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Chapter 1

2011

1.1 March

Save the Date (2011-03-18 13:11)

Author: Monique Monlina, SN, BSN, CNSA Membership Director North 2010-2011, memdirnorth@cnsa.org, save the date! 03/18/2011

Save The Date!!!



A Membership Director's role is to be the midline communication between a school's chapter board and the state board directors. Having one person assigned to this role allows a flowing way of communication because chapters gain knowledge on who to contact if they have any question, concerns, or general comments. Having this systematic approach to communication is ideal, but the systematic approach hasn't been applied. Reason being, is the organization is not quite there. In order to help out with the systematic approach I am asking for all CNSA chapters to email me with an update about your chapter, what school your chapter is from, and a general email address I can assign your chapter to.

Doing this would create a connection among the Northern Chapters, and this is ideally the goal envisioned so that the Membership Director can relay any question or concerns to the board. Creating this connection also allows the Membership Director to offer helpful tips from other chapters that can benefit your chapter. If chapters feel that they have sent a current email, please send it again because CNSA is in the process of trying to create an email list in order to stay in contact with the Northern Chapters. Communication a great key in success, and if we can improve on this CNSA can grow in its strength even

more.

Also, I would like to remind all of you of the Membership North Meeting held this year in Fresno, California. This year the meeting is on June 25th 2011, and I encourage all to attend. In January the Membership South Meeting was organized and successful! Chapters had the opportunity to socialize with one another and it was a great way to hear how other chapters are doing, to network with other chapters, learn ideas, and hear words from accomplished speakers in our field.

Chapters left the Membership South Meeting with interesting and helpful tips to strengthen their local chapter. I hope to see you all on June 25th 2011 for the Membership North Meeting! Before we part with this message, I wanted to remind the California Northern CNSA chapters to please email me the school name, a status update on the chapter, and an email address that I can use to be the direct line for your local chapters. The CNSA Board of Directors look forward to meeting each of you at the Membership North Meeting. Southern Chapters are invited to this meeting as well! Thank-you very much and wishing you all the best in your quarter or semester!

Monique Molina
CNSA Membership North Director

SDSU Hosts 1st Membership Meeting South (2011-03-18 13:14)

Author: Vuth Ros, SN, BSN, CNSA Membership Director South 2010-2011, memdirsouth@cnsa.org, SDSU Hosts 1st Membership Meeting South



On January 29th, over 80 nursing students journeyed to San Diego State University for the first CNSA Membership Meeting South. These meetings were previously known as CoCR (Council of Chapter Representatives) meetings. However, the last House of Delegates amended the bylaws to change the name, in order to clarify the purpose of these meetings. The Bylaws Committee felt that the previous name was too inclusive and ambiguous. With the meetings re-named as Membership Meetings, it was more apparent as to the purpose of them. The new name also sounds more open to the membership, which is the original intention. Previously, it was assumed that only the chapter representatives were “invited” to the CoCR meetings. Now it will be clear that every member of CNSA is welcome to attend.

The nursing students in attendance represented 7 CNSA chapters from around California. San Diego State University, Grossmont College, California State University-San Marcos, University of California-Irvine, Saddleback College, California State University-Fresno, and Point Loma Nazarene University were all represented at the meeting, and each chapter had the opportunity to share what was going on at their schools. The focus

of the membership meetings is to enhance communication and increase camaraderie between the chapters. I believe this was accomplished that day.

In addition to the chapter updates, the members were updated about the Institute of Medicine's report on the future of nursing. Patricia McFarland, CEO of the Association of California Nurse Leaders and CNSA, gave a captivating talk about where nursing is headed in the future, as well as what was ACNL's and CNSA's role in the process. It's vital that as nursing students, we are aware of the changes that will be occurring to the structure of the nation's healthcare systems.

Hurst Review Services was also present at the meeting. Jill Michaelson, Western Director for Hurst, was captivating in her presentation of Hurst's services. In addition to a sample of their curriculum, she thoroughly explained their philosophy, as well as their services. She also gave away 3 free review packages to 3 lucky students in attendance! Congratulations to those that won. Hurst was generous enough to sponsor the networking luncheon also, and we thank them for that.

As Membership Director South, I was proud to see everyone in attendance that was dedicated to the same thing: to become the best nurse that he or she can be. In addition, I am grateful for the support that CNSA has received from our advisors and others in the nursing community. I was happy to be able to bring the students and supporters together. In the spirit of building upon these relationships, I urge everyone to attend the National Student Nurse Association's Annual Convention in Salt Lake City, Utah on April 6-10. It will be a great experience for all, and I hope each student gets that opportunity to empower themselves.

