



# *Editor's Piece:*

## Share-A-Meal:

**By Alexandra Weinstein, SNA Media Director, Basic BSN'18**

Last week I participated in my first Share-A-Meal with the Ronald McDonald House (RMH) at Arnold Palmer Medical Center. I highly recommend students get involved with this organization since it significantly changed my outlook on patient care from a family point of view.

This was an entirely new experience for me, so thankfully I was accompanied by a couple of students that had volunteered with RMH before. We started with a plan for dinner that would work for our college student budget. The final decision was a Spaghetti dinner with a choice of meat sauce, meatballs, or traditional pasta sauce (vegetarian), garlic bread, Caesar/garden salad, and cookies for dessert. We arrived two hours before “dinner time” to cook the meal in the RMH industrial sized kitchen. The kitchen was clean and nicely kept, so we cleaned while cooking to avoid making a huge mess. I love to cook, so this was a little bit of a stress reliever for me. I didn't think about

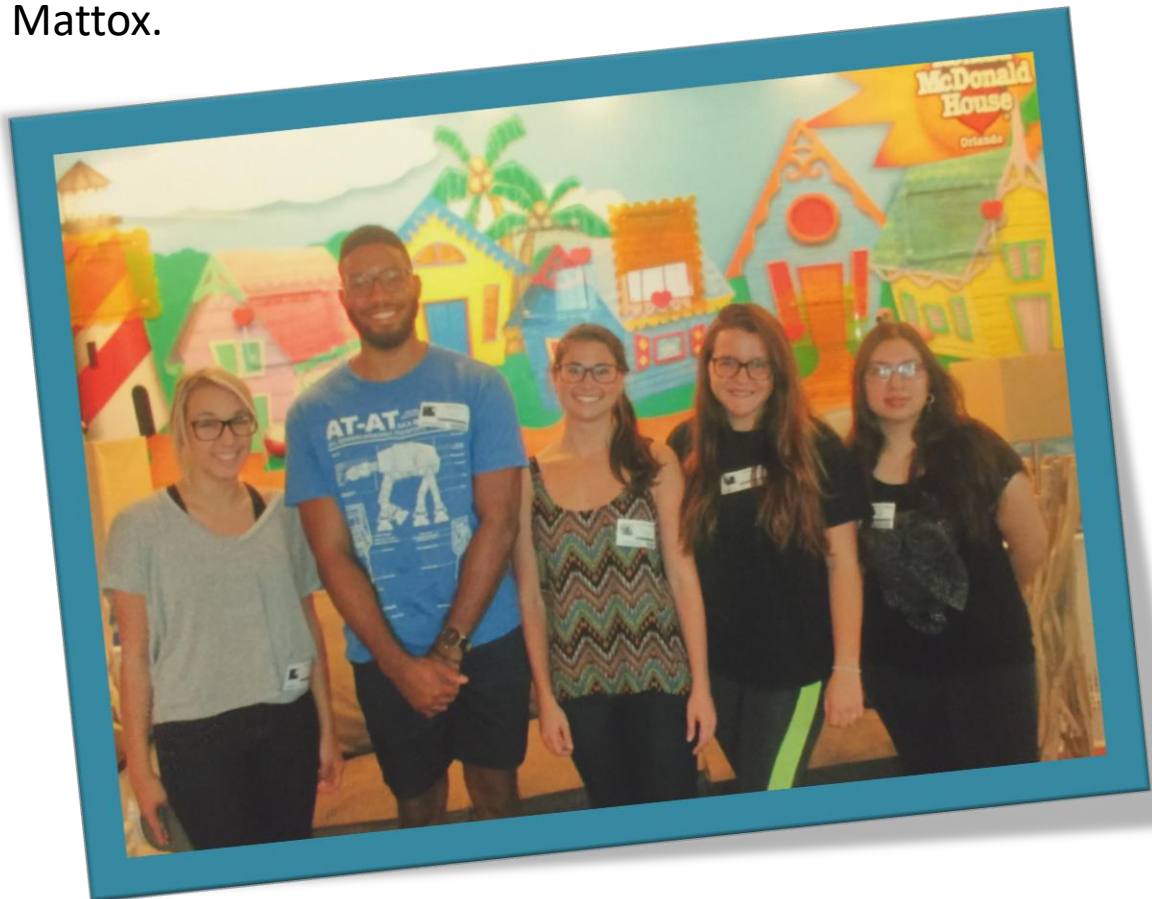


upcoming deadlines, or assignments that I needed to complete. I felt relaxed while cooking with my friends for families in need of a little extra help. The meal was set out in an assembly line type fashion, so families could come and go as they pleased. As the families filed in, I sat with a family and talked to them about their hospital experience and their stay at RMH.



