

NIPISSING UNIVERSITY

SCHOLAR PRACTITIONER PROGRAM

WINTER 2023 NEWSLETTER

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Collaborations



SickKids[®]

THE HOSPITAL FOR
SICK CHILDREN

Newsletter Team

Riana Feliciano
Amanda Boudreau
Fritz Sarigumba
Jenny Jing
Nada Fakir
Dylan Caetano

Welcome

Greetings learners,

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

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

As SPP leaders, embrace the change you see within yourself; your abilities, challenges, and adaptability to ever-changing environments. Celebrate accomplishments in your growth and recognize you possess the means to adapt, to realize your resilience and positive path forward...





Congratulations to **Nicole Tagle** and **Christina Chau Esposito** who shared their student experience and learning advice for other learners and participants on a student panel session in celebration of teaching and learning week at UHN Learner café recording Teaching and Learning Week February 2023.



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



Dave Marshall Leadership Awards | Nipissing University

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

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

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



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

Dr. Baiba Zarins, RN, PhD
SPP Program Manager

Faculty Icebreaker

Getting to know our faculty!

Questions	Baiba	Katalin	Louela	Ping	Zaheera
Favourite memory in nursing school:	Therapeutic arts/crafts and wheelchair racing with pediatric patients.	All the great friendships I made	- Experiencing the kindness of a professor - Learning from great Professors	The friendship started at that time and still works today.	Fainted during a circumcision – resulted in a best friend 😊
Favourite and least favourite nursing skill:	Favourite: milking chest tubes (no longer supported by evidence!) Least favourite: assigned to obtain manual scale weight of all unit patients (cardiology ward)	NG tube insertion is definitely my least favorite . Favorite is really connecting with patients/families...	Least: Having to get up early to take the bus to go to clinical	Favourite: Remember a patient (including name, needs, preference, and strengths).	Favourite: administering a new IV med – calculating the rate and volume Least favourite: anything that causes a child pain
Funniest memory from working in bedside:	Nightshift pranks in the ICU. (Inflated procedure glove volleyball tournaments.)	Getting a call from the floor as a telemetry nurse: Can you please tell me how my patient is?	My funny memories were way too funny that I can't talk about them because I would laugh too hard.	My patients said thank you and they smiled.	When a charge nurse wrapped a flannel blanket around her as a Sari.
What is on your bucket list?	 16-day Camino de Costa Rica hike (coast to coast 175 miles/280 km)	To make a bucket list	I am much older than the learners, so I think I have accomplished much of my bucket list. Now, I do not have a bucket list but a sense of gratitude for the experiences I receive. I view them as gifts that make me a better person.	Under construction.	I would love to travel to Scotland!
What is your unique talent?	Whistling while inhaling	No unique talents	I can play the guitar, piano, and sing.	Be positive.	Maybe not a talent, but I am weirdly good at multitasking.
Any book, movie, or board game recommendation?	'Where the Crawdads Sing' by Dela Owens. Taylor Swift's 'Carolina' in the movie adaption is beautifully appropriate.	No friend but the mountains – Behrouz Boochani	I really like the Chosen series on the Angel studios.	Anne of Green Gables (Montgomery, 1982).	A book that I've reread: A Thousand Splendid Suns.



Questions	Baiba	Katalin	Louela	Ping	Zaheera
What special items do you collect?	Rocks. Collect wherever accessible from vacation or travel destinations	None, I just make thousands of pictures 	I like travel magnets as well. I think it would be neat to also collect part of the sand or soil that you walk upon. I have not started it. I think the best collection, however, is a collection of memories from the people you meet, the places you've been to, and the love you've felt.	Books. Postage stamps. Dresses. Glass bottles. Teas. Herbs. 	I've been slowly building my collection of books.
If your pet could talk, what do you think they might say about you? If no pet, then a neighbour squirrel.	'Why can't I help you with work?' (As jumping on the desk to walk across the keyboard my home office)	That I am way too lenient.	"I bet you, you wouldn't take this long to groom yourself" (LOL)	She loves her cats and dog. 	They would comment on my clumsiness on busy days.
What is your favourite joke?	I don't have a favourite joke... sorry!	My daughter made me giggle a bit on these recently: Why is not a good idea to eat a clock? It's time consuming. And: Seagulls live by the sea hence their name, but what about those who live at the bay? Bagels?	I do not have a favourite joke. I'm not really that funny!!!	I will find one.	What does a nosey pepper do? It gets Jalapeño business.
What is the best advice you have ever received?	'Invest in RRSP's and organizational pension plan early in your career'. 'Enjoy the journey as much as the destination'.	Knowing how to compromise is the quintessential skill for a happy life	Listen to the voice of God.	Work hard and everyone can succeed.	Changing your thinking can change your life.
Name your dream team (4 famous people).	Ruth Ginsberg, Michelle Obama, Stephen King, and Bill Gates	Dalai Lama, Oprah, Hemingway, and of course Bruce Lee	My husband, my daughter, my son, and my priest	Tiger, ox, dog, and monkey (refer to Chinese Zodiac).	Michelle Obama, Shahrukh Khan, my mom, Eckhart Tolle

Message from the Y1 Co-Presidents

Hello Year 1s,

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

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

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

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

Cheers!

Serena Aseerwatham, Samantha Gillian, and Lindsay Coakley

Message from the Y2 Co-Presidents

Hello Year 2s,

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

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

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

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

See you all in May!

Your Year 2 STUCO Co-Presidents

Rebecca Brennan, Nicole Tagle, and Chrissi Chau Esposito

Winter Semester Highlights



Skills and Simulation Days at the Michener Institute of Education

Catching a stage 1 pressure injury and giving my first injection.

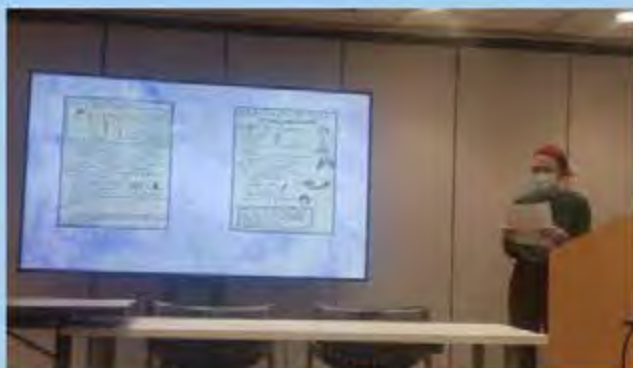
- Carly Bradshaw, Year 1

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

- Jenny Jing, Year 1

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

- Taylor Stevens, Year 1



Y2 SickKids Cohort Pecha Kucha Portfolio Presentation at SickKids

Best Practice Spotlight Organization

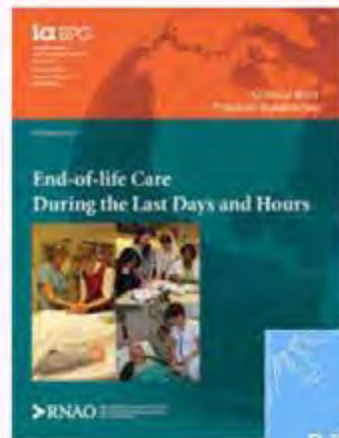
Student Engagement

by Megan Terris and Lucia Gutierrez Lecuona

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

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

Next term, we will be covering our last BPG of the program, *Preventing and Mitigating Nurse Fatigue*. We are looking forward to enriching this BPG with engaging sources and content to take with us upon graduating!



