Greetings on the commencement of the academic year 2022–2023!

Congratulations on the completion of the very active fall semester to commemorate our 11th anniversary of the SPP.

As the 2022 cohort immerses within the steep learning curve of our unique nursing program, you are indeed embodying the semester one theme of Generativity and Life on so many levels. The generation of new knowledge and exploration of the health care field is unfolding with each curricular interaction. Engaging within multimodal learning opportunities truly exemplifies the boundless learning contexts within your academic pathway in formative role identity, assessments, and contributions to health care virtually and within agency-based environments. We hope you have celebrated your success thus far and are excited for the upcoming semester learning opportunities. Our 2021 cohort have passed the midpoint of their program journey as you near and envision the last two semesters of study. The excitement towards the consolidating semester in the spring/summer term is palpable. Continue to shine in your passion and motivation in nearing your academic and professional goals!

The complexities of life, academics, work and health, on occasion, affected one’s sense of being and wellness on an individual level this semester. Reaching out to one another in caring and compassionate support is a special gift of kindness beautifully recognized as one of many unique attributes within our SPP community.

As 2022 draws to a close, we also acknowledge the dedication of our program faculty in support of your learning experiences. Despite the many challenges within our learning environment this year, faculty remain dedicated in their commitment to the success of each learner and the broader program. Although the road may be challenging at times, we celebrate your perseverance and focus to successful outcomes. As a learning community, we look forward to a positive, exciting, and evolving experiential learning filled year ahead!

Wishing you and your families a joyous, safe, and healthy holiday season!

Baiba
Faculty Re-Introduction
Dr. Ping Zou

Duration as faculty:
I joined Nipissing University and worked in the SPP since July 2015.

Work experiences before SPP:
I was:
- An economics professor at a university in China before I migrated to Canada;
- A Chinese teacher at a public school in Toronto after I migrated to Canada;
- A staff nurse in a nursing home in Toronto after I had a nursing license;
- A teaching assistant at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto when I pursued my Master’s and Ph.D. degrees;
- A nurse researcher at a healthcare research center at the University of Toronto when I pursued my Master’s and Ph.D. degrees;
- A visiting professor and a master’s degree graduate student supervisor in an international medical school in Asia.

What are you looking forward to the most during your time as faculty in the SPP?
As faculty in the SPP, I am looking forward to attending your graduation ceremony. I will be extremely excited to see that you have strong wings to fly.

One fun fact about yourself you want to share:
In my family, we have a dog and two cats. They eat well, sleep well, work hard (especially on making lots of furs, scratching surfaces, and breaking down furniture), play hard, and live happily with us. They bring us not only happiness but also creativity. In her physics class, my daughter used one of our cats as a model to describe how the cat would experience a radiated world.

What are you looking forward to doing this Winter Break?
Travel if possible. If not, I will visit libraries in Toronto, as many as I can. We have around 100 libraries in Toronto, and I have not visited all of them.

Favourite memory as a practicing nurse:
I never forgot my first nursing job, which was a staff nurse position in a nursing home. On my floor, I worked with 55 residents/clients, whose average age was above 85 years old. When I walked into the hallway, I felt like I was in a gallery. Beside each resident’s door, there was a glass show box presenting an important artifact of their life experiences, such as a picture, a dress, or a hat. I enjoyed walking in the hallway, exploring those show boxes, and reading their life stories. Through these artifacts, I appreciated the wonderful people I worked for.
- They were a person who raised 5 children and 11 grandchildren.
- They were a worker who built 100 houses.
- They were a high school teacher who taught hundreds of students.
- Although they might be bedridden, they were a dancing queen when they were young.
- They were a nurse who took care of many patients. I continued with their profession and passion to take care of other people.

Nursing is a profession, in which we have the privilege to touch on people’s lives at some moments; nursing is also a profession, in which our lives are touched by our clients/patients in many unforgettable and meaningful ways.
Advice for first year students:

First of all, work hard and take care of yourself. The best way to start your learning journey at the SPP is to love nursing. Nursing is the best profession in the world and you will fall in love with nursing sooner or later. While you learn nursing with us, think of what kind of nurse you want to be. Have a dream and work hard for it.

Advice for second year students:

Trust that you will be a great nurse soon. Plan ahead. Understand what you want to do in the first year, the second year, the fifth year, and even the tenth year after your graduation. Buy a nursing watch for yourself and get ready to work at the bedside. Sharpen your research skills and prepare for evidence-based practice and post-graduate studies in the near future. Work hard and take care of yourself too.