Vuth Ross

CNSA Membership Director South

Serve, Learn, Travel! An Adventure with International Service Learning (2011-03-18 13:17)

Author: Remy Paille, SN, CNSA Committee on Cultural Awareness Chair 2010-2011, diversitychair@cnsa.org.
Serve, Learn, Travel! An Adventure with International Service Learning, 03/18/2011

Serve, Learn, Travel! An Adventure with International Service Learning

By Remy Paille, Chairperson for the Committee on Cultural Awareness

When we are at the height of our stress levels deep in the middle of the semester with nothing but care plans, concept maps, and clinicals to look forward to, it's easy to forget the reasons we chose to take on the challenge of nursing school in the first place. For my last year of nursing school, I knew I needed to do something that would reinvigorate my passions for choosing not just a job but a lifelong endeavor.



I chose to pursue a career in nursing as an avid world traveler who longed for a deeper connection to the people and places I journey to than my tourist dollars could ever provide. It was during the South East Asian Tsunami of 2004 that I made a commitment to gain the skills and knowledge necessary to provide aid to those that need it, whether in my own community or abroad. When my fellow student, Charlotte Parker shared with me about International Service Learning (ISL), I jumped at the opportunity. As an international educational nongovernmental organization (NGO), ISL enlists medical and educational volunteer teams for the provision of services to underserved populations around the globe. The families being reached are in great and immediate need of assistance. Some have never seen a physician. I chose to participate in a 13 day trip to Costa Rica and Panama out of a desire to make a difference in two countries that I had previously visited as a tourist.

While I was certain that a medical mission trip was in my future, what I was not certain about was how I would pay for it. At nearly \$2000, a 13 day medical trip is certainly no small amount for a full time student to raise. As I pondered this, I recalled how many people I know that want to help others but are often leery of donating funds that may never reach those they were intended for. By choosing to fundraise, I was inviting every donor to partake in the global community with myself as their ambassador. It was a lot to take on in the demanding 3rd semester of nursing school, but with every cent raised, I became more inspired to excel, feeling encouraged by my sponsors who shared my goal of helping people less fortunate.

On January 3rd, I met my ISL group of 13 students, and our two local team leaders in San Jose, Costa Rica. We traveled to our medical destination in the city of Cartago for orientation and seminars in tropical medicine, physical assessments, pharmacology, house clinic, community triage, clinic organization, medical Spanish seminars, and an enriching lesson on the history of Costa Rica and Panama. Dr. Elena Martinez was our lead Costa Rican physician, who has a gift for teaching as well as healing the mind, body, and spirit.



Once we were oriented, we started making house visits in the local community to assess people's living conditions and inform them of our free clinic that we were running in the local artisan's hall for the next three days. Each person who had a need was given an appointment ticket with a specific time to come to the clinic. We were a bit nervous to go door to door, but were pleasantly surprised as people welcomed us into their homes and patiently listened to our fragmented Spanish. Luckily we had translators for clarification!

That afternoon as we set up our first clinic, we had a line around the corner. Over the next three days, we saw 126 patients, most days working hours beyond our scheduled clinic hours. The need was great and we were happy to serve, and learn. One of the most satisfying aspects of this experience was that Dr. Martinez was there to educate us as much as she was there to provide care for the community. Our patients trusted and respected her, and I learned a tremendous amount from her careful explanations.

Most of the conditions we encountered were minor illnesses such as upper respiratory infections but we did send three patients to the hospital by ambulance for some life threatening blood glucose results, a retinal detachment, and severe neurological deficits.

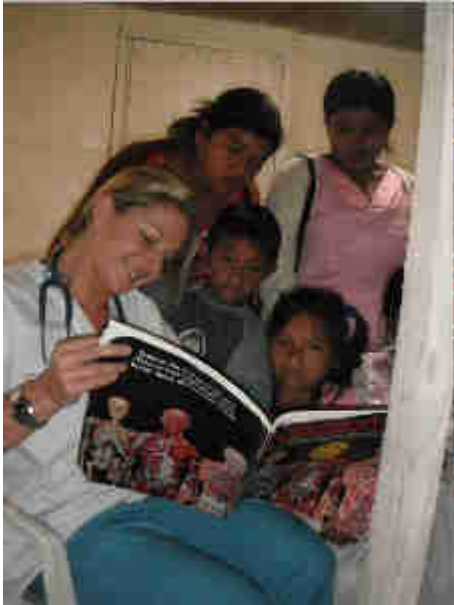
One patient who came to us was a single father of four. His wife had been killed in an accident and he was doing all he could for his family, but neglecting his own health. He presented with minor complaints such as abdominal cramping, and headache. Upon further questioning, we discovered that he had recently lost the vision in his right eye and had been experiencing moderate amounts of blood in his stool for the past month. His vital signs were out of normal range, a blood pressure of 250/110. When Dr. Martinez explained to him the seriousness of his condition and that she needed to call an ambulance to take him to the hospital, he began to cry. A fellow ISL student stayed to comfort him while he waited. When he left, he seemed more at ease and thanked us immensely. While we never found out the outcome of his situation, I can't help but wonder what would have happened to him had he not come to our clinic that day.



