



WINTER ISSUE 2016

## THE TORCH NEWSLETTER

Published by the Virginia Nursing Student Association  
Caroline Cook, VNSA Torch Editor

*The Virginia Nursing Students' Association is a student-managed organization representing future nurses from over 75 nursing education programs throughout the Commonwealth of Virginia. We foster the professional and personal development of student nurses by providing educational resources, leadership opportunities, and career guidance.*



**Jesseca White**  
**University of Virginia**  
**2015-2016 VNSA President**

Hello VNSA!

My name is Jesseca White and I am a fourth-year nursing student at the University of Virginia and I am the 2015-2016 President of the Virginia Nursing Students' Association! I'm very excited for the great plans to unite nursing students from all across the state. I am honored to be a part of the VNSA Board of Directors as the new VNSA President and I look forward to working with nursing students and faculty.

This year I implemented the First Annual Council of Student Leaders (COSL) Summit that offered chapter leaders an opportunity to network and collaborate with other leaders in the state of Virginia, learn about and participate in a state-wide project to benefit nursing students across the state, and connect with members of the VNSA Board of Directors! The summit was held at the University of Virginia School of Nursing on November 7<sup>th</sup>, 2015 from 9am-2pm.

I also am excited to welcome you to our 64<sup>th</sup> Annual VNSA Nursing Convention! It will be held on February 6<sup>th</sup>, 2016 from 7am-5pm at Radford University School of Nursing! I am looking forward to making new connections throughout the state and I hope to you all there! Please feel free to contact me with any suggestions, comments, concerns, etc. at [vnsapresident@gmail.com](mailto:vnsapresident@gmail.com)! Thank you!



**Jenna Best**

**Paul D. Camp Community College  
2015-2016 VNSA 1st Vice President**

Hello VNSA! My name is Jenna Best and I am the 1<sup>st</sup> Vice President for the VNSA. I am so thrilled and honored to be serving as your 1<sup>st</sup> Vice President. As 1<sup>st</sup> Vice President, I am responsible for planning and organizing the annual state convention. The 64<sup>th</sup> Annual VNSA State Convention will be held on February 6, 2016 at Radford University's Waldron College of Human and Health Sciences in Radford, VA. This year's theme for convention is "Inspiration Today for a Healthier Tomorrow." The theme for this year focuses on teaching future nurses how to utilize creativity, compassion, knowledge, and critical thinking when delivering safe and effective nursing care for our patients. There will be 30 different breakout sessions which focus on how we can better ourselves as nurses to provide better patient care as well as other topics related to the nursing field. All information related to convention information and registration will be posted on the website at [www.vnsa.us](http://www.vnsa.us). I look forward to seeing y'all in February!

## *VNSA Annual Convention Inspiration Today for a Healthier Tomorrow*

Fun filled day of Breakout Sessions, NCLEX Review, Exhibitors , Book Signings, Keynote Speaker, and the Election of the 2016-2017 Board of Directors.

**February 6, 2016**

**7:00 am— 5:00 pm**

**Radford University, School of Nursing**

**801 E. Main St**

**Radford, VA 24142**



*Use your smart device to register TODAY! Or go to  
[www.vnsa.us](http://www.vnsa.us) and look for more information!!*

## Changes to CPR Guidelines

On October 15, 2015, the American Heart Association released the new CPR and ECC guidelines. There were many notable changes for both bystanders and healthcare professionals. Listed below are some important Health Care Professionals Basic Life Support CPR changes for nursing students to be aware of! These new updates will be taught by local instructors starting in the Spring of 2016.

**Emergency Response System:** Health care providers are encouraged to call for help when they see someone that is unresponsive. However, they now should check the breathing and pulse of the victim simultaneously before a full emergency response is activated.

**Chest Compressions:** Health care providers should give chest compressions and ventilation to all victims. The compression rate has now changed to 100-120 per minute. Rescuers should not lean on the chest in between chest compression sets to allow for full chest recoil. Chest compressions should be performed with minimal distraction, and with a depth that is at least 2 inches (5 cm) but no more than 2.4 inches (6 cm). Too much depth can cause tissue injury. However, it is important to remember that most rescuers compressions are often too shallow rather than too deep.

**AED Use:** For victims of witnessed cardiac arrest it is indicated that the AED be used as soon as possible. Therefore it is best for a rescuer who is alone to leave the victim and go find an AED before beginning CPR. If the rescuer is not alone, they can delegate another person to find an AED while they begin CPR. If the incident was not witnessed, 2 minutes of CPR should be performed before leaving the victim to begin CPR.