Current research or work projects:

One of my current research projects is Getting Older in A New Country (GOLDEN). In the GOLDEN project, I strive to uncover the menopausal/midlife experiences of immigrant women in Canada and explore appropriate interventions to promote healthy and happy aging. See my publications in Researchgate: https://www.researchgate.net/profile/Ping-Zou-7

Recent publications related to the GOLDEN project include:

In the early 2000s, I joined the faculty of a research intensive university. I stayed there until 2015 when I left to join the SPP faculty. I loved being in a program that uses Narrative Inquiry as a pedagogy. Narrative Inquiry was the methodology I used in my PhD dissertation. I was so excited when I learned that the SPP was going to be my new home.

Current research or work projects:
Currently, I am working on a microcredential on Indigenous Health. This is a project in collaboration with the Nipissing First Nation. My team is putting together modules that will assist students and professionals in understanding Indigenous Health from the perspective of the Nipissing First Nation.

My other projects involve the topics of practice readiness, compassion/compassionate leadership, and the best practice spotlight organization initiative. I have supported fellows in their advanced clinical fellowships through the Registered Nurses Association of Ontario. I have been involved in graduate thesis committee work.

Duration as faculty:
I have been a faculty with Nipissing University's Scholar Practitioner Program since July 2015.

Work experiences before SPP:
My journey in nursing began in 1986 when I graduated from a four-year undergraduate nursing program. After graduation, I joined a community hospital's mental health unit but my love was maternal child and it did not take long for me to join a maternal child program in a community hospital. I grew in this hospital fulfilling many different roles as a postpartum nurse, special care nursery nurse, labour and delivery nurse, and finally a family birthplace nurse. In the family birthplace program at the time, my role was to support a family from prenatal, labour and birth, postpartum, and home. It was wonderful to be part of this exciting program that unfortunately due to lack of funding was removed from the care offerings of a community hospital. My last hospital position was a nurse educator in maternal child.

In the early 2000s, I joined the faculty of a research intensive university. I stayed there until 2015 when I left to join the SPP faculty. I loved being in a program that uses Narrative Inquiry as a pedagogy. Narrative Inquiry was the methodology I used in my PhD dissertation. I was so excited when I learned that the SPP was going to be my new home.
Advice for first year students:
I also offer the same advice to Year One students as the Year Twos. However, if I was to specifically say something to the Year Ones, it would be to maintain an open mind about learning. As the Year Ones have already discovered, reflecting in-and on-action are familiar modes of learning in the SPP. You will get better at these two ways of approaching experience over time. You will find that time will go very quickly and soon, you will be writing your NCLEX and will be hired as a Registered Nurse. Time is a gift. Savour your experiences. Life has given you something to treasure.

Advice for second year students:
Enjoy every minute of your experience. It doesn’t matter whether they are good or challenging experiences. They are opportunities to help you grow as a person and nurse. You just need to be open to what life brings you. I have always believed that the experiences that come our way are meant for us to discover more about who we are as people. It is this discovery that brings joy and hope in our lives.

Favourite memory as a practicing nurse
My favourite memory is always about supporting Mom and Dad through their labour and birth experience. It is not easy to give birth. It is hard work for both Mom and Dad. From my experience, a caring, competent, and compassionate nurse makes the difference in how Mom and Dad experience the journey of birthing their child. It is a beautiful part of life. I was so fortunate to be part of the life experiences of many families I served.

One fun fact about yourself you want to share
I am not sure whether this is a fun fact but it is something I can share. I am a musician and singer. I play the guitar and sing.

What are you looking forward to doing this Winter Break?
I am looking forward to some peace and silence this winter break. I enjoy spending quality time with my family. I want to read a non-nursing book this holiday.
SPP 2022-2023
Student Council

Year 1

Lindsey Gudboy
Vice President

Sava Amanov
Co-President

Samantha O’Hara
Co-President

Amanda Rosenthal
Vice President of News Operations

Nnamdi Onye
Vice President of Communications

Melissa Tong
Media & Marketing Executive

Omar Shergill
Media & Marketing Executive

Natalie Armstrong
Communication Executive

Nada Fadl
House Operations Executive

Rana Wy
Vice Student Engagement/Outreach

Jenny Jung
House Operations Executive

Dorothy Anvil
Student Outreach Executive

Sloan Rais
Student Outreach Executive

Year 2

Christa Cheu
Vice President

Nicole Tajfel
President

Rebecca Brennan
President

Josephine Maria Diaz-Bedoya
Vice President of Outreach & Engagement

Phob Naurful
VP Media & Marketing

Riana Fabian
Vice President of House Operations
Hello everyone!

We want to say congratulations on making it through your first semester of nursing school! You should all be very proud of yourselves and what you’ve accomplished. This past semester, we have taken on our new roles as nursing students and made the first step on the journey towards becoming Registered Nurses.

For those of you in vSIM this semester, we know your placement was not what you envisioned. But, you took it in stride and excelled in your virtual placements! Your hard work and dedication to learning will pay off in your in-person placements next semester.

