



Nurse Stories

My Defining Moment

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About Nursing@Simmons

Since 1902, Simmons College's School of Nursing and Health Sciences (SNHS) has been educating top-quality health care professionals. The SNHS is an innovator in health care education with nationally recognized faculty members who are active as clinical practitioners on a weekly basis and alumni who are leaders in their fields. Our students share a passion for lifelong learning and for helping others lead healthy lives.

With a campus located in the renowned Longwood Medical Area of Boston, Massachusetts, SNHS serves as a prominent nursing school in the New England region and is dedicated to preparing expert clinicians. [Nursing@Simmons](#) delivers SNHS's renowned nursing degree programs through a state-of-the-art online learning platform. Featuring three degree options for RNs at different stages in their careers, including the [RN to BSN](#), [RN to MSN](#), and [MSN — Family Nurse Practitioner](#) programs, Nursing@Simmons uses cutting-edge technology to help nurses earn their degree without relocating to Simmons's campus in Boston.

Simmons College firmly believes in patient confidentiality. In compliance with HIPAA, the names and identifying details in the following stories have been changed to protect the individuals and organizations mentioned throughout this e-book.



Foreword

by Dean Judy A. Beal, DNSc, RN, FNAP, FAAN



As a nurse, few experiences are more rewarding than a patient or a patient's family expressing heartfelt gratitude for the difference you have made in their lives. Moments like these are simple yet meaningful reminders of the impact our job has on members of our community and, ultimately, the health of our country and beyond.

As a nurse educator, seeing the growth and transformation of students with a dream to make a difference in the world through nursing is equally rewarding. At the start of each academic year, I feel very fortunate to be able to witness the beginning of the journey that each of our students takes to become a nurse or to advance their career as an advanced practice nurse. These unique journeys are what make nursing so special and are often made up of defining moments that remain with nurses throughout their careers. Defining moments can be personal experiences, successes and failures, interactions with patients, and so much more. They can shape the specialty a nurse pursues, the style of care a nurse gives to a patient, or even the shift a nurse prefers to work.

Ask any nurse about his or her journey to nursing, and I can promise you no two will be alike. For me, a defining and life-changing moment

as a young nurse was the experience of caring for a 12-year-old boy as he was dying from acute lymphocytic leukemia. I will never forget him or his mother as we prepared his body for the morgue. It feels like it was yesterday. This experience shaped my beliefs about the importance of relationships and partnerships with patients and their families. It influences what I do today as an educator.

I am motivated every day by the enthusiasm and drive that our Nursing@Simmons students demonstrate, all while navigating the major shifts within health care that are occurring in our country. Our students understand the need for educated and dedicated nurses who can care for patients across a life span, including the additional 32 million Americans who are expected to gain health care coverage over the next several years due to the Affordable Care Act. Our students value social responsibility and want to be the ones to make a difference in the lives of others. *Nurse Stories: My Defining Moment* was created with these hardworking nursing students in mind. We asked some of the web's most prominent nursing voices, as well as a Nursing@Simmons student, to write about their defining moments in nursing. I hope that you'll find motivation, inspiration, or even comfort in reading these stories from nurses who are on a unique journey — just like you.

A dark blue speech bubble with a white border and a tail pointing downwards and to the left. The text "Nurse Stories" is centered inside in a white, bold, serif font.

Nurse Stories

The Power of Protocols

By Renee Thompson, DNP, RN, CMSRN

With 1½ years of nursing under my belt, I was finally starting to feel confident in my knowledge and skills. I worked on a cardiac trauma step-down unit caring for a patient population made up of victims of motor vehicle accidents, chest traumas, heart failure, ventricular dysrhythmias, and your standard chest pain and rule out heart attack patients. Typically, the “rule outs” would arrive at the emergency room complaining of chest pain, get a routine assessment — EKG and blood work — and if indicated, would get admitted to our unit.

On our unit, we would continue to monitor them and complete their serial enzymes. If their enzymes were positive, they would stay on our unit for further care, but if their enzymes were negative, we would transfer them to the general medical-surgical unit. There they would either undergo a GI workup or would be sent home for further testing as an outpatient. The chest pain rule outs were typically the easiest patients to care for — ruling out a heart attack is more common than ruling one in.

I was working a steady 3 p.m. to 11 p.m. shift and had just started my first of six evenings in a row. I had one patient with acute pancreatitis, one in end-stage heart failure who kept going in and out of ventricular tachycardia, and Rosie. Rosie was an obese woman with a history of hypertension and a hiatal hernia who was admitted in the morning with complaints of chest pain. Her EKG and first set of enzymes were negative and the physicians suspected gallbladder disease. On paper, she was my easiest patient.



I smelled something good the first time I walked into Rosie’s room. She was lying in her bed eating a bucket of fried chicken. Sitting on the bed with her were her two sons, daughter, and granddaughter. Not the best thing to be eating, I thought, especially since she didn’t completely rule out yet. Rosie happened to be in our only private room, which we typically used for patients requiring isolation. Since it was our only room available at the time, we gave it to Rosie. Although she had more visitors than permitted, I let it slide. I assessed Rosie quickly, told her the plan for the evening (more enzymes and monitoring) and told her to put her call light on if she had any episodes of chest pain, shortness of breath, or significant palpitations (standard protocol).

An hour later, we received Rosie's last set of cardiac enzymes, which were negative. The plan, as I told Rosie and her family, was to transfer her to the medical-surgical unit as soon as a bed became available. Rosie asked me if she would have a private room on the medical-surgical unit, and I told her they only had semi-private rooms on that particular unit. Rosie looked disappointed.

While I was giving the report to the medical-surgical unit, Rosie put on her call light and complained of chest pain. "Yeah," I'm thinking, "it's because you just got done eating fried foods," which are the worst things to eat when you have a gallbladder issue. The pain that brought her into the hospital wasn't from her heart — it was from her gallbladder, which can mimic chest pain from an MI. I went into Rosie's room with the lingering smell of greasy chicken in the air and assessed her according to our protocol.

We had a protocol that whenever a patient complained of chest pain, we were required to do an assessment (vital signs, pain assessment, pulse ox, rhythm review), perform a 12-lead EKG (we did our own using the old dinosaur machine with the ointment and suction cups), give sublingual nitro every five minutes up to three times, and contact the physician. I assessed Rosie, dragged the 12-lead EKG machine to her room, did her EKG, gave her the nitro, and called the physician. He ordered another set of enzymes and canceled the order to transfer her to the general medical-surgical unit. She didn't complain of chest pain the rest of the night.

