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SCHOOL OF NURSING

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Stetho-scoop

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SNO Mission

Our mission is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; to provide programs representative of fundamental and current professional interest and concerns; and to aid in the development of the whole person, and her/his responsibility for the health care of people in all walks of life.

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Editor-in-Chief: Sarah McCabe
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Faculty Advisor: Diane Rudolphi RN, MS drudolph@udel.edu

End of Life – Is Part of Life

Think about why you are becoming a nurse; why you are studying late into the night while your friends are out on Main Street; why you are getting up at five in the morning for clinical, while those friends are sleeping until noon. Many students have heroic, charitable and altruistic reasons for pursuing nursing. But what about becoming a nurse to help a patient die? Through my career as an RN, I have learned that death is a part of life, and that advocating for a patient at the end of their life is an important component of patient-centered care.

I'll never forget my first experience in the Medical Intensive Care Unit, or MICU, with a patient who made the conscious decision to choose death over further treatment. She was in her sixties and suffered from end stage pulmonary hypertension, admitted with worsening respiratory failure on non-invasive ventilatory support and inhaled nitric oxide. She was a DNI, because intubation causes increased intrathoracic pressures, which is often fatal for patients with pulmonary hypertension. I cared for this particular woman for two shifts, and through labored breaths she told me about her life, her career in the travel industry, her beloved brother, who had recently began to care for her, and her daily struggles through anxiety and tachypnea.

> *After the medical team left the room she asked me, "What is it like to die? What will it feel like? Will it hurt?"*

During morning rounds of my second shift, our medical team discussed that this patient was at the end of the road with her disease. The only treatment we could provide was diuresis with IV Lasix to remove fluid from her lungs, which would only give partial and temporary symptomatic relief. When we discussed this with her, she explained that she was afraid to die and wanted the Lasix.

After the medical team left the room she asked me, "What is it like to die? What will it feel like? Will it hurt?" Immediately, I waved the attending into the room so that we could discuss her concerns together. We explained that it was okay that she was tired of struggling. We would keep her comfortable with a morphine drip and remove her BiPap mask. She would not feel pain and would likely pass away very quickly.

The patient agreed that she was ready to stop fighting. I called her brother and his wife to be with her. After her family gathered, I started the morphine drip and removed her BiPap mask. She lasted mere minutes without respiratory support, and passed away peacefully with her family at her side.

After her family left, I brought her to the morgue, and while off the unit, I spent several minutes crying in a bathroom. I had a knot in my stomach, hoping that I had helped the patient to make the right decision. It took time to realize that, with high expectations of modern medical care, we often forget its limitations. Instead of helping, treatments can end up prolonging patient life, and likely suffering. As a patient advocate, my job is to act in my patient's best interest, even if that means facilitating their death.

Ann Marie Gamble RN, BSN
Graduated from the University of Delaware in 2003 and is currently working in the Johns Hopkins Hospital MICU.

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The Transition into Employment

No matter how many times I sign my name, I am still in disbelief with the responsibility-laden "RN" at the end. Nursing school memories are so distant, regardless of how recently I graduated, and NCLEX, with all of its previous intimidation, is nothing but a silly little test I had to take once.

If I had to choose one word to describe my college graduation in May and exodus into the "real-world", it would unequivocally be "stressful". How could a new-grad find a job in this economy, especially in critical care? Well, it certainly wasn't easy. But if I was forced to lay out my steps for an up-and-coming new graduate, it would go something like this:

1. Start early - January at the latest.

2. Resume - get your professors to look at them. If there is a RN in the family, have them look at it too. Having an English teacher look at it isn't a bad idea either. (There is a grammatical error somewhere, I promise.)

3. Call hospital recruiters and tell them how interested you are in working at their hospital and why. Ask to send your resume to them or the unit manager of the floor that you are especially interested in.