All of us have reflected enough for one year and this winter break is well-needed. Treat yourselves during your time off. You deserve time to relax, rest, and indulge in your favourite activities. Next semester will come sooner than you think, so use this time to recharge with family and friends.

Have a great holiday season and Happy New Year! See you in 2023!

Cheers,

Serena and Samantha
Message from the Year 2 Co-Presidents

**Mentorship Program**
This fall, the Student Council brought back the mentorship program that we were lucky to be a part of when we were in Year 1. As first years, the program provided an excellent resource for someone to reach out to who had already gone through the process. So as Year 2’s, we were excited to have our turn to pass on our knowledge and experience to the incoming Year 1’s.

Speaking to my personal experience, being a mentor this semester has been amazing. First of all, it allows me to step back and reflect on all that I have learned so far. Whenever my mentee reaches out with a question or concern, I often find myself saying something like “That is exactly how I felt in my first semester, but now it has improved.” It is really rewarding when you feel like you can support someone else through this program, and it shows how far we have come in only a year. Also working with my mentees has been a pleasure, simply for the opportunity to connect with people. I have become good friends with my mentees; it feels like more of a partnership where they can ask me advice, but I can also ask for their feedback with my own matters too.

This program definitely highlights how important mentorship is in nursing, and those relationships will be helpful to develop when we start our first job.

**Drop-in Hang-out Q&A Part-ay**
During Inquiry Week, the Student Council hosted a Q&A session with the Year 1 cohort. In this session, they were encouraged to ask any questions or voice any concerns they had about starting a new program and going into placement for the first time. It was a great opportunity to connect with the new cohort, and support them through the first few weeks of their semester.

Overall, it was a great event with an excellent turn out. And even for those that could not make it, Vice President Ihab did an amazing job at composing a google document with notes from the meeting as a reference sheet. The Student Council is looking forward to hosting more similar events like this in future semesters!

**Productive Chill Session with Expert Speaker Ping Zou!**
In order to better prepare for the Year 2 research paper assignment this semester, the Student Council hosted a Productive Chill Session on Blackboard. The Y2 cohort was lucky to have Ping Zou in this session. For many of us, this was our first experience writing a research paper. Ping supported us by answering our questions, and offering advice on how to approach this task. This session was helpful in reassuring and preparing students in writing the assignment. Research is an important element of nursing and this semester was a great introduction into this. Sessions and assignments such as these help inspire students to possibly pursue nursing research in the future. Thank you, Dr. Ping Zou!

**Impromptu Study Soiree**
Throughout the semester, Chrissi and Nicole organized several Impromptu Study Soirees. These were an open invitation to all students to join a Microsoft Teams Productive Chill Session to study as a group and bounce ideas off of each other. These sessions are always an excellent opportunity to have support from fellow learners as you work on assignments. Group study sessions can also help with motivation to get work done, when you know others around you are doing the same. If you could not attend this semester, do not worry, look for more impromptu study soirees in future semesters!

- Becca, Nicole, and Chrissi

**Spotlight Award**
**VP Outreach & Engagement: Joe Diaz**
This semester the Year 2 Student Council would like to spotlight our Vice-President for Outreach and Engagement, Joe Diaz! Joe is a wonderful soul, who puts a lot of time and effort in checking in on her fellow learners. From creating the Facebook groups to bring together Year 1’s, to sharing helpful resources and videos – Joe is always looking out for others in this program. SPP and the Year 2 Student Council is lucky to have her on the team!
How fast does your preceptor expect you to start doing things? Will they expect you to know these things? Will they show you how to do them?

Right off the bat, prioritize patient safety at all times. Your preceptor should not expect you to take over a patient when it is unsafe. It should be a smooth transition, first you shadow the nurse. Then when the preceptor starts to trust you, they will ask you to get them supplies. Then you will slowly start doing interventions and tasks alongside them. Eventually you will start having more autonomy and your preceptor will shadow you. All of this well happen as you display your skills and knowledge, so the more you study and practice, the faster this process will happen. This also varies from person to person, everyone should move at their own pace. Some preceptors may throw you in because they believe it’s the best way to learn, but make sure to prioritize patient safety. Speak up if you don’t feel comfortable. Seek support as needed.

What is the first placement going to be like?
It’s going to be straightforward for your first placement; bring a small notebook, pens, and your stethoscope. Pack your lunch and snacks because you may not have time to buy food. Our program is always a 1:1 preceptorship, so the staff might think that you are consolidating (final semester of the nursing program), so be sure to explain to the preceptor that this is your first placement. Because of this arrangement, SPP students are able to gain a lot of experience, so take advantage of it! When the day is a little slow, talk to other nurses and look for opportunities to learn. Ask if you can observe them. Make sure to know what is expected of you. Review the SPP handbook and hospital nursing student handbook. Shadowing for your first shift is totally normal; don’t be afraid to ask questions.

