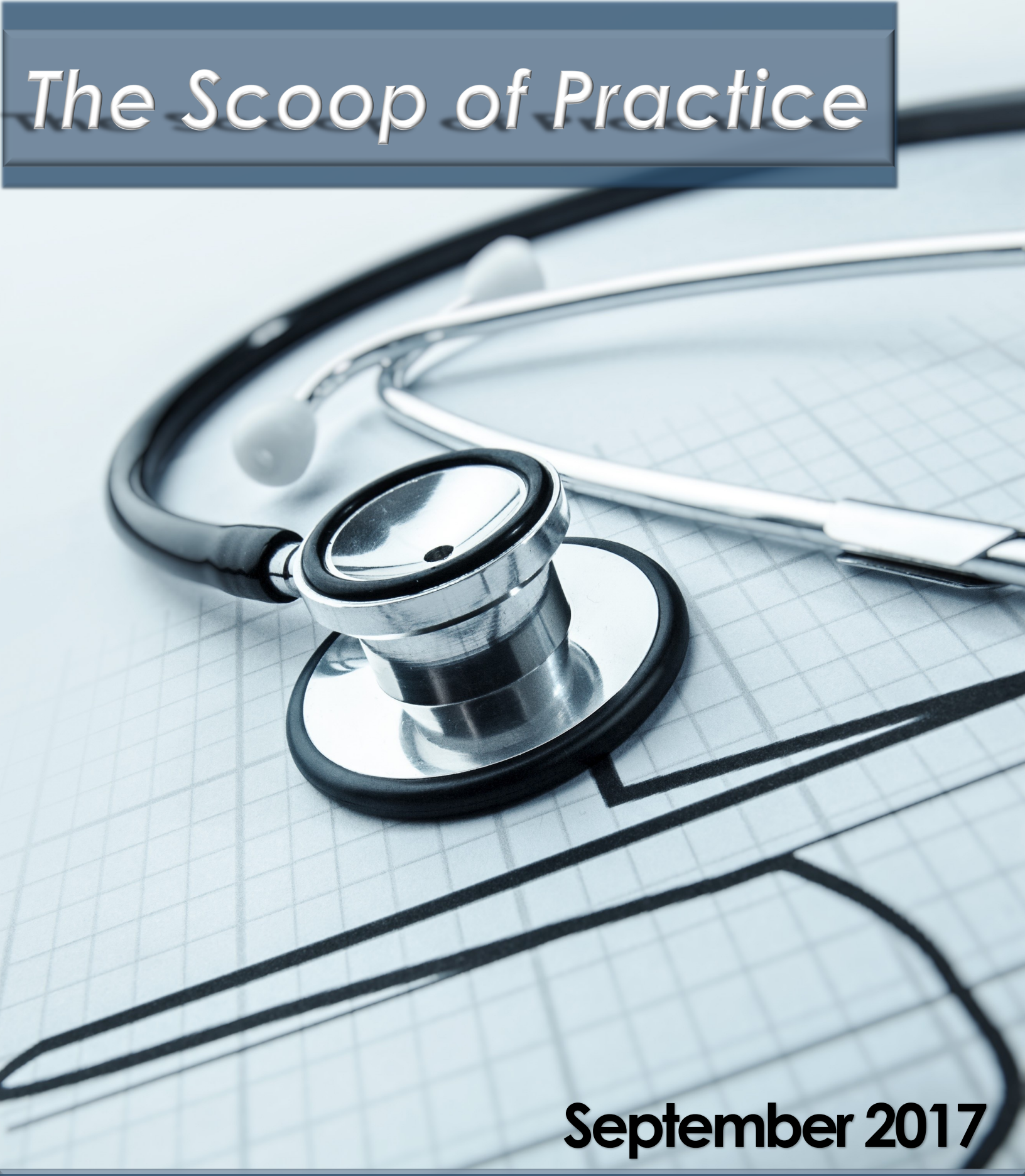
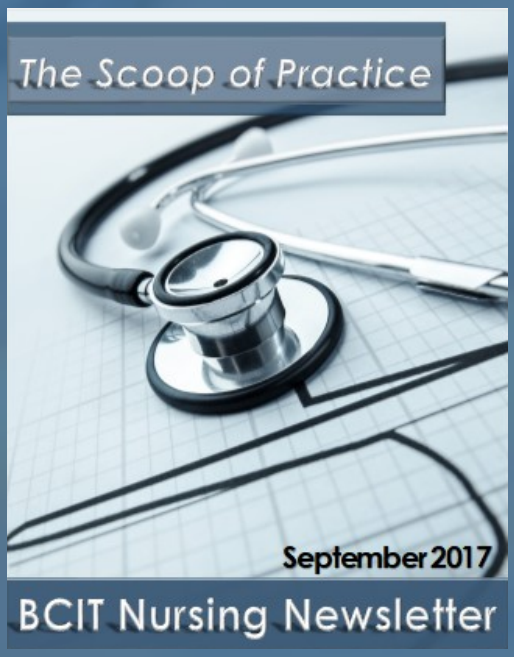
# The Scoop of Practice



