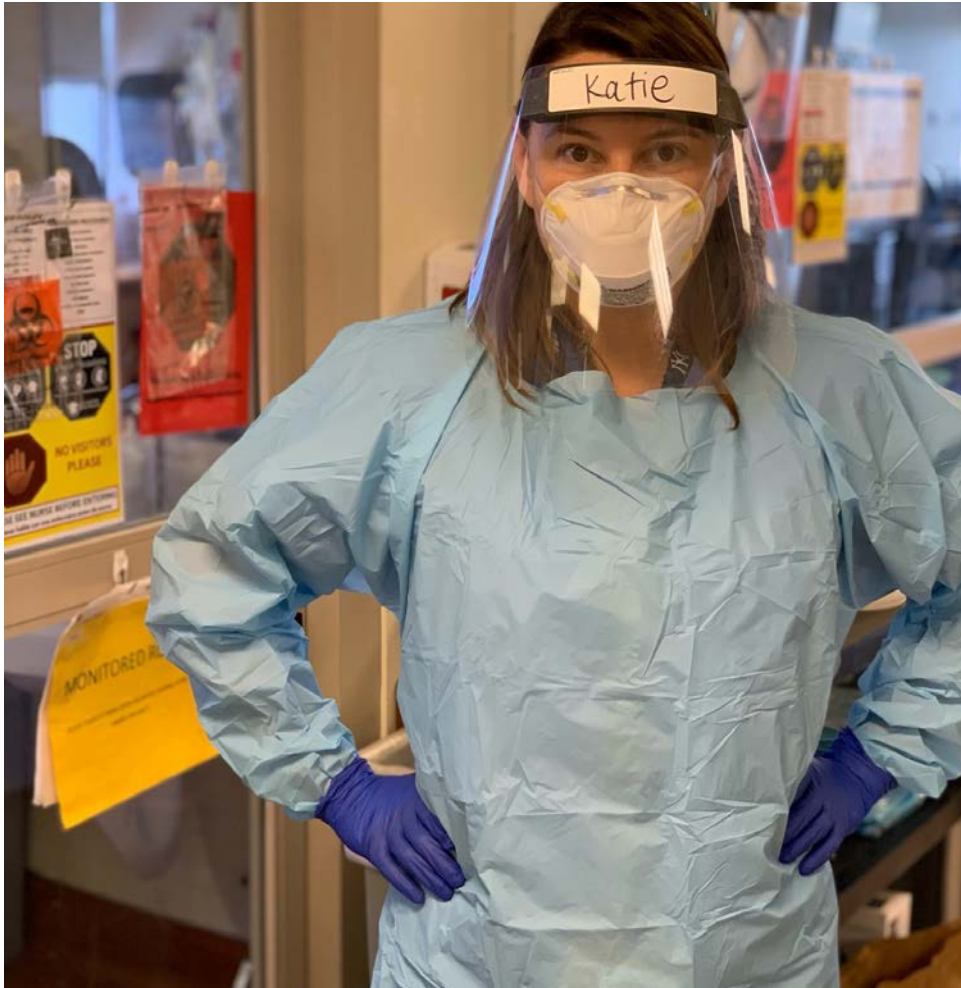
SV: Would you consider Ricky Padilla to be your mentor? Could you share more about his position and influence at UCSDH?

KM: Ricky Padilla served as a Clinical Nurse Educator for EDR. His experience as a coworker in the ED (Emergency Department) and CCU instilled confidence in my decision to pursue both the Executive Nurse Leadership program and the UCSD Health Leadership program. Additionally, I engaged in Lean Six Sigma through UCSDH, and Ricky proved to be a valuable resource, providing mentorship and guidance throughout the process.

SV: What an invaluable connection! Your trajectory has been amazing and is a wonderful journey that I know will inspire others. Let's take a moment and shift our focus from the various nursing opportunities you have highlighted and move onto some personal moments. Would you share your recent health journey, particularly detailing the challenges you went through in 2023 and your current experiences?

KM: In late April 2023, I detected a mass in my left breast. At that time, I was still breastfeeding my 19-month-old son. Initially, I observed the mass for about a week or two, considering the natural changes in female breast tissue during our cycles. However, after two weeks with no change, which was unusual, I decided to contact my OB office. My OB immediately ordered an ultrasound, I went into the ultrasound thinking it might be a clogged duct due to my inexperience with such issues.

Katie working in the ICU during Covid-19.



Following the ultrasound, the radiologist expressed concern about both my breast and left axilla. He decided to perform a mammogram on the spot, and after reviewing the imaging, he reiterated his concern and suggested a biopsy. Fortunately, there was a cancellation that morning, allowing me to undergo the biopsy promptly. The radiologist who conducted the biopsy shared his experienced perspective, expressing confidence that the results would unfortunately confirm cancer. My biopsy was completed on May 3rd, and on May 5th, the confirmation came, it was positive for carcinoma in both my left breast and lymph node.

Subsequent bone scans, CT scans, and MRI imaging were conducted to

check for cancer elsewhere in my body. I started chemo on June 1st as part of a clinical trial at UCSDH, involving four doses of a monoclonal mixed antibody combined with chemotherapy, the maximum allowed in the trial. Following this, I underwent 12 rounds of paclitaxel, a chemotherapy that is standard of care for breast cancer. Throughout the chemotherapy treatment, I underwent multiple MRI scans, CT scans, and biopsies. My chemotherapy treatment with palitaxel concluded on November 15th.

On December 28th, 2023, I underwent surgery, and looking ahead to 2024, my plan includes six weeks of radiation and maintenance with oral medications.

SV: Wow, that has been quite a journey, and I am grateful for your openness in discussing your health challenges. Let's discuss the impact of entering a disease process like breast cancer. Firstly, how has it influenced your perspective as a nurse, and secondly, now that you've walked in the footsteps of a patient, how has your outlook shifted your point of view?

KM: How has my nursing career influenced my experience as a patient? Well, I don't always disclose that I'm a nurse, but when I'm in the infusion chair preparing for chemo and a nurse is attempting to start an IV or handle any procedure, I make a conscious effort to remain patient with everyone. Being on the receiving end, I understand the importance of being understanding and cooperative. I recognize the challenges of the job and I don't want to be a difficult patient.

Going into my appointments, I try to formulate as many questions as possible without resorting to Google or WebMD. I brainstorm and try to come well-prepared with my inquiries and ask myself, "What do I not know?" or "Is there something you want to tell me?" I'm genuinely eager to listen to my medical team, especially considering that the nurses, who spend the most time with patients in the infusion center, are the ones with me throughout the day. It's not my medical oncologist. I value the insights and suggestions the nurses may have as I approach my appointments.

In essence, I try to be an exemplary patient – the kind of patient I would want to have if I were in the nurse's position.

SV: Did the nurses taking care of you know you were a nurse? How do you think it affected your care?

KM: Eventually, yes, because it is in my medical record, and it's a bit obvious on Epic. To access my chart, they must "break the glass." So, they often inquire about what I do. I don't actively volunteer the information right away, but I won't withhold it if asked.

SV: Do you think it positively contributed to your care?

KM: I do! It's twofold. Firstly, as a medical professional, considering everything we know, it gave me an advantage over, you know, someone like my husband, who has no medical background whatsoever. He's a landscape architect. I mean, he wouldn't know what to ask or what certain things mean, and I do. I think it helped my care as well because I knew a lot of people. For example, one of the people I was in the Health Leadership Academy with was a surgical oncology nurse practitioner. I called him the moment the radiologist told me I need to find an oncologist, and he got me scheduled for the very next Tuesday. I had my scans on a Wednesday, and I was seen by a surgeon on Tuesday, not even a week later. I genuinely think it made a difference.

However, having medical knowledge also has its drawbacks because we have this saying that we "know too much." In the ICU, we saw a lot of patients that had cancer and witnessed the impact it could have on them. I had to remind myself that those were very, very sick patients with a lot of comorbidities. Considering myself a young 37-year-old woman, meaning prior to my cancer diagnosis at 36-years-old, I prioritized things like sleep, self-care, nutrition, and exercise. I've continued to weight train throughout my treatments, joined a young survivors cancer support group, and consulted with a nutritionist to optimize my dietary and supplemental needs aiming to take the best possible care of myself. It's crucial to remember that everybody is different. Sometimes the anxiety is a lot higher because I know too much. Knowledge is twofold. So that's how I feel nursing affected me as a patient.

SV: So as a nursing leader, how do you take your own personal experience and carry that over to influence your own staff? Is there anything you feel strongly about that comes to your mind? For example, do you want to make certain changes as a leader because you realize it's something that didn't seem that important until now, but with your newfound perspective from being on the other side of the sheets, you view it differently?