Best Practice Spotlight Organization

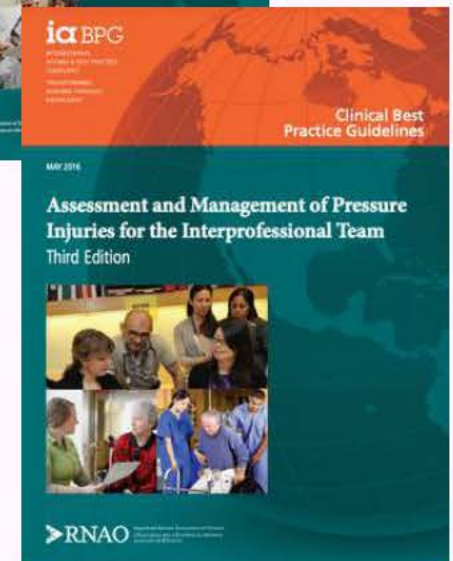
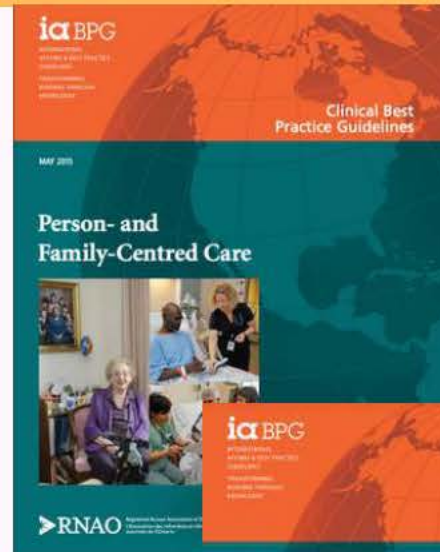
Student Engagement

By Amanda Boudreau and Taylor Stevens

This semester we covered *Person- and Family-Centred Care* and *Assessment and Management of Pressure Injuries*. This was our first session as year 1 BPG leads. We felt like this BPG was an important one to start off with as it connects with the other BPGs in ensuring all care is client-centred.

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

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



NIPISSING UNIVERSITY SPP
BPG Session I
Thursday January 19th 10 am - 12 pm
MICROSOFT TEAMS
Person and Family Centred Care
and
Assessment and Management of
Pressure Injuries for the
Interprofessional Team

BPSO RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION

NIPISSING UNIVERSITY SPP
BPG Session II
February 17 2023 7pm - 8:30pm
MICROSOFT TEAMS
Person and Family Centred Care
and
Assessment and Management of
Pressure Injuries for the
Interprofessional Team

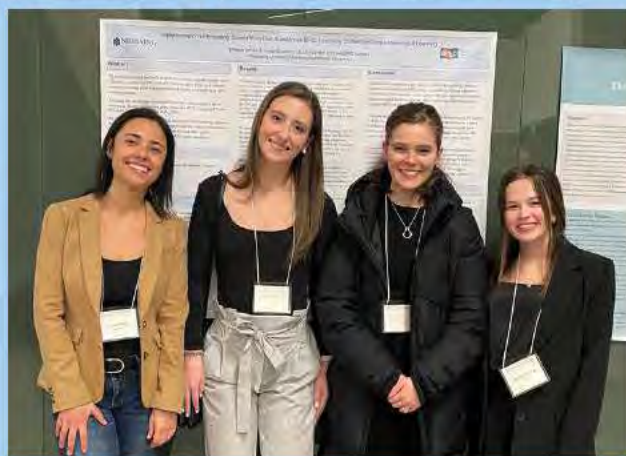
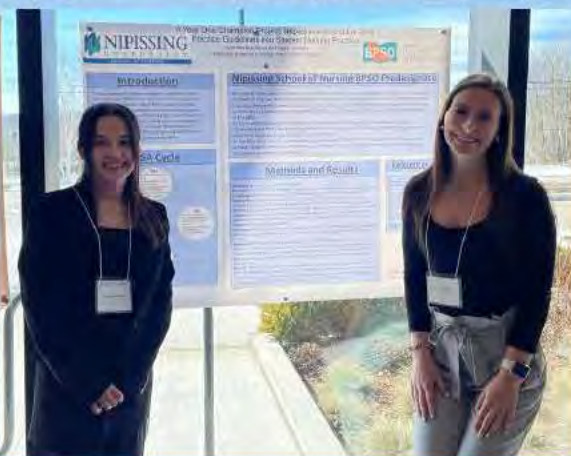
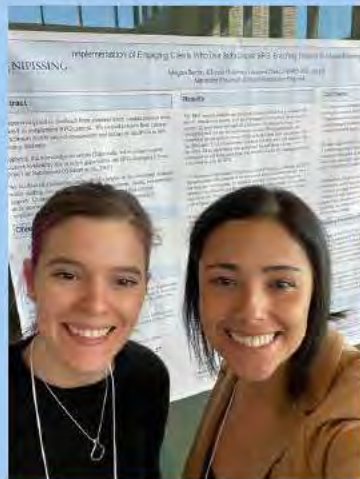
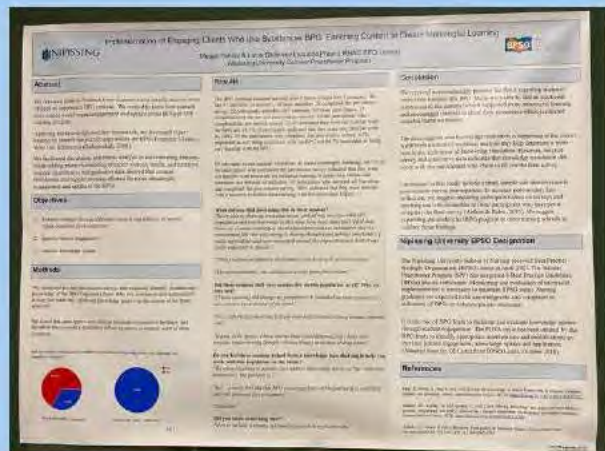
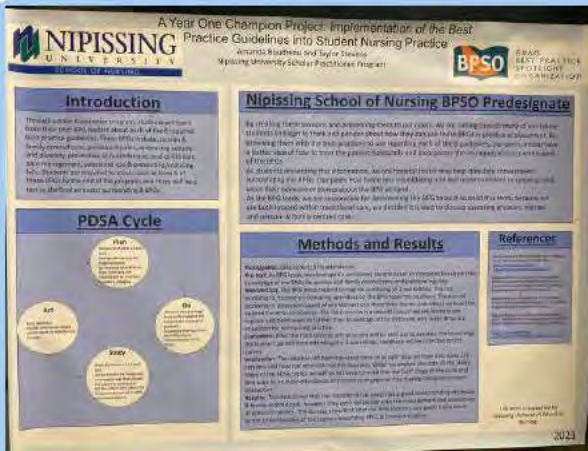
BPSO RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION

NIPISSING UNIVERSITY SPP
BPG Session III
Thursday March 9th 2023 1:30pm - 2:30pm
MICROSOFT TEAMS
Person and Family Centred Care
and
Assessment and Management of
Pressure Injuries for the
Interprofessional Team

BPSO RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION

Best Practice Spotlight Organization Student Engagement

The Year 1 and Year 2 BPG leads headed to North Bay for the
Nipissing University Undergraduate Research Conference!



