

Scholar Practitioner

Nursing Program Newsletter

Winter 2020



Graphic Designer Michaela Dominik
Editors Natasha McCulloch, Daniella DeBartolo,
Kelly Livingston, and Karina MacIntyre

Program Manager Baiba Zarins
Faculty Louela Manankil-Rankin, Nicole McBarron,
Salwa Musa, Katalin Pere, Krysia Thériault,
and Ping Zou



Contents

| | |
|---------------------------------------|------|
| Greetings | 1 |
| Faculty & Program Announcements | 2 |
| PedNIG | 3 |
| Year of the Nurse | 4 |
| Harm Reduction | 6 |
| Student Submissions | 8-12 |
| Undetectable = Untransmissible | |
| Being on the Other Side | |
| Death as Relatable | |
| My Experience with Meditation | |
| Wellness Online | 13 |
| Self-Care Tips | 14 |
| Quick and Easy Workout | 15 |
| NCLEX | 16 |
| Upcoming Events | 17 |
| SPP Student Council | 18 |

Greetings,

Welcome to a new year and new decade! Your continued dedication and attentiveness to your studies has you well on your way to becoming a Registered Nurse. Take this time to celebrate your achievements.

Both semester topics this term, "Functionality of Mind, Body, and Spirit" and "Retooling and Redesign," require resilience. We must ask how we adapt to the intersection of the physical, psychological, and emotional aspects of ourselves experienced within our learning journeys. Further, adaptability to external concerns surrounding our public awareness of fiscal deficits, labour disruptions, and changes within the health care sector are but a few of the realities that require our resilience.

Resilience also plays a critical role within our relationships, as well as through behaviours that support and nurture our larger SPP collective. Reach out to someone new and offer your support in celebration of the space and time we share.

For the 2018 cohort, the anticipation of the final and consolidating semester is fast approaching! Congratulations also to our 2019 cohort, as you are nearing the mid-point of your SPP journey. Take this time to reflect and acknowledge the growing depth and breadth of your educational journey thus far.

We celebrate your commitment to lifelong learning!



Baiba Zarins, RN, PhD
SPP Program Manager



Faculty Announcements

It our pleasure to introduce Salwa Musa to our faculty team as a clinical instructor for the Winter semester and upcoming Spring-Summer term. Salwa worked with us in the past Spring-Summer semester and is happy to continue in her support of the program and of our learners.

Congratulations to our faculty members for successful abstract submissions to the *8th International Nurse Education Conference* in Barcelona, Spain.

- Primary researcher, Katalin Pere 's abstract “Understanding the preceptor experience in working with nursing students from an accelerated undergraduate nursing program in a one to one preceptorship model across all semesters: A descriptive qualitative study”
- Dr. Louela Manankil-Rankin's abstract titled “Examining the state of practice readiness in three undergraduate nursing programs.”

Program Announcements

We extend a warm welcome to Amy Spencer, an Accessibility Consultant who will be working with all distance students. Amy's contact information is as follows:

Amy Spencer, MSW, RSW
Accessibility Consultant
Student Accessibility Services | Student Development & Services
Nipissing University | 100 College Drive | North Bay, ON P1B 8L7
B210| p: 705.474.3450 x 4202 | amysp@nipissingu.ca

PedNIG



From left to right: Karina MacIntyre, Daniella DeBartolo, Connor Monk, Anna Dengelis, Kalyna McIntosh, McKenzie Maltas, Jennifer Dhawan

Semester 4 SPP Nursing Students attended the Pediatric Nurses Interest Group (PedNIG) Symposium on October 28th, 2019. They were educated on current research of the pediatric population including; end of life and palliative care, pain prevention, youth and social media use, and trauma-informed care.



2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Submitted by Karina MacIntyre

The World Health Organization has designated year 2020 as the “International Year of the Nurse and Midwife” in honour of the 200th anniversary of the birth of Florence Nightingale. It is a year-long effort to celebrate the work of nurses and midwives and highlight the challenging conditions in which they work while also advocating for increased investments in these workforces.