KM: I think, in a way, I've been contemplating next steps in returning



Katie during her infusion.

to work. My role is very high stress, being in a management position where you're on call 24/7 and dealing with various challenges. I've been thinking about how to take care of myself as an individual, a young woman, a mother, and a wife. How do I continue to foster my professional growth and development in the same token? I have been reflecting on that a lot.

There's a drive in me to explore roles like working at the Breast Cancer Center, for example, where I can speak to my own experiences. I recall one of the first appointments I attended after I started losing my hair, and a mammogram tech walking out of that side of the Breast Cancer Center noticed me. She mentioned, "Oh, I had that haircut a couple of years ago." I was grateful for her taking a moment to share her experience with me. I wish I could find her again to thank her for the positive impact it had on me. If I could work there and share with people that I've been through it too, and you can be on the other side of this, serving as a symbol of hope or helping them through their darkest times, that would be meaningful. That is part of why I got into nursing, and I think it would be a

great opportunity. However, I also struggle with the thought of having too much cancer around me and wanting to move past it. Nursing offers many avenues, and as I continue healing, my thoughts on this will continue to evolve as I look at opportunities to help others as well.

SV: That's a significant aspect—the potential impact on future patients, not just for yourself but for the health system overall. It's a profound thought, truly contemplating those kinds of changes because what may have seemed less important before now carries significant weight based on your journey.

KM: I haven't started thinking about that aspect yet. I will say, particularly about my unit, I've built a very strong connection with my staff. We've kept in touch while I've been out, and I feel a lot of love and support from my staff. I know that this bond will carry over when I come back, fostering mutual respect, and understanding healthy boundaries, self-care, and how that runs in parallel with accomplishing the work. It provides an opportunity to

minimize the petty aspects present in any workforce or job and focus on what truly matters—taking care of each other and taking care of our patients. I believe it will contribute to a healthier workforce with that perspective in mind.

SV: I appreciate that perspective. How do you envision these thoughts transitioning into reality? Specifically, how would these manifestations unfold for you personally and what kind of positive impacts or gifts do you foresee extending to your staff? Are there aspects from your cancer journey that you would like to replicate for your team during challenging times, addressing work-life balance complications, and providing mutual support to help alleviate these common burdens?

KM: Understanding what support looks like to a person is key and I think it's very individualized. So, if we know each other, it's okay to also ask specifics, for example, "How can I best support you during this time?" or making some suggestions like, "Here are some ways that I feel I can support you. Do any of those sound like a good option for you to accept?" I think I would want to come to my staff with options when

offering support. Ultimately, I believe it's all about mutual respect, for each other and for our patients. Maintaining healthy boundaries and trying to be mindful continuously of what matters most requires patience, taking a minute to think carefully and thoughtfully about what we say, what we do, how we act, how we respond. Those are all so important and taking a minute just to think about the big picture. Those are some things I think would be helpful. It's like low-hanging fruit right there. I recognize it's easier said than done, but when a workforce has this as their foundation, it is low-hanging fruit with powerful reward. That is something so simple that we can do to show up for one another.

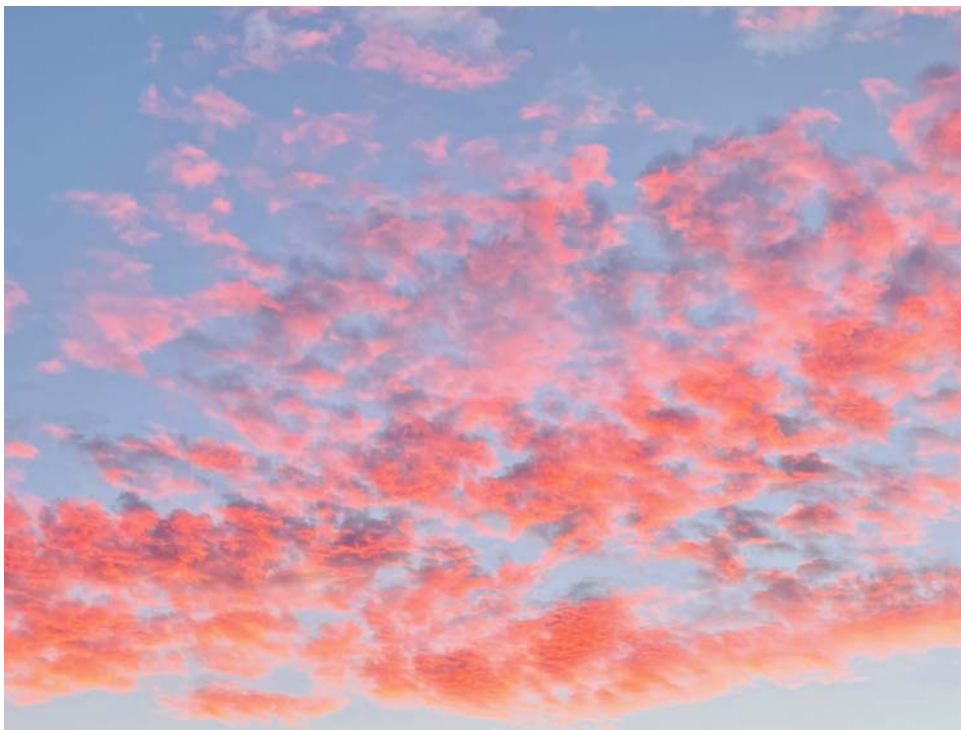
SV: Have there been any significant experiences during your medical journey, such as interactions with healthcare professionals or moments in your appointments, that you'd like to share with nurses as insights into avoiding burnout and sustaining well-being? Reflecting on your own hospital experience, where you were sometimes met with familiar and trusted colleagues, how do these experiences shape your perspective on the importance of caring relationships in healthcare?

KM: Yes! As I previously mentioned, there was a mammogram tech, who took the time to talk to me and her kindness and candor really stuck out to me. My infusion treatments are at the Breast Cancer Center at KOP (Koman Family Outpatient Pavilion). The schedulers have started to remember my name, so they'll say, "Hi, Katie!" They just remember you and being known is comforting and kind. It's a friendly face when you're going into such a devastating situation. My medical oncologist, Dr. Kay Yeung, takes a moment to sit with me in silence when I am emotional, providing the space and the time for me to feel whatever I need to feel. She has been so incredibly patient with the thousands of questions I've had, and I often keep coming back to her asking to clarify things. I'll say, "Tell me that again." or "Did I hear you right when you said this?" She takes the time to re-explain things without judgement. She has used a simple gesture like a hand on my knee and it reminds me that she is present, and I feel supported and cared for.

Another meaningful experience at the Breast Center is they do an interdisciplinary conference called Tumor Board. They get together and discuss their patients from a holistic framework, and it's a collaborative and interdisciplinary team. You feel like they're not missing anything. You just feel so well cared for. I talked about the nurse practitioner who helped get me into appointments in a very reasonable amount of time and I know of other team members that function like patient navigators and help in this manner. Having help to maneuver the health system is priceless.

SV: Can you expand on the meaning of interdisciplinary care?

KM: Certainly. The team that meets consists of multiple disciplines such as pathology, pharmacy, surgeons, medical oncologists, radiation oncologists, and potentially someone from the lab. There may also be social work, case managers, and any other team member that can contribute valuable input. Their purpose is to look at your situation and curate the most personalized medical treatment based



on the most current research for your cancer type and offer suggestions, clinical trials, and goals of care for diagnosis and prognosis. It instills a sense of trust and confidence that they're not missing anything because of that. It's comprehensive care.

SV: Have you felt satisfied with the care you have received at UCSDH and what factors contributed?

KM: Yes, I am very satisfied. I think it helps to know people and it helps to know how the health system works. In the initial state of shock at my diagnosis, having people in my corner took a huge weight off me and my family. One less thing for me to worry about. I wasn't consumed with thinking about how to navigate the system, who to call, who to contact, what scans I needed, what their phone numbers are, etcetera. Those are stressful things without a cancer diagnosis, and at the moment, you can barely comprehend what is happening. You have no idea where to start and you're expected to make this appointment because you've just been told you have cancer. That's it. It's so simple but so scary, right? The experience is surreal so having someone that could start mapping out my appointments to navigate the system such as which doctor I needed to see or what tests needed to be done, truly bolstered my ability to cope with my diagnosis.

SV: Could you share your experience with having a patient liaison or advocate at the beginning of your cancer journey? How did they assist you in initiating and navigating the process?