**CPR on an advanced airway:** Victims with an advanced airway should be given 1 rescue breath every 6 seconds during continuous chest compressions (American Heart Association, 2015).

These new changes allow for greater flexibility in the CPR response sequence to greater match the environment of the victim.

-Caroline Cooke, VNSA Torch Director

References:

American Heart Association. (2015). Adult basic life support and CPR quality: HCP BLS. *Highlights of the 2015 American Heart Association Guidelines Update for CPR and ECC*, 8-11. Retrieved from <http://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>.

## Do Ask, Do Tell

Recently, while attending our JMU NSA meeting I had the pleasure of listening to a presentation which target healthcare's need to better address the LGBT community. This powerful lecture presented many eye-opening points and highlighted the concerning reality, that the people of the LGBT community are experience major health disparities and are being largely neglect in their healthcare, leading to intensive and often grim complications.

As nurses and healthcare providers, the best thing we can do is prevent the overlook of healthcare to the LBGT population by talking to our patients about their sexual identity and sexual health. It is critical for patients to feel they can talk to their healthcare providers so they can be receive the best possible care, weather that's simply means being called by their preferred gender pronouns or if it means being screened for medical complications that this population is at greater risk for.

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## Nursing, Advocacy, and the Environment

This past summer, I had the opportunity to attend a conference about climate change, hosted by the



Alliance of Nurses for Healthy Environments (ANHE). It was a two day affair; the first day was spent in a conference room of a hotel, learning about the implications of climate change on health and the second day was spent visiting the offices of Virginia politicians. Our goal was to advocate for state initiatives to support slowing and reversing climate change; our focus was the Clean Power Plan. I met incredibly ambitious nurses from around the state and I was moved by their passion about this topic, driven by their first-hand encounters with patients'

whose health has been effected by the changing climate. For example, some of the nurses mentioned seeing more and more children with asthma and allergies, likely due to worsening air quality. Attending the conference taught me that it is important for nurses to care about what happens to our environment, and equally as important, made me realize the power of nurses when it comes to political advocacy.

From patient advocates to political advocacy, nurses have a multifaceted responsibility to protect and promote health. This includes educating ourselves about policies that effect patient health and wellbeing. If patient health is diminishing as a result of faulty politics or lacking policies, we must advocate for change. Policy makers want to hear from their constituents; all we have to do is get involved. And in belonging to one of the most trusted professions, our advocacy has great leverage. As we graduate nursing school and began practicing as nurses, we will be on the front lines, and we must be proactive about knowing how policies affect our profession and patient health, otherwise our patients will suffer and we will struggle to care for them. Please consider this as part of the scope of what we can do to help care for our patients. As future nurses, that is what we do best.

-Rachael Zrimm, Policy Initiatives Director VNSA

As we talk about the LGBT community, it is important to remember that it is vastly diverse. This acronym, 'LBGT', has been given for simplicity purposes, however it is important to note in here, it is being used as an inclusive term to refer to the countless other sexual identities and genders that exist beyond heterosexuality. Unfortunately this community has become bound as LBGT, because of the common stigmas and discrimination they face, especially within the healthcare system.

Demographically speaking, it is hard to define the exact size of the LGBT population due to countless factors. The Fenway Institute, explains, that it is hard to calculate the exact number because of a number of factors. These include: incomplete overlap between same-sex and opposite-sex behaviors and attractions; because there is not enough research conducted on this population, and because people do not answer perfectly honest in surveys, especially on stigmatized behaviors. Researchers from the Fenway Institute combined statistics from multiple population-based surveys and gathered that approximately 3.5% of Adults in the US identify as lesbian, gay, or bisexual and 0.3% of adults are transgender. This accounts to approximately 9 adults in the US. That being said, odds are all healthcare providers have or will serve members of this community throughout their practice. So be prepared, know what and how to ask people about their sexual identity and behaviors and know how to offer them respectful and appropriate health care.

Despite how far the LBGT community has come and how accepted members of this community are today; there are still red flags raised around LBGT individuals and their reluctance to seek healthcare. Many LGBT individuals do not feel comfortable seeking healthcare or disclosing their sexual identity to healthcare providers. For some, this has a lot to do with the stigma that has existed against the community throughout history. It was just until 1973 that homosexuality was listed under the DSM. Or for other, a memory of times past where being homosexual could land you a seat in shock therapy to 'shock you straight' rubs them the wrong way. Many members of this community fear the attitudes and discrimination they could face from their providers and find it safer just not to disclose.