The WHO states that if the world wants to reach universal health coverage by 2030, it needs 9 million more nurses and midwives worldwide.

“Nurses and midwives are the backbone of every health system: in 2020 we’re calling on all countries to invest in nurses and midwives as part of their commitment to health for all.”

- Dr Tedros Adhanom Ghebreyesus, WHO Director-General

“Florence Nightingale used her lamp to illuminate the places where nurses worked, and I hope the designation of 2020 as the International Year of the Nurse and Midwife will provide us with a new, 20-20 vision of what nursing is in the modern era and how nurses can light the way to universal health coverage and healthcare for all,” – Annette Kennedy, President of the International Council of Nurses

To get involved:

- Create or support online content of photos or video “testimonials” about experiences as student nurses
- Use the hashtag #SupportNursesAndMidwives, #Nurses2020, and #Midwives2020

State of the World's Nursing Report

This report, to be launched in April 2020 by the World Health Organization, will provide a global picture of the nursing workforce. It will support evidence-based planning to optimize the contributions of this workforce to improve health and wellbeing for all. It will describe how the nursing workforce will make meaningful progress towards the WHO's Universal Health Coverage and the Sustainable Development Goals. The report will highlight areas for policy development for the next 3 to 5 years. It will provide an overview of each nation's nursing workforce and outline the number and type of nurses, education, regulation, practice, leadership, and gender issues.



Harm Reduction & the Opioid Crisis

Submitted by Kelly Livingston

An aspect of healthcare that has become an increasing concern is the opioid overdose epidemic. There has been a substantial increase in the number of deaths due to opioid overdose from 2016 to now. In just one year there was a forty-five (45%) percent increase in opioid related deaths totalling 9,078. The rise in overdose deaths calls for action and preventative measures.

There are multiple ways to prevent this crisis, however the main concern is regulating and monitoring the use of opioids. One way to do this is by having trained professionals administer Naloxone. Naloxone is a medication used through either injection or given through the nostril which temporarily reverses the effects of an overdose. The effects of Naloxone take effect within four minutes.

The Registered Nurses' Association of Ontario (RNAO) has recently advocated for and supported the notion of mandatory Naloxone training for frontline workers that are most likely to encounter individuals who have experienced an overdose. They are requesting that all Ontario police officers, special constables, First Nation officers, and inspectors be trained in administering naloxone and trained on how to properly care for individuals that overdosed.

Safe consumption sites , also known as safe injection sites and overdose prevention services, have aided in preventing opioid-related deaths. These services provide a hygienic environment for people to inject previously obtained drugs under the supervision of qualified staff such as nurses and social workers. Staff are trained to administer naloxone if required and can provide other health and social support services. This is a way to regulate and monitor opioid use to prevent overdose deaths and lower the risk of this patient population in the hospital.



References

RNAO (2019). An evidence based response to overdose deaths. https://rnao.ca/sites/rnao-ca/files/An_evidence-based_response_to_overdose_deaths_QPD_2019_Final_Public.pdf

RNAO (2019). RNAO supports police training for naloxone. <https://rnao.ca/news/rnao-supports-police-training-naloxone>



Implementing Harm Reduction

Submitted by Kamal Dulku

On January 17, 2020, the Scholar Practitioner Program's Social Justice Group organized a Harm Reduction workshop for first and second year learners. Naloxone training was also provided.

Matt Johnson, a Health Promoter with the Safe Consumption Services at Parkdale Queen West Community Health Centre, came to speak with students about harm reduction. He is a long-time harm reduction worker and advocate who has been involved in setting up overdose prevention sites and responding as an activist to the overdose epidemic and ongoing drug war in Toronto. His workshop provided information on drug use, harm reduction strategies, and health promotion. He spoke about pushing for greater and meaningful involvement of people who use drugs in the development and implementation of services as well as policies affecting drug users and overdose incidents. The overall goal involves working towards an end to the drug war, and a humane system based in respect, human rights, and greater health and stability for all.

Jennifer Fan, a Pharmacy Manager at Rexall who has been practicing community pharmacy for over 13 years, came in to conduct the naloxone training. She specializes in Mental Health and Opioid Dependency with certifications from CAMH Opioid Dependence Treatment courses and holds a Bachelor of Pharmacy from the University of Toronto.