September 2017

# BCIT Nursing Newsletter

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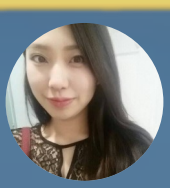

*See the rest of our staff at:*
*https://thescoopofpractice.wordpress.com/about/*

# letter from the editor

Hello friends and readers,

I hope you are all getting adjusted to school and your workload after the summer. For our September issue we have an introduction by the new Student Support Coordinator, Angie Mackie. For more information, please read her article and check out her site!

We also have an interview with BCIT's own, Cara Lorenz, who has recently graduated and is now a NICU RN. If you are looking into being a nurse in the NICU as an option for your specialty, it is definitely worth a read as she answers a few questions about the specialty and offers tips regarding the program.

Next up, we have a very important topic on healthcare and the system's impact on Indigenous people. This topic will be brought up again and again across all our issues as we support equitable and accessible healthcare for everyone. Linda's article is both informative and it allows you to reflect on some of the gaps in our healthcare system.

Finally, Jenny's article about sources of stress and how to manage stress is one that is applicable, not just to nurses, but to everyone working with patients.

At the back of the issue you will find some more practice NCLEX questions to test your nursing knowledge.

That is it for now! The next issue will be released in November but until then, happy reading (and studying)!

Louise Jingco
Editor-in-Chief
*The Scoop of Practice*

***We want to hear from you!***

**What kinds of content and/or resources would you like to see in future issues of the newsletter?**

**Please contact us at:**

**thescoopofpractice.wordpress.com/contact/**

# Nursing Student Support

## An introduction to the Student Support Coordinator

### BY ANGIE MACKIE

Hi! I am Angie Mackie – the Student Support Coordinator for all levels of the BSN program at BCIT. Welcome/ welcome back to BCIT!!! Fall is definitely in the air and the campus is abuzz with the sounds of students – joyful reunions, nervous trepidation, excitement, and eagerness!

I would like to introduce myself and my role. Before I do that though, I would like to thank Louise Jingco, the editor of this newsletter and her entire support staff and contributors for creating this wonderful newsletter! It has a lot of great information and is a nice way to connect in nursing/nursing school.

The role of student support coordinator was developed in 2011 in acknowledgement of the multiple stressors and worries our nursing students face. The Coordinator can help in a variety of ways, from individual discussions (e.g. about time management strategies or conflict resolution), to helping you identify and liaise with other resources on campus (e.g. student advocate, counselling, peer tutoring). Here are some of the ways in which the student support coordinator is helping students:

**Offering nursing student-centred strategies**

**Developing and facilitating activities to promote student success**

**Helping you identify resources and strategies to build resilience**

**Helping you identify ways to resolve conflict**

Booked appointments are available – through the contact email form on the student support website, via email: amackie7@bcit.ca, or by phoning (604) 432-8964. You can also drop by the office Monday through Wednesday SE12 room 423. Here is the link to the student support coordinator website:

bsnstudentsupport.weebly.com/

Please have a look! There are study tips, links to BCIT services, awards information and more!

I truly wish you all a great start to your fall term and continued success in the program! I look forward to seeing you on campus. Feel free to drop by: I would love to hear your thoughts and ideas about how we can help nursing student life be the best it can be!!

# NICU RN Profile

## An interview with BCIT's own Cara Lorenz

BY LOUISE JINGCO

**Hi Cara. Thank you for agreeing to do a little Q&A with us! How does it feel to have graduated and to be working in the NICU now?**

Hi Louise, it is my pleasure! I am so thrilled to finally have graduated, especially since I have gotten a job in RCH's NICU. In fact, I did a shadow shift with a nurse on the unit before starting nursing school and fell in love. In that moment, I decided to become a neonatal nurse. It is so rewarding to now have come full circle by getting exact job that I become a nurse for.

