

Stetho-scoop

presented by the Student Nursing Organization

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Submit letters to the editor, questions, stories and digital photos for *Stetho-scoop* via email to Jessica Black, Editor, at jbrocket@udel.edu

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A Message from the Dean



Welcome to the first issue of *Stetho-scoop*, which will be published twice a year by the University of Delaware Student Nurses Organization (SNO). Just as SNO was established by a group of nursing students more than 30 years ago, this newsletter was started by nursing students, and it will be by students, about students, and for students. Advisor Diane Rudolphi will provide guidance, but the publication process will be carried out by the members of our student editorial board. Please keep them apprised of any news you have and share with them any ideas you have for articles that would be valuable to you as a nursing student.

Exciting things are happening in health sciences at the University of Delaware, and, as future members of the

healthcare profession, you will undoubtedly play a role in some of these developments.

The Delaware Health Sciences Alliance—which partners UD with Christiana Care, Nemours, and Thomas Jefferson University—promises to improve the health of local residents with cutting-edge research, and our health education partnership with TJU is aimed at enabling both institutions to provide enhanced healthcare education.

At the same time, UD's purchase of the former Chrysler site has provided us with a location for a health sciences campus that will bring together all of our research, education, and service activities, enabling us to have a greater impact.

I look forward to your continued success as nursing students and to your future contributions as nursing professionals.

Kathleen S. Matt
Dean, College of Health Sciences

A Welcome from the President



Welcome to the first issue of University of Delaware's Student Nurses Organization newsletter! We are extremely excited to continue to build our organization for you, the students! This has been an exciting year, with still more to come. We have been able to participate in many volunteer activities including A.I. duPont craft nights, Adopt-a-Family, Blue and Golden Days, and creating packages for Haiti. We have become more involved with the National Student Nurses Association (NSNA), which has allowed us to broaden our knowledge in the opportunities for the student nurses here at the University of Delaware.

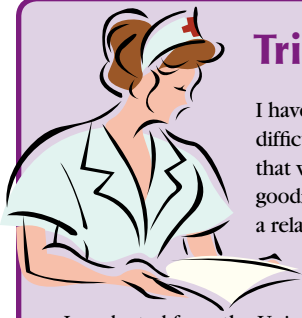
There is much more ahead during this spring semester! We are looking forward to participating

in Relay for Life on May 1, 2010. This is a great event to help support the fight against cancer. We will also be holding a practice NCLEX examination for nursing students in April. The proceeds from this event will go to University of Delaware's Diabetes and You: Kamp for Kids. Come out and help us support these causes!

Elections for the 2010/2011 school year will be held at the end of April. If you are interested in running for office, please contact a board member. We are looking for students committed to furthering the organization for all students.

Thank you to all the students who have volunteered, making each one of these activities possible. I hope the organization continues to grow as it has this past year. Our strong student organization reflects well on each one of you, as well as the University as a whole.

Justine Sosnowski
Student Nurses Organization President



Trials and Tribulations

I have often said that no one warned me about the difficulties of first-year nursing. The truth is, however, that when I really think about it, every, "thank goodness it's you and not me" and every "really?" from a relative upon my announcing that I was going to major in nursing was an indication of the trials ahead. I just didn't listen.

I graduated from the University of Delaware in May 2009 and have been a nurse now for almost five months. I work at Johns Hopkins Hospital on a 21-bed Urological Surgical unit. Primarily, we treat post-operative kidney, prostate, and bladder patients, but we also get orthopedic and abdominal trauma patients on weekends and holidays when our urology census drops. Being located in East Baltimore, Hopkins sees trauma patients who are primarily victims of violent crimes. Many patients are gunshot or stab wound victims, who at times come in with a whole host of psychosocial issues. It is really hard being a new nurse and having to learn so many new policies and procedures as well as keep it together in front of my patients when stressful things are going on with them medically and psychosocially.

Four months into my nursing career, a record-breaking snowstorm hit Baltimore. Much of the staff was unable to make it to the hospital through the snow, so I ended up having to stay for four nights at the hospital and work twelve-hour overnight shifts for five nights straight. Even though staffing was low, expectations from the nurses stayed high; if a mistake was made or sign or symptom overlooked, no patient, family member, or physician would be interested in hearing about how much sleep we had missed or how many nights we had worked in a row because of conditions outside of our control. At day two, an eyelid twitch set in from a mixture of

too little sleep and too much caffeine, but by day three the twitch was mere background noise to the throbbing headache I had. When a pre-op trauma patient with a history of paranoid schizophrenia disappeared for a couple of hours, I couldn't help but think to myself, "Good for him. I hope he's running like the wind." Not to worry though, he returned two hours later covered in snow and went for his scheduled procedure the next day.

