# Nipissing University

## Scholar Practitioner Program

### Winter 2023 Newsletter

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### Collaborations

- UHN
- SickKids

### Newsletter Team

- Riana Feliciano
- Amanda Boudreau
- Fritz Sarigumba
- Jenny Jing
- Nada Fakir
- Dylan Caetano
Greetings learners,

As the season transitions from winter to spring, we are reminded of the changes that surround us. At times the changes are rather severe, such as unanticipated weather patterns or temperatures. Will consistent warmer weather ever arrive? On other occasions, changes are subtle yet noticeable. For example, the changes in confidence, finding voice and the joy in reflecting upon sharing achievements and learning accomplishments within practicum evaluation meetings. What incredible change is seen since your initial journey within the SPP.

Change is inevitable, whether within our personal, academic, or professional lives. Life does not stay static, nor do experiences or institutions. Sometimes transition is wholeheartedly welcomed but other times viewed as challenging, disruptive, or outright hindering. Addressing shifting opportunities fosters the moment to improve upon or to do things differently. Change allows for one to build accountability to the self. To make time and space for reflective thought. How will the change...change me? However, a key consideration is to remain respectful despite the unfolding change. Respecting achievements, respecting our environment of learning and most importantly, respecting the change within oneself as a lifelong learner and continuously evolving health care practitioner.

As SPP leaders, embrace the change you see within yourself; your abilities, challenges, and adaptability to ever-changing environments. Celebrate accomplishments in your growth and recognize you possess the means to adapt, to realize your resilience and positive path forward...
Congratulations to Nicole Tagle and Christina Chau Esposito who shared their student experience and learning advice for other learners and participants on a student panel session in celebration of teaching and learning week at UHN Learner café recording Teaching and Learning Week February 2023.

It is with great joy to share the wonderful news that that SPP nominees, Lucia Gutierrez Leuona and Megan Terriss, were selected for a Dave Marshall Leadership Award in the Campus category and Community category respectively! This competitive accolade acknowledges the achievements of both Lucia and Megan in advancing leadership, engagement and support within our program and broader community.

Dave Marshall Leadership Awards | Nipissing University
The Dave Marshall Leadership Awards recognize 25 full-time students who have made outstanding extracurricular contributions to their academic program, campus, or community. They have demonstrated leadership, initiative, commitment, and an ability to motivate and influence others toward the betterment of Nipissing University.

www.nipissingu.ca
Graduate Cohort Photography will be offered to our 2021 cohort graduates in celebration of their program accomplishments. Tentative dates are June 6, 7 and 8th at the Michener Institute. Stay tuned for further details once confirmed by NU Alumni relations.

Congratulations to Lucia Gutierrez Lecuona, Megan Terriss, Taylor Stevens, and Amanda Boudreau in their participation at the 2023 Nipissing University Undergraduate Research Conference March 24th and 25th in North Bay campus. All four submitted successful abstracts to present their research in the poster gally Friday evening. Amanda and Taylor presented A Year One Champion Project: Implementation of the Best Practice Guidelines into Student Nursing Practice, while Lucia and Megan co-authored Implementation of Engaging Clients Who Use Substances BPG: Enriching Content to Create Meaningful Learning. Congratulations to your conference achievements of behalf of the Scholar-Practitioner Program!

In follow up to the 50/50 Project raising awareness to unsheltered individuals within the GTA and beyond, Megan Terriss was interviewed by Susan Hay of Global News Toronto about this important community support initiative. Thank you also to Lucia Gutierrez Lecuona, Becca Brennan, Ishani Illamperuma, and Jenny Jing who participated within the back footage. The newsreel is viewable at: https://globalnews.ca/video/9502345/global-news-at-530-toronto-february-21-2023/ at the 29:28 mark in the segment.

