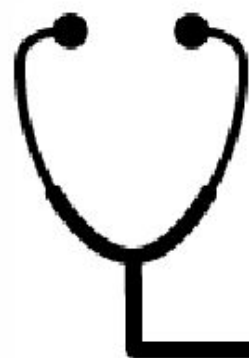




LIFELINE

NEWSLETTER

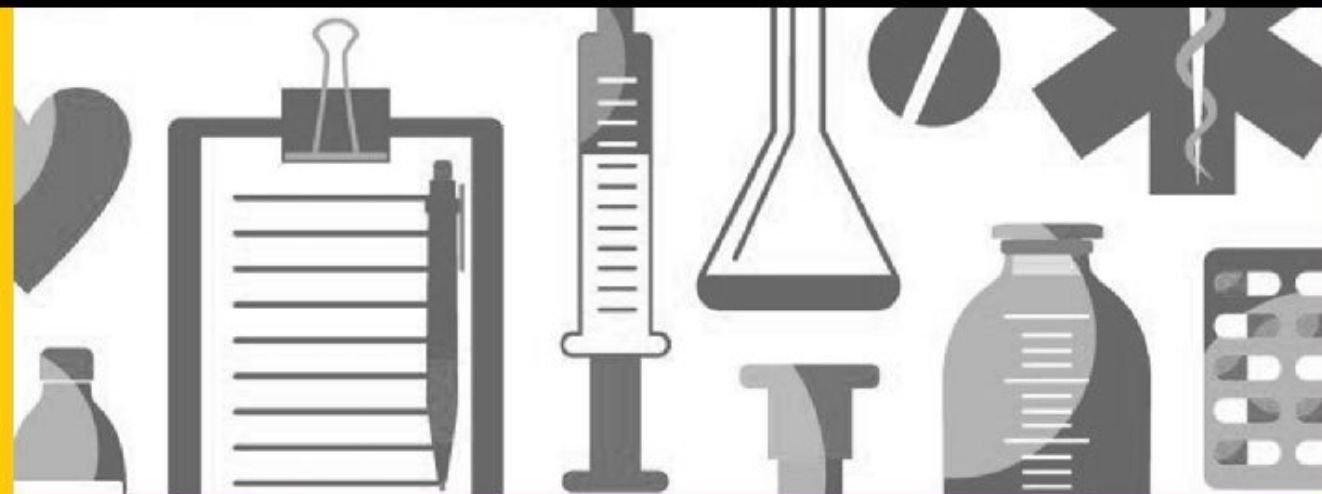


STUDENT NURSES'

ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



Editor's Piece

Amber Keller

SNA Media Director, Basic BSN '21

First, let me start by saying that I do not yet have all the right words to express how much Ms. D meant to me, SNA, and the College of Nursing.

On November 29th, Ms. Joyce DeGennaro passed away after battling breast cancer for 5 years. Throughout all of her battles, through the highs and lows, she persevered, stayed positive, and was present for her students. She taught us all so much. She taught skills and interventions, yes, but she also taught us empathy for patients, the importance of communication, how to anticipate needs, and make the patient feel cared for. I know that as future nurses, we will think of her in all of our patient interactions.

Thank you Ms. D for everything. Your compassion for patients, your dedication to students, and your involvement with SNA have inspired us all.