Her session included information about the different opioids, the effects of opioid overdose, naloxone administration, the policy and procedures involved, and protocols to follow in situations that involve an overdose. At the end of the training, all students in attendance were given naloxone kits to take home and carry with them.

These were both great learning experiences for the students and we hope that these workshops and training will continue in future years for the great learning benefits of all future nurses!



Undetectable = Untransmittable

Submitted by Taylor Murphy

Stigma surrounding HIV is everywhere. Despite growing knowledge and effective treatments, many people still live in fear. This past semester, I had the opportunity to work with HIV-positive individuals as a part of the Toronto Public Health Communicable Disease Control Sexually Transmitted Infections Program. From this experience, I wanted to share what I have learned with you all so that we may help to end HIV stigma and deliver holistic client-centred care. Facts are retrieved from catie.ca

Myth

HIV only infects homosexual males or individuals who use substances.

Fact

HIV does not discriminate. HIV transmission has been reported in cases of sexual assault. In countries in which HIV is endemic, heterosexual transmission is very common.

HIV always progresses to AIDS.

HIV can be transmitted through shaking hands, hugging, and kissing.

If someone with HIV is consistent with taking their antiretroviral medications, they can maintain a low viral load. A low viral load means that the HIV's ability to replicate has been slowed. This preserves CD4 T cells and the immune response. This allows an HIV-positive person to live a long and healthy life.

Everyone with HIV is infectious.

HIV is transmitted through
Sexual contact: exchange of sexual fluids
Blood: sharing of needles or needle pokes that may contain blood products
Vertical: pregnancy, breastfeeding, and childbirth
(depends on mother's viral load)

If clients are receiving appropriate HIV care (antiretroviral therapy) they can maintain and undetectable viral load. This means that they are unable to transmit HIV. U = U is a national campaign that states that an individual who has an undetectable viral load is unable to transmit the virus. 8

Being on the Other Side

Submitted by Annie Znotinas

In nursing school, we often think about our learning in the classroom and during clinical placements but rarely realize the importance of life experiences on our nursing practice. In Toronto, our multicultural city means that as health care professional we often encounter patients whose first language is not English. We use family members, language lines, and often hope that there is a doctor or nurse in the hospital that can help us communicate.

I recently had a life experience that placed me in the position of a patient who was unable to communicate with their health care team due to a language barrier. While in Colombia, I sustained a serious concussion after a bus hit a bump then caused me to fly up and hit my head on the ceiling. I do not speak Spanish, nor does my mother, and here we were at a hospital in Colombia trying to explain our situation. I went to triage nurse, and the only thing we both understood from each other, was google translation. I was thankful for this lifeline since it allowed me to explain the situation before being triaged to the correct area of the hospital. Everything seemed to go fairly smoothly, until my nurse inserted an IV and tried to connect me to a minibag. I kept asking what medication was inside and it took several nurses and a lot of confusion for it to be communicated that they were trying to infuse ketorolac, an NSAID, which is a class of medications that I am allergic to. Fortunately, it was not infused but it made me realize how much can be lost in translation.

I recognize that I entered that situation with privilege which allowed me to access quality care. I spoke a very common language, I had private travel insurance coverage covering my care, and I have a health care background so I understood the environment. I recognize this is not always the case when caring for patients in Toronto. Patients and families may not have OHIP insurance or lack private coverage for medications or medical supplies. The language that they speak may or may not be on a language line, and it might be difficult to find an interpreter. This experience allowed me to appreciate the important of translators in our health care setting and has allowed me to empathize with families and patients who are navigating our hospital system without speaking the language. Communication with our patients and families is key, so take the time to ensure proper interpretation occurs to ensure your patient's safety.

Seeing Death as Relatable

Submitted by Connor Monk

I often seek inspiration from a variety of different mediums. Television and movies have been highly influential to my understanding of people and their experiences. My reflection regarding characters, some fictional and some real, has led to a genuine understanding of people. I look at TV and film as mediums that flex the art of storytelling by celebrating what it means to live a life. Similarly, with nursing, I am reminded of what it means to live a life because of the extraordinary diversity of people that I have had the pleasure of working with and caring for.