Dr. Baiba Zarins, RN, PhD
SPP Program Manager
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<thead>
<tr>
<th>Questions</th>
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<th>Katalin</th>
<th>Louela</th>
<th>Ping</th>
<th>Zaheera</th>
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<tbody>
<tr>
<td>Favourite memory in nursing school:</td>
<td>Therapeutic arts/crafts and wheelchair racing with pediatric patients.</td>
<td>All the great friendships I made</td>
<td>- Experiencing the kindness of a professor</td>
<td>The friendship started at that time and still works today.</td>
<td>Fainted during a circumcision – resulted in a best friend 😂</td>
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<tr>
<td>Favourite and least favourite nursing skill:</td>
<td>Favourite: milking chest tubes (no longer supported by evidence!)</td>
<td>NG tube insertion is definitely my least</td>
<td>Least: Having to get up early to take the bus to go to clinical</td>
<td>Favourite: Remember a patient (including name, needs, preference, and strengths).</td>
<td>Favourite: administering a new IV med – calculating the rate and volume Least favourite: anything that causes a child pain</td>
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<td>Funniest memory from working in bedside:</td>
<td>Nightshift pranks in the ICU. (Inflated procedure glove volleyball tournaments.)</td>
<td>Getting a call from the floor as a telemetry nurse: Can you please tell me how my patient is?</td>
<td>My funny memories were way too funny that I can’t talk about them because I would laugh too hard.</td>
<td>My patients said thank you and they smiled.</td>
<td>When a charge nurse wrapped a flannel blanket around her as a Sari.</td>
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<td>What is on your bucket list?</td>
<td>16-day Camino de Costa Rica hike (coast to coast 175 miles/280 km)</td>
<td>To make a bucket list</td>
<td>I am much older than the learners, so I think I have accomplished much of my bucket list. Now, I do not have a bucket list but a sense of gratitude for the experiences I receive. I view them as gifts that make me a better person.</td>
<td>Under construction.</td>
<td>I would love to travel to Scotland!</td>
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<tr>
<td>What is your unique talent?</td>
<td>Whistling while inhaling</td>
<td>No unique talents</td>
<td>I can play the guitar, piano, and sing.</td>
<td>Be positive.</td>
<td>Maybe not a talent, but I am weirdly good at multitasking.</td>
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<td>What special items do you collect?</td>
<td>Rocks. Collect wherever accessible from vacation or travel destinations</td>
<td>None, I just make thousands of pictures</td>
<td>I like travel magnets as well. I think it would be neat to also collect part of the sand or soil that you walk upon. I have not started it. I think the best collection, however, is a collection of memories from the people you meet, the places you’ve been to, and the love you’ve felt.</td>
<td>Books. Postage stamps. Dresses. Glass bottles. Teas. Herbs.</td>
<td>I’ve been slowly building my collection of books.</td>
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<td>If your pet could talk, what do you think they might say about you? If no pet, then a neighbour squirrel.</td>
<td>‘Why can’t I help you with work?’ (As jumping on the desk to walk across the keyboard my home office)</td>
<td>That I am way too lenient.</td>
<td>“I bet you, you wouldn’t take this long to groom yourself!” (LOL)</td>
<td>She loves her cats and dog.</td>
<td>They would comment on my clumsiness on busy days.</td>
</tr>
<tr>
<td>What is your favourite joke?</td>
<td>I don’t have a favourite joke… sorry!</td>
<td>I don’t have a favourite joke.</td>
<td>My daughter made me giggle a bit on these recently. Why is not a good idea to eat a clock? It’s time consuming. And: Seagulls live by the sea hence their name, but what about those who live at the bay? Bagels?</td>
<td>I do not have a favourite joke. I’m not really that funny!!!</td>
<td></td>
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<td>What is the best advice you have ever received?</td>
<td>‘Invest in RRSP’s and organizational pension plan early in your career’. ‘Enjoy the journey as much as the destination’.</td>
<td>Knowing how to compromise is the quintessential skill for a happy life</td>
<td>Listen to the voice of God.</td>
<td>Work hard and everyone can succeed.</td>
<td>Changing your thinking can change your life.</td>
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<tr>
<td>Name your dream team (4 famous people).</td>
<td>Ruth Ginsberg, Michelle Obama, Stephen King, and Bill Gates</td>
<td>Dalai Lama, Oprah, Hemingway, and for sure Bruce Lee</td>
<td>My husband, my daughter, my son, and my priest</td>
<td>Tiger, ox, dog, and monkey (refer to Chinese Zodiac).</td>
<td>Michelle Obama, Shahrulkhan, my mom, Eckhart Tolle</td>
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Hello Year 1s,

Congratulations! You’ve made it through another semester and are that much closer to becoming Registered Nurses! You should be very proud of your accomplishments and how far you’ve come.

Our success these past two semesters is evidence that our cohort is an environment filled with support and encouragement. We have all progressed so much since our first semester and we’re excited to see everyone’s growth in the coming months.

Thank you for your enthusiasm and engagement in all of the STUCO projects this semester. It has been so encouraging to have your support. We have many more amazing events planned that we can’t wait to share with you.

This is our last break as the Y1 cohort, so take this time to relax and catch up on your sleep!

Cheers!

Serena Aseerwatham, Samantha Gillian, and Lindsay Coakley
Hello Year 2s,

Happy end of the fifth semester! Congratulations on being one semester away from graduating!

We would like to express just how proud we are as your Student Council co-presidents of all your accomplishments these past five semesters. We are sending our recognition and congratulations most recently to our Dave Marshall Award winners, Lucia Gutierrez Lecuona and Megan Terriss; our Georgia Lyons Memorial Award winner, Chrissi Chau Esposito; our Social Justice Committee members for the great success of the 50/50 project; and Chrissi Chau Esposito and Nicole Tagle for being a part of the UHN Learner Cafe!

We would also like to extend a heartfelt thanks to our faculty instructors for all of their support, encouragement, and mentorship throughout these past five semesters. We will be cherishing our time left with faculty as we enter into the Challenging the System phase.

In the face of adversity and the excitement of the summer, please continue to be curious, resilient, and adventurous in your professional development and growth. Looking forward to embarking on our final semester journey with all of you!

See you all in May!

Your Year 2 STUCO Co-Presidents
Rebecca Brennan, Nicole Tagle, and Chrissi Chau Esposito
Winter Semester Highlights

Skills and Simulation Days at the Michener Institute of Education

Catching a stage 1 pressure injury and giving my first injection.
- Carly Bradshaw, Year 1

Dressing changes for CVLs and taking a 4 year-old post op patient to x-ray while she drove herself in a kiddie car.
- Jenny Jing, Year 1

During my placement, I spotted my first pressure injury and I got to attend the Nipissing University Undergraduate Research Conference.
- Taylor Stevens, Year 1

Y2 SickKids Cohort Pecha Kucha Portfolio Presentation at SickKids
This term, we focused on *End-of-Life Care and Management in the Last Days and Hours* for the Year 2s. We thought enriching the BPG content, much like we did last term, would be beneficial to a meaningful learning experience. The sessions this term were an incredible success, all thanks to Josephine Diaz.

Josephine reached out to us about leading the second session to share her experience. She was so captivating that we invited her back for the third session, where she facilitated a case study for participants. This session was about utilizing BPG content, and Josephine’s experience to think critically, while keeping compassion as a top priority. It was an absolute pleasure having Josephine lead these sessions. It was clear she put an incredible amount of work into them and that we all learned valuable nursing skills.

Next term, we will be covering our last BPG of the program, *Preventing and Mitigating Nurse Fatigue*. We are looking forward to enriching this BPG with engaging sources and content to take with us upon graduating!
This semester we covered Person- and Family-Centred Care and Assessment and Management of Pressure Injuries. This was our first session as year 1 BPG leads. We felt like this BPG was an important one to start off with as it connects with the other BPGs in ensuring all care is client-centred.

Our goal is to encourage engagement with students and have them reflect on how they can apply these BPGs into their clinical practice. We enjoyed hearing all our peers’ placement stories during the sessions and reading their reflections.