I didn't research all the benefits and services that RMH provides, so I was blown away by how strongly this family appreciated RMH. The family told me that RMH provides them with not only a place to stay, but transportation to and from the hospital or a retail complex whenever it's needed. The family has a private room, and they expressed ample gratitude for a close and comfortable place to stay while their child is in the hospital. The mother voiced her lessened feelings of burden and worry since she can be closer to her child in his time of need.

It warmed my heart to hear this family speak so fondly of this organization. We can never truly step into another's shoes. We can't know *exactly* what someone is working through. Sure, we can experience similar events, but everyone reacts to events uniquely. The Ronald McDonald House opens its doors to families and children who need support in what could be the worst time of their lives. If you are interested in volunteering with RMH, please reach out to the website or the SNA Community Health Director, Tara Mattox.



# Protect Your Patient, Protect Yourself

**By: Abby Gulden, SNA Accelerated Liaison, Accelerated BSN'18**

What was the third leading cause of death in the United States in 2016? According to a Johns Hopkins research study, the answer may surprise you. Research conducted by Johns Hopkins professor and surgeon Marty Makary claims that because “medical error” is not a category available for indication on death certificates that the Center for Disease Control (CDC) has not been able to accurately reflect the epidemic numbers of medical errors made in this country. Makary’s methodology places the number of preventable medical error deaths staggeringly above 250,000 people per year (Makary 2016). These errors, he claims, are not generally due to gross negligence as much as they are due to a lack of standardization in the healthcare field and due to a failure by healthcare teams to follow protocols, misuse or underutilization of procedural safety nets, and a lack of accountability across the board.



A nurse's number one priority is patient safety, and the role of patient advocate is not one to be taken lightly. Central Florida medical malpractice attorney Elizabeth Faiella has a 40-year career as a patient advocate, and she has a wealth of knowledge regarding how nurses can better serve their patients and protect themselves from litigation in malpractice cases. Ms. Faiella sees nurses as some of her biggest allies – that they tell the truth most often, and on occasion have gone so far as to come forward (anonymously) to alert her that physicians had retroactively changed records. “Much courage is required when a conflict arises of what they [nurses] believe to be good care and risking displeasure of the doctor, administration, or other authority figures” Faiella stated (personal communication, October 10, 2017). “The number one mistake that I see nurses make with regards to malpractice and medical errors is a failure to insist on patient care and interventions that are outside of their scope of practice.” Nurses are afraid to jeopardize a relationship with a doctor or to go up the chain of command if a doctor doesn't agree with their assessment or recommendations. One case she recalled involved a baby whose heart rate was lost for almost 15 minutes during labor induction. The fetal heart rate was found, and the nurses attributed the lapse to monitor placement and patient positioning and did not alert the attending physician because it was in the early hours of the morning, around 0230.



The fetus was in fact in distress, and did not survive. She stresses that simply documenting vitals or communication attempts to address a concern won't save the patient. Ms. Faiella goes on, "If a



nurse had gone so far as to document a concern, my first question would be "What did you do next? What did protocol state you should do next to help protect your patient? I would not let them off the hook" (personal communication, October 10,2017). Nurses must employ critical thinking in their practice, and serve as a conduit of vital information.

Documentation and timely completion of routine tasks are imperative to improving patient outcomes across the board. According to Ms. Faiella, the second biggest mistake nurses can make with regards to medical errors is failure to reassess and document patient response- or lack thereof- to interventions. Ms.

Faiella references a case where a client died of fluid overload because she was on IV fluids and nurses neglected to record Intakes and outputs (I&O's) for 72 hours. "It's sad. These things are so preventable" (personal communication, October 10,2017).