4. Shadow on the floor at THAT hospital. Become known as an interested and ambitious student. Bring a resume and behave professionally; remember that you come from a well-respected nursing school - keep it that way. Be sure to thank the nurses at the end of the day, and if you want to go the extra mile, bring some coffee.

5. Talk with professors and come up with interview strategies. Then, go to career services. There will be questions at the interview that you will not be expecting, so you must have the confidence to answer ON THE SPOT. Be prepared to talk about ten different clinical situations you have encountered that can apply to a range of issues including: customer service, family centered care, things that go wrong/right, team-work, strengths/weaknesses, etc.

Transitioning into this new role is difficult for everyone. I had a lot of confidence when I graduated but it quickly disappeared during my first few months. Just know that every great nurse started exactly in this position and that feelings of doubt are normal. It is important to have support from clinical staff at your hospital and to trust in your preceptors from the start. No matter where you go or what you do, there is always someone that can help. Almost unbelievably, I am a PICU RN, and although I still have times of doubt, I know that I can always count on support from my coworkers.

As with everything in life, your future career will be what you make of it You will get out what you put in, and as a new nurse, you can only blame yourself for a lack of preparation. The University of Delaware has an excellent school of nursing, and we as students are coveted for our education. I wish you all luck in your future careers and hope to see more UD alumni in the CHOP PICU.

David Krasucki, RN, BSN
Graduated in May 2011 and currently works in the Pediatric Intensive Care Unit at the Children's Hospital of Philadelphia.

Student Perspective on Social Media in the Clinical Setting

Millennials – those born between 1980 and 2000 – are the first "digital native" generation. They are inherently tech savvy, and consider social media to be a central part of their lives (Essary, 2011). When Millennials enter a professional setting, these characteristics may increase their vulnerability to the hazards that accompany social media use.

Social media use can be dangerous in the healthcare environment and has been linked to HIPPA violations as well as errors in the clinical setting (Suresh, Horbar & Plsek, 2004; Collins, Currie, Bakken & Cimino, 2004). However, it would be inaccurate to portray social media in an entirely negative light. Some of the many positive uses of social media include improving communication with patients, educating consumers, and allowing healthcare workers a venue to learn, share experiences, and build relationships (Cronquist & Spector, 2011).

A survey was distributed to 106 senior nursing students (103 female and 3 male) in spring 2012, while they were completing their final clinical rotation. The survey was designed to elicit students' perspectives on the use of social media in the clinical settings in which they were placed. A total of 85 students completed the survey.

The data showed that 86% of respondents indicated that, while completing their clinical nursing rotations, they observed health care providers using various forms of social media during work hours. The most common forms of social media seen in the workplace were Facebook (41%) and YouTube (25%). The majority of students reported witnessing 3-5 events (35%) or greater than 6 events (31%) of social media use. 49.4% of respondents stated the use of social media in the clinical setting was unethical, while 48.2% believed it was ethical. 57.6% thought that social media use in the clinical setting was unsafe, and 82% deemed it unprofessional. 9.4 % of students viewed the use of social media as unsafe but not as unethical – an opinion the authors didn't anticipate.

These nursing students have clear cut policies that state that HIPPA violations, as well as the use of cell phones, computers, or agency resources for personal use, can result in disciplinary action and potentially dismissal from the nursing program. Yet nursing students frequently observe health care professionals openly using social media in the clinical setting. When students observe behavior that is not in line with University policies, the result is confusion about what defines professional and ethical behavior, as well as safe patient care. As social media and technology continue to evolve, Millennials may discover that the constant social exchange to which they are accustomed may have professional, ethical and legal ramifications. Solutions to avoid these issues should include: 1) Developing and enforcing policies that define inappropriate and appropriate behavior regarding the use of social media (Essary, 2011; Eckelberry-Hunt & Tucciarone, 2011), and 2) Providing education, while also maintaining open and ongoing communication, regarding the use and impact of social media in the healthcare environment.

