



Range of Motion

The Official Newsletter of the California Nursing Students' Association



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Secretary/Treasurer

My Summer in Cyprus

“I’m going to Cyprus!” I would enthusiastically reply to anyone who asked about my plans for the summer.

“Where’s that?” was the response I received most often.

That’s what I said until I researched a little further and found it to be a small stand-alone country in the Mediterranean situated between the continents of Asia, Europe, and Africa.

It was Spring and I was nearing the halfway point in my 2nd semester of nursing school when I decided one day on a whim that I would pack my bags for the summer and attend a study abroad program halfway across the world – in Cyprus. I had no idea how I was going to pay for it, how to pack for it, or even how I was going to be able to survive on my own in a strange country. All I knew was that I had the itch to travel and it was now or never. So I trusted my instincts, and have not regretted my decision since.

Traveling to Cyprus was my first experience abroad and I wouldn’t trade it for the world (no pun intended!). The Summer In Cyprus: Health Sciences program through Global Learning Semesters was one of the few affordable study abroad programs I could find that incorporated nursing into the curriculum. Throughout the summer, I attended lectures in Management and Provision of Nursing Care, where I learned about the major health issues people in Cyprus were confronted with and how they compared with the rest of the European Union and the US. I was also able to shadow nurses in the clinical setting, visiting both public and private hospitals as well as local clinics in Nicosia, the capitol of Cyprus. On weekends, our program sent us on educational excursions throughout the island where we learned the rich cultural history of Cyprus while also enjoying the wonders it had to offer: gorgeous beaches (including that of Pafos, the birthplace of Aphrodite), the rolling Troodos mountains and small villages where

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Jim Edmonds

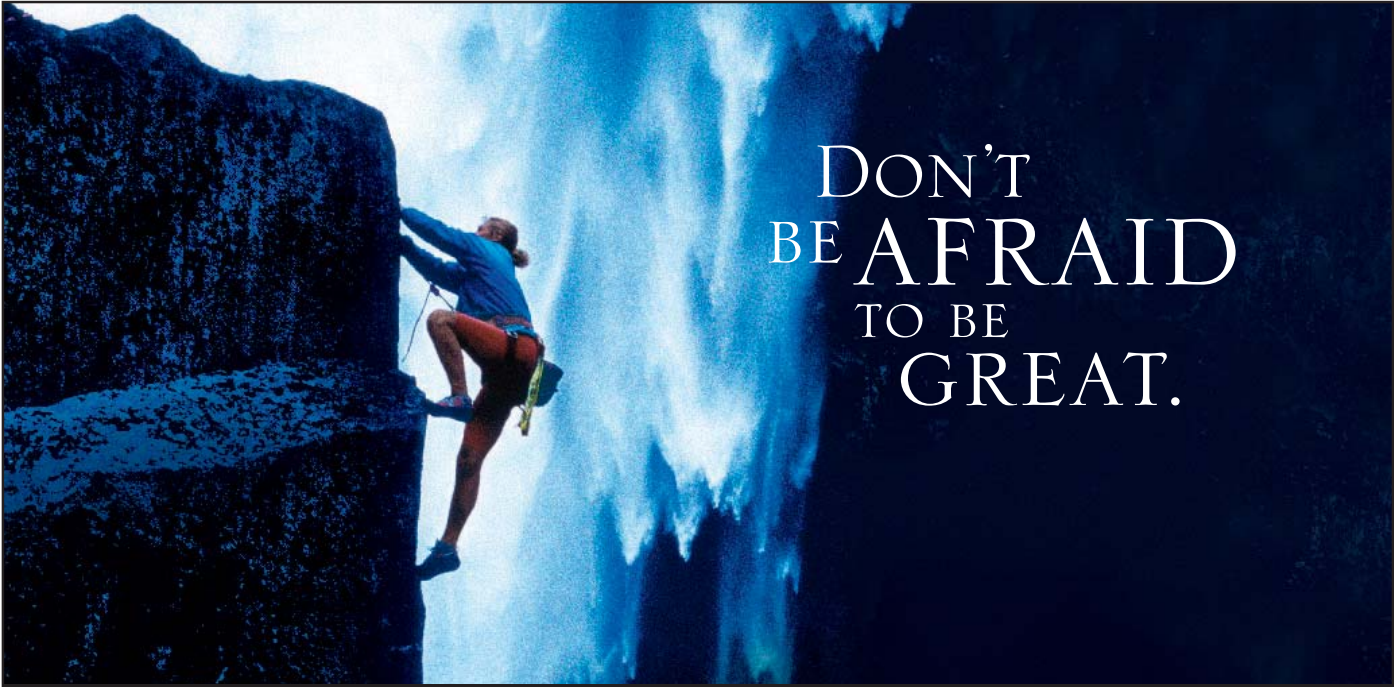
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TO BE
GREAT.

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 - Cardiology/Med-Surg ICU
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Cyprus's famous wine, Commandaria, is made. In one summer, I was able to learn volumes about a culture completely different from mine, and about a country that I had only previously glanced over carelessly on a map.

An eye-opening experience for me was the realization that nurses are not nearly as highly regarded in other parts of the world as we are in the US. This inspired me to reach out and educate people about nursing. Fortunately, our professor, Cyprus-born and trained in the United Kingdom, wholeheartedly upheld the core values of nursing by serving as a strong advocate for nurses in Cyprus in the face of many old-fashioned ideas held by physicians and others throughout the country. Savoula was truly an inspiration, and I learned from her the true meaning of being a "professional nurse." Her passion for nursing energized me to educate myself further about other cultures so that I can be informed and advocate for nurses all across the globe, beginning here in our own country.

Although traveling has fulfilled my own personal goals, I have realized how great a benefit it will give me in my professional life. From meeting and interacting with members of many other cultures, I will be able to put into context everything I have learned about cultural competency in nursing school and apply it first-hand. To be culturally competent nurses, I feel that we must take the initiative to explore other cultures and health care systems. Only that way will we fully understand another's point of view and be able to provide the best care possible.

This coming summer, I am excited to say I will be attending a Medical Spanish program in South America that also incorporates a clinical component. I feel that this brings me one more step toward understanding others and being a culturally competent nurse.

Want my advice? If you are thinking about traveling but are just waiting for the right time...JUST DO IT! You will never know when the perfect situation will present itself, so I highly recommend taking the opportunity to travel anytime you can. I guarantee it will be an invaluable experience and you will come away from it with a new appreciation and zest for life. And for nursing! Because so much of nursing education happens outside of the classroom, why not take it to another continent? If you would like to learn more about the programs I have attended or other health-related study abroad opportunities, visit www.globalsemesters.com and www.amerispan.com. And please, if YOU have any experiences or suggestions to offer, share them with me at sectreas@cnsa.org. Bon voyage!



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To learn more about any board member, visit cnsa.org.

We're Number ONE!!