At the end of our 3rd day of clinic we shared an emotional, heart felt good bye with our Costa Rican hosts and prepared to embark on the next part of the adventure to Panama.

In Panama, we set up a clinic in the administrative offices of a coffee plantation in the farming community of Volcano. Our patients were the indigenous people of the Ngobe-Bugle Tribe who travel with their families from the rural highlands each year during the coffee harvest to pick coffee for \$1.50 a bag in order to sustain their families for the remainder of the year. The families are generally large, with motherhood typically beginning in the early teenage years and very little use of birth control. Families share small living quarters and often stack hammocks on top of one another to fit up to ten people in one room. Thus, everybody shares their germs with each other, as well as their lice, and scabies. Parasites and fungal infections are other common maladies.

On our first day, we were greeted with curious if not suspicious stares, but as the large amounts of children in the community warmed up to us, so did their parents. I found that blowing bubbles, sharing Origami, and reading Winnie the Pooh aloud was a wonderful way to make friends. Over the next three days we saw over 140 patients with more arriving each day. Fortunately we were able to utilize two fabulous Panamanian physicians who were cognizant of many of the unique health issues facing these people. Luckily my Spanish had improved to the point where I could follow most of the dialogue between the physician and patient as there was less time here for explanations.



Most of the student work focused on providing thorough assessments and education. Thankfully, we had wonderful translators to help make this possible. We taught basic hygiene and sanitation, the importance of boiling all drinking water and cooking food properly, as well as how to use condoms which we provided and encouraged. I brought some anatomy posters and had a wonderful time teaching patients about their bodies.

Before I knew it, the trip came to an end. Our medical team disbanded with promises to keep in touch and eyes looking brightly towards our future careers in health professions. We were all affected tremendously by our experiences and I am certain these affects will have a positive impact on the rest of our lives.



For me, the trip with International Service Learning was the pinnacle of my nursing education. It helped me remember why I chose to become a nurse, and showed me how much I have learned. I am more inspired than ever to continue my education to take my knowledge and skills to the furthest limits, academically as well as geographically. I would recommend a medical mission trip to any student with similar aspirations. Whether you have never traveled outside the United States or are a seasoned “tourist”, this is a wonderfully safe and

satisfying way to experience another culture while making a difference.

“Twenty years from now you will be more disappointed by the things that you didn’t do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover

-Mark Twain

A Helping Hand (2011-03-18 14:02)

Author: Andrea Vega, RN, BSN, CNSA Image of Nursing Committee Chair 2010-2011, iondir@cnsa.org.



[1]

As I was charting one morning my initial assessments on my patients I could not help but over hear a nurse and a care partner discuss how they had no time to aid an elderly patient with a shower. Having completed my morning assessments I volunteered to help out. As I walked in to the patient’s room to inform her that I would be helping her with her shower, she looked at me as though I had just told her she won the lottery.

After the shower, this patient was grinning from ear to ear and could not stop expressing her gratitude. It had been 4 days since her last shower and this small act made me her best friend for the day. During our conversation, there was one thing she said to me that made me proud to be a nurse. She said “I love how you nurses always take the time to do the little things that will make us feel better.” It was enlightening to see

that patients perceive nurses as great people who will go that extra mile in order to provide the best possible care. This really opened my eyes to the beautiful image that nurses have and the work that must be put in by student and current nurses to uphold our reputation. It is funny how something as simple as a shower, which is part of my daily duties, was perceived as lending a helping hand.

A helping hand can mean a lot of things to different people. To me it is the act of extending your knowledge, abilities, and strengths in order to help a fellow class mate, patient, or stranger in need. Helping can range from holding the door open as a client enters a room to mentoring a fellow classmate who just cannot grasp the material. In either case you have selflessly given up your time and gone that extra mile to help someone in need. Helping others has a ripple effect in that once you help someone in need they are more likely to help someone else.

So remember, while in the hospital or out in the community, never hesitate to lend a helping hand because it is in the nature of a nurse to help and care for others. You never know whose day you'll make brighter with your helping hands.

Andrea Vega
Nursing Committee Chair

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/A-Helping-Hand-Message.jpg>

A Second Chance (2011-03-18 14:06)

Author: Charla Schrodell, SN, BSN, CNSA Secretary Treasurer 2010-2011, sectreas@cnsa.org, A Second Chance, 3/18/2011

If any of you are like me, running for a CNSA position whether it be on the national, state, or chapter level would be nerve racking. Being an introvert my whole life, even thinking about running for a position made my blood pressure rise. I became a member of CNSA during my first semester of nursing school, as



most of my classmates did. During [1] my first semester, I began to attend the all of the general meetings. I loved how involved the organization was and knew right away I wanted to become more involved. I had the opportunity to run for a position at the end of my first semester of nursing school. I thought to myself, "I'm only in my first semester. Who would want to vote for me?" Unfortunately, I let my fear get the best of me and did not run. I regretted not running for a position especially after I found out two of my classmates, who were also first semester nursing students, ran for positions and won.