Providers need be aware of these disparities that exist between the LBGT communities compared to those of opposite-sex relationships. Some discrepancies include: Those in same-sex relationships tend to have less healthcare; HIV rates in "men who have sex with men" (MSM relationships), make up greater than half of the people in the country with HIV, despite just being approximately 2% of the total population; MSM relationships tend to have higher antibiotic resistant gonorrhea; lesbians tend to be overweight more often than heterosexual women; eating disorders are more common in gay and bisexual men; members of the LGBT population are approximately twice as likely to smoke as the general population. As providers need to be aware of the increased risks for this population so we can know what things to look for and how to take early action toward prevention (The Fenway Institute).

One particular interest this speaker had, was including a sexuality assessment from the time of adolescence. The method she used that she suggested was called SSHADESS, which was produced by the American Academy of Pediatrics (AAP). The idea is to interview kids with a funneling approach, starting by asking broad questions and getting a bit more personal with each question. This speaker suggested starting by first intruding ourselves, then asking the patient their name and what pronouns they prefer, and finally delving into SSHADESS. Below is the model for SSHADESS from the AAP:

- Strengths: What do you like doing? How would you describe yourself? Tell me what you're most proud of. How would your best friends describe you?
- School: What do you enjoy most/least about school? How many days have you missed or had to be excused early or arrived late to school? How are your grades? Any different from last year? What would you like to do when you get older?

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- Home: Who do you live with? Any changes in your family? Who could you talk to if you were stressed?
- Activities: What kind of things do you do just for fun? Are you spending as much time with your friends as you used to?
- Drugs/Substance Use: Do any of your friends talk about smoking cigarettes, taking drugs, or drinking alcohol? Do you smoke cigarettes? Drink alcohol?
- Emotions/Eating/Depression: Have you been feeling stressed? Do people get on your nerves more than they used to? Are you feeling more bored than usual? Do you feel nervous a lot? Have you been having trouble sleeping lately? (If yes) What kind of trouble? Would you describe yourself as a healthy eater? Have you been trying to gain or lose weight? Tell me why. Have you been feeling down, sad, or depressed? Have you thought of hurting yourself or someone else? Have you ever tried to hurt yourself?
- Sexuality: Are you attracted to anyone? Tell me about that person. Are you comfortable with your sexual feelings? Have you ever been worried that you could be pregnant? Have you ever been worried about or had a sexually transmitted infection? „
- Safety: Do you feel safe at school? Is there bullying? Does your boyfriend/girlfriend get jealous or do you fight? DO you feel safe at home?

As nurses it is our job to help our patients. Each day we have the opportunity to learn more, grow from experiences, and better ourselves. Spending time learning how to better approach and care for members of the LGBT community will allow us to better the quality of care we give patients. In your practice, find ways to foster an environment and attitudes where patients feel comfortable sharing this very personal part of their life and identity. As all providers know, the more we know about a patient, the better quality of care we can give. So do ask, and do tell.

#### Work Cited

“Improving the health care of lesbian, gay, bisexual, and transgender people: Understanding and Eliminating Health Disparities.” (n.d.): n. pag. *The Fenway Institute*. The National LGBT Health Education Center. Web. 02 Dec. 2015.

## Chapter News

Want to share your local chapters accomplishments?  
Interested in what other chapters are doing or what upcoming events are happening? Let us know!! The Torch is your newsletter! Send us any articles, pictures, event information, and your contact information and we'll publish it in the next issue!!

Email: [vnsatorcheditor@gmail.com](mailto:vnsatorcheditor@gmail.com)

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## Can processed meat cause cancer?

By Caroline Cooke, Torch Editor

According to the International Agency for Research on Cancer, eating processed meat can increase one's risk of developing colorectal cancer. The results from ten different studies indicated that "every 50-g portion of processed meat eaten daily increase the risk for colorectal cancer by approximately 18%" (Nelson & Barclay, 2015). One's risk for cancer increases as the amount of processed meat consumed increases. This is a world health issue because of the large number of people who consume processed meat.

Eating red meat can also possibly increase one's chance of developing cancer, specifically colorectal cancer, pancreatic cancer, and advanced prostate cancer. Each of these cancers have been shown to have a positive association with red meat intake. Additionally there has been a link between red meat intake in a premenopausal women and breast cancer. This is because curing and smoking the meat or cooking it at high temperatures can produce carcinogens. Although the evidence for the link between red meat consumption and cancer is not as strong as processed meat, healthcare providers should encourage their patients to increase their consumption of plant-based foods and limiting their intake of processed and red meat (Nelson & Barclay, 2015).

Nelson, R., & Barclay, L. (2015, November 24). *Can bacon increase the risk for cancer?* Retrieved from <http://www.medscape.org/viewarticle/853805>.