The 5050 Project Update

by Megan Terriss

We are incredibly grateful for the level of support *The 5050 Project* has received since November.

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

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

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

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



Thank you MEC for the sleeping bag donation!

Centennial College Disaster Exercise

by Riana Feliciano



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



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

It was a great experience and I highly recommend everyone to attend next year!



SPP ALUMNI: Where Are They Now?



Name: Kamika Sylvester

Graduating Year: 2021

Specialty: Emergency Travel Nurse; Clinic Infusion Nurse in the Private Sector

Advice for Current Learners:

- 1) Make a LinkedIn early and jobs will find you.
- 2) Being your biggest advocate will make things happen for you and your patients.
- 3) Your nursing degree is your ticket to limitless career opportunities.

Name: Kalyna McIntosh

Graduating Year: 2020

Specialty: Paediatric ICU at SickKids Hospital

Advice for Current Learners: Don't be afraid to become comfortable with putting yourself in situations where you feel uncomfortable because in those situations you will find personal and professional growth that will shape you in your future career.



SPP ALUMNI: Where Are They Now?

Name: Teagan Holliday

Graduating Year: 2021

Specialty: Mental Health (Ketamine & rTMS treatments for PTSD, Depression, Anxiety & Chronic Pain); Travel Nursing (Neurosurgery, Neurology, Gynecology Oncology, & Orthopedic Surgery)

Advice for Current Learners: Don't stress yourself about where you'll be placed for practicum. Even if you don't get your top choice, use each placement to your advantage. Learn all about the unit, the patient population and the specialty. You'll find that many aspects of the unit will be relevant in your next placement and ultimately where you'll decide to work in the future. The placements that you have in school will never limit your career path opportunities, they will only expand them.



Study Tips for Learners

Listen to Podcasts

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

Watching Videos

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

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

Attend online seminars and complete e-modules

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



Winter Adventures



Skiing!
- Taylor Stevens, Year 1

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



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

Ice skating! Checking
out different outdoor
rinks in Toronto has
been a great study
break.

- Serena Aseerwatham,
Year 1



Skating! When I went to
uOttawa, I loved skating on
the canal.

- Amanda Boudreau, Year 1



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

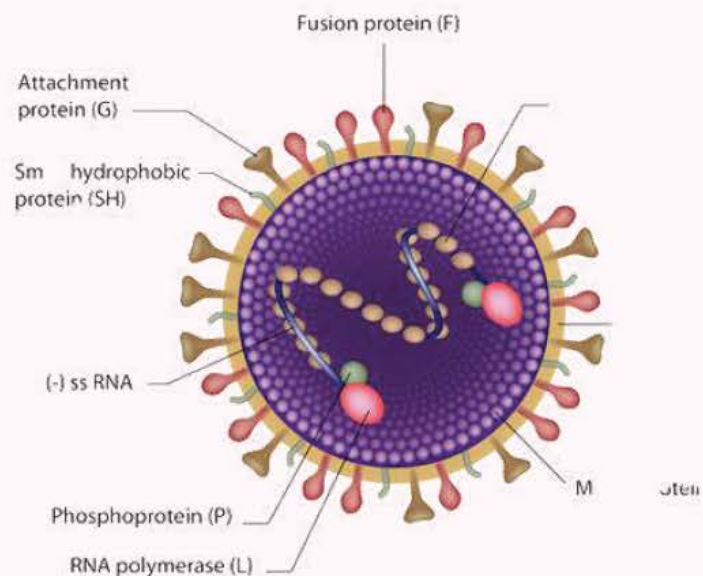
Know the Virus!

Respiratory Syncytial Virus (RSV)

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

Symptoms

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



Treatments

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

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

Know the Virus!

COVID-19

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

Symptoms

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



Treatments

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

Self-Care Activities



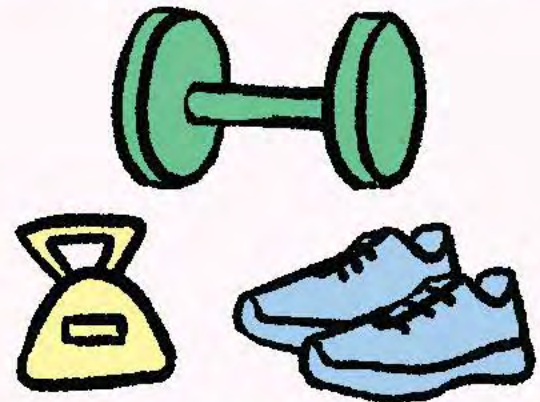
Allotting 8 hours of sleep.



Taking a dance or Pilates class.



Doing face mask or skin care.



Going to the gym or for a run or attending a spin class.



Binge watching favourite shows.



Reading a good book or series.

Cozy Winter Recipes

Hearty Vegetable Soup

Ingredients:

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

Directions:

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



Banana Bread

Ingredients:

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

Directions:

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



Cozy Winter Teas

- 1.) Earl Grey
- 2.) Peppermint
- 3.) Ginger
- 4.) Chamomile
- 5.) Lemon and Honey



Healthcare Jobs for Students

Dylan Caetano, Y1: Hospital Admin, Peri-Operative Care Unit (POCU) - The Hospital for Sick Children



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

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

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



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

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

Healthcare Jobs for Students

Taylor Stevens, Y1: Pharmacy Assistant, Chancellors Way Pharmacy

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



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

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



Healthcare Jobs for Students

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

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

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

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

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

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

My ED externship experience will greatly help me as I transition into my consolidation at the SickKids ED. I enjoy the fast-paced environment while ensuring I provide therapeutic client care in a short period of time.



NCLEX Next Gen

The Next Generation NCLEX (NGN) is an updated version of the traditional NCLEX examination, specifically designed to more effectively assess the competence and preparedness of nursing candidates for entry-level positions. Established by the National Council of State Boards of Nursing (NCSBN), this innovative exam format debuted on April 1, 2023, replacing the former NCLEX-RN and NCLEX-PN exams. The NGN aims to keep pace with the evolving healthcare landscape and the nursing profession by integrating cutting-edge, evidence-based practices and the latest developments in nursing. A key objective of the NGN is to provide a more accurate evaluation of candidates' clinical judgment and decision-making skills, ensuring that they are well-qualified to meet the challenges of today's dynamic healthcare environment.