**Could you give us a brief description of what your job in the NICU entails?**

Every shift in the NICU is different and presents countless learning opportunities, which I really appreciate. As a new grad, my patients are typically the stable "feeder grower" babies which means these babies are getting ready to go home by working on their feeds. For most babies, there is a regimented Q2H or Q3H feeding schedule, around which we cluster our care. In other words, every 2 or 3 hours we are assessing, feeding, and caring for our babies. But of course, in nursing, nothing ever goes exactly according to schedule. Neonatal nurses are also responsible for responding to patient problems such as episodes of apnea, bradycardia, and desaturation; giving report during rounds with the multidisciplinary team; and supporting families in the care of their infant. The scope of skills and knowledge that a neonatal nurse must possess is vast!


Cara began nursing school with the intention to become a neonatal nurse. She graduated from BCIT's nursing program in May and is currently working her dream job at RCH's NICU.

**Why did you pursue a career in the NICU?**

To be honest, up until my first year of post-secondary education, I never even considered a career in nursing. I was in SFU's molecular biology and biochemistry program – and I thoroughly enjoyed it – but ultimately it would not allow me to get the career I desired, which includes critical thinking, helping others, and interpersonal interaction. Knowing how much I loved babies, my mom suggested specializing in neonatal nursing since med-surg nursing did not appeal to me. Her idea piqued my interest and lead to the shadow shift in the RCH NICU and the rest is history!

**What specific skill sets do you feel are necessary for a job in the NICU?**

Neonatal nurses need to have a well-rounded skill set which includes both "hard" and "soft" skills. On one hand, nurses must be able to critically think and make clinical decisions based on the interpretation of data they collect from thorough assessments. They must have the dexterity to perform skills, such as IV starts, on premature infants with tiny veins.

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On top of all that, they must have the gentleness do so in the context of trauma informed practice and developmental care to promote the neurological and physiological integrity of the baby. On the other hand, neonatal nurses must be compassionate, therapeutic, and emotionally strong. The NICU can be one of the most heartbreaking units in the hospital because the loss of an infant is nothing short of a tragedy. On a less intense note, even the loss of having a "normal birth" and having a "sick" baby are issues that NICU nurses must help parents through via therapeutic communication and genuine care. I could go on and on, but I think the message of the diverse and extensive nature of a neonatal nurse's skill set is clear.

**What is your favourite thing about working in the NICU?**

For me, the NICU is the perfect combination for what I enjoy most about nursing: high acuity and the infant population. To most people, the idea of "sick babies" is not appealing, but I am honoured to be part of the multidisciplinary team that works towards the goal of getting the baby well enough to go home. There is no greater feeling than sending a baby home after their parents have had to say goodbye each night for months, potentially. While I have not completed the NICU specific acute care training, I am excited about caring for infants on ventilators, IVs, chest tubes, and more. I love high intensity so I truly believe I found my niche within nursing.

**What are some of the challenging tasks that you have in the NICU? How do you cope with difficult, or mentally taxing, situations?**

As a new grad, I find it most challenging to appropriately react to new and unexpected patient problems. For example, I had a baby that choked on her emesis and stopped breathing. She began turning blue and her mom started crying out of fear. I recognized that I was out of my element and I called for help. One of the things that I love the most about the NICU at RCH is the strong sense of teamwork; I never feel unsupported. With the assistance of other nurses, I was able to help the baby and comfort her mom. Additionally, the NICU can be emotionally taxing when I hear about the heartbreaking stories of other babies (so far it has been all happy outcomes for my patients). But again, due to the teamwork, you are never alone as everyone is there for each other – emotionally and physically.


**What did you enjoy about your experience in the nursing program at BCIT?**

I thoroughly enjoyed my time at BCIT. I appreciated how hands-on the program was, right from the very beginning. I was able to get a taste for many different neonatal specialties, most importantly, I was able to affirm the appropriateness of the neonatal specialty for myself. Further, I was able to take two specialty courses during the program which put me ahead in the end!

**If you could do things differently in the program, what would they be?**

Honestly, there is not much I would change. I frontloaded which made the workload manageable, I got involved which allowed me to really become a part of the BCIT community, and I worked hard to learn as much as I could about the specialty I was interested in. Obviously, this did not leave much room for relaxing, as I also worked part time during the entire program, so I suppose that is what I would have done differently. Self-care is so important, and it makes it impossible to properly care for your patients if you do not care for yourself!

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**How did you manage stress in the program?**

Coming from an intense science program at SFU, the transition to BCIT was not too bad. I have always been extremely hard working and the motivation that I was working towards my dream job made it easier. Also, making friends with others in my cohort was a great way to collaborate and confide in because they knew exactly what I was going through. Only nurses can understand the bonding that takes place when assisting a friend to clean up a particularly nasty code brown!