This entry is a reflection of an interview that inspired me and gave different meaning to a difficult situation that I experienced last year. This is an interview between Stephen Colbert and Anderson Cooper. They sat down to speak to each other about living with grief and loss. The interview captures Stephen Colbert realizing that he needed to love the thing that he had most wished had not happened. He asks, what punishments are not gifts and says:

“It is a gift to exist, and with existence comes suffering. There is no escaping that. If you are grateful for your life. It is the most positive thing to do. Then, you have to be grateful for all of it. You cannot pick and choose what you’re grateful for. So, what do you get from loss? You get awareness of other people’s loss. Which allows you to connect with that other person. Which allows you to love more deeply and to understand what it’s like to be a human being. If it is true that all humans suffer.”

I decided to share this quotation because it changed my thinking and perspective towards death. The inevitability and prevalence of death is what makes it relatable, but it is also what gives life meaning. I suspect, anyone who is reading this may be thinking of a family member or friend, or even someone you idolized from TV or film.

This interview is incredibly thought-provoking. It is a profound realization to observe death as a silver lining; where we can actually learn from our own experiences of death and find meaning. Suddenly we become relatable to each other in our own existence. This influences our emotional intelligence and in turn makes us more capable of connecting with each other in one way or another. And that makes us more human.



My Experience with Meditation

Submitted by Molly Hansen

It was my first day on an inpatient medicine unit at a Downtown Toronto Hospital. That morning I was introduced to a kind elderly patient. I greeted him with a smile and introduced myself, in return I received a big smile back and a friendly wave. After meeting this patient, I was informed that he would be receiving Medical Assistance in Dying (MAID) the following day.

MAID – this word repeated over and over in my mind. I had learned about MAID in school and studied its ethical considerations but had never been involved with the process in clinical before. Many feelings flooded my body, but the outstanding thought that I heard loud and clear was “how can such a seemingly happy and smiling man want to die?” I knew that this thought was constructed by my naïve and initial biases. Challenging my initial perspective, I instead became curious. This patient had a story that I could not possibly begin to understand, but I was ready to listen.

As the day carried on, I got to be a part of many discussions with the nursing team. As I listened, I was able to learn more about the patient's story and life journey. The patient had expressed that he was miserable in the hospital and the loss of function and control of his life created immeasurable suffering. Over and over again, he would voice that he “wanted to die.” His suffering was expressed in anger towards others. When his request for death was met, things changed. The nurses noticed that he began to smile and spoke softer. He appeared at peace.

On that evening of my first shift, I went into the patient's room to help him set up his last meal tray and we chatted. When it was time for me to say goodbye for the night, he was sitting in his room surrounded by his family – sharing memories and laughing together. The patient's daughter shared with us that her father openly and contently expressed that he were going to die tomorrow.

That night I went home and spent the evening completely consumed in thought about this patient, his life, and his family. I had trouble falling asleep. My mind was unable to rest.

The next morning when I came into placement, I could not help but sense the eerie silence that had taken over the floor. The “process” was to begin at ten. When I passed the patient's room, I felt a tug on my heart, the curtains were drawn over the window and there was a sign that said: “do not enter”. It was almost as if I had tunnel vision as I looked at the door, everything else seemed to fade into the background.

Continued ...



Continued ...

Afterwards, the nursing team had a large debrief and shared their concerns and thoughts about the experience. A spiritual care provider and a bioethicist were there to provide support. To my surprise, all the nurses on the unit denied being a part of the process – it was too difficult for them. Many of them expressed that they were uncomfortable and struggling with the patient's choice: many tears were shed. That night when I got home and into bed, my mind was racing again like the night before. With a new perspective I opened my phone and searched for sleep meditations. With a calm mind and body, I soon fell into a very deep sleep. Now, every night after clinical since that experience I listen to a meditation. It has brought me peace this semester after the events of each day.