How does shift scheduling work?
We follow the preceptor’s schedule. When you connect with them, you can choose the shifts you will be attending based on their schedule.

How do you study and prepare for your placements?
Ask your unit educator and preceptor how to prepare for the placement. Ask what are the common conditions, medications, and procedures done in the unit. Ask Y2 learners; they can provide valuable information.

How do you deal with all the stress (No placements yet, and assignments coming up)?
Try to focus on what you can control; be hopeful, optimistic, and realistic. You might be provided with virtual simulations which will give you theoretical experience. It gives you a lot of time to explore what you’re passionate about and you can explore many different patient populations.
Fall Semester Highlights

Year 2 Paediatric Cohort
SickKids Orientation

Lake view from the 18B staff lounge
Princess Margaret Hospital (PMH)

Year 2 Paediatric Cohort Cookies
by Kimberly Wong

Year 1 Paediatric Cohort
Skills Lab Day

Canada’s Wonderland view from the
Orthopaedic Surgical Unit at
the Cortelucci Vaughan Hospital

PMH 16A Jack-O’-Lantern
with Milk Tea IV (minus the pearls!)
This year we covered Engaging Clients Who Use Substances. We had a special interest in this subject and really wanted to go above and beyond the scope of the BPG. This semester, our goal was to encourage students to engage in critical self-reflection as well as a critical analysis of the BPG. What was missing? What could be improved and why? Engaging Clients Who Use Substances was a uniquely complex BPG. In order to create content that would resonate more with our peers, we focused not just on the steps of the BPG but rather the core principles that make the BPG possible. Those principles were harm reduction, trauma-informed care, and lifelong learning. We shared a multitude of videos and resources including free training and academic studies to incorporate both experts and the voices of lived experience to cultivate a richer learning environment that engaged in multiple perspectives. More than anything, we hoped to inspire at least a few learners to dig deeper into the concepts we introduced and above all else, we hope to have communicated our underlying message when engaging clients who use substances: always lead with empathy.
In early October, the Social Justice Committee hosted a webinar titled “The Importance of Initiating and Building Relationships” with Dorothy Larkman. Dorothy Larkman is the Interim Director for the School of Social Work at Nipissing University and is a PhD Candidate; her research interest involves the indigenous ethic of non-interference in relationship building. With over 24 years of experience in the field, Dorothy Larkman was able to inform us on topics such as history, structural conditions, current political context, needs and goals of population groups to bridge the understanding between indigenous and non-indigenous peoples.

During the webinar, Dorothy Larkman partook in smudging, which is an indigenous tradition used to purify. Lighting the smoke and sage allows the smoke to create the connection of understanding and then the smoke can be used to cleanse the body.

We are very grateful to Dorothy Larkman not only for sharing about herself and teaching us, but also for having us learners reflect on our own biases and denial in a safe space to develop cultural sensitivity and safety. As nursing students and future nurses, it is important to have an understanding of the community your patients come from.

**Student’s Testimonials**

“I felt like this event allowed me to gain more insight into not only the Indigenous community but how to be an advocate for them as a nursing student. This session gave me the awareness of many crucial concepts such as smudging practices along with the history of experimentation within the community. Looking forward, I think being aware of this background and the psychological impact of historical events has made me personally want to be more of an advocate for the indigenous community. Within healthcare, although there are many rules and regulations to ensure patient safety, they do not take into account the many cultural and religious practices that could be held on behalf of the patient. Keeping this in mind, as an advocate, I would strive to be receptive and proactive when requests are made for indigenous practice, while maintaining patient safety. This could involve spreading awareness to other healthcare staff and implementing a specific area for safe smudging practice. Also keeping aware of boundaries that could exist by actively communicating assessments and treatment plans, and making sure to ask for consent before each procedure.”

- Ishani Illamperuma

“Attending this session was truly an eye-opening experience. I had never attended an information session on caring for marginalized people in general, and this experience encouraged me to look further into this topic. Because of this webinar, I chose to focus the majority of my work this semester on the experience of marginalized demographics. I truly learned a lot, and was very grateful for this initial experience. The healthcare field certainly needs more people speaking out about these topics. As a future nurse, I hope to learn more about their lived experiences so that I can advocate for care that will be truly helpful for them.”

- Serena Aseerwatham
The 5050 Project is an initiative created in response to Toronto’s housing crisis. With winter at our doorstep, we know that our already crowded shelters will be further overwhelmed – particularly with the closure of emergency pop up shelters like Novotel.

The name reflects our goal, which is to purchase 50 sleeping bags for 50 people. Our aim is to purchase those that are rated for extreme cold weather. We also are using this as an opportunity to raise awareness about Toronto’s housing crisis and evidence-based solutions like Housing First.