KM: I was put in contact with the administrative assistant of one of the oncology breast surgeons. The impact she made was incredible. Looking back, I don't believe what she did for me was even in her job description, but having her plug me into all the different appointments and places made all the difference. She planned out all my initial doctor's appointments, tests, scans, and lab work and she just kind of nailed it!

The Breast Center also has social workers. I received a phone call yesterday from social work, just

checking in to see how I was doing. I was recovering from surgery, so I was a little foggy still and I don't remember the name of the person who called me. Additionally, I was called by the pharmacy department because they know that going into the first of the year, my deductible resets with my PPO plan: it's a low premium and a high deductible and the injections I must get are thousands of dollars. The pharmacist got me set up with discount codes for my medications and I didn't have to call anyone. I didn't even know to ask for these discount codes or that they were even offered but she reached out to me and certainly saved me a lot of money. I have received excellent care.

SV: I really believe in a role such as a patient advocate or patient navigator that when a person gets a disease process that is obviously life-changing, like cancer, there is a role that nurses or others can play. I wonder if our health system has people in those types of roles.

KM: At the Breast Center they do, and I think Moore's Cancer Center does too.

KOP Breast Center has received a lot of donations, so, they've been able to have some of those, things that we didn't necessarily have in ICU, and that was the role that the nurse played. We had social workers and case managers, but they covered many inpatient units.

SV: Certainly, with your diverse nursing experiences, from NICU to adult critical care, and now as a patient in oncology, each setting brings its own unique culture. Could you share your observations on the differences in the nursing culture, including personalities and dynamics, between NICU, critical care, and outpatient oncology? Do you have any intriguing takeaways or amusing anecdotes to share about these diverse environments?

KM: ICU nurses are very strong advocates for our patients. We speak up for our patients and same with then NICU nurses. I think I was a good CCU nurse because NICU taught me to trust my instincts and to speak up the moment I felt like something was wrong because babies crump very, very quickly because they're only inches long. If you don't speak up and act

quickly, you risk a life. I learned how to be a good advocate in the NICU. I think that was one of the most amazing things I took away from my NICU experience and that's something that will follow me forever. In contrast, the nurses in oncology have such a different ability to care for the mental part of it all. Their nursing tasks might seem simple compared to a 12-hour shift in the ICU, but an infusion nurse does much more than just hang the chemo medications. They can care for you mentally so much better than an ICU nurse might have the time to invest at times, given how sick someone might be, and I see the oncology nurses have a different capacity.

SV: That's intriguing. It seems that the primary focus of their nursing practice in the oncology setting isn't solely based on the technical aspects or the speed of tasks like titrating vasopressors in the critical care setting. Instead, it's about the emotional and mental support they provide to their patients. Could you elaborate on how this emphasis on mental support plays a crucial role in the care they deliver?

KM: In the ICU, we were given opportunities to be very supportive and we desired this for ourselves and our patients. But sometimes titrating the drips or cleaning a patient up or something else took precedence, and we had to prioritize life saving measures over mentally supporting the patient and their families and it is important to acknowledge our limited bandwidth. I feel like we didn't have the ability to give as much mental care as one would want. And so that's something I'm grateful for in the Cancer Center; you build a relationship with the nurses. Every single person knew my name.

SV: Really? That is amazing and so personal. You didn't have to introduce yourself on every single visit?

KM: Yeah, I mean, I had 16 rounds of chemo, so I was there every week on Wednesdays. I cycled through probably every single one of those nurses at some point, but even the nurses I only had once knew my name. When I walked in, it was, "Hi, Katie, how are you

today?” Everyone was just kind and personable.

SV: So, you weren’t just a bed? I know in the ICU we have a habit of calling patients by their bed number instead of by their name.

KM: No, definitely not. Every time they call your name, you emerge from the waiting room, and then you proceed to accompany them into the infusion center. There’s this amusing routine where they ask for your name and date of birth, and towards the end, there’s a playful banter, almost like, “Is it really you?” And of course, they knew I was Katie.

SV: You weren’t designated as a bed number or a chair in the infusion center. I often find it challenging to recall my patients’ names in the ICU since we typically refer to them as bed numbers like Bed 7 or Bed 3. This practice of not using names can feel somewhat disrespectful, and I wonder why I struggle to consistently remember my patients’ names.

KM: It’s probably a protection mechanism, though, too. You know, in ICU, these patients are on the verge of life and death, and we can’t see death every single day and be OK. That’s not healthy for anyone. I believe it’s one of the ways we protect ourselves, a method of depersonalizing your care. I’m sure of it. In oncology, I walked in and walked out of every appointment and my husband came with me every time. The nurses all knew my name. They may not have known my husband’s name, but they knew him, and they knew he was going to be with me at every single appointment because he never missed an appointment. And the nurses would talk to him too. They knew my preferences and that I was doing cold capping, and that the process of cold capping was very painful. There were a couple of medications that they gave me for cold capping, but these took about 30 minutes or so for the benefits to settle in after I took the medication. From the moment I was checked in, the nurses would have my pre-meds ready to go, sparing me any unnecessary discomfort. I would take my pre-meds.

Then I would go put the cold cap on. Then I would come back, and they would hook me up to the machine. They knew to give it to me the second I walked in so that we could get that 30 minutes going so the medication would have time to kick in. The nurses just knew my preferences.

The first couple of appointments, the nurses would approach me with, “OK, let’s see what works,” and then during future treatments, I would say, “OK, this worked really well last time. Let’s do that again.” My treatment plan became, “OK, she likes her pre-meds the moment she gets here.” The nurses would consistently provide that support for me.

SV: Reflecting on the diverse healthcare professionals involved in your care, including technicians, doctors, nurse practitioners, and nurses, who, in your opinion, has had the most significant impact on your journey?

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SV: That’s awesome to hear. It brings me joy because it reflects your desire for excellence in the UCSDH healthcare system. We want to be a part of a top-notch health system!

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most significant impact. I believe every single person holds a different place in my heart. My closest relationship is probably with my medical oncologist since she has guided every step throughout all of this. I attend all my appointments based on what she feels is best. However, every person at every appointment has been impactful in their own way. It is a tough question to answer because they have all been impactful; each person's role is crucial. Everyone's job is so important. Those mammogram techs, oh man, they are incredibly kind. They're there to hold your hand through all the uncomfortable moments when the machine smashes your face on one side, and you're trying to hold your breath when all you want to do is cry and scream. Some have even shared their personal cancer stories. It's a personalized experience for everyone, truly each person plays a significant role and I do mean everybody!

SV: If you're comfortable sharing, what insights or advice would you provide to nurses going through personal health challenges?

KM: If you're comfortable, discussing your experiences can be immensely beneficial. That's my primary recommendation, because for me, engaging in open conversations has resulted in various positive outcomes, such as faster appointment bookings in the early stages and a more effective coping mechanism for trauma. By sharing your journey, you allow people to show up for you.

Remember, you don't have to go through this alone. You shouldn't go through it alone. People want to be there for you and help you, whether it's your coworkers that you know so well, your friends, your family, or even a compassionate mammogram tech that sees that you are starting to lose your hair. People genuinely want to support you and want to show up for you. So, if you're comfortable talking about it and if you're comfortable just like showing up authentically, whether it's about the challenges you're facing, such as hair loss, or any other aspect, it can be incredibly beneficial. This approach has helped me ask the right question, receive information in a timely manner,

and access the best care. My hope and plan are to be around for quite some time for myself, for my son, for my husband.

SV: I want to express my gratitude to Katie Moss for openly sharing her experiences and vulnerability, detailing her transition from the UCSDH nursing pathway—from her roles at the bedside and in leadership—to becoming a patient within our healthcare system. There are invaluable insights to glean as we navigate diverse nursing pathways. Katie's experience offers valuable insights as we consider the importance of caring for one another, fostering mutual respect, providing individualized support, and prioritizing self-care. This narrative emphasizes the significance of creating a culture of transparency and understanding when facing mental and physical health challenges and is vital for personal healing and essential for our capacity and ability to care for others. Katie's story inspires thoughtful consideration of our fundamental role as nurses and the insight in our ability to prioritize our health first and foremost as we consider how to optimize both our professional and personal lives.

SV: Have you felt satisfied with the care you have received at UCSDH and what factors contributed?

KM: Yes, I am very satisfied. I think it helps to know people and it helps to know how the health system works. In the initial state of shock at my diagnosis, having people in my corner took a huge weight off me and my family. One less thing for me to worry about. I wasn't consumed with thinking about how to navigate the system, who to call, who to contact, what scans I needed, what their phone numbers are, etcetera. Those are stressful things without a cancer diagnosis, and at the moment, you can barely comprehend what is happening. You have no idea where to start and you're expected to make this appointment because you've just been told you have cancer. That's it. It's so simple but so scary, right? The experience is surreal so having someone that could start mapping out my appointments to navigate the system such as which doctor I needed

to see or what tests needed to be done, truly bolstered my ability to cope with my diagnosis.