Rosie quickly became known among the nursing staff as one of those "manipulative" patients. She had a private room and acted like it was the Ritz-Carlton. Her light was on every five minutes and she would ask the nursing staff for trivial things.

"Can I have more water? Can you get me another pillow? I need another napkin. Can you heat up this last piece of chicken?" On and on this went until I began to dread her light and dread Rosie.

As I walked in the next evening, I assumed Rosie would have been transferred, but sure enough, she was still there. The orders were written, because she ruled out again, but we were waiting for a bed. She called me into her room to make sure I knew she expected a private room when she transferred. Again, the smell of food met me at the door, but this time she was eating french fries with cheese from the famous Original Hot Dog Shop. This is the place where I gained my "freshman 15" as a college student. They have the best cheese fries in the world, but I can't imagine eating them while in a hospital bed on a cardiac unit. My theory that her pain was from her gallbladder was shaping up nicely. I tried to gently suggest that eating greasy, cheesy fries was not in her best interest — especially since she was about to have a GI workup. She looked at me like I was speaking a foreign language. I walked out frustrated with my "judgment hat" sitting firmly on my head.

Then I got lucky, or so I thought. She got a ready bed. I put on my happy face, walked back into her room, and told her that I would be packing her up and shipping her out. Ten minutes later while I was giving the report to the medical-surgical nurse, Rosie's call light went on. She was having chest pain again. Ugh. I angrily and reluctantly dragged out the dinosaur machine and went through the process again with the same outcome — hold transfer. Rosie was happy, but I was annoyed. After all, I had legitimately sick patients to care for, but she was consuming most of my time. She made more trivial requests until my shift ended.

As I walked down the hallway on my third evening, thoughts of Rosie polluted my brain. She had better not be here, I thought as I approached the assignment board, but sure enough, she was still there with the “T” for transfer next to her name. Oh, yeah. She’s going to transfer all right, I thought. Without even seeing her, I gave report, packed up her medications and brought the wheelchair into her room, telling her that I was personally going to take her upstairs to her nice new room. There was no way I was going to risk any delay. And then the unthinkable happened.

As soon as I started to help her into the chair, she complained of chest pain. “Oh, no you don’t,” I thought. I knew this dance, and I wasn’t going to let it happen again. I knew it was her gallbladder — knew it. After all, look at how she ate. I also knew how nice it was for her to be in a private room with the nursing staff at her beck and call. She could have all of her family in to visit her and bring her the greasy food that she liked.

As nurses, although we have these ugly thoughts in our heads about some of our patients, especially the ones that we all tag as manipulative, we don’t let them see those thoughts. I was nice to Rosie because that’s how I would want somebody to treat me.

I can remember that moment with Rosie in the wheelchair and me holding onto the handles like a vise. I had a decision to make. Was I going to ignore her — after all, I knew it was her gallbladder — or was I going to follow the protocol? I thought about it for a few moments, took a

deep breath, and then reluctantly got her back into bed. I can remember stomping down the hallway to get the EKG machine with my “judging hat” looking like a neon sign telling everyone that I was right and she was wrong; this was a waste of my time.

I walked back into her room trying not to look angry and started attaching the suction cups. Then I noticed a slight bead of sweat on Rosie’s upper lip. I also noticed that as I was preparing her for the EKG, her skin was moist and she wasn’t talking to me. I turned the EKG machine on and that’s when I saw the biggest ST elevation I’ve ever seen on the EKG machine. Rosie’s heart stopped right before my eyes.

I remember being frozen for a second while my brain put aside its conviction that she had gallbladder disease — not cardiac disease — and shifted into crisis mode managing her acute MI. Luckily, we were able to get her immediately to the cath lab where they found she had a total occlusion of her RCA. They stented her and saved her life.

I can’t tell you how many times I thanked God that I made the right decision that day: the decision to follow the protocol despite my judgment of Rosie. If had ignored her, she may not have survived. That day I learned about the power of protocols, why they exist, and the importance of following them every time. Protocols eliminate the human error factor and ensure we practice according to the evidence. I also learned about judgments and how they do not belong in a profession that is supposed to be knowledgeable, competent, caring, and compassionate. I judged Rosie by her appearance, by her behavior, and by my own arrogance.

Rosie taught me a lot that day. She humbled me as a nurse and helped me to realize that I'm not always right.

She humbled me as a human being and taught me how to accept people for who they are and not judge them just because they don't have the same knowledge as I do; that my job as a nurse is to do the very best I can to teach and become a positive influence on my patients. As nurses, we all have a Rosie. You just have to look for her and protect her; you have to accept her and not judge her; you have to care for her and not condemn her. Who knows, the next Rosie could be someone you care about.

Renee Thompson



Dr. Renee Thompson, DNP, RN, CMSRN, is a true champion for nurses. After more than 23 years as a nurse, nurse educator, and nurse executive, Renee has become one of the country's leading authorities on bullying in nursing and promoting healthy work environments.

Renee is the CEO and president of RTConnections, LLC, and has been recognized for her work to educate and inspire current and future nurses. Her publications include *"Do No Harm" Applies to Nurses Too!* and *Celebrating Nursing: Human by Birth — Hero by Choice*. She speaks at health care organizations and academic institutions nationwide, focusing on eliminating nurse-to-nurse bullying, developing effective communication and leadership, building positive and healthy workplaces, transitioning into professional practice, and nurturing a culture of respect.

To stay connected with nurses, Renee continues to practice as a bedside nurse. Connect with Renee on her [website](#), [Facebook](#), [Twitter](#), [LinkedIn](#), and [YouTube](#).

Finding Your Path Along the Way

By Beth Boynton, RN, MS

As I sit here at my computer, preparing to write an essay about a defining moment in my career, I feel very fortunate. I am excited about the future of nursing and the next phase in my own career as an RN. It is hard to believe that about 10 years ago, I was seriously thinking of getting out of the field. Let me give you some history.

Becoming a Nurse

I earned a Bachelor of Science in Biochemistry in 1981. With this degree, I did some work in hazardous waste testing and taught high school science. Both of these career choices were interesting and fun, but neither sparked my passion.

During this time, the jobs for nurses took up pages and pages of the help-wanted ads, and there were many intriguing opportunities for specialty nursing and travel. I was attracted to the health care field and a two-year program in nursing was appealing. My friend's mother was a retired nurse and she encouraged me to apply to a local program. I did and was accepted. I earned my associate degree in nursing in 1986.