According to the most recent data, California has surpassed all other states in membership (see the article written by President Jim Edmunds for further details). But, there's still a long way to go. If you're reading this, you are obviously already a member of NSNA, and thus also a member of CNSA. But, it is through existing members that we can recruit additional members to our organization. Word of mouth is one of the most powerful influences over people's decision-making. Recently, the American Association of Critical-Care Nurses launched its Member-Get-A-Member Recruitment Program in which existing members recruited hundreds of new members for the organization. NSNA has a similar program with its Project In Touch Program that provides prizes to students based on the number of members they recruit. There are ample tools available to increase not only CNSA's membership, but membership at the national level as well.

No one denies that nursing school is time consuming and requires hard work and dedication. But, the numbers speak quite loudly. You may not be able to dedicate enough time and energy to hold a position on the board of directors at any level. But, there is no reason you can't offer some energy to the organization. You would actually be surprised at how much you can contribute. That's the focus of CNSA Vice President Brandy Azevedo's article in this very issue!

So, the question remains: Why spend that \$30 to join NSNA? Well, I direct you to the NSNA website to view the 2007-2008 Membership Benefits Program (<http://www.nsna.org/membership/memberbenefits.asp>). You will find a summary of benefits offered to every member. But, the advantages don't stop there. You are also eligible for several nursing scholarships from both the national and state organizations and may even be eligible for some at your school. You can list your involvement on your resume to show leadership and participation in extra curricular activities. This will give you an edge over other applicants, especially in those areas like the Bay Area that are seeing a shrinking nursing shortage (see the article submitted by Rafael Ramos, CNSA CoCR North). In addition, of course, by participating you learn leadership skills, networking, and collaboration with like-minded students across the state and across the country.

So, despite the fact that California has moved into first place, there is still a lot of work to do. No one expects one single nursing student to conquer the world and make a huge change. However, with our combined energies and efforts, change will occur. This organization is yours. The Board of Directors doesn't do what it does for the ten people that hold office; they do it for you, the California nursing student. Send them your ideas. Ask them about their experiences on the board. Consider running yourself or become involved in a smaller project first. Read CNSA Community Health Director Kelley Stewart's article on the 2008 statewide project for ideas. There are countless ways you can be involved as little or as much as you want.

Well, before California actually exceeded the other states in membership, we were number one. Now, we have the data to prove it. We only have one place to go now and that's UP! Increase membership, increase involvement, and increase your overall experience in nursing school.

If you want any information on any of the committees or would like to get involved in the Membership, Image of Nursing, or Nominations and Elections Committees, feel free to contact either myself or any of the Board Members. Any one of us would be more than happy to help you!



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President's Message

Shortly after I started nursing school in the fall of 2005, the media was filled with stories of Katrina and the devastations of the Gulf Coast. Those of you who were in school at that time may remember e-mail blasts from NSNA seeking help for displaced nursing students; everyone was dramatically aware of how quickly our lives could be changed by disaster, whether natural or manmade. We also became aware of just how unprepared we were for disasters the failure of FEMA and communities without a coordinated disaster plan, made us all standup and take notice.

If you were a Delegate to the Baltimore Convention in April of 2006, you may remember the resolution that was adopted supporting the *Establishment of Protocols for Disaster Relief Guiding the Scope of Practice Student Nurses and the Collection and Distribution of Donations*. This resolution may have appeared to be a solo effort in response to the disasters in 2005, however looking back over resolutions beginning in early 2000, there have been an interesting array of resolutions addressing disasters and nursing students' role pre and post disaster. In California, the 2005-2006 board worked closely with the membership and the Red Cross, encouraging students to take part in the Student Nurse program offered by the Red Cross. With nine resolutions adopted between 2000 and 2006 and various states developing programs and committees addressing the subject of disasters and disaster preparedness, the NSNA convened the first Disaster Relief Task Force at the national convention in Anaheim in April of 2007. Out of this effort was born the NSNA *Guidelines for Establishing and Implementing: Disaster Preparedness, Recovery, And Relief Projects*. I was fortunate enough to be able to attend the second meeting of the Task Force during Midyear Convention in Kansas City, Missouri this past November. I walked away from that meeting with a strong resolve to implement a Disaster Preparedness Program in California. To this end, I have undertaken, with the assistance of the Community Health Committee, the development of this plan. I would very much like those of you who feel strongly about this subject to join us on the committee and work to move this project forward. I also invite you to join us at the northern CoCR meeting on June 20 at Stanford University Hospital in Palo Alto, CA to take a look at a draft of the program. In the meantime, you may wish help out our partners at the American Nurses' Association, California (ANAC) with their Disaster Preparedness Survey. To do so, simply visit their website at www.anacalifornia.org. It is my desire to work closely with ANAC and the Governor's Office as this project unfolds. The Southern California fires of this last fall remind us how quickly a disaster can strike. We also need to be prepared and we need a way to educate and serve the public regarding disaster preparedness.

On a side note, I will be introducing the new Membership Support and Development program at the CoCR meeting in June. The board was excited to learn at the Annual NSNA convention California is now the Number 1 state in membership, with 4077 members. This number represents a 12.7% increase over last year, just 0.6% behind Georgia, which had the largest increase, 13.3%. Looking at the membership and the schools with chapters, we have a huge potential for growth. This new program is designed to help make it happen. So, please, whether you are from a school in northern California or southern California, join us June 20 at Stanford University Hospital.

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Breakthrough To Nursing

One Small Step for Diversity, One Giant Leap for the Nursing Field

When I ran for BTN director, I was asked why I, as a white female, was running for a position whose primary responsibility was to increase diversity in the nursing field. This was my answer.

On my second day of my clinical rotation, I encountered a patient who spoke almost no English and struggled to the point of exasperation to perform an assessment through a pointless game of medical charades. I asked the CNA about her communication techniques, but found out that they were no better than my own. What I did find out was that my patient was Filipino. I perked up upon hearing this, because there were three Filipino nursing students in my clinical group. I asked one of them to help me communicate with my patient, and it worked wonderfully. The patient was noticeably more comfortable, and my clinical teammate told me that my patient even cracked a joke. Reducing the patient's anxiety and increasing his comfort was the pivotal point of my interaction with this patient. I made a point afterwards to try to use and recognize a short list of Tagalog words, like pain and hello. Once my patient understood why I needed to do things like shine a light in his eyes and test his reflexes, he allowed me to complete my assessment without a hitch.

Although I am not a symbol of diversity within the nursing field, it is clear, from my point of view, that having a diverse workforce is crucial to providing the best patient care possible. Over the past 50 years, the population in California has become increasingly diverse, yet the make-up of the nursing population remains largely unchanged.

It is for this reason that we should all be committed to the promotion of diversity within the nursing field.

To join the Break Through to Nursing Committee, email btndirector@cnsa.org and be sure to visit the BTN blog at <http://breakthroughnursing.blogspot.com> where you can share ideas about this topic as well as find links to informative resources.

STUDENT CONTRIBUTION

Methicillin Resistant...what?