As students, we can become consumed with anxiety and stress as we juggle and balance everything that is occurring in our lives. There are moments when it seems impossible to battle through, yet we do. I know I cannot be the only one who has stayed up late at night trying to force my eyes shut and surrender to sleep while my mind is drowning in thought about clinical, schoolwork, and personal concerns. Nurses spend countless hours caring for individuals, healing the body, heart and mind. However, we also need to find strategies to care for ourselves. For me, the answer has been meditation. I have felt a decrease in my level of anxiety, and it has proven to be a useful coping skill in my tool-belt of self-care.

If you are struggling, I want to let you know that you are not alone. If you would like to explore mediation further, please reach out. Several links are listed below that I have found helpful.

Check out these Meditation Sources

Guided Meditation for Deepest Sleep

<https://www.youtube.com/watch?v=HoKYdHLDuc8>

10 Minute Mindfulness Meditation

https://www.youtube.com/watch?v=6p_yaNFSYao

Guided Meditation to Reduce Panic, Anxiety & Worry

<https://www.youtube.com/watch?v=MFxIK1Zv0mA>



On behalf of Nipissing University, if you are struggling and would like help, please get in contact with a member of your faculty or Nipissing University's Student Intervention Services. They have a new Wellness Online Centre for mental-health services for students off campus sis@nipissingu.ca See the following page for more details.



NOW AVAILABLE EXCLUSIVELY TO
The Scholar Practitioner Program



Wellness Online

Connecting distance students with on-campus mental health professionals,
through web-based services.



Student Development and Services is pleased to announce Wellness Online! It is a secure web-based portal that will allow students in the Scholar Practitioner Program to access on-campus mental health services.

What services can I access?

- Student Counselling Services: Brief Individual Therapy (1-6 sessions)
- Student Intervention Specialist: Case Management Supports, referral to specialized supports

How can I get an appointment?

- Student Counselling Services: Students should complete a registration form at <https://www.nipissingu.ca/departments/student-development-and-services/counselling-services/registration>
- Student Intervention Services: Students should email sis@nipissingu.ca to request an initial appointment.

Crisis Situations

Nipissing University does not provide crisis services. If you require emergency services or assistance with safety, please seek support from your nearest hospital or call 911.

You can also access helplines for counselling in moments of distress

- Good2Talk at 1-866-925-5454
- Kids Help Phone text line 686868 (text: HOME to begin a conversation)

Contact Information

We are happy to hear from you to discuss the Wellness Online platform

- Student Counselling Services: call 705-474-3450 x4507, or email counselling@nipissingu.ca
- Student Intervention Services: call 705-474-3450 x 4605, or email sis@nipissingu.ca

Self-Care Tips

Submitted by Daniella DeBartolo

Start your day with an affirmation

Positive mind = positive life. For example, "Today is a day of happiness and peace. I am grounded and centered. I am grateful for my life that is filled with many blessings. I move through my day with consciousness, grace, and love"

Gratitude is a must!

Take 5 minutes at the beginning or end of your day to think about/write down at least 3 things you are grateful for that day. It really is the little things that matter most!

Set goals one step at a time

Sometimes it can be overwhelming to think about all the things we have to get done as students. Keep an agenda or a to-do list and write down your goals for the day, the week, and the month

Stay hydrated

Drink water as soon as you wake up and continue throughout the day

Sleep, sleep, and SLEEP

Sometimes self-care means listening to your body and giving yourself a full 8 hours of sleep -- no shame in having an 8:30 bedtime.

Find balance

School and practicum are important... but so is fuelling your mental, social, emotional well-being. Find time for the people and things you love most!

Get up and move

Whether it's a walk, an hour workout, F45, or even just a dance party in your room, stay active and get moving for at least 30 mins a day.

Be a foodie... the healthy kind

Chocolate and McDonalds' every once in a while, never killed anybody BUT a part of self-care is eating a nutritious diet and treating your body like the temple it is.

Have some "me" time

As nurses we are constantly surrounded by others. Its okay to take some time for yourself and binge on the latest Netflix show, read a book, or do some shopping

Don't hate, meditate

Meditation has been shown to decrease stress and anxiety and increase emotional health and self-awareness. Meditate when you can from anywhere to 5 minutes to an hour.

