

Katherine Pakieser-Reed

A DAYBOOK for Nurse Educators

Pakieser-Reed

A DAYBOOK
for Nurse Educators



ADVANCE PRAISE FOR
A DAYBOOK FOR NURSE EDUCATORS

“Reflective learning begins with the self. Through the power of stories about the lived experiences of others, anyone can jumpstart their self-awareness. This daybook is for those who are growing in consciousness, or have the desire to do so. It unwraps the gift of a mental door through which to continue the journey of lifelong self-examination and growth.”

—G. Rumay Alexander, EdD, RN
*Clinical Professor & Director, Office of Multicultural Affairs
University of North Carolina at Chapel Hill
School of Nursing*

“Every day, nurse educators reach deep inside themselves to gather the necessary tools to teach, to mentor, to nourish the next generation of nurses. Some days are easier than others. Some days we see tremendous growth and other days frustration—but every day we persist. The *Daybook for Nurse Educators* is an enriching, creative opportunity to refresh us about our vision for the nurses of the future. The daybook is a daily reminder about why we chose to teach nursing, and how our contributions to the profession of nursing make a difference—day in and day out.”

—Nancy Phoenix Bittner, PhD, RN
*Assistant Dean & Professor, School of Nursing, Science and Health Professions
Regis College, Weston, Massachusetts
President, Massachusetts and Rhode Island League for Nursing*

A DAYBOOK

for Nurse Educators

Katherine Pakieser-Reed, PhD, RN



Sigma Theta Tau International
Honor Society of Nursing®

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Dedication

In honor of all nurse educators who preceded me—thank you for setting direction. For those who are my peers and colleagues—thank you for walking the path with me. And, for those who have yet to step into this wonderful way to be a nurse—thank you, in advance, for your courage and dedication in moving nursing forward.

—Katherine Pakieser-Reed, PhD, RN

Acknowledgements

When I first was asked to author this book, I thought it would be simple. What could be difficult about obtaining quotes to fill a day-book for nurse educators? In actuality, the book was a challenge and needed a network of people and organizations to accomplish. The quotes arrived in response to more than 2,000 individual invitations extended to nurses; through “pass-along” invitations, as other nurses shared the news of the book and the invitation with each other; and as a result of website postings by several organizations. Thanks to everyone who helped to connect me with nurse educators around the globe.

This book would not have been possible without your assistance.

I also would like to extend a huge thank-you to Janet Boivin, RN, book acquisitions editor for the Honor Society of Nursing, Sigma Theta Tau International, who gave me the opportunity to create this book. Our professional paths have crossed many times over the years, each time enriching my knowledge of nursing. Thank you for the opportunity to let me expand my awareness of and contact with nurse educators.

Finally, a thank-you to Sigma Theta Tau International for continuing to find ways to provide encouragement and connection for nurses throughout the world, and for fostering this special connection with nurse educators.

—Katherine Pakieser-Reed, PhD, RN

About the Author

Katherine Pakieser-Reed, PhD, RN, changed careers to become a nurse and lists that decision as one of the best in her life! She often describes her nursing career as “eclectic” because it encompasses a wide variety of roles, including bedside nurse, nurse journalist, coordinator of continuing education, public health manager, clinical faculty, consultant, and director of professional practice and research. Woven within and across these positions is the role of educator for patients, nursing assistants, nursing students, and nurses. She is amazed by what she has experienced in her first 27 years of nursing and can only imagine where her career will take her in the future.

On the home front, Katherine and her husband, Bill, live in Grayslake, Illinois. They are the fortunate parents of four adult “kids”—Spencer, Alex, Kelly, and Patrick.

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Foreword

I love being an educator because I have the opportunity to challenge students and, in the process, challenge myself. I continue to learn as I help students expand their perspectives, develop their abilities, and refine their skills. As an educator, I get to influence the future of our profession, one student at a time.

Educators play a critical role in the development of the profession. They are instrumental in creating and implementing curricula that prepare students to meet the current and future needs of society. In addition, they set the stage for how nurses interact with patients, families, communities, fellow nurses, and other health care professionals. Pretty heady responsibility!

The quotes and essays included in this book convey how some educators choose to make operational their responsibilities—thus helping students understand that the values of the profession underpin all that educators do. For example, Rebecca Alberti reinforces the values of cultural sensitivity and advocacy in her interactions with students. Doing so helps address a core competency of the curriculum, that of cultural competence.

Educators have opportunities to be creative and to explore innovations. Both Mary-Anne Andrusyszyn and Robert Fraser challenge educators to move outside their comfort zones as they undertake new methods of instruction that involve technology, such as online education. Moreover, educators are called on to consider how to employ various social networking mediums to enhance learning opportunities for students.

Recognizing the impact one can have is key to being an effective educator. As Fay Bower eloquently describes, teaching is about helping students gain a better understanding of a concept or skill. How an educator chooses to undertake that development will make a significant difference in what and how the student performs in the future.

In summary, treating students with respect and appreciation, being clear about expectations, conveying the values of the discipline, being creative, using humor, and providing evidence to help in their understanding of issues are but some of the ways that educators enhance

student contributions to health care. Be proud of your contributions, celebrate your successes, and be mindful of the critical role you, as educators, play in the development of our discipline! Happy reading!

*–Karen H. Morin, DSN, RN, ANEF
Professor of Nursing
Director of PhD Program
University of Wisconsin-Milwaukee
President, The Honor Society of Nursing, Sigma Theta Tau International,
2009-11*

Introduction

Dear Nurse Educators,

This book was created for you. Yes, you! This book is for all nurse educators, with their many different ways of living this role. This book is for deans and for emerging staff educators, for teachers of patients and teachers of future nurses, for those who bring nurses into higher levels of learning, and for those who are responsible for orienting new nurses in their specialties. Our roles and settings span such a variety of locations and focal points; however, we share one common thread that binds us together—we are nurse educators.

As nurse educators, our work helps to develop people into nurses, and then it sustains and further develops their growth in professional roles. Our work helps to develop professional nurse educators in both academic and service roles. And, our work helps patients and their families learn how to care for an illness, recover from a trauma, adapt to a new “normal” life, or prevent illness from occurring. In the end, the outcomes of our work are measured by who provides care and how our patients experience this care.

More than 200 nurses have shared their thoughts in this book. Some quotes will make you laugh; some will make you nod your head in agreement; and others will test what you believe to be true. So, I encourage you to read this book daily. Let the words of your colleagues affirm you, teach you, and challenge you. Make notes in this book: Use it as a journal to track your own growth and to capture special moments that occur each day. Let the monthly essays guide you in reflecting on your career as a nurse educator, or help you foster new ways of thinking or being. Or, use the book as a focus for weekly or monthly discussions with your peers. Find out what the quotes and essays mean to them—this will enrich your lives and create new conversations.

My wish is that this daybook becomes a part of your daily life: that it provides the perfect moment of support or laughter when you need it; that you write in it and record your own accomplishments; and that you share the book with others in an ongoing journey of discovery.

Enjoy!

—Katherine Pakieser-Reed, PhD, RN

PASSION

Being a teacher, especially of nursing, is not only an important responsibility but a very rewarding experience. Having taught nursing students at all levels for more than 45 years, I can attest to the wonderful feelings and sense of “making a difference” teaching can provide.

Yes, preparing for class and grading papers are time-consuming, but the rewards are great. Each day as I help students grasp the meaning and importance of knowledge and how to use it, I realize that something I did or introduced helped them move forward with a new or more advanced understanding or skill.

I am passionate about the importance and value of a “good teacher,” and I work each day to be just that. Good teaching is really about seeing each student as an individual with unique attributes that you need to help polish and advance. Nothing is more wonderful than having someone come up to you and say, “You may not remember me, but you were the one teacher I will never be able to thank enough for all you taught me, which has made it possible for me to be where I am today—a happy and successful nurse.” What other job or position could create this outcome?

*—Fay L. Bower, DNSc, RN, FAAN
Oakland, California*



January



JANUARY 1

“Help each student find his or her passion in nursing.
Be an example and talk about your passion.”

–Wendy M. Nebring, PhD, RN, FAAN, FAAIDD
Johnson City, Tennessee



JANUARY 2

“It is our responsibility as professionals to ask questions. A good
many studies, projects, programs, and editorials reach print, but
that does not make them correct. Ask for the evidence.”

–Debra Hall, PhD, RN, CCRN
Lexington, Kentucky



JANUARY 3

“A great educator always seeks the answers and does not fear the unknown.”

–*Laura Sink, MSN, RN, CMSRM, CNS-BC*
Chesterton, Indiana



JANUARY 4

“Teaching allows for creativity. While some content might stay the same, the presentation doesn’t always have to be the same.”

–*Erin Meredith, ARNP-BC, PCCN*
Tampa, Florida



JANUARY 5

“It is very challenging to separate and critique the quality of a student’s work from the student.”

–*William L. Holzemer, PhD, RN, FAAN*
Newark, New Jersey



JANUARY 6

“Coming from the bedside into the clinical education role, I was concerned that I wouldn’t be able to find that same fulfillment in teaching that bedside nursing gave me. Working with new resident nurses, however, I get to see them truly grasp a concept for the first time or excel in their nursing work, and this provides rewards beyond explanation. I know that I have impacted a life that will soon provide excellent service to the ultimate customer—our patient!”

—*Kerri Bayer, MS-CNL, RN, CCRN*
Oklahoma City, Oklahoma



JANUARY 7

“It is meaningful to contribute to the nursing profession as an educator. Just watching both novice and veteran nurses grow through mentoring and coaching motivates me on a daily basis.”

—*Lauren Hochberg Rossen, MSN, RN*
Evanston, Illinois



JANUARY 8

“I encourage experienced nurses to think of graduating nurses or nurse interns as ‘baby nurses.’ I then remind them that we need to nurture our ‘baby nurses’ and let them grow and mature in the profession.”

*–Deborah Beresford, BSN, RN
McKinney, Texas*



JANUARY 9

“To complete a semester course efficiently and graduate early, a group of undergraduate nursing students took the condensed class during the short winter break. Unpredictably, a snowstorm led to college closure and class cancellation. Students stressed by the possibility of losing course credit turned to themselves for a solution.

They arranged and attended a meeting with me, presented their concerns, and, at my request, proposed a solution that was acceptable to all. The moral of the story: let learners help. It builds confidence, promotes cooperation, shares the problem, produces creative options, directs positive energy, and leads to a successful outcome.”

*–Lois H. Neuman, PhD, MS, BSN, RN
Potomac, Maryland*



JANUARY 10

“There is only one moment when we decide to make the commitment to educate, empower, teach a new skill, provide hope, impart compassion, and be willing to heal others in their time of need. One moment melts into the next moment. Nurses capture those moments and allow them to flow.”

—*Camille Belpedio, MS, RN, PMHCNS-BC*
Glen Ellyn, Illinois



JANUARY 11

“I owe much of my academic career in nursing to Dr. Beverly McElmurry—a wise and wonderful mentor. She guided and supported me through a particularly difficult phase of my career when I had moved to the United States to pursue a master’s degree and eventually a PhD in Nursing. I, as well as many other international nursing students, was blessed to have her as an advocate and mentor. Her motivational and indomitable spirit lives on in all of her grateful students.”

—*Amnuayporn Rasamimari, PhD*
Chicago, Illinois



JANUARY 12

“As educators, it is our role to inspire, to create and sustain a culture of learning, and to embody the simple notion that teaching is the highest form of understanding.”

—*Anne S. Pohlman, MSN, APN-CNS, CCRN, FCCM*
Chicago, Illinois



JANUARY 13

“If students can’t do the fundamentals, how can they use advanced knowledge?”

—*Imogene M. King, EdD, MSN, RN, FAAN*
From Pivotal Moments in Nursing, Vol.II, p. 107



JANUARY 14

“How do I know that my teaching is effective? When the students walk away still talking about the class, I know I made a difference.”

—*Doni L. Frost, MS, RN*
Jacksonville, Illinois



JANUARY 15

“Although nurses are agents of change, they are resistant to change. Find the people most resistant to change and their informal leaders, and work with them to understand the culture to develop your education plan.”

–*Belinda G. Farrelly, MS, RN-BC*
Chicago, Illinois



JANUARY 16

“I have learned to let the patient choose what I teach about first. I have also learned to explain the digestive process first, and then what is going wrong with the process in a person with diabetes. This explains obesity in a way that is not judgmental. Many people were never told that the ‘calories in’ have to match the ‘calories out!’”

–*Jeanne Eaton, BSN, RN, CDE, CPT*
Gainesville, Florida



JANUARY 17

“As I started my journey as a nursing educator two years ago, little did I know that I needed to learn eight ways to organize myself, that I had to have eight arms to do all that was expected of me, and that I had to have eight brains to keep things prioritized. This “Octo-Educator” believes that keeping up is about shuffling, re-shuffling, and shuffling again the roles we play as mentors, advisors, coaches, and leaders!”

–*Keata Bhakta, MSN, RN*
Mesa, Arizona



JANUARY 18

“Start the day with an attitude adjustment. Before you leave the office for the evening, write down three things for which you are thankful (or send it to yourself in an e-mail). First thing in the morning, start your day with opening your e-mail or message and smile!”

–*Georgia Narsavage, PhD, CRNP, FAAN*
Morgantown, West Virginia



JANUARY 19

“Be strong enough and confident enough in your expertise as a staff educator to ask the question: Is this something that education can help, or does management need to hold people responsible for something they already know? This will save you much heartache.”

–*Vicki Enslow, MN, RN*
Seattle, Washington



JANUARY 20

“When I teach, I hear a common theme among many nurses—‘I’m too busy.’ I ask them, ‘If you do not have time to do it right, when will you have time to fix it?’ I use this question when I teach time management and setting priorities. Shortcuts can be time savers as long as the goal of the shortcut is the betterment of the patient in your care and is tempered with experience.”

–*Timothy Vietmeier, MSN, RN*
Ventura, California



JANUARY 21

“Always envision the outcome and application of your educational offering first. If you envision a nurse using a new technique, work backward from the vision to ensure that all the components for that technique are included in your educational design.”

–*Wanda Bolte, MS, RN-BC*
Lawrenceville, Georgia



JANUARY 22

“Sometimes nurses best understand a concept when my in-service is informal and silly. We see many children with snake bites. The dosing of the antivenom is not like other pediatric medications, so it is confusing for the nurses. I conducted in-services wearing many fake snakes and playing a game in which prizes were awarded for the most correct answers. Not only can the nurses discuss the dosing, they now recognize what the venomous snakes look like!”

–*Kristina Burger, MS, ARNP, CPNP-PC, CCRN, LNC*
St. Petersburg, Florida



JANUARY 23

“I believe that a culture of scholarship is an essential way to keep experienced faculty engaged. This means that the faculty and their leaders support an environment where faculty work together to continuously improve their curricula, their knowledge of pedagogical advances, their individual teaching strategies, and their work in formal research or other methods of scholarly inquiry. Faculty relate to one another as true colleagues who value one another and discuss and resolve their differences, share their successes and failures, and celebrate their continued contributions to the profession of nursing. It is relatively easy to remain engaged when you feel valued and are looking forward to learning something new every day.”

–*Jo Ann Appleyard, PhD, RN*
Milwaukee, Wisconsin



JANUARY 24

“We live in an era of artificial urgency. At the stroke of a key, technology provides a wealth of information. However, it is the individual selection of information through attention, thoughtfulness, and action that is crucial to effective decision making.”

–*Bernadette D. Curry, PhD, RN*
Rockville Centre, New York



JANUARY 25

“We need to meet students where they are in order to help them achieve their learning goals. If you don’t know where the students are on the path of learning, it is much more difficult to guide them in reaching the destination. You can’t just say ‘follow me.’ Sometimes you need to take them by the hand and walk with them.”

–*Vida B. Lock, PhD, RN-BC*
Cleveland, Ohio



JANUARY 26

“When developing an educational activity for professional development in the practice environment, I always make sure to include the manager and other key stakeholders in identifying the desired outcome of the activity. It helps to ask, ‘What do you want the staff to do differently as a result of this activity?’ That helps to determine the best teaching strategy and to distinguish between compliance and true learning needs.”

–*Karen Barnes, MSN, RN*
Chicago, Illinois



JANUARY 27

“You will constantly be amazed if you listen to what is important to your patients and students. You will gain unbelievable insights on motivations for positive outcomes.”

–Kathy Dunne, MS, RN, CNM, NP
Chicago, Illinois



JANUARY 28

“We need to make education current, relevant to practice, and enjoyable for it to be successful. To achieve this, we need dynamic educators who will develop creative approaches to topics such as core measures.”

–Sue Johnson, PhD, RN, NE-BC
Fort Wayne, Indiana



JANUARY 29

“Having high but realistic expectations for students is a wonderful thing because most students will do everything in their power to live up to the expectations you set for them.”

–Carol L. Huston, DPA, MPA, MSN, RN, FAAN
Chico, California



JANUARY 30

“As an educator, I am a perpetual student. There is so much to be learned from the questions of my students. I gratefully acknowledge every question, and in answering, feel that a cohesive bond is formed between teacher and student on a mutual journey in search of knowledge.”

–Bernadette Ciukurescu, BSN, RN-BC
Philadelphia, Pennsylvania



JANUARY 31

“My transition from bedside nurse to clinical educator provided a new set of challenges. I worried about receptivity from my peers as I transitioned from a traditional staff-nurse role. I also worried that I would not get the same satisfaction from my new job that I did in providing direct patient care. My fears were unfounded. The key to successful career transition is to know your resources and mentors.

Many times, role models don't even know they are exemplars of successful traits, but you can learn a lot from watching others, both in success and failure.”

–Donita Cantrell, BSN, RN-BC
From Reflections on Nursing Leadership, 35(2)

THE POWER AND POSSIBILITIES OF ONLINE LEARNING

What do painting figures with dyes and a stick on cave walls, writing with ink and a quill on parchment, using a pen and paper, and typing on a keyboard have in common? These approaches, which have evolved over time, are all used to communicate or tell a story. Similarly, writing with chalk on a blackboard or uploading ideas into a virtual or online space are both technologies used to communicate knowledge and promote learning.