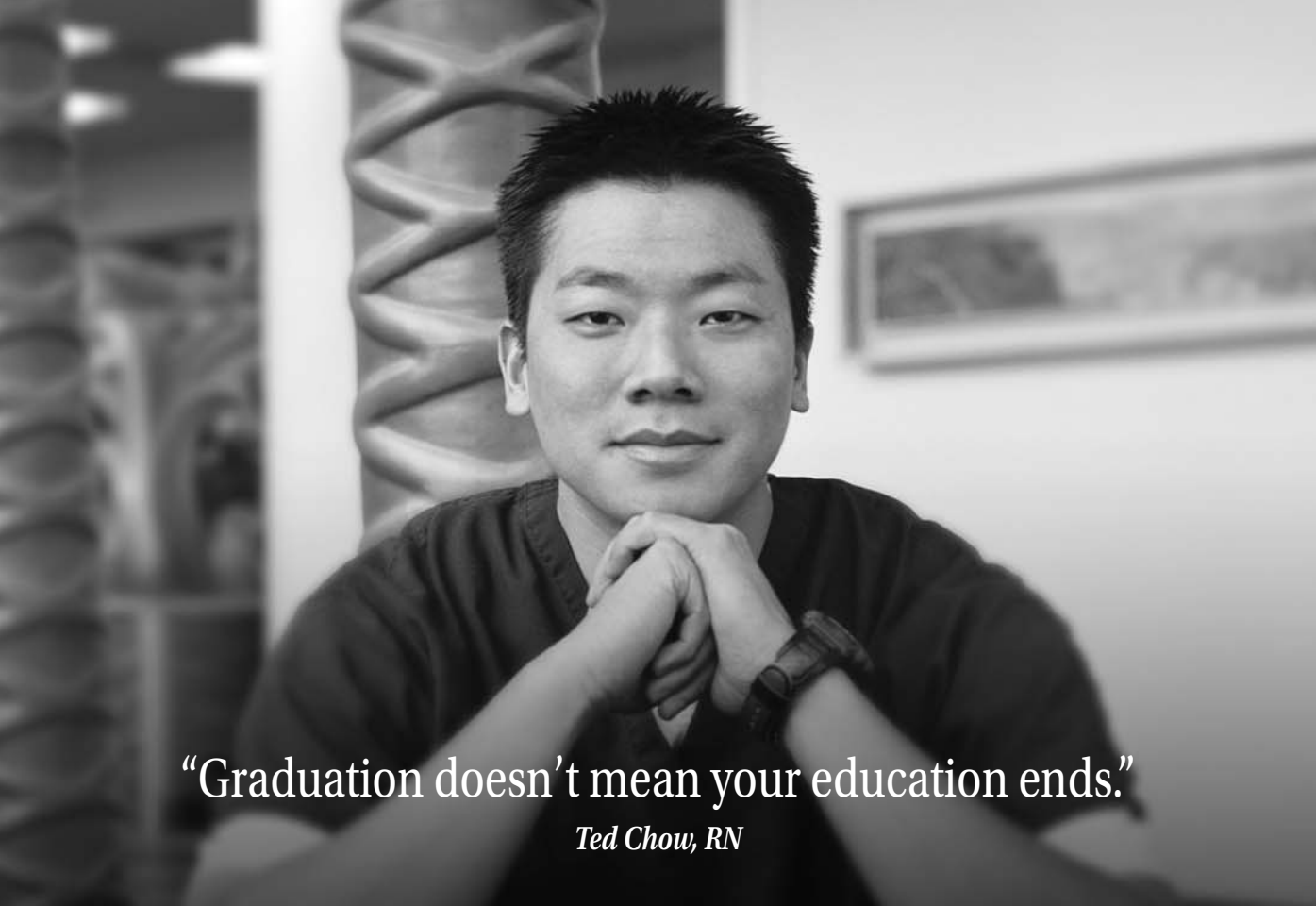
Medicine, like any industry, has its own jargon. Terms like isolation, rule-out, MRSA and VRE are mentioned frequently, and often casually, in hospitals throughout the country. Unfortunately, many of the patients suffering from these conditions have little or no understanding of these terms. While these are very serious conditions, some patients find themselves with additional fears, simply because they do not understand the terminology their doctors and nurses are using; or why they are taking certain precautions.

I recently worked with a patient who was told that he had MRSA and was moved to isolation. The initial news was met with blank stares from the patient and his wife and then with fear upon his being moved to isolation. Knowing that the patient spoke primarily Spanish, I did my best to ask the patient if he understood why he had been isolated. He did not. I told him I would be back and left the room to search for a Spanish version of our hospital's MRSA information pamphlet.

I was shocked to find that there were none available, especially considering the large percentage of our community that speaks Spanish as a primary language. As a last resort, I did my best to translate an English brochure into broken Spanish. I am hopeful that his questions were answered and his fears eased.

After this episode, I approached the Infection Control nurse regarding the need for multi-language information pamphlets, and she is working to get them into the hospital. Of course, this begs the question, what materials do other hospitals throughout California, the most diverse state in the country, make available to their patients? It is imperative that nurses, as a group, encourage our hospitals to provide the materials necessary to educate our patients in the best manner possible.

If you have comments or questions on this topic, visit the Break Through to Nursing Blog at <http://breakthroughnursing.blogspot.com>.



“Graduation doesn’t mean your education ends.”

Ted Chow, RN

“When I was looking for an RN Residency program, I wanted something exceptional. That’s why I came to Childrens Hospital Los Angeles. Their program is innovative and supportive, with one-to-one preceptors, classroom and skills lab education, a personal mentor, support meetings and an individualized rotation to related units. My time here has not only been rewarding, but has fully prepared me for the transition from graduate nurse to professional RN.”

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Celebrate Nursing: A Profession of Infinite Options

Louise Timmer, Ed.D., R.N., President, ANAIC

The nursing students entering the nursing profession today are on the cusp of major advances in medicine and health care. The next 30 years will provide more opportunities for nurses than ever before in the history of health care in the United States. With the advent of stem cell research, biomedical technology, molecular medicine, and computer technology, in the next 30 years, health care will experience more changes in the delivery of health services than the past 300 years. Nurses deliver over 60% of all health care services and are asked to participate on the committees for health care redesign at the state and national levels. I was recently invited by the United States Department of Education to meet in Washington, D.C. to discuss the preparation of nurses and the need for a national study to address the future of nursing education.

The nursing students today will be expected to assume major responsibility and accountability for the health care of the nation at the local, state, and federal levels. Nurses are expected to be very knowledgeable in politics and health care policy and serve as consultants to state and federal legislators. The proposed state and national health care plans focus on preventive care and health education. These two areas of health care are the purview of the nursing profession. The new graduate nurses are expected to participate more fully in the management of care in the health care facilities as well as in the home, work, and school environments. The number of registered nurses will increase to 5 million in the next 30 years to meet the increase in population. California needs 500,000 registered nurses today to meet the health needs of 37 million citizens. Currently, there are 387,000 registered nurses in this state.

The nursing students enrolled in school today will be expected to be lifelong learners, earning their masters and doctoral degrees. There will be a dramatic need for advanced practice nurses to care for the low-risk, low maintenance health needs of all age groups. Health education will be paramount to the nurse's role in the health care system. Nurses will have independent practice and will contract with health care facilities, home health agencies, schools, and work places rather than be employed by the agencies. All nurses will participate in research studies that are outcome based and contribute to evidence-based nursing practice. Nurses will be the CEOs of all health care facilities and will have ANA Magnet Certification with shared governance for all staff nurses. The Nurse Practice Acts will be standard in all states and provide registered nurses with the power, authority, and responsibility to provide excellence in nursing care and expansive enough to be unsupervised by other health care providers.