**What general advice do you have for students interested in pursuing the NICU specialty?**

I was told countless times to do a few years of med-surg before pursuing a speciality to consolidate my skills. It is valid advice, but I am happy I did not take it. I 100% knew that I wanted to do neonatal nursing, so why would I need to do med-surg first if I was planning on working with the infant population for my entire career? Even after the short time I have been working in the NICU, I already know that for me, there is no going back to adult nursing.

**Again, thank you for agreeing to do this little Q&A for us – we appreciate your time!**

I am happy to share my thoughts and experiences with you! I hope I was able to shine a little bit of light on the truly amazing neonatal specialty.

**What type of RN specialty would you like to hear from next?**

**Contact us:**

**thescoopofpractice.wordpress.com/contact/**

# Every Child Deserves Adequate Health Care and Education!

## Fighting for Indigenous rights and equity in Canada

BY LINDA YANG

**Cultural Genocide**

Throughout history, Indigenous children have suffered greatly under Canada's Indigenous policies. For 150 years, 7 generations of Indigenous children were forcibly removed from their homes and sent to residential schools! The central goals of these schools were to eliminate the Indigenous governments, terminate the Treaties, and abolish all Indigenous cultures and religions. At least 6000 Indigenous children died in these school systems! The remaining survivors live on to tell horrific stories of psychological and physical abuse, malnutrition, and poor healthcare. Although the last residential school closed in 1996, the cumulative psychological trauma experienced by Indigenous people transcended across generations affecting their health and quality of life.

**Systemic Discrimination is Present and Real**

It is difficult to believe that the residential school system was legal. Although the system has since been abolished, our government continues to support policies that racially discriminate against Indigenous people. For example, social services on-reserves are significantly less funded than social services off-reserves. For each dollar spent by the provincial government on child welfare for non-Indigenous off reserve children, the federal government spends only 78 cents on child welfare for Indigenous children on reserves. Inadequate funding on reserves has resulted in less support for families and higher rates of foster care for indigenous children (Vowel, 2016).

**The Fight for Social Justice – The First Nations Child & Family Caring Society of Canada**

As a student nurse, I am proud to support The First Nations Child & Family Caring Society of Canada in their fight for First Nations children and families to receive equal opportunities! The Caring Society is the only national organization serving Aboriginal children and families, and the following are two of their major campaigns (First Nations Child & Family Caring Society of Canada, 2016).

**1. Jordan's Principle**

Jordan River Anderson was a First Nations child from Manitoba who was born with complex health care needs. Due to payment disputes between the federal and provincial government, Jordan was unable to receive home care. He died at the age of five, having never lived at home (First Nations Child & Family Caring Society of Canada, 2016a).

Like Jordan, many First Nations children are denied or are left waiting for vital health care services. According to Jordan's Principle, the government must ensure that all First Nations children will receive quality health care in a timely manner regardless of any jurisdictional disputes in terms of funding source (Blackstock, 2008; First Nations Child & Family Caring Society of Canada, 2016a).

In December 2007, Jordan's Principle was passed in the House of Commons to ensure that all First Nations children can access public services without denials and delays related to their First Nations status (First Nations Child & Family Caring Society of Canada, 2016a)!

Unfortunately, both the federal and provincial governments have failed to uphold Jordan's Principle since then. As of May 2017, the Canadian Human Right Tribunal has issued its third compliance order to request that the Government of Canada immediately cease its pattern of conduct and narrow focus with respect to Jordan's Principle (First Nations Child & Family Caring Society of Canada, 2016a).

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**2. Shannen's Dream**

Shannen Koostachin was a youth education advocate from the Attawapiskat First Nation in Ontario. She worked tirelessly to increase funding for First Nations schools in hopes that all First Nations children in Canada would be able to attend supportive, healthy, and safe schools. Although Shannen passed away in a car accident before fulfilling her dream, she remains a vital role model for students and young people across the country who continues to fight for a positive social change (First Nations Child & Family Caring Society of Canada, 2016b).

**To fight for First Nations Children rights, please support both campaigns:**

https://fncaringsociety.com/campaign/signup


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# Nursing Stress

## A plague of sorts

### BY JENNY LEE

According to the Canadian Institute for Health Information (CIHI), data from 2016 show that "more registered nurses are entering the profession (19,124) than leaving it (17,107)" (Canadian Nurses Association [CNA], n.d.). Since nurses make up a good portion of the health care team, this seems like good news for nurse retention. But let's face it. Nursing can be stressful. You are expected to know a lot of information, you might be under a lot of pressure, and you are taking care of sick patients.