Not long ago, online learning through computer-mediated technologies surged into our lives—touching many of us and opening a world of possibilities for knowledge development and knowledge sharing. Through written words in a virtual environment, we can capture, retain, reflect upon, and respond to ideas in a thoughtful, incremental way, allowing new perceptions and understandings to emerge—just as a new image forms with each small turn of a kaleidoscope. Although not embraced by all who use it, online education creates a powerful world of possibilities where learners and educators can collectively build knowledge in an open, constructive, and safe space.

All this does not, in any way, negate powerful classroom learning environments, which also can be nurtured. However, online learning, when driven by the commitment, motivation, and skill of both educator and learner, is a flexible, rigorous, creative, and forward-looking alternative to access information, resources, support, and learning opportunities. Online learning is not just a temporary blip on the nursing education radar: This technology, and others yet to be developed, will continue to be part of our future and, more importantly, the future of our learners.

Embrace the power that online learning has to offer. Open your mind to new and emerging technologies, so that nursing education can continue to be vibrant and avant-garde.

—*Mary-Anne Andrusyszyn, EdD, RN*
London, Ontario, Canada

February



FEBRUARY 1

“Listen to your patients and you will learn the power of honoring their cultures. Asking students, especially foreign-born students, about health beliefs in their countries further broadens your understanding of culture. This can be very empowering to the person asked.”

—*Kathy Dunne, MS, RN, CNM, NP*
Chicago, Illinois



FEBRUARY 2

“Blessed are nurse educators who are dedicated to co-study nursing with students and who are committed to the substantive study of caring as an essential domain of nursing knowledge. It is up to them to help students understand that unless they know the story of the one being nursed, a call for nursing will be missed, and their experience of nursing practice will be impersonal.”

—*Anne Boykin, PhD, RN*
Boca Raton, Florida



FEBRUARY 3

“It’s really easy to forget what’s important. Remember every day why you came to nursing education, and take time for yourself to keep it fresh.”

–*Laura Dzurec, PhD, RN, CS*
Kent, Ohio



FEBRUARY 4

“True success comes from knowing that you are making a difference, no matter how small, in the life of a patient, a colleague, or a student.”

–*Karen Baguley, MScN, RN*
Toronto, Ontario, Canada



FEBRUARY 5

“Never use technology for the sake of technology. Ask yourself: Just because I can, should I?”

–*Patricia Coyle-Rogers, PhD, RN-BC*
Omaha, Nebraska



FEBRUARY 6

“To reinforce the importance of adequate oxygenation in pediatric patients and to emphasize how the most common cause of bradycardia in pediatric patients is usually hypoxia, I have created a phrase that I now use when teaching PALS: Always remember to ‘Bag them out of Brady!’”

–Kathy Dureault, MSN, RN, CCRN, CPAN
Chino Hills, California



FEBRUARY 7

“Human growth and continuous learning is as vital as oxygen in sustaining and nourishing the human potential. Curiosity, tolerance, reflection, and self-compassion for being a beginner are the prerequisites for this mindset.”

–Debra K. Pendergast, MSN, RN, NEA-BC
From 101 Global Leadership Lessons for Nurses: Shared Legacies
from Leaders and their Mentors, 2010, p.224



FEBRUARY 8

“As a nurse educator, I try to be mindful of the impact that any time away from direct-care nursing may have on a staff nurse and use these guidelines to ensure the material presented meets both professional and personal goals:

1. Ensure the topic is meaningful to RNs.
2. Establish clear class objectives in the beginning.
3. Keep RNs engaged by talking with them, not at them.
4. Share reality—not just the black-and-white.
5. Be willing to show emotions appropriately.
6. Make sure RNs can walk away with at least one lesson learned.”

—*Minna B. Masor, MSNEd, RN, CCRN*
Chicago, Illinois



FEBRUARY 9

“Probably one thing that brings me back to teaching every day is when a nurse tells me, ‘Thanks, now I get it.’ Watching the light come on in his or her eyes and seeing it in a face when an elusive concept becomes clear is the strongest affirmation that a nurse educator can ever receive.”

—*Lisa Benfield, MSN, RN-BC*
Oklahoma City, Oklahoma



FEBRUARY 10

“Teaching is not just about having students memorize facts and demonstrate tasks. There is an affective component which cannot be committed to memory. Rather, it must be experienced. Art, as a source of expression for the patient, can be one way to help nurses identify their patients’ experiences. It is a reminder that behind the diagnosis and interventions, there is a human being.”

–*Cynthia LaFond, RN, CCRN*
Chicago, Illinois



FEBRUARY 11

“Be passionate about your ideals for the profession and communicate them to your students daily. They look to you for messages that inspire meaning, purpose, and enthusiasm for their future careers.”

–*Terry Fulmer, PhD, RN, FAAN*
New York, New York



FEBRUARY 12

“Maybe you’ve heard the saying, ‘If they can’t do, they teach.’ This is a hurtful saying. Here is the truth. A successful teacher walks beside countless individuals who develop knowledge, attitudes, and behaviors that form the nurse. The teacher selects the system that requires the head, heart, and hands of the novice to perform as the nurse. With thoughtful, competent caring, you, the teacher, guide the nurse and the future of nursing.”

–Tana Durnbaugh, EdD, RN
Elgin, Illinois



FEBRUARY 13

“What the word ‘Educator’ means to me:

- Enthusiastic
- Dedicated
- Understanding
- Caring
- Attentive
- Team player
- Open to new ideas
- Respectful”

–Jamie Rozelle, MS, RN, CNOR
Baltimore, Maryland



FEBRUARY 14

“It’s the little things that ‘make my day’—an orientee eager to learn, a former student sharing a success, a colleague offering support for my idea. They remind me why I do the things I do. I guess they aren’t such little things after all.”

—*Linda L. Grasmick, PhD, RN-BC*
Norfolk, Virginia



FEBRUARY 15

“As we educate nurses from novice to expert, we change lives. Continue to maximize your impact each day by ensuring nurses have the skills and competence to provide excellent care. Education is a journey that may lead you to unexpected places. Make your journey as a nurse educator meaningful and fulfilling, touching the lives of everyone you encounter.”

—*Stephany W. Coleman, MSN, RN*
East Bernard, Texas



FEBRUARY 16

“Technology has transformed the classroom from faculty being the sage on the stage, to the coach on the side, to the team in the wings.”

–*Debra C. Davis, DSN, RN*
Mobile, Alabama



FEBRUARY 17

“New regulations are not new obstacles; they are new opportunities for us to improve the safety and care of both patients and staff.”

–*Kathy Alkire, BSN, RN*
Joshua Tree, California



FEBRUARY 18

“Nursing is about relationships. Through those relationships, nursing is the link between science and all of humanity.”

–*Pat Holden-Huchton, DSN, RN, CNE*
Denton, Texas



FEBRUARY 19

“Recently, a number of articles have been published about teaching students returning to college for a second degree, but few articles are explicit about how to build on a student’s previous educational and career experiences. Here’s a tip: To build on students’ prior degrees, ask the students to reflect, discuss, and share, ‘How would your psychology/biology/accounting degree shape your approach in this clinical scenario?’ Prior degrees are a value-added bonus for these future nurses.”

–Chad O’Lynn, PhD, RN, RA
Portland, Oregon



FEBRUARY 20

“To keep up with the amount of paper and e-mail coming across the desk, handle it just once. The TRAF method works well: T for trash bucket, R for refer it on to the appropriate person, A for act on it, and F for file it away for future reference—and this works for both electronic or paper files.”

–Barbara Higgins, PhD, WHNP
Bangor, Maine



FEBRUARY 21

“Some nights when I return home after my evening classes, my husband asks me, ‘Why do you continue to teach when your days are full as an administrator?’ The answer comes quickly. ‘Being with students fills my soul.’ Teaching is an opportunity to practice my craft. I can share all the wisdom and folly I have gained over the past 40 years to help others learn to be the very best teachers possible.”

–*Ruth Gresley, PhD, RN, CNE*
Mequon, Wisconsin



FEBRUARY 22

“What is the simplest way to start using social media for non-users? I say just start using it! Play around with different mediums and sites. It is not a one-size-fits-all; there are many great options out there to begin socializing. As with anything, learning through doing is the best way to get started.”

–*Terri Schmitt, MSN, APRN, FNP-BC*
Bolivar, Missouri



FEBRUARY 23

“Every nurse is an educator. At the bedside, in the classroom, in the boardroom, and in the community, we share our knowledge and support others’ learning. It’s a beautiful privilege to connect with others and to inspire that connection within individuals themselves as they work in partnership with a nurse. We must never forget that we were once the novice, and while nurses are exceptional teachers, we also remain as lifelong students of the profession.”

—*Gina Kearney, MSN, RN, CS, AHN-BC*
Oceanside, New York



FEBRUARY 24

“There are a variety of opportunities to pursue one’s development. One of the richest is through a mentor-mentee relationship. The nurse educator should be thoughtful in his or her choice of a mentor, as the mentor is likely to impact the mentee’s professional point of view, values, and practice. The relationship can be a life-altering connection. The nurse educator will want to give the choice significant consideration—who does the educator want to be influenced by and why?”

—*Rhonda Blender, MSN, RN-BC*
Chicago, Illinois



FEBRUARY 25

“I love it when I hear my staff repeat what I have taught them. There is no more ‘because this is the way we have always done it.’ They are now quoting me: ‘We are doing this because it is evidence-based practice.’”

–*Nancy A. Jacobs, RN, PCCN, OCN
Portsmouth, Ohio*



FEBRUARY 26

“It is often said that in order to be a good teacher, the teacher must possess enthusiasm for what is taught. Although I do believe that to be true, it takes more than that to be a great teacher. Preparation and organization, as well as a sense of humor, are key elements in the delivery of content to students.”

–*Carolina Huerta, EdD, RN
Edinburg, Texas*



FEBRUARY 27

“I frequently tell both students and new nurses that they have to believe that they can do this. Confidence is hard to muster at times, but it is so important to their efforts as students and as practicing nurses.”

–*Deborah J. Hopkins, MS, RN-BC, ACNS-BC*
Syracuse, New York



FEBRUARY 28

“Don’t be angry at a student for ‘not being you.’”

–*Dianne Cooney-Miner, PhD, RN, CNS*
Rochester, New York



FEBRUARY 29 (FOR LEAP OR INTERCALARY YEARS)

“Build an area of expertise and others will seek you out.”

Margretta “Gretta” Madden Styles, EdD, RN, FAAN
From Pivotal Moments in Nursing, Vol. I, 2004, p. 169

CIVILITY MATTERS

It can be a short walk from incivility to aggressive behavior and violence. All members of the nursing community share responsibility for creating and sustaining cultures of civility.

I define incivility as rude or disruptive behavior that may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into a threatening situation. Incivility can be plotted on a continuum that ranges from irritating, annoying, and distracting behavior—such as texting in class, making rude remarks, or gossiping to bullying, menacing, and potentially violent behavior. Therefore, we must address lesser acts of incivility before they reach a tipping point and degenerate into much worse situations that are irreversible.

Tipping points, however, can also be turning points. When nursing faculty, students, and clinical practitioners engage in meaningful dialogue and work together to resolve conflict, the potential for civility is enhanced, and safer learning and practice environments are created.

Civility is an authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and intention to seek common ground. Civility matters because treating one another with respect is requisite to communicating effectively, building community, and creating high-functioning teams. Without civility, we miss opportunities to really listen and understand other points of view.

It is my fundamental belief that, by promoting civility among nursing students, nursing education plays a pivotal role in fostering civility in academic and practice environments.

*—Cynthia Clark, PhD, RN, ANEF
Boise, Idaho*

From Reflections on Nursing Leadership, 36(1)



March



MARCH 1

“Becoming a grandmother for the first time has made me pause to ponder my grandchildren’s future, making me hopeful they will grow up in a world where the gender divide is a concept of the distant past. A world where women feel safe and where they have equal voice in all levels of decision making. A world where the risks for maternal death are very low (in sub-Saharan Africa, the rate is 1 in 26, but 1 in 7,500 for those in the developed world). A world where every human being, regardless of gender, race, culture, or economics, has access to quality care. May our grandchildren see a different world of justice and equity. As nurse educators, we have the ability to inspire the future generation of nurses to care for and advocate for equitable health care for all. Teaching and modeling social justice is the gift we can give the next generations.”

–*Afaf I. Meleis, PhD, DrPS(hon), RN, FAAN*
Philadelphia, Pennsylvania



MARCH 2

“Life is all about the balance. One size does not fit all, nor does it fit for a lifetime. Take the time to step back and evaluate your life in terms of what makes you happy, what drains your energy versus what empowers you to be a positive and enlightened educator. Then plan your career around that, rather than trying to plan your life around your career.”

–*Carol Korman, MSN, RN-BC*
Akron, Ohio



MARCH 3

“As a new nurse educator, my advice would be to find a mentor to ask questions of and to guide you in your new role.”

–*Meggan La Giglia, MS, RN*
Oak Lawn, Illinois



MARCH 4

“As you teach, you can see the ‘aha’ moments. You can see the person thinking, ‘I knew I could do this,’ or ‘yeah,’ or ‘that’s what that was.’ I like being a part of those moments.”

–*Kimberley J. Campbell, MSN, RN-BC*
Knoxville, Tennessee



MARCH 5

“Remember that everyone grows at their own pace and in their own way.”

–*Linda Klotz, PhD, RN*
Tyler, Texas



MARCH 6

“As the semester moves forward and the challenges of teaching weigh heavy upon our shoulders, please help us provide honest and frequent feedback without breaking a delicate spirit.”

–*Patsy Maloney, EdD, RN-BC, NEA-BC*
University Place, Washington



MARCH 7

“Be good to the profession and it will be good to you!”

–*Donna Oestreich Bear, BSN, RN*
Hopewell, Virginia



MARCH 8

“You can inspire the student and create an opportunity to learn, but ultimately, the student is responsible for learning.”

–*Kelly McCarthy, BSN, RN*
Coeur d’Alene, Idaho



MARCH 9

“Students need to relate to the concepts you teach. Tell them stories about your experiences with clients. But remember, when your stories get old, it means you need to spend some time with a patient.”

—*Judy A. Didion, PhD, RN*
Sylvania, Ohio



MARCH 10

“Always plan for the unexpected. Be ready to think outside of the proverbial box. How do you teach a four-hour class when the computers are down unexpectedly and you have no PowerPoint slides to reference? Know your topic, know your audience—be it a group or an individual—know the developmental stage of the person(s) you are dealing with. Smile and don’t be stressed about whatever situation is handed to you; those you are teaching will appreciate that.”

—*Thérèse Mirisola, MSN, RN, CPON*
Seattle, Washington



MARCH 11

“Academic and service partnerships are no longer a nicety; they are a necessity. We must work together to close the gap between academia and practice if we are to be successful in educating a workforce for the future.”

–*Judy A. Beal, DNSc, RN*
Boston, Massachusetts



MARCH 12

“I have the unique opportunity to take students on study-abroad experiences for two weeks each summer. The students come back with a more humble approach to patient care and a clearer understanding of cultural diversity and the meaning of cultural ‘humility.’”

–*Ruth B. Grubestic, DrPH, PHCNS-BC*
San Antonio, Texas



MARCH 13

“The pace of change dictates less of a need to memorize facts and figures and more of a need to learn how to find, critically analyze, and apply new information. Students need to become competent and self-reliant in referencing multiple sources and developing well-thought-out strategies for applying new information to current challenges. Opportunities to question, explore, and create need to be strategically integrated into nursing school and staff development curriculum.”

–*Beth Nease, MSN, RN-BC*

Glen Allen, Virginia



MARCH 14

“Being in a nurse residency program gave me a weekly opportunity to be more of a ‘doer’ of tasks. It gave me the ability to connect what I had learned in nursing school to what I was seeing clinically on a daily basis. Advanced classroom knowledge enabled me to become a better critical thinker, clinician, and nurse.”

–*Laura Griffith, BSN, RN, OCN*

Chicago, Illinois



MARCH 15

“International nursing has long existed, but today it is being amplified as the world has become smaller and smaller. Things we used to just read about, we can now see for ourselves. My generation is fortunate to bear witness to this great development.”

–*Lame Gaolatihe Bakwenobatsile, RN*
Gaborone, Botswana

*From 101 Global Leadership Lessons for Nurses: Shared Legacies
from Leaders and their Mentors, 2010, p.196*



MARCH 16

“Small acts of kindness each day will lead to great rewards. I try to remember that anxiety and stress may cause confusion and short-term memory loss in students, faculty, and nurse peers. No one is ‘stupid.’ There is always an underlying cause.”

–*Nina Ouimette, EdD, RN-BC*
Abilene, Texas



MARCH 17

“I try not to distribute the course evaluation at the beginning of the program or lecture as it tends to make the learner shift from learning to becoming a course critic during the program.”

–James K. Nickerson, MS, RN, CEN
Tampa, Florida



MARCH 18

“Patient contact strengthens my teaching and helps me stay grounded. I learn firsthand what nurses are facing and can better prepare students for practice.”

–CeCelia Zorn, PhD, RN
From Reflections on Nursing Leadership, 29(3), p.29



MARCH 19

“What we role-model as educators, not what we say, will predict the behaviors of our students.”

–Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN
Phoenix, Arizona



MARCH 20

“Before a teaching moment, I take a mental time-out to put myself in the right mind-set. A few minutes to breathe, listen to my heart-beat, and be calm serve as my moment of focus. It centers me and improves my ability to connect with my students, allowing for a more conducive learning environment.”

—*Angela Ridenour, ADN, RN*
Lucasville, Ohio



MARCH 21

“Always remember that teaching and learning is a process that involves two interdependent players—the teacher and the learner. No matter who your audience is—students, staff, and patients and their significant others—the principles of teaching and learning are the same, and the players jointly work together to achieve mutually desired outcomes.”