I thought that with my strong science background nursing would be easy. However, I quickly learned that being an RN would challenge me in every way possible — intellectually, spiritually, physically, and emotionally.

After graduating from nursing school, I went to work in a large teaching hospital in the northern New Hampshire mountains. I had a full-time job with a day-night rotation on a medical-surgical floor. Looking back, this time was exciting and hopeful but also filled with a growing awareness about the stress and demands of RN work.

A Winding Career Path

While working at the teaching hospital I learned a lot, but I missed the ocean and decided to accept a position in a small community hospital on the coast of New Hampshire. Over the next few years, I worked in medical-surgery, women's health, and home health. During this time, I found myself in a serious relationship and my son Curran was born. I had no idea how exciting having a baby would be and how Curran would later help define my career.

Shortly after the birth of my son, I discovered occupational health nursing through a program at the hospital that sent nurses into various industries to practice as an RN. I loved being the "company nurse." It was nice to work with a healthier population. I did a lot of health and wellness teaching, first aid, and disability and workers' compensation case management. Adversarial relationships between employees and organizational leaders seemed to be barriers to recovery, and I found that my role as a liaison utilized my communication and diplomacy skills.

After this, I accepted a position at a major insurance company as a workers' compensation case manager, which evolved into a utilization review position. It was a great job to have when my son was little — no on-call shifts, no working holidays, and good pay.

Eventually I got a job offer to join the occupational health clinic at another community hospital. It was exciting to be able to continue working with employees at a variety of manufacturing companies, but I also worked with physicians and therapists. I enjoyed being part of a team that helped employees get back into the workplace after an illness or injury. I served as their advocate, pushing for them to receive medical accommodations and transition back to working full shifts and leading productive lives.

My career as an occupational health nurse was advancing until I suddenly found myself in the middle of a very painful divorce, and my world turned upside down. I entered into counseling with a wonderful therapist who helped me realize that while I was a really good advocate for others, I wasn't a great advocate for myself. I gradually started to see the beginnings of a happier and healthier life unfold.

Evolving As a Person

During this time, my son was in elementary school and living with me half of the time. Clearly, he was my priority. I found a smaller home in the same school district and a management position in a home health organization that offered full benefits but required only 32 hours of work per week. This job allowed me to occasionally work at home — it was perfect. I also made an effort to become more active and started swimming and taking aerobics classes.

Interestingly, as I became healthier, I began to notice more things that weren't always healthy in nurse practice settings.

Although I loved my career as a nurse, nursing is not without its challenges and stressors, and I was finding it hard to practice my new self-assertiveness in some of the nursing work I was doing.

After years of being in the field, I began to question whether nursing was for me, so I decided to go back to school. Upon researching graduate programs, the philosophy behind the Master of Science in Organization and Management truly intrigued me. The program allowed me to study emotional intelligence, group dynamics, professional coaching, and organizational behavior. I loved graduate school and found many inspiring mentors in the field of organizational development.

During graduate school, I left my job in management but continued doing per diem RN work in home health. Working per diem allowed me greater flexibility to balance my schedule with school, work, and being a mom. My son, who was shy in school, started taking theater classes and seemed to come alive on stage, as well as in our living room!



I decided to start taking theater improvisation for fun, and soon I found myself involved with modifying and teaching games for the after-school programs that my son attended. For my graduate school practicum, I developed a model that used theater games to teach emotional intelligence to children.

I earned my MS in 2003 and was now committed to further developing the model I created during my practicum. I created a “games camp” that would run during the summer and got approval for a grant project. I taught theater activities to a group of children with the goal of improving listening, risk-taking, and assertiveness, all of which are important developmental learning and relationship skills.

Nursing Reappears

After my success with the summer program, I received a phone call from a professor at Antioch College asking me to teach courses in a certificate program for health care administration. There were eight professionals in this graduate-level program from different areas of health care, including two nurses. Our discussions were fabulous. Everyone in this class was concerned about quality and safety and wanted to positively impact change in health care.

Everything in my life seemed to have led me to this place where it was dawning on me that health care would always be a part of my life. Teaching this class made me realize that I had never truly lost my passion for nursing.

This realization was my defining moment and I haven’t looked back.

I began offering workshops in communication, collaboration, and even applied improvisation techniques to nursing organizations and associations. In 2009, I self-published my first book, *Confident Voices: The*

Nurses’ Guide to Improving Communication & Creating Positive Workplaces, with editor Bonnie Kerrick, RN, BSN. In 2012, I created a blog called “Confident Voices in Healthcare,” and shortly after was contacted by a senior acquisitions editor at the publishing firm F.A. Davis. I didn’t know what a senior acquisitions editor was but soon learned that they were interested in my work and wondered if I might want to submit a proposal for a core textbook on communication for nurses.

In 2014, I completed the textbook manuscript, which has been reviewed by nurses all over the United States and Canada. *Successful Nurse Communication: Safe Care, Healthy Workplaces, and Rewarding Careers*. I am very proud of this book and believe it will help nurses be positive change agents, while respecting themselves, each other, and the honorable profession of nursing. I am ready to soar as a teacher and consultant and am grateful for the opportunities, privileges, and challenges I continue to experience as an RN.

Although the path for other RNs may be very different from my own, we are still colleagues. We are skilled and educated professionals with diverse personal and professional backgrounds. We work hard, witness much tragedy and joy, relieve suffering, and provide expertise and compassion to people during difficult times.

As nurses we are lifelong learners who are both leaders and followers at any given moment, yet always collaborating to bring the safest and highest quality care to our patients.

I wish success for all nurses as they find their own paths in the complex and dynamic world of health care.

Beth Boynton



Beth Boynton, RN, MS, is a national speaker, trainer, and author of the book *Confident Voices: The Nurses' Guide to Improving Communication and Creating Positive Workplaces*. She specializes in interactive workshops, whole systems consulting, and professional coaching to help improve communication, collaboration, and emotional intelligence for health care

professionals as well as promote quality and safety in patient care.

Beth is an advocate for organizational cultures that support the complexity of nursing work. Her video “[Interruption Awareness: A Nursing Minute for Patient Safety](#)” and blog *Confident Voices in Healthcare* have drawn audiences worldwide. She has recently completed a core textbook, *Successful Nurse Communication: Safe Care, Healthy Workplaces, & Rewarding Careers*.

Connect with Beth on [Facebook](#), [Twitter](#), [YouTube](#), and at beth@bethboynton.com. Students are always welcome to write for the *Confident Voices in Healthcare* blog.