When asked about accusations that she may be contributing to the United States' reputation of being a litigious society, she has a quick and thoughtful response. Ms. Faiella echoed Makary's sentiment that medicine had not fully come into the modern era of technology in many ways. "The culture of healthcare has not yet joined the 21<sup>st</sup> century. These days, when a plane crashes, you have a black box that records everything that happened, all communications, and this information is expertly analyzed to determine corrective actions. There is no black box in the patient room or operating room" (personal communication, October



10,2017). She goes on to talk about the fact that it was not that long ago that nurses were taught to stand when a doctor entered a room, and to never disagree or question a doctor's judgement. And the alliances and allegiances between nurses, doctors, and other healthcare professionals still have a secrecy and resistance to "out" one

another, even if the result would be improved patient safety. Medical malpractice litigation and settlement often comes with a price tag, but perhaps less known are the reforms that are included. Clients can refuse to settle, and often do, unless the settlement comes with reform of the protocols that allowed the error to happen. This format helps create the platform for standardization



and improvement that otherwise would not have been brought out into the light. The real end goal of litigation is most often increased patient safety and improved health outcomes, which is what nurses and all healthcare workers should be striving for every day.

What are the takeaways? Assessment, reassessment, documentation, and patient advocacy are the cornerstones of good nursing practice. Nurses are not robotic recorders of information, but well-trained patient advocates that serve an integral role on the healthcare team. Nurses are the eyes and ears that can, quite literally, impact the moments that decide life and death.

#### Works Cited

Faiella, Elizabeth . Personal Interview. 10 October 2017.

[Landrigan CP](#), [Parry GJ](#), [Bones CB](#), [Hackbarth AD](#), [Goldmann DA](#), [Sharek PJ](#). (2010) Temporal trends in rates of patient harm resulting from medical care. *New England Journal of Medicine*. 363(22):2124-34. doi: 10.1056/NEJMsa1004404.

[Makary](#), [Daniel M](#). (2016). Medical error-the third leading cause of death in the US. *The BMJ Journal*. 353:i2139. doi: 10.1136/bmj.i2139.



# Talk CAUTI With Me

**By: Martie L. Moore, RN, MAOM, CPHQ**

Think about the following statement, “Products Support Practice.” As a Chief Nursing Officer (CNO), I never thought about the influence that products have on nursing practice. I saw

products as utilitarian, or a means to an end. I now think differently, because I know that product design can influence evidence based practice and reduce medical errors. Medical errors are one of the top leading causes of death in the United States. Hospital Acquired Infections (HAI) are one of the major contributors to medical harm of those who trust us with their health and well-being.



Reducing Catheter Associated Urinary Tract Infections (CAUTI), is one example where product design has supported the goal of zero HAI's. The tray is designed to guide practice, utilizing left to right action and visual guidance on each step that a nurse should take to assure aseptic technique. Introducing new materials such as silicone instead of the latex catheters traditionally utilized is another advancement in product technologies. Before joining the

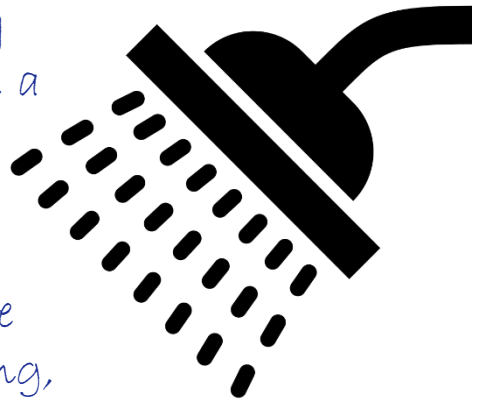
Medline team, I was a CNO of a large Magnet hospital on the West Coast. We implemented the Medline CAUTI tray and silicone catheters. Within sixty days, we cut our CAUTI rate by fifty percent. We got to zero and that was my eye opening moment on how products can influence evidence based practice. Join me and have a quest for zero in your own practice.



## Dear Journal,

What was the best clinical day I have ever had?