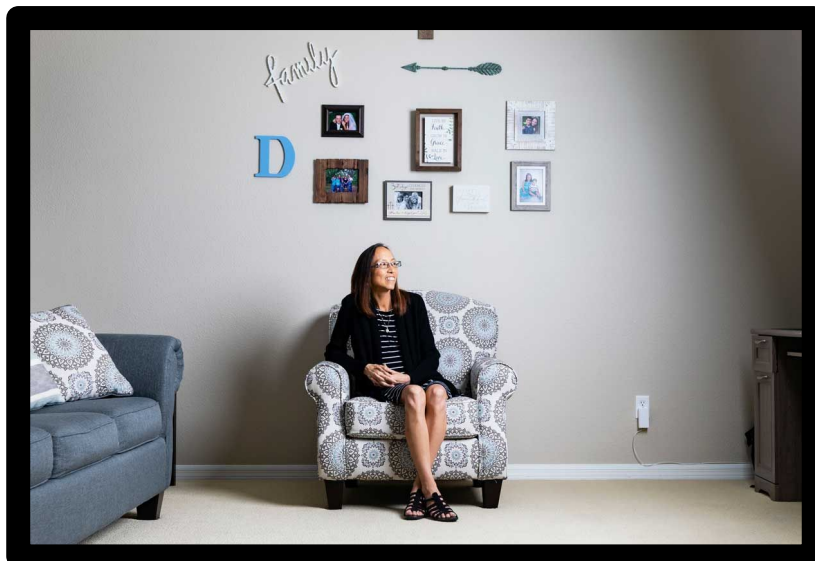


Photo of Ms. D in October taken by Nick Layva and featured as one of UCF's Top 30 Photos from 2020 on UCFTODAY (ucf.edu).

At our last general meeting, in October, elections were held for three board positions. Congratulations to our newest board members!

Clubhouse Director

Leah Utt

Elects

Erin Tonkin - President

Lauren Fuller - Legislative

Monique Ccenteri - Treasurer



Remember that we will have elections for our other positions next semester and there are tons of impactful ways to be involved with SNA!

Knight Nurses, the end of the semester has arrived! I am amazed by the adaptability and dedication that everyone has shown and hope that everyone has a relaxing and safe break! Happy Holidays!

Faculty Spotlight

Dr. Maureen M. Covelli, PhD, RN

Chair for the Department of Nursing Practice,
Associate Professor at the College of Nursing

Tell us about yourself and what brought you to the UCF College of Nursing?

Contrary to popular beliefs, I was not a classmate of Florence Nightingale! I did visit St. Thomas Hospital in London that had similarities with the old Bellevue Hospital, where I did undergraduate clinical and worked. Although Florence was in the Crimean War, I served in the Navy during the Vietnam War era. Our nursing uniforms were quite different too.



I was born and raised in New York City. I went to Hunter College for my BSN. My mother was a RN and she told me that a BSN was the best education pathway. After graduation, I was fortunate to get my first job at Bellevue Hospital Emergency Ward. This was a unique hospital unit. It was a level 1 trauma unit with a 20 bed multi-specialty ICU capacity. It usually took two years of experience to get a position there, but luckily five RNs left and I had just finished my senior practicum in the unit.

It was the first time that four new graduates were hired. Working at Bellevue Hospital was the best. It was the defining experience of my career.

I met my husband at Bellevue. I was an ER charge nurse and attended New York University. A month after we got engaged, he received orders to report for active duty in the Navy. I heard about a “buddy program” in the Navy that would station us together. I joined the Navy! We got married, and 3 weeks later I was in the Navy Nurse Corps Officer “boot camp” for six weeks! I went from Bellevue Hospital to getting up at 6AM to stand inspection and learning ocean survival techniques! What fun!

We were stationed at the Orlando Naval Base (now Baldwin Park). Orlando was a small city. The airport left suitcases on curb! The base hospital was World War II Quonset huts (think the TV show MASH) but had the best trained staff and equipment. Coming from living in Manhattan, it was a bit of a culture shock. Again, it was a great experience. After the Navy, my

husband and I returned to NYC and Bellevue Hospital. My husband finished his fellowships, I completed my Masters at NYU, and we had 2 daughters. After that, we came back to Orlando started our life here, and added another daughter. Although we have a large extended family in the Orlando area, we are not the Covelli’s who own Panera Bread!



I love clinical nursing, and I have worked in a variety of areas. While my children were young, I worked part time at Winter Park Hospital and was an adjunct for Florida Southern College. I had UCF students on my units and UCF instructors recruited me. I had a choice between a Nurse Manager position at Winter Park and a UCF instructor faculty position. Since my children were young, the prospect of summers off made my decision. I thought that I would teach for a year or 2—that was over 30 years ago! I stayed in one location—but the university and Nursing kept changing and expanding. My position and role in the College of Nursing kept changing. I also expanded my education and faculty role. I went to the University of Florida and immersed myself in research, earned a PhD and went from instructor to associate professor. Interestingly, for a couple of years, my three daughters and I were at UF at the same time. One was in medical school, one was in nursing, and the other in education. Again, a great experience.