I first became aware of sleeping bags as a need for frontline outreach organizations last year through Unity Kitchen. I pooled finances with one friend and we were able to purchase 3 sleeping bags with a -5°C weather rating.

This year, with the support of the SPP Social Justice Committee, we have raised $6,898 with 162 donors. Mountain Equipment Company has generously offered their support via a discount which has made it possible to purchase nearly 14 sleeping bags to date with a -18°C weather rating!
All funds go directly to purchasing sleeping bags and the products will go to Unity Kitchen who has agreed to distribute the materials to those who have need.

We plan to continue raising funds through December and January. Please share: [https://gofund.me/0db113fb](https://gofund.me/0db113fb)

The 5050 Project has recently gained some support in the media through a [blogTO article](https://blogto.com/city/2021/09/group-of-students-in-toronto-are-trying-to-collect-sleeping-bags-for-people-in-need) written by the wonderful Kimia Afshar Mehrabi. Given the amount of attention the fundraiser has garnered, we hope to use our little platform to help educate people on front line organizations that are already supporting this community as well as evidence-based solutions to the issue of chronic homelessness. We are hopeful to be featured in more stories in the coming weeks. Stay tuned!
The 5k Run/walk Project
By Justin Wu

The 50/50 Run/Walk was part of a fundraising event organized by the SPP Social Justice Committee to purchase high-quality sleeping bags for unhoused Torontonians.

On October 22nd, Year 1 and Year 2 learners gathered downtown at Toronto's Coronation Park to take part in the 5 KM 50/50 Run/Walk. The route took participants out along the lakeshore and around Marilyn Bell Park before finally finishing back at Coronation. All in all, the event was a wonderful opportunity for us to finally meet each other in person, fit a quick workout in, and, most importantly, raise money for a great cause.
The 5K Run/Walk Project Highlights

Attendee's Testimonials

"I chose to attend this event because it was so amazing to watch members of the SPP Social Justice Committee come together to plan for this event, so I wanted to support those efforts. Through all the work everyone has done for the 5050 Project, the planning, sharing on social media, and planning awareness events like this run, we have been able to raise a lot more than expected and it is so awesome to see! I also wanted to attend this event because I love the opportunity to meet other students in this program in person!"

- Becca Brennan

"Attending the SPP Run/Walk was important to me because I wanted to show my support for the fundraiser the Social Justice Committee was organizing. I also felt it was a great opportunity to finally meet some of my classmates in person."

- Justin Wu
Halloween Pet Costumes

Riana's Lyla

Lucia's Cami

Emma's Ollie

Amanda's Cinnamon and Jasper
Holiday Traditions

Kite Skiing
- Emma O.

Cooking with Family “The Tamale Factory”
- Lucia G.

Christmas Lights Adventures
- Serena A.

Skating on frozen Rideau Canal
- Carly B.

Skating on frozen Lake Ontario
- Riana F.

Winter Tubing with friends
- Kathleen T.S.

Baking with my daughter
- Olivia K.

Making Gingerbread House
- Samantha G.

Cutting our Christmas tree with the family and keeping the ornaments my kids make
- Teresa B.
Hello from Placement!

Evan Carr was in the Outpatient Clinic at St. Joseph’s Healthcare Hamilton

Carly Bradshaw was in the Cardiovascular Surgery Unit at Toronto General Hospital

Jenny Jing was in the Multi-Organ Transplant, Endocrinology, Gastroenterology, Nephrology, and Chest Unit at SickKids Hospital

Riana Feliciano was in the Cancer Clinical Trials Unit at the Princess Margaret Hospital

Xares Cuales was in the Childbirth Unit at the Grand River Hospital

Chrissi Chau was in the Orthopaedic Surgical Unit at the Cortelucci Vaughan Hospital
Holiday Break
Book Suggestions

by Emma Okumura
by Rawan Abuhamad
by Danielle Stevens
by Micaela Theofilopoulos

by Fritz Sarigumba
by Serena Aseerwatham
by Teresa Frances
by Jenny Jing

by Amanda Boudreau
by Saira Raza
by Jenny Jing
by Teresa Frances
<table>
<thead>
<tr>
<th>Name: Cindy Lou Who</th>
<th>Sex: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: December 25, 2016 (6 years old)</td>
<td>Room: 6A-32</td>
</tr>
<tr>
<td>Allergies: Grapefruit/Pomelo/Tangelo</td>
<td></td>
</tr>
<tr>
<td>Wt: 20.41 kg</td>
<td>Ht: 114.3 cm</td>
</tr>
<tr>
<td>Dosing Wt: none</td>
<td>Code: Full Code</td>
</tr>
<tr>
<td>Admitting Dx: Diabetic Ketoacidosis</td>
<td></td>
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<tr>
<td>Hospital Problem: Diabetes Mellitus Type 1, Stage IV Liver Failure, Failure to Thrive.</td>
<td></td>
</tr>
<tr>
<td>Isolation: None</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment:**
Received patient from ER at approx. 1430h, Mom (Martha May Who) at the bedside +++;active in care. Hx of deceased donor liver Tx. in 2018, allergies due to food-med interactions. VSS, assessments as per flowsheets, afebrile throughout shift. No complaints of pain thus far.