Learning from Tragedy

By Leslie Block, RN

As a nurse, your career is shaped, molded, and firmly sculpted by single, small moments. These moments help you grow and learn, and forever remain deep within your heart.

Many of the moments are heartwarming — the first time you got a hug from a patient when you did not expect it or the cardiac arrest victim who returned to thank you for helping him survive. Other moments are heartbreaking; they haunt your dreams at night and carve a hole in your inner being. Those are the “firmly sculpted” moments, and, yes, they can be painful if you let them.

I have been an emergency room (ER) nurse for a very long time and have stored many memories in this seasoned nurse brain of mine. Memories I can recall by sight, smell, and sound: indelible images of injured or dead children, women who were raped or beaten, lacerations, body parts, and the lack of body parts. There are the tears you see in the eyes of a victim, the sounds of the screams coming from the mother cradling her dead child, and the smells of a burn victim that will stay with you forever. Why did I want to be an ER nurse again?

For me, choosing to work in emergency nursing just seemed right. I am not sure if it is the adrenaline-addicting pace or the fact that I don't have to form a bond with these patients, like I did with oncology patients.

Maybe I just like the challenges that come with that mix of the good, the bad, and the ugly. Whatever the reason, it has kept me at this job for nearly 28 years.

When people ask me how I got into injury prevention, education and writing, and health and wellness, I tell them about my passion for teaching others. I firmly believe that many of the people we see in the emergency room would not be there if they had been better educated about injury prevention or how to care for themselves.

Education is the key to prevention. I will admit that I am a bad patient myself. I made some poor choices when I was young but have lived to tell the tales of my faults. As a teen, drugs and alcohol were abundantly available in my circle of friends. With no education from my parents, or anyone else, about why I shouldn't drink or do drugs, I did both in copious amounts.

I was living on the edge. Little did I know that later, in my nursing career, my life experiences would help me teach others about avoiding bad choices.

I remember the day that helped define my nursing career and inspire my work in injury prevention, which I would pursue for the next 20 years and beyond. I was still a new ER nurse with just a few years under my belt. I was working in a suburban emergency room in North Carolina that



saw many trauma patients, drug-related cases, and victims of terrible motor vehicle crashes, due to the close proximity of two major interstates that crossed paths in the middle of the large county. I was working a day shift, and I recall it was almost time to go home.

A car was traveling west on the interstate that sunny afternoon, and a fully loaded 18-wheel tractor-trailer was traveling east. A man was driving the car, and his sister was sitting in the passenger seat breastfeeding her infant daughter. The sister and her infant were not restrained. Her 2-year-old daughter was asleep in the back seat, safely buckled in her car seat. They were traveling back home to Georgia from a family funeral in West Virginia, taking I-40 as their route through our area.

The brother had been driving for hours without stopping, and he fell asleep at the wheel. The car careened across the median and hit the 18-wheeler head on. The infant was thrown out onto the side of the road;

she came to us barely hanging onto life. Her mother was killed instantly after being thrown from the car onto the front window of the tractor-trailer cab. The 2-year-old girl was OK, not a scratch on her. The properly secured car seat saved her life.

My patient was the brother. He had minor injuries but needed a full evaluation. I had the never-easy task of telling him that his sister had been pronounced dead, and that his infant niece was clinging for life with a thin thread of hope. At first, I did not tell him what was going on in the trauma room next to him, but soon he could see my distraction and somber expression.

He asked me, “Nurse, where is my sister? Her baby ... and my niece?”

I stalled and told him I would go check on their conditions. I really wanted to find somebody else to break the horrible news to him. As I left the room, it was chaotic in the hallway and at the nurses’ station. No one was available to come and talk to my patient about his family. I went back in, sat down on the stool beside his bed, held his hand, and began to tell him that his 2-year-old niece was going to be just fine. Then I told him that his sister had passed away at the scene of the accident, and that she most likely felt no pain when it happened. I explained that his infant niece was barely hanging onto life and we needed to pray for her. He sobbed uncontrollably, as I knew he would. He blamed himself for the tragedy that day. I could feel tears rolling down my face as I hugged this poor man on a day that would define his future.

Later, the infant was taken off life support and died due to massive head injuries and other trauma.

I also got the chance to talk to the driver of the 18-wheeler. He was brought in due to an anxiety attack. His only injuries were emotional.

The image of the dead woman being thrown onto his cab was about to take him over the edge. I kept silently telling myself that all of this could have been prevented.

I really wish that I could go back and tell the brother that this was a defining moment in my career as a nurse. Preventable injuries cause me to analyze the event and immediately think, how could that have been prevented, what went wrong?

After that long day, I knew that my passion for injury prevention ran deep. I needed a positive way to make a difference in the lives of others. I began teaching myself. I learned everything I could about injury prevention. I started to share what I learned with others and spoke with them about injury prevention, better choices, and healthier living. At work, I added extra safety tips and educational materials to patients' discharge instructions. I was determined to do more to save lives.

My passion for injury prevention strengthened when I became ENCARE trained — a course for injury prevention education offered by the Emergency Nurses Association. With a group of other injury prevention educators, I embarked on a journey of teaching in schools and the community near our hospital. We reached thousands of young children and teens with a message of making “good and bad choices” when it comes to decisions about drinking, driving, drugs, and seat belt usage.

I became trained in car seat installation and still work with our local Safe Kids coalition. Adding gun safety, water safety, and other forms of prevention education has enabled me to spread a message to audiences of all ages. In 2010, I joined the team of Ed4Ed4all.com that focuses on youth risk behaviors, the prevention of injuries, and dangerous trends like “[The Choking Game](#).” Social media and the blogosphere are great ways to spread these messages. I began writing, editing, and authoring

my own blog, “[ER Nurses Care](#).” Shortly after, I began writing a blog for the nonprofit [Ed4Ed4all](#).

Some days are tiring and, yes, aggravating, but this is when I remind myself of children and patients who have died from preventable injuries. Reading “The Starfish Story” has made an impact on my career. I wear a gold starfish on my badge to work now and continue to share this story:

“The Starfish Story”

Adapted from The Star Thrower, by Loren Eiseley

Once upon a time, there was a wise man who used to go to the ocean to do his writing. He had a habit of walking on the beach before he began his work.

One day, as he was walking along the shore, he looked down the beach and saw a human figure moving like a dancer. He smiled to himself at the thought of someone who would dance to the day, and so, he walked faster to catch up.

