

# Stetho-scoop

presented by the Student Nursing Organization

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As featured in  
**USA  
TODAY**



## Lori's Hands

Lori's Hands has grown in three semesters at a rapid pace; volunteers now serve 10 clients on a weekly basis. Clients' medical issues include breast cancer, bone cancer, brain cancer, multiple sclerosis, amputations and other musculoskeletal disabilities, chronic obstructive pulmonary disease, cardiac diseases, diabetes, and near-blindness. Lori's Hands volunteers help with housecleaning, yard work, grocery shopping, and a variety of other activities of daily living. Nothing we do requires any special skill, or even much time, but it saves our clients countless hours and precious energy.

Clients and their family members say that the efforts of the group have made their lives less stressful and more pleasant. Beyond expressing their appreciation for the work that is accomplished, clients also say that they enjoy the youthful energy that the students bring to their days, that we bring them "peace of mind" and that we help to "fill the void" of having children and grandchildren living far from them. Volunteers also say that the experience has been valuable, both from a personal and professional perspective.

Currently, two other founders of Lori's Hands and I are in the process of turning Lori's Hands into a national nonprofit organization. Someday, we hope there will be chapters at colleges across the country. This will allow more students to have the meaningful experience UD volunteers have while also reaching out to and helping even more chronically ill clients.

Lori's Hands was featured in USA Today in December and the exposure has brought a whole new wave of excitement – readers offering donations, wanting to set up chapters, or simply writing to encourage us in our efforts to take it national. It has been an amazing couple of months!

The group is always looking for new volunteers, and would love to hear from you! Please contact us at [contact@lorishands.org](mailto:contact@lorishands.org) for more information.

*Sarah Lafave, Senior Nursing Student. Graduates in May 2011  
Also published in American Holistic Nurses Association Student/  
Faculty eNews, December 2010*



## Looking for Submissions!

Submit letters to the editor, questions, stories and digital photos for Stetho-scoop via email to Jessica Black, Editor, at [jbrocket@udel.edu](mailto:jbrocket@udel.edu)

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I founded Lori's Hands as a Registered Student Organization at UD in 2009 with a group of my friends, including several nursing students. My personal inspiration in founding Lori's Hands was my mom, Lori, who died in 2003 after battling breast cancer for eight years. For a lot of the time I knew my mom, she was a cancer patient. But because of her positive attitude, I remember her as much more. My Mom and Dad often said how her diagnosis made them appreciate our time together as a family and we all wanted to make the most of it.

My mom spent her time as a cancer patient helping her elderly friends and relatives do work around their houses, teaching me and my brother how to snow shoe and sew, offering her opinion in the dressing room as I tried on forty different dresses for an eighth grade dance, and continuing her work as a volunteer bookkeeper at a nonprofit organization. The week she died, my mom was helping my grandma pack boxes to move to her new retirement home. The day she died, she was helping me fill in paperwork for a high school study abroad trip. While she certainly made the most out of what was too short a life, her cancer showed me how tasks that were once easy can become difficult as a person's body weakens.

My mom's model as a giving person, as well as the difficulties I saw chronic illness bring to my family, led to Lori's Hands. It is exciting for me to see something so categorically bad transform into the inspiration for a group that does so much good for people in the community.

# The Journey After Graduation



Upon receiving my diploma from the University of Delaware last spring, I left school full of optimism for the future, confident in my ability to find and obtain my dream job....an ICU position in a major teaching hospital. I had credentials that I felt were strong enough to make a good impression on any potential employer. I had graduated Magna Cum Laude from a well respected nursing school at a major university. I had working experience through a student nurse externship with a large teaching hospital. Several of my college professors had thought highly enough of my abilities to hire me as a teaching assistant and write me glowing reference letters. I was anxious to send out my resumes and get started on my chosen career path.

The process of applying for nursing positions turned out to be far more daunting than I ever could have imagined. The way I pictured the process going, was a stark contrast from the way my journey actually went. My confidence was somewhat shaken when my very first application, to the hospital where I had my clinical and internship experience, was rejected. As I recovered from the sting of that disappointment, I told myself that there would be

other, possibly better opportunities soon. However, as I started to explore and apply to other jobs in the area, I came to the realization that jobs were not as abundant as I thought, and they were certainly not going to be easy to get.

