

The
Torch

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The Official Newsletter from the
Virginia Nursing Students' Association

The 62nd Annual VNSA Convention

Save the Date

Saturday,
January 25, 2014

Location

Founder's Inn
Virginia Beach, VA

leadership
motivation
dedication
excellence
drive
discipline
passion
heart

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 expe-

riences, 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 Continued 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. I,



Andrea King and Jialeou Hwan, a BSN student at Radford University

along with the four other students in my cohort, conducted research on Virtual Bedrails and presented it to the Nurse Executives of the Salem Veterans Affairs Hospital. We also created and presented an in-service to the staff of the entire hospital on the oral hygiene of patients. 12 thousand miles later- that's the total amount of miles I drove just to and from work alone this summer, I am happy to say that I had the opportunity to participate in the VALOR program. I highly recommend nursing students to participate in externship programs, regardless of which program you shall choose.



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.

Nursing education: [Lessons learned from mission trip to Latin America]



Submitted by:
Jessica Fluharty
Senior Nursing Student
Old Dominion University

Recently, I traveled abroad for a medical mission trip to the Dominican Republic. Our mission was to provide training and education for the Resource Mothers program of Physicians for Peace. Resource Mothers, or Madres Tutelares, are community workers in the Dominican Republic who mentor at-risk teenage mothers to ensure a safe and healthy pregnancy, 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 working with their clients in the barrios. The Resource Mothers assist teenage mothers from their own barrios, 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 determine when to encourage their clients to seek professional medical attention. For my teaching assignment, I was assigned 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 pressure cuff and a stethoscope in order to perform the task at hand. At the beginning 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 Psychology 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 stressful for both the Resource Mother and me because of the language barrier.

Upon observation of her taking 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 remembered how intimidating it can be to learn these new skills. I started thinking about how I felt as a new nursing student when I was learning to take patient'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 different language. As a nursing student and a future nurse, I will have more 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 unless I had gone on this trip. My experience in the Dominican Republic made me think about how I might interact with patients that are not only of a different culture but also speak another language than me while caring for them in a hospital setting. In the future, I know to take extra steps to ensure that non



Nursing education: [Lessons learned from mission trip to Latin America] Continued...

English speaking patients understand our patient teaching. I also realized how much learning another language would benefit me as a nursing professional. This trip greatly influenced my interest in improving my Spanish.

After having the opportunity 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 teaching 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 Dominion University, I had the opportunity 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.