As he got closer, he noticed that the figure was that of a young man, and that what he was doing was not dancing at all. The young man was reaching down to the shore, picking up small objects, and throwing them into the ocean.

He came closer still and called out, “Good morning! May I ask what it is that you are doing?”

The young man paused, looked up, and replied, “Throwing starfish into the ocean.”

“I must ask, then, why are you throwing starfish into the ocean?” asked the somewhat startled wise man.

To this, the young man replied, “The sun is up and the tide is going out. If I don’t throw them in, they’ll die.”

Upon hearing this, the wise man commented, “But, young man, do you not realize that there are miles and miles of beach and there are starfish all along every mile? You can’t possibly make a difference!”

At this, the young man bent down, picked up yet another starfish, and threw it into the ocean. As it met the water, he said, “I made a difference to that one!”

If I can reach just one person with the message of prevention, I consider my work a success.

On the days when I am busy and the emergency room is full of disgruntled people, or I am in a classroom full of rowdy pre-teens who couldn’t care less about the lesson I am teaching, I look down at my starfish and realize that I am making a difference to someone somewhere, even though it might not seem like it in that moment. I am planting seeds of prevention and educating people on how to stay out of the emergency room, and possibly saving another person’s life.

Education is the key to injury prevention and the spread of positive health and wellness that will help us live more productive, happy lives.

Leslie Block



Leslie Block, RN, works as an emergency department staff nurse for Carolinas Healthcare System in Charlotte, North Carolina. She has 25 years of emergency, pediatric, trauma, and cardiac experience. Her specialty and passion is injury prevention in children and adults. Leslie serves as the injury prevention specialist and educator for

[Ed4Ed4all.com](#), an army of educators seeking to reach other educators for the common goal of keeping kids safe through education about risk-taking behaviors. She is creator, editor, and content author of Ed4Ed4All's blog and her own [ERNursesCare](#) blog, which shares health, wellness, injury prevention, nursing, and medical information.

Leslie is a local chapter manager and the national senior advisor of promotions and social media for the nonprofit [The Mommies Network](#). Known as an expert in social media, she has helped to grow The Mommies Network's social media platforms to a higher, more established level online. She is also the senior editor of The Mommies Network blog, in addition to writing content and providing graphics for the blog.

You can reach Leslie by [email](#) or follow her on [Facebook](#), [Twitter](#), [Google+](#), [Pinterest](#), and [LinkedIn](#).

Careful Care at Home

By Kathy Quan, RN, BSN, PHN

I didn't know it at the time, but my last rotation of nursing school helped me decide what I really wanted to do with my nursing career. In school, I had changed my mind so many times — from labor and delivery to ICU — that I finally decided after graduation I just needed a good background in medical-surgical nursing before I decided where I would want to specialize.

During that last rotation in home and community health, I had a very special patient. Jim was a teenager who had suffered a brain injury in a car accident. He had been a bright student and an excellent athlete with all sorts of opportunities and goals for his life. According to his devoted mother, he was a handsome, athletic guy who was loved and admired by everyone he met. The dozens of pictures in his room verified this.

My home health rotation was far different from the hospital nursing rotations. I was on my own with this patient and his family. I didn't have my instructor down the hall or another nurse just next door to ask for help if something happened. Fortunately, the experience proved to be a great opportunity to learn, and the things I learned remain with me today.

Jim's mother would not believe that her son's condition was permanent, and she refused to give up or turn over his long-term care to anyone else. His skin was impeccable despite six months of being completely bedbound and incontinent. His Foley catheter always drained clear

yellow urine. His mom fed him very small amounts of pureed food all day long. He had no feeding tube. He weighed about 100 pounds, and if you stretched his body out straight, he was about 5 feet 9 inches tall.

Every time Jim opened his eyes and seemed to look straight at his mother, she would cry with joy, thinking he was making progress at "coming back." In reality, it was a blank stare. He didn't track with his eyes, and the doctors said he was blind from the injury. Occasionally his hands would squeeze his mom's. Again, this was from reflex and not with intention, but any little thing gave her hope.

I tried not to encourage her with unrealistic hope, but wondered if she had no hope, could she continue to provide this level of constant care? We had long conversations about her son and the life and adventures he had in such a short time. She had two younger sons and she worried about their futures and their safety. I encouraged her sit down and rest, and let her vent her fears about all the "what ifs."

This was why I wanted to become a nurse. I wanted to help people. It was during this experience that I began to learn that helping didn't always mean helping them physically. Their souls and those of their loved ones needed careful nurturing and love as well.

Struggles with the Setting

One night John, an elderly man, was dying. I was working as a medical-surgical nurse to gain experience before I decided to specialize. He called to me as I was making my rounds at the hospital — monitoring 38 beds, numerous IVs, and bedbound patients who would oftentimes fall while trying to walk at night. John was one of those special patients who reminds you of your grandfather and tugged extra hard at your heartstrings. He felt his soul was ready to depart this world and he didn't want to be alone. He didn't want me to call his wife of 60 years back to his bedside. He just wanted someone to stay there and sit with him. It wouldn't be long he promised. I ached that he knew I was so busy.

I had a million things to do before my shift ended, but this took precedence over everything else. I assured him he was my only priority. I held his hand and stroked his back. I told him he could go when the time was right; I would be right there next to him.



John relaxed and soon his breathing slowed. To be honest, I wasn't ready for him to go, and I patted his hand hard. He opened his eyes, and I was relieved. He had been such a kind and gentle soul, never demanding anything and always willing to do whatever we needed him to do. He closed his eyes again, and soon slipped away peacefully. I patted his hand hard again, but he was truly gone. I called his family and made him presentable so that they could come back and see him one more time. Although I had to rush to finish my night's duties, I just wanted time to sit and grieve.

After that, I realized I really needed to find another setting where I could have the time to spend with patients, without being pulled in different directions and made to feel guilty if I spent a minute or two longer with any one of them.

I explored other opportunities in the hospital, but no other position seemed to offer the chance to have time with patients and their families.

Called Back to Home Care

An opportunity arose to explore home health care in the inner city area of Los Angeles, and I was thrilled. We had nearly a month of orientation, which was terrific preparation. I remember one of the first people I shadowed for the day asked me why I wanted to practice in a home health setting. Was I just looking for "8 a.m. to 4:30 p.m., Monday through Friday hours?" I said no, while that was perhaps a bonus, I wanted to spend time with patients. She told me my answer was a good one and that I would find a long, loving relationship with this niche. She was right. Now, every time I mentor someone or hire someone, I always ask that question. Those just looking for better hours often don't last long in this setting.

