

THE NSA CITYSCAPE

San Diego City College Nursing Students' Association Newsletter

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CNSA 2018 Convention in Visalia CA

By Heather Tyge

In the midst of a busy schedule, the weekend before final exams, you would expect to find nursing students with their nose in a book or a set of flash cards. But not us. Instead we joined over 300 other nursing students, just as busy and overwhelmed, and spent three days learning just what we've gotten ourselves into. We competed in costume contests. We took classes that helped with passing NCLEX. We met representatives from hospitals and professional organizations that hire and train nurses. We learned the difference between

NP and CNS, and how to evacuate an entire hospital in a day. We stayed up late helping each other finish care plans and rewrite initiatives. Nursing is collaborative, and this weekend we got to see just what that looks like.

October 5th through 7th 354 nursing students and representative from companies like 3M Littman, Community Medical Centers, Children's Hospital L.A., and the American Nurses Association gathered in Visalia, CA to talk about nursing. 4AM Friday morning we met with our carpool to start the five hour drive up. Crammed in a car not quite big enough for five nursing students we spent the trip chatting about our lives, how we study, and our struggles. Check in at the conference was quick, people were still trickling in from all over the state, and we discovered that San Diego City College had earned All Star School status by bringing as many delegates as we were allowed, and 12 representatives overall. While we waited for the convention to kick off with a Keynote Address by RN and CEO of Health *Impact* Judee Berg, we found a quiet patio and took over with our books and computers to finish our care plans and study. Nurse Berg's speech talked about the ever growing roles of nurses in our state, and the extreme need for dynamic, caring nurses. Friday night we split up, and while some of us sat in a restaurant and chatted over food and drinks, others went to the costume party and met the Pyxis Fairy, the Powerpuff Nurses, and a variety of other superheroes before we all came back to our hotel (sharing four to a room) for some much needed sleep.

Saturday morning the free breakfast and coffee was what woke us up bright and early. We started with a panel presentation on providing care during a catastrophic event, like an active shooter or a fire, and then split up into a selection of smaller classes. On offer were classes about human trafficking, landing your first job as an RN, advanced practice opportunities, what you need to now from the Board of Registered Nurses, thriving

as a new grad, building your test taking skills, suicide prevention, nursing careers in the military, and care of the LGBTQ+ community. We learned from the people we are set up to become: nurses. Yet we still had time to talk to the exhibitors and gather all the free pens we could carry! From there we went to the house of delegates where we presented resolutions alongside schools from all over the state. We presented a resolution that was practical and achievable, yet was voted against. At the end of the meeting we were able to reopen discussion of our resolution, but wouldn't have an answer until Sunday morning. We walked away disappointed but still hopeful and spent the rest of that evening rewording our proposition to be better received by the rest of the students in attendance.

Sunday morning we triumphed, our resolution passed, and even though we didn't get chosen to go to the national level we still walked away with a sense of achievement and an increased sense of community. The closing address was made by ACPNP Genevieve Handy, who spoke on her experience as a travel nurse and her work with Operation Smile. The Katie Bray Awards Ceremony, revealed our President, Victoria Shirley, won a \$1000 scholarship and our Vice President, Justine Mercado, won the CNSA Outstanding Member Award. As we piled back into the cars (and I frantically tried to finish my ticket to class for Monday), we reflected on the weekend and all the things we had learned and done together.



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Legislative Report

Hi, all!

Your Legislative Director here to tell you all about my awesome experience at the CNSA conference this past October.



For the first time in almost a decade, San Diego City College finally presented a resolution at this years' conference, and let me tell you, it was quite the interesting experience.

The resolution that I put together, is an issue that I am very passionate about. As an LVN at UCSD for 5 years, I see time and time again, very sick patients come down to my department that need to be transferred from their hospital bed, to my MRI compatible bed. These patients are usually the sickest ones, hence why they are getting an MRI, and are either vented, comatose, completely incapacitated or a combination of all of the above. Moving these types of patients, especially those who are on ventilators, are very difficult to move and it takes at least 4 people to do it somewhat safely. Using a slider board for these patients causes a lot of moving, turning, sliding and can be very painful. UCSD provides HoverMatts specifically for these types of transfers, and I never understood why no one ever uses them. These HoverMatts get placed underneath the patient and they just blow up like an air mattress, it takes only 2 people to move them, and it's done so safely and without any pain or disruption for the patient.

At the CNSA 2018 Conference, this was my resolution that I presented. "The use of HoverMatts for ALL non-ambulatory patients in a hospital setting". Everyone at the conference agreed that this was a very good topic to discuss, because as a nurse, it is very easy to injure your back during transferring of patients if not done properly. Unbeknownst to me, my resolution was the subject of a very hot debate between everyone in the room. Some people were for my res-

olution, agreeing that the HoverMatt is a safer, better way to transfer very sick patients, while others disagreed because of the cost of the HoverMatts and it being too expensive to implement for smaller hospitals who don't have the budget. At first, my resolution was turned down with a very close vote of 44 for it and 46 against it. But, there was also much confusion, because of one particular word that was used, 'ALL'.