Luckily for me, I had a second chance to run during my third semester. This would be my last time to run for a position so I decided I needed to go for it. During my election I had another student run against

me. At first I was hesitant about running against another person. I knew this was my last chance to run for a position and I needed to put forth all of my effort if I really wanted to win. I decided I needed the students to know who I was and whom they were voting for. So, I went to each semester's classes and told them about myself. Thanks to my determination I won the election.

After I won the chapter election, I started thinking about running for a state position. There were two board members who were involved on the state level currently and were planning on running for another term. They continually encouraged me to run for a position. After much contemplation I decided to run for a position.

I was extremely excited and nervous to attend the CNSA state convention. I knew my dreams of becoming more involved in CNSA was close at hand but in order for that to happen I would have to talk in front of over a hundred people. This was definitely outside my comfort zone but I knew I was ready for it. Getting up in front of the attendants at the convention was much different than a small class full of people. It was one of the most frightening things I have done, but I was able to get through it.

I have never regretted running for either of the positions and becoming more involved. I just wish I had done it sooner because then I could've had a chance to run on the national level. If running is completely out of your comfort level or would prefer to get your feet wet first you could also get involved by joining committees.

For an inverted person like myself running for a national, state or chapter level position might seem extremely frightening but I would highly recommend it. By being more involved, you get to see a whole other side of nursing. A side most of your fellow colleagues will not be able to experience.

Charla Schrodel
Treasurer

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/A-Second-Chance-Editorial.jpg>

Beating Hearts (2011-03-18 14:10)

Author: Laura Barron, SN, Beating Hearts, 3/18/2011

It is a new year, and I wish I was working at Labor and Delivery today.

The last day of 2010 is when I had the experience of listening to a patient's special apical heart beat. I've listened to so many now, as a student nurse, moving my stethoscope to the right location, moving it around to see where it was stronger, and then counting for a full minute. I can add up my favorite sounds on



one hand, and the heartbeat of a [1] there next to the sound of falling rain.

newborn is definitely up

For some reason, when I auscultate the human body, I get a mental map of where the sounds are originating from. It's like a two-story house with a basement in my mind. I'll hear the lungs filling and deflating like the house heater turning on and off. I'll hear the rustle of the gown on the stethoscope like the crows on my roof top. The bowel sounds will fill the basement. And if I am listening to a sim man - I'll hear the mechanical movements or hum pulling from the wrong place in my map like a mouse that someone let loose. Obviously this starts to make it difficult and very interesting for me to listen to the human body. But, yesterday it was different. There were no bowel sounds knocking at the basement door. There was no air flow filling the rooms. No grunts from the chimney or wheezes from the air waves.

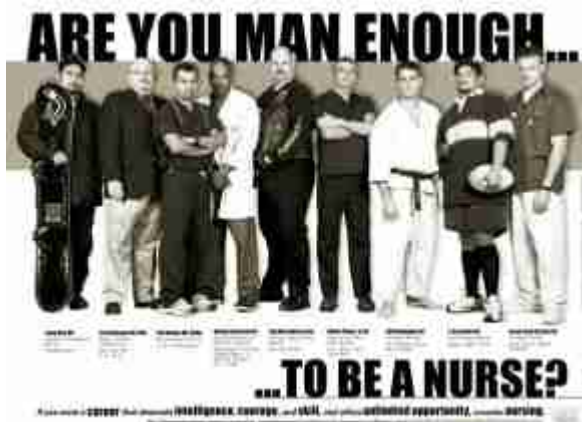
And most importantly, there was no beat of the heart. Not quiet, not slow, and no rhythm. I waited - one full minute. Then I had to tell the room full of beating hearts, his heart has stopped beating.

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/Beating-Hearts-Student-Contribution.jpg>

Breakthrough to Nursing at your CNSA Chapter (2011-03-18 14:22)

Author: Kimberly Vaughan, SN, BSN, CNSA Breakthrough to Nursing Director 2010-2011, btndirector@cnsa.org, Breakthrough to Nursing at your CNSA Chapter, 3/18/2011

Whether your chapter of CNSA has a very strong Breakthrough to Nursing (BTN) position, you have one and it needs improvement, or even if you don't have one at all, using the tools available for Breakthrough to Nursing will help develop and improve BTN at your chapter.



[1] At the CNSA Membership South Meeting on January 29, 2011, Patricia McFarland, one of the CNSA advisors, mentioned how we did not need to “reinvent the wheel.” This is very relevant in this scenario, because if you are needing help at the chapter level with developing BTN, and there are resources out there for you to use, don’t make it harder on yourself; use what is out there. A great resource I have found for BTN comes from the National level at NSNA and is called the “Breakthrough Institute.” This resource talks about Breakthrough to Nursing, when it was started, and what some of the goals are at the national level. It is a collection of tools to help relay BTN information to schools at the chapter level. There are updates about BTN as well as ideas on how to plan events and guidelines to developing projects.