SV: Could you share your experience with having a patient liaison or advocate at the beginning of your cancer journey? How did they assist you in initiating and navigating the process?

KM: I was put in contact with the administrative assistant of one of the oncology breast surgeons. The impact she made was incredible. Looking back, I don't believe what she did for me was even in her job description, but having her plug me into all the different appointments and places made all the difference. She planned out all my initial doctor's appointments, tests, scans, and lab work and she just kind of nailed it!

The Breast Center also has social workers. I received a phone call yesterday from social work, just checking in to see how I was doing. I was recovering from surgery, so I was a little foggy still and I don't remember the name of the person who called me. Additionally, I was called by the pharmacy department because they know that going into the first of the year, my deductible resets with my PPO plan: it's a low premium and a high deductible and the injections I must get are thousands of dollars. The pharmacist got me set up with discount codes for my medications and I didn't have to call anyone. I didn't even know to ask for these discount codes or that they were even offered but she reached out to me and certainly saved me a lot of money. I have received excellent care.

SV: I really believe in a role such as a patient advocate or patient navigator that when a person gets a disease process that is obviously life-changing, like cancer, there is a role that nurses or others can play. I wonder if our health system has people in those types of roles.

KM: At the Breast Center they do, and I think Moore's Cancer Center does too.

KOP Breast Center has received a lot of donations, so, they've been able to have some of those, things that we didn't necessarily have in ICU, and that

was the role that the nurse played. We had social workers and case managers, but they covered many inpatient units.

SV: Certainly, with your diverse nursing experiences, from NICU to adult critical care, and now as a patient in oncology, each setting brings its own unique culture. Could you share your observations on the differences in the nursing culture, including personalities and dynamics, between NICU, critical care, and outpatient oncology? Do you have any intriguing takeaways or amusing anecdotes to share about these diverse environments?

KM: ICU nurses are very strong advocates for our patients. We speak up for our patients and same with then NICU nurses. I think I was a good CCU nurse because NICU taught me to trust my instincts and to speak up the moment I felt like something was wrong because babies crump very, very quickly because they're only inches long. If you don't speak up and act quickly, you risk a life. I learned how to be a good advocate in the NICU. I think that was one of the most amazing things I took away from my NICU experience and that's something that will follow me forever. In contrast, the nurses in oncology have such a different ability to care for the mental part of it all. Their nursing tasks might seem simple compared to a 12-hour shift in the ICU, but an infusion nurse does much more than just hang the chemo medications. They can care for you mentally so much better than an ICU nurse might have the time to invest at times, given how sick someone might be, and I see the oncology nurses have a different capacity.

SV: That's intriguing. It seems that the primary focus of their nursing practice in the oncology setting isn't solely based on the technical aspects or the speed of tasks like titrating vasopressors in the critical care setting. Instead, it's about the emotional and mental support they provide to their patients. Could you elaborate on how this emphasis on mental support plays a crucial role in the care they deliver?

KM: In the ICU, we were given opportunities to be very supportive and

we desired this for ourselves and our patients. But sometimes titrating the drips or cleaning a patient up or something else took precedence, and we had to prioritize life saving measures over mentally supporting the patient and their families and it is important to acknowledge our limited bandwidth. I feel like we didn't have the ability to give as much mental care as one would want. And so that's something I'm grateful for in the Cancer Center; you build a relationship with the nurses. Every single person knew my name.

SV: Really? That is amazing and so personal. You didn't have to introduce yourself on every single visit?

KM: Yeah, I mean, I had 16 rounds of chemo, so I was there every week on Wednesdays. I cycled through probably every single one of those nurses at some point, but even the nurses I only had once knew my name. When I walked in, it was, "Hi, Katie, how are you today?" Everyone was just kind and personable.

SV: So, you weren't just a bed? I know in the ICU we have a habit of calling patients by their bed number instead of by their name.

KM: No, definitely not. Every time they call your name, you emerge from the waiting room, and then you proceed to accompany them into the infusion center. There's this amusing routine where they ask for your name and date of birth, and towards the end, there's a playful banter, almost like, "Is it really you?" And of course, they knew I was Katie.

SV: You weren't designated as a bed number or a chair in the infusion center. I often find it challenging to recall my patients' names in the ICU since we typically refer to them as bed numbers like Bed 7 or Bed 3. This practice of not using names can feel somewhat disrespectful, and I wonder why I struggle to consistently remember my patients' names.

KM: It's probably a protection mechanism, though, too. You know, in ICU, these patients are on the verge of

life and death, and we can't see death every single day and be OK. That's not healthy for anyone. I believe it's one of the ways we protect ourselves, a method of depersonalizing your care. I'm sure of it. In oncology, I walked in and walked out of every appointment and my husband came with me every time. The nurses all knew my name. They may not have known my husband's name, but they knew him, and they knew he was going to be with me at every single appointment because he never missed an appointment. And the nurses would talk to him too. They knew my preferences and that I was doing cold capping, and that the process of cold capping was very painful. There were a couple of medications that they gave me for cold capping, but these took about 30 minutes or so for the benefits to settle in after I took the medication. From the moment I was checked in, the nurses would have my pre-meds ready to go, sparing me any unnecessary discomfort. I would take my pre-meds. Then I would go put the cold cap on. Then I would come back, and they would hook me up to the machine. They knew to give it to me the second I walked in so that we could get that 30 minutes going so the medication would have time to kick in. The nurses just knew my preferences.

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A Journey of Transformation: My Transition in Nursing

Author: Maren Attanasio MSN, APRN,
ACCNS-AG, CCRN, Clinical Nurse

Nursing is a dynamic and ever-evolving profession that demands adaptability and continuous education and growth. My personal transition in nursing reflects this dynamism, starting with my initial foray into the field as my second career, leading to advanced degrees and certifications that have shaped my role as a healthcare provider. My exposure to nursing began with role models, my mom, a BSN and grandmother, an LVN.

In 2001, I earned a Bachelor of Arts degree from Lycoming College, PA, famous home of the Little League World Series, not initially intending to pursue a career in nursing. However, during my undergraduate years, I found myself drawn to healthcare and the idea of making a meaningful impact on patients' lives. I was just too young at the time and playing Division 3 volleyball was paramount. I held a setting/assist record for many years.

In 2003, I took the significant step of enrolling at Roxborough Hospital School of Nursing to pursue an Associate Degree in Nursing (ADN). This decision marked the transition from an academic focus on liberal arts to the practical aspects of healthcare. Through clinical rotations, I made my rounds of the hospitals in Philadelphia, PA. Completing the ADN program allowed me to become a Registered Nurse and provided the foundational knowledge and skills essential for patient care. I started in an intensive care unit (ICU) as a new graduate nurse

and worked in ICUs on the east and west coasts for many years.

Realizing the need for further professional development beyond specialty certification: Critical Care Registered Nurse (CCRN) and Trauma Nurse Core Course (TNCC), I enrolled in the RN to MSN program at Sacred Heart University in 2013 while working full-time. This educational transition was a pivotal moment in my career. It enabled me to expand my scope of practice, engage in more specialized roles, and foster leadership skills within the ICU. Throughout the program, I learned advanced nursing concepts, evidence-based practice, and healthcare education and administration.

My transformative journey culminated in 2022 with completing a post-master certificate program from Purdue University, earning the title of Adult-Gerontology Clinical Nurse Specialist (AG-CNS). A Clinical Nurse Specialist (CNS) is an Advanced Practice Registered Nurse (APRN) who improves outcomes by providing direct



Maren Attanasio, a Clinical Nurse

Specialist whose nursing journey has taken her from the East Coast to various ICUs across the United States. Currently based in San Diego since 2008, Maren balances her professional life with a love for adventure, exploring off-road trails with her 2008 Xterra, backpacking, and wrangling her rescue dog. Family is central to Maren's life, with two younger brothers and a niece and nephew close to her heart. Beyond the hospital, she passionately supports Philadelphia sports.

patient care, leading evidence-based practice, optimizing organizational systems, and advancing nursing practice. As an APRN a CNS can diagnose, prescribe, and treat patients and specialty populations across the continuum of care. The two-year journey presented challenges in time management, particularly in fulfilling the completion of the required 500 clinical hours. Gratefully, I had the opportunity to confer these hours with the CVICU Clinical Nurse Specialist at UC San Diego Health. The advanced practice specialization allowed me to focus on the unique healthcare needs of older adults, equipping me with the expertise to provide advanced care, assess and manage complex health issues, and contribute to the overall well-being of the aging population.