—*Susan Bastable, EdD, RN*
Syracuse, New York



MARCH 22

“Sometimes nurse educators feel bad about not being care-delivery experts anymore. I look at it from another point of view. I am an expert in nursing education. I can take any topic—with some basic understanding—and tell you the best way to educate on it. As an educator, your expertise has shifted. You shouldn’t feel guilty that you can no longer care for a full load of patients. There is great satisfaction in knowing that I still make a difference, just in a different way.”

–Dee Eldardiri, MS, RN-BC, CMSRN
Leesburg, Virginia



MARCH 23

“Keep a file of thank-you letters written to you by your former students and staff members to whom you have served as an inspiration. Review the letters during your times of doubt. Yes, you can use your inspiration of others to inspire yourself during your own times of difficulties.”

–Lourdes Casao Salandanan, MSN, RN-BC, FNP
Chino Hills, California



MARCH 24

“Whenever I experience the tension between the process of student learning and the need to cover content, I reflect on the idea that learning is social, active, shared, and collaborative. Learning is an engaging process that is dynamic, contextual, and ongoing. Think of yourself as a facilitator who helps students develop a skill set for learning that lasts a lifetime.”

–Elizabeth Ritt, EdD, BS, RN
Chicago, Illinois



MARCH 25

“I’ve learned that no amount of preparation, experience, or expertise can take the place of being fully present and engaged with the students and open to the opportunities for learning ‘in the moment.’ My students have appreciated and learned more from the spontaneous discussions and bedside demonstrations than any structured written assignment I’ve given them.”

–Deb Kramlich, MSN, RN
Raymond, Maine



MARCH 26

“Oftentimes in education you lose the instant gratification and reward that you receive as a direct care bedside nurse. For educators, our real reward often comes months and even years later. It comes when a former student passes his boards or a new RN orientee gains admission into graduate school.”

—*Priscilla C. Aponte, MSN, RNC, CHHP*
Bronx, New York



MARCH 27

“The essence of the work of instruction resides within the hearts and souls of patients. The craft and artistry of teaching is realized when one is present to and with learners, mutually collaborating to truly see the patient and to design and implement care that manifests engagement, wisdom, clinical judgment, ethical comportment, and skill of involvement—all grounded within a sound framework of theoretical and practical knowledge. This is a journey that takes time and requires ongoing openness to the nuances and uniqueness of every encounter. It is never routine, ordinary, or boring. Enjoy!”

—*Christine M. Pacini, PhD, RN*
Detroit, Michigan



MARCH 28

“Keep things colorful! Even though you will be fiscally responsible and copy handouts in black and white, it doesn’t mean your presentation needs to be bland. My blood administration slides have a bright red background; my fluid and electrolyte lecture has a water and waves background. Color will keep your audience more engaged, and it makes you look good, too!”

–*Carol D. Schultz, MS, RN, APN/CNS, CEN*
Chicago, Illinois



MARCH 29

“You can never know it all. Be humble. Learn to network. Keep a memory bank of resources, personal contacts, and their expertise. Never cease to ask questions.”

–*Araceli L. Mendoza, MSN, RN-BC*
Naperville, Illinois



MARCH 30

“Examine how often you respond with a ‘no.’ A foundational lesson of leadership I live by is not saying ‘no,’ but instead asking ‘How can we get that done?’ and then exploring creative solutions to problems and issues that our faculty, students, and patients encounter. In doing so, we build collaboration, teamwork, and excellence.”

—*Lisa Plowfield, PhD, RN*
Tallahassee, Florida



MARCH 31

“Learn how to be comfortable with silence. When you ask a question, do not hurry to fill the void in sound. Sometimes people need time to think before they can speak.”

—*Katherine Pakieser-Reed, PhD, RN*
Grayslake, Illinois

GLOBAL FUTURE OF NURSING

Some people believe the future of nursing practice in Latin America, and globally, should be guided by destiny. I disagree. I believe that advancement of nursing practice in every country should adhere to uniform standards of education and health care, similar to international standards already recognized by other disciplines. Nursing practice should be guided by established, uniform, evidence-based protocols and standards that provide high-quality primary health care to underserved and vulnerable populations who are unable to advocate for themselves.

My personal mission is to instill and plant the seeds in my students to become culturally sensitive, competent health care providers who advocate for the needs of their vulnerable clients without being condescending. Via its geographic location, Puerto Rico is pivotally positioned to produce a bicultural, bilingual nursing workforce that can meet emerging health care needs and collaborate in multidisciplinary and multinational endeavors.

When teaching, I advocate that good health care is a basic human right—not an instrument of a political agenda available to only a few. In other words, if we are allowed to raise the bar to a higher level of nursing education while, at the same time overcoming language and cultural obstacles without being ethnocentric, I believe international nursing students will meet the challenge.

An infinite number of collaborative opportunities among U.S. and international nurse educators in research, practice, and academia are available that could benefit humanity, but they have not been tapped. All we have to do is reach out and establish connections.

*—Rebecca Alberti, ND, FNP-BC
Gurabo, Puerto Rico*

April





APRIL 1

“When outlining key education points for nurse residents about ‘code blue’ and ‘rapid response’ scenarios, I remind them that it is important to delegate someone to comfort any family that might be present. I tell them that there are few things crueller in life than a concerned family member being told to go sit in a waiting area and do nothing while his or her loved one is possibly dying just a few feet down the hall.”

–*Troy Betts, MS, RN*
Madison, Wisconsin



APRIL 2

“As an educator, you need to keep abreast of the changing environment and the generational differences among your participants. You must portray a positive attitude and acknowledge that each individual has the potential to excel. An educator can ignite the flame for learning.”

–*Anita Mary Stephen, MSN, RN*
Gainesville, Florida



APRIL 3

“I know that I am effective and have made a difference when a student or nurse transfers knowledge into clinical practice, not only to improve patient care outcomes, but also to empower other colleagues.”

—*Mona L. Francis, MSN, RN-BC, CNS*
Brooklyn, New York



APRIL 4

“If I had to provide one tip for being an educator, it would be to take advantage of academic opportunities—not only in education, but also in training and development. My certificate in instructional design opened my eyes to an entire discipline of information of which I was not aware that has served me immensely in the years since completion.”

—*Pamela B. Pfeifer, MS, RN, CCNS*
Chicago, Illinois



APRIL 5

“Be confident in your skill and ability. Close the door and teach.”

—*Eric B. Bauman, PhD, RN*
Madison, Wisconsin



APRIL 6

“Whether teaching patients, family, nurses, or students, our first responsibility is to show them that we care about them as persons. Establishing a supportive and caring relationship is the essential first step in a successful educational encounter.”

—*Dorcas A. Kipp, MSN, RN-BC, CDE*
Conifer, Colorado



APRIL 7

“Teach students to count. Counting the number of steps may lead to a redesign of the unit space. Counting the number of supplies used may lead to new, efficient uses of costly materials. Counting the number of patients, procedures, or tasks can lead to improved organization and more humane practices. Count the minutes that patients wait and you will understand their impatience and anxiety. Count to improve nursing care!”

—*Beth Cole, PhD, APRN, FAAN*
Provo, Utah



APRIL 8

“My professor and mentor encouraged me to allow students to truly experience the learning process. This may mean we, as teachers, need to stand back and allow the learners to struggle a bit as they work through the process. Student nurses may be fearful of making mistakes in the clinical areas, which can lead to high levels of anxiety. The nurse educator can minimize this anxiety by empathetic listening, acceptance, and honest communication.”

—*Mimi Zeigler, MS, RN, CCRN, CWOCN*
Chicago, Illinois



APRIL 9

“Make learning fun. In teaching blood gasses, we made a tic-tac-toe grid and then used round candy to represent the three major components. The students loved it! They were able to visualize the abnormality (and eat the playing pieces in the end). The students have come back many times to thank me for making something difficult easier to understand.”

—*Mary Walker, MSN, RN, CCRN, CCNS, CMSRN*
San Antonio, Texas



APRIL 10

“As I approach the age of 60, I find I am embracing the use of technology more. How cool is it that we can learn vast amounts of new knowledge anytime and anywhere? I still treasure my books, but the computer age has opened doors that didn’t exist before.”

—Clare Duane, BSN, RNC-NIC
Cincinnati, Ohio



APRIL 11

“Education is the scaffolding that builds nursing’s destiny. We academicians are privileged architects of the future and mentors of its leaders. As an experienced professor and dean, I value and gain energy from nursing’s legacy and leaders—past and present. They influence and inspire my work. Believing in your students and what is possible is powerful, motivating, and transformational—for them and for us. Focus on your long term vision and goals despite challenges and distractions. That is the key to maintaining perspective on the future. Remember that commitment to quality nursing education for our students will determine that future.”

—M. Louise Fitzpatrick, EdD, RN, FAAN
Villanova, Pennsylvania



APRIL 12

“Let the patient and family speak through your education. Whenever possible, include patient stories and events in your curriculum. Their heartfelt words strengthen the teaching plan and embed the message in the learner’s memory.”

–*Kathleen Walrath, MS, CNS, APN*
Tinley Park, Illinois



APRIL 13

“Teaching is much like nursing. There are technical skills, and then there is the art of teaching. The art of teaching comes with experience, intuitive thinking, and flexibility.”

–*Charlene M. Smith, DNS, WHNP-BC*
Rochester, New York



APRIL 14

“Tailor your teaching to the class that you are instructing. People have varying levels of understanding and multiple ways of processing information. A truly great educator has the ability to adapt information to different learning styles and formats.”

–*Roger L. Donini II, BA, BS, RN*
Portsmouth, Ohio



APRIL 15

“I changed jobs from my bedside nursing position to that of a nurse educator within the last year. A big part of my transition was realizing that I was a novice in this position. Reminding myself to embrace being a novice was key to my transitioning smoothly. I had to remember that part of what we teach a new nurse is to explore and be excited about learning at the novice stage. Remembering this has helped me ask for help when needed and not berate myself for knowledge that I have not yet gained.”

*–Elizabeth Krch-Cole, MS, RN, PMHNP-BC
Chicago, Illinois*



APRIL 16

“As nurse educators we often have to provide feedback to colleagues and students that is difficult to both give and receive. But we can express our truth gently and respectfully to each other. I believe consistent faculty modeling of compassion, kindness, civility, and respect provides powerful and unique assistance to students in adopting these qualities as they start to develop their own nurse, patient, and colleague relationships.”

*–Linda Snell, DNS, RN
Brockport, New York*



APRIL 17

“I remember an EKG class when there were a few learners struggling with a concept that I was teaching. In the back of the room, a hand went up and I called on her. The student explained the very same concept from a different point of view. Her explanation made much more sense to the few who were struggling and I commented on how her analogy was a great example. To this day I use her analogy to teach my students and I have never forgotten her. From this experience I have learned that our students teach us to become better teachers.”

—*Leslie L. Binder, MSN, RN*
Scottsdale, Arizona



APRIL 18

“Starting out as a nurse educator, it would have been helpful to know that the norms—the expected behaviors and outcomes and ways of communicating—are different in an academic setting than what is the norm in a clinical setting. Having a guide or mentor would have helped me identify important concepts early on.”

—*Liane Connelly, PhD, RN, NEA-BC*
Hays, Kansas



APRIL 19

“When I see the light in the learner’s eye, that moment confirming that something I said or our class discussion validated for that person, I feel a rush of pleasure knowing that I played a part in making a difference for at least one person. I enjoy sharing my passion for education, whether teaching a class on precepting or instructing unlicensed assistive personnel on the basics of emergency care for a pediatric patient.”

–*Jill M. Guilfoile, MEd, RN-BC*
Cincinnati, Ohio



APRIL 20

“My premise in teaching is the same as my premise as a person. Every individual is important, and my respect and caring for each of them is genuine. My goal in resolving conflict is to ensure that each individual’s self esteem is intact as we reach resolution. I truly believe that somewhere between the perception of the first and second person, whether between faculty and student, there is common ground that can be reached.”

–*Anita Hupy Siccardi, EdD, APRN, BC*
Indianapolis, Indiana



APRIL 21

“Teaching nursing is a privilege and an awesome responsibility. Nurse educators have a long-term effect on how patients are treated around the world in all settings. We should never forget that.”

—*Arlene G. Wiens, PhD, RN*
Harrisburg, Virginia



APRIL 22

“If you are a hospital- or clinical-based educator, find those staff nurses who are leaders on their units. They are a valuable resource. I always run a new form, a new procedure, or an idea for education by my unofficial ‘educators’ on my nursing units. It also promotes buy-in from the staff.”

—*Lori Collett, MSN, RN*
San Lorenzo, California



APRIL 23

“Students and faculty are on the same level when it comes to class preparation and requirements. Just as we expect students to come prepared to class, faculty must also do their preparation. Deadlines and expectations are a two-way proposition.”

—*Ann Tritak, EdD, RN*
Jersey City, New Jersey



APRIL 24

“My best advice on how to deal with some of life’s toughest moments in working with children and families is to keep it simple. Simply giving them a reassuring smile, a hug, or a mere few words of encouragement can mean the world to these families. I find they do not expect you to have all the answers. Just by being present, in the moment with them, and providing compassion and concern, helps to get them from one moment to the next.”

–Ginny Fowler, MS, APN, CPNP, CPON, CPN
Oak Lawn, Illinois



APRIL 25

“When I first made the transition from clinical nurse to nurse educator, I found it very difficult to give up the notion that I could continue to make a difference in the lives of children and their families. It wasn’t long before I realized that what my students learned about being a nurse from me would make even more of an impact than I could alone.”

–Marion E. Broome, PhD, RN, FAAN
Indianapolis, Indiana



APRIL 26

“When orienting students to my clinical teaching strategies, I always inform them that I would be asking many questions about their client’s condition, lab values, medications, and care plan. And, I would continue to ask harder and harder questions until they could only respond that they did not know the answer. This wasn’t to embarrass or demean them. It allowed me to validate their knowledge and also pinpoint where I could start to teach them. Once I knew what they didn’t know, I could help them begin to learn more. Students’ reactions were extremely positive. It reassured them that these questions were not continuous testing, but also teaching.”

–*Audrey Berman, PhD, RN*
Oakland, California



APRIL 27

“Don’t forget your night shift! Make it a point to do rounds with your night shift nurses to get to know them. They often feel forgotten by education and administration, and knowing that you care enough to come in and see them in the middle of the night is powerful. Your initiatives will be more successful if you have the support of night and weekend nurses.”

–*Elizabeth Angelo, BSN, RN*
Urbana, Illinois



APRIL 28

“Nearly every moment is a teaching moment. Whether it’s active teaching or role modeling, learning is occurring all around us. To me, the most rewarding result of teaching is seeing the learner teach someone else. It reminds me that the power of teaching can start with one person and can impact so many.”

–*Kim Allen Zimmanck, MS, RN*
Milwaukee, Wisconsin



APRIL 29

“Knowledge is power, and professional practice means a lifetime of commitment to learning.”

–*Luther Christman, PhD, RN, FAAN*
From Pivotal Moments in Nursing, Vol. I, 2004, p. 79



APRIL 30

“I remember being a brand new nurse. This is what motivates me to teach, mentor, and support. Whether it is a staff nurse, patient care technician, or a graduate student who is with me for a semester, I never want to forget what it was like being new and inexperienced.”

–*Diane Ryzner, MSN, APN, CNS, CCRN*
Arlington Heights, Illinois

HAVING FUN

Many people think fun and learning are opposite experiences. They believe that to learn, the educator must conduct a serious educational event that sometimes is boring—and learners must accept that fact. When I first began my career as an educator, I used to believe this myself. Now I can say that the assumption is incorrect.

I remember when my friend Jeanne asked me to join her in dressing like a raisin and re-enacting a version of a commercial involving the raisin characters, which included singing. This skit was for a learning session at my hospital about mock codes. We wanted to make people aware that not only was there a classroom portion of learning, but also a skills check to follow on the units. Of course, everyone who saw our commercial as “the raisins” laughed and cheered.

In previous years, when we went unit to unit asking staff members to participate in mock codes, they would scatter, and the one or two we could convince to work with us would be fearful, intimidated, and anxious. After dressing as raisins, we got a different response. Staff would smile at us and say, “I can do a mock code with the raisins, no problem.” The reluctance, intimidation, and fear were gone, replaced with smiles.

From that experience, I learned that fun actually speeds learning. I plan my fun now as carefully as I plan my content. I hope you do, too.

*—Michele L. Deck, MEd, RN, LCCE, FACCE
Baton Rouge, Louisiana*

May





MAY 1

“Teaching moments are to the educator what the painting is to the artist! They are the canvas on which one can creatively make visible images (information). In those who are exposed, new appreciations, understanding, and meanings (knowledge) will be invoked—framed to make a lasting difference that will support and advance mastery of further knowledge and instrumental proficiencies. Let your creative juices flow!”

—*Joan L. Shaver, PhD, RN, FAAN*
Tucson, Arizona



MAY 2

“As an educator, you create legacy through your students. Each student will touch countless lives in ways that restore faith in humanity. You will not be able to fathom the numbers of lives you touch through any one student. Therefore, I charge you to leave a stellar legacy through the students you serve and the lives students will touch.”

—*Teri A. Murray, PhD, RN*
St. Louis, Missouri



MAY 3

“Giving back. It is not written on paper; it is not taught in class. Personal experiences—storytelling, words of encouragement, and examples—are the most effective teaching tool.”

–*Louise Glaude, SCM, BScN(H), RN, PNC(C)*
Toronto, Ontario



MAY 4

“Never underestimate the power of preparation!”

–*Kathy Alkire, BSN, RN*
Joshua Tree, California



MAY 5

“My inspiration for becoming a nurse educator goes all the way back to my childhood with my mom as my role model. Mom was a teacher of 29 years. She instilled in me a desire to learn and, in turn, a desire to share with others what I had learned.”

–*Douglas Slaney, ASN, RN*
New Port Richey, Florida



MAY 6

“Five Guides for a Nurse Educator

Be organized: Create a physical checklist for preparation of every class.

Be consistent: Create a script to help with communication.

Be creative: Make it fun by adding hands-on experience through simulation.

Be flexible: Stay knowledgeable regarding different learning styles.