Over the next several months, I sent almost 50 applications for positions all around the country, from New Jersey to Hawaii, and from Maine to Texas. I lowered my expectations of finding my dream job as a new grad, and would have eagerly accepted almost any nursing position that was offered me. However, the rejection notices continued to flood my mailbox. They were looking for someone with more experience, they were only hiring from “in-house”, their internships for new grads had been filled, etc. Sometimes I was informed of this immediately after filling out a lengthy and time consuming application. Some facilities just never responded at all; and after being turned down on numerous occasions, I stopped applying to jobs altogether. I felt hopeless.

Things finally turned around for me in September. Back in the spring, I had spoken to one of my friends whose parents were both nurses in The Johns Hopkins Neuro ICU. They offered to give my resume to their manager, but after several miscommunications I heard nothing more from her. Now she was calling because she had several openings and wanted to know if I was still interested! Ironically, I was also called to interview for an internship in the Emergency Department at the George Washington Hospital Center the same week. I immediately went and purchased a book to improve my interview skills. I put much thought into answers to questions I would most likely be asked, as well as what questions I should be asking of them, and even practiced with my roommate. I went to the interviews feeling well prepared, which made things go more smoothly.

After five months of rejection, I was thrilled to be offered positions at both hospitals! Although it felt awkward and somewhat insulting to actually have to turn down an offer from one of these prestigious hospitals, my job search had finally ended. I am now a proud member of the neuro critical care unit at The Johns Hopkins Hospital, and couldn't be happier. I am very lucky to be working with extremely talented nurses and doctors at one of the best hospitals in the country and to have so much support from my colleagues as I continue through the final phases of my orientation. As you graduate and begin your job search, remember that the process may not be what you expected, but the right job is out there for you. It may take a while to find, and it may not even be your first job, but with preparation, patience, and perseverance, you will eventually find exactly what you've been looking for.

*Ryan Fedewitz, RN, BSN, Graduated in May 2010*



## The Call to Be a Nurse

When I was ten my grandmother was diagnosed with Alzheimer's Disease. Her mind slowly began to deteriorate and the worst part was that she knew what was happening. One morning she was walking around the house crying, I asked what was wrong and she admitted that she couldn't find the bathroom.

As a child we were very close, I lived with her each summer, but as her disease progressed I became more distant. As awful as it sounds I remember playing horrible jokes on her because I knew she wouldn't remember.

Then in 2002 she took a turn for the worst and developed Anaplastic Carcinoma, a rare and deadly thyroid disease. In preparation for her death my family spent Christmas day with her in the hospital. Unfortunately, there was a blizzard so we were stuck in the hospital an extra day. I resented her for causing me to spend Christmas away from home, friends, and the presents I was supposed to have opened.

Within a few weeks a tracheostomy was placed and her memory rapidly decreased. She was unable to talk, was extremely weak, and struggled to recognize most of us. I was upset that she was so sick and angry that we couldn't do anything to help her. I became numb to the situation and as a thirteen-year-old I didn't know what to do.

The nursing staff recommended several things to help alleviate the pain and provide comfort. For example, through massage we used unscented lotion to alleviate the



discomfort of dry skin, a common side effect of the chemotherapy. The nurses also recommended that my mother should be the first one to enter the room because that's who she recognized the easiest. One nurse encouraged me to practice my German homework out loud since German was my grandmother's first language and many patients with Alzheimer's revert back to their native language because their long-term memory is the last to go.

At first I was hesitant to comply but did so anyway. It wasn't until a few years later that I understood the gift the nurses had bestowed upon me. Through the private German lessons I had the opportunity to bond with my grandmother through ways that went beyond normal conversation. The experience allowed me to understand how fast cancer can deteriorate a human body, and how weak one can become while undergoing chemotherapy. While conversing I was able to study her face and recognize how worried and scared she looked. Within a few days she passed away. Furthermore I was so grateful for the opportunity they gave me which allowed me to say goodbye in a way that I would not have thought possible.