**NEURO:**
- GCS 15, lethargic and Oriented x4, will continue to monitor neuro status.

**GI/GU:**
- Bowel sounds present in all 4 quadrants, needing ++encouragement to eat and drink. Patient voiding and stooling well, 1x emesis on admission, PRN Ondansetron administered at this time, MD Seuss aware.
- TFI goal is 1.5L. TFI at 1900h is 1.3L.

**RESP:**
- Patient tachypneic, appears to have Kussmaul breathing.
  - RR ranges 35–40, work of breathing is improving.

**ACCESS:**
- Right hand PIV in situ, site appears clean, dry, and intact, flushing well, infusing D5 0.9NS IV fluids as per orders. Replace as per orders.
- Left Hand PIV in situ, site appears clean, dry, and intact, accessed intermittently for meds, currently saline-locked.

**Plan:**
- Continue to monitor VS, FB, and pain.
- Endo consult in AM
- q1h neuro assessment
- Repeat BW q2h as per orders
- POCT glucose testing q2h as per orders
- Continue to support patient and family in plan of care.
- Diabetes Management Teaching for parents at 1400 tomorrow.

**Intervention:**
- PRN ondansetron administered for nausea
- Meds as per orders (Tacrolimus at 0800/2000, BID).
- Insulin given as per orders
- Urinalysis collected (Ketones present)

**Evaluation:**
- Call bell within reach, no concerns at this time.
- Will continue to support patient and family in plan of care.

"The Grinch (Nursing Student)"
Cosigned by Preceptor

To learn more about DKA: https://www.youtube.com/watch?v=IxrCvf3ZSRs&ab_channel=RegisteredNurseRN
**PATIENT ROOM SAFETY CHECK**

**On Shift Change**

- **Isolation precautions**
  - Ensure correct signage outside the patient's room and personnel is followed accordingly. Perform hand hygiene before entering the patient's room.

- **Patient identification**
  - Confirm with 2 positive identifiers. Check that the current one hand/Allergy band is on the patient.

- **Falls risks, patient spot, bedrails**
  - Evaluate falls risks. If patient is in the correct spot, put the bedrails up if needed. Apply all fall prevention interventions as necessary.

- **IV infusion and site check**
  - If needed, check that we are infusing the correct medication, the rate of infusion is safe, and that the IV site is not swollen, bruised, or sore. Make sure the lines are labeled correctly.

- **Resuscitation sheets and masks**
  - Ensure the resuscitation sheet is for the correct patient. Ensure oxygen, mask, and infusion tubes are set up appropriately. Check that all lines are connected. Secure all equipment in the room.

- **Monitor check**
  - Check that the monitor is set for the appropriate age group. The parameters set are appropriate for the patient, and that the patient is properly connected. Continuous monitoring of needs. Make sure you are logged into the medical record on the staff phone.

- **Suction, medical air, oxygen**
  - Check that all suction, medical air, and oxygen equipment work and have the appropriate equipment needed (tubes, masks, etc.).

- **Safety kits**
  - Make sure there is a safety kit for appropriate items (tubes, and drops (IV), IO, etc.). Make new kits if needed.

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**Therapeutic Nurse-Client Relationships**

- **Time**
- **Intimacy**
- **Medicine**
- **Tim Hortons**

**By Jenny Jing, Year 1**

**By Evan Carr, Year 1**
Fall Semester Artefacts

Types of Valve Regurgitation

**Aortic Valve Regurgitation**

Normally, blood flows from the left ventricle through the aortic valve into the aorta and then throughout the body. BUT during aortic valve regurgitation, blood flows back through the aortic valve into the left ventricle.

For more information, visit [https://www.americanheart.org/content/aortic-valve-problems-and-procedures-aortic-valve-regurgitations](https://www.americanheart.org/content/aortic-valve-problems-and-procedures-aortic-valve-regurgitations)

**Mitral Valve Regurgitation**

The mitral valve is the gateway to the lungs, so normally it allows deoxygenated blood to flow into the lungs and become oxygenated. In the case of mitral valve regurgitation, some deoxygenated blood flows back through the mitral valve into the left atrium every time the left atrium contracts.

For more information, visit [https://www.americanheart.org/content/mitral-valve-problems-and-procedures-mitral-valve-regurgitation](https://www.americanheart.org/content/mitral-valve-problems-and-procedures-mitral-valve-regurgitation)

**Pulmonary Valve Regurgitation**

The pulmonary valve is the gateway to the lungs, so normally it allows oxygenated blood to flow into the lungs and become deoxygenated. In the case of pulmonary valve regurgitation, some oxygenated blood flows back through the pulmonary valve into the right ventricle.