Be humble: We can also learn a lot from students and staff.”

—*Araceli Ruiz, BSN, RNC-NIC*
Chicago, Illinois



MAY 7

“In tough moments, I reflect on why I became a nurse—to help people and make a difference. In the end, I think, if you are not happy with what you are doing today, there are thousands of other opportunities within nursing. Change jobs, not professions. I still believe nursing touches lives and it still fulfills my desire to make a difference for others.”

—*Carole Kenner, PhD, RNC-NIC, FAAN*
Boston, Massachusetts



MAY 8

“For all of our innovations and improvements, one of the most important things we can give to our patients is that of ‘caring’—being present, listening, and supporting them. Let it never be said of nurses that we were too busy with skills, charting, and meetings that we fail to care for our patients. And, let it never be said of nurse educators that we fail to demonstrate caring through our teaching.”

—*Sbari Washington, MSN, RN*
Brandywine, Maryland



MAY 9

“When a student’s grade or clinical performance falls short, it is essential to share our concerns about how the student is doing in a confidential setting. Meeting with the student provides an opportunity for both of us to create a plan for success.”

—*Zane Robinson Wolf, PhD, RN, FAAN*
Philadelphia, Pennsylvania



MAY 10

“I learned early on never to ask a question that began with the word ‘why.’ I take my inspiration in questioning from the perspective—what do you think? Students really do have the answers; they just need to find it within themselves.”

—*Ruth Novitt-Schumacher, MSN, RN*
Lemont, Illinois



MAY 11

“The scope of professional development in nursing embraces academic education, continuing education, and staff development. The scope of nursing practice and staff development ultimately is to ensure safe and quality patient care.”

—*Joanne Williams Reed, MS, RN*
Chesapeake, Virginia



MAY 12

“Seek balance in managing the different roles in your professional life and be generous in advancing the growth of others.”

—*Nalini Jairath, PhD, RN*
Washington, DC



MAY 13

“I can’t teach a nurse how to care, but I can show what it is to care. A patient is a human being who, at a given moment in time, needs my expertise, empathy, and unconditional regard. Mentoring a nurse from a judgmental perspective to an accepting perspective is very rewarding. We don’t have to agree with the choices or lifestyles of our patients, but we must have a commitment to provide them with comprehensive, compassionate care.”

–Lisa Castellanos, BSN, RNC-OB
San Antonio, Texas



MAY 14

“It takes one step at a time to reach a significant goal or milestone. The complex process of gaining and maintaining authorization to practice is not for the fainthearted.”

–Christine Duffield, PhD, RN, MHP, FRCNA, FACHSE, FAICD
Sydney, New South Wales

From 101 Global Leadership Lessons for Nurses: Shared Legacies from Leaders and their Mentors, 2010, p.468



MAY 15

“My colleague, who is new to the clinical nurse educator role, recently expressed discouragement over the frequency with which clinical staff nurses misinterpret electronic education. There appear to be as many interpretations as number of nurses, and the need to clarify makes her feel inadequate as an educator. However, her awareness of the misunderstandings indicates staff nurses find her to be approachable and knowledgeable because she is sought out to explain the education. In the world of instant and impersonal communication, a wise and caring education mentor continues to be invaluable.”

—*Lee Diedrick, BAN, RNC*
St. Paul, Minnesota



MAY 16

“I teach pharmacology and community health clinics. In my pharmacology lectures, the students seem to really learn and appreciate when I admit my past medication errors and tell the stories of them. They like to hear how a real nurse makes mistakes, the responses of the patients involved, and most importantly, how the mistakes were ‘fixed.’ Students stay interested and learn that medications are important.”

—*Helen M. (Bitsy) Wedin, PhD, RN*
Marquette, Michigan



MAY 17

“I teach because it gives me unprecedented opportunities to positively influence future nurses in their socialization to the professional role. The role modeling and values that faculty share with students are a critical part of the process of ‘becoming’ a registered nurse.”

–Carol L. Huston, DPA, MPA, MSN, RN, FAAN
Chico, California



MAY 18

“Basic courteousness is not basic to all. Reviewing expectations prior to starting a course and receiving permission from the class to call them out when in violation of an expectation reduces interruptions and helps to maintain civility in my courses.”

–Erin Meredith, ARNP-BC, PCCN
Tampa, Florida



MAY 19

“When considering your students’ evaluations of your class, throw out the best and worst ones and look at what the ‘middle’ evaluations say. These are probably the most beneficial feedback for you.”

–Joni Rothblum, MN, RN, CNE
Palatine, Illinois



MAY 20

“Following a research project poster presentation for an undergraduate nursing research class, a student wrote, ‘Our results were very interesting. It is one thing to read and learn things in a book, but to actually see the results for ourselves made the difference.’ This is a great reminder for us nurse educators on the importance of experiential learning.”

–*Maria Danet Lapiz Bluhm, PhD, RN*
San Antonio, Texas



MAY 21

“Keep a small, lightweight ball that is easy to toss and catch on your desk. Be ready to grab it and use it at the end of an afternoon class or all day training. Toss the ball to participants and ask, ‘What was the most important thing you learned today?’ It’s fun and engaging, and you will receive immediate feedback on participants’ reactions and learning.”

–*Eileen P. Engh, MSN, RN-BC, CPN*
Washington, DC



MAY 22

“A nursing student’s success must be defined as the ability to provide safe, competent nursing care. Nursing faculty success should be defined as providing an environment where the nursing student can grow and develop the ability to independently give safe, competent nursing care.”

–*Katherine Kniest, MSN, RN, CNE*
Grayslake, Illinois



MAY 23

“I think the most unusual situation in which I have taught would be teaching CPR at the local sheriff’s department. We were invited to train all the staff, as well as the inmates. Many of the inmates told us they were very grateful that we came to see them and taught them such a worthy skill. They told us that it made them feel ‘human’ again. I think Florence Nightingale would have been proud of us because we went to a group of people that had nothing at all and left them with an important skill that can be used to help others.”

–*Tammie S. Holcomb, MSN, RN*
Paris, Tennessee



MAY 24

“When I was new in my role, I taught a class to about 100 nurses about an institutional change that wasn’t well-received or accepted. I learned if you let people voice their concerns and actually try to make the changes that are expressed, a lot of problems get diffused.”

–Jennifer Taylor, MS, RN, CCRN
Chicago, Illinois



MAY 25

“Assume charity. Trust your colleagues and their intentions, students and their motivations, and patients and their concerns.”

–Marilyn Valerio, PhD, RN
Omaha, Nebraska



MAY 26

“Do not rush to decisions. Over the years I have made it a rule to ‘sleep on’ any significant decision. Patience is truly a virtue!”

–Judy Beal, DNSc, RN
Boston, Massachusetts



MAY 27

“Nurse educators vary greatly in shape and form, background, and experience; much like the students and nurses who we teach. The beauty of teaching comes when we find our common ground. The educator’s job is to make the path to success as wide and navigable as possible by establishing and maintaining this common ground.”

–*Susan L. Bindon, MS, RN-BC*
Baltimore, Maryland



MAY 28

“I remind nurses to always remember the first time they performed tracheal suctioning. Remember the anticipation, rehearsal, and fear when the patient grimaces upon insertion of the catheter. Remembering these emotions will help them when they instruct family members. As nurses, they need to not only make certain family members are doing the procedure correctly, they also need to be there for them emotionally. That’s being a nurse.”

–*Kathleen A. Stevens, PhD, RN, CCRN, NE-BC*
Chicago, Illinois



MAY 29

“To help stimulate growth and creativity, I will pass out modeling clay or pipe cleaners at the beginning of the class and ask the students to make something out of them. I offer small prizes for the most beautiful, creative, and detailed. It helps to keep the students’ hands occupied with something other than their phones! You would be amazed at some of the things they create!”

—*Bonnie Schranner, MSN, RN-BC*
San Antonio, Texas



MAY 30

“Be visible and active on campus outside of the nursing program. You will be amazed at what you learn from your non-nursing colleagues and how much you will be appreciated. Nursing is often a leader in pedagogy, innovation, and evaluation.”

—*Anita G. Hufft, PhD, RN*
Valdosta, Georgia



MAY 31

“Always remember that you are preparing students for incredibly important work. Although the pressure to give high grades and the difficulty in giving non-passing grades are very challenging, think about future patients. There are some nursing students who may not be well suited for the profession or it may not be the right time in their lives to pursue a rigorous nursing education. We must always keep in mind that the safety and quality of patient care begins in the first nursing class.”

—*Shirley A. Girouard, PhD, RN, FAAN*
San Francisco, California

WHAT YOUR STUDENTS CAN TEACH YOU

Believe in your students. We often expend too much energy on the negative and not enough on the positive. If you give them the confidence to succeed, your students will work hard and flourish. If you make them feel like failures, they will respond accordingly.

Respect your students. They often have more to teach us than we have to teach them. Listen to what they are trying to tell you. It is not about lowering standards—rather, it is about being open to new ways of teaching and learning.

Assess their learning styles. If you are explaining a concept by showing a diagram, remember that the auditory learner may need more verbal explanation. I am a visual learner. I used to get frustrated when, after I presented a PowerPoint diagram, some students looked puzzled. I thought, “Why can’t you see this?” Now I know that I have to present a concept in multiple ways—not only to reinforce the learning but also to meet the needs of students with different learning styles.

Don’t get defensive when a student challenges you or becomes angry. When I was a new faculty member, I spent a lot of time arguing with students and justifying my test answers. Over the years, I developed an ability to listen more closely to student concerns. If I don’t get defensive, the challenge and the anger seem to fade away, and we can move on to real learning.

Enjoy teaching!

*—Diane Jedlicka, PhD, RN, CNS
South Euclid, Ohio*

June



JUNE 1

“Advice for new nurse educators: Find a mentor who will encourage you, inspire you, lead you, and let you be your creative self. The best mentor is not found up on top of a pedestal—they are the pedestal!”

—*Margie Berry, MSN, RN-BC*
St. Louis, Missouri



JUNE 2

“It really does take about six months on the job as an educator before you start figuring out what your job really is. Don’t be too hard on yourself when you first start!”

—*Patty Beginski, BSN, RN, CMSRN*
Everett, Washington



JUNE 3

“When your students succeed, you succeed. When you succeed, your students succeed.”

—*Kathryn Tart, EdD, RN, CNE*
Victoria, Texas



JUNE 4

“It was never my intent to teach nursing. I felt more drawn to the administrative aspects of the profession. That is until I came across a quotation in graduate school by Michael Jones that forever changed the course of my career. I realized that as my working years were waning, it was my privilege in the time left to help future nurses reach their dreams and potential.”

—*Jean A. Stivers, MS, RN*
San Antonio, Texas



JUNE 5

“What I teach the students during the clinical rotations is very important, but I didn’t realize how important it would be for me to say things that build confidence. They need to hear, ‘This area of your care map shows me you really understand heart failure,’ or ‘What you said to that patient really put him at ease,’ or ‘What happened today was not your fault.’ They will remember these statements long after they’ve forgotten the helpful critiques you wrote on their course work.”

—*Robyn L. Miller, BSN, RN, CCRN*
Oklahoma City, Oklahoma



JUNE 6

“The students I value most are those who demonstrate a determination to seek out and achieve the best outcomes for their patients. The hard part, as an educator, is to equip such students with not just knowledge and skills, but with the courage, confidence, and sense of purpose needed to break the traditional paradigms that might get in their way.”

–*Janet D. Allan, PhD, RN, FAAN*
Baltimore, Maryland



JUNE 7

“It fills my heart with joy when I see staff I have trained or provided orientation to who were student nurses and are now coming through as new graduates, then charge nurses, preceptors, and educators. To have had a small part in smoothing the road for their job path in what I believe is the best profession in the world is way cool!”

–*Vicki Enslow, MN, RN*
Seattle, Washington



JUNE 8

“I am forever grateful to the many nursing professors and educators that I have encountered along the way. They were always cheering me on and encouraging me to reach the highest level of excellence in my nursing practice.”

–*Janice Phillips, PhD, RN, FAAN*
Chicago, Illinois



JUNE 9

“Criticism is finding fault, while critique is challenging, expanding, or changing the viewpoint to improve the outcome. Criticism can be demoralizing, while critique is elevating and necessary for professional growth.”

–*Leah L. Curtin, MS, MA, RN, FAAN*
From Pivotal Moments in Nursing, Vol.II; 2007, p. 94



JUNE 10

“Tips for educators: Give each mission equal attention; take advantage of every opportunity; include your faculty peers in publications and presentations; and know when to say ‘no.’”

–*Claudia P. Barone, EdD, RN, LNC, CPC, CCNS-BC, APN*
Little Rock, Arkansas



JUNE 11

“Educators must be creative and able to reach staff nurses in real-world settings. Nurses can no longer attend sit-down classes and still complete their patient care duties. They need education that is to-the-point and available to them quickly and frequently to reinforce learning.”

—*Sue Johnson, PhD, RN, NE-BC*
Fort Wayne, Indiana



JUNE 12

“We have to accept students and patients, be friendly, and still think what knowledge, skills, and attitudes we would like to achieve. The difference between students’ and patients’ education is their expectations. While students often focus on passing the next exam, patients want to better manage their lives. Excellent education of nursing students provides the foundation for excellent patient education—leading to achievement of the goal of improving health outcomes.”

—*Jana Nemcová, PhD, RN*
Martin, Slovak Republic



JUNE 13

“Today is your day—walk it with justified pride. You shape lives. You work with the developing nurse. You select appropriate nurse knowledge, attitudes, and behaviors. With your guidance, the heart, hand, and head of the nurse learner is formed. Your competent caring touches the novice in a unique way. You are the teacher.”

—*Tana Durnbaugh, EdD, RN*
Elgin, Illinois



JUNE 14

“Metamorphosis is for both the young and the experienced nurse. Observing professional partnering and growth guides me in assisting new and experienced nurses to excellence in practice and to accept change as an avenue for growth.”

—*Maureen LaTour, MSN, RN*
Gainesville, Florida



JUNE 15

“I teach some difficult concepts, and as students struggle, they will ask, ‘Will this be on the test?’ I tell them it doesn’t matter, they have to understand this to be effective nurses. Then I’ll tell them that when it’s in the middle of the night and they are alone and know what to do with a patient because I made them learn this concept, I want them to look to heaven and say, ‘God bless my teacher.’ They laugh, but I have a collection of cards, notes, and e-mails that I have received years later letting me how many times they’ve asked God to bless me.”

–*Vida B. Lock, PhD, RN-BC*
Cleveland, Ohio



JUNE 16

“Keep balance in your life. Work hard. Play hard. Make time for relaxation and fun. Live each moment of each day to the fullest. Always find time to stay connected to your family and friends because they’re the ones most likely to remain at your side during difficult times and to celebrate your successes and joys.”

–*Margaret M. Andrews, PhD, RN, CTN, FAAN*
Flint, Michigan



JUNE 17

“It doesn’t matter what I teach, I always learn something from my students and patients. Remember, we can all be in the same room, yet all perceive the situation from different perspectives. It is that person’s perspective you must find to get her or him interested in learning.”

–Doni L. Frost, MS, RN
Jacksonville, Illinois



JUNE 18

“Patience is a key to being a good educator. Being able to stand back and let students or new nurses do what they need to do is sometimes very hard for the educator, but necessary to help the learners.”

–Deborah J. Hopkins, MS, RN-BC, ACNS-BC
Syracuse, New York



JUNE 19

“The act of re-prioritizing to achieve balance in work and personal life is an important skill for the nurse educator. This is a skill to teach others, as well as yourself.”

–Carol Korman, MSN, RN-BC
Akron, Ohio



JUNE 20

“The role of the nurse is to relieve pain for those who are suffering. As a bereavement nurse, the role changes, and you must allow the families to feel the pain, even though it goes against what we were taught in nursing school. Once you understand that there is no ‘magic drug,’ you will be able to walk beside them on this very difficult journey.”

—Michelle Johnson, BSN, RN
Crystal Lake, Illinois



JUNE 21

“Learning should not be limited to the ideas of one (person). Diversity of thought is an essential element to professional expansion—one’s own ego should not become a barrier when preparing the next generation of thought leaders.”

—Florence Schorske Wald, MN, MS, RN, FAAN
From *Pivotal Moments in Nursing, Vol. II; p. 377*



JUNE 22

“We (hospitals) won’t survive without schools of nursing and schools of nursing won’t survive without hospitals. It is time for all of us to step forward and work together in new and innovative ways to support our profession and our next generation of nurses.”

–*Diane Bevis, MSN, RN, PHN*
Oakland, California



JUNE 23

“My hope for all of you is that teaching nursing will never be just a job but will be your passion and conviction in life. You are preparing the next generation of nurses to make a difference in the lives of patients, their families, and the community. We expect great things from you.”

–*Debra C. Davis, DSN, RN*
Mobile, Alabama



JUNE 24

We learn in layers, as we’re able to absorb new information. Repeating the same course or sitting in on orientation is a valuable tool for seasoned nurses; an opportunity that reminds us of the many details that we may have long forgotten.”

–*Paula S. Forte, PhD, MSN, RN, NEA-BC*
St. Paul, Minnesota



JUNE 25

“We stand in a close circle around her, our teacher. Handing out yellow isolation gowns, putting on gloves, preparing ourselves. We are solemn, doe-eyed, and beginning a collective inaudible tachypnic chorus. She tells us about the first time she performed post-mortem care. I am so thankful that she is here.”

—*Shira Ellenberg, Student Nurse*
Chicago, Illinois



JUNE 26

“‘Teach as if you want to stay in the institution and do research as if you are preparing to leave.’ The wisdom in this statement seems simple but crucial to defining career behavior as a nurse educator. It addresses core values of the nursing educator role: Teaching, learning, and strengthening our body of knowledge about those important activities.”

—*Ruth Gresley, PhD, RN, CNE*
Mequon, Wisconsin



JUNE 27

“I use myself as the lighthearted example in most of my stories. Not only does it model self-reflection and taking oneself less seriously, it also gives the learner and me a chance to laugh. Laughter is by far the most underrated healing technique we have as nurses, and it is a powerful teaching technique as well—it oxygenates our brains, relaxes our tightened abdominal muscles, and frees our minds to undefensively take in information.”