Throughout my nursing journey, each transition has profoundly

impacted my ability to deliver high-quality care to patients. My ADN program provided me with essential clinical skills and prepared me to become a competent RN. Pursuing an MSN degree broadened my knowledge, allowing me to critically analyze and implement evidence-based practices. Finally, becoming an Adult-Gerontology Clinical Nurse Specialist equipped me to address the specialized health concerns of an aging population, and further patient outcomes.

Throughout, family and friends have supported me. I also pursued and obtained board certification as an Acute Care Clinical Nurse Specialist for adults (ACCNS-AG). In the end, I procured a CNS position with 3GH ICU under the Education, Development, and Research (EDR) department at UCSD—my dream career and position.

Photograph by Lia Trageser, RN, BSN



Beyond the Bedside: Transforming Healthcare Space

Authors: Lilian Chan, DNP, RN, PCCN-K
and Laura Rossi, BA

Laura Rossi (LR): Thanks for taking some time to meet and talk about your professional journey at UCSDH. As part of the Education department, my colleagues and I are often asked about how nurses transition throughout the organization in unique roles, including Information Services (IS). I reached out to ask you to share a bit about your experience and route that lead you to your role in IS.

Lilian Chan (LC): Of course, I'm happy to share my story!

LR: Great, let's start at the beginning. What inspired you to choose nursing as a profession? Did you always want to be a nurse?

LC: Before I wanted to be a nurse, I wanted to do interior design, which has nothing to do with nursing. I liked the idea of like creating and curating a space, making it fun, while making people feel at home.

That said, I happened to also be really good in science. My mom is a nurse, which also inspired me to go in that direction.

I decided to try everything as I found a connection between interior design and nursing. I felt like nursing was that kind of gateway to creating homes for people. Improving their well-being, their life, often by making them feel at home, away from home.

When I was in high school, I did a

lot of volunteering in hospitals. Back in the day they called volunteers candy strippers. I really enjoyed that and liked the idea of knowing that as a nurse, you have the ability to impact people's lives by making them feel a certain way in that space. I think it's very easy for people to come to the hospital and just think of it as a hospital. You get to be the one that helps patients feel better in their body and space, and that's why I felt like nursing would give me fulfillment, where, for me, interior design couldn't.

I did consider other areas of care, such as pharmacy, but I felt that might be too isolating, I wanted to work directly with patients as it seemed to suit my personality.

LR: Was technology in nursing something that always interested you?

LC: I was drawn to the fact that nursing was much more hands on and I thought it would be a great profession, so I started my undergrad around 2011. It was perfect timing because, at that time, there was more innovative technology in patient care becoming more readily available. It was really cool.

I was getting excited because these new concepts and state of the art hospitals were popping up that didn't look like traditional healthcare settings.

LR: So what were your first steps into



Laura Rossi, BA is the UC San Diego Health's Nurse Engagement and Retention Program Manager. With a Bachelors from the School of Communication at Michigan State University, Laura has worked for the Nursing Education, Development and Research Department since 2017. Laura refers to herself as a "Nurse Concierge", taking great pride in providing multi-level support, resources and recognition in an effort to improve the working experience of all nurses at UC San Diego Health. Feel free to reach out to her with questions Inrossi@health.ucsd.edu.



Lilian Chan, DNP, RN, PCCN-K is a graduate from the University of San Diego: Data Science and Nursing Informatics Doctorate of Nursing Practice Program. Additionally, Lilian also graduated from Johns Hopkins University with a Master in Nursing: Health Systems Management. Lilian has worked as a registered nursing with the University of California: San Diego, specializing in trauma step-down patient population. Given her experience as a registered nurse, Lilian has utilized this time to apply evidence-based practice principals regarding opioid withdrawal identification and management with clinical decision support and electronic medical record implications. In combination with her clinical and academic experience, she has now been able to utilize a mixture of electronic-medical record applications, nursing education, and evidence-based practice processes to ensure nursing is well-equipped with taking care of a multitude of acute care patient populations.

perusing your nursing career aspirations?

LC: Well, I graduated in 2015, from the University of Central Florida, and frankly, the weather didn't do it for me, so I headed to San Diego. My first nursing job was as a new graduate nurse at Sharp. That's where I was began testing out my interests between oncology and trauma.

At Sharp Memorial, I served as a level 2 trauma nurse and fell in love with trauma. I liked that fast paced kind of nursing.

And also, being on the trauma team, you feel more closely connected to the community. These patients are people who are coming in on likely one of the worst days of their lives, and not expecting to come in, due to literally a traumatic event.

I really liked being around that patient population, a lot, so I was inspired to really amp up my skill and experience with trauma.

LR: What brought you to UCSDH?

LC: Well, actually right about that time, I had decided to apply over at UCSDH, which was right down the street. I was especially excited as it was my first time working in a teaching facility. I got to work side by side with my peers, nurses and residents who were around my age.

So, it was really cool to be in a situation where I was learning to care for people with other people who could really relate with my passion and experience level and were just as excited as I was to get into the trauma field. One big draw to UC San Diego Health was that it was an academic teaching hospital, a place where I could learn, felt comfortable asking questions, making mistakes, and exploring.

LR: Where did you begin your UCSDH journey?

LC: I was so excited to be hired as a nurse on the Hillcrest 5 West team, which was a trauma step down unit. I was part of that team for 4 years. During my time on 5 West, I put myself out there and challenged myself. During my last two years on the unit I worked as a charge nurse and resource nurse and really enjoyed that

experience.

LR: What drove you to explore other areas of UCSDH?

LC: At that time, I found myself infatuated with learning. I don't know what came over me. I loved bedside nursing, but I thought it was time to revisit why I became a nurse. I was thinking that I'd like to explore my practice at a more advanced level, thinking about spaces, programs, and quality improvement. I ended up going back to school for my master's at John Hopkins in health systems management, which connected all the dots.

My program was basically project management for nurses, which included an opportunity to learn how to create a safe space for your patients.

Getting my masters was a great investment, but it reminded me of the reason I chose this profession in the first place. My program taught me skills to design, enhance, and ultimately, improve the patient space, experience utilizing data and metrics. It made me reflect on my original passion for home design and I found it related well.

LR: How were you able to land in Nursing Informatics?

LC: The last semester of my master's program, I was able to choose a director to work under, as long as they were at a system level overseeing both Hillcrest and La Jolla. I ended up choosing the Director of Nursing Informatics. Under that IS tutelage, it really hit me, I thought "Wow! *What I had dreamed to accomplish as a designer, I am able to accomplish in nursing by building "homes" or better space and experiences for our patients through my work in IS. I get to make innovative accommodations and improvements utilizing technology!*"

It was a full circle moment for me, and it keeps me excited and grateful for my position. Additionally, I get to work with the newest technologies on a daily basis which is really cool!

LR: What do you like most about your current position?

LC: I see myself and my colleagues of

informaticists as artists. I get to see, feel and touch what nurses see thanks to technology. I get to rearrange and redesign that technology, to make it nurse friendly or patient friendly. That's what I find most exciting, the feeling that I am creating a welcoming space that improves our nurses and patients experience.

So that's how I transitioned from the bedside to this role as an informaticist. It is all thanks to my instinct and passion to get back to school. I'm also grateful for the push that people I was surrounded by gave me!

LR: Sounds like you found your design job after all! Can you share a bit about what resources at UCSDH you utilized to help propel your professional development?

LC: Sure! I was really involved with our Evidence Based Practice Institute which really reinvigorated my passion. It connected me with so many other nurses who were like me, wanting to improve processes and make a difference.

Also, I made sure to partner with my manager, to create space and time so I could take advantage of that programs and trainings. And I made sure to utilize my annual 40 hours of education pay! The Patrons of Nursing scholarship always helped offset some of my education expenses.

The Nursing Education Department offers the Nursing Professional Development Fund which I took advantage. Those funds helped me attend the Biannual Sigma Theta Tau conference which was cool because I got the opportunity to meet other nurses from around the world who shared my same mindset and passion.

I was, and still am committed to our Shared (Professional) Governance. At that time, I was an active member on the Nursing Cabinet and as part of my team's Unit Based Practice Council. From there I joined the Clinical Practice and Informatics Council which had a huge influence on me. Being a part of that group that allowed me to see other analysts, who were also nurses, creating and implementing their work in tandem with the nursing education team and our front-line nurses. That was really impactful on me

because I got to see them create the products that I was seeing and using every single day! I just thought that was super cool.