It's always been hard not to get too attached to patients and their families, but a wise supervisor told me if I couldn't let them go, I had to take them home to live with me. Realizing that's not possible, I began to figure out how to spend time educating these patients and families, while not dissolving into tears at discharge (in the sanctuary of my car, of course). Home health is about helping people regain their independence, and a big part of that is helping them fly on their own and letting them go. Discharge begins at admission, and I had to integrate that into my routine.

I have worn many hats in the field of home health and hospice, and it has always been my love and passion. It warms my heart to see nurses from all backgrounds bring their expertise to this realm and demonstrate their passion for caring for these patients.

For some nurses, the adrenaline rush of the ER or ICU is what they love and making a difference in a very short time fulfills their passion. For others, the delivery room and bringing babies into the world is their heart's desire. Pediatrics or NICU can be such an overwhelmingly sad place, but when you see children get well and grow up, your heart can be filled with pride for having been a part of their beginnings. Geriatrics touches on the other side of that seesaw of life, but helping the elderly through the final years of their lives can be quite rewarding.

There are so many other niches in between and sideways, but ultimately, nursing is about making a difference in someone's life.

It took more than 2½ years of struggling in the hospital setting to realize that my calling would be home health, and eventually hospice. I hated being rushed and feeling like I never had enough time to spend on teaching patients and their families how to care for themselves and loved ones once they left the cocoon of the hospital. For me, home health and hospice will always be where I belong. My defining moment came in that first experience with Jim, but it took a long time to see it and realize how much of an influence it had been. Every day I am grateful that I had that opportunity and that I made this choice.

Kathy Quan



Kathy Quan, RN, BSN, PHN, is an award-winning blogger and the author of six books, including *The New Nurse Handbook* and *The Everything New Nurse Book*. She wrote about nursing for About.com before she formed *TheNursingSite.com* and launched her blogs.

She also writes and publishes two home health-related websites: *HomeHealth101.com* and *HouseCalls-Online.com*. Kathy is currently working on an e-book for nurses and health care team professionals who are considering a transition to home health care. Publication is projected for late 2015.

Kathy has been a nurse for more than 30 years and a writer for many more. Home health and hospice are her first loves in the field of nursing. Today, she works part time as the quality improvement coordinator for a growing company in Southern California that has five hospice offices. Mentoring new nurses and patient education are her passions.

Connect with Kathy on her [website](#) and [Twitter](#).

A Promise to Help

By Joyce Fiodembo, RN

It all started in fourth grade when I was 10 years old. One day I was walking home from school and a boy from my class, whose name was Joel, was crossing the road.

One of the first lessons I learned in grade school was from a policeman who taught us how to safely cross the road. All the newcomers assembled in the school hall and listened attentively as the officer spoke in his deep, loud voice. The policeman said, “Repeat after me: Look to the left, then to the right, look left again, and when the road is clear, quick march, no running.” He made us repeat those sentences, like reciting a poem, 10 times before he left.

Joel did not see the bus speeding downhill. I yelled and tried to warn him, but it was too late. The bus hit him, and I felt sick to my stomach. I felt powerless because I couldn’t help him.

Two women who were selling tomatoes by the roadside came running. One of them took a handkerchief and wrapped Joel’s bleeding forehead. The other ran to a nearby shop to get assistance.

This is the moment that I decided I would pursue a career that would give me the opportunity to help people.

The feeling of being so powerless when the bus hit Joel left me feeling guilty. I wanted to participate in helping Joel, but instead I just stared helplessly and cried.

The Red Cross Club and High School

I attended an all-female boarding school in Kenya, where they told us to select subjects that would enhance our future careers. Like every teenager, I was not sure what I wanted to do. I knew I wanted to help people, but I was not quite sure how. Some of my friends were planning to be pharmacists, others physical therapists, and most were planning to be teachers.

When I was in form two, or what is equivalent to ninth grade, it was mandatory to join the Red Cross Club for first aid training. We were divided into six groups and participated in competitions to acquire points. First aid was interesting because we learned skills like bandaging a broken foot or broken arm. We used the reef knot to tie triangular bandages. If you tied a perfect reef knot, you were the envy of the whole class because the teacher gave your team one extra point.

After attending first aid classes for three months, it was time for the practical exam. Every team had to choose a captain whose responsibility was instructing the team on what to do. When it came to my team, the

members all yelled out my name. “Why should I be the captain of the team?” I protested. “Because you get the instructions quicker than all of us.” Being the captain was a lot of pressure, but I reluctantly agreed.

The test scenario was a girl falling on the ground and fracturing her knee. I knew we had to tie a bandage, but my nerves got the best of me and I couldn’t remember what kind of bandage was needed. One of my group members whispered “cravat bandage” into my ear. I confidently and loudly said, “Team, tie the cravat bandage.”

When all was said and done, our team got the highest marks for teamwork and our ability to correctly help the victim. Everyone hugged me like I had just won an election. All that was going through my mind was, “Thank God this is over.”

My parents visited me every weekend, and when I shared my experience with my mom, she said it was confirmation that I should become a nurse. I wasn’t too sure because, at the time, I wanted to be an air hostess like my cousin Belinda. She worked for Kenya Airways traveling all over the world, and she told me stories about France, Italy, and Spain. Her stories mesmerized me, and I simply admired her exotic life of travel. I convinced myself that being an air hostess was a great way to help people but with more perks. However, deep inside I knew my mother was right. I gave up on the idea of becoming an air hostess and continued on the path to becoming a nurse.

The Interview and Nursing School

There weren’t many schools to apply to for nursing. There was the government nursing school and two private hospitals that offered nursing courses in Nairobi — Aga Khan University School of Nursing and Cicely McDonnell School of Nursing. I wanted to go to the Cicely

McDonnell School of Nursing because it was renowned. The school was very competitive to get into as they only accepted 25 students every year.

My application offered me the chance to move forward in the admission process. About 100 students were considered, which meant that 75 of us would not make the cut. First, we took a written exam that focused on three areas of study — English, mathematics, and general knowledge. After the exam, we went on break and were told to return in two hours for our results. The top 30 students were selected for the oral interview. The process of calling the names of the top 30 students was like qualifying to be on American Idol. I listened keenly for my name. When I heard it, it felt unreal.