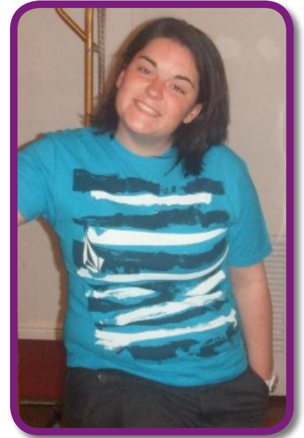
Alison Siedor, RN, BSN Graduated from the University of Delaware in May 2012 and is currently working as a charge nurse for blood collections at the American Red Cross.

Tiny Fighters

Case study: Mary, RN takes report for her three patients at the start of the shift and begins her first round of vitals, assessments, and hands-on care. After completing her assessment for the first patient, the results are as follows: the baby has a heart rate of 148, a respiratory rate of 57, a blood pressure of 56/31, an oxygen saturation of 88%, and a temperature of 37.3. The patient does not seem to be in any pain and is sleeping comfortably. What should Mary's first action be? Administer oxygen? Give a fluid bolus? Notify the MD? The answer is none of the above; Mary should stop over-thinking everything, as she did in nursing school, and chart her findings with the knowledge that her patient is stable and doing well. This is exactly what I had to do on my first day on the job, the day I entered the wonderful world of the Neonatal Intensive Care Unit.

The NICU is a place comprised of so many different things. It's a world where the blood pressure cuff that fits around a patient's calf is the circumference of an adult pinky finger and where ultraviolet lights are used for purposes other than a good tan. Entire beds can be changed while holding a patient with one hand, and central and arterial lines are found poking out of belly buttons. It is a place where the unnatural is found; after all, babies are not meant to be sick. Babies are supposed to be pink, healthy 8-pound butter balls that drink their bottles and fill their diapers. They are not supposed to weigh a mere pound nor are they supposed to need all different kinds of tubes that help them breathe, hydrate, feed, and void. A mother is not supposed to cry from fear or despair after her baby is born. Most of all, babies are not meant to pass on.

And yet after seeing all of this sadness, pain and illness in these innocent beings, I can say without hesitation that I have the best job in the world. How could that possibly be true? It's simple: hope. My job gives me this amazing opportunity to be the first one to introduce an anxious mother to her new baby. I get to calm her nerves by placing her new baby girl in her arms for the first time. I get to see a parent's face relax as I calmly explain how much worse things look than they really are. I notify parents when huge milestones are reached and progress is made, no matter how small of a feat it may seem to the outside eye. I get to help 650 gram babies, intubated and getting nutrition through central lines, grow and mature to be eventually discharged home,finally big and strong enough to survive on their own.



I walked onto my unit on the first day of orientation thinking that if I breathed on a patient the wrong way he or she would crumble and break into pieces right there on the spot. I could not have been more wrong. What I found instead were some of the strongest tiny humans facing adversity and thriving despite it all. You see, my patients do not know what it means to give up. They do not know what it means to take it easy. They don't complain, and they don't ask God why. They do one thing and one thing only: they fight.

Kim Turner, RN, BSN
Graduated from the University of Delaware in 2011.

Peru Study Abroad Q&A with Blyss Galizia

1. First, could you just give a brief overview of your trip?

The trip was amazing! As we traveled around Peru, we were able to explore some really poor areas along with the bustling city life of the capital. In each city, we visited clinics, hospitals, historical archeological sites, and climbed many different mountains. Our schedules were busy, but we still had time to explore the cities, try new delicious food, and shop in the markets.

2. If you could describe the people of Peru using three words, which would you choose and why?

Friendly, colorful, & welcoming. Almost everyone smiled at us wherever we went. If we felt lost, it was easy to ask someone for help, and eventually we always found our destination. We hung out with many locals- people from the various restaurants we dined at, our tour guides and their friends, and even our zip line instructors. They always knew the best places to eat and hangout, and they helped us with our Spanish as well. (I also said colorful because their clothes are made with every bright color of the rainbow, and they never wore matching outfits.)

