

So, several questions have come up about how do board members make the decisions that they do? So it's a seven-member board, and obviously you want an odd number so that you always have a tie-breaker so that you are not deadlocked when you are making decisions. Currently, what has come into question is my ability as a nurse, a medical professional, and a former educator and what does that contribute to my ability to make decisions?

The thing that I rely on most, throughout my career, is my ability to make a quick assessment, and then a diagnosis. So, this is called the nursing process, ADPIE. Assessment, diagnosis, plan, intervention, and evaluation. That happens multiple times throughout the day as I'm looking at something and it's a natural carryover into my work and into my endeavors. An assessment is what's going on right now, what needs to happen. Diagnosis - you have congestive heart failure. This is what we need to do. Plan - these are all the steps you need to take in order to arrive at a reasonable resolution. Intervention - actually carrying out the plan. And then the evaluation piece - how did it go? Was it good, was it bad? What parts do we keep, what parts do we retool, and what parts do we absolutely need to throw away? That's constantly in my mind as a nurse. For over 20 years, this is how I've been trained to think and this is how I think about all the things that I encounter. I think that's important when you have a room of leaders. There are some awesome people that are on the school board, but they are not nurses and they don't think like nurses. They also don't think from the nursing perspective.

A short example - let's make it easier for teacher to handle boo boos in the classroom. So a boo boo - a finger, what are they called - paper cuts? A paper cut in the classroom, maybe a bloody nose, something like that. Especially in this era of Covid, where we want to keep down going in and out of the room, keep down wandering in the hallway, keeping track of students, right? Because teachers already have to teach on the screen, teach to the students who are present, disinfect between every class. They have to keep track of who is going to the bathroom, and the assigned seating, and on and on and on. So, who wants to add another step? So, in the example that I am going to give you - a paper cut - the teacher has a supply of bandaids in the classroom. Just because it's a simple paper cut and it should be something that anyone can handle, right? Here's where the problem is, and this is where the nurse's thinking differs.

We are a very litigious society and some people look for opportunities. So, let's say that paper cut gets a bandaid - the teacher is not trained in knowing whether or not that's infected. Now, most people understand - this is an example - most people are going to understand what an infection is and things like that. The point is, this person is a teacher. They are not a nurse. And in doing those nursing actions, that leaves them open to liability. For a parent to come back and say "you made a nursing decision, yet you're not a nurse. I'm going to sue you."

So when you are comprising or choosing members for a board, we have lawyers, we have former educators, we have business people, we have medical professionals, we have other professionals. It's good to have a mix. But, whenever you have a nurse represented in any board, in any decision-making, this is the process she's going to follow - she or he, and the

reason being, we need to be able to see what are the good outcomes and what are the bad outcomes in every situation.