



# NIPISSING UNIVERSITY

## SCHOLAR PRACTITIONER PROGRAM

### FALL 2023

### NEWSLETTER

September - December 2023

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#### Collaborations



THE HOSPITAL FOR SICK CHILDREN



#### NEWSLETTER TEAM

Amanda Boudreau  
 Fritz Sarigumba  
 Jenny Jing  
 Nada Fakir  
 Dylan Caetano



LET'S  
CELEBRATE  
you

## Welcome

### *Congratulations*

on the completion of the very active fall semester to commemorate our 12th anniversary of the SPP!

As the 2022 cohort, you are sustaining the energy and unique learning journey of the SPP into its final year. Within the continued discovery of learning, you continue to shine from within.

...within your belief in your personal desire, your strongly evolving professional abilities, your ultimate learning journey goal, and most importantly, your perseverance amidst the very many co-competing internal and external circumstances surrounding your experiential pathway.

Celebrate your achievements this semester as you look ahead to deepening and strengthening foundational practice within the upcoming semesters. Hold on to the spirit of inquiry and continued eagerness for new learning within a continuously changing environment. Your individual and collective accomplishments continue to reflect your incredible potential!

Equally contributing in this experience, we acknowledge the dedication of our program faculty in support of your learning experiences in continually demonstrating their dedication and commitment to the success of each learner.

Embrace the New Year with new learning opportunities.

Embrace interests and passions that enrich your life long learning journey.

Embrace all that you have achieved thus far in celebration of you.

Embrace all that is and can be possible!

Most importantly, embrace those in your circle of care to bring upon warmth, comfort and strength.

**Wishing you and your families a joyous, safe and healthy holiday season,**

**Dr. Baiba Zarins, RN, PhD**  
SPP Program Manager

*Happy Holidays!*



<http://www.virtuesforlife.com>



# Welcome Aboard: Introducing Our New Pediatric Faculty Advisor!



Jacqueline (Jackie) Lopez, RN, BScN, MN

## Dear Jackie

The entire cohort of nursing students at Nipissing University - Scholar Practitioner Program is delighted to extend a heartfelt welcome to you as our new Faculty Advisor for the Pediatric Cohort. Your appointment brings a wave of excitement and optimism among us. We are eager to dive into the depths of pediatric nursing with your guidance and expertise. Your experience is not just a valuable addition to our academic journey but its an inspiration that lights our path toward becoming compassionate and competent nursing professionals.

## A Journey of Mutual Learning and Growth:

We are looking forward to the wealth of knowledge and expertise you will share, which will undoubtedly enrich our understanding and skill set in pediatric nursing. Your role as our mentor and guide is pivotal in shaping our future careers. We anticipate your teaching methods and practices that will not only challenge us intellectually but also nurture our emotional and practical skills essential for pediatric care. This journey with you promises to be a blend of rigorous academic discipline and insightful, real-world applications, preparing us to excel in healthcare environments.

## Together Toward a Brighter Future

We embrace the opportunity to learn from you and grow under your guidance. Your presence promises a nurturing and enriching educational experience, and we are excited about the positive impact it will have on our personal and professional development. Welcome to our community, where we hope to create lasting memories and achieve great milestones together.



WELCOME TO THE SPP JACKIE!

# Faculty Introduction

**Jacqueline (Jackie) Lopez, RN, BScN, MN**

**How long have you been a member of the faculty?**

October 2023



**What is your current research interest?**

How authentic leadership can impact the success of novice nurses.

**What is your favourite part of SPP?**

Working alongside such knowledgeable colleagues and learners who are driven and enthusiastic about their learning.



**What is one fun-fact you would like to share about yourself with the SPP?**

While surfing at North Shore In Hawaii, I was able to be in the water with sea turtles!

**Advice to Y2 students?**

Learning opportunities that make you step outside your comfort zone are often the ones that lead to the most growth.





# Faculty Introduction

**Jacqueline (Jackie) Lopez, RN, BScN, MN**

**What Is your favourite memory as a practicing nurse?**

Seeing a 1-year-old patient go home after waiting almost a year in-hospital for a heart transplant - the patient is currently thriving and quite the dancer!!