Factors related to high levels of stress among nursing students have been identified in the literature. These include:

- Humiliating experiences – Being reminded of something in front of other staff and physicians can harm students' self-esteem.
- Perceived lack of skill – Clinical training must be of sufficient quality to allow students to experience real world nursing and students must be "empowered to enact theory in practice" (Moridi et al., 2014, p. 162).
- Unpleasant feelings and the training setting – Students may have concerns about disease transmission, infection and lack of equipment.
- Interpersonal relationships – According to Dunn and Hansford, the relationship between students and nurses is a main factor that affects students' clinical learning (as cited in Moridi et al., 2014).
- Long hours of academic study and work as well as a lack of free time.
- Working with dying patients.
- Conflicts with other staff.
- Workload and time pressures.
- Evaluations of clinical experience.

(Gibbons, 2010; Moridi, Khaledi, & Valiee, 2014)

Let's bring psychology into this melting pot of stress for a moment. First, self-efficacy and resilience may counteract those fears of failure, lack of confidence, and frustration. Self-efficacy is a person's "beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect [his/her life]" (Taylor & Reyes, 2012, p. 1). Your level of self-efficacy can affect your accomplishment in nursing school and the profession. On the other hand, resilience is your "ability to rise above difficult situations, adapt better than expected in the face of significant adversity, and recover from difficulty and overcome adverse circumstances in [your] life" (Taylor & Reyes, 2012, p. 2). Lastly, learned helplessness, a term created by psychologists Martin Seligman and Steven Maier, is the phenomenon where repeated exposure to a traumatic event or failure to succeed results in a sense of powerlessness. Over time, you learn that your actions are ineffective and do not try to change your situation ("Learned Helplessness," 2008). These characteristics and phenomena can have the power to increase or destroy your efforts in achieving goals.


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Consider this scenario. You are in the first term of the nursing program and are 10 weeks in. It is 2000 hours on a Monday night. You are doing research on your patient who is diagnosed with chronic heart failure exacerbation. You research the pathophysiology and medications and make a care plan. On Tuesday morning, you get to the unit feeling anxious because a) you are not doing well in clinical, b) you are worried about clinical questioning, and c) you feel inexperienced and thus lack confidence. From past experiences, you could not answer many of the questions your instructor asked, despite your preparation. This caused you to believe that the next time your instructor asks you a question, you will not be able to answer it. You fulfill this self-prophecy and consequently, your instructor deems you unable to provide safe patient care. You may also start to believe this. This phenomenon can be explained by learned helplessness (and a self-fulfilling prophecy where what you expect comes true).

In contrast, you might instead analyze the situation to try to become successful in your first term. Your resilience against adversities may manifest itself through concentrated efforts to *change* your preparation style for clinical. For instance, you stop copying information verbatim from a textbook or the Internet; you find ways to connect this knowledge to your patient's case. You start connecting signs and symptoms to nursing assessments, assessment findings to patient problems and interventions, and medications to pathophysiology. You also talk to others about their strategies and practice answering clinical questions with a peer. Over time, you notice improvements and obtain a greater self-efficacy, leading you to successfully finish your first term clinical.

In his study of nursing students' stress, Gibbons (2010) found that avoidance coping was related to emotional exhaustion. They concluded that interventions to improve support and self-efficacy were likely to facilitate nursing students' well-being. Avoidance of your pitfalls may perpetuate learned helplessness, while building self-efficacy and resilience may motivate you to engage in problem-solving. Additionally, the BCIT nursing program is known for its Problem Based Learning (PBL) classes. Gibbons (2010) suggests that this type of learning gives a sense of control and empowerment to students as they work together.

Stress is one thing. But feeling alone in your stress and anxiety is another. If you are experiencing high levels of stress, you are probably not alone. The more you talk to other people, the more you realize that your experiences are shared with others. There are many factors contributing to stress in nursing school and the nursing profession, but be resilient in the face of adversity and challenges. Use the basis of your stress and anxiety to develop your self-efficacy whether that be through practice in the skills lab or by using strategies to improve your critical thinking and confidence in the clinical setting. Lastly, defeat feelings of helplessness and learn to be optimistic. There are a lot of things you cannot control, but you can control how you use your experiences to enact change.