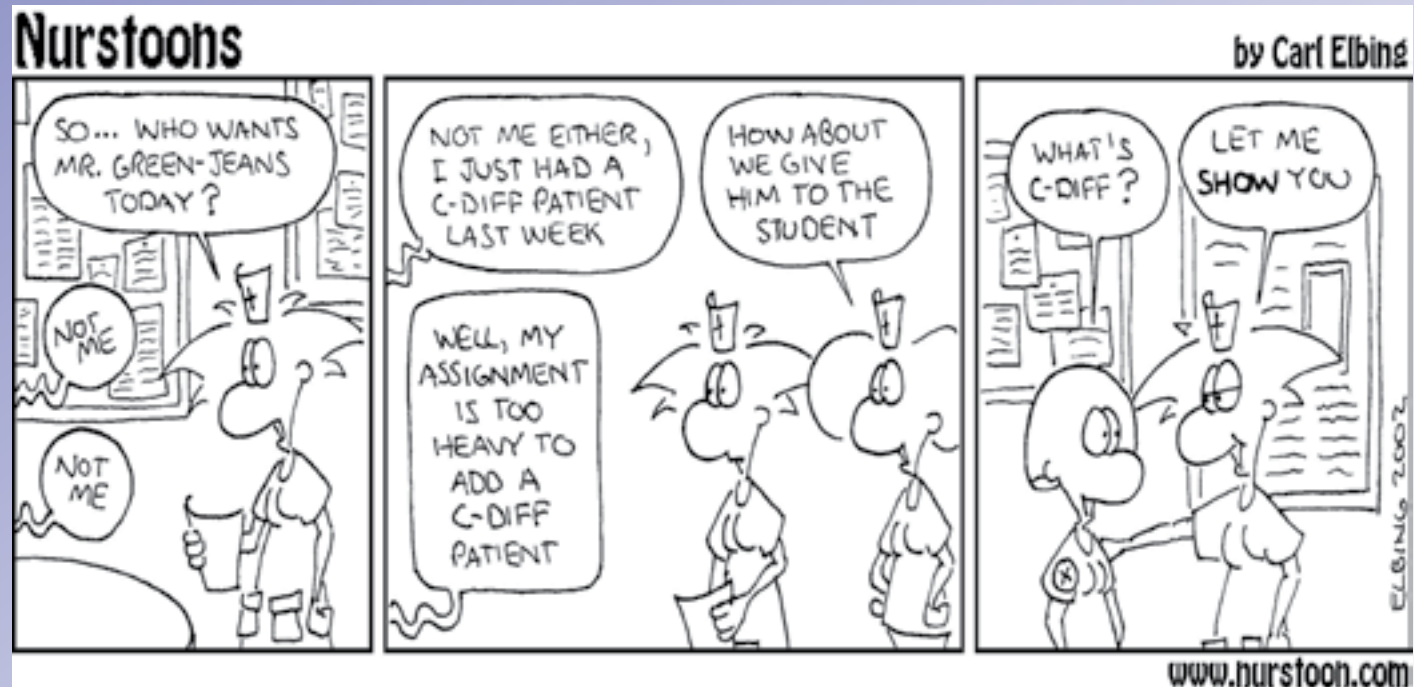
Humerus! Nursing Encounters

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 vnsatorcheditor@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.”
-<http://allnurses.com/general-nursing-student/funny-embarrassing-moments-471607.html>

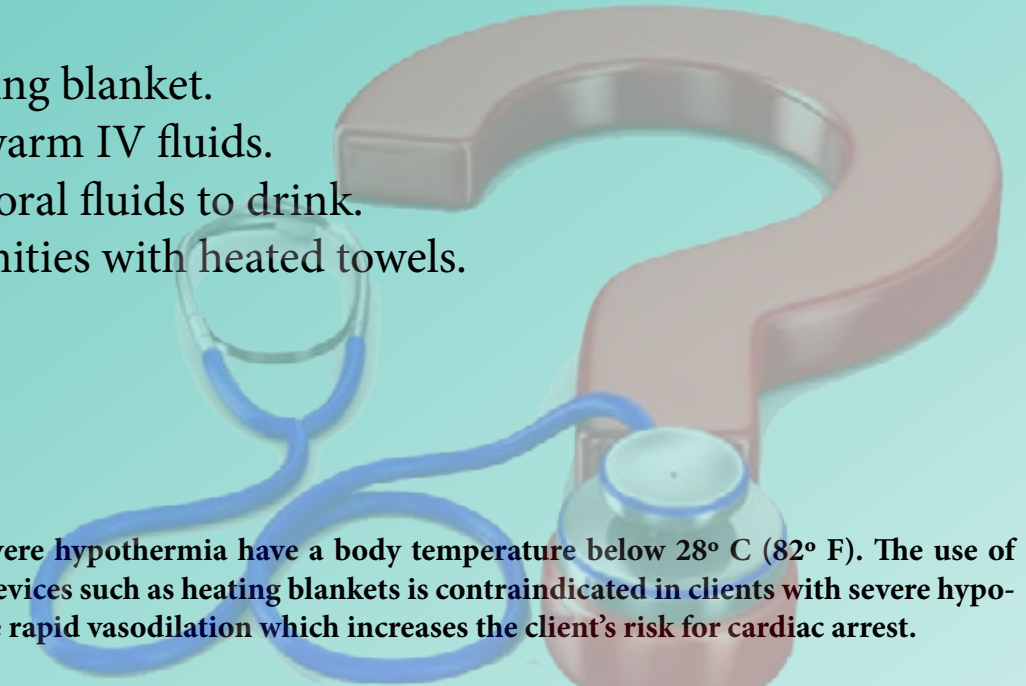
2) “When I was in nursing school, I had a patient who was put on a low-salt diet. My instructor told me this would be a good opportunity to get in a teaching care plan. I went through everything in detail, giving my patient examples of foods to eat and even going through her regular foods she ate at 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 27° C (81° 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 28° C (82° 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 27° C (81° 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 32° to 36° C (90° to 97° 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 28° to 32° C (82° to 90° 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

Ignatavicius, D. & Workman, M. (2012). Medical-surgical nursing: Patient centered collaborative care (7th ed.). St Louis: Elsevier (p. 148-149).

Suzanne C. Smeltzer, et. al (2010). Brunner and Suddarth: Textbook of Medical-surgical nursing (12th ed.). Lippincott (p. 2170).



Like us on
Facebook



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
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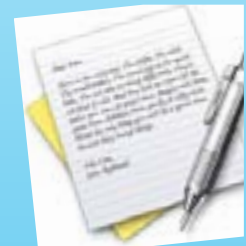
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