Also in the Breakthrough Institute are powerpoints from presentations that were given about BTN at the NSNA conferences. I found these to be extremely helpful because even if you were not able to attend the conferences, you could see some of the concepts and ideas they brainstormed and you could still benefit from the information. There is an especially helpful powerpoint about men in nursing that gives examples about the image of male nursing as well as misconceptions about male nurses.

NSNA also sends out memos with very helpful information about BTN on the national level. Make sure you sign up to receive those e-mails. Go to NSNA.org and under member services, check the boxes to receive information about Breakthrough to Nursing.

There are so many resources out there for Breakthrough to Nursing, so make sure you are utilizing them. Here are a few very helpful websites:

NSNA Breakthrough to Nursing- Breakthrough Institute:

[2]http://www.nсна.org/ProgramActivities/BreakthroughtoNursing.a_spx

RN ambassador- powerpoints and presentations you can use to promote nursing:

[3]<http://www.cncc.org/outreach/ambassador.html>

Johnson and Johnson:

[4]<http://www.discovernursing.com/men-in-nursing>

American Assembly for Men in Nursing:

[5]<http://aamn.org/>

Minority Nurse- The career and education resource for minority nursing professionals, students and faculty:

[6]<http://www.minoritynurse.com/>

If you have any questions about Breakthrough to Nursing, the Breakthrough Institute, or starting/developing BTN at your chapter, feel free to [7]e-mail me.

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/Breakthrough-to-Nursing-at-Your-CNSA-Chapter-News.jpg>
2. <http://www.nсна.org/ProgramActivities/BreakthroughtoNursing.aspx>
3. <http://www.cncc.org/outreach/ambassador.html>
4. <http://www.discovernursing.com/men-in-nursing>
5. <http://aamn.org/>
6. <http://www.minoritynurse.com/>
7. <mailto:btndirector@cnsa.org>

Community Health Works Locally and Globally (2011-03-18 14:25)

Author: Summer Buchanan SN, BSN, CNSA Community Health Director 2010-2011, communityhealthdirector@cnsa.org, Community Health Works: Locally and Globally, 3/18/2011

Hello Everyone!

First I would like to thank all of the CNSA members who attended the Membership Meeting South in San Diego, CA. It was nice meeting you, and I look forward to working with you on the Community Health Committee.

For those who could not attend, I will put the PowerPoint presentation on the CNSA website so you can get



ideas of [1]

how you can get involved locally and globally.

As nursing students and future nurses, we all have some understanding about how important it is to be culturally competent. Since nursing is an altruistic profession, we already have the knowledge and passion to help people who are vulnerable. Whether in the hospital setting or community setting, we each have some kind of desire to help our fellow man or woman. Therefore, I know that I do not have to explain the importance and benefit of community service. However, I come to you from a different perspective.

When I was younger, I decided to backpack throughout Central America to learn a new language and to see the world outside of the United States. During my first week in Guatemala, I became extremely ill with a stomach virus. My Spanish was limited and here I was in a different country, sick and scared. When I went to the local internet café to call home for help, the owner, who barely spoke English, noticed I was distressed and in need of medical attention. Without hesitating, she called her physician (who spoke English) and set up an immediate appointment for me. The café owner even drove me to the doctor's office so I would not get lost or have to pay extra for a cab/bus. After I met with the doctor, I not only felt confident about the care I was given, I felt comforted. Through compassion and patience, the doctor and his staff made sure that I would get better. Since I was on a fixed budget, he gave me a reasonable price and encouraged me to stay on my travels. I did.

I tell you this story because I learned first-hand how intimidating and scary it was to be in a new environment, miles away from home, and feeling vulnerable. As we encounter diverse patient populations, I urge you to reflect upon a time when you felt nervous or scared and had to rely on a stranger to help ease the discomfort. This is how it can be for our patients from diverse backgrounds. Whether they are older, homeless, low-income, or from a different country or culture, we should practice with compassion, understanding, and patience.

Summer Buchanan
Community Health Director

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/Community-Health-Works-Locally-and-Globally-Message.jpg>

Getting Your Voice Heard (2011-03-18 14:31)



[1]

Author: Kaley Ferreira, SN, BSN, CNSA President 2010-2011, [2]president@cnsa.org, Getting Your Voice Heard, 3/18/2011

One of the most common reasons given by nurses and nursing students for why they chose nursing is because they wanted to help others. This may be one of your many reasons for choosing nursing, but have you thought about how you will actually do this? Many nursing students plan on doing this through day to day nursing care, which is an amazing way to change the lives of others. However, this is only the tip of the iceberg. There is so more you can do!