One thing I learned during this blizzard, however, is that it is important to see the beauty through what seems like an overwhelming mess. Though stressed and sleep deprived, the nursing staff exhibited a spirit of camaraderie throughout the ordeal. Whether it was picking up a pizza and chicken wings at the cafeteria for the unit to share or saying an encouraging word to another staff member, employees on the unit were willing to show a little extra compassion and go a little bit further out of their way to help one another out.

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During a brief moment of clarity and widened perspective, I realized that first-year nursing, like the blizzard of 2010, is overwhelming and seems like an impossible trial. But also like a blizzard, it starts out as a huge mess, but will eventually begin to clear, and it is important to see the beauty in the process. Hopefully, the next time I am running around holding a patient's medications, IV fluids, dressing change materials, saline flushes, and three pages of notes about the patient, and I cannot even remember what room I am going to, I will be able to remember the lessons learned these past few months and the beauty of what nurses do at the bedside to care for others.

Molly Lawrence graduated from UD Nursing May 2009. She currently is a nurse on a Urological/Surgery Unit at Johns Hopkins in Baltimore.

In the Spotlight: Study Abroad

Throughout the month of January 2010, 20 University of Delaware nursing students were able to experience Health Care Policies and Nursing in a foreign country. During our lovely stay in Sydney, Australia, we were privileged to tour the Sydney Hospital and the Lucy Osburn-Nightingale Museum. This hospital is the oldest in Australia, originating in 1788, and is responsible for Australia's medical and nursing history. The UD Nursing Students were pleased to find that Ms. Nightingale was the leader behind Aussie Nursing as well! Throughout our tour we were educated on the 113-inpatient bed unit and three main areas of care the staff specialize in: hands, eyes, sexual health as well as general medicine, surgery, ENT and orthopedics.

Following the tour of the hospital, we visited the Florence Nightingale Museum and walked through the bedrooms of the nurses, peaked in the superior offices, viewed the formal uniforms the nurses wore, as well as old operating room equipment and a room with preserved body parts and organs! Outside the Sydney Hospital, we discovered firsthand the primary health problems in the city. We found that sun safety, STI's, diet and exercise, and non-traditional styles of medicine were a few of the main health concerns in Sydney. Upon entering Cairns we were instructed that we would be interacting with members of the Aboriginal tribes, visiting the Royal Flying Doctor Service, and participating in clinical days at Cairns Base Hospital. A few students were able to go out into the field and visit patients at home, some who were post partum and others who delivered that day!

We not only experienced time in the hospitals while in Sydney and Cairns but also toured and spent time at some of Australia's finest adventures! While in Sydney we participated in the Rocks Tour, the Sydney Opera House, personal training and picnics at the Botanical Gardens, and the Sydney Festival performances! Arriving in Cairns, we ventured to the rain forest in Kuranda where we held koalas and played with the kangaroos. At Cape Tribulation

we learned to throw boomerangs, launch spears, and perform tribal dances. The Great Barrier Reef, Australia Day, and the nightlife were fascinating as well. On our return home via Waikiki, Hawaii, we visited Pearl Harbor, whale-watched on a catamaran, danced our way to

Germaine's Luau for a pig roast, and relaxed on the beaches!

Spending 5 weeks overseas in Australia and Hawaii was an experience we will never forget and equally important will take with us into our practice one day. From Sydney to Cairns to the tourist excursions to the bedside in the hospitals, we learned endless amounts of information and truly grew both as individuals and as nursing students that created a bond for life.

Samantha Shawn is a senior from Rhode Island who plans to move to Richmond, Virginia, and hopes to pursue a job in psych nursing at MCV.




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My Nursing Journey

As students, we are eager and thrilled to have been invited to enter this exciting



world of nursing. We are presented with an endless array of areas and specialties to choose from. But for a nursing student with limited experience in the healthcare field, this exciting experience can be somewhat daunting. The pressure you may feel to know which area of nursing is right for you can sometimes be made worse when it feels like everyone around you already knows what they want.