During the oral interview, they asked me why I wanted to become a nurse. I told them about Joel and how I never wanted to feel helpless again when I see someone who is injured. I passed the oral interview and got accepted into the Cicely McDonnell School of Nursing.

Nursing school was a great experience. The community admired and respected us, and everyone wished us well. We attended class every three months and did our clinical rotations between classes. My favorite clinical round was pediatrics at Gertrude’s Children’s Hospital.

This hospital is in a beautiful setting with trees, flowers, and small colorful birds chirping all day long. The children loved us, and it was a great experience taking care of them. On my days off, I volunteered to spend time with the kids in the ward, not as a nurse, but as a friend.



Flying Doctors

After four years of nursing school, I graduated and decided to work with Flying Doctors. This organization allowed me to travel around East Africa working in various clinics in remote parts of the country. What attracted me the most about Flying Doctors was the opportunity to work for communities with limited medical supplies that would normally have a difficult time thriving without our assistance. My experience brought back memories of Joel. I was fulfilling my promise to be able to do something for someone in need.

The health clinics I visited were able to care for patients who needed minor surgery; however, they depended on a physician assistant whose skill set was limited when it came to major operations like appendectomies, thyroidectomies, hysterectomies, and other invasive surgical procedures.

Flying Doctors depended on the host hospital to prepare the patients for surgery. Our team would arrive in time to start operating without much ado. We typically worked from Tuesday through Friday morning. On the arrival day, we worked late into the night. We did an average of eight surgeries per day. It was a lot of work but very satisfying. The patients appreciated everything we did for them and brought us mangoes and oranges as thank-you gifts. Whenever I returned home on Fridays, I shared the experiences I had with my family, and we all enjoyed eating mango-and-orange fruit salad.

Looking Back

Recently, a friend asked me how long I've been a nurse, and I had to think for a minute. It's actually been 30 years. I've seen a lot of healing and suffering in this career. The nursing career has also changed tremendously over the years. I love being a nurse, and if I had the option to go back in time and select any career, I would still choose nursing.

Nursing provides endless opportunities. You can be a school nurse, hospital nurse, nurse practitioner, wellness nurse — the list is endless. I am now venturing into being a nurse entrepreneur, which is becoming a common option these days. I have friends who run nursing homes, home health companies, private NCLEX tutoring companies, and BLS and ACLS training programs, among other entrepreneurial ventures.

I believe I have fulfilled the promise I made on the day Joel was hit by the bus. Joel died after the bus accident, but his spirit lives on, and I know he is smiling at me today.

Joyce Fiodembo



Joyce Fiodembo is a nurse and author. Joyce started her career in Kenya as a travel, ICU, and operating room nurse. In 2002, she immigrated to the United States, where she had to put her career on hold until she was able to take the NCLEX exam — a process that took a year and a half. It was this experience that motivated her to create her blog, where she dedicates a section to international nurses, giving tips on how to quickly settle in and take the exam.

Her journey in nursing also prompted her to write about the daily challenges that nurses face and offer stories and practical advice to uplift, inspire, and support nurses. Joyce is the author of three books: *How Nurses Cope with Difficult Coworkers*, *The Foreign Nurses Guide to Settling in America*, and *Reflections and Prayers for Nurses*.

She currently works in Ohio and enjoys volunteering for mobile clinics abroad and providing career counseling, mentoring, and coaching. Joyce speaks three languages — English, Swahili, and Luhya — and has two grown children and many relatives in Kenya.

Joyce is passionate about writing and runs a website with the goal of inspiring nurses to thrive in their careers. You can find plenty of resources on her [blog](#), or connect with her on Twitter [@NurseJoyce12](#) and [@JoysAcademy](#), and on [Facebook](#) and [LinkedIn](#). Email her at joyce@internationalnursesupport.com.

Expectations Flipped Upside Down

By Brandi Frank, RN

Five years ago, I accepted my first nursing position. I was a brand-new graduate and full of self-confidence. The job was at a nursing home, and I learned through other nurses, who had never worked in this setting, that nursing homes were for the elderly who needed to be “watched” and provided with plenty of “assistance.” Needless to say, my idea of a nursing home wasn’t too exciting. I went through new nurse orientation thinking I would be passing out pills, and the orientation videos I watched only reinforced my opinion. Orientation to the floor was a breeze because, unbeknownst to me, I wasn’t handling the typical workload of a nurse at a nursing home. I was being trained by seasoned nurses, who had a routine established, so my job seemed like a cakewalk at first.

I remember my first nights alone. We have all been there. I felt overwhelmed and overworked, and just when I thought I was doing things correctly, my unit manager would call me at 10 a.m. to let me know how many mistakes I had made during my previous shift. I worked third shift, so this was the equivalent of a 2 a.m. wake-up call. After my sleepless days, I would return to work to face family members who were upset that they missed the doctor, or a patient who fell due to a sudden onset of confusion, or my Alzheimer’s patient who decided to hit her roommate because she was “an intruder in my home.” So much for thinking nursing was easy.

By the time my first week was over, I questioned why I even wanted to be a nurse. No one told me it was going to be this hard or demanding.

When I did clinical work in a hospital, I had a maximum of four patients who only needed their vital signs checked every four hours and some pain medication. I didn’t think managing the care of 50 patients would be so challenging. I didn’t know I would go home and worry about things I had possibly forgotten the previous night, or that I would dream about my patients while I slept. No textbook prepared me for these things.

I remember one patient in particular who was admitted to the nursing home with liver failure, advanced chronic obstructive pulmonary disease (COPD), failure to thrive, and electrolyte imbalances. He had a feeding tube, which he no longer wanted to use, and he was yellow. I don’t mean the kind of yellow jaundice that a seasoned nurse would notice. I mean the type of yellow that even someone who wasn’t a nurse would notice. Hospice handled his admittance to the nursing home, which limited my initial interaction with him. I stopped in briefly, introduced myself, explained meal times, the location of bathrooms, and how to use the call light. Then I left.

Sounds cold, right?

When you are doing 8 p.m. medication administration for 50 patients, who all want their medication 10 minutes ago, a brief introduction is about all you can manage. He didn't want much the first night, or the second, or even the third night. It wasn't until the second or third week that I was summoned to his room. His SpO₂ (peripheral capillary oxygen saturation) had dropped to 75 percent due to the removal of his oxygen. After a quick assessment and breathing treatment, we were sitting at 90 percent, which for his advanced COPD was quite the accomplishment.

As I went to leave the patient's room, he summoned me back, kissed me on the cheek, and told me I was an angel. He thanked me profusely and then dozed off for the rest of the night.