We enjoyed facilitating these sessions for our cohort and appreciated all the feedback we received. Next term, we will be covering Assessment and Management of Pain and Preventing Falls and Reducing Injury from Falls.
Best Practice Spotlight
Organization Student Engagement

The Year 1 and Year 2 BPG leads headed to North Bay for the Nipissing University Undergraduate Research Conference!
We are incredibly grateful for the level of support The 5050 Project has received since November.

We are thankful to Sinclair Bletcher-Lowman from Unity Kitchen who gave their time to participate in the segment by Global News and thankful to Susan Hay and her team for covering our story.

We still are learning every day the best ways we can support marginalized communities as nursing students and some of the core learning pieces from this project were around advocacy, political literacy, and action. Many of the organizations and individuals which supported our project also engage consistently in calling out systemic injustices. This is an important way we have learned to advocate for clients away from the bedside and we hope to add our voices to that movement for change.

We have a small amount of funds left over from some donations which came in after our final donation of sleeping bags. Our plan is to connect with Unity Kitchen and see if there are any supplies in immediate need and act accordingly in the month of April.

We are lastly and most importantly immensely grateful to the wonderful faculty from Nipissing University’s Scholar Practitioner Program who both directly and indirectly influenced and supported this project. This would not have happened without the unique learning style and curriculum of SPP.
Centennial College Disaster Exercise
by Riana Feliciano

Background: Centennial City is struggling with a heat wave when wildfires start north of it, forcing the evacuation of a First Nations Community as it descends on the city. There will be heat illness, smoke, fires, and vehicle crashes! Over 100 casualties PLUS their families and friends will come to your understaffed hospital in under three hours!

Keisha Trefall and I participated in this wonderful learning opportunity at Centennial College in February 2023. We assisted the volunteer doctors and nurses in the resuscitation room and in the major and minor trauma units. The highlight for me was being a part of the extraction team, where we partnered with the EMS in the search and rescue of one patient trapped in the rubble. Her arm had to be amputated because she was pinned down; I assisted the doctor in this process.

It was a great experience and I highly recommend everyone to attend next year!
SPP ALUMNI: Where Are They Now?

Name: Kamika Sylvester
Graduating Year: 2021
Specialty: Emergency Travel Nurse; Clinic Infusion Nurse in the Private Sector
Advice for Current Learners:
1) Make a LinkedIn early and jobs will find you.
2) Being your biggest advocate will make things happen for you and your patients.
3) Your nursing degree is your ticket to limitless career opportunities.

Name: Kalyna McIntosh
Graduating Year: 2020
Specialty: Paediatric ICU at SickKids Hospital
Advice for Current Learners: Don’t be afraid to become comfortable with putting yourself in situations where you feel uncomfortable because in those situations you will find personal and professional growth that will shape you in your future career.
Name: Teagan Holliday
Graduating Year: 2021
Specialty: Mental Health (Ketamine & rTMS treatments for PTSD, Depression, Anxiety & Chronic Pain); Travel Nursing (Neurosurgery, Neurology, Gynecology Oncology, & Orthopedic Surgery)
Advice for Current Learners: Don’t stress yourself about where you’ll be placed for practicum. Even if you don’t get your top choice, use each placement to your advantage. Learn all about the unit, the patient population and the specialty. You’ll find that many aspects of the unit will be relevant in your next placement and ultimately where you’ll decide to work in the future. The placements that you have in school will never limit your career path opportunities, they will only expand them.
Study Tips for Learners

Listen to Podcasts
- Straight A Nursing
- The FreshRN
- SHIFT Talk
- Nurses on Fire
- The Nurse Keith Show
- Nursing Uncensored
- The Lab Values Podcast

Watching Videos
- Simple Nursing
- Registered Nurse RN
- Nurse In The Making
- Nexus Nursing

Go on an aesthetic cafe tour in the city with a classmate

Verbally teach new concepts to peers, stuffed animals, pets, friends, and family

Attend online seminars and complete e-modules
Winter Adventures

Skiing!
- Taylor Stevens, Year 1

I like to crochet in the winter while watching movies.
- Jenny Jing, Year 1

Ice skating! Checking out different outdoor rinks in Toronto has been a great study break.
- Serena Aseerwatham, Year 1

Drinking hot chocolate at the Distillery District!
- Dylan Caetano, Year 1

Skating! When I went to uOttawa, I loved skating on the canal.
- Amanda Boudreau, Year 1

Going on trail hikes and casual beach walks- all bundled up though!
- Riana Feliciano, Year 2
Know the Virus!

Respiratory Syncytial Virus (RSV)
RSV a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

**Symptoms**
- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

**Treatments**
Most RSV infections go away on their own in a week or two. There is no specific treatment for RSV infection, though researchers are working to develop vaccines* and antivirals (medicines that fight viruses).

*Palivizumab is a monoclonal antibody that provides passive immunization against the respiratory syncytial virus and is not expected to interfere with routine vaccinations.
COVID-19

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Symptoms
- Fever or chills
- Cough
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Shortness of breath or difficulty breathing
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Treatments
COVID-19 vaccines help your body develop protection from the virus that causes COVID-19. Although vaccinated people sometimes get infected with the virus that causes COVID-19, staying up to date on COVID-19 vaccines significantly lowers the risk of getting very sick, being hospitalized, or dying from COVID-19.
Self-Care Activities

- Allotting 8 hours of sleep.
- Taking a dance or Pilates class.
- Doing face mask or skin care.
- Going to the gym or for a run or attending a spin class.
- Binge watching favourite shows.
- Reading a good book or series.
Hearty Vegetable Soup

Ingredients:
- 2 tablespoons olive oil
- 1 onion, chopped
- 3 garlic cloves, minced
- 3 carrots, chopped
- 3 celery stalks, chopped
- 1 sweet potato, peeled and chopped
- 1 cup chopped kale
- 1 can (14.5 ounces) diced tomatoes, undrained
- 6 cups vegetable or chicken broth
- 1 teaspoon dried thyme
- 1/2 teaspoon dried rosemary
- Salt and pepper to taste

Directions:
1. Heat the olive oil in a large pot over medium heat. Add the onion and garlic and sauté for 2-3 minutes, or until the onion is translucent.
2. Add the carrots, celery, and sweet potato and continue to sauté for another 5-7 minutes, or until the vegetables are slightly softened.
3. Add the kale, tomatoes, broth, thyme, and rosemary. Bring the mixture to a boil, then reduce the heat to low and let simmer for 20-30 minutes, or until the vegetables are fully cooked and tender.
4. Season with salt and pepper to taste. Serve hot, garnished with fresh herbs.