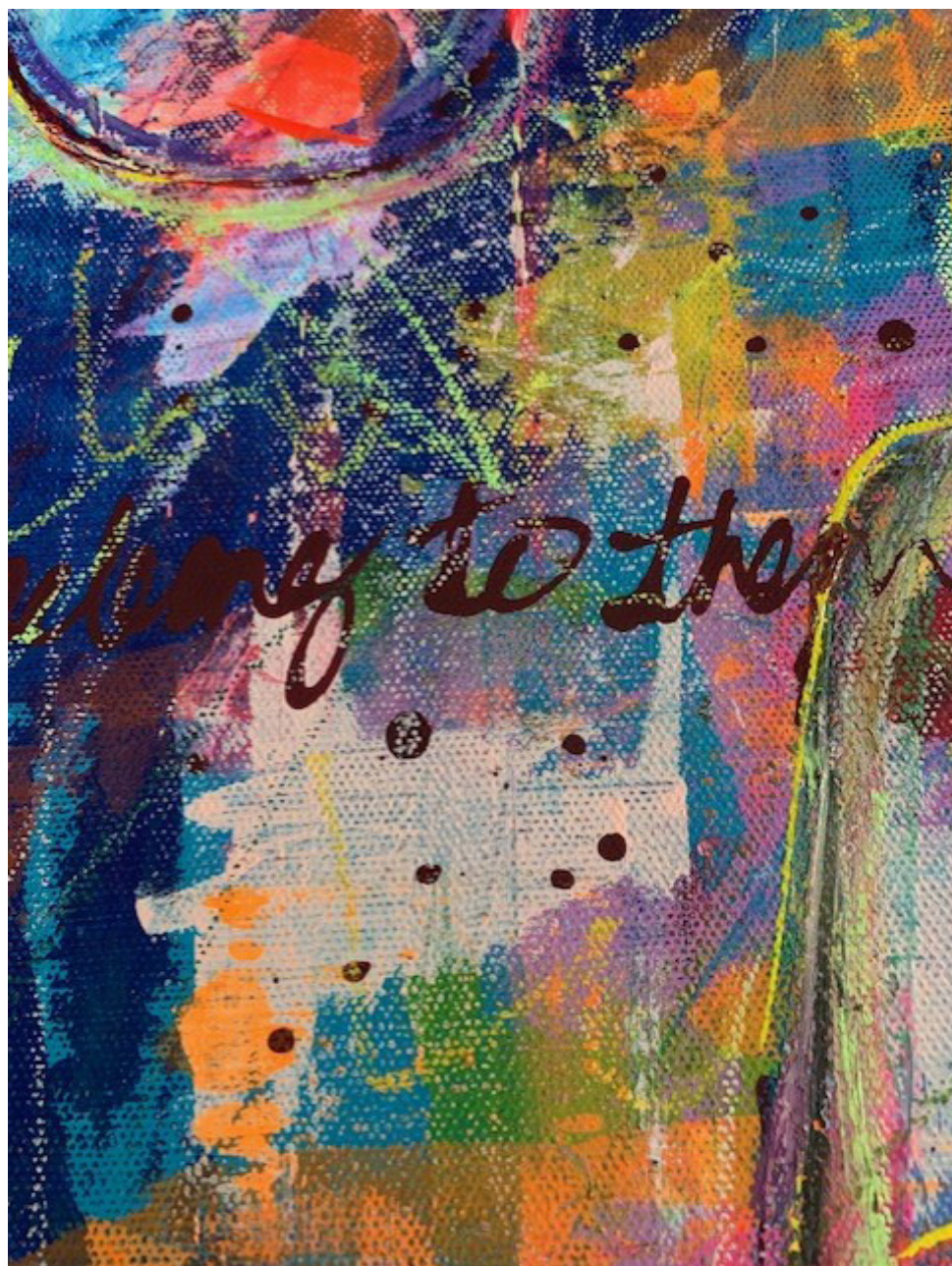
LR: So what's next for you?!

LC: Well I really love where I am now. I work with a fantastic team and I feel like my work is important and I'm able to continue to create, and that really excites me. This time in healthcare is especially unique as we continue to explore the possibilities of AI! There is

so much incredible work to be done!

But regarding my current work, exciting innovative changes in healthcare are definitely in store, you never know what's around the corner! That's exactly what makes my role in Informatics so engaging! UC San Diego Health prides ourselves on next level innovation which is why I love being here so much! We get to improve our nurses and patients experience as technology enhances and what I can tell you is, what's coming down the pipeline is going to be super exciting!

Untitled, by Ten Mendoza, DNP, PMH-RNBC



I Am an ECMO Nurse

Author: Yelena L. Ignatyeva, BS, RN, CCRN,
ECMO Lead, ECMO

Some people are born to be caregivers, I believe I am one of them. When I turned 17 years old, I started working as a Nursing Assistant at a local military hospital in Uzbekistan. After the Afghanistan war had ended 1990, the hospital was full of young, injured soldiers suffering from amputated limbs and post-traumatic stress disorder (PTSD). I began working there because I wanted to help, and I was inspired to go to nursing school because I wanted to continue to help in new ways.

I graduated from nursing school with honors and continued supporting my community in the military hospital until my family made the monumental decision to immigrate to the United States. I count myself among the fortunate few who were granted the opportunity to live a better life.

In 1995, I got my first job at Albany Medical Center as a telemetry technician. It was a miracle because I could barely speak English. However, my infectious smile and eagerness to learn helped me to rise above language barriers. Interpreting electrocardiograms (EKGs) and recognizing rhythms was easy, but every time the phone rang, I was terrified I would misunderstand what people were telling me. Also, I feared I would call the unit with urgent information which would be misinterpreted. It was overwhelmingly stressful and daunting to realize that learning the language would take months or even years.

A year later, I transitioned to a pediatric Intensive Care Unit as a

Certified Nursing Assistant (CNA), a role both intimidating and exciting to me. Eager to learn, I shadowed nurses, taking notes and asking questions to dig deeper into the nursing role. At the same time, I was finally getting closer to my final steps in becoming a nurse as I scheduled my licensing exam. I remember completely immersing myself in the material: reading textbooks, listening to instructional audio tapes while driving, watching educational videos while eating, and studying the English language all while taking care of my three-year-old daughter. It was another miracle mixed with relentless effort when I passed the exam. Soon, I got my first nursing job in a cardio-pulmonary intensive care unit (ICU): the most advanced unit in our hospital. I was fortunate to have two exceptional mentors guide me through the nuances of becoming a cardiothoracic (CT) surgical nurse. Not every new nurse survives in this fast-paced environment, and my preceptors' support was essential.

In 1999, a new chapter in my life



Yelena Ignatyeva, BS, RN, CCRN, ECMO Lead, has been working at UCSDH for the last 16 years. She has more than 30 years of intensive care experience in multiple areas. She is a Clinical Nurse IV, CCRN, ECMO Lead. Yelena loves to travel and take care of her family.

unfolded when my husband secured employment in California, prompting our relocation to San Diego. Uncertain of my hospital preference, I decided to get a job as a registry nurse. For the next 9 years, I worked across various ICUs in San Diego. This exposure shaped me as a nurse, extending my proficiency across diverse specialties and patient populations in the ER, burn center, CT surgery, trauma, and neonatal care. Working as a registry nurse was challenging and stressful and I provided care to critically ill patients while navigating an unfamiliar setting in a time efficient manner. This experience trained me to be resilient, adaptable and provided me with invaluable insights into choosing the right hospital where I wanted to settle down. UCSDH was my preferred choice due to its benefits package, provision of educational hours, the nursing union, opportunities for professional development, and the reputation of being one of the most advanced and well-equipped ICUs in our region.

In 2008, I secured a position in the surgical intensive care trauma unit at UCSDH Hillcrest. Working alongside numerous incredible nurses, I acquired extensive knowledge and expertise in taking care of post-surgical and trauma patients. After a year of experience, I was able to successfully execute a practice improvement project and earn a promotion to CNIII level. This was my first introduction to research and my passion for positive changes to nursing practice. Due to my experience working in different institutions, I wanted to bring something to UCSDH that would potentially improve our practice and workflow. I noticed that other hospitals utilized a variety of devices to crush medications for administration via gastric tubes. I conducted a comprehensive analysis and surveyed nurses about their experiences and preferences. It was so interesting to learn of the complications they encountered with different devices: injuries, clogged feeding tubes, feeding tubes requiring replacement, additional radiologic exams, and delays in tube feedings. Feeling empowered by the project, I realized the impact I could make. I completed my project advocating for the adoption of a new

pill crusher, “Silent Knight,” finding that it would be mutually beneficial for patients and nurses at UCSDH. Staff very much appreciated that device and the “Silent Knight” was implemented hospital-wide. Additionally, I helped to create a sustainable supply chain for the device accessories and conducted training sessions for nurses on its utilization. The feedback from the staff was overwhelmingly positive. To this day, everyone at UCSDH continues to utilize it, to reconfirm the positive impact it has had on our operations.