Here's how it went: It was the last day of Adult 1 rotation. I thought my day was going to consist of me observing my patient's mitral valve replacement in the catheter lab. Unfortunately, my patient's surgery got rescheduled, so I was not able to observe. Although I was disappointed about missing my first observational surgery, my day took a turn in a better direction. Lauren, a fellow classmate, and I asked a CNA what we could do to help her. She graciously said she could use help showering a patient. Once we got into the room, the husband was smiling, laughing, and cracking jokes. The patient and her daughter warned us that he was a flirt, so we needed to watch out. They were the cutest family. We helped the patient into the shower. She was so thankful and said it felt so good (I assumed she had not taken a shower for a while). To give you a better idea, the CNA and I were closely within arm's length of the patient in the shower. Lauren was in the bathroom doorway talking to the family, since all three of us could not fit into the bathroom.



Within minutes, an innocent shower turned in to a life or death situation in my hands! Out of the corner of my eye I saw blood start shooting out the patient's neck (the side of the neck I happened to be on) and she was vomiting tons of blood. It was more blood than I have ever seen in my entire life. Within what felt like five minutes, but realistically was 10 seconds, we told Lauren to run get help, the CNA pushed the alarm button in the bathroom, and I immediately plugged/held pressure on the patient's neck with the washcloth I was holding. The patient continued to vomit into bed pan after bed pan. Within about three minutes, four nurses came running into the patient's room. I told the nurse, as calmly as I could manage, that my hand was keeping pressure over her neck. She switched hands with me and then I exited the bathroom. Another nurse asked Lauren and I to get 2PPD gowns and as many ABD pads as we could find. We hustled back as the patient continued vomiting. After about ten minutes the vomiting subsided.

The nurses needed to transfer the patient from the shower back into her hospital bed before we passed out from the loss of volume. Two nurses (wearing protective gowns) began to move her to the bed when she passed out! Her eyes rolled behind her head, which we all felt like was a bad sign. I had never seen anything like it. The nurses kicked it up a notch yelling for help. They quickly



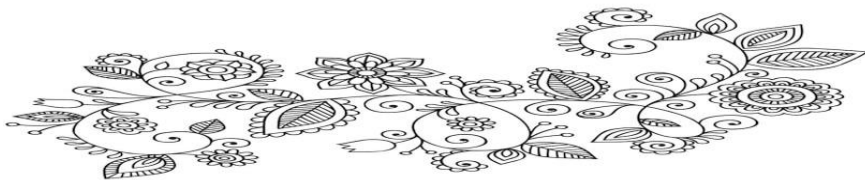
explained we needed gowns to help, so Lauren and I ran to grab about 8 more PPD gowns. We all quickly put them on, got the patient into the bed, and raised the head of the bed up. About two minutes after putting her in the bed, the patient regained consciousness. She looked directly at me and said, "Thanks girls, you reacted fast...I bet you've never seen that before".

It was true, I had never once seen someone's life be tested in front of my eyes. I had never seen so much blood in my life. I had never had my hand hold pressure on someone's carotid artery, so they did not bleed out. It was such an amazing and exhilarating experience. I later found out this patient had a tumor on her jaw that was inoperable. This clinical proved the unknown to me. As much as I want and strive to be a better nursing student, I never truly knew if I would react correctly in such an intense and scary situation. Or if I would be able to handle that much blood. I did what my gut told me too. I proved to myself that day, I can and will be a confident nurse.

Thanks for reading,

Sydney MacMillan, Basic BSN'18

P.S. The patient was awake for about two minutes before her daughters phone rang. The ringtone was "our god is a beautiful god". That for sure gave me goosebumps.



# Orders: 5mg Humor PO TID

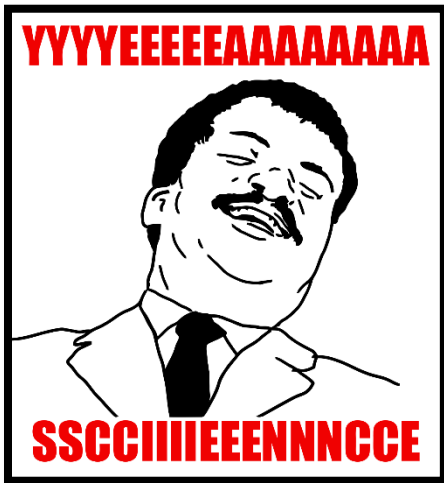
**By: Nathanael Mercado, Basic BSN'18**

As nursing students, we have learned about countless interventions that we can perform throughout our careers as registered nurses. The interventions range from a mild blood pressure check to a more intrusive IM injection, or even the ever so personal insertion of a Foley catheter, or the mind-boggling intervention of injecting foreign substances directly through a human's veins straight to their heart. All of these interventions make us, as students, wish that there was something else we could do that doesn't cross over to alternative medicine. Well good news everyone! There is such an option that is free to the patient, has no negative side effects, and requires almost no preparation and very little skill. I like to refer to it as humor.

