LIFELINE NEWSLETTER

STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO

Volume 11 – Issue #5
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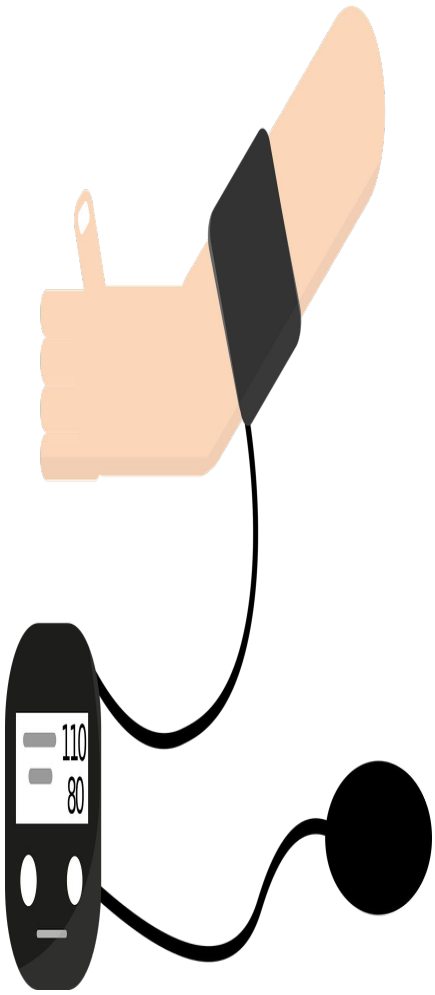
Student Nurses' Association – UCF Orlando

Editor's Piece

UCF SNA Media Director

Erick Gonzalez, Basic BSN '20

With the ushering of a new year come the feelings of excitement as well as fear of the unknown. 2020 will be a big transition for many of us here at the CON. Juniors will be starting their senior year soon. Seniors and accelerated students will be graduating as brand new nurses in the spring and summer. A lot of change is going to happen within a fairly short amount of time. Reflecting on it all, it's quite extraordinary how far we've come and how much we have learned in such a short amount of time. I remember not too long ago we were learning how to take blood pressures in assessment lab. Having to practice for checkoffs and then finally the first clinical. Going through this nursing school journey teaches you to really think differently and explore the "why" and "how" to everything.



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You also inadvertently begin to assess everyone who sneezes or coughs. It's these little things that stick with us.
In the end, I am glad that we have all gotten to the current point that we're at. Whether it's making it past that first semester that everyone dreads, being in the last semester racing to the end or somewhere in between, I know we will all finish strong and cross the finish line as nurses in the end.

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Nurses on the Run

Samantha Sherman, BSN, RN
Basic BSN '19

Nurses can get very busy and sometimes it feels like we spend all our time running around and charting. As a new grad, I started working on a medical surgical/progressive care unit. I work with a lot of very sick patients. One of the typical cases we see on our floor a lot is mothers whose children had passed away in utero. I had woman and her husband who just that morning were expecting to be parents to a healthy baby in a few months. Then they found out that wasn't the case and came to my floor. They were terrified. I was new and honestly I had no idea how I could help them or make anything better. As a nurse, you are never alone so I had another nurse helping me with the process. We went through everything and gave the couple some time to process. I had other patients who needed me, but later I came in to give a medication and the woman told me she was scared. She looked up at me from her bed and suddenly I realized that she wanted me to tell her that everything was going to be okay.

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Winnie Palmer Nurses

So instead I told her that I was going to be with her every step of the way and that when I left, the next nurse would do the same. I told her she would never be alone and that there would always be someone here for her. And I truly meant that.
Unfortunately, it was the end of my shift and I had to leave in less than an hour after telling her that. I wish I could have I could have stayed with her longer, holding her hand. But the best I could do was rely on my other nurses to continue to hold her hand after me. That what it's like working with a team. You might not be able to stay with your patient the whole time like they would want you to, but you can trust that your teammates are going to be there for them, just like you were.