In 2011, I transferred to Sulpizio Cardiovascular Center (SCVC) in La Jolla. A few years later I conducted a collaborative research study with physicians entitled “Transport of Critically Ill Cardiovascular Patients”. This project was to achieve the professional development goal of becoming a Clinical Nurse IV (CNIV). The study was proposed by our nurse educator as a collaborative effort between nurses and physicians in the ICU. With 22 years of experience as an ICU nurse, I felt a connection to this topic and believed my extensive experience in patient transport would offer significant insights.

The project created a lot of interest within our unit since it was UCSDH’s first ever CNIV project. It quickly gained approval from my manager, unit director, and a dedicated research mentor, nurse scientist Judy Davidson. Judy’s mentorship proved to be invaluable, aiding me through moments of self-doubt and knowledge gaps, ensuring that the project was executed correctly. I quickly realized I had to assume a leading role due to the primary investigator’s overwhelming commitments. There were multiple times I felt like giving up on the project, as though I did not have the knowledge to complete and publish a research paper, but Judy would meet with me regularly and help overcome ongoing challenges. She would say, “Yelena, how would you eat an elephant? One bite at a time”, and that’s exactly what I did. Slowly, I learned multiple skills, including data processing and statistical analysis, eventually leading to the publication of my manuscript. Our study disproved our initial hypothesis that safe transport must include a physician, revealing that the presence of

two ICU nurses during critical transport matched the care level provided by a physician. This ultimately highlighted the importance of adhering to standards set for safe and successful critical care transport. I presented the study at the UCSDH annual research conference and published my manuscript in *Critical Care Nursing Quarterly* journal. When I first saw my article in the magazine, I felt relieved! It was validating that the persistence and endless support from others had paid off. This project pushed me out of my comfort zone, and ultimately left me with a profound sense of accomplishment, knowing I’ve contributed to the nursing and medical field.

Working in CVC/ICU gave me an opportunity to learn the most advanced devices and care for the most critically ill patients. This included those requiring ECMO (extracorporeal membrane oxygenation) support. ECMO acts as an external lung and heart, removing carbon dioxide from the blood while infusing it with oxygen.

the CVC Nurse Educator, Cassia Yi, started the project: to establish UCSDH’s first nurse-led ECMO program. Traditionally, the ECMO is run by a perfusionist, but Cassia’s idea was to train and support registered nurses in this role, as other medical centers do. I was one of the first ECMO Specialists. The program was an immediate success. From managing 12 ECMO patients in 2016, UCSDH expanded our care to 104 patients by 2023.

During the pandemic, the primary mission of the UCSDH ECMO program was to rapidly increase our ECMO capacity to provide care to the surge of patients affected by severe COVID-19 induced acute respiratory distress syndrome (ARDS). The regions around San Diego were severely impacted by COVID-19. Local healthcare centers did not have the resources to admit or manage patients on ECMO. However, UCSDH could provide that much-needed care. In response to this community crisis, UCSDH pioneered a mobile ECMO unit. This specialized team was equipped to initiate patients on ECMO at their hospital and then safely transfer them to UCSDH for continued care. As the demand for ECMO continued to

increase, it necessitated the creation of an ECMO lead position.

In 2021, I was promoted to an ECMO lead position. It was a brand-new position full of uncertainties and lacking established rules and policies. However, having previously worked with Cassia Yi, I had confidence in her leadership. My responsibilities expanded to managing ECMO nurses, conducting educational sessions, and acquiring surgical techniques. All these new duties, combined with providing care to a growing number of acute ECMO patients, presented new challenges daily. In my daily work, I round with both the primary care and ECMO teams, participate in care decisions, and share my perspectives about patient treatment. As an ECMO lead, I facilitate the ECMO referral process, manage staff and equipment, replenish supplies, and assist with bedside procedures. When an “Code ECMO” is activated, I facilitate an

immediate consultation between physicians to determine whether the patient should be approved for ECMO. If the decision is made to proceed with ECMO, I set up the necessary equipment and assist with the cannulation process. As the ECMO lead, I am responsible for the data collection for all our institution’s ECMO cases. I enter data into UCSDH’s secure REDcap database and input data into the national ECMO organization, ELSO, that collects ECMO related data from all USA ECMO centers. My duties also include providing continuous ECMO education to our Extracorporeal Nurses and conducting annual evaluations to ensure the highest standards of care are met. I participate in Mobile ECMO, aiding in the cannulation and subsequent transport of patients who are in critical condition to our hospital. I find the role of an ECMO lead to be one of the most intriguing and fulfilling

throughout my career. Witnessing the development and expansion of the ECMO program has been a rewarding journey.

Every step in my journey, from working as a telemetry technician to serving as a CNA, has shaped my path to becoming a nurse. In the world of healthcare, a nurse, indeed, knows no borders.



Untitled, by Ten Mendoza,
DNP, PMH-RNBC

CRNA: A Fresh Breath of Air

Author: Gian Roman, BSN, RN, CCRN

The role of Certified Registered Nurse Anesthetists (CRNAs) is a recognized specialty within nursing known for its rigorous training and high standards. CRNAs play a vital role in the world of healthcare as they provide anesthesia and related care before, during, and after surgical, therapeutic, diagnostic, and obstetrical procedures. The primary role of a CRNA is to ensure patient safety and comfort during procedures. They can practice in a variety of clinical settings, including surgical suites, emergency rooms, and specialized procedure centers. CRNAs have one of the most advanced scopes of practice within the nursing profession as they can independently manage respiratory and ventilatory care in emergent and non-emergent situations, initiate and participate in cardiopulmonary resuscitation that involves airway maintenance, ventilation, tracheal intubation, pharmacologic, cardiopulmonary support, and management of blood, fluid, electrolyte, and acid-base balance. This article will discuss the journey of an intensive care unit (ICU) registered nurse (RN), who embarked on the difficult yet rewarding career path of nursing anesthesia.

Melinda Serrano, a CRNA at UC San Diego Health, shares her inspiring journey, challenges, and insights into this highly prestigious profession within the world of nursing. In this article, we delve into the life and experiences of Melinda Serrano, who

embarked on a path to becoming a CRNA after finding her true calling, with determination, and a profound desire for independence in her nursing career.

Melinda Serrano began her journey as a registered nurse (RN) after graduating with her bachelors of science in nursing (BSN) from San Diego State University. As a new graduate RN, she dedicated the next three years of her work life to the Emergency Department at UC San Diego, a high-paced and challenging environment which provided her with invaluable experience and a glimpse into the multifaceted world of healthcare. Melinda then transitioned to the Intensive Care Unit (ICU), where for roughly two years, she cared for critically ill patients, gaining insights into the intricacies of their care. During her time in the ICU, she became actively involved in UCSDH's Journey to Magnet hospital committee, a pivotal initiative aimed at achieving the esteemed Magnet status for the hospital. This endeavor, focused on elevating the quality of patient care and nursing excellence, would prove to be one of the steppingstones in her journey toward becoming a CRNA.

It was a personal turning point in Melinda's life that eventually led her to explore advanced practice degrees. She recalls, "I felt really empowered to pursue an advanced degree because I didn't feel tethered to anything - meaning I could do anything and go



Gian Roman, BSN, RN, CCRN, embarked on his nursing career in 2020 as a new graduate in the Intensive Care Unit at Paradise Valley Hospital. Throughout his tenure, he refined his leadership, critical thinking, and communication skills, all of which are essential for a career as a CRNA. In 2022, Gian joined the 10W CCU team at UCSDH and concurrently became a member of the Rapid Response Team for UCSD Hillcrest. Additionally, he collaborates with Dr. Jeremy Pettus, focusing on novel therapeutics in diabetes research at the ACTRI at UCSDH La Jolla. Gian Roman recently secured a position in the University of Arizona's CRNA program, anticipating a graduation date in 2027.

anywhere.” Her newfound freedom sparked a search for a path that was both challenging and rewarding. The Certified Registered Nurse Anesthetist (CRNA) route caught her attention. One of the most alluring aspects of becoming a CRNA, according to Melinda, was the prestige associated with the profession and the unique ability to practice independently. She shared this with me having just completed her shift at a laser eye center, where she administered anesthesia without the supervision of an anesthesiologist. “This is the only advanced practice degree where you have the freedom to do things like this, and I absolutely love it.”