Banana Bread

Ingredients:
- 2 cups all-purpose flour
- 1 teaspoon baking soda
- 1/4 teaspoon salt
- 1/2 cup unsalted butter, at room temperature
- 3/4 cup brown sugar
- 2 large eggs, beaten
- 2 1/3 cups mashed ripe bananas (about 4-5 medium bananas)
- 1 teaspoon vanilla extract

Directions:
1. Preheat your oven to 350°F (175°C). Grease a 9x5 inch loaf pan with non-stick cooking spray.
2. In a medium mixing bowl, whisk together the flour, baking soda, and salt.
3. In a large mixing bowl, beat the butter and brown sugar with an electric mixer until light and fluffy.
4. Add the beaten eggs to the butter mixture and beat until well combined.
5. Stir in the mashed bananas and vanilla extract.
6. Gradually add the flour mixture to the banana mixture, stirring until just combined. Do not overmix.
7. Pour the batter into the prepared loaf pan.
8. Bake for 60-70 minutes, or until a toothpick inserted into the center of the bread comes out clean.
9. Let the bread cool in the pan for 10 minutes before removing it to a wire rack to cool completely.

Cozy Winter Teas

1.) Earl Grey
2.) Peppermint
3.) Ginger
4.) Chamomile
5.) Lemon and Honey
Dylan Caetano, Y1: Hospital Admin, Peri-Operative Care Unit (POCU) - The Hospital for Sick Children

My main responsibility is to manage the director’s schedule, submit financial reports on behalf of the unit, and attend meetings with the hospital executives and other directors to take accurate minutes on my director’s behalf. I also assist in the training of new unit clerks and collaborate with HR to facilitate the hiring and onboarding of registered nurses. This role has allowed me to learn about what goes on behind the scenes at a hospital.

My favourite thing about the role is building relationships with all the staff in the department. I am a huge foodie so I stocked the office with a large supply of snacks, instant food, and Nespresso pods. Throughout the day, nurses, surgeons, housekeepers and anesthesiologists would stop by to grab a snack and coffee pod, and I love getting to know each of them. I also had a plant propagation station in my office, and I would exchange plant cuttings with a lot of the staff in the department.

Fritz Sarigumba, Y1: Nephrology Technician
St. Joseph’s Healthcare Hamilton

At St. Joseph’s Healthcare Hamilton, I have had the opportunity to work as a Nephrology Technician. My primary responsibilities involve assembling and preparing the dialysis extracorporeal circuit while adhering to aseptic techniques and protocols. I also meticulously tailor dialysis prescriptions for each patient based on their unique needs, adhering to the specific orders provided by the attending physician or nurse practitioner in the main hemodialysis ward. Additionally, I am accountable for testing and monitoring crucial machine functions, including alarms, conductivity, and temperature, ensuring seamless operation of dialysis machines for patient use. This has reinforced my understanding of the intricate workings of medical equipment and the significance of proactive maintenance in providing optimal patient care. In my role, I have also had the opportunity to collaborate with hospital staff from various departments and provide hemodialysis device assembly, maintenance, and troubleshooting for short-term patient treatment across different hospitals. This has allowed me to develop strong communication and teamwork skills, which are essential for any healthcare professional.

Through my experience as a Nephrology Technician, I have gained valuable skills and lessons that will unquestionably aid in my future success as a nurse. The hands-on experience in patient care, along with a profound understanding of the dialysis process, has not only sharpened my awareness of the challenges faced by kidney disease patients, but also empowered me to deliver empathetic and compassionate care. Furthermore, the shared responsibilities with nursing, such as maintaining aseptic environments, collaborating with interdisciplinary teams, and managing medical equipment, prepared me for a smooth transition into my nursing career. As a result, my role has not only imparted technical expertise, but has also ingrained in me the significance of empathy, teamwork, and communication. These experiences are building a robust foundation for my future as a nurse, ensuring that I am well-equipped to provide the highest quality care to my patients.
Taylor Stevens, Y1: Pharmacy Assistant, Chancellors Way Pharmacy

I have worked in a pharmacy since the summer of 2018, and quickly fell in love with healthcare. I have learned so much from the pharmacists, technicians, and assistants that I’ve worked with, as well! When I first started, I was simply counting medications and asking questions for my own knowledge. I quickly took that information and ran with it because I found it so interesting, and I wanted to learn more. Fast forward, and I am now in charge of ordering and stocking medications, putting through prescriptions and deciphering doctors’ orders, as well as still filling the medications. I also work at a compounding pharmacy, so I have had lots of experience “mixing potions” as we call it! Through my time at the pharmacy, I have learned so much information surrounding drug classes, generic versus brand names, compounding guidelines, OHIP/ODB insurance information surrounding covered drugs, and much more. I highly recommend a pharmacy job to anyone interested! It is a very fast-paced environment, but I think that will also contribute to the fast pace environment that the nursing field is in!