Nursing students can expect to move from one level of nursing practice to another, from one area of nursing to another. Nurses will be very mobile and move from state to state and country to country as international nursing standards are developed and become regulated around the world. Nurses will serve in many capacities as expert clinicians, consultants, educators, administrators, and researchers. Nurses will move into the political arena and serve as ambassadors, legislators, governors, hold federal positions, and even serve as the President of the United States.

Each nursing student should set his/her goals and aspirations very high in school. Every nurse must reach the level of education, expertise, and wisdom necessary to lead the next generation of nurses into a productive and effective 30 years of nursing practice.

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Jennifer, Nurse Practitioner & Gina, EKG Lab Supervisor

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California Nursing Students' Association

Invites ALL Nursing, Pre-Nursing Students and Faculty to participate at the
COCR-North meeting to be held at Stanford School of Medicine, Lane Building, Room M-104
adjacent to Stanford University Medical Center



Sponsored by:
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- Where: Stanford School of Medicine, Lane Building, Room M-104
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- When: June 20th, 2008 (Friday) 8:00 a.m. to 2:30 p.m.
- Cost: **FREE**

For more information contact:
Rafael Ramos,
COCR-North Director
Rafael.Ramos.CNSA@gmail.com

- Refreshments and Lunch will be served
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The Narrowing Nursing Shortage in the Bay Area

Who would ever thought that, after a year being out of Nursing School, getting one's BSN, and passing the NCLEX, one may still find themselves jobless? This is reality here, folks! I have spoken to some newly licensed nurses who know other RNs who still have not landed their first RN job. As a result, I have taken the initiative and interviewed a number of nurses and some nursing faculty and found out several reasons why there are a growing number of newly graduated RNs who are jobless in the bay area:

Reason 1: Many senior students delay applying for New Grad Training programs. They often look for their job after they graduate and get their RN license. Some decide to take a year off for vacation and relaxation.

Reason 2: There have been several budget cuts from different hospitals across the Bay Area where New Grad Training Programs have been reduced.

Reason 3: The hospitals in the Bay Area are one of the highest paying institutions for RNs. We attract scores of RNs from different states and countries, hence open positions for New Grads continue to taper.

Reason 4: Many "senior" RNs who previously considered retiring have decided to continue to work.

It is sad but true. A lot of students these days are having a hard time getting their first RN job. It is getting quite competitive and complicated! As Frank La Fontaine, BSN, RN said, "San Francisco seems to be fine with the number of nurses they've got. I've applied to several hospitals around San Francisco and only heard from one of them". Whether this situation remains true or not in other parts of California, and even in different states, students must be proactive and assertive in getting organized and applying as early as possible. Some of the interventions students may employ include:

Solution 1: Apply for a part-time or per diem hospital position early while in nursing school (i.e. Nursing Assistant, Unit Clerk, Administrative Assistant, etc.) Get to know the institution you want to work for eventually. Get your feet wet! Establish connections, especially with Nurse Managers.

Solution 2: Apply for the New Grad Training Program as early as the first few months of your senior year. Apply to more than one hospital and consider different units (i.e. Med-Serg, PACU, ICU, CCU, etc.)

Solution 3: Make your credentials stand out! Get certification classes (i.e. ACLS, PALS, Emergency Room certificate, etc.) If you are certified in some areas, many hiring managers may see your application more appealing. This will separate you from other applicants.

Gone are the days when they said that once you have graduated from nursing school, life will be so much easier.

For students like us, we must all continue to be vigilant and persevering. Never stop searching until we have secured our jobs.

Good luck to all!

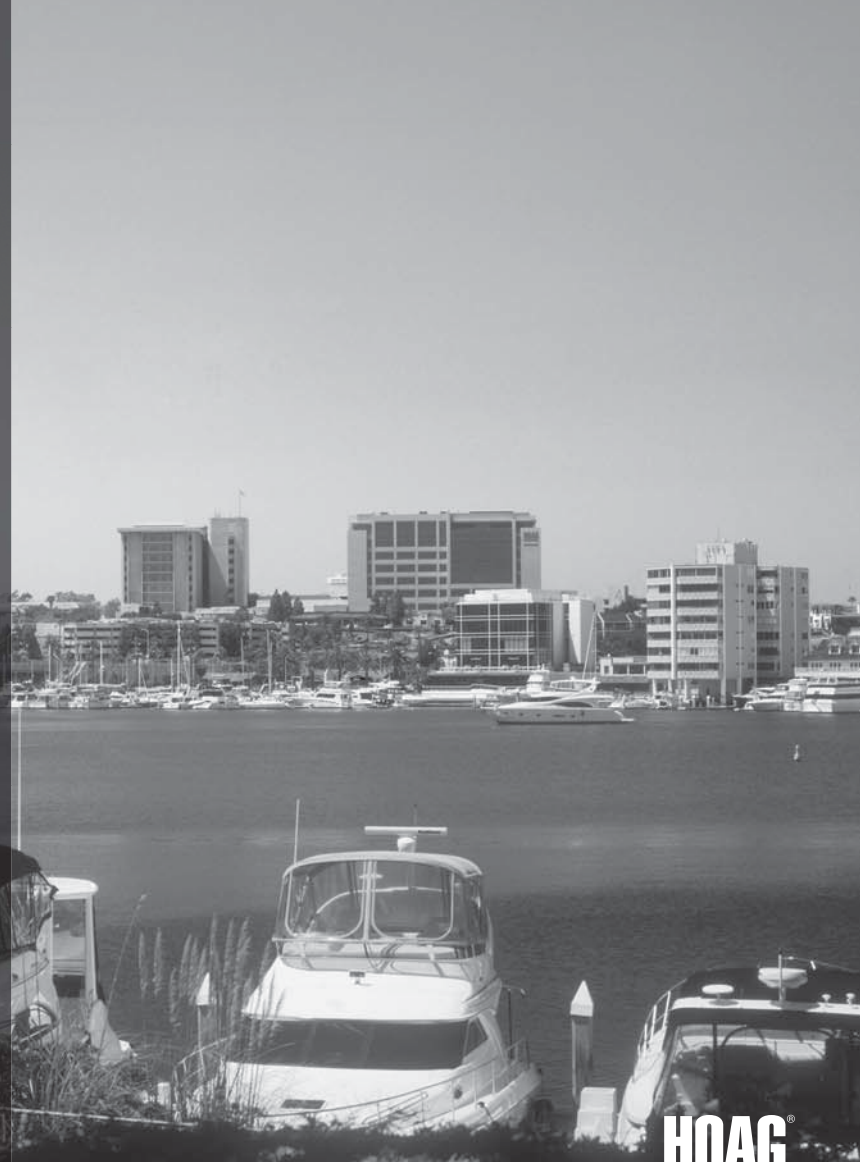


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Reporting on the CoCR Meeting

The first biannual Counsel of Chapter Representatives (CoCR) meeting was held at St. Joseph's Hospital in Orange on Saturday, February 23rd. The meeting began with a presentation by Staff Sergeant Christopher Berklund of the United States' Army. The presentation was very informative and fascinating. Staff Sergeant Berklund spoke to student about joining the Army Reserves as a registered nurse. For example, I thought everyone in the Army had to attend boot camp, but they don't. That was music to my ears! Boot camp isn't exactly my cup of tea. For those of you who prefer boot camp, more power to you. I would also like to thank the Army for sponsoring our breakfast that morning. I would also like to thank St. Joseph's Hospital for sponsoring our lunch and providing the facility for our meeting.