—*Pamela (Mel) Bowen, MA, BSN, RN*
Kansas City, Missouri



JUNE 28

“Nursing researchers are known for the questions they ask: What do patients need? What do nurses do to meet those needs? How does that make a difference? To whom? Nurses look at what is important not only to patients and families, but also to other members of the health care team: physicians, pharmacists, social workers, and therapists.”

—*Martha N. Hill, PhD, RN*
Baltimore, Maryland



JUNE 29

“When presenting a session that is primarily lecture-based, I use the following techniques to ensure that the group stays connected to the topic: Infuse short videos into the content to break up the lecture; use case studies to encourage audience participation and to help pull the information together; have the class do a ‘hands-on’ experience; and allow for frequent breaks!”

–Karen M. Conway, MS, RN-BC
Rochester, New York



JUNE 30

“Sometimes the most gratifying moments as an educator stem from little moments. I had a graduate nurse come to my office after a stressful shift. She was in tears and ready to quit. I simply gave her tissues, patiently listened, and then shared some stories of when I was a new grad. A year later she acknowledged me and said I was the whole reason she was still here! She said she would never forget our talk. It can be as simple as listening, but it can change the course of a nurse’s career.”

–Sara Odell, BSN, RN, CMSRN
Denver, Colorado

STAY A STUDENT AT HEART

I have found the nurse educator role fascinating. To start with, nurse educators are innovative, challenging, engaging, and filled with heart—a requirement for meeting the diverse demands of this role. At various times, a nursing educator is a facilitator, consultant, educator, mentor, role model, and leader. For me, being an educator stems from the desire to make a difference.

I am in my third year as an educator. I have found that a crucial component of effective teaching is learning your environment. Become the student so your teaching will connect with those around you. We strive to meet the needs of others so they will continue to grow and move forward. But, remembering to orient, precept, and mentor our own is just as essential. Through mentorship, the experienced educator can encourage novice educators to look outside the box—to be aware of their surroundings and the influences that can impact the learning environment.

I believe that knowledge is a key that can unlock the present and the future. If knowledge is not shared properly, we are doing a disservice to others, thereby making the key nonfunctional. Meeting this goal is challenging, but it motivates me to look outside the box as I engage nurses, the health care team, leaders, peers, families, and community partners.

As life teaches me, I am also humbly reminded that I am forever a student who needs mentoring and coaching to be an effective, engaged educator. A nugget of wisdom: Keep the heart of the student alive and well within you.

*—Wanda Denise Mayo, BSN, RN, CPN
Dallas, Texas*

July



JULY 1

“Nursing has so many opportunities for personal and professional growth. Sometimes when a door opens for that opportunity, we can be intimidated from stepping through by fear or complacency. I believe to move forward, you have to take a deep breath, close your eyes, hold on to your faith in yourself, and take a giant step through that door. Only then can you move toward your full potential.”

—*Diane Fuller, MSN, RN*
Bakersfield, California



JULY 2

“Begin with the end in mind. Many educators focus only on content and getting people to the activity instead of how they will measure behavioral change or organizational impact. Knowing what the desired outcome is helps everyone understand why the education is important. Most people would not attempt a road trip without first determining their destination. Why should education be different? How will you know when you have arrived if you do not know where you are going? Begin with the end in mind.”

—*Gen Guanci, MEd, CAGS, RN-BC, CCRN*
Winchester, Massachusetts



JULY 3

If you precept new nurses and are asked a question that you do not know the answer to, ask them where they would look for the answer if you were not there. Then find the answer together. You teach new nurses how to use resources while you both learn something new.”

–*Mary Ann Lynch, BSN, RN-BC*
Detroit, Michigan



JULY 4

“When you practice a profession, it means you are studying all the time and reviewing what you have done with an understanding that as you do that, you will continually get better.”

–*Margaret L. McClure, EdD, RN, FAAN*
From Pivotal Moments in Nursing, Vol. I, p. 199



JULY 5

“Loving what you do shows, and it is the greatest source of inspiration for the next generation of nurses.”

–*Karen Baguley, MScN, RN*
Toronto, Ontario



JULY 6

“I use the glass of ‘clear-to-dirty-to-clear’ water metaphor as a symbol to link leadership or customer service concepts to culture in the workplace. I begin with a clear glass of water and add substances to the water, each representing a negative action of the concept. The resulting dirty water reflects how actions impact culture negatively. Then I pour clear water into the glass and verbalize positive behaviors. The dirty water turns clear, representing how actions impact culture positively. This method of teaching assists learners with creating an image, helps them process the information in a different way, and provides a better understanding of the concepts.”

–*Lavone Hastings, M.MGT, BSN, RN-BC*
Denver, Colorado



JULY 7

“We have all encountered a student, colleague, or even a boss who causes a deep, sometimes irrational emotional response within us. Step back and ask why. Does it address something lacking in your own personal development? Did you have a negative encounter with a similar individual another time in your life? Asking the questions helps with perspective.”

–*Catherine Garner, DrPH, MSN, RN, FAAN*
Aurora, Colorado



JULY 8

“A prayer I often say is: Please help us explain to students that although families and employment are important, so is education, and if education is not prioritized, a dream may be unfulfilled.”

–*Patsy Maloney, EdD, MSN, MA, RN-BC, NEA-BC*
University Place, Washington



JULY 9

“There is one thing that led me to be a nurse educator. It is the same thing that keeps me in this role: When I am teaching a concept to a nurse, the moment of understanding lifts me up.

I get such personal satisfaction knowing that someone has learned something.”

–*Ginger Leonard, BSN, RN*
High Point, North Carolina



JULY 10

“Teach your students to always think about what is best for the patient and not what is best for the instructor.”

–*Judy A. Didion, PhD, RN*
Sylvania, Ohio



JULY 11

“Develop your own daily ritual to prepare yourself for the day. It might be as simple as a cup of warm tea and a moment to reflect on your blessings.”

—*Lourdes Casao Salandanan, MSN, RN-BC, FNP*
Chino Hills, California



JULY 12

“I become overwhelmed with emotion when I think of quality patient care, and I am passionate about the nurse’s role in this outcome.”

—*Joyce Clifford, PhD, RN, FAAN*
From Pivotal Moments in Nursing, Vol. I, p. 45



JULY 13

“When open to consideration and learning of things I’m not familiar or comfortable with, it is there I often find truths that I never knew and realities never before seen.”

—*Troy Betts, MS, RN*
Madison, Wisconsin



JULY 14

“As a little girl, I would line up my stuffed animals in chairs and hold class. My mom had bought me a blackboard on which to put the day’s lessons. Then, inevitably, one of my ‘charges’ would fall off a chair, and I would have to nurse it back to health. Tough choice, educator or nurse? I chose nursing and for many years practiced my art in a variety of settings, never forgetting my true vocation of teaching. As a staff development coordinator and clinical instructor I have been able to share my seasoned wisdom with novices. How wonderful this profession of teaching!”

—Christine Malmgreen, MA, MS, RN-BC, CHES
Cortlandt Manor, New York



JULY 15

“‘I am a nurse.’ I have said these words to define myself for 33 years. What does being a nurse mean to me? I enter a sacred space with a person and am gifted to share the space with the person—a whole being. The person needs care of the spirit, soul, and being, not just of a disease or diagnosis. I am so aware of the sacredness of nursing every day. I am especially blessed to share nursing with wonderful faculty, staff, and students. I am a nurse, and I am blessed.”

—Sue Idczak, PhD, RN, CNE
Adrian, Michigan



JULY 16

“I have to say that sometimes people want to suck your zest. It is so important to know that we are nurses because we love to care for patients. The other forces around us, including stressed physicians, cranky co-workers, hospital policy demands, and everything else that takes time away from focused, meticulous care of our patients, must not be allowed to take away our zest for our profession and our caring attitudes, caring energy, or our caring hearts!”

—*Luanne Linnard-Palmer, EdD, RN, CPON*
San Rafael, California



JULY 17

“Being an educator continues at home. There are few things more inspiring than a child, full of nonstop questions and a relentless desire to know why everything exists. My kids motivate me to learn more so that I can answer all their questions as best I can. I hope my answers spark their interest to dig further and find out more about the world that surrounds them.”

—*Angela Ridenour, ADN, RN*
Lucasville, Ohio



JULY 18

“I recently helped complete an Advanced Preceptor course for on-line use. This was a two to three year process. My belief system is that all didactic content in the future should be obtained online and educators should only have classes to provide interaction and coaching. Coaching should be done as staff nurses are precepting on their units. This approach will force education to be in the facility 24/7 on occasions. Are we ready for the future of the RN educator?”

—Margaret (Peg) Miller, MA, BSN, RN
Denver, Colorado



JULY 19

“Learning and the development of autonomy follows two theories of evolution: the gradual change over time theory and the punctuated theory in which sudden and dramatic changes propel evolution forward at irregular intervals. Some learning builds gradually, based on previous knowledge and experience. There are also key moments in which learning can occur rapidly based on challenges, events, mistakes, and knowledge-seeking. These events build confidence and test skill development. As nurse educators, it is important to build these types of active learning exercises into our curriculum.”

—Beth Nease, MSN, RN-BC
Glen Allen, Virginia



JULY 20

“While doing service learning in Jamaica, I taught my students cultural, social, economic, and physiologic concerns for the teens who were victims of rape and incest. Suddenly, a teen tugged at my scrubs and asked me to teach her and the other teens how to bathe their babies. So, I role-modeled to my students on becoming instant educators, reaching across cultural and age differences to impact these vulnerable yet impressionable girls. Teachable moments sometimes happen without our realization, yet they are often the most poignant and should be embraced!”

—Cheryl A. Hettman, PhD, RN
California, Pennsylvania



JULY 21

“When teaching a clinical or a nursing orientation class that requires some form of test, I try not to say the word ‘test.’ It has been my experience that depending on the nurse’s habits of learning, the word ‘test’ has a negative effect toward retention of the subject matter. Especially with the Generation Y workforce of today, they want to know what they ‘only’ need to know to pass the test and nothing more, missing the intended subject content.”

—James K. Nickerson, MS, RN, CEN
Tampa, Florida



JULY 22

“Sometimes simple instructions take a humorous turn. When finishing competencies, I gave a nurse a carbonless copy form which had an instruction to ‘sign on the canary copy.’ The nurse asked, ‘Where is the bird that I’m supposed to sign on?’ Questions like this make us all stop and smile!”

–*Maria Ruth Mangonon-Barnes, MSN, APN, CNS-BC
Chicago, Illinois*



JULY 23

“The vast knowledge and experience that we have as nurse educators must be shared. We cannot empower others if we keep this wealth of information bottled.”

–*Mona L. Francis, MSN, CNS, RN-BC
Brooklyn, New York*



JULY 24

“Challenge old traditions with creative innovations.”

–*Wendy M. Nehring, PhD, RN, FAAN, FAAIDD
Johnson City, Tennessee*



JULY 25

“New nurses in the perinatal specialty often are inundated with the many priorities a laboring woman has. One way we facilitate critical thinking related to change-in-status contingency planning is to have a ‘worst-case scenario’ conversation at all reports and hand-off communications. Once the preceptor and new nurse identify the ‘worst-case scenario,’ they develop the plan to manage that potential change in status including reviewing nursing interventions, critical policies, and SBAR communications. This conversation, less than 5 minutes long, develops critical thinking, risk identification, improved communication, and the new nurse’s readiness to provide care.”

—*Suzanne Parsons, BSN, RNC-OB*
Apalachin, New York



JULY 26

“I teach code management in nursing orientation. As a part of the class, I have added a special touch. Each class member is handed a small red card. At the top is his or her name and at the bottom is a small, cutout heart. The orientees are instructed to write two actions that they will do for themselves after they have participated in a ‘code’ or difficult clinical situation. Experienced nurses give me a knowing look, but new nurses look surprised at the notion of planning ahead for such an eventuality.”

—*Joan McKerrow, MPH, RN, OCN*
New York, New York



JULY 27

“When addressing civility in the learning environment, I expect to be working with adults, and I have never been disappointed. If I treat students as eager, adult learners, that is what they become. Perception is everything.”

–*Liane Connelly, PhD, RN, NEA-BC*
Hays, Kansas



JULY 28

“Know your audience. Unless you know who you are teaching, you cannot expect to know what, where, when, and how to teach.”

–*Charlene M. Smith, DNS, MEd, WHNP-BC*
Rochester, New York



JULY 29

“Why reinvent the wheel? Networking with others is a wonderful way to get new ideas to enhance your practice. Sharing your knowledge and expertise with others can enlarge your scope of influence and help others.”

–*Barbara A. Brunt, MA, MN, RN-BC, NE-BC*
Akron, Ohio



JULY 30

“One of the most rewarding experiences I have encountered as a nurse educator was encouraging a direct care nurse to broaden her horizons beyond the limits that she had set for herself. With a little coaching, a timid direct care nurse who is afraid of speaking to large audiences participated in educating her peers in a root cause analysis in the hospital auditorium. As a result, I made a promise to myself that I will always encourage other nurses to go above and beyond what they think their capabilities are because you never know what you will discover.”

–*Yezenia Perez, BS, RN*
Chicago, Illinois



JULY 31

“Investment in intellectual capital and personnel development is critical to the achievement of hospital and corporate goals.”

–*Joanne Williams Reed, MS, BSN, RN*
Chesapeake, Virginia

PASSPORT TO THE WORLD

The joy and pleasure nurse educators experience when they make a difference in someone's perspective on life and career choices far surpass the value of salary and benefits that any educational institution can offer. My life as a nurse educator and administrator has continually enriched me and my family; one complements and strengthens the other. In the early 1970s, I was blessed when my mentors advised me to choose nursing as a career. I have never regretted making that daring choice—at that time, nursing was not the most attractive career choice for a woman in my culture. Nursing truly has been a lifetime endowment that has allowed me to serve my country and other nations as a nurse educator and administrator. I repeatedly tell my students that nursing has been my passport to the world.

Many academic disciplines around the world envy nurse educators for their dedication, good nature, willingness to serve, and endless sacrifices. Through these actions, we create a community of support for one another and for our students.

*—Huda Abu-Saad Huijer, PhD, RN, FEANS
Beirut, Lebanon*



August



AUGUST 1

“I encourage faculty to look at students as clients, starting with a diagnosis of the learning needs based upon the individual’s presentation. In this way, I expect students to exhibit common student behaviors, and I don’t resent them for being who they are. Today it seems that students are quite different in their prior educational experiences, computer skills, and personal values. However, they are still our clients and we have the opportunity to assess and create well-designed interventions in response.”

–*Michael Russler, EdD, RN, FNP*
Fresno, California



AUGUST 2

“As an educator, staying current with new and available technologies for nursing is important. Today’s students go to technology first to find answers before reading books and journals. In the few minutes they are on the web, they will find their answers, write a blog, tweet about the technology used, and make at least three new friends! You must stay current with technology and valid websites.”

–*Mary Lytten Warner, BSN, RNC-LRN*
Portsmouth, Ohio



AUGUST 3

“Students and nursing educators are headed toward a future where quality patient care is possible only with informatics skill and experience. Without such guidance and support, nurses will be unable to function in the complicated and changing world of patient care delivery.”

—*Ainslie T. Nibert, PhD, RN*

From Reflections on Nursing Leadership, 35(1).



AUGUST 4

“Students do not know how much you know until they know how much you care.”

—*Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN*
Phoenix, Arizona



AUGUST 5

“Great teachers have humility and work to reduce any differential in status and power between them and those they teach. Great teachers are constant learners and inspire others to greatness.”

—*Nalini Jairath, PhD, RN*
Washington, DC



AUGUST 6

“I try to keep learning fun and engaging by infusing my personality into what I am teaching. For example, I like to put pictures of my dogs wearing funny outfits in a few of my slides just to keep the learners’ attention. Sometimes playing music as they enter the classroom can set a certain mood. It also helps to allow learners to participate in frequent group exercises, such as puzzles or games. I find this keeps them motivated and enthusiastic about learning.”

—*Leslie L. Binder, MSN, RN*
Scottsdale, Arizona



AUGUST 7

“I delegate responsibilities when I see the experience can lead to the development of the person. Motivating others to take increased responsibilities in decision making and developing leadership attributes is important for raising the standards for the school. Faculty and staff need to be challenged and supported for their efforts. As they grow and develop, I view them as internal advisors to sustain and continue their growth. My style of servant leadership includes knowing when to lead and when to follow.”

—*Anita Hupy Siccardi, EdD, APRN, BC*
Indianapolis, Indiana



AUGUST 8

Nurses or students who claim to have never made a mistake are dangerous, as they are unaware of the errors they have already made.”

*–Katherine Kniest, MSN, RN, CNE
Grayslake, Illinois*



AUGUST 9

“Make rounds on the nursing units and find out what the nurses really need. They don’t always indicate that on a needs-assessment form.”

*–Lori Collett, MSN, RN
San Lorenzo, California*



AUGUST 10

“A ‘best tip’ for educators is to be approachable. Assist staff at the bedside as that is the best time to observe nursing practice that may need improvement.”

*–Jennifer Taylor, MS, BSN, RN, CCRN
Chicago, Illinois*



AUGUST 11

“As a nurse educator, it is sometimes difficult to know if you have truly made a difference, and validation often comes in unexpected ways. I happened to run into a nurse who never made it off orientation and was asked to leave our facility. In the store aisle, she thanked me for all I had taught her and said that two years later she thought of me often. She is happy and successful in her current employment and stated she had me to thank. I was surprised and touched. That chance encounter motivates me every day.”

—*Kristen Bello-Rojas, MS, RN, CCRN*
Mineola, New York



AUGUST 12

“To help remind students that we are all individuals and can do skills correctly, but differently, we make peanut butter and jelly sandwiches. I provide bread, butter, peanut butter, and jelly and ask each class member to make a sandwich. Some put butter under the peanut butter and jelly, some put peanut butter on one slice and jelly on the other, and some put peanut butter and jelly on both sides of the bread. The point is, they are all peanut butter and jelly sandwiches, just with individual differences.”