Justin Wu, Y1: ED Physician Navigator, St. Joseph’s Health Centre

In my role as an Emergency Department Physician Navigator, I work one-on-one with physicians to complete their administrative duties, oversee lab work and diagnostic imaging, and collaborate with other staff members to control intradepartmental flow. One thing I enjoy about working as a PN is the opportunity to get to know numerous doctors, nurses, lab technicians, and unit clerks on a personal level. It’s very rewarding to see how each member of the professional team contributes to the patient’s overall care.
Healthcare Jobs for Students

Jenny Jing, Y1: ED Ward & Registration Clerk, Toronto General Hospital

I have been a registration and ward clerk at the Toronto General Hospital Emergency Department since early 2021. My role as a registration clerk is to gather patient demographic information, verify OHIP and non-resident billing, and direct patients to the correct areas they need to go to. As a ward clerk in the ED, I page different specialties for staff, book diagnostic appointments for patients, process referrals, and perform other administrative duties for the unit. The highlight of working in such a high-paced critical environment has been improving my multitasking skills while being able to help staff efficiently help patients.

As a nursing student, I don’t think the ED is for me personally because of the short time frame to build a relationship with patients; something I enjoy about nursing practice. The ED is however an amazing place if you love seeing a huge diversity of conditions, being quick on your feet, and playing a critical role in saving someone’s life.

Riana Feliciano, Y2: ED Clinical Extern, Toronto General Hospital

Prior to working at the Toronto General Hospital Emergency Department, I was a clinical extern at CAMH in the geriatrics unit and at St. Joseph’s Health Centre on a medicine unit. These experiences have prepared me for this role in the ED.

As a clinical extern at TGH, I assist the nurses and other staff in the care of our patients. I enjoy learning about the various cases we see daily. On my first shift, I was able to observe two Code Blues and a cardioversion. I appreciate the continuous learning the unit provides, such as a one-on-one training for the LUCAS Chest Compression System. We also have regular safety huddles, where staff is encouraged to voice their concerns.

My ED externship experience will greatly help me as I transition into my consolidation at the SickKids ED. I enjoy the fast-paced environment while ensuring I provide therapeutic client care in a short period of time.
The Next Generation NCLEX (NGN) is an updated version of the traditional NCLEX examination, specifically designed to more effectively assess the competence and preparedness of nursing candidates for entry-level positions. Established by the National Council of State Boards of Nursing (NCSBN), this innovative exam format debuted on April 1, 2023, replacing the former NCLEX-RN and NCLEX-PN exams. The NGN aims to keep pace with the evolving healthcare landscape and the nursing profession by integrating cutting-edge, evidence-based practices and the latest developments in nursing. A key objective of the NGN is to provide a more accurate evaluation of candidates’ clinical judgment and decision-making skills, ensuring that they are well-qualified to meet the challenges of today's dynamic healthcare environment.

**NSCSBN Clinical Judgement Measurement Model (NCJMM)**

The framework outlines the essential steps a nurse must follow to adequately address patient needs. Nurses must initially identify signals indicating a problem and then engage in a decision-making process that involves taking action and assessing the patient’s response. This model enhances the nursing process by offering a more in-depth examination of the thought processes underlying clinical judgment and the context surrounding these decisions.

**6 STEPS:**
1.) Recognize Cues
2.) Analyze Cues
3.) Prioritize Hypothesis
4.) Generate Solutions
5.) Take Actions
6.) Evaluate Outcomes
What type of questions will be on the NGN?

The following are the new question types that will be implemented in the NGN*:
1.) Extended Multiple Response
2.) Drag and Drop
3.) Drop down
4.) Highlight text
5.) Matrix/Grid
6.) Bowtie
7.) Trend

*NGN also introduces unfolding case studies and stand-alone clinical judgment items. Each case study includes a clinical scenario, supplementary information, and the corresponding 6 questions. These questions are arranged sequentially, guiding candidates through all 6 steps of the NCJMM. Stand-alone items are questions administered independently of other questions.

What's Polytomous Scoring?

Candidates can now get partial credit and can be assigned in three different ways:
1.) +/- scoring: Can receive a point for correct responses and lose a point for incorrect responses.
2.) 0/1 scoring: Can receive points for correct responses but do not lose points for incorrect responses
3.) All or nothing: candidates receive all or nothing credit for linked units within a question

What's the minimum/maximum length of the exam

Time allotted: 5 hours
Minimum Length Exam:
- 52 scored stand-alone questions + 3 scored case studies (18 questions)
- TOTAL: 70 scored questions + 15 unscored (pretest) questions
Maximum Length Exam:
- 117 scored stand-alone questions + 3 scored case studies (18 questions)
- TOTAL: 135 scored questions + 15 unscored (pretest) questions
**Winter Semester Artefacts**

By Gurnir Shergill, Year 1

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**Autonomic Dysreflexia**

*Increase in blood pressure due to an irritating stimulus below the level of the spinal cord injury (SCI). AD can occur in individuals with a SCI at the T6 level or above. AD is a LIFE THREATENING MEDICAL CONDITION.*

**Signs & Symptoms**
- Increase in BP by 20-40mmHg
- BP above 150 can be a sign of AD in individuals with SCIs
- Decreased heart rate
- Anxiety
- Sweating
- Chest pain
- Nausea
- Flushed face
- Nasal congestion
- Blurred vision

**Common Causes**
- Full/distended bladder (most common cause)
- Full bowels and constipation
- Areas of pressure
- Constrictive clothing

**What to do if AD is suspected**
- Ask the patient if they suspect a cause
- Sit the patient up and lower legs
- Remove tight and restrictive clothing
- Monitor BP every 2-5 mins
- Check & empty the bladder by performing an intermittent catheterization
- Check & empty bowels by performing manual disimpaction
- Check the skin for pressure points
  - If blood pressure does not drop back to normal seek medical attention

AD is life threatening and if not treated can lead to heart attack, stroke, illness and death.