**Resources**

**BCIT Counselling & Student Development**

All enrolled full-time and part-time BCIT students can make an appointment for free, confidential, and professional counselling. Call 604-432-8608 to make an appointment and be sure to say your campus location. Students with urgent needs will be seen at the first available time.

https://www.bcit.ca/counselling/

**Peer Tutoring**

https://www.bcit.ca/learningcommons/peer/

**A video on learned helplessness:** https://www.youtube.com/watch?v=YMPzDiraNnA

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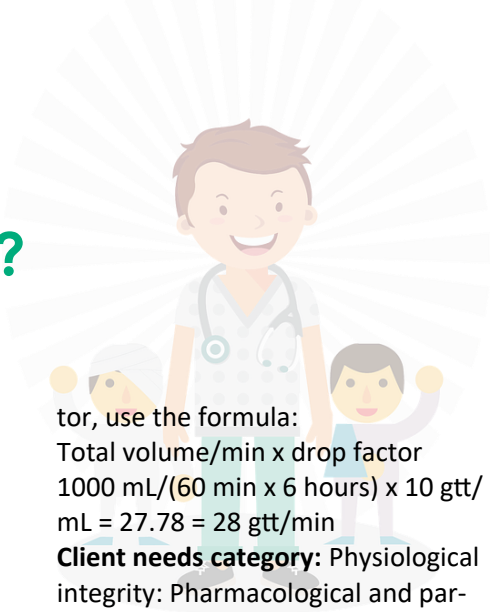
# Some NCLEX Fun!

## Nursing questions—because why not?



**1. A nurse is caring for a client with Raynaud's phenomenon secondary to systemic lupus erythematosus (SLE). Which of the client statements shows an understanding of the nurse's teaching about this disorder? Select all that apply.**

1. "My hands get pale, bluish, and feel numb and painful when I'm really stressed."
2. "I can't continue to wash dishes and do my cleaning because of this problem."
3. "I don't need to report any other skin problems with my fingers or hands to my practitioner."
4. "I probably got this disorder because I have lupus."
5. "This problem is caused by a temporary lack of circulation in my hands."
6. "Medication might help treat this problem."

**2. The nurse is preparing to set up an intravenous infusion of normal saline 1,000 mL over a 6-hour period. The tubing drop factor is 10 gtt/mL. Which of the following rates of infusion should the nurse choose?**

1. 12 gtt/min
2. 28 gtt/min
3. 33 gtt/min
4. 36 gtt/min

**3. Which of the following pediatric clients should the nurse provide assessment and intervention for FIRST?**

1. A 15-month-old who has developed hives
2. A 2-year-old who is ventilated but stable
3. A 12-year-old recovering from surgical repair of a fractured femur who complains of some difficulty breathing
4. A 2-month-old whose apnea alarm is sounding with an oxygen saturation reading of 82%

**ANSWERS**

**1. Answer:** 1, 4, 5, 6
**Rational/Strategy:** The question is assessing the client's understanding. Determine whether each statement option is true or false and select all the true options. Raynaud's phenomenon is caused by vasospasm in peripheral arteries and arterioles and results in blanching, cyanosis, coldness, numbness, and throbbing pain in the hands when the client is subjected to cold or stress (option 1, 5). It is associated with lupus and other connective tissue diseases (option 4). Calcium channel blockers or adrenergic blockers may be used to treat this problem (option 6). The client is still able to function with this problem and should report all skin changes to the health care provider because Raynaud's phenomenon can cause skin ulcerations and gangrene (options 2, 3).
**Client needs category:** Physiological integrity: Physiological adaptation
**Related content to this category:** Alterations in body systems, pathophysiology

**2. Answer:** 2

**Rationale/Strategy:** To calculate infusion rate with the given drop factor, use the formula:
Total volume/min x drop factor
1000 mL/(60 min x 6 hours) x 10 gtt/mL = 27.78 = 28 gtt/min
**Client needs category:** Physiological integrity: Pharmacological and parenteral therapies
**Related content to this category:** Dose calculation

**3. Answer:** 4

**Rationale/Strategy:** Identify your priority patient – who requires *immediate intervention? Think ABCs. Options 1, 2, 3 have no indication of immediate distress. Option 4 indicates an oxygen saturation below normal. A 2-month-old cannot voice concerns and cannot compensate well for a drop in oxygen levels. Therefore, intervention must be initiated (e.g., repositioning, suctioning, readjusting the probe). Alarms should not be ignored.*
**Client needs category:** Safe and effective care environment: Management of care
**Related content to this category:** Establishing priorities

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