As a future nurse, I challenge you to take the initiative to take the extra step. You need to go out and get your voice and the voices of your patients heard. Get involved in professional organizations and find ways to voice your opinion on legislative issues. Start regularly reviewing the literature to find the best evidence based practice for your patients, or go even further, and start conducting your own research. Continuing our education is one of the many responsibilities as nurses, and it is crucial that you keep yourself up to date on how to provide the best care to the patients you serve.

Kaley Ferreira
President

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/Getting-Your-Voice-Heard-Presidents-Message.jpg>
2. <mailto:president@cnsa.org>

Giving Too Much (2011-03-18 15:35)

Author: Mikayla Mays, SN, ADN, CNSA Communications Director 2010-2011, commdir@cnsa.org, Giving Too Much, 3/18/2011

As nursing students, most of us tend to constantly give too much of ourselves to whatever we do. I know I do and most of my classmates have the same problem. I have learned from the best when it comes to this, and by the best I mean my mom. Before I get too much further, let me say this – my mom is amazing. She will do whatever it takes to get a job done. I greatly admire her capacity for giving and caring.



Sometimes, however, she gets into trouble by [1] giving way too much and not saving anything for herself. The most recent example was with her best friend. One of my mom's best friends lost her battle with breast cancer on January 20, 2011. She was an amazing woman and fought hard against this terrible disease. My mom did all she could to help when the cancer came back. This included going to doctor's appointments, taking notes, asking questions, organizing medication schedules, emotional support, mobilizing support from other people to help with organizing meals for the family, plus many other things. She did so much for her friend and the family, but I could tell that it was taking a toll on her. She was barely sleeping – not that she sleeps much anyways but this was different. My mom was constantly exhausted – mentally, physically, and emotionally. I learned a lesson from all of this. You have to take a little time for yourself everyday to recharge your batteries. As nurses we are expected to always give 110 % and most of us are already inclined to do that anyways. Here are some suggestions to help taking some time for you.

1. Take at least five minutes a day to think or meditate or whatever. It sounds basic but most people don't do it.
2. Get enough sleep! Enough said.
3. Exercise. This may be hypocritical of me to say because I definitely don't do enough of it, but it really helps.
4. See a movie or do something with friends or family.
5. Read a book if you are at all into reading.

Mikayla Mays
Communications Director

1. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/Giving-Too-Much-Message.jpg>

How to Deal (2011-03-18 15:38)

Author: Anna Viet, SN, BSN, CNSA Vice President 2010-2011, [1]vicepresident@cnsa.org, How to Deal, 3/10/2011



As nursing students coming on to the units for our first attempt at patient interaction, it is reasonable if not expected for us to make mistakes. We are told that our rotations are the safest places to learn from these mistakes and better our practice. However, sometimes it is hard to accept harsh criticisms and situations where we feel that blame is misplaced. Although misunderstandings and miscommunications tend to lie at the root of these circumstances, it is difficult for us not to be too critical or hard on ourselves. I have broken down how to deal with these situations into 5 steps:

1. Take responsibility for what happened and accept that you will make mistakes. Do not dwell and wallow in the fact that you are at fault especially if you cannot change the past.
2. Analyze the situation and apologize where applicable. Never think that you know everything or that you are always right. There is always a chance, from a different perspective, that you could have been wrong.
3. Do not take it personally. In general, people don't criticize with the intention to put someone down or hurt them.
4. See how you can improve and consider what you can implement in order to prevent a similar situation.
5. Consider your "remediation" positively as an opportunity for learning and growth.

Think back on situations where you have become emotional from being scolded or remediated. Setting all the anger, sadness, and self-resentment aside, and reflecting on these five steps, do you think the outcome of the circumstances could have been better?

By presenting these steps, I am not implying that this is in any way easy. I am simply proposing a remedy to alleviate some stress and create opportunities to learn as a student nurse and overall self-growth. Consider it. =)

Anna Viet
vice President

1. <mailto:vicepresident@cnsa.org>

Nursing as Patient Advocacy (2011-03-18 15:55)



Author: Phillip Bautista, SN, BSN, CNSA Legislative Director 2010-2011, legdirector@cnsa.org, Nursing as Patient Advocacy, 2/18/2010

The role of the nurse as an advocate is commonly found at the bedside in the hospital setting. Nurses have the responsibility to question unsafe orders, educate the client, and address any issues of knowledge deficit. Nurses are also advocates in other arenas such as the hospital policy, nursing practices, and other areas that do not immediately come to mind when we think of “patient advocacy.”