Luckily, the Parliamentary president addressed the crowd about any confusion regarding my resolution and it was re-voted on to let me clarify my points and what my resolution meant. I explained to the board that, while I realize that having a HoverMatt for ALL non-ambulatory patients is not realistic, it should be mandatory for those patients who are on ventilators, in a coma, or over 250lbs and not ambulatory, to help cut down on back strain and work injuries among nurses and their staff. In addition, most hospitals already have HoverMatts on every unit, they are just never utilized, so I explained that I am just trying to bring awareness to these future nurses that we have access to these devices already and to use them, save your backs! After my explanation, everyone understood my point and they re-voted on my resolution and it was passed.

I am so grateful for this experience. It was a lot of fun and it gave me a platform to speak about things that matter to me and I hope I can make even a small bit of difference in some Nurses' work lives by bringing more awareness about HoverMatts. I encourage everyone reading this to go out there and fight for their futures and their fellow nurses about issues relating to our jobs and healthcare. We have a voice and it's important that it gets heard. Don't be afraid to stand up for what you believe in and what you're passionate about.

Thank you for reading and good luck to everyone on the rest of the school year!

- Your Legislative Director,
Lacie Sommer.



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Advanced Practice Opportunities for RNs

By: Stephen Vista

There are four specific roles available for the RN who seeks to advance their practice. Certified Registered Nurse Anesthetist (CRNA), Nurse-Midwife, Clinical Nurse Specialist (CNS), and Nurse Practitioner (NP). In addition to these roles, the RN will also have to focus on a population which includes: Family/Individual across the lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's health/Gender-related/Psychiatric Mental Health.

The CNSA conference invited three specialists to discuss their specialties to the prospective students. The topics discussed were Clinical Nurse Specialist, Nurse Practitioner, and Nurse Anesthetist. The requirements to become a CRNA, Midwife, NP, and CNS is to have at least a master's degree in nursing. Nursing Practitioners have the option of pursuing a DNP for their advanced practice.

Unfortunately, there was no representative for nursing **midwife** so I have no information to report for that field, but let's jump into the clinical nurse specialist.



For CNS, they have the option in working with the pediatric, adult and gerontologic, and neonatal populations. They have the option to work in the critical, emergency, or home setting. CNS also have the option to work in specific disease or medical subspecialty such as diabetes and oncology. They also provide varying types of care such as acute, rehab, palliative. CNS are often described as expert clinical nursing practice, education, research, consultation, clinical leadership. They are often described as "wearing different hats, high speed, high level, and finger on your pulse."



For CRNA, their field of practice include veteran's affairs, pediatrics, obstetrics, military, community hospitals, ambulatory infusion centers, endoscopy, neurology, and plastic surgery. Because there is one standard of practice for anesthesia, there are no limits in their scope and CRNAs are free to practice independently but some hospitals may require them to work under the supervision of a physician. Hospitals in California have the option to opt out of supervision. Mentorships are often available for CRNA. Nurses who enjoy specialized nursing care, are motivated to use critical thinking skills, and excel in math, science, chemistry, and pharmacology should consider CRNA. To become a CRNA, an RN should have at least one year of critical care experience. The American Association of Nurse Anesthetists has a list of programs available and other resources for those interested.



For NP, nurses should pursue national certification as it is the gold standard. The BRN does not require certification but it is required by employers. It is important to maintain competence and licensure. Nurse practitioners can work in in-patient, emergency, urgent care, long term care, psychiatric and mental health. NPs are also able to work as hospitalists and there they can diagnose and manage acute and chronic illnesses, order diagnostic tests, prescribe pharmacological therapies, refer to other practices. In California, Nurse Practitioners are required to work under the supervision of a physician although there are some states where NPs are free to practice independently. The American Medical Association is fighting scope of practice expansion which is a major barrier for NPs in California. The requisites for NP is MSN or post-grad NP certificate or DNP. The American Association of Critical-Care Nurses recommends pursuing a DNP.

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Haunted Hospital

By: Adriana Mendoza

On October 25th, Ghouls and goblins of all ages came out to the annual Haunted Hospital. It was a great bonding experience for students as we gathered up forces in transforming the skills lab into a frightening maze of horror. The Cosmetology department joined in the festivities by setting up a face painting station for all the kiddos that came in throughout the night. The smell of popcorn from the movie theater filled the hallways as people snuggled up to watch a double feature: "Nightmare Before Christmas" and "Hocus Pocus."

ATI TIPS:
If a patient has dysphagia, have them tuck their chin to their chest to facilitate swallowing.



Just before entering the spooky maze, there were tables filled with various gift baskets ranging from ArcLight cinema tickets to certificates for a sailing trip up for auction. NSA successfully raised \$481 from the silent auction bids, the movie theater concession stand, and donations gathered from those brave enough to enter our Haunted Hospital mazes.

Once again, the maze was at the center of the evening. Behind the scenes, first and second year students competed to see who had the spookiest maze. Both classes did an amazing job of utilizing decorations, mannequins, and actors to jump out and scare the participants. In the end it was really a close call. After the dust settled, second year class won the maze contest by the narrowest of margin.