What motivated you to pursue a career in nursing?

My mother was a nurse and I always loved her stories. When I was 16, I was at my brothers' baseball game at a neighborhood park. A player slid into second base and smashed his head on the cement bench where I was sitting. Blood was everywhere and everyone just stood there. I hated the feeling of not knowing what to do. I decided that I wanted to be a nurse like my mother and learn "what to do." As I look back on my career choices-- I worked in places where I learned what to do in a crisis and in chaos. I wanted to learn so I would not be "surprised."

What are some of your research interests and why are you passionate about them?

My research focus was heart disease. I had a wonderful mentor at UF. I minored in physiology, and my mentor was a fetal physiologist with an interest in cardiac disease. I studied fetal developmental plasticity and its implication in adult chronic disease in African Americans. I worked at Jones High School with African American adolescents with a history of low birth weight. The most interesting part, was that I was provided to the UF medical school physiology labs for measuring cortisol. Mentors are the best asset that one can have for developing practice, research and life in general.

What are some things you enjoy doing in your free time?

I love travelling, hiking in the mountains, going to the beach and just about anything that is outside and is a family activity. My three daughters now live in Orlando and I have 9 grandchildren- ages 2 – 14. I love family

vacations and gatherings.

Last weekend we had a sports triad – baseball, volleyball and soccer games. They keep me young!! We had planned a family hike up Mount Mitchell in NC- but COVID ruined that plan. The good news is that I got into shape for the climb—the bad news is that I have to maintain that shape until next year! Again—a great experience.



What advice would you give a CON student?

I love Nursing. It is the most fascinating career. It is challenging, emotionally uplifting and draining – but never dull. I love my experiences and stories. So my advice—take advantage of the opportunities to learn and expand. Embrace change and respect the past. The road ahead is always changing- be ready for the challenge.

I wish you joy on your journey and stories to tell.



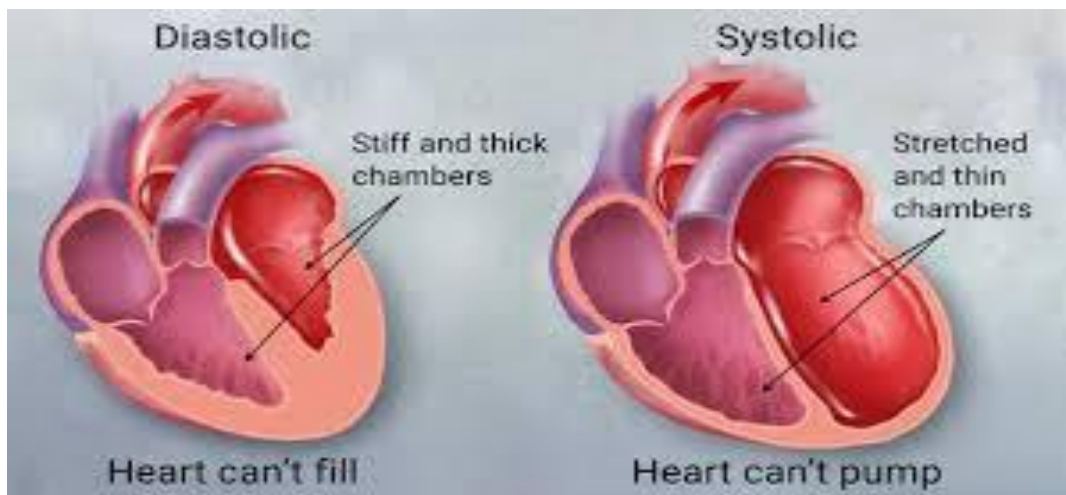
Congestive Heart Failure

Sadie Richards

SNA Vice President, Basic BSN '21

What is Congestive Heart Failure?

Congestive heart failure (CHF) is a chronic progressive condition that affects the ability of the heart to effectively pump blood. This inefficiency of the heart causes inadequate tissue perfusion and can cause fluid overload. There can either be systolic dysfunction, which occurs when the heart is not contracting efficiently due to damage, or diastolic dysfunction, which is caused by inadequate filling of the ventricles.