NCSBN Clinical Judgement Measurement Model (NCJMM)

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

6 STEPS:

- 1.) Recognize Cues
- 2.) Analyze Cues
- 3.) Prioritize Hypothesis
- 4.) Generate Solutions
- 5.) Take Actions
- 6.) Evaluate Outcomes

NCLEX

Next Gen

What type of questions will be on the NGN?

The following are the new question types that will be implemented in the NGN*:

- 1.) Extended Multiple Response
- 2.) Drag and Drop
- 3.) Drop down
- 4.) Highlight text
- 5.) Matrix/Grid
- 6.) Bowtie
- 7.) Trend

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

What's Polytomous Scoring?

Candidates can now get partial credit and can be assigned in three different ways:

- 1.) **+/- scoring**: Can receive a point for correct responses and lose a point for incorrect responses.
- 2.) **0/1 scoring**: Can receive points for correct responses but do not lose points for incorrect responses
- 3.) **All or nothing**: candidates receive all or nothing credit for linked units within a question

What's the minimum/maximum length of the exam

Time allotted: **5 hours**

Minimum Length Exam:

- 52 scored stand-alone questions + 3 scored case studies (18 questions)
- TOTAL: 70 scored questions + 15 unscored (pretest) questions

Maximum Length Exam:

- 117 scored stand-alone questions + 3 scored case studies (18 questions)
- TOTAL: 135 scored questions + 15 unscored (pretest) questions

Winter Semester Artefacts



By Gurnir Shergill, Year 1

Left Ventricular Assistive Device (LVAD)
A device that helps pump blood from the left ventricle to the rest of the body through the aorta. It also functions as a mechanical circulatory support device. The arms extend out from each base to the whole body. VADs are surgically implanted in patients as a bridge to heart transplant or bridge to recovery. It is also permanent treatment for patients who have heart failure but are not candidates for heart transplant. The LVAD is the most common ventricular assistive device.

Parts of the Ventricular Assist Device

- Pump:** Attaches to a driveline (cable) and control system.
- Driveline:** Attaches the pump to the ventricle and power source (driveline and pump are only on the outside of the body in pediatric patients due to their small size).
- Controller:** Warns the pump. Messages and alarms from the controller help you operate the system.
- Power Source:** Keeps the LVAD running with interchangeable batteries or a cord that plugs into an electrical outlet.

Possible Risks and Complications

Thrombing

- Any surgery can increase risk of bleeding; patients with VADs are on blood thinners that prevent clotting.

Blood Clots

- Blood clot in the VAD can block blood flow causing stroke, heart attack, or device problems.

Infection

- The power source, pump, and control unit for the VAD is outside of the body and connected through a tube implanted into the heart. There is an increased risk of germs that can get into the area causing an infection at the site or in the blood stream.

Device Problems

- VADs may stop working properly or the power supply could fail, both of which would require immediate medical attention and may require the pump to be replaced.

Right Heart Failure

- With the LVAD, the left ventricle of the heart will pump more blood than it's used on, the right ventricle may be too weak to handle the increased amount of blood.

References

Mason Clinic, May 11, 2022. Ventricular assist device (VAD). Website. Retrieved March 14, 2023. Accessed at: <https://www.masonclinic.com/locations/medications/ventricular-assistive-device>

Cleveland Clinic. Na. Left Ventricular Assist Device (LVAD). Website. Retrieved March 14, 2023. Accessed at: <https://my.clevelandclinic.org/health/diseases/17192-left-ventricular-assistive-device>

Cleveland Clinic. Na. Left Ventricular Assist Device (LVAD). Website. Retrieved March 14, 2023. Accessed at: <https://my.clevelandclinic.org/health/diseases/17192-left-ventricular-assistive-device>

By Jenny Jing, Year 1

Autonomic Dysreflexia

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

Signs & Symptoms

- *Increase in BP by 20-40mmHg*
 - BP above 120 can be a sign of AD for individuals with SCI
 - Decreased heart rate
 - Anxiety
 - Sweating
 - Chest pain
 - Nausea
 - Flushed face
 - Nasal congestion
 - Blurred Vision
- AD can be ASYMPTOMATIC

Common Causes

- Full/distended bladder (most common cause)
- Full bowels and constipation
- Areas of pressure
- constrictive clothing



Autonomic Dysreflexia

What to do if AD is suspected

- Ask the patient if they suspect a cause
- Sit the patient up and lower legs
- Remove tight and restrictive clothing
- Monitor BP every 2-5 mins
- Check & empty the bladder by performing an intermittent catheterization
- Check & empty bowels by performing manual disimpaction
- Check the skin for pressure points

If blood pressure does not drop back to normal seek medical attention

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



By Carly Bradshaw, Year 1

Winter Semester Artefacts

Mental Health

Recognizing Extrapyramidal Symptoms

Definition

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

Akathisia

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

TREATMENT/INTERVENTION

"Treated as an emergency"

- Reduce antipsychotic
- Provide immediate PRN benzodiazepines (works by slowing down activity in the brain)
- First-line agents: beta-blockers ie. propranolol
- Third-line agents: anticholinergics ie. benztropine

Dystonia

- Acute reactions: Tight jaw, stiff neck, thick tongue
- Can progress to protruding tongue, torticollis, laryngopharyngeal constriction, oculogyric crisis
- Consists of involuntary muscle spasms results in abnormal posturing of neck and head muscles
- Spasms can occur in intercostal muscles which can result in breathing complications

TREATMENT/INTERVENTION

"Treated as an emergency"

- Urgent administration of anticholinergic agents ie. benztropine
- Benadryl can also be used to suppress the cholinergic activity

Pseudo-parkinsonism

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

TREATMENT/INTERVENTION

- Reduction / change in dosage of antipsychotic; one that has a less affinity for the dopamine receptor
- Anticholinergic medication ie. benztropine

TREATMENT/INTERVENTION

- Symptoms cannot be relieved by just one medication
- Dietary precursors of acetylcholine ie. lecithin, vitamin E supplements
- The best approach is taking preventative measures: use lowest dose of antipsychotic medication, minimize the use of PRN's and monitor EPS closely.
- Switching to clozapine can reduce TD

Tardive Dyskinesia (TD)

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

Anticholinergic Crisis

TREATMENT/INTERVENTION

- Treat the symptoms
- Hold anticholinergics

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

Neuroleptic Malignant Syndrome (NMS)

- Life Threatening - accelerating onset of symptoms over 48-72 hours
- Characterized by hyperthermia, extreme rigidity, tachycardia, tachypnea, incontinence, sweating, drooling, confusion, tremor, mutism
- Lab result abnormalities: metabolic acidosis, leukocytosis, increase =d creatine phosphokinase muscle damage
- Results from a block of central dopamine pathways due to neuroleptic medication use

TREATMENT/INTERVENTION

"Urgent medical emergency"

- IMMEDIATE discontinuation antipsychotics
- Consultation with General Internal Medicine
- Administer dantrolene (treat spasticity)
- provide supportive measures: fluids, cooling
- Stop the use of offending drug and notify MRP
- Manage falls risk.