—*Bonnie Schranner, MSN, RN-BC*
San Antonio, Texas



AUGUST 13

“The transition into academia as a new nurse faculty member can be difficult to say the least. If you find people deliberately making you ‘earn your stripes,’ always doubting your abilities, and belittling your new ideas and willingness to try something new, then take a deep breath, believe in yourself, and go out and prove them wrong. Nothing will hush your critics faster. Also, find the faculty members who believe in you—they are there—
and stick with them.”

—*Tonya Rutherford-Hemming, EdD(c), RN, ANP-BC*
Plainfield, Illinois



AUGUST 14

“As I work with new colleagues in educating them and welcoming them to our department, I try to keep these five things in mind. Speak well of everyone, expect and say the best, be kind and supportive when giving praise or constructive criticism, celebrate other’s joys and support them in their sorrows, and take time and make time to be with colleagues personally when your heart and mind tell you to do so.”

—*Rebecca Schlabach, BSN, RN, CNOR*
Goshen, Indiana



AUGUST 15

“Staff development educators are privileged to help nurses stay at the top of their craft, working and learning along with nurses as they develop their skills and confidence. I believe that the ideas and thoughts we share with others are truly gifts, the kind of gifts that are to be used, not the kind to be stored away in a special box, never to be considered again. We must use them, examine them, try them on for size, think and rethink about the ideas, and always, always pass them on!”

–*Susan L. Bindon, MS, RN-BC*
Baltimore, Maryland



AUGUST 16

“I was eager to provide clinical experience in the Spinal Cord Unit for my group of nursing students. For their patients, I selected young adults who were paralyzed and on chronic ventilators. Four of my eight students came to me during break, choked up with tears, wondering how they could learn to effectively care for the young men, so dependent on others for their every need and so close in age to the students, when the nursing students were so emotionally touched by the situation and their own fears of losing their independence. The next day, I mobilized my resources and called in a mental health provider and a chaplain to speak before my group and share tips on how to effectively care when we are emotionally charged.”

–*Araceli Mendoza, MSN, RN-BC*
Naperville, Illinois



AUGUST 17

“Ask yourself ‘Why? Why is this important? Why would they not want to learn it? Why do they have to learn it that particular way?’

Ponder these questions and you will be two steps ahead in any learning endeavor.”

–Clare Duane, BSN, RNC-NIC
Cincinnati, Ohio



AUGUST 18

“It is important to realize that you will require a lot of help from a lot of people when advancing a forward-looking agenda. You can’t afford to make enemies, and confrontation doesn’t help much.”

–Ruth Watson Lubic, EdD, CNM, FAAN, FACNM
From Pivotal Moments in Nursing, Vol.II; p. 161



AUGUST 19

“In education, our focus is often on what needs to be improved. Take time to also celebrate successes. Talk about them with your peers and use them to energize your team for future projects. Nurse educators do make a difference!”

–Elizabeth Angelo, BSN, RN
Urbana, Illinois



AUGUST 20

“Nurse faculty should prioritize and serve as mentors for students struggling with the question of what it means to be an excellent nurse. Nurses have a responsibility and an obligation to be faithful to those who receive nurse services. In all ways of being and doing, respect and reverence for others should be our most valued priority.

Great opportunities for service to others will unfold in the small things and in the silent moments of nurse with person. The race to be a leader expert is crowded, but the field is wide open to those who are dedicated to serving others.”

—*Constance L. Milton, PhD, RN*
Riverside, California



AUGUST 21

“Three Rules for Handling Tough Situations:

1. Remember that you win some, you lose some. You’re never going to win them all.
2. Don’t take it personal. It’s never personal.
3. Keep smiling!”

—*Muriel M. Shore, EdD, RN, NEA-BC, DPNAP*
Lodi, New Jersey



AUGUST 22

“When nurse educators model in their relationships with each other and with students the interpersonal qualities they want students to develop as they relate to patients—empathy, genuineness, positive regard—the result seems to be learning that is transferable. There is a greater collegial atmosphere within the nursing department, faculty and student interactions are more constructive, and the students who graduate are less likely to be co-opted into an environment where lateral violence is acceptable.”

—*Sandra J. Peterson, PhD, RN*
St. Paul, Minnesota



AUGUST 23

“In my opinion, the ability to honestly reflect on one’s strengths and opportunities for growth—or self-awareness—is the single most important leadership competency one can gain. It is essential to your success as an academic leader.”

—*Judy Beal, DNSc, RN*
Boston, Massachusetts



AUGUST 24

“Years ago my son, Eamon, then age 6, helped me realize that my career was an extremely special vocation. He asked me, ‘Mom, when you were a kid, what did you want to be when you grew up?’ I answered, ‘I wavered between a nurse and a teacher. I was an officer in both the Future Teachers and the Future Nurses clubs. However, I was told that I could not do both and that I had to resign from one club.’ Eamon responded, ‘Mom, you are so lucky because you got to be both a nurse and a teacher.’ I often recall the wisdom of my little boy’s words.”

—*Mary Ann Merrigan, PhD, RN*
Wilkes-Barre, Pennsylvania



AUGUST 25

“Some of the best advice that I received as a new advanced practice nurse was to not get held down in the moment, but to always think about the long-term impact of my work as an educator. Sometimes the preparation and planning that goes into teaching can seem tedious and time consuming. However, the long-term impact is enormous, not only to the nurses, but also the children and families they will care for.”

—*Kim Allen Zimmanck, MS, RN*
Milwaukee, Wisconsin



AUGUST 26

“Your behavior comes from your feelings and your feelings come from your thoughts. No one can make you angry or depressed. A negative cannot stay where there is a positive, so replace negative thoughts with positive thoughts.”

—*Crystal F. Hobbs, MPA, BSN, RN-BC*
Somerville, New Jersey



AUGUST 27

“I have a passion for learning and a passion to share that knowledge with others. Learning is infinite—it never ends.”

—*Anita Mary Stephen, MSN, RN*
Gainesville, Florida



AUGUST 28

“The goal of nursing is quality health care because we are entrusted with a family’s most valuable possession, their loved one. We are gifted with moments in time and those gifts intertwine with the lives of many people who we may never know or who cannot appreciate the decisions we make.”

—*Timothy Vietmeier, MSN, RN*
Ventura, California



AUGUST 29

“Don’t wait until the last minute to develop your course quizzes and tests. When you prepare them up front, even before you develop the course schedule and content for presentation, you find it is easier to link to the course objectives, you find you don’t leave content out because you know what you are teaching to, and you have the opportunity to identify problem areas the students may have in advance, before they take the test or quiz.”

–Anita G. Hufft, PhD, RN
Valdosta, Georgia



AUGUST 30

“Emotional intelligence is one of the most important tools to incorporate into your practice and life.”

–Heather Vaux, BSN, RN, CPN
Washington, DC



AUGUST 31

“As an administrator, I struggle ethically with faculty who set a higher standard for students than they hold for themselves. For instance, faculty will take off points for late paperwork while at the same time they return assignments later than they promised they would. What students learn from this is that if you are in power, you can change the rules to accommodate your own needs.”

–Arlene G. Wiens, PhD, RN
Harrisburg, Virginia

TAPPING THE POTENTIAL ENERGY OF SOCIAL MEDIA

Anytime I bring up social media in a conversation, I get worried. Nurses often shut down—they immediately dismiss social media as a fad, or their eyes glaze over in confusion—when they should be curious and excited.

Social media is not new or scary: It is an evolution. The digital age brought technology and Internet access, providing new opportunities to connect, share information, and post content.

During the digital age, new tools such as blogs, social networking sites, video repositories, and wikis have evolved. Nursing students expect to use technology in their learning experience, and nurses need better ways to share information and translate their knowledge for the public.

Social media creates real opportunities for knowledge translation, health promotion, research collaboration, and advancement of professionalism. These opportunities are what the nursing profession needs, students want, and educators can get excited about.

*—Robert Fraser, BScN, RN
Toronto, Ontario, Canada*



September



SEPTEMBER 1

“Never be afraid to say, ‘I do not know the answer to your question.’ Use this as an opportunity for you and the students to develop critical thinking skills. While you investigate the answer, have the class seek answers as well. Then have a reporting-back session. This allows students to see that professors do not have all the answers; we are human and can admit we do not know something, and we value their input and discussion for answering a question.”

—Ann Tritak, EdD, RN
Jersey City, New Jersey



SEPTEMBER 2

“Our teaching methods need to include assessing learners in ways that verify that they have understood and internalized the information that we have provided. If students do not understand or are having difficulty with the material, then the hardest portion of our job ensues—being able to approach the material covered in a class from a totally different angle to help the learners absorb the information.”

—Roger L. Donini II, BA, BS, RN
Portsmouth, Ohio



SEPTEMBER 3

“Placing the emphasis on ‘learning’ rather than on ‘teaching’ turns the spotlight from you as ‘the teacher’ to ‘students and you’ in partnership to synergistically learn together. It can illuminate and induce growth in learning awareness, creativity, and mentorship.”

—*Joan L. Shaver, PhD, RN, FAAN*
Tucson, Arizona



SEPTEMBER 4

“Effective precepting of new nurses requires a willingness to pass on the knowledge of your specialty area. The concept of ‘legacy’ may be new to some of these preceptors. When we are long gone, the knowledge we impart to others that facilitates new nurses’ learning is truly a part of the lives of these nurses. This is our true legacy, not how much we know when we leave, but what we leave behind in the lives of those we have left.”

—*Lisa Johnson, BSN, RN, CPN*
Topeka, Kansas



SEPTEMBER 5

“Think of the worst nursing instructor you have ever had. Now think of the best nursing instructor you have ever had. You can learn from both of these instructors and decide what kind of teacher you will become.”

–Eric B. Bauman, PhD, RN
Madison, Wisconsin



SEPTEMBER 6

“Offer praise in public and criticism or corrections in private.”

–Joni Rothblum, MN, RN, CNE
Palatine, Illinois



SEPTEMBER 7

“If there is one thing I could inject in every young nurse, it would be the notion that you should approach possibilities with a ‘why not’ attitude, rather than finding a million reasons for not going forward.”

–Marla Salmon, SCD, RN, FAAN
From *Pivotal Moments in Nursing, Vol.II, p.225*



SEPTEMBER 8

“I often hear that nursing faculty work hard—they do. I also hear that the work is worthwhile—it is. Take time to reflect on day-to-day accomplishments and consider how our teaching makes an immediate contribution to the health and well being of students and, through their education, our work has a far-reaching impact on the world in which we live.”

—*Marilyn Valerio, PhD, RN*
Omaha, Nebraska



SEPTEMBER 9

“I passionately believe in nursing research as a tool to help improve the quality of patient care. The greatest challenge for a nurse educator is how to infect undergraduate students with the same passion. Lectures are not enough. Providing students the experience to be a part of a research team on issues they identified in their clinical area, and presenting the study to their peers and faculty proved to be successful. Students reflected that the experience was educational and it made them grasp how vital research is for the health care of the community. Bravo!”

—*Maria Danet Lapiz Bluhm, PhD, RN*
San Antonio, Texas



SEPTEMBER 10

“Enjoy the journey. It is not the destination, but the people and experiences that form our lives.”

–*Janet Mahoney, PhD, RN, APN-C*
West Long Branch, New Jersey



SEPTEMBER 11

“No question, no matter how small and insignificant you feel it is, should go unasked. For those questions that are not asked are the ones that need to be answered.”

–*Ruth Novitt-Schumacher, MSN, RN*
Lemont, Illinois



SEPTEMBER 12

“Many of us are so intent on teaching content and skills that sometimes we forget to listen to our students. I remind myself to try silence so that I hear students’ stories.”

–*Zane Robinson Wolf, PhD, RN, FAAN*
Philadelphia, Pennsylvania



SEPTEMBER 13

“The key to being a great nurse educator is first having a passion for learning. You cannot teach others effectively until you, as a nurse educator, have mastered the material to be taught. Teaching with confidence helps to capture the attention of your target audience and conveys an atmosphere of professionalism that fosters trust between you and your students.”

—*Douglas Slaney, ASN, RN*
New Port Richey, Florida



SEPTEMBER 14

“Take a risk! Reward often is associated with some degree of risk. Never be afraid to try something new. Agree to write an article or chapter in a book on a topic you enjoy. Seek out opportunities to present or speak at a professional meeting. Consider serving in a leadership position in a national organization. Take a risk and get involved!”

—*Kathleen A. Stevens, PhD, RN, CRRN, NE-BC*
Chicago, Illinois



SEPTEMBER 15

“Although the life of a change agent is always a challenge, the life of an untenured faculty change agent may be even more challenging. Maintain your standards, demonstrate your contributions to your colleagues, provide an evidence base for your recommendations and changes, and evaluate changes. Change those things you can in your own teaching and with the students you work with and find colleagues in your own department, in other departments within the university, and in other nursing programs who share your vision and passion.”

—*Shirley Girouard, PhD, RN, FAAN*
San Francisco, California



SEPTEMBER 16

“Having just completed my first year of teaching, I remain in awe of the privilege it is to interact with tomorrow’s nursing leaders. As instructors, we do our best to impart knowledge and best-practice techniques. Still, we have to concede that much of what we have tried to convey will be forgotten. What students will not forget though is how we made them feel in the process. If we want our future nurses to be caring, we need to care about them. The examples we speak by our actions are louder than all of our words combined.”

—*Jean A. Stivers, MS, RN*
San Antonio, Texas



SEPTEMBER 17

“Two words for you and those you educate: set goals. You can see the tasks ahead of you if you list the actions needed and potential barriers in meeting your goals. As you accomplish them, set new goals. Whenever you are weary or discouraged, reflecting on your achievements can be just the right medicine to lift your spirits.”

–Kathy Alkire, BSN, RN
Joshua Tree, California



SEPTEMBER 18

“When encountering new students, I like to do a baseline assessment to help me tailor my teaching. I use ‘WHAT’ to guide my assessment.

Where are they in their education?

How do they best learn and retain knowledge?

(What is their) **Attitude** towards the subject or class?

(What are their) **Targets** or goals?

By getting to know my students, I believe I can make the biggest impact in the time I have with them.”

–Jill Steiner Sanko, MS, ARNP-BC
Miami, Florida



SEPTEMBER 19

“Teaching students and nurses to empower families to make decisions that are right for them is one of our most important jobs!”

–Michelle Johnson, BSN, RN
Crystal Lake, Illinois



SEPTEMBER 20

“If one gets a good education and becomes excellent in what he or she does, it will be recognized and speak for itself.”

–Vernice D. Ferguson, MA, RN, FAAN, FRCN
From *Pivotal Moments in Nursing, Vol. I, p.89*



SEPTEMBER 21

“Respect the process of learning, be open to new ideas, really listen to questions, and remember that you didn’t know yesterday what you know today, and hopefully you’ll know more tomorrow.”

–Vida B. Lock, PhD, RN-BC
Cleveland, Ohio



SEPTEMBER 22

“We are not different than other professions; we cling to our knowledge as a hard-won prize without realizing that knowledge is like the wind that turns the giant turbine, valuable for now, generating a resource for later, but always in need of renewal.”

—*Paula S. Forte, PhD, RN, NEA-BC*
St. Paul, Minnesota



SEPTEMBER 23

“While we must remember that our first obligation is to safeguard and enhance the health of our patients, we should also remember that we are here to educate the next generation of nurses. What a privilege and responsibility we have! We need to nurture them. This requires us to get to know them and to bring them from where they are to a place where they can be the best nurses ever. We owe it to them and to the public to model trustworthiness.”

—*Linda S. Wallace, EdD, RN*
Kokomo, Indiana



SEPTEMBER 24

“I believe the most difficult thing for me in my transition from hospital nurse educator to adjunct faculty for a local state university nursing school has been realizing my power. Nursing students are in an extraordinary situation: difficult classes, many of them trying to balance family life, raising children, unstable marriages, aging parents, deaths of loved ones, and relationships with faculty members that decide whether they become a nurse or not. That is a lot of power. And responsibility.”

—*Robyn L. Miller, BSN, RN, CCRN*
Oklahoma City, Oklahoma



SEPTEMBER 25

“A rewarding side of teaching is that I learn from my students all the time. I learn from their feedback which teaching points, methods, and styles are most effective, and I learn as they share experiences. This all makes me a better educator.”

—*Jill M. Guilfoile, MEd, RN-BC*
Cincinnati, Ohio



SEPTEMBER 26

“Watching staff grow as professionals, advance their careers, make contributions to their organizations, communities, and the nursing profession keeps me teaching.”

–*Erin Meredith, ARNP-BC, PCCN*
Tampa, Florida



SEPTEMBER 27

“Staff learning and sharing of knowledge is an effective strategy for developing new employees, motivating existing staff, and retaining people in the organization.”

–*Joanne Williams Reed, MS, RN*
Chesapeake, Virginia



SEPTEMBER 28

“The nurse educator has the opportunity to serve as a consultant in both formal and informal ways, having a positive influence on the careers of their nursing colleagues.”

–*Carol Korman, MSN, RN-BC*
Akron, Ohio



SEPTEMBER 29

“Great teachers are mentors. They help their students learn for themselves and seek ways to help them grow professionally. Great teachers teach by example and seek opportunities to maximize the benefits of educational activities. As you teach, consider presenting effective teaching strategies at conferences and include your students as co-presenters.”

–*Nalini Jairath, PhD, RN*
Washington, DC



SEPTEMBER 30

“For me, sparking a lively discussion among students is absolutely the best learning experience. A discussion always seems to bring in the affective domain like nothing else. Learners must be emotionally activated in order to really integrate something within them. There is nothing better as an educator than participating in a class of brand new nurses who are excited and enthusiastic about beginning their nursing journey.”

*—Lisa Castellanos, BSN, RNC-OB
San Antonio, Texas*

INSPIRATION

I wrote this inspirational note to one of my clinical nursing assistant students, who is now a graduate nurse.