I spent the majority of my time in this program anticipating what I like to call my "nursing epiphany," a moment where I would know in an instant that this is exactly what I want to do. I had many positive experiences in different clinical areas, which made me always think that this area could be "the one," but I still felt somewhat lost and unsure. As I continued to have different clinical rotations and experiences, I slowly began to figure out what I liked and disliked, which helped to narrow down all the choices into something that was just right for me.

It wasn't until my very last Med-Surg clinical this past November where I think everything came full circle for me, and I experienced that true "aha moment." I had an opportunity to spend the day in Christiana Hospital's SCCU (Surgical Critical Care Unit). Before this experience I had held this preconceived notion that my quiet personality would not do well in an intensive care setting. As it turns out, I was completely wrong and I fell in love with this environment. It was the complexity of each patient and the challenge of trying to connect everything together that drew me in. Instead of feeling intimidated, I felt challenged and I liked that. I also liked how as an ICU nurse you are typically assigned to only one or two patients, which allows you to really focus all your attention towards every detail.

My nursing classes and diverse clinical experiences have really helped to shape and guide me along my nursing journey. My final clinical experience was the Med-Surg Clinical Preceptorship where I spent 2 weeks in the Christiana Care Medical ICU. This experience was very valuable, and as a new graduate, I hope to continue my ICU experience with future job opportunities. This has been just a little peek into my unique nursing evolution, and I hope it has been helpful for all of you guys who are still searching for that one special area. It may be a cliché, but always remember that your journey is unique and cannot be compared to anyone else. Just remember to always keep an open mind, try new things, and follow your instincts!

Yoko O'Donnell is an Accelerated Nursing Student who graduated in February 2010. She is currently seeking a position in an ICU.

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Interview with Ali

By Christina Eichelman

Q: During your years at UD what is a "typical day" like during your season?

A: I wake up at 7:40, have class until 9:15, nap for an hour, make lunch and get ready for practice at 12. I go to treatment from 1-2, practice 2-4:30, lifting 5-6, shower and eat dinner by 8, library from 9-11. I come home, relax and go to bed around 2am.

Q: What have been your biggest challenges?

A: Studying on the road has posed to be a challenge. We are on the go from morning till night with mandatory breakfast, lunch, dinners, practice, film, and treatment, leaving very little time to do anything. The bus is really the only "good" time to study but it is always loud (30 girls in a small space all trying to talk over one another, I am sure you can imagine) and I never have been good at studying with other people around me.

Q: Has it been worth it?

A: Yes. I love lacrosse. Everyone has something they do to keep him or her going. Lacrosse is what I do; it's my escape. I have always been a competitive person, and I like to make my life challenging. People do not realize that playing a sport really tests your mental and physical capability to the max, I can handle much more than I thought. At the end of every day I feel like I have accomplished big things, more than I ever could have imagined. But most importantly I love my team, my coaches, and my trainers. We all are so close; every one of them is incredible. I have amazing coaches, and I feel like I have 31 sisters. The girls are great and I know I'll never have a group of people to fall back on like I do now. I have been blessed with the opportunity I have been given to be a part of this team. I love it.

Q: What advice would you give to athletes currently in our nursing program?

A: Juggling being in the nursing program and playing a sport takes discipline. Use the athletic directors—they keep tabs on every student athlete and constantly monitor your academics. They are great at what they do and they are very supportive. Take advantage of the tutoring they offer—it is free, you can't beat that! Balance your time, easier said than done, but do not wait for the last minute to study, trust me! Set aside free time! It's easy to get overwhelmed with work, you need to go out with friends and let out stress! And remember, you will have your good days and your bad days, just work hard and most importantly keep a positive attitude; it will get you through the day!



Q: What is something most people don't know about you that they might be surprised to find out?

A: I had the opportunity to go skydiving, and swim with as well as feed sharks this past summer. The feeling you get from doing something that adventurous is exhilarating, I encourage everyone to do something bold because, you only live once!

Alison Libertini is from Parkton, MD and is currently a junior nursing student.

She plays midfield-attack on the UD Women's Lacrosse Team.

NCLEX Corner

By Dr. Judith W. Herrman, RN, ANEF
Coordinator, Undergraduate Program

Every three years, based on surveys done with practicing nurses, the NCLEX test question blueprint changes. The blueprint dictates the types of questions that will be asked on NCLEX. This year, the exam has been made a little more difficult and the proportions in the test blueprint have been revised. The biggest change in this year's blueprint is an increased emphasis on Management of Client Care.