The meeting resumed with presentations from CNSA's Board of Directors. Our President announced upcoming events, such as the Nurses' Nights at the Ballpark, where nursing students can attend select ballgames all over the state to help raise money for scholarships through the Foundation of CNSA. CNSA's Kelley Stewart, Community Health Director, announced the community health project for the year. Schools should be receiving emails shortly regarding the project. The winning school will receive \$200 for the most successful project, to be awarded at the CNSA Annual Convention held at Universal City in October. Megan Munz, our Convention Director gave exciting information on the upcoming convention in October. The rest of the board provided informative information regarding their goals and projects for the year. For more information regarding these projects please see our website at www.CNSA.org, or email the Board of Directors with your comments or questions. After the board presentations, the Association of California Nurse Leaders (ACNL) -CEO Patricia McFarland gave a fabulous presentation on Flo's Cookie Jar. Attendees then broke out in to focus sessions on many different topics to collectively come up with ideas to help develop their local chapter. The meeting was concluded with an optional tour of St. Joseph's newest building.

If you missed this CoCR meeting, don't miss the second of the biannual meetings in June, held in Northern California at Stanford Hospital in June. For more information on the CoCR North meeting, please contact Rafael Ramos, CNSA's CoCR North at rafael.ramos.cnsa@gmail.com

CNSA Community Health Project 2008: "Future Nurses Strive to Promote Healthy Lives"

Greetings CNSA members! I am Kelley Stewart, CNSA Community Health Director. I can hardly wait to see how you decide to implement the 2008 statewide project, "Future Nurses Strive to Promote Healthy Lives", a statewide Health Fair drive. In an effort to accommodate the variety of ideas many of you have shared, I've broadened my scope to fit the ideas you have for your own community.

Health fairs are a great way to be creative as you can to tailor the education to best meet the needs of your various areas of your community, including high schools. The goals for this project are to promote a positive image of nursing and healthy lifestyles. Also, we want to promote nursing as a career choice, by modeling the value of community service and healthy lifestyles to especially impressionable groups. Working together with the American Red Cross, through blood drives at health fairs, is a great way to encourage the rewards of giving blood, the gift of life, and promote a positive image of nursing.

Overall, it is up to "you" to have fun. Additional ideas include taking blood pressures, distributing handouts on diabetes education, medication education, healthy eating and exercise habits, etc. Providing tips and clarifying misconceptions are both great ways to use your passion to promote a career in nursing and a healthy future for all.

Getting started NOW is essential! I recommend that you introduce the project to your local CNSA chapter to stimulate input, for discussions, and planning. Reaching excellence is most important for all of us. I have made available from the CNSA website materials to assist you in your efforts. These include a "how to" guide that consists of a timeline, references for various educational topics, an advertising flyer template to promote your health fair, and "Helpful Links" which include American Red Cross California Chapter locations.

The winning chapter will be awarded a scholarship and given recognition for their successful Health Fair project at the CNSA state convention in Universal City in October.

Interested CNSA members can contact me at anytime with your questions, comments, or if you have the desire to participate on my committee. cnsakstewart@gmail.com.

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Legislation

National Convention Highlights: A Legislative Perspective

California made a clean sweep with its resolutions at this year's National Student Nurses' Association (NSNA) convention in Grapevine, Texas. The resolution hearings were filled with intense debate on numerous topics, but this did not deter our great state from achieving what we set out from the beginning; passing each of the three resolutions presented at our state convention. This year's national convention introduced electronic voting at the resolution hearings. After a rocky start, the electronic voting system proved effective and efficient. The tactics for passing resolutions remained the same as in previous years with students and states trying to support or oppose the resolutions in force. The planted pro and con statements were still visible and remained an effective tool for passing resolutions. All tactics aside, I am proud to announce the resolutions that passed at this year's NSNA convention are: "In Support of a Continuum of Medical Care for the Homeless in order to Prevent Patient Dumping" written by Anne Hoang and Trisha Danbara from Saddleback College Student Nurses' Association, Mission Viejo, CA.



"In Support of the Establishment of Official Policies and Protocols Providing for the Option of Family Presence During Cardiopulmonary Resuscitation (CPR) and Emergency Invasive Procedures in the Hospital Setting" authored by Kristine Birmingham, Cherie Bumanglag, Patrick Riel de Vera, and Lesly Flynn from Maurine Church Coburn School of Nursing- Monterey Peninsula College, Monterey, CA.

"In Support of National Standardized Curricula for Nurse Residency Programs" written by Ian St. Martin, Nancy Chiang, and Carrie Doerning from California State University Sacramento, Sacramento, CA and submitted by California Nursing Students' Association.



With the passing of the 2008 NSNA convention, our state should now begin focusing its attention on creating new resolutions to present at the California Nursing Students' Association (CNSA) state convention in October. During the COCR North meeting there will be a presentation on the in's and out's of creating a resolution. All prospective authors should plan to attend this meeting.



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Convention

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Convention 2008 is just around the corner and everything is coming together nicely! Just this past week I was in Grapevine Texas for the annual NSNA convention and had an amazing experience. It was so great to have the chance to meet some of you face to face and chat about California’s Convention. I was also able to get some great ideas for breakout sessions as well as the Friday Night Party, which will be Oscar themed. I hope you will all mark it on your calendars now!

I am so excited for this year’s convention and I want as many of you to come as possible. However, I do realize it is sometimes difficult for chapters to come up with money to send students to convention, which is why you must start planning and fundraising now! Here are some fundraising ideas that work well for my school. Please take them and turn them into your own successful fundraiser.

- Host a “Nurses’ Night” at a restaurant, coffee shop, or ice cream parlor. Many restaurants will give your organization back a portion of the profits earned that night. This is generally very easy to coordinate and does not take too much time on your part.
- If your school has an orientation for the incoming nursing students, ask if you can sell them all the necessary supplies (stethoscopes, penlight, clipboards, etc). This has been very successful in the past!
- Create an awesome t-shirt or sweatshirt design and sell them to your chapter. Everyone takes pride in being a nursing student!
- Contact your student government body on campus and ask for funding. Many have funds put away for student organizations; all you have to do is ask!
- Share rooms with other chapters going to convention. If your chapter is sending five delegates and another is sending two, the seven of you can share two rooms rather than three. This can really help cut down on costs.

Please let me know if you have any questions about any of these or want more ideas. I can give you more details on how to get things going at your school.

The convention planning committee has growing steadily and it is never too late to join! I would love to hear your fabulous ideas and get some great input on how we can make Convention 2008 the best convention yet. If you are interested, please email me at munz.cnsa@gmail.com. Can’t wait to hear from you!