Health Care Reform is one big example of how legislation can impact patient advocacy, but is that the only focus point of the legislative activity that concerns nurses? The Board of Registered Nursing (BRN) is currently scheduled for a Sunset Review on March 14th, 2011. This is a review hearing through which the BRN is scheduled to receive a review every so many years as to whether or not it will continue as a state regulatory agency. This is necessary to prevent one agency from continuing on perpetually without any regulation. The BRN’s mission includes the charge to, “protect the health and safety of consumers by promoting quality registered nursing care in the state of California.” Writing your legislative representatives as a nurse, a student nurse, or even a chapter of California Nursing Students’ Association (CNSA) would help to ensure that this important agency is not cut during a time of economic uncertainty.

Other important legislative activities include the prevention of non-licensed personnel administering insulin in a school setting. In the hospitals, we always have a second licensed nurse verify the amount of insulin in order to prevent a medical error. The American Nurses Association \ California believes this is an important issue for healthcare professionals to support in order to advocate for patient safety.

Another interesting bill includes Senate Bill 161: Administration of Diastat which, if passed, will allow unlicensed personnel to administer Diastat (diazepam) which may adversely affect the respiratory efforts of the child. Student nurses have the opportunity to become involved in the legislative process with RN Lobby Days as well as writing letters to your representatives.

All of these pieces of legislation affect us as nurses and patient advocates. More information on these and other upcoming legislative pieces as well as how you can contact your legislative representative are all available at the website of the ANA\C at [1]<http://www.anacalifornia.org/> Visit the website of the ANA\C to learn more about RN Lobby Days or email legdirector@cnsa.org for more information. Also check the CNSA website for information on the Nursing Student in Sacramento Internship scholarship. Wherever you decide on your career as a nurse after school, remember that we are always the advocate for the client, and that we must always strive to provide competent and safe nursing care for everyone.

1. <http://www.anacalifornia.org/>

Overachievers Anonymous (2011-03-18 16:01)

Author: Shannon Murphy, SN, BSN, CNSA Convention Director 2010-2011, [1]conventiondirector@cnsa.org, Overachievers Anonymous, 3/18/2011



Welcome to the world of nursing school, where on any given day, a classmate could be having a panic attack over getting a B. How many times were we told, trying to get in to this amazing program, that ‘You got a B? Well... it’s probably a good idea to apply somewhere else.’ And then we would go home and cry, and wonder what we were supposed to do with the rest of our lives (not dramatic at all, of course).

Fast forward a semester, or 2, or 4... some of us have relaxed a little bit on the subject of grades, but some of us continue to cling to that perfectionism, the perfectionism that was drilled into us and was so essential to our success, the perfectionism that got us where we are today. But are grades all that matter? In an economy where 40 % of new nurses remain unemployed, how far are our A’s really getting us?

“Hospital recruiters aren’t looking for grades,” said Dr. Susan Bowman, former Director of American Nurses Association of California. “It’s not your grades that set you apart – we don’t care if you got an A or a B, we care about your attitude and your other experiences.” In fact, most hospitals don’t want to see your GPA on your resume. “If you graduated with honors, then add that to your resumé, but don’t waste precious space with your GPA,” said Joanne Kingsbury, a specialist in Clinical Education at Seton Medical Center.

Talk about a blow to my ego... the GPA that I worked so hard for, they don’t even want to see?! How else am I supposed to let them know now competent I am? How else are they supposed to know that they should hire ME, not the slacker they’re interviewing after me?

“It’s your attitude and other experiences that set you apart, not your grades,” explained Dr. Bowman. Hospitals want nurses who are well-rounded; they want some kind of leadership and volunteer experience, they want someone who can work well with a team and communicate effectively with different personalities. You don’t need to be a walking textbook, you need to be a critical thinker with a positive attitude, who can lead in a necessary situation.

But wait... half of us are planning to go to grad school to a) Specialize in something that we’re passionate about, and b) Have a solid bank account. “There is a real, true difference between academia and the real world,” Dr. Bowman explained. “If you’re looking to go straight into grad school, without working, of course grades are paramount. But if you’re planning to work for a few years, and aren’t planning on going to a specific graduate school, then work experience trumps grades.”

And how are you going to get work experience? How are you going to get hired? Get out of your comfort zone – and out of the library, for once. Get involved in a leadership role, get involved in an honor society, or volunteer somewhere that interests you. You can be a leader in CNSA, in Associated Students, in your

sorority, or in your job. You can volunteer at a soup kitchen, a humane society, a high school, or a women's shelter. These experiences will help you grow as a person, and ultimately be a better nurse. Say it with me – GPA isn't everything! Being a nurse is about being intelligent, but it's also about being well-rounded, positive, and enjoying life.