Quick and Easy Workout

Written by Renée Gagnon

Maximizing time for exercise is important in nursing school. As a personal trainer and avid exerciser, I think it is important to use exercise as a self care method!

Do each exercise for 30 seconds then rest for 30 seconds. Repeat each round 3 times.

Round 1

Exercise 1: Split Lunges

Exercise 2: Mountain Climbers

Exercise 3: Plank

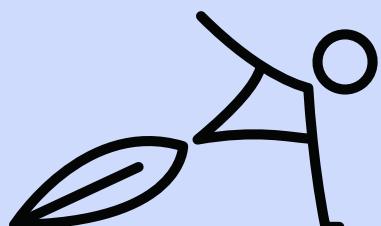


Round 2

Exercise 1: Bodyweight squats

Exercise 2: Jump squats

Exercise 3: Right side plank



Round 3

Exercise 1: Jumping Jacks

Exercise 2: High knees

Exercise 3: Left side plank

If you are having trouble with the exercises you can follow my fitness account @fitnessbyrandm on Instagram and message for questions!

NCLEX

Submitted by Baiba Zarins & Kelly Livingston

NCLEX preparatory studies must be threaded throughout your learning journey. It is wonderful to acknowledge and recognize the high success rate of SPP graduates with NCLEX testing, however, plan ahead and optimize your learning experiences to your study plans, goals, and milestones. As mentioned previously, our graduates share that the best advice is to start your individual or group study plans early and utilize various learning strategies to achieve a well rounded approach to the exam content.

Registered Nurse RN

Free 15 question practice test. Answers with rationale.

<https://www.registerednursern.com/>

Nurse.plus

Free NCLEX-RN practice tests in which the tracking system shows how many you've missed. Answers with rationale. <https://nurse.plus/>

Study.com

Offers practice tests, study guides and videos, schedule tool, online tutors. 30 day free trial available.

<https://study.com/academy/course/nclex-rn-study-guide-practice.html>

Kaplan

Free practice quizzes covering all NCLEX categories.

<https://kaplan.com/>

UWorld

Highly recommended by new grads. Thousands of practice questions, can chat with other people to share study tips or advice, can make own flashcards.

<https://www.uworld.com/forum/default.aspx?gid=3>

NURSING

Video courses, practice NCLEX questions in each category, and sample NCLEX exam.

<https://nursing.com/>

Upcoming Events

March
3

Toronto Healthcare Job Fair
13:00-15:00, First Canadian Place
Meet recruiters, HR managers, hiring committees, associations, and employment agencies from a variety of healthcare industries.
Admission is free!

March
8

International Women's Day

March
20-21

Nipissing University Undergraduate Research Conference
Provides an opportunity for students to showcase their research. Abstracts are due February 21.

April
7

World Health Day
The WHO's "State of the World's Nursing" report launches!

April
24-30

World Immunization Week

May
5

Hand Hygiene Day

May
6

International Day of the Midwife

May
11-17

Nurses' Week

May
12

International Nurses Day & Florence Nightingale's Birthday

SPP Student Council

The SPP Student Council (SC) provides a platform for strategic planning and collaborative partnership within the SPP. The SC recognizes that the unique structure and pedagogy of the SPP may call for learning needs that are just as unique. The SC represents all current cohorts and its primary goal is to enhance the learner experience within the SPP. The SC is also in charge of publishing the newsletter each semester.

If you are interested in joining the SC, please email Natasha at:
nmmcculloch352@community.nipissingu.ca



Natasha McCulloch

She/Her
Student Council President
Newsletter Editor & Content Writer
BPG Research Group Member



Daniella DeBartolo

She/Her
Student Council Vice-President
Newsletter Content Writer
BPG Research Group Member



Karina MacIntyre

She/Her
Newsletter Content Writer
BPG Research Group Member



Michaela Dominik

She/Her
Newsletter Graphic Designer
Newsletter Content Writer



Kelly Livingston

She/Her
Newsletter Content Writer