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Thinking About International Nursing?

International nursing gives the student a chance to see how health care services differ from country to country and how they can best use their skills to benefit underserved populations. Student nurses learn to apply their skills in public health assessments and health clinics. It means thinking outside your vision of health care in the US to health care in rural areas with little if any technology. International Service opportunities are now within the reach of nursing students throughout the United States. Many programs offer scholarship or funding options to help students travel. With a little research and creativity, nursing students can find new avenues of nursing practice abroad. I believe that an international experience will enrich our nursing students and give them tools for developing stronger nursing skills.

I have been a nurse for over thirty years and I am amazed at the number of opportunities for service that are available to all levels of nursing practice from the student to the experienced advance practice nurse.

The structure of nursing programs has changed over the years to allow student nurses the flexibility to do externships or short programs of study abroad. International nursing gives the student a chance to see how health care services differ from country to country and how they can best use their skills to benefit underserved populations.

I am involved as both a preceptor and staff for International Service Learning. We provide the student with a chance to travel learn and serve in Central America, South America, and Eastern Africa. Students learn to apply their skills in public health assessments and health clinics. Student nurses have the chance to apply their nursing skills in community health assessment areas during home visits to identify the health care needs of the underserved in rural areas. They use basic nursing assessment skills along with observational skills and teaching in the areas of health prevention, well childcare, nutrition, and health and sanitation.

Students who take the time to travel internationally also raise their cultural awareness to the diverse needs of people in third world countries. The students see that what we take for granted as patient rights and services in the United States are not available in most developing countries. They learn to identify causes of illness related to the environment and socioeconomics of the countries they visit and how nursing can make significant changes in health care to the underserved.

After a recent trip to East Africa, the students made the comment that the hospital had very little technology as we know it here in the US. There were just beds, IV poles, and patient wards instead of the semi private rooms loaded with technology such as monitors, automatic BP cuffs, and electronic beds. If you want to put your patient in trendelenburg position you use wooden blocks under the legs of the bed! You learn to be creative and to use the resources at hand to provide quality care to your patients.

International service gives you a chance to use the knowledge you have acquired in school and apply it on a grass roots level. It means thinking outside your vision of health care in the US to health care in rural areas with little if any technology. It challenges you to use the local resources to come up with solutions to health care needs.

Once you have traveled abroad to use your skills you will come home charged with what you can do right here in your own back yard. I believe that when we are forced to go back to basic hands on care we can identify more ways to use local resources to promote health and empower people to be partners in their health care.

Alice DeLaurier-O'Neil, BSN, MSN, NP, RN, M.Div. is a retired nurse practitioner with over thirty years of nursing experience in all areas of nursing. In the last ten years she has served throughout Central America in Costa Rica, Nicaragua, Mexico, Belize, and in Eastern Africa in Tanzania with International Service Learning as a preceptor and team leader in their health programs. She can be reached at: alice@islonline.org

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DESTINATION: Delta College

By Ana M. Hernandez, R.N., M.S.N.

When asked what one of the top three most respected professions in the United States were, more than 75% of the 120 sixth grade students raised their hands and shouted “doctors.” Shaking my head, I said “guess again.” A cacophony of voices piped up saying “lawyers”, “policemen” and “teachers.” Once again, I shook my head and asked if they knew about “9/11.” Light bulbs started going on in each child’s face when they realized that fire fighters were ranked number one.

Thus starts the beginning of one of the many tours I do as the Lead Skills Lab Professor at San Joaquin Delta College’s Nursing Program. Eventually, the students learn that nurses and pharmacists are also on the top of the list based solely on the public’s trust of them. One might think that introducing sixth grade students to nursing is too soon, however, Delta recognized the effect the nursing shortage would have not only on our community but the state as well and made a commitment to attempt to solve it.

To this end, Delta created the program, “Passport to College,” which does not focus only on nursing, but has placed our profession on the agenda of all tours coming through the campus. The program begins at the kindergarten level by providing a backpack containing a coloring book on all of the different aspects of nursing provided by Johnson and Johnson, nursing’s unofficial corporate advocate and sponsor.

The coloring book includes both genders and all races which is extremely important because the younger students still believe in the stereotypical role model of a female nurse, as do the sixth graders. When I asked the sixth graders who wanted to be a nurse, the hands that were raised were 100% female. I soon realized that I needed to bring in male role models and asked a male colleague to assist me with the tours. The result was more than I expected. The percentage of males to females wanting to be nurses was almost equal.

The tours also include high school students who have indicated an interest in choosing nursing as a career or are in a health science magnet program. With the younger age group, I use the mannequins, both hi-fi and low-fidelity, to show the different presentations that might interest them. With the high school students, I utilize my nursing students as often as possible to speak to the tour groups as well as demonstrate the skills they have learned. This approach has proven to be beneficial in multiple ways.

First, the high school students learn very quickly if their choice of nursing is not the right fit for them after observing the various skills introduced. At Delta, the students perform many of the skills such as NG tube placement, IV insertion, and IM, ID, and subQ shots on each other in the skills lab. During a high school tour, one of the nursing students placed an NG tube on a fellow student. Of the fifteen high school students in the tour, less than half of them were still in the room after the procedure began which meant that there would be at least eight people who would not apply for the nursing program and, thus, not taking up seats that would ultimately be vacant before the end of the first semester.

Second, the nursing students thoroughly enjoyed their experience during the tour. Not only did they have the opportunity to practice skills, they were able to speak about their passion for nursing to potential students. They also felt the impact they were making on their community, something they might not have been made aware of until their last semester during their Community Nursing rotation. Finally, “Passport to College” offers the younger groups who ultimately choose Delta as their destination upon graduation from high school, free tuition until graduation.

In conclusion, I highly recommend that nursing programs reach out to their communities as early as possible. Allowing the nursing students to become involved gave both groups an opportunity to learn from each other and develop a new respect for their community and those who live there.

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Getting Involved: It's Never Too Early

In my experiences talking to students about their involvement with CNSA, the response I typically encounter is, "But I'm only in first semester, I want settle into the nursing program before I commit to anything else." And, actually, I am quite familiar with that rationale, especially because I felt that way, too.

But now, I am 7 months away from graduation and I am regretting every moment that I waited to get involved. On one hand, I find myself very lucky to have the opportunity to serve as Vice President of CNSA and I value every moment that I have spent with both my school chapter and the state board. On the other hand, I think of all the events and involvement that I missed out on by waiting to get involved.

I cannot speak highly enough about the benefits and opportunities that CNSA offers us as nursing students. The ability to practice and develop our leadership and professional skills is priceless. The people we meet will change our lives (and often our job prospects!). We impact our local communities through our Community Health projects and we promote the future of the nursing profession through our Break Through to Nursing endeavors.

I realize that this publication is sent to those who are already CNSA members, nursing students, and pre-nursing students alike. If you have not taken the opportunity to get involved, take it! Find out when your chapter meets and attend the meetings. Join a committee. If your school does not have a chapter, start one! Contact Rafael Ramos (CoCRnorth@cnsa.org) or Shiloh Cooper (CoCRsouth@cnsa.org), CoCR North Co-Chair and CoCR South Co-Chair, respectively) and get the information and support you need to get a chapter started. All you need is ten members on your campus to start a school chapter, and there are always resources ready and willing to help.