Humor has been around as long as the human race and so have its never-ending benefits. As new nurses, sometimes it can be difficult connecting with our patients and building the nurse-patient relationship. Here's a tip: try making the patient laugh or even smile. Research has shown that humor can ease the patient's



patient's anxiety, and make him/her more susceptible to the nurse's plan of care. It also does wonders on the nurses' anxiety. The use of humor helps people deal with stressful events such as meeting new people, starting a new job, working new clinical rotations, adjusting to scary new floors, meeting scary new patients....

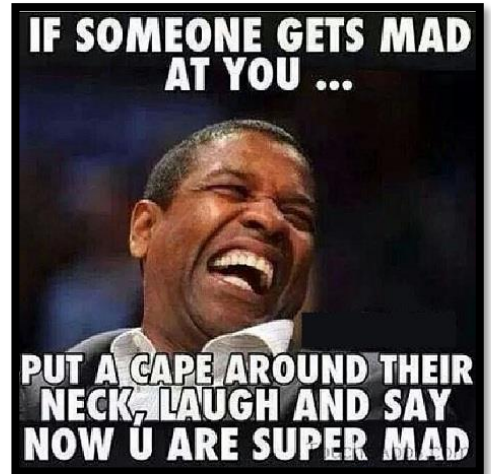


Humor can also help the patients' physiological health. For example, a stubborn post-op patient won't use his incentive spirometer (IS) nor follow any deep breathing advice. What do you do? Here's a tip: try making the patient laugh. Laughing leads to episodic deep breathing which is known to be beneficial to the reduction of atelectasis. Hopefully after making the patient laugh, they'll feel better and be more apt to listen to deep breathing strategies and start using incentive spirometry.

Without a doubt, humor is too beneficial not to implement throughout our future nursing practice. It's the perfect intervention, it is fun and carries no bad side effects, plus it is the pharmaceutical companies' worst enemy.



As future nurses we can do no harm, and use our resources to provide the best for our patients. Thanks to the utilization of humor we will have one more tool in our arsenal. It's so effective, the medical field has started to incorporate humor into practice due to the overwhelming benefits. It's time for nursing to do it too.



HA!  
HA!  
HA!




ha ha  
ha ha  
ha ha  
ha ha





# Nursing Student Nightmares

**By: Kimberly Bogers, Basic BSN'18**



With Halloween fast approaching, people everywhere are getting into the spooky spirit with horror movies, haunted houses, and gory costumes. However, nursing students have their own, unique fears that only fellow classmates can truly understand, and they're relevant all year round instead of just during the month of October. From select all that apply questions, to sleeping through morning alarms, there are far scarier things than evil spirits and creepy monsters. Here are a few of the things that keep nursing students up at night:

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- Realizing that an exam is tomorrow and you feel like you know absolutely none of the material.
  - Realizing that your clinical patient was only just now put on contact precautions, and you've already completed your morning assessment.
  - Having a nurse on your clinical rotation ask you a basic nursing question to test your knowledge, and getting so nervous that you forget everything you've ever learned.
- 



➤ Having a patient ask you, “So, you know what you’re doing, right?” just as you start to do something to them that you’ve only ever practiced on a mannequin.

➤ Showing up to lab and realizing that you left your name tag, watch, and/or stethoscope at home.

➤ Waking up on a clinical day and realizing you slept through your alarm.

➤ Starting an exam and realizing there are more Select All That Apply questions than you were mentally prepared to handle.

➤ Starting an exam and skipping a question because it’s confusing, and then realizing that every, single question is even more confusing than the last.

➤ Having your laptop die in the middle of class, causing all the notes you had been typing out for the past two hours to delete.