1. <mailto:conventiondirector@cnsa.org>

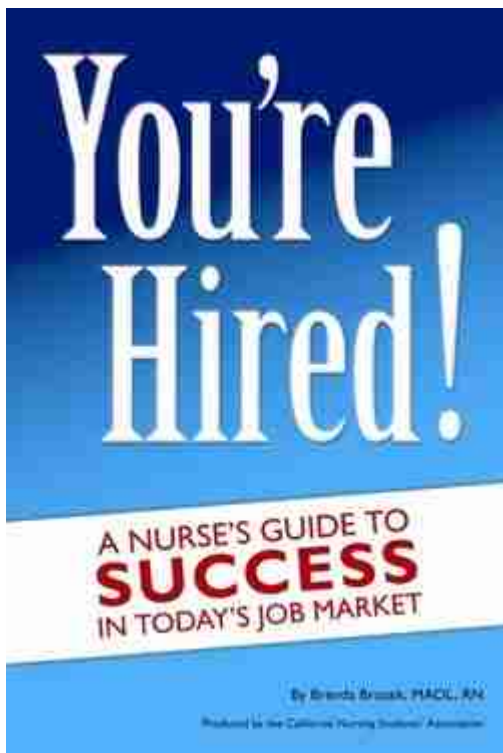
You're Hired Workshops (2011-03-19 13:30)

Author: Benda Brozek, MAOL, RN, CNSA Advisor 2010-2011, [1]Brenda@acnl.org, You're Hired Workshops, 3/19/11

CNSA Offers Resources to Help Students and New Graduates Learn to Compete in Today's RN Job Market

New graduate RNs are struggling to find employment in today's daunting nursing job market. A recent survey by the California Board of Registered Nursing along with several other partners, including CNSA, found that approximately 43 percent of California RNs licensed from January 1, 2009 – March 31, 2010, had not found employment in nursing positions. Nursing students are also having difficulty securing ancillary positions that will give them valuable health care experience.

CNSA has developed some resources to help new graduates and nursing students compete for the limited positions available.



[2]

To be successful in today's highly competitive job market, you must be able to network effectively, highlight your skills and abilities through the application process AND excel during your job interview. To help you build these skills, CNSA has published the book, *You're Hired: A Nurse's Guide to Success in Today's Job Market*.

You're Hired is authored by Brenda Brozek, BSN, MAOL, RN, a communications and education consultant who has developed and conducted a very popular workshop for nursing students across California to help them build resume writing, marketing and interviewing skills. The book features proven strategies to help you effectively communicate your talents and abilities to potential employers.

You're Hired debuted in October 2010 at the CNSA Convention, and has already received acclaim from nursing students, new graduates, experienced RNs and nursing faculty. San Diego State University and CSU, San Marcos are among the nursing schools making *You're Hired* a required text for their Fall 2011 Leadership Courses.

The cost of this valuable resource is \$17.95 for CNSA members and California faculty and \$24.95 for non members, plus tax, shipping and handling. Bulk discounts of \$15 per copy (which includes tax, shipping and handling) are available for orders of 40 or more books. These bulk discounts represent significant savings. This savings can be passed on to students, or CNSA Chapters could sell the books in order to generate chapter revenue.

In addition to providing extremely valuable information for nursing job seekers, funds generated from sales of *You're Hired* will help fund CNSA programs and scholarships—ultimately benefiting California's nursing students.

For more information about *You're Hired*, to order your copy or to learn about bulk discounts, visit the CNSA website at [3]www.cnsa.org; or contact the CNSA office at: 916-779-6949.

Resume Writing/Job Interview Skills Workshops

[4][Click here to download a PDF with additional information](#)

You're Hired author Brenda Brozek will be presenting the workshop: *Competing to Today's RN Job Market* in March and April.

This 3 hour workshop will help you build the skills you need to market yourself to potential employers. Topics include:

- Navigating the application process
- Your relationship with the nurse recruiter
- Writing your resume and cover letter
- Preparing for the job interview
- Job interview techniques

- Building behavioral interviewing skills
- Making a positive first impression
- Following-up after the interview

Workshop dates and locations:

Wednesday, March 30, 2011

9:30 a.m. – 12:30 p.m.

Little Company of Mary Medical Center-Torrance
Center for Health Education Building (adjacent to hospital)
4101 Torrance Blvd.
Torrance, CA 90503

Thursday, March 31, 2011

12:30 p.m. – 3:30 p.m.

San Gabriel Valley Medical Center
Community Health Education Center
261 Junipero Serra Drive
San Gabriel, CA 91776

Saturday, April 30, 2011

Sac State University

Division of Nursing—Folsom Hall, Room 1063
7667 Folsom Blvd.
Sacramento, CA 95819

For more information or to register for these workshops, visit the CNSA website at: [5]www.cnsa.org
or contact the CNSA office at: 916-779-6949.

1. <mailto:Brenda@acnl.org>
 2. <http://newsletter.cnsa.org/wp-content/uploads/2011/03/YoureHired.jpg>
 3. <http://www.cnsa.org/>
 4. <http://newsletter.cnsa.org/wp-content/uploads/2011/04/Youre-Hired-Workshops-Featured.pdf>
 5. <http://www.cnsa.org/>
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