Those of you who are already active members, recruit your classmates. You know what a great organization this is and what an impact it has on our communities; encourage those who are not familiar with CNSA to come to a meeting or an event. Have them get a feel for it before they commit to signing up for membership. Those of you who are pre-nursing students, you are the luckiest of all. Most nursing programs are only 4-6 semesters long and waiting to join CNSA really limits opportunities to get involved. Take it from someone who waited, there are so many activities ahead of you, so many great conventions (State and National), and even the opportunity for an office on the board of directors. Encourage your fellow pre-nursing students to join as well. Membership in CNSA may not help you get into the nursing program of your dreams, but it can certainly help you get the job of your dreams.

It is my dream that every school with CNSA members will have active chapters, but I know that several need support in finding faculty advisors, organizing the board of directors and committees, as well as developing bylaws. As a state board, it is our responsibility to assist the local chapters with these matters. If you are in a school from Southern California, your contact is Shiloh Cooper (CoCRsouth@cnsa.org) and if you are in a school from Northern California your contact is Rafael Ramos (CoCRnorth@cnsa.org). I am also always available to assist schools from any part of California (vicepresident@cnsa.org). It's never too late to get involved and there's always support available to assist you in any way you need.



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Image of Nursing Committee Update

After attending the 2007 CNSA annual conference at San Jose, I became interested in the image of nursing, and the need to promote an accurate and professional description of the nursing profession. I was fascinated with several of the convention's ongoing discussions about how common stereotypes can easily undermine the complexity and clinical judgment of nursing care. I read Susan Gordon's and Bernice Buresh's From Silence to Voice: What Nurses Know and Must Communicate to the Public and became increasingly involved in the CNSA's Ad Hoc Committee on the Image of Nursing. And now, as the current chair of the ION committee, I am determined to work together with the BTN Director and her committee to become catalysts towards a common goal of positive change and dispelling negative nursing portrayals.

With CNSA's continued support of the Ad Hoc Committee on the Image of Nursing this year, I plan to further build upon the foundations of the many ION projects. I plan to compose "media watch" letters and encourage other constituents to address the positive and negative media images of nurses and the nursing profession itself. Also, I plan to compile and post a list of sample letters that others have written on the CNSA website to motivate each and every one of us in this fight for an accurate and professional portrayal of nurses. I request that those who decide to use the templates already posted online notify the ION committee of how the letter will be used and whether they receive a response. This simple type of open communication will help track our progress.

I would like to continue building upon and utilizing the ION survey to assess the public's perception of nursing from a wide range of survey participants. A survey that targets the adult public and nursing students was completed. Now I plan to compose an ION survey that specifically targets elementary/ high school students to assess their views and the possible nursing stereotypes that may influence them at an early age. The surveys would also be available on the CNSA website for the public and forwarded to chapters across California to utilize during their health fairs, job fair, and school events. These various results will provide a great starting point to form further ION projects to address. By working cooperatively with constituents from Northern and Southern California, more data will be available to assess the public's view of nursing.

Several committee members are needed to help complete these ION projects. If you are interested in joining the committee and playing a more active role in dispelling the inaccuracies and stereotypes of nurses, please email me at judychang.cnsa@gmail.com. Please join me in becoming a catalyst towards this positive change!

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Sample Questions Provided



1. A 21 year old female arrives in the Emergency Department with complaints of a migraine headache unrelieved by over the counter medications. She has visited the ED five times for migraines over the past 3 weeks. The triage nurse should:
 - a. Explain to the client that she should see her own physician in the morning.
 - b. Tell the patient that the doctor will not prescribe anything stronger than Tylenol for her since she is probably addicted to narcotics.
 - c. Rate the client's pain using the pain scale used by the ED.
 - d. Administer ibuprofen per protocol until the physician can see her.

Answer: C

Rationale: Just because a patient is a frequent visitor to the ED with complaints of migraines does not mean that she is addicted to narcotics or that she is not really experiencing the pain. Over the counter meds have not relieved the patient's pain, so she probably needs a Triptan or Ergot medication. The nurse should have the patient rate the pain in order to become objective data. Answer "A" will not make the NCLEX® people happy because you are not doing something for the client and you are delaying treatment. Answer "B" is so judgmental.....never pick a judgmental answer on NCLEX®; Answer "D" is wrong because it has already been stated that OTC meds aren't working....this answer says, "well, my ibuprofen is better than hers.....I'll give it one more chance to work.....at least I'm doing something!" Not a good answer!

2. An 18 year old male is admitted for observation following an unrestrained motor vehicle accident. A bystander stated that he lost consciousness for 1-2 minutes. On admit the client's Glasgow Coma Scale (GCS) was 14. The GCS is now 12. The nurse should:
 - a. Re-assess in 15 minutes.
 - b. Stimulate the client with a sternal rub.
 - c. Administer Tylenol with codeine for headache.
 - d. Notify the physician.

Answer: D

Rationale: Okay, let's get something straight. The best score you can have on a GCS is a 15 so now we know the client's condition is deteriorating. Re-assessing in 15 minutes is *delaying treatment*; Never pick an answer that

delays treatment. When neuro changes start happening, they happen rapidly and can be fatal if not dealt with quickly....that's why we do not want to delay treatment in neuro scenarios. Stimulating further (especially with a sternal rub.....mean nurse!) will increase ICP. Administering pain medications will further mask neuro changes. Notify the physician NOW because the client's neuro status is deteriorating. None of the other answers help the client at all so get the doctor there ASAP!

3. A kidney transplant client has received discharge education. Which statement by the client indicates that further teaching is necessary?
 - a. "I will need to notify my physician if I develop a fever or become tired."
 - b. "I need to check my BP daily and report a diastolic >90."
 - c. "I will monitor my glucose daily."
 - d. "I will be on steroids for 3 months, then I will not have to take them."

Answer: D

Rationale: Answers a., b., and c., are correct. Steroids can decrease the immune system so the client should report a fever or other signs of infection (fatigue). As steroids can cause fluid retention, the client should report if their BP is increased. Also, steroids make the blood glucose go up so the client must check their glucose daily (they may need insulin). Steroids are gradually reduced over a period of several weeks depending on the patient's immunologic response to the transplant. Answer "d" sounds like the client is just going to STOP taking the steroids after 3 months. I know your teacher has said, "NEVER STOP TAKING STEROIDS ABRUPTLY". However, some form of steroid (antirejection medication) must be taken for the entire time that the patient has the transplanted kidney. Fever, malaise, and hypertension can also be signs of kidney rejection.

4. The nurse recognizes that a chronic renal failure client's AV shunt is patent by which of the following assessments?
 - a. Absence of a bruit.
 - b. Presence of a thrill.
 - c. Blood return from the shunt.
 - d. Urine output greater than 30 ml/hr.