By Jenny Jing, Year 1

By Carly Bradshaw, Year 1
## Mental Health

### Recognizing Extrapyramidal Symptoms

#### Definition
Extrapyramidal symptoms (EPS) are symptoms that develop as a result of typical antipsychotic usage. If symptoms are recognized in the early stages, appropriate treatment measures can be taken to prevent detrimental impacts on the patient. Such symptoms include:

- **Akathisia**: Characterized by motor restlessness or an inner state of unease. Individuals may pace or rock while standing or sitting and have the inability to sit still. Can be extremely distressing for patients when it is severe. This can lead to acute suicidality at times. Milder forms can be difficult to differentiate from restless legs syndrome or mania. More common when high-potency agents are administered.

#### Treatment/Intervention
- **Treated as an emergency**
  - Reduce antipsychotic
  - Provide immediate IVI benzodiazepines (works by slowing down activity in the brain)
  - First-line agents: beta-blockers i.e. propranolol
  - Third-line agents: anticholinergics i.e. benztropine

- **Treated as an emergency**
  - Acute reactions: Tight jaw, stiff neck, thick tongue. Can progress to protruding tongue, torticollis, lingual paralysis, constriction, oroglossic crisis. Consists of involuntary muscle spams resulting in abnormal posturing at neck and head muscles. Spasms can occur in intercostal muscles which can result in breathing complications.

- **Pseudoparkinsonism**
  - Results from blocked dopamine activity. Characterized by rigidity, shuffling gait, facial tremors (mask-like), slowed movements, bradykinesia. Older patients are at the highest risk. Muscle rigidity is more commonly seen in arms. Tremors are pronounced at rest. Symptoms can develop within the first 30 days.

- **Tardive Dyskinesia (TD)**
  - Characterized as movement disorders that remain after the discontinuation of antipsychotic medication. Movement disorders include repetitive movements of the tongue, mouth, and face i.e., chewing, lip smacking, tongue protrusion, puckering and rapid eye blinking. Conditions are irreversible, causing significant impairment in daily aspects of life.

- **Anticholinergic Crisis**
  - Can result from anticholinergic use
  - Characterized by thirst, dry skin, hot, dilated eyes, tachycardia, flushed face, hyperpyrexia, elevated temperature
  - Symptoms can include anxiety, hyperactivity, visual hallucinations, agitation, confusion
  - Can lead to seizures or coma

- **Antihypertensive Crisis**
  - Life-threatening - accelerating onset of symptoms over 48-72 hours
  - Characterized by hypertension, extreme rigidity, tachycardia, tachypnea, incontinence, sweating, drooling, confusion, tremors, mutism
  - Lab result abnormalities: metabolic acidosis, leukocytosis, increased serum phosphatase, muscle damage
  - Results from a block of central dopamine pathways due to neuroleptic medication use

#### Neuroleptic Malignant Syndrome (NMS)
- **Immediate intervention**
  - Immediate discontinuation antipsychotics
  - Consultation with neurology
  - Monitor for cardiac instability
  - Monitor for hyperkalemia

#### Serotonin Syndrome
- **Symptoms include agitation and hallucinations, hyperreflexia, ataxia, hyperthermia, autonomic instability, diarrhea**

#### Serotonin Syndrome/Discontinuation Syndrome
- **Characterized by side effects of antipsychotics such as akathisia, agitation, sleep disturbance**

#### Agranulocytosis
- **Results in low white blood cell count through use of antipsychotics such as clozapine, divalproex, and carbamazepine**

### Antidepressant Use

#### Treatment/Intervention
- **STOP**
  - Stop lithium usage and notify prescriber
  - Provide IV fluids
  - Hemodialysis
  - Conduct routine lithium levels

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By Ishani Illamperuma, Year 1
Vascular Access Catheters

- **Central Venous Access Device (CVAD)**
- **Peripheral Intravenous Catheters (PICC)**
- **CVL**
- **PORT**
- **PIV**

**Uses**
- PORT: Subcutaneous port
- PICC: Infusion therapy
- CVL: Transjugular Intrahepatic Portosystemic Shunt
- PIV: Peripheral Intravenous Catheter

**Duration**
- PICC: Recommended for long-term IV therapy
- CVL: 1-6 months
- PIV: Normal vein

**Notes**
- PICC: Recommended for short-term IV therapy
- CVL: Long-term

**Symptoms of TEF and EA**

**Signs and symptoms**
- Difficulty breathing
- Coughing or choking when swallowing or attempting to feed

**Other TEF and/or EA symptoms can include:**
- Frothy, white bubbles from the mouth
- Vomiting
- Very round, full belly due to gas being trapped
- Cyanosis to skin, especially during feeds
- Inability to pass NG tube from the baby's mouth into their stomach

**NOTE:** Babies with only TEF may take several weeks to diagnose due to the fact that TEF symptoms can be disguised as mild coughing or respiratory problems
Winter Semester Artefacts

**Balance**

_by Serena Aseerwatham_

When I started at CAMH,
I wanted to document my journey.
Use this like a journal,
So in all true honesty,
Here's the raw and real.

I have felt every possible emotion in a single 12 hour shift.

Part of me feels honoured,
Honoured to hear their story,
Sit and colour a tent, she
told me she loved camping,
But then she started crying.
I want to ask about her mommy,
Did they rip her from her family,
Does she still remember her schooling,
Did they punish her for speaking
The only tongue that brought her healing?

Part of me still struggles,
Struggles not taking it personally
When insults are hurled suddenly,
Manipulation doesn't come subtly
"You're not a nurse, really."
Yet part of me is heartbroken,
Heartbroken when an old soul
Says he has nothing left to live for.
Heartbroken when my patient looks me in the eye
And started listing off the different ways she wants to die.

How do you process that?
I couldn't keep trauma dumping on my friends so I signed up
For therapy.
Tried to change my mindset gradually.
Surviving, not suffering.
Healing, not dying.
To be honest, I couldn't even tell you that it really worked,
But I think it helped.

How do you tell yourself to see things as a science
And not a cry for help,
I'm still learning, but I think it's a balance.
I'll let you know when I figure it out.

By Serena Aseerwatham, Year 1

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**How to Provide Medication by Mouth (PO)**

We can follow these steps in order to promote safe and ethical care when giving patients PO medications.