I can't tell you how much it means to me to watch you grow. I am blessed to be here. I am glad that you are so enthusiastic, and I hope that your passion never fades. Nursing is stressful work, very stressful. You carry your own issues, as well as those of your patients and their families.

Often there is no gratitude whatsoever, but so what? You have much to offer, and you will be amazed when you learn that you have changed someone's life. This may occur as a result of saying the right thing at the right time, or by saying nothing at all—just by being there. It is sometimes so simple, perhaps just a smile. Sometimes it's several years later, but it will happen to you. It may not be a patient—it could be a friend, a person at the grocery store—it could be me.

I learn so much from you newbies. You will learn so much about life. I don't know of any other career that provides the kind of rewards that nursing does. It is so easy to miss the rewards when you get caught up in trying to keep up. At times, you will feel like you are circling the drain. That will happen a lot, especially at first. Focus on your accomplishments, and learn from your mistakes. Unfortunately, that is how we learn. Those are the lessons that really stick.

Most importantly, when you *do* make those mistakes, don't forget to forgive yourself. Do the best you can, learn from the mistake, and then put it behind you. You are going to be great! I see it, and I can promise that you will too. You are powerful—right now—beyond your own comprehension.

*—Daphne Oehlers, BS, RN
Seminole, Florida*

October



OCTOBER 1

“I entered nursing education late in my career after spending many years in practice and administrative roles. During my first two years, I experienced substantial ‘culture shock’ because academic and health care delivery worlds are quite different. Along with very supportive colleagues, the campus programs for teachers at all levels of experience helped me adapt. From them, I learned how to develop a syllabus, organize my teaching around student learning outcomes, create effective student assessment plans, and use the latest technology to enhance my teaching strategies.”

–*Jo Ann Appleyard, PhD, RN*
Milwaukee, Wisconsin



OCTOBER 2

“Achieving certification in their specialty is important to staff. I have felt the proud aura that floats around the units when nurses announce their new ‘certified’ status. Fellow colleagues, who are not yet certified, share the commitment and excitement of their colleagues’ recent accomplishment and become eager to participate in the next certification review course.”

–*Carmen Del Cid, MSN, RN, CPNP*
Chicago, Illinois



OCTOBER 3

The greatest compliment I ever received from a student was “you are a nurse’s nurse.” This type of feedback keeps me going through the tough times.

–*Ethel C. Ragland, EdD, RN*
Lisle, Illinois



OCTOBER 4

“Consistency does not equal rigidity.”

–*Katherine Pakieser-Reed, PhD, RN*
Grayslake, Illinois



OCTOBER 5

“When dealing with a difficult situation, take a deep breath and remind yourself who the most important person is in the situation. Only then can you focus on the best solution.”

–*Lourdes Casao Salandanan, MSN, RN-BC, FNP*
Chino Hills, California



OCTOBER 6

“Watching an expert educator reminds me of my grandmother. She was a wonderfully old-fashioned farmwife who baked pies and mended knees. In hindsight, she was a master of efficiency and expertise. Request her prize pie recipe, and one might hear ‘slice some nice apples, add plenty of sugar and a little butter, pour into the crust, and bake until it looks done.’ Not very impressive! The magic came from years of experience, trial and error, practice, and skill. The same is true with great teachers. What they make look effortless is actually a mix of science, art, experience, and confidence—great ingredients for success!”

—*Susan L. Bindon, MS, RN-BC*
Baltimore, Maryland



OCTOBER 7

“The single purpose for nurse educators is to teach our future colleagues. Let’s appreciate the magnitude of this charge and feel the good that comes with what we are contributing to future generations and humanity.”

—*Judy A. Didion, PhD, RN*
Sylvania, Ohio



OCTOBER 8

“I do not know if social media is yet making huge changes to nursing education, but it is changing how I teach my courses. For example, in the informatics course, I teach students to turn in no papers; all work is done on the web through their own blogs, posting presentations to Slide Share, and engaging other nurses through Twitter. This expands their interactions with nurses from around the world and makes them more aware of the quality and integrity of their work since the entire world can view it. I find it empowers, humbles, and makes them more responsible.”

–*Terri Schmitt, MSN, APRN, FNP-BC*
Bolivar, Missouri



OCTOBER 9

“The future of a nurse cannot be determined by one teacher or experience. The path one travels leads to many forks in the road. The one chosen is not necessarily the end. More opportunities will always arise. The choice is whether to take them or not.”

–*Charlene C. Gyurko, PhD, RN, CNE*
Gary, Indiana



OCTOBER 10

“Make friends with the environmental services and instructional technology staff. If you are setting up conference rooms for classes, they are vital to ensure that everything goes smoothly.”

–Lori Collett, MSN, RN
San Lorenzo, California



OCTOBER 11

“The best advice I received for writing is some of the best advice for teaching as well: Show, don’t tell.”

–Cynthia LaFond, BSN, RN, CCRN
Chicago, Illinois



OCTOBER 12

“An educator has to be able to walk the walk. Talking the talk is not enough.”

–Laura Sink, MSN, RN, CMSRM, CNS-BC
Chesterfield, Indiana



OCTOBER 13

“I have always believed in the power of attitude. Change your attitude, and you will change how others perceive you. In education, this may make the difference between achieving real learning and having them blow off the education as unimportant.”

—*Clare Duane, BSN, RNC-NIC*
Cincinnati, Ohio



OCTOBER 14

“During a recent hail storm, my prized pumpkin patch was hit by golfball-sized chunks of ice. The leaves were torn and laid broken and battered in the dirt. Without much hope for a crop of pumpkins to share with family and friends, I left the plants to struggle through the next four weeks. To my surprise, the pumpkin patch was filled with new growth!

What hope do we have to be renewed when discouraged and broken? New growth is possible! Challenge yourself to overflow with new ideas in teaching. Be creative and reap a bountiful harvest.”

—*Teresa Newby, MSN, RN*
St. Bonifacius, Minnesota



OCTOBER 15

“My instructors recognized qualities within me that I did not know I had. Their encouragement and support helped me stretch professionally to new heights.”

—*Judith Shamian, PhD, RN*

From Pivotal Moments in Nursing, Vol.II, p.287



OCTOBER 16

“I employ unexpected ways to stimulate education and growth. One of my favorite tips is to teach from the back of the room. It is unexpected and it keeps the students’ attention. I will occasionally walk to the front or sides of the room, again, to keep their attention. During discussions, I will sit in the middle of the group.”

—*Bonnie Schraner, MSN, RN, BC*

San Antonio, Texas



OCTOBER 17

“A sense of humor is essential for every nurse educator. This must include the ability to laugh at oneself, both alone and with one’s students.”

–*Katherine Kniest, MSN, RN, CNE*
Grayslake, Illinois



OCTOBER 18

“Leadership is not always noisy or obvious. Sometimes it’s quiet and steady.”

–*Carol L. Huston, DPA, MSN, RN, FAAN*
Chico, California



OCTOBER 19

“When asked to speak or precept in my hectic schedule, I think of all the great nurses who have taken the time to educate and mentor me, and I accept the request every time.”

–*Ann Nelson, MSN, MBA, RN, ACNP-BC, CCRN*
Chicago, Illinois



OCTOBER 20

“You chose nursing. Now continue to choose nursing—as a platform career, as a destination opportunity. Move, change jobs, have a family, but continue to choose nursing. It can take you anywhere and everywhere. This is your life. Live it through nursing and be the best you can be!”

—*Martha N. Hill, PhD, RN*
Baltimore, Maryland



OCTOBER 21

“In a difficult situation, smiling can help in breaking down tension. Smiling might convey to the other person that there is no malice present and it also helps the person smiling to ‘lighten up.’ People feel better when they smile.”

—*Silvia Raquel Park, MBA, BSN, RN*
Chicago, Illinois



OCTOBER 22

“I can’t wait to get up every day and go to work! I know I will be making a difference in someone’s life, or I will be teaching someone how to make a difference in another person’s life.”

–*Kathryn M. Tart, EdD, RN, CNE*
Victoria, Texas



OCTOBER 23

“It’s our turn. Previous nurse educators made the leap from overhead projectors to computers. Now, we must make the leap to mobile learning environments and use the tools available to us—think iPads, iPhones, and Androids.”

–*Rhonda Blender, MSN, RN-BC*
Chicago, Illinois



OCTOBER 24

“I tell nurses all the time that if they treat their patients as family members, they will provide excellent care for their patients. We all want the best for our families, and we want the best for our patients.”

—*Doni L. Frost, MS, RN*
Jacksonville, Illinois



OCTOBER 25

“Words of Wisdom:

Reject rejection.

Ask for advice from the pros.

If you can't say something nice about the people with whom you work, say nothing at all.

Don't take yourself too seriously.

Learn what you must do to do a better job.

Use time wisely because you'll never get it back.

Some days, it's nice to receive a cute greeting card for no reason.”

—*Lois H. Neuman, PhD, MS, RN*
Potomac, Maryland



OCTOBER 26

“One piece of advice that has helped me along the way is to not always think of the ‘teacher’ and ‘learner’ in their formal context. I have learned so much from the nurses I work with, and I often tell them this. Our jobs as educators and students are to learn from each other in order to elevate nursing practice. I see teaching and learning as having a reciprocal relationship.”

–*Kim Allen Zimmanck, MS, RN*
Milwaukee, Wisconsin



OCTOBER 27

“Teaching nursing is a passion that comes from within, but it must be accompanied with learning. It is the inner commitment of a true teacher to persevere so that both the teacher and the learner are connected with the engagement required for learning to take place. With learning, both the teacher and the learner are immersed in an invisible, yet powerful, feeling of inner accomplishment.”

–*Linda A. Streit, DSN, RN*
Atlanta, Georgia



OCTOBER 28

“You know that your teaching is effective when you hear your nurses echo the information to other nurses, multidisciplinary staff, and patients, days and weeks after the inservice was presented.”

—*Anne S. Pohlman, MSN, APN-CNS, CCRN, FCCM
Chicago, Illinois*



OCTOBER 29

“For an education department to survive and thrive, it must be dynamic and proactively meet the organization’s learning needs. It is no longer enough to do the same orientations and classes over and over again.”

—*Sue Johnson, PhD, RN, NE-BC
Fort Wayne, Indiana*



OCTOBER 30

“My answer as to why I became a teacher is simple: When I started to work at the hospital, I met with nursing students, and when I could explain and show them some interventions and they got through it well, I was satisfied. I like teaching and nursing, and to be a teacher of nursing is a unique possibility to connect these two professions.”

—*Jana Nemcová, PhD, RN*
Martin, Slovak Republic



OCTOBER 31

“It is a very rewarding experience to see the look of immense satisfaction registered on a student’s face when he or she gains new knowledge and a clear understanding of a subject, technique, or skill.”

—*Mona L. Francis, MSN, CNS, RN-BC*
Brooklyn, New York

WHAT LULU ERVAST TAUGHT ME

Lulu Mari Ervast was born 4 June 1932 in Calumet, Michigan, USA. She received her nursing diploma from St. Joseph Hospital School of Nursing, her bachelor's and master's degrees from Wayne State University, and her Doctorate in Higher Education Administration from Michigan State University in 1987.

She was tall and thin, wore her hair pulled back tightly, had the stride of a long-distance runner, and had the early wrinkles that mark a smoking enthusiast. We all thought Lulu was pretty old (she was 33), but she knew everything. She taught courses in medical-surgical nursing, maternal-child health, leadership and management, and a senior seminar.

Our clinical times were arranged around those scheduled for St. Luke's Hospital School of Nursing, the diploma program associated with the hospital. Our clinical times were Friday evenings and Saturday mornings. So sets the context of learning from Lulu.

On one of those first Friday evenings, I was assigned to care for a dying man. He was lying in the bed across from the nurses' station—unresponsive, with no family present. The busy nurses were happy to have a student care for this man.

I don't remember much about the care I gave, but I do remember that Lulu came into the room with me. Long after the shift ended, Lulu told me the story of her father's death. She shared how the "nurse" in her let doctors shock him when his heart stopped, while the "daughter" in her had trouble forgiving herself for letting them do that against his wishes. When she finished, she glanced at her watch and said, "Oh, I didn't mean to keep you so long." It was well past the time for the shift to end, and all the others had left.

From this experience, I learned that stories are important; nurses should make good decisions based on patients' wishes and should support the family in decision making; and the shift doesn't always end when the clock says so.

*—Judith Sadler, PhD, RN, NEA-BC
Goshen, Indiana*

November



NOVEMBER 1

“Take one hour each week to list all that you have accomplished—no matter how small—whether grading papers, preparing a presentation, sorting out your e-mail, or responding to a request from the dean. Don’t overlook meeting with students, reading an article to improve your teaching, or giving advice to a colleague. You will be amazed at what you have done. You will realize that while there are things you didn’t achieve, you did do a lot. You’ll also have the opportunity to decide whether your time was used in the best way and what is driving your priorities.”

—Anita G. Hufft, PhD, RN
Valdosta, Georgia



NOVEMBER 2

“Getting certified in your specialty demonstrates to everyone the sincere dedication and commitment you have toward that patient population. The long nights, countless hours studying on days off, and missed family outings is the sacrifice you have taken to better yourself to be the best you can be in the job you love.”

—Carmen Del Cid, MSN, RN, CPNP
Chicago, Illinois



NOVEMBER 3

“I am inspired by colleagues who have made such an impression on people for their teaching styles that they are still discussed years after leaving the institution.”

–*Jennifer Taylor, MS, RN, CCRN*
Chicago, Illinois



NOVEMBER 4

“Let your students teach you as much as you teach them. This way you will never lose your passion for your important work—coaching for the future of nursing.”

–*Charlene M. Smith, DNS, MEd, WHNP-BC*
Rochester, New York



NOVEMBER 5

“What is difficult about being a nurse educator? I am challenged when faculty-student interactions lead to misunderstandings. Courtesy and respect for all persons in the learning process is a must.”

–*Liane Connelly, PhD, RN, NEA, BC*
Hays, Kansas



NOVEMBER 6

“I consider working with new nurses and their preceptors to be a calling. When you impact the practice of a beginning nurse, you have a hand in shaping the care given to every patient that nurse will eventually touch. The impact of your caring professionalism is exponential.”

*–Elizabeth Angelo, RN
Urbana, Illinois*



NOVEMBER 7

“Do not get trapped by the outlines you have prepared or the slides you have designed for the class. Listen to your students and watch their nonverbal communications. These will provide you valuable feedback if they are making the clinical connections you are expecting. If that spark does not happen, do not keep going. Stop. Reach into your own rich history of relevant clinical experiences and bring your students through those experiences with you. They will learn far more than what you had on the slides or your notes, and they will be able to apply what they learned in future practice settings.”

*–Ann Tritak, EdD, RN
Jersey City, New Jersey*



NOVEMBER 8

“I want to encourage young people in nursing to trust in their own capability to develop nursing, because we have a tendency in nursing to feel sorry for ourselves, victimizing ourselves. It is outdated thinking. It is about saying, ‘I can do this, and I can make a difference in my patients’ lives.’”

—*Kirsten Stallknecht, RN, FAAN*
From Pivotal Moments in Nursing, Vol.II, p.364



NOVEMBER 9

“I believe that we learn more from the mistakes we make than we do when everything is done right. Therefore, I expect my students to make mistakes in the simulation lab—much better than making mistakes caring for real people!”

—*Kim Leighton, PhD, RN, CNE*
Lincoln, Nebraska



NOVEMBER 10

“What I teach students during their clinical rotations is very important: How to keep patients safe, how to keep themselves safe, how to deal with family members and reluctant or aggressive physicians, how to spend 40 hours with co-workers, and how to protect themselves from burnout. I teach this so that when the students leave at the end of the day they know that their patients received the best from them.”

–*Robyn L. Miller, RN, CCRN*
Oklahoma City, Oklahoma



NOVEMBER 11

“The heart and soul you uniquely bring to your students is as important as your content and pedagogy. Cultivate your rich humanity and character so you model the best version of yourself. The students will long remember your authenticity and passion for nursing. Let that inspire their practice and careers.”

–*Joanne R. Warner, PhD, RN*
Portland, Oregon



NOVEMBER 12

“I worked for an amazing nurse, educator, and leader who told me to always identify key lessons learned and always celebrate the small wins. I thank her for those wonderful tips that I use daily!”

–*Minna B. Masor, MSNEd, RN, CCRN*
Chicago, Illinois



NOVEMBER 13

“Whether teaching theory or clinical skills, take the time to help your students think through their care for each patient.

Ask questions.”

–*Wendy M. Nebring, PhD, RN, FAAN, FAAIDD*
Johnson City, Tennessee



NOVEMBER 14

“Knowledge is power. If you keep it to yourself, you have it solely. If you share your knowledge (your power), then it comes back to you tenfold.”

–*Michael L. Williams, MSN, RN, CCRN, CNE*
Ann Arbor, Michigan



NOVEMBER 15

“The hardest part of being a nurse educator is motivating the nurses to want to learn. With all the hustle and bustle of every day nursing, most find it hard to find the time or energy to fit in a learning session. You want them to show the same enthusiasm as you have and to realize the importance of continuing education for the future of nursing. Finding creativity and a means of incentive is a continuing challenge that can be achieved!”

–Crystal Shepherd, RN, CCRN
McDermott, Ohio



NOVEMBER 16

“Having the privilege of watching nurse residents grow into nurse leaders and competent clinicians is an amazing experience. Being able to spend the entire first year of practice with them; listening as they relate patient care situations; and seeing a pattern of advocacy, competency, critical thinking, and solidification of who they are as nurses emerge is awesome!”

–Laura Griffith, RN, OCN
Chicago, Illinois



NOVEMBER 17

“Nurse educators should always think of students as they do their clients or patients. We both bring something to the relationship. Our role is to provide a space in which students can safely learn as we care and nurture them into the profession. We also learn a great deal from students. They offer a variety of perspectives and teach us how to be better colleagues and teachers. They teach us how to be more human. Unless we retain our humanity, we cannot be effective teachers.”