Answer: B

Rationale: Patent AV shunts should have the presence of a bruit and a thrill. No IV sticks should be performed on the shunt except for specially trained dialysis personnel. Think about the message you are sending the NCLEX® people with answer "C"....."I am going to puncture the shunt and draw blood from it to see if it is patent!" Talk about scaring the NCLEX® people! You do not need to be doing such drastic, invasive things! By the way.....what does urine output have to do with patency of a shunt? NOTHING!

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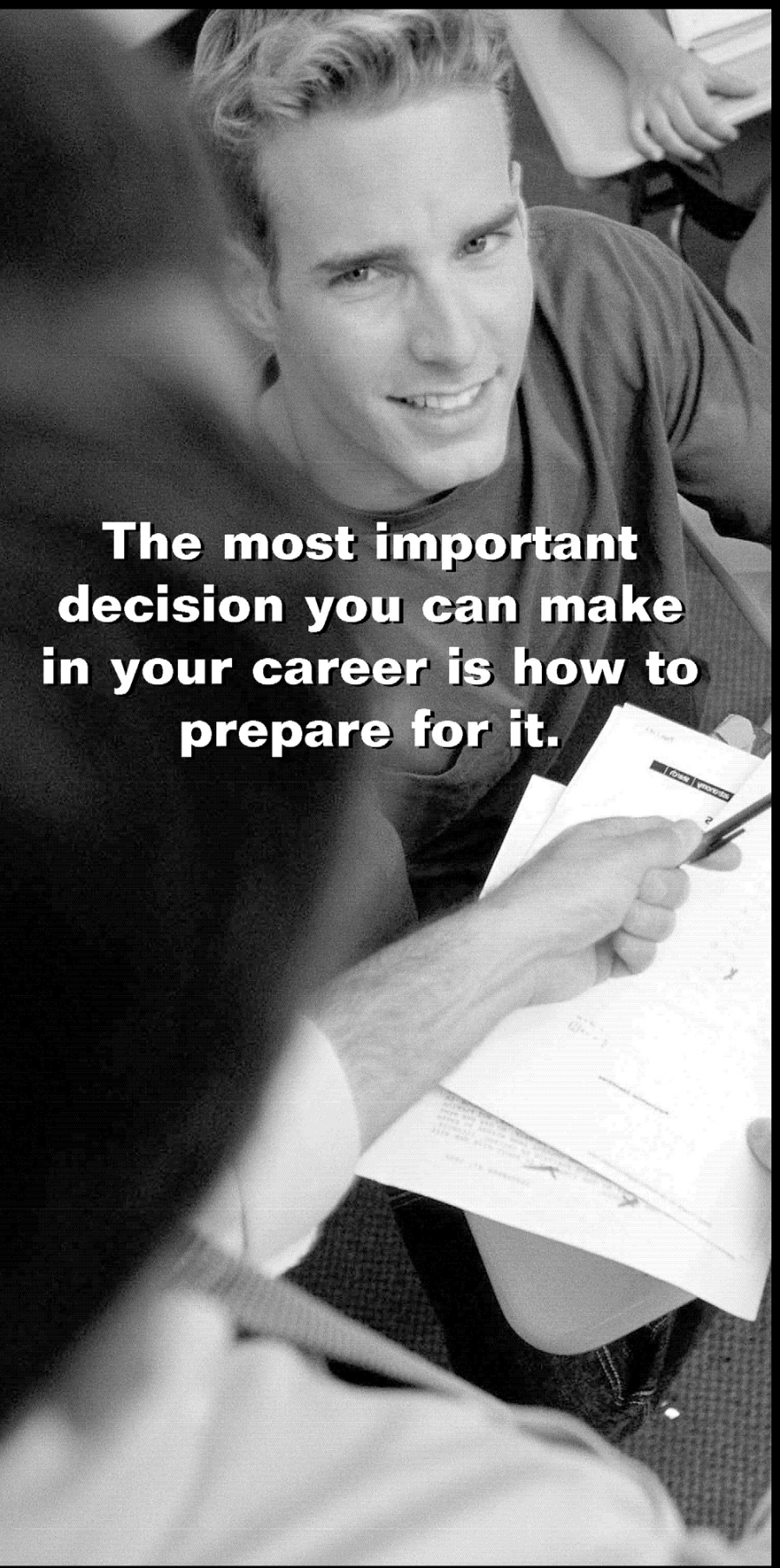
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- Encino-Tarzana Regional Medical Center
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- Fountain Valley Regional Hospital & Medical Center
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Career Corner

Exclusive CNSA career resources

Whether you are looking for part-time work, an externship or full-time employment, the California Nursing Students' Association is here to help you. The CNSA now provides its student members with an online job board and career resource center, accessible through the CNSA website at www.cnsa.org and click on "Jobs".

The CNSA job board and career resource center is designed to meet the specific needs of job seeking nursing students throughout California. Available on the job board are the following resources:

- New Grad Programs and Internships from across California and the nation
- Resume Writing Center (Including sample resumes, action verbs, etc.)
- Interview Center (Including sample questions, advice, tips, etc.)
- Salary Center (Salary Worksheet, glossary of key terms, negotiation tips, etc.)

Take Caution

Privacy concerns in the Information Age

Students should be very careful when registering with online services or sharing contact information with vendors at conferences. Many career related services will actively sell your contact information and resumes without your knowledge. We urge you to please be cautious when choosing online services and to be sure and read each website's privacy policy.

* If you register through the CNSA job board, your contact information and resume are 100% secure. AfterCollege, Inc. will never share or sell your information.

AfterCollege's Tips on Salary Negotiations:

I. Waiting Until the End

If you engage in salary discussions prior to finding out what a position requires and before you've established your value with the nursing recruiter, it will be more difficult to negotiate a better position for yourself. This is true even when a salary is non-negotiable. Don't state a specific salary, discuss in terms of ranges.

Questions to keep in mind:

- What are the duties and responsibilities assigned to this position?
- How does your facility structure its pay system, personnel policies, and promotion as well as disperse rewards?
- Is performance important for compensation increases and promotions or is seniority the key factor?
- What is the salary range for this position?
- How much would someone with my qualifications and experience receive in this position?

II. Examining the Offer

- Examine the benefits carefully, but settle on a base salary figure first.
- Consider the benefits as an expected part of a job rather than as part of the salary consideration.
- Some nurse recruiters will offer a fixed benefit package while others will give nurses a menu of benefit options from which to choose.
- Find out specifics in terms of benefits.

Questions:

- When do benefits begin?
- Does the policy include dental and vision?
- Are spouses and dependants covered?
- When do vacation days start accumulating? Can you clarify if two weeks of vacation means ten or 14 days?
- Do overtime hours count toward extra time off?
- Do you offer a loan forgiveness program?
- Do you offer tuition assistance and flexible scheduling for continuing education?

III. Get Your Offer in Writing

Once you have reached a verbal agreement outlining your compensation, it's important to get your offer in some form of a written agreement. This agreement should include the following:

- Duties and responsibilities
- Expected performance
- Evaluations
- Compensation

When you ask for the agreement in writing state that you would like a copy of the agreement both for your own files and one to be placed in your personnel file. Sometimes drafting such an agreement will take a few days but look at this as valuable time to evaluate your offer.

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