Moreover the compassion that I experienced from the nursing staff is something that I knew I wanted to emulate in my future career. As I grew older I developed respect for nursing and longed for a profession filled with considerate and passionate colleagues. Therefore nursing seemed to be the appropriate choice. I now aspire to be a geriatric nurse and hope to one day impact future nurses in the same manner that I was influenced.

*Kristen Cousino, Senior Nursing Student, Graduates in May 2011  
Also published in American Holistic Nurses Association Student/Faculty eNews,  
October 2010*



## MedSurg Clinical Experience: One Student's Perspective

I approached my second Med-Surg Clinical with some fear and a big question – When am I going to start feeling like a nurse? Our orientation day did not do much to bolster my confidence because I discovered I was assigned the most complex patient on the unit for the next day. This patient had disfiguring facial injuries, could only communicate using a white board, had a tracheotomy which needed frequent suctioning and cleaning, G-tube medications and feedings, extensive wound care and dressing changes, plus he was rumored to be uncooperative. I reviewed my medications and watched the trach care and G-tube videos about five times that night then I started the next day with a prayer and crossed fingers.

I really surprised myself that first day, especially because I found it easy to overlook the patients disfiguring injuries and treat him with respect and dignity. It was initially very awkward communicating with him; however, it became a lot easier when I realized he had a sense of humor about his situation and I began to empathize with his predicament. The medical treatments were another story - I felt clumsy and nervous, especially since I was doing many of these techniques for the first time on a live patient. I do

not know how much time my clinical instructor spent with the other students that day, but I know I saw her a lot that day; I would not have been able to get through it without her.

It was a long and exhausting first day, but when I went home, I realized that things went pretty well after all.

Despite some nerves and lack of practice, I knew what I was doing. Thanks to all of the labs, field and clinical experiences, some great anecdotes from our teachers and even psychology class, I was able to handle the patient's injuries and communication problems without too much difficulty. Pathophysiology, pharmacology and med-surg really helped me understand what was wrong with the patient and how he was being treated. The nursing program also taught me how to be better organized, good teamwork and responsibility, which were key qualities that got me through the second day of taking care of my patient. The night before I planned out my day with the patient and the next day I got some help from my team and MedSurg instructor when I needed it. However, at the end of the day, I really felt like I had been truly in charge of my patient's care.

This confidence carried through the rest of my rotation. I still felt awkward at times, but I was able to help and teach the next person on my team who treated that patient. I also found myself being treated more like a professional by other nurses – I even engaged in a scholarly discussion with one nurse about central line flushing. Do I feel like a nurse yet? Not quite, but I am beginning to think and act like one.

*Tracy Hibner, UD Accelerated Nursing Program Class of 2011.*



## Interview with Lorin

**What made you decide to do Air Force ROTC?**

After the ROTC program visited a nursing class, I became interested in all the opportunities available for nursing students. It provides a scholarship and offers a job during school and after graduation.

**What is a typical day like when you have nursing and ROTC commitments?**

Thursdays we have to wear our uniform all day. We start with PT (physical training) from 6:15-7:15. We then have Air Force History class from 8-11. Then I would go to nursing class and labs. From 3:30-5:30 we have leadership laboratory for ROTC.

The rest of the day would be for homework and studying. With our clinical schedule some adjustments have to be made, but it is mandatory that I attend two PT sessions a week regardless.

**What has been your biggest challenge?**

Because of the demanding schedule of both nursing and ROTC, there is never enough time in the day. I had to learn how to prioritize each day and manage my time while still maintaining a healthy personal life.

**What will you be doing after graduation?**

I will be moving to California next summer after passing my boards to begin working at Travis Air Force Base as a second lieutenant in the US Air Force.

*Cadet Lorin Hoover, Senior Nursing Student, Graduates in May 2011*



*"I really surprised myself that first day, especially because I found it easy to overlook the patients disfiguring injuries and treat him with respect and dignity."*

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Mike Price, Abby Wolfe, Eileen Christie

## Perioperative Nursing

**Disclaimer:** *This article expresses personal views and not those represented by Christiana Care.*

It is my belief that there is a universal concern that has crossed every nursing student's mind at least once between the beginning and end of school. It is a worry that seems somehow scarier than test outs, multiple classes ending in "ology", and maybe even the NCLEX itself. Ask any nursing student and even the bravest will

tell you the only thing scarier than being in nursing school is the bittersweet knowledge that one day you will graduate. However, as a newly minted RN bearing news from the other side I must reassure you that I have yet to be eaten alive.