➤ Talking about answers to exam questions with your classmates right after an exam, and realizing that you put down a different answer than everyone else.

➤ Realizing that in just a handful of months you will need to take the *NCLEX* and try to remember everything that nursing school has ever taught you.

➤ Realizing that in just a handful of months you will be a nurse, with your own patients to care for and no instructor to direct you.

➤ Having very realistic nightmares about failing exams, forgetting to turn in assignments, or missing clinical days.

➤ Realizing that you seriously must know and understand what you're learning in class, because once you're working on the floor your nursing knowledge will be the difference between life and death.

➤ Realizing after a clinical shift that you haven't used the bathroom in 12 hours.

➤ Having a doctor walk over to you during clinical and start giving you orders for a patient, not realizing that you're a student.

➤ Looking through your planner and realizing that your schedule will basically consist of studying, stressing, commuting, stressing, taking exams, going to clinicals, and stressing until graduation.



Nursing school is definitely scary, but what's life without a little fear to keep you on your toes? So this Halloween, eat some candy, have fun, and feel confident that you are surviving the terrors of nursing school!



# Join NCF!

By: Katherine Frangoul, NCF Leader, Basic BSN'18



Nursing school can be very stressful and draining due to multiple classes and clinical. It is easy to lose focus on what is important with the constant pressure of assignments and exams.

Nurses Christian Fellowship is a small community

within the UCF nursing program that focuses upon Jesus! Every Monday at 10:30 am the group gathers and participates in a small-group Bible study. This is a unique opportunity to focus on the word of God and have fellowship with other nursing students. We encourage everyone to come join us as we seek to become nurses for Christ!



Contact us with any questions:

Ethan Dillingham- [EthanDillingham1@knights.ucf.edu](mailto:EthanDillingham1@knights.ucf.edu)

Katherine Frangoul- [Kfrangoul@knights.ucf.edu](mailto:Kfrangoul@knights.ucf.edu)

Krista Doan- [Krista.doan@intervarsity.org](mailto:Krista.doan@intervarsity.org)

# President's Corner

Hi, my name is Carolyn, and as many of you know I am the current president of SNA at UCF. As part of our monthly newsletter, I will now be writing an update on the happenings of SNA and anything related to nursing.

This month we have our general meeting on October 18<sup>th</sup> at 1700. Shannon Hassett, an Emergency Department nurse and current student in UCF's DNP program will be our guest speaker. I work alongside of her currently and she is a brilliant nurse and even better person. I can't wait for everyone to hear her speak!



This month we also have FNSA State Convention! Three of our board members will be presenting their resolutions in the House of Delegates at this conference. This is a great opportunity for us to represent the College of Nursing and UCF. We will also be given the opportunity to hear from incredible speakers from all over the state and nation. If your clinical schedule allows for it, I greatly encourage you to make the trip because it will be well worth your time. The dates for the conference are October 26-28<sup>th</sup>. If you have any questions about going or how to register, please reach out to me or any of the board members!

“Let’s Nurse Puerto Rico Back to Health.” As many of you might have seen on our Facebook pages, SNA is leading a resource drive for Puerto Rico due to the destruction that happened following the hurricanes. There is a list of items on Facebook that we are collecting to send to Puerto Rico. I encourage you to participate and help them get back on their feet.



I hope you have a wonderful rest of your month and I will have updates about how State Convention went in the next addition of the Lifeline Newsletter!





# Ask a Knight Nurse!

How is fall semester going for you?

"It wasn't as scary as I thought it was going to be." -- Danielle Griffith (Psych)

"Amazing." – Molly Baker

"Where am I? What's going on!? Who are you people!?!?" – Steph F.