**If you could go back, what is one thing you would tell yourself when you were in your last year of nursing school?**

Once you start practicing, you will really see the value and meaning of the lessons from course content and practicum experience - so try your best and don't sell yourself short.

Jackie in Nursing School!



# Faculty Introduction

**Dr. Ping Zou, RN, PhD**



## How long have you been a member of the faculty?

I joined Nipissing University and worked in the SPP since July 2015.

## What is your favourite part of SPP?

SPP learners are self-reflective and self-motivated. They have a learning plan designed by themselves. They have their own topic in their research paper. They have their ambition in their change projects. They find their pathway. I am very proud of them.

## If you could go back, what is one thing you would tell yourself when you were in your last year of nursing school?

I deserve a dream, and I can make it real with my hard work.



## Advice to Y2 students?

Trust that you will be a great nurse soon. Plan ahead. Understand what you want to do in the first year, the second year, the fifth year, and even the tenth year after graduation. Buy a nursing watch for yourself and get ready to work at the bedside. Sharpen your research skills and prepare for evidence-based practice and post-graduate studies in the near future. Work hard and take care of yourself too.





# Faculty Introduction

**Ping Zou, RN, PhD**

## **What is your favourite memory as a practicing nurse?**

I never forgot my first nursing job, which was a staff nurse position in a nursing home. On my floor, I worked with 55 residents/clients, whose average age was above 85 years old. When I walked into the hallway, I felt like I was in a gallery. Beside each resident's door, there was a glass show box presenting an important artifact of their life experiences, such as a picture, a dress, or a hat. I enjoyed walking in the hallway, exploring those show boxes, and reading their life stories. Through these artifacts, I appreciated the wonderful people I worked for.

## **What is one fun-fact you would like to share about yourself with the SPP?**

In my family, we have a dog and two cats. They eat well, sleep well, work hard (especially making lots of furs, scratching surfaces, and breaking down furniture), play hard, and live happily with us. They bring us not only happiness but also creativity. In her physics class, my daughter used one of our cats as a model to describe how the cat would experience a radiated world.



## **What is your current research interest?**

I am in the transition to a new research study, which is the design of appropriate intervention for midlife immigrant women in Canada. Currently, I am working on the review of traditional practices, such as use of Traditional Chinese Medicine in middle-aged and senior Asians in the North America. My current studies are included in the research project Getting Older in A New Country (GOLDEN). In the GOLDEN project, I strive to uncover the menopausal/midlife experiences of immigrant women in Canada and explore appropriate interventions to promote healthy and happy aging. See my publications in Researchgate: <https://www.researchgate.net/profile/Ping-Zou-7>



# Faculty Introduction

Ping Zou, RN, PhD



## My publications related to the GOLDEN project include:

- Zou, P., D'Souza, D., Luo, Y., Sun, W., Zhang, H., & Yang, Y. (2022). Potential effects of virtual interventions for menopause management: a systematic review. *Menopause, the Journal of the North American Menopause Society*, 29(9), 1101-1117. doi: 10.1097/GME.0000000000002020. Epub 2022 Aug 9. PMID: 35944249.
- Zou, P., Luo, Y., Wyslobicky, M., Shaikh, H., Alam, A., Wang, W., & Zhang, H. (2022). Menopausal experiences of South Asian immigrant women: a scoping review. *Menopause, the Journal of the North American Menopause Society*, 29(3), 360-371. DOI: 10.1097/GME.0000000000001919.
- Zou, P., Kadri, Z., Shao, J., Wang, X., Luo, Y., Zhang, H., & Banerjee, A. (2021). Factors influencing physical activity participation among midlife immigrant women: a systematic review. *Int. J. Environ. Res. Public Health*, 18, 5590. <https://doi.org/10.3390/ijerph18115590>
- Zou, P., Waliwitiya, T., Luo, Y., Sun, W., Shao, J., Zhang, H., & Huang, Y. (2021). Factors influencing healthy menopause among immigrant women: a scoping review. *BMC Women's Health*, 21, 189. <https://doi.org/10.1186/s12905-021-01327-z>
- Zou, P., Shao, J., Luo, Y., Thayaparan, A., Zhang, H., Alam, A., Liu, L., & Sidani, S. (2021). Facilitators and barriers to healthy menopausal transition among south Asian immigrant women in Canada: a qualitative exploration. *Healthcare*, 9 (2), 182. <https://doi.org/10.3390/healthcare9020182>
- Zou, P., Shao, J., Luo, Y., Huang, Y. & Zhang, H., & Sidani, S. (2020). Menopausal transition experiences and management strategies of Chinese immigrant women: a scoping review. *Menopause, the Journal of the North American Menopause Society*, 27(12), 1434-1443. DOI: 10.1097/GME.0000000000001623.