As I sat at the nurses' station going over charts, I had mixed emotions about this interaction as it played over and over in my mind. I wasn't used to patients thanking me like that.

When I pulled his chart to make a brief note, I stumbled across a note from hospice. His patient background information stated that he had five kids, was recently divorced, and had no emergency contact information.

This had to be a mistake. Who has five children, an ex-wife, and no emergency contact information? The next night, the hospice nurse confirmed that it was no mistake. He had five children who wanted nothing to do with him, an ex-wife who took everything from him, and no one left to turn to. No one to call and ask how he was, no one to hold his hand as he fell asleep, and no one to visit him, bring him flowers, get well cards, or balloons. He was simply alone.

Our nights went on. I was in his room to administer medications and then out to help answer call lights. Back in to fix his oxygen or administer some pain medication and then back out again to chart. As the weeks progressed, I looked forward to seeing him; although at the time I didn't realize it. He was always smiling and happy despite his terminal diagnosis, and perhaps due to my unwillingness to see it and my status as a new nurse, I didn't notice his condition growing worse.

We developed a close nurse-to-patient relationship, and he would tell me stories from his childhood and reminisce about the days when "I used to be your age." I was beginning to develop a routine of my own, and one night I had a little extra time on my hands. I headed down to his room with his breathing treatment in hand, wondering what kind of story I would find myself drawn into. As I entered his room I found him resting, but it was a little harder than usual to rouse him. Thinking that I had really gotten the hang of this nursing thing, I went through a very simple mental checklist.

1. I hadn't given him pain medication recently, so this wasn't a medication error.
2. His oxygen was on and correctly placed.
3. Check his vital signs — maybe that will clue me into something.

As I was checking his vital signs, I got some rather disturbing results. His BP was 60/40, and his respirations were upward of 36. He had a low-grade temperature of 100.0, and for some reason, his pulse was registering in the 101s. I wasn't exactly sure what was going on, but I knew it wasn't good. I knew that those vital signs were bad. Very bad. I felt that ever-so-annoying feeling of anxiety and panic start to creep through my veins. As I hurried down the hall to call hospice, I suddenly had the overwhelming urge to cry.

During my few short weeks, I had spent a lot of time with a hospice nurse who happened to come and go during second shift. She was perhaps my favorite. We never talked much about patients, but more about people we had encountered. She spent many late nights with me, sitting up with patients and holding their hands while they slowly passed away. They were never my patients, though. While they took their last breath, I watched from afar as I bobbed and weaved in and out of rooms completing treatments for my patients.

Unfortunately, my patient had a hospice company I knew little about. When I called, I expected to talk to a caring, sensitive hospice nurse. I called the operator who dispatched me to another operator, who eventually told me a nurse would be calling me back shortly. I had never felt so helpless. My coworkers encouraged me to put cool washcloths on his head and give him a suppository of Tylenol to help relieve his fever. They could see the panic in my new nurse eyes. It took what seemed like an eternity, but the phone finally rang. I felt like I was running in slow motion to pick it up, and my heart started beating faster when the woman on the other end of the line identified herself as my hospice nurse. My voice began to shake, and words poured out of my mouth. I was a fountain of knowledge about this patient. I explained that I had given him a Tylenol suppository, placed cool washcloths on his head, given him pain medication, and that he was resting but his vital signs were a mess.

To this day, I will never forget what the nurse said to me. It was cold and harsh, like looking at a cadaver for the very first time. She said, "Well, it sounds like you did everything right so far. Why don't you write an order for atropine, and call me if anything else changes."

Wait. Call you if anything changes?



As I stumbled for words, I managed to squeak out, "Aren't you coming in?" She said, "No, it sounds like you did everything for him I would have done; just call me when he dies. We are not death watchers. It's not my job to hold someone's hand and watch them die."

I don't remember hanging up the phone. I don't remember walking down the hall, but I do remember what I felt. When I entered that dark room and looked at my patient, I saw my dad, my brother in 50 years, my grandpa, and my mother lying there. I didn't realize the first tear had fallen, or the second, and I didn't realize I was sobbing on my patient's bed holding his hand until my coworker had entered the room.

She must have remembered what it was like to watch your first patient die. She sat next to me without talking or judgment, and held my patient's other hand. I asked her a question that I think everyone who is unfamiliar with death asks, "How long?" The nurse told me that death has its own timeline, and he could go on like this for days, but in her experience she would estimate that he only had a few hours left.

I held his hand and listened to his meaningless dying rants. He was talking to people who weren't there and mumbling the names of people I didn't know. He passed away just before 7 a.m. — almost exactly an hour after my shift ended, but I couldn't let go. I couldn't stop holding his hand just yet. It wasn't until my night shift STNAs (nurse aids) came in with coffee that I think I finally let go. They didn't want me to sit alone, so they stayed until the mortician came to retrieve his body. My eyes were red, I was beyond the point of exhaustion, and I had nothing to say.

On my drive home, alone with my thoughts and emotions, I finally realized that this is why I became a nurse: to hold a hand, to shed tears for a patient who had no one else to shed tears for them, and to be a friend.

No textbook prepared me for my feelings. They swallow me up some days, and other days I manage to keep them locked away. It gets easier as time passes. Death becomes part of our job, and although I feel sorrow on my own time, I am now able to enter a room to hug a family member or be the strong shoulder to cry on while someone else's life is turned upside down.

My defining moment in nursing was a kind, elderly man with liver failure, who had not a soul in the world to care for him. He was the reason I wanted to continue nursing. It wasn't just to save lives. I didn't become a nurse to have people “ooh” and “aah” at my exciting stories, or tell me how wonderful it must be to be a nurse. I did it because I care about people, far more than I ever realized before this moment. It's OK to cry with patients, laugh with them, or listen to them vent in frustration, because these are the memories and the defining moments that are cherished.

Brandi Frank



Brandi Frank is a Registered Nurse (RN) currently enrolled in the Nursing@Simmons MSN — Family Nurse Practitioner program. She started her nursing career at a small nursing home and eventually moved on to a larger skilled-nursing facility, where she worked as a floor nurse and then as a unit manager. She currently works as a

corrections nurse. Her goal is to continue her work in corrections and help underserved populations. Brandi, who married her husband in October 2014, is originally from Belville, Ohio. She enjoys being outdoors; running; doing Crossfit; and spending time with her two dogs, Max and Livvi, and her rescue cat, Peanut.

Nurse Stories

My Defining Moment

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