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I'll never forget that patient or the look she gave me when I said I had to leave, but I'll also never forget the nurse who came in behind me and gave the same support to her that I did and seeing a look of relief on my patients face. In nursing, sometime the most important thing isn't being right on time with a medication, or charting everything before 0900 (which almost never happens), it's about realizing when to slow down and hold your patients hand. It's about the art of nursing where we stop running for a second and simply stay with our patients and comfort them while they're going through a difficult time.

Winnie Palmer Hospital

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Therapeutic Communication

Jacqueline Pajarillo
Basic BSN '20

Broad opening. General leads. Making an observation. Silence. Wait…silence? That is a therapeutic communication technique? How does that even work? I was also a critic to this technique when I was reading the therapeutic communication chapter. How can silence be effective? I wrote it down and kept on reading.

I was to begin my psychiatric rotation within a few weeks after the therapeutic communication lecture. I understood the value to therapeutic communication. Each person I was about to encounter on this rotation would have a story to tell. I knew the importance of listening to them, not interrupting, and letting them share their stories. With my communication technique notes stashed in my pocket, I walked into the therapy room at the local mental health clinic and sat down.

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A teenager sat down next to me. I used the "broad opening" technique by asking how his morning was so far. Within minutes, the conversation took on a life of its own. I learned that his family was displaced by Hurricane Maria. He had lived with his grandmother since he was a child. After the hurricane, he was sent to live with his mother in Florida. He knew nothing about his mother. He told me that he does not even remember the last time he had seen her before the hurricane. I used the "exploring" technique and asked him to explain himself more. I learned a lot about this young man. He told me his fears, how he wanted to "go home," how he did not even have the energy to get out of bed, and how he was now living with his birth mother whom he knew nothing about. He told me he did not even know her favorite color or favorite food and how his own mother was a "complete stranger." I was silent. I did not know how to respond. I did not know what to say and I did not know what question to ask. So I stayed silent. I did not say anything as I watched him twiddle his fingers. After a long stretch of silence, he spoke again. He thanked me. He thanked me because he said I was the first person who listened to his whole story. He thanked me because he said I made him feel important. I was the first person in weeks to ask how he was doing. He told me he felt better because he had never shared some parts of his story with anyone else. I made someone feel better all because I wanted to hear him talk about his story and his life.

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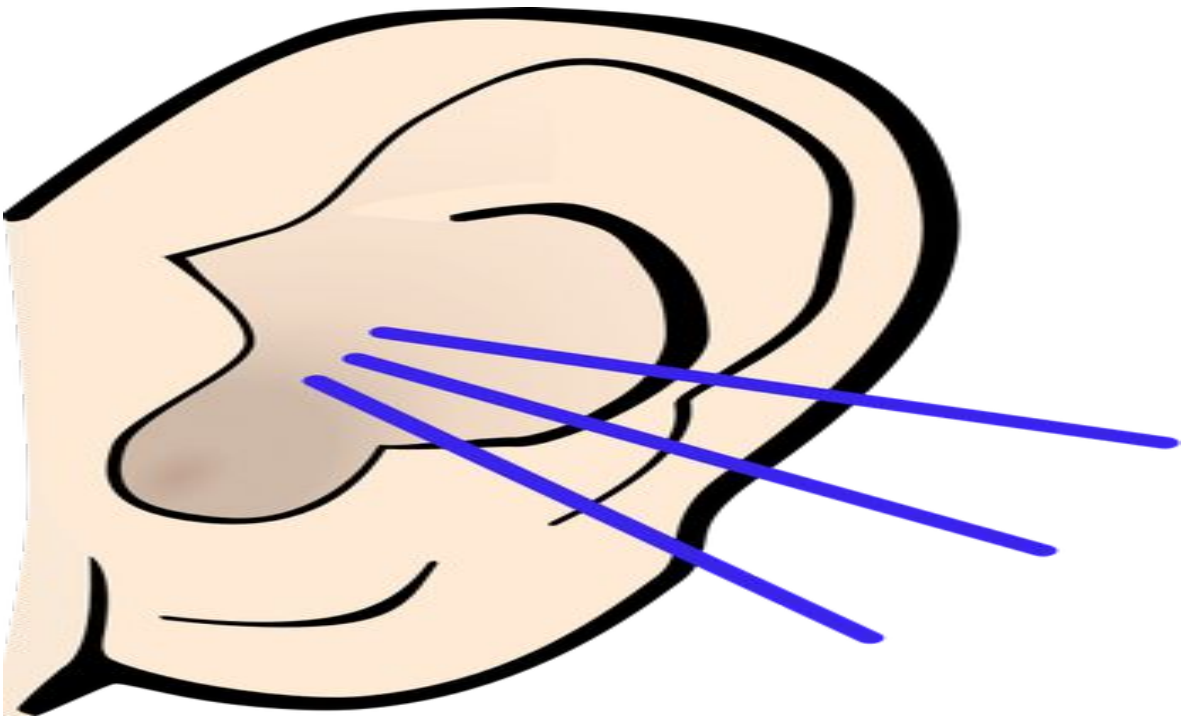
Silence works. All the therapeutic communication techniques work. Regardless which one you choose, it allows the person to drive the conversation. Though these techniques work, do not forget to be human. Listen. Do not interrupt. Allow them to share their story. Be grateful that they trust you and have decided to confide their stories with you. As nurses, we are the ones at the bedside. We are the ones who interact with our patients for twelve hours a day. We can easily give them pain medication to ease their physical discomfort but we need to *listen* to be able to help ease their emotional pain.



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Interested in SNA Leadership?

The SNA Orlando Chapter will be holding elections in April for the upcoming academic year. Several positions will be opening up including Vice President, Secretary, Breakthrough to Nursing, Fundraising, Community Health, Historian, and Media. Please come and speak to us if you're interested for more information.

Vice President *Assists the president with obtaining guest speakers*	Jake Sandoval
Secretary *Records minutes for the chapter*	Dana Montsalvatge
Breakthrough to Nursing Director *Facilitates interaction to nursing as a profession*	Kathleen Jaramillo Zuniga
Fundraising Director *Raises funds for the chapter*	Bryana Blanco
Community Health Director *Facilitates community health events for the chapter*	Amanda Stack
Historian *Records and documents all events for the chapter*	Jordyn Watson
Media Director *Editor of a monthly newsletter for the chapter*	Erick Gonzalez

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A Day in the Multi-System Intensive Care Unit

Bryana Blanco
Basic BSN '20

Hello! My name is Bryana, and I am a senior nursing student at the University of Central Florida: Orlando Campus. I am currently enrolled in my last semester which involves practicum. When entering nursing school, I had no idea what "practicum" was; others knew it was a huge factor in one's nursing school path. For those who don't know, practicum can almost be compared to a medical student's residency. It involves multiple shifts (14) in a unit of your choice where you will be guided under a preceptor and be the most hands-on out of all your clinical experiences. The selection process may be stressful to students, to be unbiased UCF selects its students' clinical site by their nursing GPA; this is important especially if you are wanting higher acuity units such as ICU. When it came to my selection, I always knew I had a passion for critical care. I didn't have a specific type of critical care in mind such as trauma or cardiology, so I went ahead and selected Multi-System allowing me to witness a little bit of everything.

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Example of what an ICU room would look like

As of January, I have completed around 4 full-time night shifts and have learned so much already. If you are possibly interested in ICU for practicum or critical care in general, let me paint you a picture of what my nights have looked like.

As a multi-system nurse, you will be assigned two patients max: sometimes one depending on how critical. Your patients have been admitted because their condition has made them hemodynamically unstable and your job is to stabilize. Many conditions can cause instability, my patients have ranged from a drug overdose, cancer, to uncontrolled renal failure. As you gather reports, you are checking your room and looking at the multiple lines and devices connected to the patient; it's a bit overwhelming at first.

Sometimes patients may be ventilated and thankfully you have a respiratory team assisting you. You continue to move forward and conduct a full head-to-toe assessment. The ICU is a great place to learn what "abnormal" looks like, sounds like, and feels like. After that, you develop a plan of care for your patient.