# Fond Farewell and Best Wishes to our Esteemed Faculty Advisor



**Zaheera Raza**  
**RN, BScN, MN**

## Dear Zaheera

As you embark on the next chapter of your journey, we, the SPP nursing students, would like to express our deepest gratitude and best wishes. Your guidance has been foundational of our education and growth. The wisdom and care you imparted have not only shaped us into better students but also into compassionate nursing students. The lessons learned, and the memories created under your mentorship will remain with us forever. Your dedication to teaching and nurturing future nurses has left a permanent mark on our hearts and minds.

## Carrying Forward your Legacy

As we bid you farewell, we do so with a mix of sadness and pride - sadness for the end of an enriching era and pride for having had the opportunity to learn from someone as dedicated and knowledgeable as you. Your influence will continue to resonate in our professional lives, guiding us as we care for others. You have set a high standard for us to aspire to, and we are committed to upholding the values and skills you have instilled in us.

## Wishing you all the best

Wherever your journey takes you next, we are confident that you will continue to inspire and make a positive impact. May your future endeavours be filled with the same joy, fulfillment, and success that you brought to our nursing cohort. You will always be a cherished part of our family.

# RNFOO Academic Scholarships

An advertisement for RNFOO Academic Scholarships. The background is a photograph of a smiling Black woman with curly hair, wearing a teal scrub top, sitting at a desk in a classroom or lecture hall. In the foreground, a white notepad with a gold paperclip is pinned to the desk. The notepad has the text "\$100,000+ in awards available!" written on it. In the top left corner of the image, there is a logo for the Registered Nurses' Foundation of Ontario (RNFOO) featuring three stylized figures in blue and purple. Below the logo, the text "REGISTERED NURSES' FOUNDATION OF ONTARIO" is visible. At the bottom of the image, a teal banner contains the text "Applications now being accepted for RNFOO Academic Scholarships".

**\$100,000+**  
**in awards**  
**available!**

Applications now being accepted for  
RNFOO Academic Scholarships

For further information, please visit the link below for award application information:

<https://www.rnfoo.org/academic-awards-information/application-guidelines/>

# SPP Student Council

## 2023 - 2024

# Student Council

2023-2024



**Serena Aseerwatham**  
Co-President



**Samantha Gillen**  
Co-President



**Lindsay Coakley**  
Vice President



**Gretchen Eng**  
VP of Media & Marketing



**Gurnir Shergill**  
Media & Marketing  
Executive



**Amanda Boudreau**  
VP of News Operations



**Jenny Jing**  
News Operation Executive



**Nada Fakir**  
News Operation Executive



**Fritz Sarigumba**  
News Operation Executive



**Dylan Caetano**  
News Operation Executive



**Jeremiah Dias**  
VP of Communications



**Justin Wu**  
VP of Student Engagement  
& Outreach



**Desiree Anand**  
Student Engagement &  
Outreach Executive



**Saira Raza**  
Student Engagement &  
Outreach Executive



Graphic created by: Gurnir Shergill



# Get To Know The Student Presidents

## Advice / A Letter to your first-year self

Reflecting on my first year, I am amazed to see my growth as a nursing student. I would have laughed if you had told me a year ago that I would be taking on full patient assignments in semester four. My first-semester placement was daunting. Manual blood pressure was the enemy. I have never been more stressed than my third attempt at a manual blood pressure on a screaming two-year-old whose Mom and Dad are standing right beside me. Developing the critical thinking skills and knowledge to become a nurse in only two years felt impossible. However, my failures have been experiences that facilitated the growth of my skills, knowledge, and competency. Each failed attempt to take a blood pressure was a learning opportunity, and I have realized persistence and practice are necessary to attain any goal. My advice to my first-year self would be to take each failure in stride; you will get there. Oh, and you are a pro at taking blood pressure now!