TREATMENT/INTERVENTION

"Urgent medical emergency"

- Stop the use of the offending drug and notify MRP
- Provide supportive care ie. benzodiazepines, fluids, and antipyretics
- Treat severe symptoms with antiserotonergic agents

Serotonin Syndrome

- Symptoms include agitation and hallucinations, hyperreflexia, ataxia, hyperthermia, hypertension, vomiting, nausea, diarrhea
- Often caused by 2+ medications, developing after dose of serotonergic medication
- Can look similar to NMS - more sweating and flushing

Serotonin withdrawal/discontinuation syndrome

- Characterized by general flu-like symptoms: weakness, instability, fatigue, headache, nausea, etc
- Can result from abrupt or gradual discontinuation of SSRIs and medications with short half-lives ie. sertraline, escitalopram

TREATMENT/INTERVENTION

- Provide reassurance to patient
- Benzodiazepines can be helpful

TREATMENT/INTERVENTION

- Hold the medication until the leukocyte count is obtained
- Routine CBC
- Provide health teaching to patient and constantly monitor

Agranulocytosis

- Results in low white blood cell count through use of antipsychotics such as Clozaril, divalproex and carbamazepine
- Characterized by mouth sores, high fever and sore throat

Lithium Toxicity

- MILD: diarrhea, muscle weakness, lethargy, gross hand tremor, nausea, and vomiting
- MODERATE: confusion, ataxia, slowed/slurred speech
- SEVERE: seizures, renal insufficiency, increased deep tendon reflexes, decreased level of consciousness, coma, death
- Toxic level of lithium is greater than 1.5 mmol/L

TREATMENT/INTERVENTION


- Stop lithium usage and notify prescriber
- Provide IV fluids
- Hemodialysis
- Conduct routine lithium levels

By Ishani Illamperuma, Year 1

Winter Semester Artefacts

Vascular Access Catheters

Venous access catheters are small pliable tubes inserted into a vein and are used for intravenous medication administration, blood sampling, and hemodialysis.



VASCULAR ACCESS CATHETERS

CENTRAL VENOUS ACCESS DEVICE (CVAD)

CVAD is long intravenous catheter inserted into a peripheral vein or large vein leading to the superior or inferior vena cava.

- PICC
- CVL
- PORT

PERIPHERAL INTRAVENOUS CATHETERS (PIV)

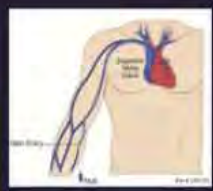
PIV is a short peripheral catheter that does advance further into the vein.

PICC

A Peripherally Inserted Central Catheter, or PICC, is a catheter that advances to the superior vena cava-right atrial (SVC/RA) junction.

Duration
PICC are recommended for long-term IV therapy lasting between 1 and 6 months.

Uses
Recommended for infusion therapy or when peripheral access is not possible.



CVL

There are two types central venous lines.

Tunneled: a surgically implanted central catheter that sits in the SVC/RA junction and is tunneled through the subcutaneous tissue, exiting from either the chest or abdomen.

Non-tunneled: central catheter inserted percutaneously through the femoral, subclavian, or jugular vein.

Duration
Tunneled CVL are recommended for long-term IV therapy lasting between 1 and 6 months.


Duration
Non-tunneled CVL are recommended for short-term (continuous IV therapy lasting between 5-15 days).

Uses
PORTS are accessed as needed because the device is located under the skin. They are useful for people who need to receive IV therapy at home.

Duration
PORTS are recommended for long-term IV therapy > 6 months.

PORT

A subcutaneous port is a device implanted in the subcutaneous tissue and connected to a tunneled CVL.




PIV

A peripheral intravenous catheter is < 8 cm long and is percutaneously inserted into the vein normally in the hand or forearm.

Uses
IV therapy for medications that have a pH value between 5-9. Since they are prone to leakage (extravasation) they are not recommended for vesicant IV drugs.

Duration
PIV are recommended for short-term IV therapy between 5-9 days.



By Samantha Gillen, Year 1

SYMPTOMS OF TEF AND EA

Signs and symptoms are most obvious at birth. The most common symptoms are:

- Difficulty breathing
- Coughing or choking when swallowing or attempting to feed

Other TEF and/or EA symptoms can include:

- Frothy, white bubbles from the mouth
- Vomiting
- Very Round, full belly due to gas being trapped
- Cyanosis to skin, especially during feeds
- Inability to pass NG tube from the baby's mouth into their stomach

NOTE:

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

Reference: The Children's Hospital of Philadelphia. (2018, September 25). Esophageal atresia and tracheoesophageal fistula (EA/TEF). Children's Hospital of Philadelphia. Retrieved March 27, 2023, from <https://www.chop.edu/conditions-diseases/esophageal-atresia-and-tracheoesophageal-fistula-efef>

By Sandy Nguyen, Year 1

Winter Semester Artefacts

Balance

BY SERENA ASEERWATHAM

WHEN I STARTED AT CAMH
I WANTED TO DOCUMENT MY JOURNEY.
USE THIS LIKE A JOURNAL,
SO IN ALL TRUE HONESTY,
HERE'S THE RAW AND REAL.

I HAVE FELT EVERY POSSIBLE EMOTION IN A SINGLE 12 HOUR SHIFT.

PART OF ME FEELS HONOURED,
HONOURED TO HEAR THEIR STORY,
SIT AND COLOUR A TENT, SHE
TOLD ME SHE LOVED CAMPING,
BUT THEN SHE STARTED CRYING.
I WANT TO ASK ABOUT HER MOMMY
DID THEY RIP HER FROM HER FAMILY,
DOES SHE STILL REMEMBER HER SCHOOLING,
DID THEY PUNISH HER FOR SPEAKING
THE ONLY TONGUE THAT BROUGHT HER HEALING?

PART OF ME, STILL STRUGGLES.
STRUGGLES NOT TAKING IT PERSONALLY
WHEN INSULTS ARE HURLED SUDDENLY,
MANIPULATION DOESN'T COME SUBTLY
"YOU'RE NOT A NURSE, REALLY."
YET PART OF ME IS HEARTBROKEN.
HEARTBROKEN WHEN AN OLD SOUL
SAYS HE HAS NOTHING LEFT TO LIVE FOR,
HEARTBROKEN WHEN MY PATIENT LOOKS ME IN THE EYE
AND STARTED LISTING OFF THE DIFFERENT WAYS SHE WANTS TO DIE.

HOW DO YOU PROCESS THAT?
I COULDN'T KEEP TRAUMA DUMPING ON MY FRIENDS SO I SIGNED UP
FOR THERAPY.
TRIED TO CHANGE MY MINDSET GRADUALLY.
SURVIVING, NOT SUFFERING
HEALING, NOT DYING.
TO BE HONEST, I COULDN'T EVEN TELL YOU THAT IT REALLY WORKED,
BUT I THINK IT HELPED?