The way you care for patients should not be different than other units, but anything can happen more frequently in an ICU setting. Patients are on more high-alert medications and higher doses increasing possible side-effects. Multiple organs can be working ineffectively making it more difficult to stabilize. Lastly, patient's conditions can drastically change causing code efforts to be enforced. For example, our patients were stable for the night and all sudden a patient went into a hemorrhagic shock due to an artery rupture. We were charting one minute and the next conducting compressions and rushing to emergency surgery.

One of the main reasons I love the ICU setting is that you are always kept on your toes. Every night isn't as hectic, but there is something to learn every day. These patient's charts are so comprehensive, you are receiving lab results frequently, and constantly assessing your patients; your critical thinking is at an all-time high always.

I suggest aiming high for your practicum selection and a unit you may have a possible interest in. Practicum is your time to learn the kind of nurse you want to become, use the time wisely.

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Fall Prevention

Cesar Vigil
Basic BSN '20

One of the main priorities of the nurse in the acute care setting is to maintain the patient's safety. Maintaining patient safety has many factors but here, we will focus on fall prevention. As America grows older and our shift in increase of care in the geriatric population begins to grow, it is important to understand what kind of implications go in "fall prevention". In the hospital, the Fall Assessment Tool is used to indicate when a specific patient has a higher risk for having a fall. This assessment tool takes into account the patient's; history of falls, secondary diagnosis, use of ambulatory aid, whether they are receiving IV therapy, gait quality, and mental status. A concept that is sometimes overlooked when assessing fall risk is the patient's medication regimen. According to the CDC, about 53% of older adults are using at least one medication whose adverse effects were linked to falls (2018).

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For the geriatric population, falls take account for 50% of all injury related deaths annually (CDC, 2018). Now that we have a better idea of what can increase the fall risk of the patient, how do we implement it to our work? Patients who indeed have an increased risk for falling are placed on falls precautions. These precautions address the needs of the patient and their risk for falling. Upon admission patients are given non slip socks and walkers or canes as needed. The main priority for addressing and reducing the risk of falls however, is communicating with the patient. Nurses must inform the patient that if they need to for any reason get out of bed or use the bathroom, to use the in-reach call light to notify the staff. The nurse must also be proactive and keeps all personal items such as cellphones or books within arm's reach to avoid any movement exacerbations.

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Finally, the healthcare staff must also be mindful that prior to their admission, most patients were able to perform most of their own self-care. Now that they are in the hospital, patients can feel as if they lost their autonomy. They can feel as if they must now rely on others to do what they normally did by themselves. This is where communication between staff and patient plays into heavy influence. Communication between staff and patient can allow for clarifications to be set and provide back patient autonomy without bending the fall prevention interventions. This refresher is to help prevent us nurses from falling under the pressure of the fall prevention guidelines!

Centers for Disease Control and Prevention. Welcome to WISQARS (Web-based Injury Statistics Query and Reporting System). (2018). Retrieved from https://www.cdc.gov/injury/wisqars/index.html

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SNA recently hosted a flight nurse from Orlando Health's Air Care Team. It was an extremely informative meeting!

Pictured from left to right:

Kendall Neswold, President

Nina Hilton-Cannon MHSA ,BSN, RN, CEN, PM

Jake Sandoval, Vice President

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My Psychiatric Clinical Experience

Tom Gregorich
Accelerated BSN '20

I believe most nursing students go into their psych clinical with a feeling of uncertainty as to what they're getting into. With no stethoscope, and no vital signs to monitor how will I be able to help my patient? Working with psychiatric patients wasn't at all concerning to me, but what I was concerned about was the best way to reach them in my interactions. Thankfully class lectures and instruction from my clinical instructor showed me the key to success. I would have to be sure to deploy therapeutic communication techniques. On day 1 my first week, my very first patient was young person who voluntarily committed themselves to receive detox treatment for fentanyl and heroin addiction. I was charged with assisting the intake specialist whose role was to ask this patient a series of questions about their addiction and to administer some tests and blood work.