**Samantha Gillian, Y2 Co-President**

As you start this new journey, I'm proud of you. The things you see during this next year are going to change you. Your first three clinical placements are in mental health, medicine, and pediatric oncology. I know you decided on nursing because you wanted to be in mental health, but you're about to come face to face with realities you didn't know existed. When you hear stories of abuse that shatter your heart, see the grief in parents' eyes, and prepare your first deceased patient for transport, I want you to know that it is an honour. When you're exhausted and tired, remember that it is a privilege to have a front-row seat to these people's lives. To sit with them in their most vulnerable moments, to help restore their will to live, and to support them through life-changing diagnoses. Remember that not many people are cut out for this, but you are. This next year will change your outlook on life, but you'll be a better person for it. You were built for this and you've got this.

**Serena Asserwatham, Y2 Co-President**

# Best Practice Guidelines

## Leads

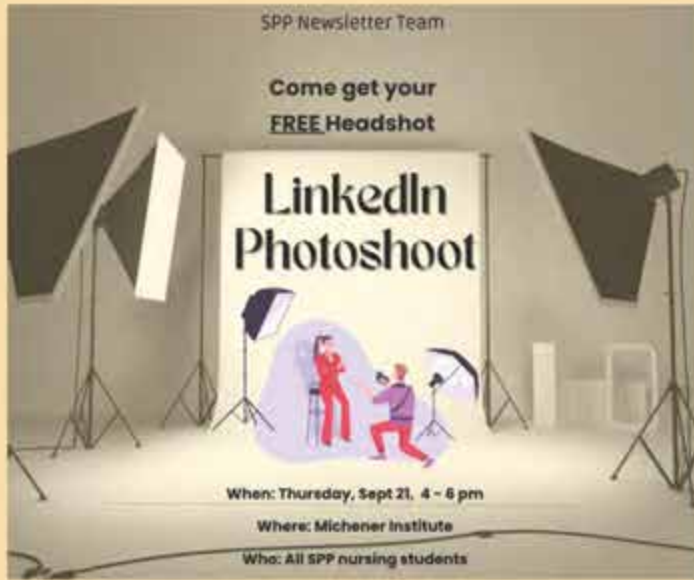
Amanda Boudreau & Taylor Stevens



This semester, we covered the BPG *Preventing and Mitigating Nurse Fatigue in Health Care*. We found this BPG super important as it allows our whole cohort to reflect and brainstorm ideas of how we can mitigate fatigue throughout our time in placement and in our future nursing practice. We focused on goals to maintain our well-being and how we can take care of our mental health. For example, we discussed a lot about the importance of taking breaks and how having a good charge nurse who ensures all nurses get their break is a sign of true leadership. Through collaboration and discussion we were able to hear various stories from classmates. In addition, we would like to thank Naam Nadeem for helping facilitate our second session!




# SPP LinkedIn Photoshoot



On September 21st, our SPP Nursing students gathered at the Michener Institute for a LinkedIn photoshoot organized by Fritz and Jenny from the STUCO team. Most students arrived in two outfits – business casuals for one photo and nursing scrubs for another, ensuring a total of two professional images for their LinkedIn profiles.

The atmosphere was casual yet focused, with students networking and sharing experiences. This event was not just about taking photos; it was a chance for us all to meet, support each other, and take a step forward in our professional journey. The turnout and enthusiasm from everyone made the day a great success.