HOW DO YOU TELL YOURSELF TO SEE THINGS AS A SCIENCE
AND NOT A CRY FOR HELP.
I'M STILL LEARNING, BUT I THINK ITS A BALANCE.
I'LL LET YOU KNOW WHEN I FIGURE IT OUT.

By Serena Aseerwatham, Year 1

HOW TO PROVIDE MEDICATION BY MOUTH (PO)



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



Check the Patients MAR

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

Prepare Medications

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



7 Rights of Medication Administration



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

Positive Patient ID (PPID)

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



Drug Administration



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

By Taylor Stevens, Year 1

Winter Semester Change Project Posters

Ethnic and Gender Inequalities in Pain Management

By: Nanayaa Opoku-Ware

Evaluation Plan

The evaluation design is a mixed methods approach to not only evaluate levels of cultural competence and respect, but to also ensure knowledge is provided and provide methods of accountability for each individual. For example, there would be a screening questionnaire to assess cultural competence and respect within a month with each shift with a patient, as well as conversations regarding patients for all healthcare providers and organizational staff to provide insight in these areas. To cover the knowledge aspect, the presentation within 6 months to discuss and learn about ethnic and gender disparities would be to support and make sure that all staff are knowledgeable in this area and then last but not least, the daily reflection paper before checking in or out of hospital and mandatory training course to be taken bi-annually for each employee would aid in keeping each individual accountable and conscious of need to change or their lack in cultural competence and overall ethnic disparities in pain management.

The desired outcomes here are to make all employees conscious of their biases and stereotypes and improve cultural competence and respect to minimize and erase ethnic and gender disparities in pain management in the healthcare setting. Patients trust us to help them achieve their health goals and without challenging our own assumptions and daily reflecting on our assumptions biases, we will be putting our patients at risk.

Three success indicators that show that the change project will be achieved are ongoing assessment and participation from stakeholders in the presentation to discuss and learn about ethnic and gender disparities, positive and consistent participation in the daily reflections that reflects positive change within the third month, and last but not least, a positive trend in year over year data in both the survey's given to patients to assess care in relation to ethnicity and gender as well as the data of patient pain management in relation to ethnicity and gender.

Significance

Patient's rights are a subset of human rights and everyone who seeks healthcare, is entitled to receive fair and individualized treatment. The potential impact this change project could have would be patients feeling comfortable to seek their right to healthcare as they know they will be treated as an individual and have a care plan that is tailored to them (Olejczyk & Young, 2022).

Effectively addressing and implementing change for disparities, particularly ethnic disparities in pain management in the quality of care necessitates improved data systems, increased regulatory vigilance, and innovative initiatives to appropriately train medical professionals and employ more providers from disadvantaged minority backgrounds. All which will aid in improving and creating a hospital that allows all in the community to feel welcome, whether a patient or an employee (Williams & Becker). From this, another impact would be that it would create a more culturally respectful work environment for all. It would help make employees that are of different ethnic backgrounds feel comfortable to not have to hear stereotypes of their nationalities or background and to not feel the need to always be the most to advocate because it will be a responsibility for everyone.



Summary of Change Plan

Ethnic and gender inequalities in pain management due to stereotypes and bias that two different demographic groups experience. There would group sessions based on their ethnicity and decide what kind of patients they would be better getting to know them. For example, they could patient sessions that focus on the most about pain and how their pain to look over their own, the history, and another about how they "it's probably the best way". All the while they meet for work and not to come back to the same job work. These ethnic and gender issues within healthcare are very serious and possibly fatal outcomes. Literature found that due to ethnic disparities, Black and Hispanic individuals receive (AD/MS) opioids are also more likely to die from pain-related conditions and also more likely to die during or after treatment and to suffer adverse pregnancy-related complications (Khalil et al., 2021). People are dying because their aren't being treated properly due to their lack of trust in their health care. According to that literature, there are so many that when people were more likely to be prescribed opioids for pain management after Black, Hispanic, and Asian (GND) pain in individual and individual experience, process and improve it differently. Pain management should be tailored used by race, not by ethnicity.

The goal for this project is to eliminate ethnic and gender disparities in pain management. While a recent and fairly broad goal, the basic objective which can be achieved fairly quickly is to increase diversity and cultural competence with healthcare providers and organizational staff. By working off with these objectives, it will look better in the long run when the goal and meeting the healthcare system to help our the pain the best way.

The theory most suitable for the change of ethnic and gender disparities in pain is organizational learning theory because it encompasses and speaks to several necessary to implement change. Key areas such as individual accountability, leading change, organizational communication and structure, the development of management and leadership, development, metrics and incentives, resource allocation and overall health, among to such name (Bass & Steidlmeier, 2001). While the learning theory, process learning will be used to to involve challenging assumptions, beliefs, norms and behaviors rather than accepting them. In addition, organizational learning is interconnected with fundamental change which can create a lasting impact. Furthermore, to work in the formation of various ethnic providers, profiles, culture and language, organizational assessment have been learned and various organizations to create to identify requirements and providers (Bass & Steidlmeier, 2001).

The organizations to which this change will take place will be the proposed guidelines to see how this is being presented to all employees as a shared shared mission as I believe everyone has a role to play and would benefit and use possible change and begin to how to create this change. To actually implement this change, I've come up with a 3 year plan to start in the elimination of eliminating ethnic disparities in pain management. Within the first month, I would propose to conduct a mandatory training to create and establish cultural competence and respect with each employee and organizational learning process for all healthcare providers and organizational staff and over time in the long run the relationship between cultural competence and ethnic and gender disparities within patients. Within six months, I would want to have a commitment to diverse ethnic and gender disparities, change a diversity assessment can be completed every 3 months by each employee as well as each department being assessed or made and will see a daily reflection page. This would mean before checking in to see of hospital, each employee to complete and "background diversity" when they head down the day in terms of identifying and challenging values, beliefs and assumptions, reflection, listening, working and measuring this action planning and how they will implement this change. By year two or three, I would want to complete plan over year data or patient pain management in relation to ethnicity and gender, survey patients to assess difference in year over year to continue to identify and gender and have a presentation to discuss and present outcomes of ethnic and gender, to not ethnic inequalities and make further improvements. Last but not least, by year 3, set a solid action plan that has been developed, implemented a regulatory control to be taken the necessary.

Reflection and Conclusion

Witnessing many instances of ethnic and gender disparities in my placements are not moment I perceived when I imagined placement day one as a nursing student. As a Black woman, witnessing these moments meant a greater deal to me as I have been in medical settings where I know I was treated optimally due to my ethnic background and gender. So this call for change is both personal and ethical. The goal for ethnic and gender disparities in pain management is to eliminate the disparities and improve cultural competence within GGH General Hospital. The main objectives project to aspects such as challenging pre-existing beliefs about individuals and more importantly, organizational assessment data in order to identify gaps both internally and externally which is the building blocks of organizational learning theory. The literature and theory used in creating this change project not only aid in providing knowledge and being a guide to navigate this change, but aid in accomplishing change for ethnic and gender disparities in pain management. While there could be potential risk in harm, the benefits outweigh the potential harm and with the five year plan, change can happen.