For more information, visit [https://www.americanheart.org/content/pulmonary-valve-problems-and-procedures-pulmonary-valve-regurgitation](https://www.americanheart.org/content/pulmonary-valve-problems-and-procedures-pulmonary-valve-regurgitation)

**Tricuspid Valve Regurgitation**

When the tricuspid valve is working as it should, blood flows from the right atrium through the tricuspid valve into the right ventricle. BUT when tricuspid valve regurgitation is present, blood flows back through the tricuspid valve into the right atrium.

For more information, visit [https://www.americanheart.org/content/tricuspid-valve-problems-and-procedures-tricuspid-valve-regurgitation](https://www.americanheart.org/content/tricuspid-valve-problems-and-procedures-tricuspid-valve-regurgitation)

By Carly Bradshaw, Year 1

By Emma Okumura, Year 1
Mindfulness for Nurses

Mindfulness is a type of meditation. It is the practice of an intense, moment-by-moment awareness.

Be kind to yourself.

You can start by changing your self talk. Chose kind words, do not speak to yourself in any way you would not use to speak to someone else.

Pay attention

Take a minute to experience your environment.
What do you hear, smell, feel?

Breathe

Focus on your breathing.
Take 30 seconds to pay attention to your breath.

Negativity

If you are experiencing a negative thought or feeling:

Allow the feeling or thought to exist for a moment. Do not suppress it. Acknowledge the thought, do not judge it, change it, or try to suppress it.
Try to allow the thought to pass on its own.

Take 1 minute to engage in a brief guided meditation or use a structured mindfulness exercise like body scanning, walking meditation, or sitting meditation.

Mediation does not need to be time consuming or complicated. Consider trying an app to help guide you.

Apps for guided meditation: 10 Percent Happier, Oak-Meditation & Breathing (specialized for on the go & quick), Simple Habit Sleep - Meditation

By Megan Terriss, Year 2
PAIN MEDICATIONS DURING BIRTH

IM INJECTION: MORPHINE + GRAVOL

MORPHINE AND GRAVOL ARE USED TOGETHER TO RELIEVE PAIN AND HELP YOU SLEEP WHEN YOU ARE IN THE EARLY STAGES OF LABOUR.

- MORPHINE IS A STRONG OPIOID DRUG THAT IS GIVEN AS AN INJECTION TO BLOCK PAIN SIGNALS SENT TO THE BRAIN.
- GRAVOL CAN HELP YOU SLEEP BY EASING NAUSEA CAUSED BY THE MORPHINE OR BY LABOUR.

FENTANYL IS AN OPIOID THAT RELIEVES PAIN BY BINDING TO OPIOID RECEPTORS IN THE SPINAL CORD AND THE BRAIN. WHEN EPIDURAL FENTANYL IS GIVEN, IT EITHER CROSSES THE DURA AND BINDS TO OPIOID RECEPTORS IN THE SPINAL CORD OR IS ABSORBED INTO THE BODY AND BINDS TO OPIOID RECEPTORS ABOVE THE SPINAL CORD. FENTANYL HAS SOME ADVANTAGES OVER LOCAL ANAESTHETICS.

EPIDURAL: FENTANYL + BUPIVACAINE

BUPIVACAINE IS USED TO NUMB A PART OF YOUR BODY BEFORE, DURING, OR AFTER SURGERY, OTHER PROCEDURES, OR CHILDBIRTH. IT IS INJECTED AROUND A NERVE THAT GOES TO THE AREA OR INTO THE EPIDURAL SPACE OF THE SPINAL CANAL. IT HAS BEEN SAID THAT 0.125 PERCENT BUPIVACAINE GIVES GOOD PAIN RELIEF DURING LABOUR.

LIDOCAINE PUDENDAL NERVE BLOCK

THE PUDENDAL BLOCK GETS ITS NAME BECAUSE A LOCAL ANAESTHETIC, LIKE LIDOCAINE, IS INJECTED INTO THE PUDENDAL CANAL, WHERE THE PUDENDAL NERVE IS. THIS HELPS THE PERINEUM, YULVA, AND VAGINA FEEL BETTER QUICKLY. LIDOCAINE IS A TYPE OF PAINKILLER CALLED AN AMINO AMIDE.

By Xares Cuales, Year 2
Fall Semester Artefacts

**Electroconvulsive Therapy: Myths vs. Facts**

**By: Philip Sikora**

Electroconvulsive therapy (ECT) is a procedure in which small electrical currents are directed through regions of the brain in order to induce short-lasting seizures under general anesthesia (Kaye Clinic, 2003).