While the prospect of becoming a CRNA held undeniable appeal, Melinda was candid about the challenges that Registered Nurses (RNs) interested in this career would face. “The school requirements are very serious,” she emphasized. Melinda went on to explain that aspiring CRNAs must meticulously scrutinize the prerequisites of each school, considering criteria such as specific coursework, GPA requirements, GRE scores, and clinical experience. Drawing from her experience, she highlighted that some candidates she encountered during her tenure on the university’s admission committee were immediately disqualified for not meeting all the stringent requirements.

Before embarking on her CRNA journey, Melinda was working full-time night shifts in the ICU. However, her determination led her to enroll in courses such as biochemistry and chemistry while also preparing for the GRE. When asked about the intensity of her pre-CRNA preparations, she chuckled and remarked, “That was nothing compared to CRNA school.” For Melinda, the pursuit of her dream was not without its hurdles. When queried about the challenges she encountered during CRNA school, she had a swift and honest answer: “Lack of sleep.” She recounted the rigorous demands of her CRNA education, describing the feeling of “never being done.” After completing a clinical shift, she often found herself rushing home to work on a clinical write-up, all the while knowing that she had to attend classes the following day. The relentless

workload and ceaseless demands of CRNA school were a testament to the profession’s high standards. In Melinda’s words, “the work never stops.” The sacrifices she made in pursuit of her CRNA dream were undoubtedly demanding, but her dedication and commitment shone through. She emphasized the importance of resilience and advised prospective CRNA students to “keep going and take one thing at a time.” In her experience, focusing on retaking prerequisite classes and then preparing for the GRE can help simplify the process. She stressed that getting into CRNA school is an attainable goal, and with tenacity, navigating through the demanding program is also within reach.

Melinda’s journey from an RN to a CRNA represents a remarkable transformation. As a CRNA, she plays a pivotal role in patient care, ensuring their comfort and safety during surgical procedures. This unique role offers her a sense of independence that few other medical professions can match. CRNAs administer anesthesia in a variety of clinical settings, including surgical suites, emergency rooms, and even specialized centers like the laser eye

center where Melinda works. They are highly trained in anesthetic techniques, patient monitoring, and pain management, making them vital members of the healthcare team. Despite the challenges and demanding nature of the CRNA educational pathway, Melinda’s story is a beacon of hope for aspiring CRNAs. Her journey is a testament to the attainability of this distinguished and rewarding career. The path to becoming a CRNA is arduous, but with persistence, dedication, and a step-by-step approach, it is achievable.

Readers interested in CRNA as a profession may find out more here:

<https://nursejournal.org/nurse-anesthetist/how-to-get-into-crna-school/>

<https://nurse.org/articles/nurse-anesthetist-crna-schools-by-state/>

What are the Requirements to Get into Nurse Anesthetist (CRNA) School?

Students applying to a CRNA program will encounter varying requirements depending on the school. These may include:

- Bachelor’s of Science in Nursing (BSN)
- Active unrestricted RN license
- At least 2-3 years of critical care experience
- GPA of at least 3.0 and a GRE score of at least 300 (if required)
- Prerequisite coursework
- Current BLS, ACLS, and PALS, and CCRN certifications
- Shadow a CRNA for at least 8-40 hours
- Letters of recommendation
- Admissions essay and interview (if invited)
- Current resume or curriculum vitae (CV)

How Covid Landed me in my 'Retirement' Job

Author: **Jessy Gaines RN, BSN, PCCN**

In February of 2020, the nursing profession took on a whole new identity. With the dawn of Covid-19, after over twelve years in acute care nursing, I began to see patients ten times sicker than any others I'd ever seen before. My home unit, 10W CCU, was the first unit to take a care of a critically ill Covid-19 patient at UCSDH Hillcrest. There were countless unknowns not only about how to protect ourselves, but also how to care for these incredibly sick people.

In the beginning we were intubating and sedating patients early and often to help them breathe. They also responded incredibly well to proning which involves lying patients on their stomach/torso for periods of about 16

hours at a time. This was both incredibly interesting and unfathomably physically demanding. Despite the absolute best efforts of an exceptional team the morgue felt like it was overflowing on any given shift in a way I'd never seen before. It felt like the world's most grim game of Tetris and there was no end in sight.

Initially visitors were not allowed to see family members who'd tested positive for Covid-19 and I began to lose track of how many patient's hands I held taking their last breath while their loved ones were stuck outside the hospital walls. The outpouring of support from the community during the pandemic quarantine arrived in the form of thank you cards, warm meals,



Jessy Gaines, RN, BSN, PCCN grew up in New Haven, CT and studied nursing at Quinnipiac University. She has been working at UCSDH since 2011, starting on 10E Telemetry, moving to 4AB SCVC PCU, 10W CCU, and finally KOP outpatient PreOp/PACU. She enjoys spending downtime with her husband DJ, 1 yr old son Luther, and her three crazy dogs Trixie, Travi, and Trudy.



Jessy and her amazing CCU Preceptors Gina, RN and Julissa, RN when she started in ICU.



The incredible CCU staff members on
Jessy's last shift before moving to PACU.

and appreciation celebrations downtown. This did make me feel like a hero and kept me getting out of bed in the morning. Unfortunately, it did not, however, stop me from coming home from each emotionally taxing work day to let the hot shower water wash the tears down my cheeks that I'd been forced to hold in all day just so I could make it home in one piece. While there is so much I remember painfully clear from this time frame in my career there is even more I blocked out completely just to preserve as much of my emotional well-being as was humanly possible.

I had often considered making the Post Anesthesia Care Unit (PACU) my 'retirement' nursing job when I was further along in my career but would never have imagined making that transition after only three years of ICU nursing. I learned so much working in critical care and it was truly the most humbling and exciting three years in my career to date. The people I worked

with became like family and I experienced quite a bit of guilt for taking a job elsewhere and leaving the CCU work family I grew to love so much behind. The way they could anticipate each other's needs, step up to help without judgement when someone was having a challenging day and find a way to make you smile even after the most difficult moments is not something I will ever forget.

After just a short time in outpatient PACU my mental health started to improve in a way I didn't even realize I so desperately needed. It's no secret that most ICU patients are at one point intubated and sedated but I built a connection by talking to them each shift as if they were wide awake. Once everyone was prone during Covid-19 and I was forced to talk to the back of people's heads I became disconnected from what I loved about nursing; building trust with my patients and making them feel safe and cared for. It wasn't until a few months working

outpatient PACU where I was talking with patients again, appeasing their anxiety with laughter and compassion that I realized it wasn't too early for me to 'retire to PACU' after all. It was exactly what I needed at the exact time I needed it to give me the longevity I hoped to have in this career.

Nursing during the Covid-19 pandemic was debilitating at times, rewarding at others, but ultimately wasn't sustainable for me. My current job is admittedly less adrenaline pinching most days but I sleep better, spend all weekends and holidays with my family and feel just as fulfilled professionally, if not more. I'm not as much of an adrenaline junky as some of my former ICU peers and looking back I'm not surprised my career took this trajectory. But given how much I was learning and how much I absolutely adored my peers in CCU I do wonder from time to time how long I would have stayed if Covid times never came.

We Acknowledge . . .

With great enthusiasm and anticipation, we embark on the exciting journey of joining UC San Diego Health. As we extend our warmest greetings, we wish to express our heartfelt gratitude for the gracious reception from everyone during this transformative period.

Over the course of January and February, UCSDH General Nursing Orientation (GNO) Team has welcomed all of our exceptional nurses as we have transitioned into UCSDH East Campus. The energy and enthusiasm from all members has been nothing short of inspiring, reaffirming our collective excitement for this new chapter.

The feedback we've received from our nurses thus far echoes our sentiments – we are just as thrilled to be a part of UC San Diego Health as they are to welcome us. We are excited to join a team that offers fresh perspectives, fosters a sense of unity, and ignites a shared passion for delivering unparalleled patient care to our community. It's evident that our dedication to excellence aligns seamlessly with UCSDH values and mission.

Once again, thank you for the warm reception, we hope that our presence enriches the fabric of UC San Diego Health, and eagerly anticipate deepening our connections as we embark on this journey together.

Respectfully,

STEPHANIE BAKER, MBA, RN, CEN
CHIEF NURSING OFFICER
UC SAN DIEGO EAST CAMPUS



1 Campus Nursing Group

2-5 Med Surg 6N Team

6 PACU Team

7 Behavioral Health Unit

8-9 Same Day Surgery Team

10-11 Emergency Department Team







Embrace the vision. Join UC San Diego Health.

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For more information about nursing at UC San Diego Health visit
<https://health.ucsd.edu/for-health-care-professionals/nursing>