Feasibility

To determine the feasibility of this change project several aspects would need to be taken into consideration, however it'll be focusing on three. One of the most important aspects would be Organizational culture as it shapes how individuals would work together in pursuit of this change objectives and their goal. Working at GGH General Hospital, I've come to witness and experience that the culture is one that supports and actively works to improve change projects to improve care and stimulate a healthy work environment. Based on this, I know this process will likely experience growth and success.

The next aspect to consider would be the technical resources available GGH General to support the change of ethnic disparities in pain management. Currently, the hospital operating from paper based MARS, charting, and other processes to computer based. I believe this is the best time to incorporate this change as it will be involved in a wave of change that is meant to improve the change. Integrating the daily reflection before checking out could serve as a means of checking out when submitted. With the new innovations in terms of technology, I believe the technical team would be capable of converting the data into working systems.

Last but not least, the financial aspect. The cost analysis of this project would help the board at GGH determine the viability, cost, and benefits associated with this project. I believe investors would want to participate as we would retain but also bring in more staff and patients and have less complaints and legal issues in terms of ethnic disparities. I believe the decision-makers would determine the positive economic benefits to GGH that this change project will provide.

Ethical Consideration

The possible harm or risk for this change project of ethnic disparities in pain management would be defensiveness and non-engagement from individuals which could create a negative and unproductive environment. This issue is very heavy and while many people might not realize that they are perpetrators, they could be and it might be hard to face. Furthermore, it could create adverse feelings in caring for people of different ethnicities and could be potentially dangerous if healthcare workers are taking it out on patients. Another potential harm or risk that this change may bring about is an imbalance in responsibility where members of a unit face the responsibility of this change to other staff or to the activities of the unit.



By Nanayaa Opoku-Ware, Year 2

Winter Semester Change Project Posters



Incorporating Culturally Diverse Diets into Healthcare to Mitigate Inpatient Malnutrition

Ihab Nawfal, Scholar Practitioner Program, NURS3576

Summary of the Change Project Plan

In my experience, many inpatients are often limited to unfamiliar recurring meal plans. To this end, I have consistently seen inpatients refuse to eat unfamiliar hospital food. Subsequently, refusing meals can cause malnutrition, leading to numerous health concerns, such as increased mortality and reduced response to treatment (Bellanti et al., 2022; Yong et al., 2022). People are more likely to consume familiar food. Therefore, this project aims to improve inpatient nutrition by implementing and evaluating culturally diverse diets (CDD) into hospital meals. Integrating CDDs for a trial-period on a small-scale and transitioning to a large-scale after evaluation is more realistic (Goodrich, et al., 2020). Malnutrition has been linked to reduced wound healing, increased mortality, increased infection rate, and reduced treatment response (Bellanti et al., 2022; Kabashneh et al., 2020; Yong et al., 2022). Osman et al. (2021) and Rimmella et al.'s (2023) research shows that implementing enhanced menus, such as CDDs, are effective strategies at reducing inpatient malnutrition. Rogers' Diffusion of Innovation Theory provides a framework for communication-driven change; the main mode of delivery for CDD implementation making it especially helpful when facilitating the change project (Sabin, 2006). To execute this change, it is essential to develop a body of evidence exploring the consequences of malnutrition and effectiveness of CDDs at mitigating them. Then, to conduct a descriptive research study examining demographics residing within hospitals. Afterwards, a meeting must be organized to discuss approval and to mitigate stakeholder resistance. Proposing a trial-period small-scale implementation will increase the likelihood of approval. After proving effectiveness, large-scale implementation can be discussed. Finally, a cohort study can be conducted to evaluate success. The audience are the stakeholders: patients, governmental bodies, community members, dietitians, nutritionists, hospital chefs, social workers, nurses, physicians, and healthcare authority such as managers, vice-presidents, and presidents. The organization I plan to implement this in is the University Health Network's (UHN) geriatrics floor which has patients that have had extended stays within healthcare, increasing their likelihood of malnutrition.

Evaluation Plan

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

Success Indicators

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

Feasibility

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

Significance

The main potential impact of this project is to reduce malnutrition and the myriad of associated health concerns such as reduced wound healing, increased mortality, increased infection rate, and reduced treatment response (Bellanti et al., 2022; Kabashneh et al., 2020; Yong et al., 2022). Other potential impacts include an improving the quality of life of a patient living the last days and hours of their life through implementing CDDs (Cotogni et al., 2021; Registered Nurses' Association of Ontario, 2011). For many palliative patients, providing a culturally influenced meal could be very therapeutic and precious during their final moments. On the other hand, although difficult to accurately scale, implementing CDDs and mitigating malnutrition UHN's overall costs in the long term, giving the hospital access to more funds for other projects (Eckert & Cahill, 2018).

Ethical Consideration

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



Reflection and Conclusion

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

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by Ihab Nawfal, Year 2

Winter Semester Change Project Posters

INTRODUCING A STANDARDIZED PLANNING TOOL FOR NURSES

A 2022 study regarding the state of nursing in Ontario involving 762 RPNs, found that 66% of nurses felt they did not have sufficient time or resources to provide adequate patient care (Registered Practical Nurses Association of Ontario, 2022). From prior to the Covid-19 pandemic, the workloads of nurses have been increasing with higher than ever nurse-to-patient ratios (RNAO, 2021). Nurses across Ontario are struggling to find enough time to complete all of their required nursing duties and still provide quality patient care throughout their shifts (CFNU, 2022). The literature emphasizes the negative impacts on nursing workload and quality of care that the current high nurse-to-patient ratios have (Qureshi et al., 2019).

Author:
Micaela Theofilopoulos, Year 2 Student
Scholar Practitioner Program, Niagara University
March 23, 2023

Target Audience:
This change project poster is presented to Tolken Health Network's Board of Directors.

TARGET UNIT

This change project is to be implemented and piloted in the 3A Comprehensive Stroke Unit at Mississauga Hospital.



By Micaela
Theofilopoulos,
Year 2

OVERVIEW

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

ETHICAL CONSIDERATIONS

The primary ethical consideration for this change project was maintaining the integrity of ethical patient care. To ensure this, the change project was developed according to the CNA Code of Ethics and CNO Ethics Practice Standard.

IMPLEMENTATION

Step 1: Diagnose the Problem

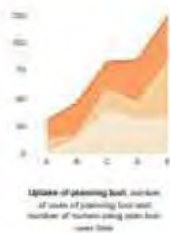
- determine the need for change through identification of problem in target hospital unit.
- Step 2: Evaluate Motivation and Capacity for Change**
 - identify and determine available and necessary resources of target hospital unit required to implement change
 - determine level of motivation of target unit for implementing change
- Step 3: Assess Change Agent's Motivation and Resources**
 - determine the level of motivation of change agent (unit managerial staff)
 - identify resources possessed by change agent to implement change

Step 4: Select Progressive Change Objectives

- outline of intended change process and development of actual action plan with specific strategies for implementing change
- Step 5: Explain Role of Change Agent**
 - set clear definition and expectations of change agent's role to nurses in the unit
- Step 6: Maintain Change**
 - implementation of change is enacted- planning tool is distributed to nurses in the unit and its use begins
- Step 7: Tailor to Help Relationship**
 - the relationship between change agent and stakeholders is formalized as planning tool becomes fully integrated into practice

EVALUATION

The desired outcomes of this change project are to enhance nursing productivity; improve time management, prioritization, and routinization skills; and increase quality of patient care. The method for evaluation includes implementing a tracking tool for monitoring the use and uptake of the new planning tool amongst nurses in the unit. Furthermore, monthly focus groups will be held with stakeholders to gain feedback regarding the planning tool.



