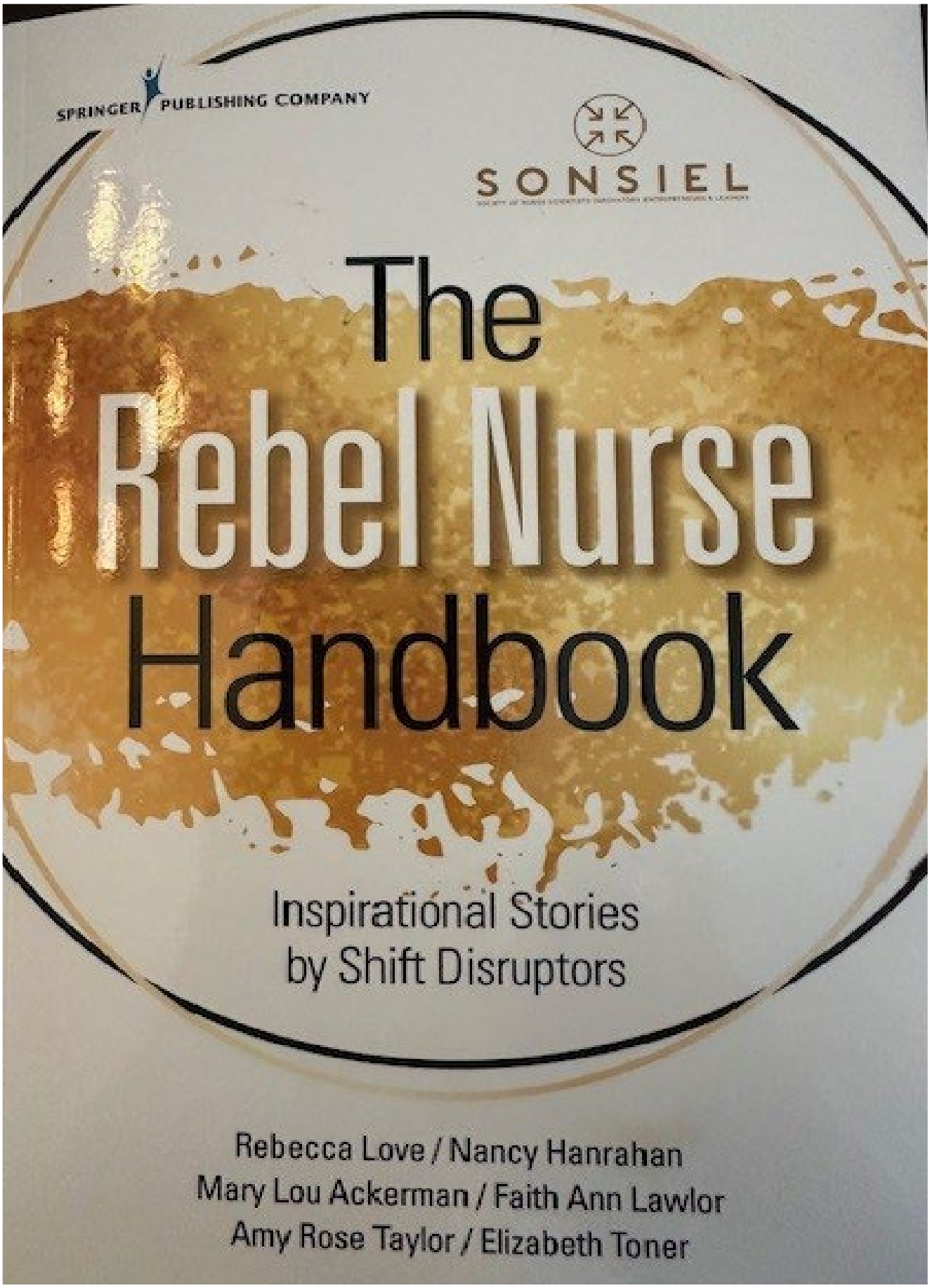
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My Roadblocks Were Simple Redirections to the Path I Was Meant to ~~Take~~ Blaze!

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"The world's health depends on nursing, and the possibilities to impact global health are limitless if we view them in the ongoing lens of hope."

I grew up in Youngstown, Ohio, a steel town, blue collar in every way. Although education was valued by my mom, and I was expected to do well in school, college wasn't in the plan. My mom, brother, and I were poor, if you were to categorize us by income. However, my mom was a pioneer. She raised me through charity work with the Ohio Bell Telephone Company Pioneers. We collected and distributed food, clothing, shoes, and toys for children; fed elderly residents in nursing homes; and spent every holiday celebrating with pediatric residents at her favorite handicapped children's home. This charity work was nothing remarkable, it was simply something we did.