 *A heartfelt thank you to each participant for making this event unforgettable. Stay tuned for more exciting events in the upcoming semester!*





# Experiencing a New Environment

## Adult cohort goes to paediatrics

**Serena Aseerwatahm**

**Unit:** 8A – Inpatient Oncology Unit

“I had such a great first pediatric placement! Highly recommend 8A to anyone looking for a specialized peds placement!”

**Favorite memory:** Taking my patient trick or treating on Halloween! She had never been trick or treating as she had newly Immigrated to Canada. Getting to experience this with her and her parents and watch them take pictures of everything was so meaningful!



**Carly Bradshaw**

**Unit:** 4C – Medical Day Care / Short Stay

**Favorite memory:** My favourite from this last semester on 4C is really the whole placement. The team of nurse and my preceptor were so welcoming and created such an amazing learning environment for me! Further, just being able to experience the nursing pediatric setting and working with the kids on my unit was amazing! I feel like I really learned a lot of different creative communication techniques from them that I can bring with me to future placements and work. :)






# Experiencing a New Environment

Adult cohort goes to paediatrics

**Justin Wu**

**Unit:** 8B – Bone Marrow Transplant



“Transitioning from adult care to pediatric care at SickKids on 8B Bone Marrow Transplant presented a unique set of challenges that enriched my professional experience during the semester. The shift demanded a nuanced approach in communication and care delivery, as working with parents and families became a pivotal aspect of the pediatric care dynamic. The intricacies of addressing the emotional needs of both the young patients and their families required a delicate balance, involving effective collaboration and open communication. Navigating the emotional landscape of pediatric care demanded a heightened sensitivity and adaptability, as the dynamics in this environment are distinctly different from adult care. This experience underscored the importance of a holistic approach to healthcare, emphasizing the need for comprehensive support systems for families facing the challenges of pediatric bone marrow transplants”







# Experiencing a New Environment

## Adult cohort goes to paediatrics



### Dylan Caetano

**Unit:** 6A – Nephrology, Transplant, GI, Endocrinology, Rheumatology, Hepatology, Respiratory, and GIFT.

“I was exposed to diverse diagnoses, medications and new interventions (such as Peritoneal Dialysis). The nurses are very strict on CLABSI, so even priming IV lines was intense compared to my experiences in adult care. A big difference between my experiences in pediatrics vs adults was how involved the families were in patient care. Families often administered medications, suctioned tracheostomies, conducted ostomy care and helped out with other ADLs. We had 2 in-person simulation days, and I felt more comfortable in anticipation for my shifts. It was such a great experience. 10/10 would recommend 6A as a placement – you learn so many skills, get comfortable with medication calculations and PICC care, and are exposed to such a diverse population.”





# Experiencing a New Environment



## Adult cohort goes to paediatrics

**Amanda Boudreau**

**Unit:** 8D - Oncology / Haematology Outpatient Clinic

"I absolutely loved my time on unit 8D. Being able to have an outpatient clinic experience was truly amazing. At the end of each day, I got to see my patients go home after receiving their treatment whether it was chemotherapy, blood transfusions or IVIG."

**Favorite memory:** Witnessing a patient ring the bell to signify the end of her treatment. Although I only cared for the patient once, this was a heartwarming and beautiful moment showcasing her incredible journey.



Amanda Boudreau, Arabella Marasigan, and Danielle Stevens on SickKids orientation day!



# Experiencing a New Environment

## Adult cohort goes to paediatrics

**Evan Carr**

**Unit:** 7C

One of my patients, Avery, had a great impact during my time at SickKids. Avery was diagnosed with a rare, neurodegenerative genetic disease, Spinocerebellar Ataxia Type 28 (SCA28). The genetic specialist at SickKids explained it as a “very slowly degenerative... you may not even see a change in Avery for quite a long time and it will not start till adulthood.” Within a few months of diagnosis, Avery’s life skills disappeared. Her neurologist at SickKids and the pediatric doctor could not believe it had started at two years old.



To read more on Avery Vlogiannitis' story, please read the GlobalNews article: <https://globalnews.ca/news/9063883/ontario-child-rare-genetic-disease-help/>

# Experiencing a New Environment

## Fight for Avery Vlogiannitis



Zene Rebello is organizing this fundraiser on behalf of Jonelle Vlogiannitis.