It is one of the most misunderstood and controversial treatments for mental illnesses — in fact, it has been called ‘the most stigmatized treatment available in psychiatry’ (Duffy & Medic, 2005, p. 2). The perceptions that many patients, healthcare workers, and society at large have about ECT are often negative due to its portrayal in media and pop culture (Griffiths & Faint, 2009).

Despite its poor repuation, it is known to be one of the single most effective treatments in psychiatry, and its use for severe depression, schizophrenia, and many other conditions is recommended by authorities in psychiatry and mental health worldwide (Glaabaker et al., 2012).

**References**

By

Philip Sikora,

Year 2

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**Nicotine: A Gateway Drug**

**By: Becca Brennan**

1. Decreased cardiac output → less blood pressure
2. Anaerobic metabolism → low brain pH/energy
3. Catecholamines → increased vasconstriction
   → increased heart rate
4. ADH/angiotensin II → increased fluid/sodium retention
   → orthostatic hypotension
5. Hypoxia → decreased intracellular pH
   → decreased anaerobic metabolism
   → decreased glucose uptake
   → increased lactic acid production
   → increased heart rate
   → increased blood pressure
   → orthostatic hypotension

By

Becca Brennan,

Year 2
Fall Semester Artefacts

Medication Administration for Pediatric Tracheostomy Clients

Three common methods of administration:

- **Metered-Dose Inhaler (MDI)**
- **Nebulizer**
- **G-tube**

**Assessment:**
- It is important to confirm the order of administration with the MNR.
- Assess the child's respiratory status before and after each dose to evaluate effectiveness of the medication.
- Remove the child’s HME, cap or speaking valve before medication administration.
- Evaluate the need for tracheostomy tube suctioning before or after treatment.
- Ensure comfort of the child (appropriate positioning techniques).

**Recommendations:**

1. **Metered-Dose Inhaler:**
   - Can be administered through a child’s track tube using a “spacer” device called a “Ambu-valve.”
   - Or can be placed in line with ventilator circuit.
   - In order to administer via ventilator circuit, MDI is connected to adaptor placed along ventilator tubing (looks like a cap).
   - Make sure to clean spacer before use.

2. **Nebulizer:**
   - Medication can be administered directly through the child’s tracheostomy mask attached to a nebulizer.
   - Base of medication is placed into nebulizer cup and cup is connected to compressor using O2 tubing.
   - To administer medication, trach mask is attached on top of nebulizer cup and placed over trach tube.

3. **Gastrostomy Tube (G-tube):**
   - A G-tube is used to send liquid food directly to child’s stomach.
   - In order to administer medication via G-tube, it is important to crush medications in a feeding syringe and flush it with water.
   - Sometimes, pre/post-medication flushes are administered.
   - Make sure you unclamp the extension.
   - And clamp once done administering medications.

by Kiran Lidder, Year 2
Due to the potential for the co-circulation of COVID-19, vaccination against influenza is extremely important!

By getting the influenza shot you will:

- **Protect** your individual health.
- **Protect** the health of families and communities.
- **Protect** and mitigate impacts of our health care system.

The influenza vaccine is free of charge to all Individuals 6 months of age and older who live, work, or go to school in Ontario.

Don’t forget to provide your proof of vaccination to the **School of Nursing Office** by sending an email to clinicalclearance@nipissingu.ca

Greetings to all learners,

Sharing this wonderful opportunity to apply for financial awards through the Registered Nurses Foundation of Ontario. In past years, NU SPP learners have successfully garnered financial awards in recognition of academic, point of care, and social learning environment achievements!

– Dr. Baiba Zarins

I am excited to share good news with you! We are now accepting applications for the 2023 RNFOO Awards and Scholarships. We have another 4 new awards added to our portfolio of scholarships, broadening the opportunities for nurses and nursing students to be supported in their education. The brochure describing this year’s scholarships has been posted to our website. I hope that you can help students by spreading awareness about the support made available by our generous donors.

The on-line portion of the application is due by **Monday, January 23, 2023 @4:00pm EST**, with supplementary documents due by **Monday, February 6, 2023 @ 4pm EST**. Information about the awards process can be found on our recently updated [website](#). There are awards available for students enrolled in PN programs, baccalaureate nursing studies (post-diploma (including IENs), RPN bridging, 4 year, and 2nd level entry), Graduate studies (Masters and PhD), and for RNs undertaking continuing education or special projects. We will host a webinar for applicants on **Monday, December 19th at 4:00 pm**.

– RNFOO
Happy Hanukkah,
Merry Christmas,
Happy Winter Solstice,
Joyous Kwanzaa,
and a Happy New Year!

Meet the 2022-2023
SPP Newsletter Team!

Jenny  Riana  Amanda  Nada  Fritz

Nipissing University
Scholar Practitioner Program
September – December 2022
Newsletter