I knew organically that I was a disruptor, before it was ever such a thing. In high school, I quit cheerleading, gymnastics, and track to find authentic, meaningful circles. Soul searching, and the death of three of my four closest friends in a car accident my senior year, steered me to a small town. I lived in a farmhouse without a TV, phone, or stereo, and I went to nursing school. I continued to quietly find my way without distraction in the solitude of my little farmhouse. I was more present in each day and in my studies than I had ever been in my life. Hocking College had a 2-year program; year 1: Licensed Practical Nursing, and year 2: Registered Nursing, after a mandatory 6-month work prerequisite. Six students were selected to be exempt from the work requirement. I was one of the six.

The disruption continued. I refused to wear my nursing cap to clinical, and was promptly sent home, yet continually asked why everything was done the way it was, and continued to challenge every status quo. From challenging the culture of standing up so physicians could sit down, to advocating for pain medicine for patients dying with cancer, there was no shortage of trips to the head nurse's office for insubordination during my tenure in the hospitals; nor were their shortages of trips to my dean's in academia. My good friend Ruth Gallagher, PhD, RN, has kept my council throughout my career; and even when I was certain *I* was the problem, that *my behavior* was a pattern that consistently made me *persona non grata* during my employ, she reminded me that I only say what everyone in the room is thinking.

I knew nursing was continually changing, and that I would be forever learning. Clearly naïve, I was certain everyone in healthcare embraced this same quest for knowledge. After one year of nursing as an LPN, and then one additional year as an RN, in a small rural hospital in Southeastern Ohio, I joined Children's Hospital in Columbus, Ohio. It was the height of the AIDS epidemic, pediatric patients were the largest population with HIV, and Marie Manthey introduced us to primary nursing. It was a terrifying, yet an exciting time in healthcare for nurses. We began to lead cooperative-organized care delivery.

I was exposed to the latest evidence-based practice (EBP) standards in the country, and affiliated with the esteemed Ohio State University. After 2 years, I found myself in charge of Children's Hospital's Level I trauma center at the pinnacle of my clinical career, while I also finished my bachelor's of nursing degree. Innovation seems commonplace today, but at the time,

it was uncharted territory, yet innovation and disruption were all we seemed to do then! We perfected pediatric cardiovascular surgeries, saved premature babies with appropriately sized equipment unavailable just months prior, and functioned like a well-oiled machine. We were a cohesive, collaborative, and respectful team of physicians, nurses, technicians, respiratory therapists, child life specialists, chaplains, firefighters, and paramedics in the beginning stages of a framework that would become a model for interprofessional collaboration and teamwork.

At the time, I continued to work in pediatric emergency at All Children's Hospital in St. Petersburg, Florida, working night shift on weekends, and eliminating my need for a babysitter for my two daughters. In 1998, I experienced yet another devastating loss. The close friend who had survived the first accident in high school died in a motorcycle accident. This experience, nearly 15 years to the date from the first accident, left me unmoored and looking for purpose. Then, in April 1999, two adolescents shocked the world at Columbine High School in Colorado. As an ED nurse, I was compelled to try to stop kids from shooting. I heard myself say, "Someone has to do something!" As a response, I founded Envision Learning Corporation in May 1999, a 501(c)(3) nonprofit organization. This was my first step toward healing, and my first endeavor at entrepreneurship. While launching Envision, I earned my master's degree in nursing education in order to be better equipped to teach adolescents and adult learners, and finally, to understand curriculum design.

At Envision, cadres of dedicated, emergency pediatric nurses and student resource police officers teamed up to provide 10-week conflict resolution programs for first-time adolescent offenders. We would meet at police substations in underserved neighborhoods, and work with teens and their parents to keep them out of trouble. We maintained an 87% nonrecidivism rate, and our team volunteered throughout Pinellas County schools to provide violence prevention education to high-risk students.

After 20 years as a pediatric emergency night shift nurse, coordinating Envision Learning Corporation for 5 years, and raising a family, I joined the ranks of academia. I taught pediatrics and critical care at the local community college, and naturally migrated toward further education. I was accepted to the PhD program of the College of Public Health at the University of South Florida. Because of my life and ED nursing experience, my research interest was adolescent resilience.

As I taught high-risk kids who were first-time offenders, I saw the impact and influence of having a low socioeconomic status, which I had personally experienced as a child. I wanted to understand why I was able to overcome my circumstances and contribute to society successfully, while many others in similar lower socioeconomic environments could not. Through my years of research, I found that the two most important and consistent characteristics for resilience in children, besides having an average intelligence, are the expectation placed on a child's behavior and performance (which may not necessarily come from the parent), and, overwhelmingly, a feeling of hope. Resilient children are those who can see beyond their current circumstances, and instead, *see what could be*. That was my mindset in Youngstown, and now in nursing.

While pursuing my research, I had a consistent rotation teaching at a 220-bed local hospital with endless opportunities for improvement. I was approached by the CNO and head physician of the cardiovascular team. They wanted a director of nursing who could raise the level of nursing care to match the level that was being observed when my nursing students were working on different hospital units. The leadership team identified that I had cultivated an engaged workforce and a collaborative learning environment, through training I was able to provide with my students. They invited me to become the assistant CNO to replicate that collegial learning environment in the workplace.