Risk Factors

- High blood pressure
- Coronary Artery Disease
- Heart attack
- Diabetes
- Valvular disease
- Congenital heart defect
- Older adults at greater risk

Clinical manifestations

Signs and symptoms may vary depending on whether it is right sided or left sided heart failure. It is important to note that left sided heart failure can lead to right sided heart failure over time. Left sided heart failure causes fluid to back up into the lungs, which causes pulmonary hypertension (HTN). Pulmonary HTN makes it difficult for the right ventricle to pump effectively, leading to right sided failure.

Left-sided HF

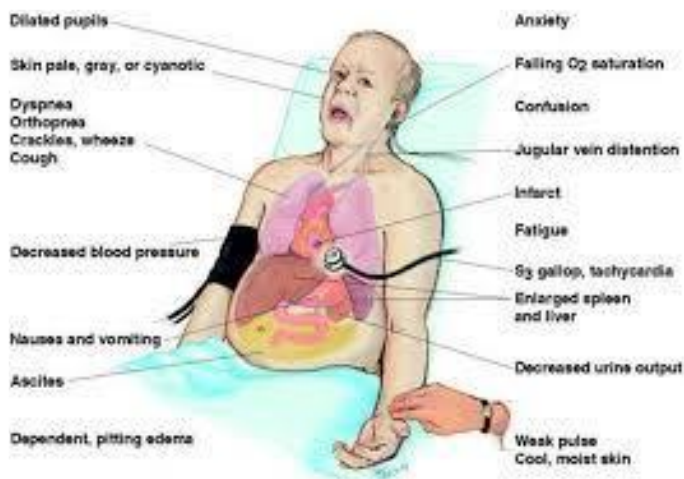
- Dyspnea or shortness of breath during minimal to moderate activity
- Fatigue and reduced ability to exercise.
- Dry and nonproductive cough
- Pulmonary crackles
- Low oxygen saturation levels

Right-sided HF

- Blood backs up into the vena cava, causing liver and spleen engorgement.
- Accumulation of fluid in the peritoneal cavity causes abdominal distention and GI distress (ascites)
- Decreased appetite due to venous engorgement and venous stasis within the abdominal organs.
- Peripheral edema and jugular vein distension.

Both

- Rapid and irregular heartbeat due to inadequate tissue perfusion.



Diagnostic tests needed

- **Electrocardiogram (EKG/ ECG)** to assess heart rate and rhythm. It also indirectly assesses the size of the ventricles and blood flow to the heart muscle.
- **Chest X-ray** to visualize the size of the heart and the presence of fluid in the lungs.
- **B-type natriuretic peptide (BNP)** is a chemical that is located in the ventricles and may be released when the heart muscles are overloaded. BNP inhibits sodium and water absorption in the kidneys, and blocks secretion of renin and aldosterone. This is a compensatory mechanism that enables the body to excrete excess fluid, takes fluid off the heart, and reduces afterload to make it easier for the heart to pump.
- **Blood tests** such as a complete blood count (CBC), electrolytes, glucose, creatinine and BUN, are used to evaluate renal function.
- **Echocardiography or ultrasound** may be used to determine systolic and diastolic ventricular performance, cardiac output (ejection fraction), and pulmonary artery and ventricular filling pressures. Normal ejection fraction is about 55% to 70%.

Pharmacologic Therapy

- **ACE Inhibitors** promote vasodilation and diuresis by decreasing afterload and preload.
- **Angiotensin II Receptor Blockers** block the conversion of angiotensin I at the angiotensin II receptor and cause decreased blood pressure, decreased systemic vascular resistance, and improved cardiac output.
- **Beta Blockers** reduce the adverse effects from the constant stimulation of the sympathetic nervous system.

Pharmacologic Therapy Continued

- **Diuretics** remove excess extracellular fluid by increasing diuresis.
- **Digoxin** helps damaged heart pump more effectively.
- **Calcium Channel Blockers** are excellent drugs for lowering blood pressure but, are contraindicated in patients with CHF because it could exacerbate symptoms.

Additional Therapy

- **Supplemental Oxygen** - due to pulmonary congestion and hypoxia
- **Ultrafiltration** - treats severe fluid overload by removing excess fluid
- **Cardiac Resynchronization Therapy (CRT)** - use of a biventricular pacemaker to treat electrical conduction defects
- **Cardiac Transplant** - is the only option for long term survival

Nutritional Therapy

- **Sodium restriction** - A low sodium diet reduces fluid retention and the symptoms fluid overload.

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Student Spotlight

Anna Kurtek

Basic BSN '21

Tell us about yourself and what brought you to UCF?

Hello everyone! My name is Anna and I am 22-years-old. I was born in Swietochlowice, Poland and grew up in Sarasota, FL. I decided to further my education at the University of Central Florida because of the liveliness of the city of Orlando. UCF is one of the largest schools in the nation, as well as the most diverse. I wanted to be a part of something that welcomes everyone, and conveys messages of acceptance.

What motivated you to pursue a nursing education?

I was motivated to pursue a nursing education because it is an honor to take care of the most vulnerable populations. I am an altruist and empath. Since my childhood, I've known my niche in this world was for healing. I have always been that person to ensure that those around



me are physically and mentally able, and if not, I sat at their side. I want to spread light into the lives of those who might be having the darkest days yet. My mother was also a midwife in Poland, so I like to think I inherited her caring hands.

What is your favorite experience/part of nursing school?

My favorite experience of nursing school is the whole crazy experience in itself. I have met amazing people who have influenced me to be the best version of myself possible. I have gained a very rewarding education, friends, future coworkers, and professors who truly care. I have had meaningful conversations with patients, and I have expanded my compassion. Even staying up until 4 AM to study has created stories and memories to be told. The whole experience has been beautifully chaotic.

How have you been involved at UCF?

I have been working alongside Dr. Diaz in a research study that focuses on healthcare disparities and their quality of care. Healthcare disparities related to race and ethnicity continue to influence the quality and prompt delivery of care provided to minority patients. Through research, we have found that many minority populations receive poorer quality of care. Our main focus relates to the struggles Hispanic women and women of color face while receiving maternal care. Hispanic and African American women endure increased rates of infant mortality and postpartum depression. As a team, we created a simulation based experience to educate those around us

to provide more attention and care to those facing disparities. This is the first step in increasing quality of care for those who need it, and to provide an eye-opening experience to nurses all around.

What advice do you have for other CON students?

Some advice that I have for other College of Nursing students is simply, keep going. I am sure there is a good amount of us that have gotten further than we ever thought we would. We have conquered so many obstacles in the past that we didn't think we would be able to get through, and we can do it again. I am extremely proud of all of us, so give yourself some credit! We are all so hard on ourselves, but give yourself a little self-love after reading this because your body loves you! Love it back, and be kind to yourself. We did it, and will continue doing it.

What do you enjoy doing in your free time?

In my free time, I enjoy reading and yoga. I also like to spend as much time as possible with those around me. I enjoy doing the simple things in life because sometimes, those are the best things.



Life of a Student Nurse Intern

Amanda Shover

SNA Secretary, Basic BSN '21

I'm Amanda, a senior in the UCF traditional nursing program. The time has continued to fly by as we are somehow already narrowing into the last few weeks in this unique fall semester. Back in late February of 2020, I was accepted for a position as a student nurse intern (SNI) at Orlando Health to work in the float pool that was scheduled to start in May 2020. Due to the unfortunate circumstances of COVID-19, my job as an SNI was no longer needed. Coming back to Orlando for school this fall, I decided to apply again, and I have to say this was absolutely the best decision I have made!!

Today, I work in the ORMC Trauma and Burn Stepdown Unit as an SNI on the day shift. I am required to do at least one shift per week, but some weeks, when school is a little slower (aka no exams coming up too soon), I like to pick up an extra shift. As an SNI, I fulfill the role of the nursing assistant/technician as well as some other unique skills that I was able to get checked off on. Some of what I have the opportunity to do is: phlebotomy, tracheostomy suctioning, burn dressings, EKGs, bladder scans, glucose checks, monitoring intake and output, patient hygiene, mobility, and more!