\$74,440 raised of \$250,000 goal

50% anniversary

Share

Donate now

This fundraiser is located near you

Chris Alvarado  
\$50 - 7 d

Anthony Sookdeo  
\$100 - 14 d

Anonymous  
\$100 - 15 d

The family has launched a GoFundMe campaign, Fight for Avery Vlogiannitis, in hopes of raising \$250,000 for medical equipment not covered by government funding or private insurance, as well as a home care nurse, costs associated with meeting doctors outside of Canada and research into possible treatments.

**GoFundMe link:** <https://gofund.me/4a01378d>

**LEAFS TICKETS**  
**RAFFLE**  
DRAW DATE: DEC 15, 2023

**JAN 9, 2024**  
PAIR OF GOLD SEAT TICKETS TO BE WON

**\$20 PER TICKET OR \$50 FOR THREE**

All funds raised go to Avery Vlogiannitis who was diagnosed with rare disease SCA28

E-TRANSFER TREBONG@HOTMAIL.COM  
WITH YOUR CONTACT INFO TO ENTER



# Experiencing a New Environment

## Adult cohort goes to paediatrics

### Fritz Sarigumba

**Unit:** Hemodialysis Unit –St. Joseph’s Healthcare Hamilton

Transitioning from pediatric to adult care has been an incredible experience. The nurses in my unit are just amazing. They’re all about teaching, which makes the environment feel like everyone is your preceptor. There’s a real sense of closeness in the unit. The hands-on skills I’ve developed are extensive too, from connecting patients to dialysis machines to troubleshooting them and performing focused assessments. I’m extremely grateful for this opportunity and would definitely recommend dialysis to anyone considering a specialization in this field (a nursing hidden gem indeed 😊). It’s been a fantastic journey.

### Jenny Jing

**Unit:** Emergency Department –Toronto General Hospital

I transitioned from a pediatric rehabilitation unit to the fast-paced environment of an adult emergency department, marking a somewhat shocking but incredibly enriching change. This experience allowed me to extend my care to adults and the elderly but also provided the opportunity to practice essential nursing skills—such as venipuncture, IV insertion, and administering IV medications via gravity—that were previously restricted by pediatric policies.

Being a part of the emergency department team significantly enhanced my critical thinking abilities. I actively participated in the diagnosis and initiation of care for a diverse array of patients, each presenting unique pathology, varied populations, and distinctive care needs. Moreover, actively engaging in resuscitative events, such as cardiac arrest, during my time in the ED further fortified my skills and readiness that I will take with me for future code-blue’s. I wholeheartedly recommend the emergency department as an ideal placement for any learners keen on thriving in a dynamic, skills-driven unit!



# Experiencing a New Environment

## Adult cohort goes to paediatrics

### Sandy Nguyen

**Unit:** 13E Internal Medicine - Toronto General Hospital

I was placed at Toronto general Hospital this semester. Going from peds to adults was something I was very nervous about. I didn't know how different the care would be and I was especially nervous about the patient load. But as I started and learning more about my unit I realized that having a good supportive environment is what makes work better. Because of this, I got to see a lot of different cases and for the first time in all placements, I had the opportunity to take on 3 assignments! Having this opportunity was an eye opener. Prior to starting placement I didn't think I would ever work with adults but after, I would consider it!

### Danielle Sehadevan

**Unit:** Liver Transplant Clinic - Toronto General Hospital

I was nervous yet excited about having an adult placement this semester. I was looking forward to the differences in care and communication compared to pediatric nursing. I was placed at the Liver Clinic at Toronto General Hospital, so I also got to experience being placed at an outpatient clinic as well. I found myself often speaking to my patients softly due to my pediatric background which is something I laugh about now. My preceptor also noticed and commented on how I would remove our patient's IVs slowly, and how I would be very careful in my assessments. A great positive from my adult care was gaining confidence in my abilities to speak to the older population as this can reflect to the way I will communicate with my future pediatric patients' parents. Also being placed in a clinic helped me strengthen my interprofessional understanding because I never connected with that many doctors in my previous placements. I really enjoyed my time at TGH, but I am definitely excited to return to my passion which is pediatric care!