3. If you had to choose a favorite day/memory, what would it be?

One of my favorite memories is from one of our free days when a group of us traveled by bus to Ica and Nazca to ride across the sand dunes in the desert. We were driven up and down massive sand dunes in a huge buggy that looked like an open top jeep. It was fast and felt like a rogue, run-away roller coaster. We went sand-boarding down different dunes, and then we caught the sunset which was absolutely beautiful in the middle of the desert.

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NCLEX Corner

By Dr. Judith W. Herrman, PhD, RN,
Associate Professor School of Nursing

Any time you see a number in a test question, such as vital signs, lab values, a value associated with an assessment, time/duration, or an age, take it very seriously. The question is asking you to make an interpretation based on that number which then should influence your answer. This is especially important for very young and very old patients. Also, when given numbers, you can consider, are they indicating a stable versus an unstable patient. For example:

1. You are caring for a six month old infant admitted to triage in an ED for assessment. The vital signs are as follows: 164-68-110/68-37.2 C. Which of the following would be the initial focus of your assessments?
   a. Hydration
   b. GI function
   c. Respiratory function
   d. Neurological status

2. An 84 year old woman is admitted from a long term care agency to a medical surgical unit with a 48 hour history of diarrhea and dehydration. The labs indicate that the following electrolyte values are noted. Which of the following causes the greatest concern?
   a. Glucose 136 mg/dl
   b. Sodium 168mEq/L
   c. Hematocrit 35%
   d. HgbA1 9%

3. A 55 year old client in mild congestive heart failure is demonstrating a capillary refill of 2 seconds. The nurse interprets this as:
   a. Slower than normal limits indicating poor perfusion
   b. Within normal limits indicating adequate perfusion
   c. Faster than normal limits indicating dehydration
   d. Associated with edema and therefore not an appropriate assessment

Answers: 1)C 2)B 3)B

4. What is the health care system like in Peru?

It is very busy and not well staffed or stocked. The places had supplies, but nothing like we have in America. Everywhere we went, there were long waits, and although the medical professionals were all very welcoming towards us, some of the staff seemed very cold towards certain patients.

5. What kinds of patients did you work with?

Because we went into many different clinical sites (ER, ICU, OB/GYN clinic, labor and delivery rooms, etc), we experienced a broad range of patients. Most didn't speak any English, so those of us who could speak any Spanish had to translate for the rest of the group. Almost all of the patients were extremely poor. In the ICU, many patients were in medical induced comas until they either died or were cured. Many women in the clinics were seeking women's health treatment, and most of the laboring women in the clinics were surprisingly young.

6. Were you allowed to perform any nursing skills while studying abroad?

Yes we were. We inserted male and female foley catheters, suctioned tracheostomies, helped with bed baths, took vital signs, measured blood glucose levels, and performed central line dressing changes.

7. Overall, how would you say this experience impacted you in regards to your future career in nursing?

It absolutely changed my outlook on laboring women and the care that we give them as nurses. Both taking a class and being abroad completely opened my mind to different labor and delivery methods and techniques. For example, in Peru, some women choose to stand up while giving birth. I also know that after this trip, I will be more culturally sensitive and open toward those in lower socio-economic statuses and those with a language barrier. As a nurse caring for patients, I will be reminded daily that every patient deserves to be treated with respect and dignity. That being said, this trip to Peru really changed my opinions about what nursing is all about.

Blyss is currently a senior nursing student who spent the first half of her summer studying abroad in Peru with Lisa McBeth-Snyder and other nursing students.

Looking for Submissions!

Submit letters to the editor, questions, stories and digital photos for Stetho-scoop via email to Sarah McCabe, Editor, at sarahmc@udel.edu

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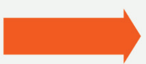

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