I must admit I was not so sure this would be the case the first time I set foot into an OR as a Christiana intern. After a full month of classes just learning the basics, my internship teacher paired me and my fellow interns with preceptors and sent us into the big leagues. Was I confident in my understanding of aseptic technique? Yes. How about basic instruments sets, counting to prevent retained objects, and safely positioning patients? In theory I had it all down. In reality I felt like an infant stumbling through the day as nurses, surgeons, residents, P.A.s, and other healthcare providers gracefully carried on around me. Fortunately to my welcomed relief I found that after introducing myself as an intern most of the OR staff was happy to answer my questions. Some were even kind enough to include encouragement and advice for good measure.

It was not long before my fellow interns and I recognized just how important it was to hone our assessment and communication skills in a surgical setting. Our patients had invested their trust in strangers and for this reason that much needed protection and advocacy rested on our shoulders.

Indeed the operating room presents unique challenges as the RN must learn the role of both scrubbing and circulating. These duties expand across a variety of specialties and patient populations from pediatrics to geriatrics in areas such as orthopedics and minimally invasive surgery. The perioperative nurse must carefully consider the care and implications of surgery for the patient undergoing an elective procedure to the trauma bursting through the door. As interns we were fortunate enough to practice nursing skills in the Virtual Education and Simulation Training center. Still it is undeniable that keeping up with the ever changing technology and equipment in the OR while providing care to sicker patients poses a steep learning curve.

This is a fact I was reminded of yesterday as I browsed the shelves outside the OR in search of suture. I happened upon a medical student whose facial expressions mirrored the same cluelessness I had worn three months ago when I too had been sent on a mission to find the surprisingly elusive blanket warmer. After happily directing him, I walked back into the room, flipped the suture onto the table, marked my count, stole a glance at the monitor, and began documenting. I reflected that perhaps maybe more information was sticking in my head than I thought. After all, my tiny victories not only included knowing the location of the warmer but scrubbing small cases by myself and interviewing patients. At that moment I realized that though I still have much to learn in my year-long internship and still much more after that, post graduation is more sweet than bitter. In the end nursing is the hardest job I have ever loved. Yet, I have found that the ever present potential to learn more and to make a difference as a patient advocate has been well worth the challenge. And you know what? I think in time you will too...

*Eileen Christie, Perioperative Nurse Intern at Christian Care Hospital. 2010 Graduate*

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## NCLEX Corner

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

- 1. An adult client who has a deep vein thrombosis is ordered to be discharged from the hospital on enoxaprin (Lovenox). The nurse is teaching the patient how to administer the medication. Which statement indicates an incorrect statement?**
  - a. "I will give the medication in my abdomen."
  - b. "I should aspirate back after I insert the needle into the skin."
  - c. "I need to call the physician if I see more bruising than usual."
  - d. "I should use about a 45 degree angle when aiming the needle at the skin."
- 2. Which lab value offers the most concern to the nurse?**
  - a. Hgb of 9.5
  - b. Serum osmolality of 275
  - c. ABG CO<sub>2</sub> of 27
  - d. Pa O<sub>2</sub> of 85
- 3. You are standing at the nursing station and the following four client's call bells alarm. Which post-operative client would you visit first?**
  - a. a 6 year old following an appendectomy
  - b. a 6 month-old who had a cleft palate repair
  - c. a 9 year old who had a central venous access device inserted in the OR
  - d. a 16 year old following pinning of a fracture
- 4. A client's vital signs are 140-36-110/75-37.0. The client is 50 years old and displaying signs of shortness of breath. What should the nurse do?**
  - a. Call the doctor
  - b. Administer oxygen
  - c. Elevate the HOB
  - d. Start an IV
- 5. A nurse administers digoxin to a client. The nurse anticipates which of the following actions?**
  - a. Increase in heart rate
  - b. Increase in urine output
  - c. Increase in blood pressure
  - d. Change in level of consciousness