**Check the Patient's MAR**

We always start by checking the patient's MAR. This helps tell us what medication is due for the patient under our care. It will also tell us any parameters that apply to this drug, so we must check those as well.

**Prepare Medications**

When preparing the medications, it's important to ensure we are collecting the correct drugs, and ensure they are not expired, broken, altered, etc. We must then prepare them however the client takes them (i.e., whole, crushed, mixed in applesauce, etc.).

**7 Rights of Medication Administration**

When administering medications, we must always ensure the correct patient, correct drug, correct dose, correct route, correct time, correct reason, and correct documentation.

**Positive Patient ID (PPID)**

Epic is the tool used at the RIC, and through epic, we MUST scan the patient's bracelet before we can give a medication to ensure we have the correct patient.

**Drug Administration**

Once the patient is scanned, we scan the medication barcode. Once it is confirmed in epic that we have the correct medication, open the pocket with gloves on into the medicine cup and either give the cup to the patient if they are able, or provide assistance with PO administration.

By Taylor Stevens, Year 1
Ethnic and Gender Inequalities in Pain Management

By Nanayaa Opoku-Ware, Year 2
Incorporating Culturally Diverse Diets into Healthcare to Mitigate Inpatient Malnutrition

Ihab Nawfal, Scholar Practitioner Program, NURS3576

Summary of the Change Project Plan

In my experience, many inpatients are often limited to uniform bland meals. To address this, I have consistently seen patients refuse to eat unfamiliar hospital foods. Subsequently, reducing meal choices can exacerbate nutritional deficits to numerous patients, leading to numerous concerns, such as increased mortality and reduced response to treatment (Belloni et al., 2022; Yang et al., 2022). People are more likely to consume familiar food. Therefore, this project aims to improve inpatient nutrition by implementing and evaluating culturally diverse diets (CDDs) into the hospital menus. Integrating CDDs for a trial period on a small scale and transmitting to a large scale after evaluation is more realistic (Grieco et al., 2023). Malnutrition has been linked to reduced wound healing, increased mortality, increased infection rates, and reduced treatment response (Belloni et al., 2022; Kasahara et al., 2020; Yang et al., 2022). Omran et al. (2021) and Rynders et al. (2023) research shows that implementing enhanced nutrition, such as CDDs, is effective strategies in reducing inpatient malnutrition. Rogers’ Diffusion of Innovation Theory provides a framework for communication-driven change; the main study of delivery for CDD implementation making it especially helpful when facilitating the change project (Robey, 2006). To execute this change, it is essential to develop a body of evidence explaining the consequences of malnutrition and effectiveness of CDDs at mitigating them. Thus, to conduct a descriptive research study examining demographics residing within hospitals. Afterward, a meeting would be organized to discuss approval and to mitigate stakeholder resistance. Proposing a trial period on small-scale implementation will increase the likelihood of approval. After proving effectiveness, large-scale implementation can be discussed. Finally, a cohort study can be conducted to evaluate success. The audience are the stakeholders: patients, government, local health authorities, accommodation facilities, nutritionists, hospital chiefs, social workers, nurses, physicians, and healthcare authorities such as managers, vice-presidents, and presidents. The organization I plan to implement this in the University Health Network’s (UHN) geriatrics floor which has patients that have had extended stays within healthcare, increasing their likelihood of malnutrition.

Success Indicators

1. The project would be indicative of being successful if the results of the culture study show decreased malnutrition rates for patients that had CDDs implemented into their diets.
2. If the survey users report higher patient satisfaction rates with the change project prove to be high, it will also demonstrate that the change project is successful in at least a certain extent as it improved patient quality of life.
3. If the stakeholders rest for a second time to process with the large-scale implementation following a successful small-scale implementation of CDDs, it would definitely be an indicator of success as the project would not have made it to that point without a promising future.

Feasibility

The target population is patients that have had extended stays within healthcare. Implementing this project will prove beneficial, as new diets are costly and difficult to source. Moreover, chefs will need to be trained to adjust to the change, further increasing costs. However, research has also shown that the long-term decreasing malnutrition rates serve to reduce patient admission rates and overall costs; ultimately, saving UN money (Eckert & Calhoun, 2018). So, while this slightly reduces feasibility, the change project can be seen as an investment as it ultimately reduces costs. Furthermore, the change project will be first proposed and implemented on a small scale and upon the evaluation determining the project successful it can be seen on a large scale, increasing feasibility. Overall, the project will surely meet resistance from several stakeholders, such as governmental bodies which fund it, and chefs which will be required to adapt to the new menu. However, implementing CDDs is a communication-driven change as many members of the interprofessional team at UHN must advocate for it, and implementing it on a small scale initially drastically increases feasibility. Implementing CDDs will also go a long way towards promoting a more culturally diverse environment.

Significance

The main potential impact of this project is to reduce malnutrition and the myriad of associated health concerns such as reduced wound healing, increased mortality, increased infection rates, and reduced treatment response (Belloni et al., 2022; Kasahara et al., 2020; Yang et al., 2022). Other potential impacts include improving the quality of life of patients living for the last days and hours of their life through implementing CDDs (Cypriot et al., 2011). Registered Nurses’ Association of Ontario (2015). For many palliative patients, providing a culturally influenced meal could be very therapeutic and precious during their final moments. On the other hand, although difficult to accurately scale, implementing CDDs and mitigating malnutrition in UHN’s overall costs in the long term, giving the hospital access to more funds for other projects (Eckert & Calhoun, 2018).

Ethical Consideration

Implementing CDDs is a beneficent act as it aims to improve patient quality of life, mitigate malnutrition, and reduce healthcare costs. Moreover, this project is also non-malevolent act as it does not cause harm to any individuals beyond requiring chefs to adapt to the dietary changes. During stages of the implementation plan, numerous studies must be conducted which challenges patient autonomy as they will need to consent to the studies. Justice is likely the ethical principle that challenges my change project the most, as it is impossible to capture CDDs for every single culture. In the first phase of the project, a descriptive research study will be conducted to find out the most common cultures residing within Ontario hospitals. However, this study may leave out cultural minorities and their diets from the findings. Ultimately, this could cause these cultural groups to be excluded from the CDD implementation as it will not cater to them leading to a potential bias in justice and fairness towards all cultures.

Reference


Evaluation Plan

The change project aims to improve inpatient nutrition and reduce malnutrition by implementing and evaluating CDDs into hospital meals. To evaluate the success of these successes, once the small-scale change is implemented, surveys will be used to rate patient satisfaction to the change. Moreover, a descriptive research study will be conducted to confirm whether patient health outcomes, such as malnutrition and nutritional status, have improved on a small scale. Similarly, these same evaluations will also occur after the change project is implemented on a large scale. Finally, a cohort study can be completed to measure the effect of CDDs on malnutrition and patient health outcomes. This study will allow researchers to compare patient health outcomes prior to and after implementation of the project. Additionally, it will serve as a guide for other areas of the world that plan on improving patient outcomes through implementing CDDs to mitigate malnutrition.

Reflection and Conclusions

Developing this change project has been truly insightful as I was able to explore the nuances of each stage to implement meaningful healthcare change. One of the largest challenges for me was finding the initial buy-in for the healthcare system that I wanted to impact. My first thought had been to tackle pressure injuries, but I ultimately decided against this as I wanted to aim towards a change project that has not been challenged before. Upon further research and key reflections, I decided I wanted to try to reduce malnutrition rates by implementing CDDs into the healthcare units. Admittedly, the evidence supporting my change project is slightly weak, as not many studies have delved into this topic. This resulted in my implementation plan including several studies to measure the effectiveness of the change project. Overall, prior to completing this project, I never considered that implementing a healthcare change would be straightforward. However, this project did show me just how difficult and complicated it can be, especially when mediating stakeholders, applying for funding and approval, and proposing research studies.

References


by Ihab Nawfal, Year 2
WINTER SEMESTER
CHANGE PROJECT POSTERS

INTRODUCING A STANDARDIZED PLANNING TOOL FOR NURSES

A 2022 study regarding the state of nursing in Ontario involving 762 RNs, found that 68% of nurses felt they did not have sufficient time or resources to provide adequate patient care. Registered Practical Nurses Association of Ontario (2022). From prior to the Covid-19 pandemic, the workloads of nurses have been increasing with more than ever nurse-to-patient ratios (WNAO, 2021). Nurses across Ontario are struggling to find enough time to complete all of their required nursing duties and still provide quality patient care throughout their shifts (ICNO, 2022). The literature emphasizes the negative impacts on nursing workload and quality of care that the current high nurse-to-patient ratios have (Cunclin et al., 2019).

OVERVIEW

The goal of this change project is to introduce a standardized shift planning tool for nurses with the purpose of helping nurses to comprehensively organize data relevant to their patients and then plan their required nursing activities for the day. This will allow nurses to improve skills such as prioritization, productivity and time-management by providing individualized quality care to patients; reduce levels of stress regarding workload and increase productivity. The guiding theory for this change project was Lewin’s Seven Step Change Theory. Some examples of sections included in the standardized planning tool are: "composing and receiving", "daily communication", "here is this", "nursing interventions", "interdisciplinary team communication".

IMPLEMENTATION

- Step 1: Diagnose the Problem
- Step 2: Evaluate Motivation and Capacity for Change
- Step 3: Identify and determine available and necessary resources of target hospital necessary for implementing change
- Step 4: Determine need of motivation of target unit for implementing change
- Step 5: Assess Change Agent's Motivation and Resources
- Step 6: Monitor Change
- Step 7: Terminate Helping Relationship

SUCCESS INDICATORS

- Increase number of nurses planning tool in nurses in the unit
- Increase number or number of nurses using planning tool
- Productivity number of nurses planning tool in nurses using planning tool

FEASIBILITY

Following a feasibility assessment, it was determined that this change project is highly feasible in the target unit of 3A South. A need was identified based on high nurse-to-patient ratios: subjective data from nurses regarding difficulty managing workload; subjective data from unit management staff regarding reduced productivity of nurses; and objective data from nurses on the unit, which include resource availability on the unit, includes management staff, nursing staff (RNs and PAs), EPIC, and unit education budget.

SIGNIFICANCE

The significance of this change project is demonstrated by its positive impact on nursing productivity and its ability to assist nurses in better managing high patient loads. Time, or lack thereof, is a widespread concern for nurses (Dowse et al., 2005). Planning is an integral part of time management (Slawiens, Van der Graaf, & Bogaert, 2007), so providing nurses with a tool to plan their tasks can help manage time and facilitate the completion of these tasks. Most importantly, there is a clear link between time management and quality of patient care (Sad, 2014, Nagle, 2015). Overall, the introduction of this planning tool can assist nurses in managing their time optimally in order to enhance the highest quality of patient care.

IN CONCLUSION

The process of creating this change project was enriching and challenging. I was forced to look around me and reflect on my experiences in clinical in order to rectify a notable issue to address. Following my exploration of relevant literature and the reflection of my own experiences, I had to be creative in developing a viable solution to this problem. In a step toward not only in the target unit but also the other patients and other staff in the area in order to best demonstrate my approach and implementation plan. Throughout this project I was able to reflect on my own nursing practice and think about my future as a registered nurse.

By Micaela Theofilopoulos, Year 2
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Website: https://www.nipissingu.ca/departments/student-development-and-services/accessibility-services
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Announcements

June 6, 7, and 8, 2023
July 28, 2023
Year 2 Graduate Cohort Photography
End-of-Year Celebration

Newsletter Team

Jenny  Riana  Amanda
Nada  Fritz  Dylan

Nipissing University
Scholar Practitioner Program
January - April 2023 Newsletter