# Winter Recipes

## Butternut Squash Soup

### Ingredients:

- 1 large butternut squash (peeled, seeded, and cubed)
- 1 onion (chopped)
- 2 cloves garlic (minced)
- 4 cups chicken or vegetable broth
- 1 cup coconut milk (or cream for a richer texture)
- Salt and pepper (to taste)
- Optional: nutmeg, cinnamon, or ginger (for extra warmth and flavor)
- Olive oil or butter (for sautéing)



### Instructions:

1. **Sauté the Aromatics:** In a large pot, heat the olive oil or butter. Add the chopped onion and garlic, sautéing until the onion becomes translucent.
2. **Cook the Squash:** Add the cubed butternut squash to the pot and cook for a few minutes.
3. **Add Broth and Simmer:** Pour in the chicken or vegetable broth. Bring the mixture to a boil and then reduce the heat to let it simmer until the squash is tender, about 20 minutes.
4. **Blend the Soup:** Once the squash is soft, use an immersion blender to blend the soup until smooth. Alternatively, you can let the soup cool slightly and then blend it in batches using a regular blender.
5. **Add Creaminess:** Stir in the coconut milk or cream, and heat the soup through; if you want a thinner consistency, you can add more broth or water.
6. **Season to Taste:** Add salt, pepper, and any optional spices like nutmeg, cinnamon, or ginger.
7. **Serve Warm:** Serve the soup hot, optionally garnished with a swirl of cream, a sprinkle of herbs, or toasted seeds.

## Classic Beef Stew

### Ingredients:

- 2 lbs beef chuck (cut into 1-inch cubes)
- 3 tablespoons all-purpose flour
- 4 carrots (peeled and sliced)
- 3 potatoes (peeled and cubed)
- 1 onion (chopped)
- 2 cloves garlic (minced)
- 4 cups beef broth
- 1 cup red wine (optional, can replace with extra broth)
- 2 tablespoons tomato paste
- 1 teaspoon dried thyme
- 1 bay leaf
- Salt and pepper (to taste)
- Olive oil (for browning)
- Optional: peas or green beans for added veggies



### Instructions:

1. **Prepare the Beef:** Toss the beef cubes with flour, salt, and pepper. This helps to thicken the stew later.
2. **Brown the Beef:** In a large pot or Dutch oven, heat olive oil over medium-high heat. Brown the beef on all sides, then remove it and set aside.
3. **Sauté Vegetables:** In the same pot, add a bit more oil if needed. Sauté the onions and garlic until softened. Then add the carrots and potatoes, cooking for a few more minutes.
4. **Deglaze and Combine:** Pour in the red wine (if using) and scrape up any browned bits from the bottom of the pot. Add the tomato paste, thyme, and bay leaf, stirring to combine.
5. **Add Beef and Broth:** Return the beef to the pot. Pour in the beef broth, ensuring the meat and vegetables are covered.
6. **Simmer:** Bring the stew to a boil, then reduce the heat to low and cover. Let it simmer for about 1.5 to 2 hours, or until the beef is tender.
7. **Final Touches:** If using peas or green beans, add them in the last 30 minutes of cooking. Adjust the seasoning with more salt and pepper if needed.
8. **Serve:** Remove the bay leaf and serve the stew hot, ideally with some crusty bread or over a bed of rice.