—*Arlene G. Wiens, PhD, RN*
Harrisburg, Pennsylvania



NOVEMBER 18

“The most important key to my success as a nurse educator has been finding a mentor. Mentoring relationships are terrific and can improve your performance! My mentor assisted me in developing confidence, applying teaching principles, improving my verbal and written communication skills, and enjoying the challenges and outcomes of my role. Look for opportunities to establish mentoring relationships with experienced educators as well as novice educators.”

—*Wanda Goranson, MSN, RN-BC*
Des Moines, Iowa



NOVEMBER 19

“I know that my teaching is effective. When former students come back and share with me how they remember to apply what they heard me say or demonstrate, when they write emails updating me with their progress, when they come to me for letters of recommendation and later inform me that they have received the scholarship or job offer, I know my teaching is effective through the thank-you notes I receive.”

–*Araceli L. Mendoza, MSN, RN-BC*
Naperville, Illinois



NOVEMBER 20

I have found a very positive way to help students put learning into perspective. I ask that they reflect on assigned readings or experience and focus on insight gained. Then, I ask that they share the insight with a brief application of the insight to their area of practice. Currently they are doing this with weekly course blogs shared on BlackBoard.

–*Sheila A. Haas, PhD, RN, FAAN*
Chicago, Illinois



NOVEMBER 21

“I find one-to-one teaching of students effective, especially for those that need more support than others, because I can target on what the individual learner needs to achieve and make appropriate plans of action.”

–*Mary Jansen Climaco, RN*
London, England



NOVEMBER 22

“First of all, keep a sense of humor and love what you do. This is critical to success. If you are not happy with your job, you will not do it well!”

–*Linda Klotz, PhD, RN*
Tyler, Texas



NOVEMBER 23

“This is my daily tip. It keeps me energized after 16 years as a nurse educator: When you dare to tackle the improbable, the vision of possible widens.”

–*Deborah Davis, MS, RNC-OB, CNS*
Aurora, Colorado



NOVEMBER 24

“As educators, we have the opportunity to make a lasting impact on our students, both as individuals as well as future practitioners of nursing. Sometimes, other responsibilities tend to deplete us of the time and energy that we need to devote to their personal and professional development. I try to keep these words (often attributed to William Penn) in mind: ‘I expect to pass through life but once. If therefore, there be any kindness I can show, or any good thing I can do to any fellow being, let me do it now, and not defer or neglect it, as I shall not pass this way again.’”

–*Wanda Stutts, PhD, RN, CNE*
Boone, North Carolina



NOVEMBER 25

“Two key tips to help with the success of a new nurse educator: The new nurse educator should participate and share knowledge, but also know when to just listen. This is a new position. Take all advice happily. If you look at the advice as someone telling you what to do, this will hold you back and you will not get ahead. Taking advice and suggestions from your peers will only get you ahead.”

–*Silvia Raquel Park, MBA, RN*
Chicago, Illinois



NOVEMBER 26

“A morbidly obese patient in our intensive care unit (ICU) required early ambulation, while ventilated. I was tasked with helping our health care team realize this patient goal. I researched other ICUs’ processes and provided the team with evidence-based practice. Education for the staff was provided. Ultimately we were able to agree on the plan of care. Respiratory therapy rearranged its resources, the physicians were engaged to assist with the daily discussions, and physical therapy arranged additional time to ensure continual support. The nursing staff encouraged the patient and promoted teamwork by arranging all the ‘pieces of the puzzle’ to be in place to ambulate the patient. The whole process was inspirational. This is what being an educator is about—helping people understand that we can do things we have never done before and safely and effectively impact our patients’ lives.”

—Lynn Westhoff, RN
Gainesville, Florida



NOVEMBER 27

“To obtain organizational support for education, professional development must be consistent with the nursing strategic plan and support business goals. You need to explain how the education will support achieving business goals, clearly describe the measurable outcomes, and don’t forget to report back on the impact of the education. Make it easy for your boss and other executives to speak about the return on investment for staff development.”

—Karen Barnes, MSN, RN
Chicago, Illinois



NOVEMBER 28

“Males constitute about half of all patients. Nurses must consider and respond to how gender-related health disparities, both cultural and androgen-mediated, across the life span affect psychosomatic complaints, metabolic disorders, and sexual health problems.”

*—James L. Raper, DSN, JD, CRNP, FNP-C, FAANP
Birmingham, Alabama*



NOVEMBER 29

“After 36 years as a hospital nurse, I finally finished my BSN. I was dreaming about going on for my MSN but was discouraged by some certified nurse specialists that a masters would be a waste of money. I seriously questioned why I was still a nurse for the first time in my career. Was it time to retire? As fate would have it, I assisted with a critical emergency and handed the patient off to the operating room a couple of hours later. A few weeks later, I received a short note of gratitude from the patient. There was my answer, my reason for being a nurse in that simple, touching note. So I am still at it. Doing the best I can with my current credentials to keep teaching the ‘new kids on the block’ and, who knows, someday soon I just may finish school.”

*—Geraldine Vickers, RN, CEN
Albany, New York*



NOVEMBER 30

“In teaching parents, students, or staff nurses the proper technique for providing care of infants, it helps to explain why a procedure has a particular order and what adverse outcome could occur if the action is done in the reverse order.”

*–Terri Duncan, MSN, RN
Elizabethtown, North Carolina*

MIRROR QUALITIES

The nurse educator who thrives possesses certain qualities. These qualities are shared by students who succeed in their chosen area of study. I believe the desirable qualities of the educator mirror the preferred qualities of the student. Respect, truthfulness, caring, commitment, and willingness to work hard are desirable qualities for both the educator and learner. The crucial attribute for success is a true desire and feeling of joy for the experience you have chosen to engage in, whether it is the role of student or the role of educator.

Recently, I had a conversation with a first-year nursing faculty member with 14 years of clinical experience, which included some experience in an advanced practice role. She said teaching was much harder than she anticipated. When an experienced practitioner performs a skill, such as giving a medication or examining a patient, a mental, step-by-step review is not required, because the process has become part of the practitioner's instinctive behavior. Being a new teacher is similar to being a new (novice) nurse.

New nursing faculty members want to get everything right. At first, they focus on content, to make sure all areas are covered sufficiently. As the faculty member gains experience, he or she looks beyond the content, just as the competent practitioner looks beyond the skill. The teacher adds strategies that engage the learner by creating the best learning environment, just as the proficient or expert nurse creates the best healing environment by engaging the client.

For each of us, growth and development take time and mentoring. Look for a mentor to provide honest feedback and listen—just as you want your student to listen to you. Experience the steady movement of time, and enjoy the process of becoming an educator.

*—Marjorie Walker, PhD, RN
Ada, Ohio*

December



DECEMBER 1

“I love being a nurse. The best advice to be an excellent nurse is that you must love what you do and understand that you are there for your patients and patients only. You are the patients’ advocate and the one they need to take the absolute best care of them. They depend on us to be there to take care of them and be compassionate and patient.”

—*Angela Briguglio, MSN, RN, APN, ACNS-BC*
Schaumburg, Illinois



DECEMBER 2

“It was hot. I was tired. Suddenly, my student said, ‘I don’t think I can do this!’ We were setting up our first health clinic in a remote village in the Dominican Republic. I asked, ‘Tell me what you mean?’ She nervously shared her fears of caring for the patients she anticipated we were going to see. People who, in her mind, looked and acted very different from her Midwestern patients. I listened and helped her to remember her assessment skills and reassured her that I and the other students would be with her the whole time. The next evening during our sharing time, after caring for more than 140 patients, she jumped up and proclaimed, ‘Yes, I am going to be a nurse!’ Five years later, she is still practicing as a nurse.”

—*Becca Cartledge, MSN, RN, FCN*
Indianapolis, Indiana



DECEMBER 3

“Recipe for a Nurse Educator

1 Cup of Clinical Nursing Skills

1 Cup of Seasoned Clinical Nursing Knowledge

1 Cup of Commitment to Teaching and Patient Care

1 Cup of Consistency

Blend ingredients and create a well-prepared instructor who can effectively define course objectives and communicate the class content with passion and energy.”

—*Helen Carr, MSN, RN, CMSRN*
Baltimore, Maryland



DECEMBER 4

“Sometimes educators have to change their roles first, but may never know if that was a correct choice. A few years ago, nursing shortages were especially felt in the OR. It was at this time that our chief nursing officer approached me about becoming the clinical educator for surgery and creating a perioperative fellowship. One of the nurses who applied had worked on the ortho unit for 15 years, but had always wanted to work in surgery. I came into the OR to check things out and tripped on some tubing. I teased her, saying, ‘I know you’re not fond of me, but don’t try to hurt me!’ It was then that she looked at me very seriously and said, ‘Not like you? If it weren’t for you I wouldn’t be here!’ It was then that I knew I had taken the right path in my career.”

—*Christine Carsten, MS, RN, CNOR*
Burr Ridge, Illinois



DECEMBER 5

“Change is an opportunity—an opportunity to grow, to discover, to risk, to thrive, to make a difference.”

—Bernadette D. Curry, PhD, RN
Rockville Centre, New York



DECEMBER 6

“Experienced nurses provide care based on a deep understanding of clinical situations. Encourage them to share their thought processes with less experienced nurses.”

Barbara A. Brunt, MA, MN, RN-BC, NE-BC
Akron, Ohio



DECEMBER 7

“Be present with your learners. Listen with your heart. Teach with gentleness and caring as you share knowledge and wisdom while nurturing the future of nursing.”

—Pamela S. Clementi, PhD, APRN, FNP, BC
Joliet, Illinois



DECEMBER 8

“One of the finest gifts I have received is the mentoring and guidance from other expert nurse educators. Their wisdom and expertise in understanding caring, while teaching me how to teach nursing, is my touchstone as I care for the nurse who I am guiding or teaching in my present role. Let us always remember to nurture as we guide, considering the soul of the learning nurse, to ensure that the true meaning of caring is sincerely known and will be shown for those we nurse.”

—Margaret (Peggy) Balster, MS, RN-BC, CNE, CHC
Chugiak, Alaska



DECEMBER 9

“Advice received from a nurse mentor in 1975:

‘To advance your nursing career, don’t think that you are indispensable, don’t be afraid to do something daring, don’t be afraid to move on, don’t be afraid to follow your heart, don’t be afraid to learn from the faculty you teach with and particularly from your students, and remember to leave with the place better than you found it.’

Always know that any one place was there long before you came and will be here a long time after you leave.”

—Susan H. Davis, EdD, RN
Louisville, Kentucky



DECEMBER 10

“Establishing yourself as the authority is a challenge for nurse educators. Dress the part of the ‘educating superhero.’ I would throw on my ‘cape’ in the form of a stethoscope and wear my badge. As I became more comfortable in my role, I set my superhero costume to the side. Eventually, I stopped bringing the costume.”

–*Theresa M. Bacon, MSN, RN, CPON*
Albuquerque, New Mexico



DECEMBER 11

“Toss a stone in the water and watch the ripples form, grow, expand, and make a difference within and beyond sight. The rewards of teaching flow from this experience.”

–*Elizabeth A. Gazza, PhD, RN, LCCE, FACCE*
Pittsburgh, Pennsylvania



DECEMBER 12

“Nurse educators are like lighthouses: A beacon of hope for the learner. What is unknown can now be known, winding you through the spiral of steps to the top. Where you now look with new vision, and shine your light to the next generation.”

–*Barbara Jean (BJ) Phelps, RN-BC*
Gainesville, Florida



DECEMBER 13

“Times and people do change.”

–*M. Elizabeth Carnegie, DPA, RN, FAAN*
From Pivotal Moments in Nursing, Vol.II, p.35



DECEMBER 14

“The students are our patients now. If we teach them in a caring, nurturing way as we would care for the patients, then we will have reward in their successes as they care for the sick, well, individual, or community. Patient-centered care is student-centered education for the nursing educator.”

–*Fara Bowler, MS, APRN, ANP-C*
Denver, Colorado



DECEMBER 15

“Burnout can happen in education just like in bedside care. Always remember that what we do every day is valuable. I recently received feedback from a department manager following a class about evidence-based practice (EBP). ‘I just wanted you to know...My staff said that what you did on EBP helped them finally clear the cloud in their minds about it. You made the topic very interesting!’ Learning brings us joy regardless if it is our first day in teaching or, like me, 30 years later.”

—*Joan Burttram Carlisle, DNS, PNP-BC*
Birmingham, Alabama



DECEMBER 16

“I describe my role as ‘helicopter pilot’—I take nurses up to that 10,000 foot level so they can see their practice in a fresh perspective and they can see how their work fits with everyone else’s efforts.”

—*Paula S. Forte, PhD, MSN, RN, NEA-BC*
St. Paul, Minnesota



DECEMBER 17

“Frequently I encounter friends I’ve not seen for awhile and they always ask, ‘Are you still a nurse? What do you do?’ When I answer, ‘nurse educator,’ they usually say ‘so you’re not a real nurse anymore?’ I always smile and explain that I still care about and for patients but now I do it by ensuring the bedside nurses who provide direct patient care maintain a high level of skills, knowledge, and competency. I know I have been successful when I see my peers caring for patients with the compassion and skills that comes from that knowledge.”

–*Kathleen L. Garrison, MSN, BSN, RN*
Manassas, Virginia



DECEMBER 18

“As nurse educators, we must remember not to teach only as we see fit, but to find out how our students want to learn. Making it meaningful to them is the key to sparking that excitement for learning that our nurses will need to continue to further this great profession! Our ability to adapt is one of our greatest assets.”

–*Heather Casper-McLay, MS, RN*
Sioux Falls, South Dakota



DECEMBER 19

“When I am teaching nurses, I very rarely answer questions with answers. I usually answer questions with questions. I remind the learners that they have everything in their brains already. They just need to bring it out. By guiding them on how to answer my question, they learn more than the answer. They practice critical thinking, review physiology, and increase their confidence.”

—*Ginger Leonard, RN*
High Point, North Carolina



DECEMBER 20

“I love being a nurse educator. I think of myself as a bridge between the latest evidence-based research and the everyday practice of our nursing staff. My job is to make that connection quick and easy. I try to connect nurses in as many different ways as possible—e-mail, posters, formal presentations, five-minute huddles, and an updated communication book—to reach nurses who would traditionally be hard to keep up-to-date.”

—*Sinamon M. Bovey, RN-BC*
Anchorage, Alaska



DECEMBER 21

“When giving feedback (to faculty, students, or staff) frame it within a ‘positive-negative-positive sandwich.’ Address the positive, then negative, and end with a positive.”

–*Dianne Morrison-Beedy, PhD, RN, WHNP-BC, FNAP, FAANP, FAAN*
Tampa, Florida



DECEMBER 22

“When teaching challenges arise that I cannot solve, I turn to my fellow nurse educators for inspiration. I find that continuous fellowship with my educator colleagues motivates me. I feel like I am doing something really important every day.”

–*Lisa Castellanos, RNC-OB*
San Antonio, Texas



DECEMBER 23

“Every day brings new experiences in nursing, so be aware and absorb all that you can.”

–*Heather Vaux, RN, CPN*
Washington, DC



DECEMBER 24

“Advice for the new nurse: At the end of the day, think about the best thing that happened to you today. If the best thing you can come up with is that the shift ended, acknowledge that, and come back tomorrow ready to do your best for your patients and their families.”

—*Mary Ann Lynch, RN-BC*
Detroit, Michigan



DECEMBER 25

“Continuing education of nurses in an acute hospital setting requires that the learners dictate the best time to learn and also that they be proactive in deciding how they learn. Without buy-in from your stakeholders (learners), no meaningful learning can take place. Respect those you teach and you’ll all reap the rewards.”

—*Stacy E. Wahl, PhD, RN, CCRN*
Manhasset, New York



DECEMBER 26

“As any great nurse educator may tell you, education is filled with many challenges and opportunities. As we educate nurses from novice to expert, we change lives. Each day continues to maximize your impact by ensuring nurses have the skills and competence to provide excellent care.”

–*Stephany W. Coleman, MSN, RN*
East Bernard, Texas



DECEMBER 27

“As I progressed through nursing school, I came to love what nursing truly entailed and that it was not just a job with a great schedule. My faculty members both inspired me and lit a fire in me to not only care for patients, but also to teach others to care for patients. After my first year of working as a nurse, I learned the importance of a clinical education. Six years later, I decided it was time to enhance my academic knowledge of nursing and realize my dream of becoming a nurse educator.”

–*Kelly Inoue, MS, RN*
Woodstock, Georgia



DECEMBER 28

“I have had the privilege to be a clinical educator for the perioperative areas for more than 11 years and when times get difficult, I recall a conversation I had with my daughter when she was only 10. After a particularly stressful day, she asked me if I liked my job. I didn’t want to respond based on the bad day I had experienced, so I calmly and truthfully answered that yes, I did. I resumed what I was doing only to hear her small voice ask, ‘But why mommy, why do you like your job?’ I told her that sometime in the future her mommy, her sister, or even she might need to have surgery and I wanted to make sure that only the best nurses were taking care of us all. She looked at me and smiled and just said, ‘Okay.’ Even now, I still want only the best nurses taking care of my family and everyone else’s.”

–Linda Boley, BSN, RN, CNOR
Louisville, Kentucky



DECEMBER 29

“My sister and I are very close. She has been my inspiration to reach back and educate new nurses. Her struggles to navigate the world of nursing education as a student stimulated me to be a better and more innovative educator. My sister; my friend; and now my peer as a nurse educator, Debbie, I thank you for your perseverance!”

–Elissa Harmon, MSN, RN, CCRN
Philadelphia, Pennsylvania



DECEMBER 30

“Great opportunities may result from asking the question ‘why not’ and seeking support to reach for what seems improbable.”

—*Marla Salmon, ScD, RN, FAAN*

From Pivotal Moments in Nursing, Vol. II, p.237



DECEMBER 31

“As the year ends, take a moment and reflect about being a nurse educator. You make a difference every day. The world is changed because of you—students, patients, nurses, communities—all are impacted by your teachings. Thank you for all that you contribute.”

—*Katherine Pakieser-Reed, PhD, RN*

Grayslake, Illinois

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