SUCCESS INDICATORS



Effectiveness of planning tool: subject to feedback from nurses regarding effects of planning tool on organization, planning, time management.

Productivity: number of documented nursing activities by nurses using planning tool compared with prior to use of planning tool and number not using planning tool.

FEASIBILITY



Following a feasibility assessment, it was determined that this change project is highly feasible in the target unit of 3A Comp. Stroke. A need in the unit was identified based on high nurse-to-patient ratios; subjective data from nurses regarding difficulty managing workload; subjective data from unit managerial staff regarding reduced productivity of nurses on the unit; identified resources available on the unit include managerial staff, nursing staff (RNs and RPNs), EPIC, and unit education budget. The environment of the unit is characterized by "heavy" patient assignments, patients at various levels of required care, and interdisciplinary collaboration. The culture of the unit is characterized by collaboration, individualized patient care, provision of ADLs, and compassionate care. The combination of the unit's need, resources, environment, and culture make it a strong candidate for the implementation of this change project.

SIGNIFICANCE

The significance of this change project is demonstrated by its possible impact on nursing productivity and its ability to assist nurses in better managing high patient loads. Time, or lack thereof, is a widespread concern for nurses (Bowers et al., 2000). Planning is an integral part of time management (Cassano, Van Eerde, & Rutta, 2007), so providing nurses with a tool to plan their tasks can help manage time and facilitate the completion of those tasks. Most importantly, there is a clear link between time management and quality of patient care (Saks, 2014; Nayak, 2018). Overall, the introduction of this planning tool can assist nurses in managing their time optimally in order to ensure the highest quality of patient care.



IN CONCLUSION...

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

Student Resources

Student Accessibility Services

SAS, or Student Accessibility Services, is committed to promoting an inclusive and accessible learning environment for all students who have permanent or temporary disabilities. The dedicated staff is available to discuss the various academic accommodations and support services that are available to ensure the success of each student.

To access academic accommodations, new students are required to apply and returning students are required to submit a returning student form at the start of each term. This form serves as a confirmation of enrollment in classes and a request for access to academic accommodations. Additionally, it grants SAS permission to deliver Letters of Accommodation to faculty members each semester. By working with SAS and submitting the required forms, students can ensure that they receive the necessary accommodations to succeed academically and personally.

Email: sas@nipissingu.ca

Website: <https://www.nipissingu.ca/departments/student-development-and-services/accessibility-services>

Student Accessibility Services



Providing academic accommodations and support services for students with disabilities.

We strive to provide an accessible, barrier-free learning environment.

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Student Resources

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Student Counselling Services offer support to students to help them achieve good mental and emotional health. The services are designed to be professional, effective, and brief, providing students with the necessary tools to manage their well-being. Whether it's managing stress, anxiety, or personal issues, the team is available to help students succeed.

Students can connect with counsellors by completing a form online to request an appointment.

Email: counselling@nipissingu.ca

Phone: 705-474-3450 Ext: 4507

Website: <https://www.nipissingu.ca/departments/student-development-and-services/counselling-services>

Student Counselling Services

counselling@nipissingu.ca

Room: B210

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Student Resources

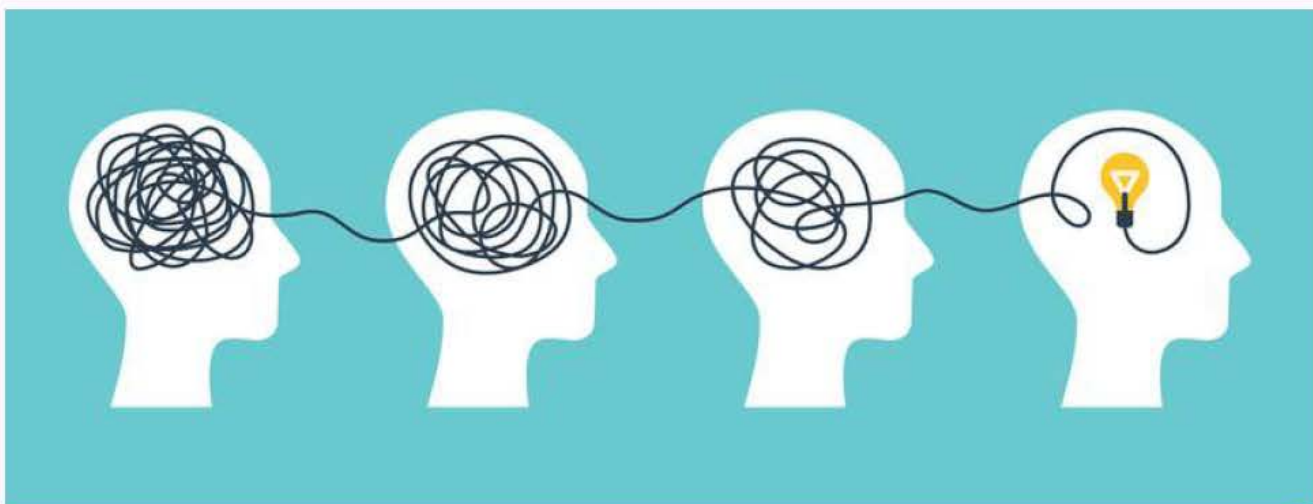
Academic Skills Resources

Academic Skills Resources are a collection of tools and materials designed to help students improve their academic performance. These resources cover a range of topics, including time management, note-taking, essay writing, and critical thinking. Whether you're a new student looking to improve your study skills or an experienced learner seeking to enhance your academic abilities, the Academic Skills Resources can help. These resources are available online and are easily accessible, providing students with the flexibility to learn at their own pace and convenience.

Students are able to request 1-hour appointments or reserve a 15-minute drop-in consultation to explore writing, academic skills, math, science, and more through the website or by email.

Email: slt@nipissingu.ca

Website: <https://www.nipissingu.ca/departments/student-development-and-services/slt/academic-skill-development>



Announcements

June 6, 7, and 8, 2023
July 28, 2023

Year 2 Graduate Cohort Photography
End-of-Year Celebration

Newsletter Team



Jenny



Riana



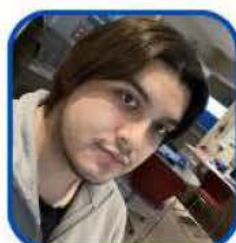
Amanda



Nada



Fritz



Dylan

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