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I started out with the most basic question that I was taught in therapeutic communication: "Can you tell me what brings you here today?" To start a therapeutic nurse-client relationship we have to first address the client's most concerning issue and to let them know that we're genuinely interested in their well-being. In this case the patient opened up immediately letting me know that they had started using fentanyl in their early 20's and were here at the clinic specifically to receive medication to help treat the intense withdrawal symptoms. It was a brief encounter but allowed me to understand the client's basic needs at that moment.

During week 2 our group sat in on a motivational speech given to the patients on the floor. The speaker was a former addict himself who in his spare time speaks to recovering alcohol and drug addicts. It was a powerful speech laying out the truth that if these people didn't kick their habit their prognosis was dire. I've never been comfortable with silence in a conversation. When I was a teenager the thought of going out on a date was terrifying. I couldn't imagine how I would deal with the awkward silences that would inevitably pop up in the conversation. Since then I've become adept at the art of small talk. I enjoy mindless banter and the fun of just being with someone new and learning all the small and possibly trivial things about them. And of course, it's never a chore to talk about yourself, but a nurse-client relationship is fundamentally different.

I'm here for the client and my conversation with them needs to serve their needs. It isn't there to kill time. So, in this instance I thought I'd give the 'silent' technique a try. We sat for about 30 seconds without me saying a thing. All I did was keep looking at the patient and conveying to them with my facial expression that I was here for them and wanted to hear more. Sure enough, they then went on to explain their entire family situation, their pride in their ethnic heritage and their special love for a certain musical genre. That 30 seconds of silence brought out more of their background then 5 minutes of my prior questioning. I have often said that going to nursing school is a bit like learning a new language. You're learning a new set of vocabulary and building a base of knowledge which will allow you to effectively care for your patients. But as long as it's just bookwork and classwork it doesn't feel real.

It's not until you are in a clinical setting successfully communicating and implementing what you've learned that it all starts to make sense. I experienced that feeling these last few weeks in my psych clinical using therapeutic communication. Just like learning a language, therapeutic communication takes a long time to master. But I am sure I'm on the right path and that these are tools I'll be using throughout my nursing career.

Announcements & Upcoming Events!

National Convention April 15-19th

February General Meeting 02/19!

Want to talk about your experience in nursing school to pre-nursing students? Join our Breakthrough to Nursing Director as she will be participating in a Student Nurse Panel on 02/17 from 1100-1230! Contact her for more details.

Contact Info for the 2019-2020 SNA Board!

President	Kendall Neswold	ucfsnaorlpresident@gmail.com
Vice President	Jake Sandoval	ucfsnaorlvicepresident@gmail.com
Secretary	Dana Monsalvatage	ucfsnaorlsecretary@gmail.com
Treasurer	Rebecca Smith	ucfsnaorltreasurer@gmail.ocm
Clubhouse Director	Heather Plachte	ucfsnaorlclubhouse@gmail.com
Historian	Jordyn Watson	ucfsnaorlhistorian@gmail.com
Legislative Director	JohMarc Dela Cruz	ucfsnaorllegislative@gmail.com
Breakthrough to Nursing Director	Kathleen Jaramillo	ucfsnaorlbtn@gmail.com
Media Director	Erick Gonzalez	ucfsnaorlwebmaster@gmail.com
Community Health Director	Amanda Stack	ucfsnaorlcommunity@gmail.com
Fundraising Chair	Bryana Blanco	ucfsnaorlfundraising@gmail.com
Accelerated Liaison	Tom Gregorich	ucfsnaorlaccelliaison@gmail.com
Advisor	Joyce DeGennaro	Joyce.DeGennaro@ucf.edu

Social Media Buzz
Facebook: Student Nurses Association-Orlando
Instagram: snaucforlando
Twitter: @snaucforlando
Website: snaucforlando.com

Top Point Earners
Basic BSN 2021: Shelby Reeves, Alissa Andrighetti, Alexa Guerra
Accelerated 2020: Erin Lucore, Nicole McCormick, Natalie Zanella
Basic BSN 2020: Lindsay Greene, Destiny Miller, Liliana Valencia