A big congratulations to all that made this event a big success, we hope to keep this alive for many years to come.

Resume Tips
When writing your professional summary, make it precise and to the point. It should be one sentence only. Tailor the objective to your current situation and the position you're looking to land

NSA Goals



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Meet Kris Hale, a newly retired faculty from San Diego City College. She is a Registered Nurse (RN) with a Masters of Science in Nursing (MSN), Public Health Nurse certificate (PHN) and Clinical Nurse Specialty in Adult Gerontology (AGCNS) from California State University Dominguez Hills. Kris Hale taught at San Diego City College from 2003-2018. She was Professor and Department Chair before she left, and she will return to San Diego City College as a professor grata in spring 2019 to support the leadership program. In this interview, she recounts her experience as a nursing student, her transition into becoming a full-time nurse and educator, as well as her commitment to giving back.

Tell me about yourself in a few words. Where did you go to school?

I love teaching students. A nurse is what I am, teaching is what I love to do. I got my associate's degree in nursing (ADN) while my husband was in the navy. I started at Pensacola, FL before I had to transfer to a new school and start over. I was capped –not pinned– at Del Mar Junior College in Corpus Cristi, TX. Then I sat for the boards in California about a month after.

What got you into nursing? And when did you begin working as a nurse?

I'm an old school nurse. I always wanted to be a nurse since I was 11 years old. My mom hated blood so she asked me for help when my foster sister had a nose bleed that lasted hours and eventually needed to be cauterized. I joined the Future Nurses of America in high school and I was a candy striper. But then I took an exam to be admitted to the ADN program at College of the Desert and left town before I found out the results. Instead I explored the option of becoming a Home Ec teacher while I was a student at Cal Poly. I love Home Ec, but I found out I hated teaching the subject to students who were close in age to me. So when my husband moved us to Pensacola, I started school again to be a nurse. I had a slow start but I set a goal to become a nurse before I turned 30.

The National Council of Licensure Examination (NCLEX) is on my mind! Tell me about your experience.

I moved from Texas to California after graduating from my nursing program. I sat for the boards in Los Angeles County and I was sure I was going to fail because the people next to me were all testing for the second time! There were 2500 of us sitting side-by-side. It was a paper exam that lasted two days. Our pencils were provided and we could only bring our car keys and feminine hygiene products in clear plastic bags. I took the exam on July 7 & 8 and I didn't know the results until September. Because I had moved, I didn't have anybody to relive and obsess with over the test. In hindsight this was for the best. It's better not to think about how you answered. You can't change your responses. This goes for ATI tests, too. It doesn't do you any good to obsess over questions after the test is over. It's done. Let yourself be. Don't increase your anxiety by obsessing over what you cannot change.

Describe the start of your nursing career, the transition from school to profession.

I did not work while I waited for my board results. And then after, it was challenging to get a job with only an ADN. As it is now. I wanted to be a Neonatal, Intensive Care Unit (NICU) nurse when I was in school, but a Bachelor of Science in Nursing (BSN) was required for that. Eventually I was hired at Tri-City for my first nursing job, where I worked on a telemetry floor for one year before I worked at Scripps Green for 22 years. At Scripps, I worked the night shift for many years. I worked as a bedside nurse, then worked as manager of the telemetry unit (3W) with only my ADN before switching to nights again and going back to school. There was a big push for BSN nurses then, like there is now. So I put "working towards baccalaureate" on my resume and took one class at a time. At the same time my friend encouraged me to go back to school, she kept putting it off while I completed my BSN at CSU Dominguez Hills in 5 semesters. Eventually I completed my MSN and received my Public Health Nurse (PHN) certificate from CSU Dominguez Hills, too. My friend who encouraged me to go back to school still does not have her BSN.

Any advice or other experiences you'd like to share with City College nursing students?"

"When Professor Armstrong expects you to know something, you should!"

In all seriousness, never give up on your education. One class at a time paves the way to progress. No one can ever take away your education. While in nursing school, determine what is important to you. Define your priorities. It's going to be frustrating to put study time ahead of friends and family. But you're learning how to be –and think like – a nurse right now. Do your future self a favor and take this seriously. And if you don't know something, ask. As a RN you won't be able to say, "[The instructor, she, he] didn't tell me." She is you. He is you. You will be the nurse. You'll be a nurse till you die, and then you will be a dead nurse."

Take care of yourselves. Take time for your selves. Take your breaks, go to the gym, eat right, do yoga, get extra sleep, go pee when you need. Recognize what's good for you and do what you can. And take every interview you can. If you do or don't want the job, each interview is an opportunity to improve yourself and prepare yourself for the next interview.

This interview is part of a series by SDCC NSA's Breakthrough to Nursing. It will highlight the experiences of nurses of a variety of backgrounds and specialties. If you know a nurse who would like to be interviewed, email sdcc.nsa.BTN@gmail.com

This concludes our newsletter for the month of November, have a wonderful Thanksgiving!