These are questions related to priority setting, delegation, and coordination of care. For more specific information visit the NCSBN web site (<https://www.ncsbn.org>). Attached are three sample questions to give you an idea of the types of questions you might see.

1. A nurse is caring for all of the following clients. Which of the following clients would the nurse assess first?
 - a. A 20-year-old client 8 hours post-op after femoral bone pinning expressing severe pain.
 - b. A 36-year-old woman on a ventilator 10 hours after open heart surgery
 - c. A 73-year-old post bronchoscopy client experiencing increased work of breathing and tachypnea
 - d. A 63-year-old client with depression begun on antidepressive therapy one week ago
2. A client with diabetes is admitted to the unit with a history of alternating highs and lows, poor compliance, and alcohol ingestion. The nurse enters the room and the client is unconscious but is breathing with a strong pulse. The nurse should:
 - a. Call the physician immediately.
 - b. Check the client's blood sugar.
 - c. Administer a stat dose of insulin.
 - d. Establish an IV line for dextrose injection.
3. An RN from the maternity unit is reassigned to the ED. Which of the following clients would be most appropriate to assign this RN?
 - a. A 50 year old with chest pain and an ECG showing elevated ST segments
 - b. A 25 year old who fell from a ladder with a fractured arm and no other trauma
 - c. An elderly client in acute RDS for whom the family wants "everything to be done"
 - d. A 7 year old with expiratory wheezing

Answers: 1) C 2) D 3) B

The Clinical Corner... A Health Assessment Instructor's Dream Come True



In Medical Surgical Nursing Clinical, often our students are quite stressed as they arrive on the floors of the hospital. The bar is set high, and the responsibilities seem insurmountable. But our students are motivated, and the hospital staff nurses are always thrilled to see our students arrive on the floors. Sometimes I fear their heart rates may be 120 and blood pressure as high as 250/90, but somehow they survive. This year a student really impressed me and seemed to recall all the material from Health Assessment class.

During the first week of clinical, I was lucky enough to find an elderly patient with a wonderful heart murmur. He was kind enough to allow all of my students to listen to his heart. Usually patients jokingly tell me they will charge 50 cents for a listen. He was free! The following day I felt a tap on my shoulder. It was one of my students. "I think my patient today has a murmur," she said. And yes she was right. A murmur it was!

Sometime in the second week of clinical this student had a patient with an aneurysm affecting the femoral artery. I felt that tap again. This time she looked at me with an odd expression on her face and relayed the fact that she heard something very "strange" when listening with her stethoscope over the patient's right groin and abdomen. This time she had discovered a right groin and abdominal bruit as a result of the turbulence caused by the aneurysm.

The last week of clinical was busy. This student had a trauma patient with a chest tube placed as a result of a hemothorax (blood in the chest). It was the end of the day and we needed to get off the floor. This time her story was a little longer and more drawn out. Early in the morning when she assessed the chest tube, she noted that there was no fluctuation in the tubing. The nurses prior to our seeing the patient documented "positive fluctuation." Fluctuation indicates that the tube is in place, patent, and as the patient breathes in and out the fluid in the tubing moves back and forth. Despite this lack of fluctuation, the patient felt fine—had no shortness of breath, all the vital signs and pulse oxygenation was normal. His lungs sounded slightly diminished on the affected side, but this was not unexpected given his injury. The trauma team nurse practitioner was informed, and the patient was ordered a CAT scan of his chest.

Now it was late in the afternoon, time to leave, and the student had a very concerned look on her face. She told me that upon assessment in the afternoon that although the patient remained hemodynamically stable, his lung sounds had deteriorated (when compared to her morning assessment). They sound so much more "diminished," she reported. Given these findings she had taken it a step further. In reviewing the CAT scan report on the computer, she discovered that the chest tube was clotted. Since the blood in the chest was not being suctioned out, it was compressing his lungs and increasing

his hemothorax. Trauma was called again to be told of the recent findings, and the issue of the clotted chest tube was resolved after we left the floor that day. There was no applause from the crowd, and the patient never knew what a great job the student had done. It was one of those examples where a nurse and, in this case, a nursing student, was proactive, advocated for her patient and made a real difference in patient care! From an instructor's perspective, this truly was a health assessment and clinical instructor's dream come true!

By Diane Rudolphi RN, MS
Med-Surg Clinical Instructor

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