"Definitely not what I expected it to be." – Audrey Thomas (Psych)

"Same." – Alexandra Welsch (Psych)

"Unfortunately, there is still a stigma about mental health patients that they are 'far out' and/or violent, so I feel it is my job as a nurse to educate those who still believe in the stigma that it's not true." – Lauren Penton (Psych)

"I learned communication skills that I will carry with me for the remainder of my nursing career. I also learned a lot about myself." – Hannah Stein

"I learned so much about myself in my time on the psychiatric unit. I was able to expand my understanding on mental illness and gain a new respect for both patients and families that are working through these feelings." – Samantha Downey

"It was a great learning experience; all nurses need to be mental health nurses, no matter what unit they're on." – Kavika Chugh

"Nursing school, where the right answer isn't always the **most** right answer." – Frank Noboa

"I went into in with apprehensions that quickly dissipated once I began interacting with patients. I greatly improved my communication skills, and now I have the confidence to talk to any patient about anything." – Tia Borso (Psych)

"I have learned a lot during this [Adult II] clinical, and feel so much more comfortable practicing now!" – Marissa M.

"This clinical experience has really enhanced my confidence. I finally feel like I'm exactly where I'm supposed to be." – Melissa M. (Adult II)

"The accelerated program... where not even a hurricane can slow us down." – Landon Alexander

"Sometimes ambulating a patient to a chair also means discovering surprise poops." – Makayla Cuppet (Adult II)

"The program stresses us out, so a healthy way to handle our stress is to play as a team. We just started an accelerated cohort soccer team, and plan to punish our competition through frustration." – Chase Fults

"I haven't stress eaten this much since... I've never stress eaten this much." -- YB

# Announcements & Upcoming Events!



## Relay-for-life Update:

- ✓ Relay for life at UCF is on March 24-25, 2018 from 5 pm-6 am.
- ✓ Our Relay team will be raising funds until the event and the money we raise goes towards the American Cancer Society, which funds lifesaving cancer research, gives free patient and caregiver services, such as free lodging for patients who do not live close to treatment centers and rides to appointments.
- ✓ This year's theme at UCF will be "knight-time stories." Our team is currently thinking of ideas for our team's specific "story theme." You can join any time up until the event. If you are interested in joining our team, visit: [www.RelayForLife.org/ucffl](http://www.RelayForLife.org/ucffl), and follow these steps:
  - ✓ Follow the link
  - ✓ Select "Join this relay"
  - ✓ Create your profile
  - ✓ Join the team, "Knight Nurses"
- ✓ Join us as the UCF College of Nursing helps fight cancer and make a difference! If you have any questions about joining or about creative ways to fundraise, contact our Captain of our Relay team this year:
  - ✓ Alexandra Fox, SNA Historian.
    - ✓ Phone number: 954-881-8819
    - ✓ Email: [alexandrafox@knights.ucf.edu](mailto:alexandrafox@knights.ucf.edu)
- ✓ Stay updated as we will be hosting upcoming events and exciting FREE giveaways that will go directly towards our Relay team! Hope you will join our team in the fight against cancer!

# Announcements & Upcoming Events!



## Break Through to Nursing Update:

- ✓ Lab Tours→ 2 scheduled lab tours to show our skills and simulation lab and excite students about nursing. They are able to look around, touch the equipment/mannequins, and ask any questions they may have.
- ✓ Timber Creek College and Career Fair→ Sharing our passion for nursing to an estimated 1500 high school students.
- ✓ APNS→ Participated on student nurses panel. It was wonderful to see eager pre-nursing students. Not long ago we were in their shoes and I am so excited to see them in the program in the next couple years.

## Fundraising Update:

- ✓ Bake sale on Main Campus on October 23<sup>rd</sup>!
- ✓ Please encourage everyone you can to donate to SNA's Puerto Rico Relief Project!
- ✓ Posts on Facebook for pre-orders for socks and custom made decals.

## Knight-thon Update:

- ✓ The theme of this year's Knight-thon is "Leave your own Legacy!"
- ✓ Our miracle children are Aryelle and Isaiah
- ✓ Team SNA's goal is \$9,220
  - ✓ Other teams we are paired with are AMSA, Pre-Dental, and Sigma Phi Lambda

# Contact Info for the 2017-2018 SNA Board!



President	Carolyn Hair	ucfsnaorlpresident@gmail.com
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Treasurer	Sarah Rose Thornton	ucfsnaorltreasurer@gmail.com
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## Social Media Buzz

Facebook: Student Nurses Association-Orlando

Instagram: snaucforlando

Twitter: @snaucforlando

Website: snaucforlando.com

## Top Point Earners

Basic BSN 2017:

Accelerated 2017:

Basic BSN 2018: