The

Torch

The Official Newsletter from the Virginia Nursing Students’ Association
My Summer Externship Experience

Submitted by: Andrea King
Breakthrough to Nursing
Senior, UVA

This summer I had the pleasure of participating in a nursing externship at the Salem Veterans Affairs Medical Center, which is located in Salem, VA. The program is referred to as the Veterans Affairs Learning Opportunity Residency (VALOR) Program, and is well known across the Veterans Affairs hospitals throughout the country. It's considered a government job that has many great benefits, including great pay, and wonderful experiences! It is competitive to get in, as there were only five of us externs, however I promise you it is well worth it, as I drove two hours to work and two hours from work everyday Monday through Friday for three months!

The experiences that I gained from the VALOR program are like no other. I spent 400 hours this summer practically working as a “real nurse” on Medical-Surgical units, the Emergency Department, the Medical ICU, the Surgical ICU, Primary Care Clinics, Women's Health Clinics, and Mental Health. What I mean by “working as a ‘real nurse’” is that I had so much practice and eventually confidence in my nursing skills that I had the autonomy and independence to feel like I was working as an actual nurse, however of course my preceptor oversaw everything I did. By the end of the program, I became confident in administering medications, starting IVs and hanging IV medications, performing EKGs, inserting and removing Foley catheters, performing a nursing assessment, performing patient teaching, interacting with the doctors, the therapists, and the nutritionists on behalf of my patients, and lastly documentation. By the time the program ended, I felt very comfortable with completely handling a patient load of six. I also had a variety of interdisciplinary experiences. These include shadowing one of the hospital’s chaplains, following several different nurse practitioners, having a behind-the-scenes lab tour, running a free pneumonia vaccine clinic, and participating in some of the other programs offered by the Veterans Affairs hospital, like the substance abuse program for instance. I was also able to see a transcutaneous endoesophageal echocardiogram (TEE), a cardioversion, and a cardiac catheterization.

Dr. LaPuz, the director of the Salem Veterans Affairs Medical Center, Andrea, and Dr. England, chief nursing executive of the Salem Veterans Affairs Medical Center.

Are you interested in running for the 2014-2015 Board of Directors?

Interested in running for the VNSA Board of Directors? Join NSNA and contact our Nominations and Elections Chairperson, Karissa, for more information at vnsanominations@gmail.com

For a list of each position’s duties, click HERE!

If you would like to attend a meeting, please feel free to contact anyone on our board of directors for finalized dates, times, and locations. Once you see firsthand how great being a board member would be, come to our annual VNSA convention and run for a position!

To view and print the application form, click HERE!

The 62nd Annual VNSA Convention

Save the Date
Location
Saturday, January 25, 2014
Founder’s Inn
Virginia Beach, VA

Location

Are you interested in running for the 2014-2015 Board of Directors?

Interested in running for the VNSA Board of Directors? Join NSNA and contact our Nominations and Elections Chairperson, Karissa, for more information at vnsanominations@gmail.com.

For a list of each position’s duties, click HERE!

If you would like to attend a meeting, please feel free to contact anyone on our board of directors for finalized dates, times, and locations. Once you see firsthand how great being a board member would be, come to our annual VNSA convention and run for a position!

To view and print the application form, click HERE!

My Summer Externship Experience

Submitted by: Andrea King
Breakthrough to Nursing
Senior, UVA

This summer I had the pleasure of participating in a nursing externship at the Salem Veterans Affairs Medical Center, which is located in Salem, VA. The program is referred to as the Veterans Affairs Learning Opportunity Residency (VALOR) Program, and is well known across the Veterans Affairs hospitals throughout the country. It’s considered a government job that has many great benefits, including great pay, and wonderful experiences! It is competitive to get in, as there were only five of us externs, however I promise you it is well worth it, as I drove two hours to work and two hours from work everyday Monday through Friday for three months!

The experiences that I gained from the VALOR program are like no other. I spent 400 hours this summer practically working as a “real nurse” on Medical-Surgical units, the Emergency Department, the Medical ICU, the Surgical ICU, Primary Care Clinics, Women’s Health Clinics, and Mental Health. What I mean by “working as a ‘real nurse’” is that I had so much practice and eventually confidence in my nursing skills that I had the autonomy and independence to feel like I was working as an actual nurse, however of course my preceptor oversaw everything I did. By the end of the program, I became confident in administering medications, starting IVs and hanging IV medications, performing EKGs, inserting and removing Foley catheters, performing a nursing assessment, performing patient teaching, interacting with the doctors, the therapists, and the nutritionists on behalf of my patients, and lastly documentation. By the time the program ended, I felt very comfortable with completely handling a patient load of six. I also had a variety of interdisciplinary experiences. These include shadowing one of the hospital’s chaplains, following several different nurse practitioners, having a behind-the-scenes lab tour, running a free pneumonia vaccine clinic, and participating in some of the other programs offered by the Veterans Affairs hospital, like the substance abuse program for instance. I was also able to see a transcutaneous endoesophageal echocardiogram (TEE), a cardioversion, and a cardiac catheterization.

On top of all of those wonderful experiences, I also had excellent educational experiences. For instance, I attended one-of-a-kind training sessions in project management, leadership foundations, and emotional intelligence; I earned Continuing Education Units (CEUs) for those courses. I also took an EKG class and became ACLS certified! Additionally I created an up to date cover letter and resume with the help of medical professionals. Lastly, but most importantly, I participated in and presented research.

Dr. LaPuz, the director of the Salem Veterans Affairs Medical Center, Andrea, and Dr. England, chief nursing executive of the Salem Veterans Affairs Medical Center.

Are you interested in running for the 2014-2015 Board of Directors?

Interested in running for the VNSA Board of Directors? Join NSNA and contact our Nominations and Elections Chairperson, Karissa, for more information at vnsanominations@gmail.com.

For a list of each position’s duties, click HERE!

If you would like to attend a meeting, please feel free to contact anyone on our board of directors for finalized dates, times, and locations. Once you see firsthand how great being a board member would be, come to our annual VNSA convention and run for a position!

To view and print the application form, click HERE!
Recently, I traveled abroad for helping the Resource Mothers deter-
abroad trip. These skills are useful in
Resource Mothers on a similar study
introduced vital sign training to the
nursing and physical therapy students
In 2012, Old Dominion University
appointments and postpartum care.
rs, or neighborhoods, with prenatal
age mothers from their own barri-
The Resource Mothers assist teen-
perform while work-
pressure, pulse and respiratory rate,
to review the steps of taking a blood
life. Our teaching assignment was
to provide training and edu-
Dominican Republic. Our mission
was to provide training and edu-
cation for the Resource Mothers
program of Physicians for Peace.
Resource Mothers, or Madres
Tutelares, are community work-
ers in the Dominican Republic who
mentor at-risk teenage mothers to
ensure a safe and healthy pregnan-
cy, delivery, and first year of a child's
life. Our teaching assignment was
to review the steps of taking a blood
pressure, pulse and respiratory rate,
a valuable skill for the Resource
Mothers to perform while work-
ing with their clients in the barrios.
The Resource Mothers assist teen-
age mothers from their own barri-
os, or neighborhoods, with prenatal
appointments and postpartum care.
In 2012, Old Dominion University
nursing and physical therapy students
introduced vital sign training to the
Resource Mothers on a similar study
abroad trip. These skills are useful in
helping the Resource Mother's deter-
mine when to encourage their clients
to seek professional medical attention.
For my teaching assignment, I was as-
signed to a Resource Mother who had
only been in the program for about three
months, so she had not received prior
training from the nursing students. I
assisted her with obtaining a blood pres-
sure cuff and a stethoscope in order to
perform the task at hand. At the begin-
ing of the teaching session, I taught her
some basic information about using the
blood pressure cuff and the stethoscope.
I worked with a Spanish speaking
translator to provide this information.
One thing I must mention is
that I had not taken a Spanish class
since I received my Bachelors in Psy-
chology in 2005. My Spanish speaking
abilities were poor, but I made attempts
to get the proper translation before speaking. My Resource Mother did
not speak any English. This language
barrier created a challenge to teaching
because all communication had to go
through the translator. As a student,
I had learned about using translators
but had never had the opportunity to
do so in clinical. The teaching session
was more difficult and more stress-
ful for both the Resource Mother and
me because of the language barrier.
Upon observation of her tak-
ing my blood pressure, I could see her
determination to be successful and get
an accurate blood pressure. With her
first response of exactly "120/80", I re-
membered how intimidating it can be to
learn these new skills. I started think-
ing about how I felt as a new nursing
student when I was learning to take pa-
tient's vital signs. This moment made
me realize how challenging it must be
to not only learn a new skill, but to have
it taught by someone who speaks a dif-
ferent language. As a nursing student
and a future nurse, I will have more op-
opportunities to work with patients who
speak a different language. This study
abroad opportunity made me realize the
challenges of providing patient teaching
to non-English speaking patients. It is
important to make sure that the patient
accurately understands the information
This experience of teaching
through a translator has taught me a
valuable lesson that I would have never
had the opportunity to experience un-
less I had gone on this trip. My expe-
rience in the Dominican Republic made
me think about how I might interact
with patients that are not only of a differ-
culture but also speak another lan-
guage than me while caring for them in
a hospital setting. In the future, I know
how much learning another language
would benefit me as a nursing pro-
fessional. This trip greatly influenced
my interest in improving my Spanish.
After having the opportuni-
ty to go to the Dominican Republic
and work with the Resource Mothers, I
would highly recommend other nursing
students to consider participating in a
medical mission trip. This trip gave me
valuable experience for my future career
in caring for individuals of a different
culture and language. Outside of teach-
ing the resource mothers, I learned a lot
about interacting through a language
barrier and some of the social norms of
the Dominican culture that I could have
never learned from a textbook.
As a junior nursing student at Old Do-
minion University, I had the opportuni-
ty to attend a medical mission trip to the
Dominican Republic. After attending
this trip, it truly opened my eyes to the
importance of recognizing the language
and cultural barriers that may exist
while caring for patients. I am excited
to be advancing into my senior year in
August. For any questions or comments
about this article or the study abroad
experience, feel free to contact me.
**Humerus! Nursing Encounters**

I stumbled upon this website by Linda Lampart entitled “Funny things only nurses get to see!” where she told several funny to start up our own collection of stories!!! Please send vsnatorcheditor@gmail.com some of your personal, funny nursing encounters or most embarrassing moments of nursing school for the next Torch Edition (HIPPA approved - of course!!).

1) “I think one of the worst for me was my scrub bottoms fell off during a code. I don't know how it happened at all but I was up doing compressions and felt them just give out and down they went. I would have been a lot more embarrassed but I always wear gym shorts underneath. The next day when another code was called, a doctor handed me duct tape before we left our unit so I could tape my pants up.”


2) “When I was in nursing school, I had a patient who was put on a low-salt diet. My instructor told me this would be a good opportunity to get in a teaching care plan. I went through everything in detail, giving my patient examples of foods to eat and even going through her regular foods she ate at home. When we finished, she thanked me and said that this would be a great help to her. When I went back to check on her, a family member was present and had just brought her McDonald's per the patient’s request. Both looked at me for a few seconds with that “caught red-handed” look. Breaking the silence, my patient said, “I didn’t put any salt on it.” I couldn’t help but smile and nod, and think to myself that it was a start.”

—Lauriel Finch

---

**ATI - Nursing NCLEX Review Questions**

A nurse is preparing for the admission of a client who has a temperature of 27º C (81º F). Which of the following rewarming methods should the nurse anticipate implementing?

A. Applying a heating blanket.
B. Administering warm IV fluids.
C. Offering warm, oral fluids to drink.
D. Covering extremities with heated towels.

**RATIONALES:**

A. Clients experiencing severe hypothermia have a body temperature below 28º C (82º F). The use of active external rewarming devices such as heating blankets is contraindicated in clients with severe hypothermia because it can cause rapid vasodilation which increases the client’s risk for cardiac arrest.

B. CORRECT: This client's temperature of 27º C (81º F) indicates the presence of severe hypothermia. The treatment of choice for clients with severe hypothermia is internal rewarming methods (e.g., cardiopulmonary bypass, warm IV fluid administration, and warm peritoneal lavage). These clients should be assessed for complications of rewarming which include fluid and electrolyte imbalances, acute respiratory distress syndrome, and renal failure.

C. The treatment of clients with mild hypothermia 32º to 36º C (90º to 97º F) may include offering warm, high-carbohydrate fluids to drink. Other acceptable methods of rewarming clients with mild hypothermia include external rewarming devices such as heating blankets, warm blankets, warm packs, and convective air warmers. A client with severe hypothermia would not be coherent enough to safely consume oral fluids.

D. The treatment of clients with moderate hypothermia 28º to 32º C (82º to 90º F) may include active external rewarming (e.g., warm clothing, warm blankets) and internal rewarming (e.g., warm IV fluids, heated oxygen, warm gastric lavage) methods. However, placing heated towels on the extremities is contraindicated as a rewarming method because it places the client at risk for “after-drop”. This complication occurs when the extremities are warmed first, causing peripheral vasodilation that sends cool blood back into the central circulation.

---

NCLEX Category: Physiological Integrity
NCLEX Sub-category: Physiological Adaptation


Facebook is a social utility that has dominated social connection within the last few years. It is the world’s largest social network, with more than 900 million users as of May 2012. It has altered the way people share and receive information as well as how they connect with friends and family. With this in mind, VNSA is now apart of this social frenzy in hopes to unite nursing students across the beautiful state of Virginia. We will post upcoming VNSA events and topics for discussion, and of course, allow you to keep in touch with your nursing friends throughout the state!

Group name:
VNSA-Virginia Nursing Students’ Association

“Like” us TODAY!

Contact Us

VNSA@gmail.com

Follow me!

Virginia Nursing Students’ Association
P.O. Box 1843
Charlottesville, VA 22903-0543

On the Web

http://www.vnsa.us