Eager to elevate the performance of nurses at the bedside, and thinking I could make a much larger impact on the nursing workforce, I took the job. I was challenged with new

problems: higher acuity patients, staffing shortages, knowledge and experience shortages, poor skill mixes, and technology that was intended for safety, but hindered efficiency. Often, what was meant to increase safety, promoted unsafe practices and shortcuts. Within months, the big picture became clear. I realized the enormity of the academic-to-practice gap: rapid technological improvements, attention paid to the patient experience, and a shift to value-based care and quality patient outcomes.

I'd read Berkow, Virkstis, Stewart, & Conway's (2009) article that indicates nearly 90% of nurse educators think their graduates are ready to safely practice, versus the 10% of hospital administrators who believe this to be true, and after the longest year of my executive life, I knew it was true. I returned to academia to identify the primary gaps between what was taught, what was practiced, and what were the latest EBP standards.

As a novice faculty member, I taught students at a level they could only aspire to be, an expert one, but left out fundamental basics that needed to be reinforced and validated, such as handwashing. As I grew and refined my understanding, I moved into roles where I could drive home EBP standards. I became a program director, assistant dean, and dean for one of the largest nurse educators in the United States. I continued to struggle to close the gap through academia. I was selected to participate in Johnson & Johnson's Campaign for Nursing's Future Faculty Leadership and Mentor Program and received the National League of Nurses Health Information Technology grant in 2009.

However, I felt I was missing a key element of the picture: the actual Transition to Practice process. I joined a leading U.S. company that pioneered nurse residencies after the publication of the Institute of Medicine's seminal report, *The Future of Nursing: Leading Change, Advancing Health* (2011). For two years, I became part of the inner workings of hospitals, ranging in many different sizes, which built the foundation, through research and EBPs, for the Transition to Practice programs utilized in the United States.

Finally, I knew what to do. I approached the president of the college I had previously been affiliated with, and asked him to support an incubator company dedicated to supporting *nurses in transition* with evidence and training that was just-in-time. It would not only improve nurse competency, satisfaction, and retention, but would improve patient outcomes. As executive director of this new company, I developed an online learning and benchmarking platform that closed the academic-to-practice gap among U.S. nursing school graduates. The platform became so successful, it was acquired by one of the largest hospital groups in the United States.

Just before the acquisition, a young boy named Patrick had been suffering from a congenital heart condition in his hometown of Jinja, Uganda. Patrick was flown to the United States for treatment. Unfortunately, the condition had taken its toll on Patrick's small body and he died soon after arriving. Patrick's sister had a similar heart condition, and she and her mom returned to the United States for what became a successful surgery and outcome. She was accompanied to the United States by the chief executive officer and the chief medical officer of Whisper's Magical Children's Hospital in Patrick, and his sister, Gift's, hometown. Both leaders held that the most important need they have is education. Within 2 months, all the nurses and physicians at Whisper's Children's Hospital in Uganda had access to the latest EBP-learning modules I developed, and I was on my way to Uganda to learn about their work, to collaborate, and to share up-to-date knowledge about pediatrics.

What has seemed like chance happenings throughout my career, have culminated with the creation of Global Nurse Network (GNN). GNN's vision is to sustain and support well-being and care delivery worldwide. Our mission is to globally connect expert nurses to practicing nurses, instantaneously, for the betterment of the health of our communities. We use a learner's mindset, and work alongside our healthcare delivery

partners and patients to learn their needs and wants. This process is instrumental in the co-creation of ideas driving the development of new intentional teaching models and execution.

Going back to my roots and my undeniable sense of hope, I can say I agree with Cornel West when he says, "I'm a prisoner of hope" (Smith, 2006, p. 160). He says hope is different from optimism, "Hope looks at the evidence and says, it doesn't look good at all. Doesn't look good at all. Gonna go beyond the evidence to create new possibilities based on visions that become contagious to allow people to engage in heroic actions always against the odds, no guarantee whatsoever. I am a prisoner of hope" (Smith, 2006, p. 160). The world's health depends on nursing, and the possibilities to impact global health are limitless if we view them in the ongoing lens of hope.

SUPPLEMENTAL RESOURCES

- Nationwide Children's Hospital. Columbus, OH
  https://www.nationwidechildrens.org
- Johns Hopkins All Children's Hospital. St. Petersburg, FL
  https://www.hopkinsallchildrens.org
- College of Public Health at the University of South Florida
  https://health.usf.edu/publichealth
- National League of Nurses Grants and Scholarships
  http://www.nln.org/professional-development-programs/grants-and-scholarships
- Whisper's Magical Children's Hospital
  http://www.whisperorphans.org/US
- Global Nurse Network
  https://globalresearchnurses.tghn.org