Lifeline Newsletter

Student Nurses' Association – UCF Orlando

A typical day in the life for me as an SNI on this unit starts with huddle at 6:45 in the morning. During huddle, we hear a general report from the night shift charge nurse and get our patient room assignments for the day. Usually, I have eight patients, but on days where I am the only SNI/NA, I will have all 16 patient rooms. I will then get a report on these patients from night shift and plan for my day as best I can! Because I work on a burn unit, one of my responsibilities is to assist and facilitate burn dressings with the RNs. I will check with them in the morning to see what time they want to proceed with the dressing and plan accordingly. I make strips, prepare the room and the patient for their dressing by making sure all supplies are in the room and ready to go when the RN comes in, and work with the nurse or complete the dressing on my own depending on the severity of the burn. Burn dressings have easily become one of my favorite skills at work as each one is so unique. Throughout the day, I perform all my needed tasks, and I always try to do anything extra to assist the patients and the nurses in any way I can! My shift nears the end around 7pm when I begin to give report to the oncoming night shift.

Throughout my experience on the unit thus far, I have gained an immense amount of clinical knowledge that isn't always taught in the textbook or classroom setting. I feel so much more comfortable communicating with patients, their families, and the healthcare team. I made it known on the floor that I am in nursing school, so the opportunities are endless, and I get to see and assist in so much with the amazing nurses on this floor! One of the biggest skills I have been able to work on is time management in the clinical setting which will benefit me moving forward into my final practicum semester in the nursing program! I would suggest this type of role to anyone in nursing school, and if anyone has any questions, I am always open to answering them! 😊

President's Corner

Samantha Cooney

SNA President, Basic BSN '21

Happy November! This year's 2020 FNSA Convention was a huge success! We are grateful to have been awarded the Legislative Award in Diamond Chapter. Additionally, our officers Josée Etienne and Chloe Frye's resolution in support of increasing awareness on the lack of pain assessments on patients of color was passed at the state level!! This resolution will now be fast tracked to the NSNA convention and will receive the opportunity to be passed at the national level! Several members of SNA were also awarded scholarships for their dedication in and out of the classroom in nursing school.

There were many great workshops that were provided in convention such as 12 Lead EKG sessions, tips and tricks for working in an ER, pharmacology made easy, post-graduation opportunities, and more! Each zoom session prepared student nurses for future clinical experiences and provided NCLEX studying tips.

At the end of the session, questions for the speaker were welcomed. This was a great learning opportunity for all that attended! We are SO excited for the 69th annual NSNA national convention which will take place in Houston, Texas on April 7th-11th. More information on this is soon to follow! Have a great rest of the semester!



Resolution at State Convention

Josée Etienne

SNA Legislative Director, Basic BSN '21

IN SUPPORT OF INCREASING AWARENESS ON THE LACK OF PAIN ASSESSMENTS ON PATIENTS OF COLOR.

A few weeks ago, Chloe Frye and I worked on a resolution to submit to the Florida Nursing Students Association's (FNSA) state convention. The resolution was titled "In Support of Increasing Awareness on The Lack of Pain Assessments on Patients of Color." This resolution was essential to me, my colleagues, friends, and the countless People of Color who have been under-assessed or treated for pain. One is unable to imagine the fear that accompanies this desire for change. As a Black woman, I had to present this resolution through neutral eyes. I had to scrape the melanin off my skin and think as a healthcare provider. I had to solely think of the human beings who deserve quality care and yet failed to receive it. With that came fear. I was afraid that the majority of the population would not understand my hunger for change due to their lack of experience. Also, I was fearful that the minority would say that I did not show *enough* appetite.

In our presentation at convention, we stated that "***pain is universal, it is an unwanted feeling, and known as the fifth vital sign.***" Chloe and I wanted to demonstrate that a Person of Color and a Person of Caucasian Descent can agree on the existence of racial bias in healthcare and that we could both strive to increase awareness of the cause. The current literature

reveals that implicit racial bias is present in healthcare students as early as their first year of training (Maina et al., 2018). Future caregivers are starting on an intoxicating path, with toxins that later influence how they assess and treat patients. That is why it is crucial to increase racial bias awareness to ensure that every employee examines themselves through transformative learning theory (TLT) and expels racial discrimination in their care. We finished strong by stating, ***“Pain is universal, it is an unwanted feeling, and known as the fifth vital sign. Racial bias is not proper pain management.”***

Our resolution was voted on and supported by several convention attendees and, most notably, by FNSA. The goal is for this resolution to continue climbing on the healthcare ladder and land on national associations and hospitals' rooves worldwide to encourage them to implement TLT or similar programs to allow employees to assess their racial bias and implement personal changes. Racial bias is a systemic issue and we can help drive positive change.

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Heart Failure with Preserved Ejection Fraction

Audrey Been

SNA Historian, Basic BSN '21

Heart failure with preserved ejection fraction (HFpEF) occurs as a result of the ventricles being unable to relax and fill with blood properly, however, they still contract and pump blood normally. This leads to a decreased stroke volume and decreased cardiac output. This is also known as diastolic heart failure, because diastole is the phase of the heartbeat in which the heart relaxes and allows the chambers to fill with blood.

The ejection fraction is the amount of blood the left ventricle pumps out during each contraction and normal values are between 50-70%. For example, an ejection fraction of 50% means half the total amount of blood in the left ventricle is being pumped out during a heartbeat. HFpEF maintains a normal ejection fraction.

Symptoms include shortness of breath with exertion or at rest, decreased exercise tolerance, chest discomfort, edema in legs/feet, shortness of breath when lying flat, and nocturnal dyspnea. Signs include S3 heart sound/gallops, distended jugular vein, and displaced apical pulse. HFpEF can be diagnosed by echocardiogram displaying normal ejection fraction with impaired diastole, BNP level of above 100pg/mL, and if it can't be verified

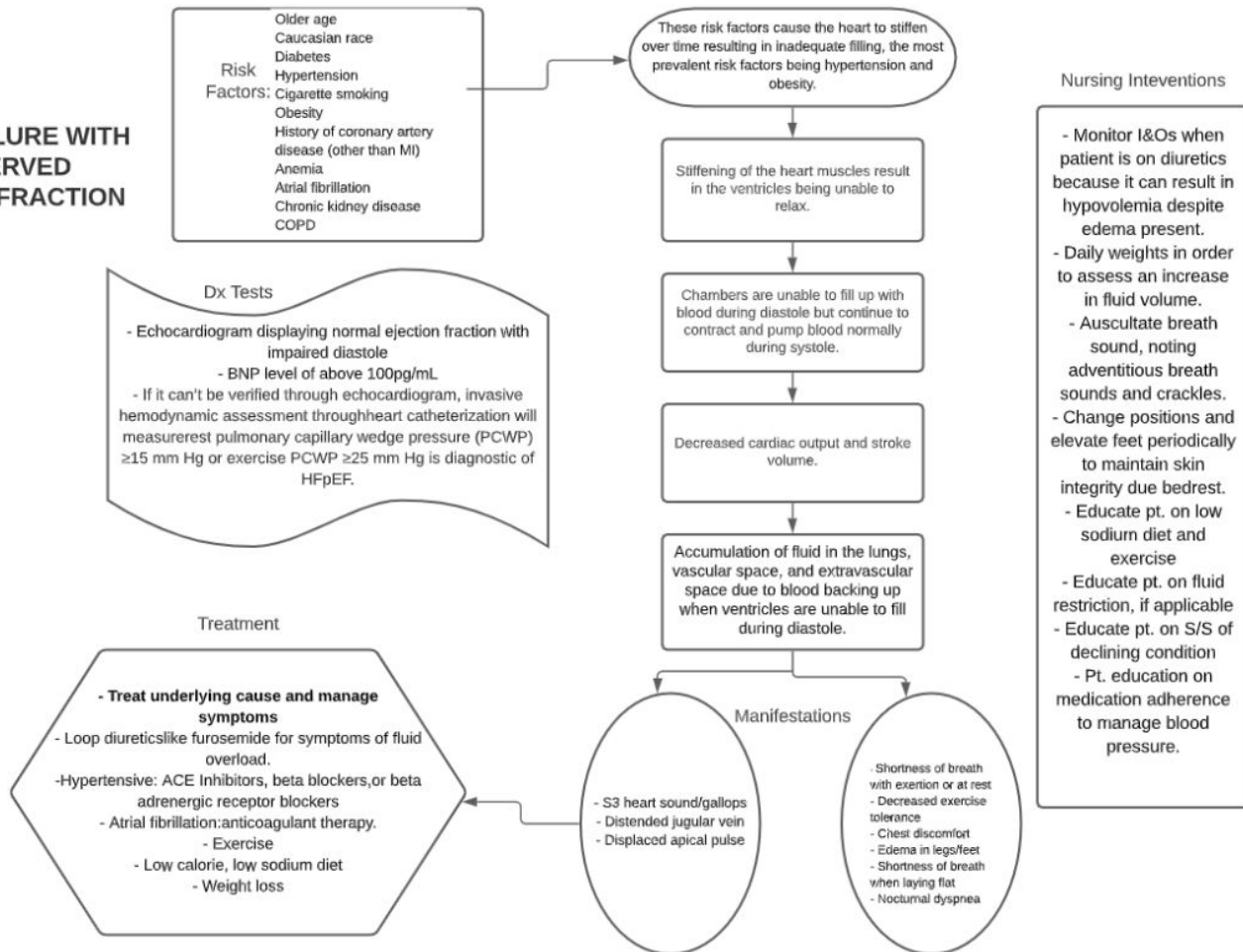
through echocardiogram, invasive hemodynamic assessment through heart catheterization will measure rest pulmonary capillary wedge pressure (PCWP) ≥ 15 mm Hg or exercise PCWP ≥ 25 mm Hg is diagnostic of HFpEF.

Treatments for HFpEF mainly focus on treating the underlying cause and managing symptoms. Treatment varies depending on patient's conditions, and this may include loop diuretics, antihypertensives, anticoagulants if the patient has atrial fibrillation, exercise, and weight loss.

Nursing interventions include patient education on the importance of adherence to prescribed medication such as antihypertensives and other therapies in order keep the condition under control. Patient education on signs and symptoms of the disease is important so that patients know what to look out for if their condition is declining, such as shortness of breath, edema, and increasing body weight, which can be an indication of excessive fluid. The nurse should educate the patient on fluid restriction, if applicable, as well as low sodium diets and routine exercise because these can help manage blood pressure. Another important interventions is monitoring I&Os when the patient is on diuretics because administration can result in hypovolemia despite edema present. Patients with low oncotic pressure can have interstitial edema, but be intravascularly dry. As a result, diuretics without adequate oncotic pressure can lead to loss of intravascular fluid and hypotension. Daily weights should be done in order to assess an increase in fluid volume. Additionally, the nurse auscultates breath sounds, noting adventitious breath sounds and crackles, and changes the patient's positions and elevates the feet periodically to maintain skin integrity during periods of bedrest.

See the next page for a PathoFlow to put all the information together!

HEART FAILURE WITH PRESERVED EJECTION FRACTION



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Announcements & Upcoming Events!



The next
Newsletter
Submission
Deadline is
January 17th!
Earn 2 SNA
points!

National
Convention is
April 7-11th,
2021!

Next General
Meeting is
January 27th
at 1700!

Join our
KnightThon or
Relay for Life
teams!

Contact Info for the 2020-2021 SNA Board!



President	Samantha Cooney	ucfsnaorlpresident@gmail.com
Vice President	Sadie Richards	ucfsnaorlvicepresident@gmail.com
Secretary	Amanda Shover	ucfsnaorlsecretary@gmail.com
Treasurer	Chloe Frye	ucfsnaorltreasurer@gmail.com
Clubhouse Director	Leah Utt	ucfsnaorlclubhouse@gmail.com
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Facebook: Student Nurses

Association: UCF -Orlando

Instagram: snaucforlando

Website: snaucforlando.com

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Legislative Elect	Lauren Fuller
Treasurer Elect	Monique Ccenteri