# Fall and Winter Activities

## Fall Activities



Reading



Hiking



Camping

## Winter Activities



Ice Skating



Snowboarding



Relaxing at home with family or loved ones



# Fun Knowledge Check-in

Amanda Boudreau Artefact (Oncology / Haematology Clinic at SickKids)

Name \_\_\_\_\_

## Paediatric Haematology Quiz



- Select all that apply: A patient who is anemic will present with:**
  - Tiredness and fatigue
  - Pallor
  - Shortness of breath
  - Dizziness
- Select all that apply: What is a cause for iron-deficiency anemia?**
  - Gastric bypass surgery
  - Pregnancy
  - Diet high in meat, fish, and poultry
- A patient with iron deficiency anemia is to be discharged home with iron replacement therapy. Which instruction would be most important to maximize iron absorption?**
  - Take alongside iron rich foods
  - Take before bedtime
  - Take it with a glass of orange juice
  - Take it with a glass of milk
- Select all that apply: What are some characteristics of the pathophysiology of Sickle Cell Anemia?**
  - The red blood cells are a distorted shape
  - The RBC life span is less than 3 weeks
  - The RBC life span is 4 months
  - The RBC can get clogged easily in blood vessels
- Select all that apply: What is the treatment for a patient undergoing a sickle cell crisis?**
  - Hydration
  - Bed rest
  - PCA and ask HCP for higher doses
  - Acetaminophen
  - Distraction
- What is a good distraction for patients undergoing a sickle cell crisis?**
  - Painting
  - Video games
  - Board games
  - Watching movies
- A nurse is caring for a patient diagnosed with hemophilia A. The nurse knows this type of hemophilia is caused by an absence of which clotting factor?**
  - Lack of clotting factor VIII (8)
  - Lack of clotting factor IX (9)
- Select all that apply: A nurse is caring for a patient with hemophilia. Which concerns would be expected on the nursing care plan?**
  - Pain
  - Anxiety
  - Deficit of fluid volume
  - Ineffective tissue perfusion
- Select all that apply: What are important education tips to provide to the patient and family?**
  - Wear a medical alert bracelet
  - Avoid giving the child OTC aspirin
  - Play non-contact sports
  - Joint destruction is a long-term complication



# Fun Knowledge Check-in

Amanda Boudreau Artefact

**10. Select all that apply: What is important to note when administering vaccinations to hemophilia patients?**

- a. Administer vaccinations via the IM route with the smallest needle
- b. Administer vaccinations via subcutaneous route with the smallest needle
- c. Hold pressure on the injection site of 5 minute or more

**11. What is a normal platelet value for patients with thrombocytopenia?**

- a. 160,000
- b. 300,000
- c. 120,000
- d. 600,000



**12. For blood transfusions, why do we run at the half rate for 15 min before going to the full rate?**

- a. To monitor for adverse reactions
- b. To make sure the blood can flow through the IV
- c. To reduce pain
- d. We run at the full rate for the entire time

**13. True or False. If a patient is receiving two bags of blood, we do not have to run at the half rate when beginning the second bag of blood.**

- a. True
- b. False

All answers and rationales can be found on the next page



# Fun Knowledge Check-in

Amanda Boudreau Artefact

## Answers and Rationales

1. a,b,c,d – Patients who are anemic will present with all of the following due to the low RBCs. RBCs carry oxygen on their hemoglobin attachments to help profuse the body.
2. a,b – During gastric bypass surgery, iron is not as easily absorbed in the new, smaller stomach. During pregnancy, the fetus stores iron, usually during the first trimester. Meat, fish, and poultry all contain rich sources of iron. A diet high in these will not cause anemia.
3. c – A glass of orange juice enhances iron absorption. Milk has low iron content and will not maximize absorption. Taking along side iron rich foods will help the patients iron intake, but will not maximize absorption.
4. a,b,d – Sickle cell anemia causes the red blood cells to be a distorted shape (almost looks like half-moon), the lifespan of these sickle cell anemic blood cells are less than 3 weeks. Normally, the RBC have a lifespan of 4 months. The RBC cannot carry adequate oxygen to the body and get clogged in tiny vessels, blocking or occluding oxygen to vital organs or extremities. This causes ischemia that lack of oxygen to the body tissues. This causes extreme pain during a sickle cell crisis. This is called a vaso-occlusive crisis.
5. a,b,c,e – hydration is critical (IV fluids) to promote hydration and help thin the blood to allow sickle cells to move around more easily. Bed rest is used to conserve oxygen and reduce energy expenditure. Pain control is very important, PCA pump is used and we call the HCP for higher doses as it is needed for medication tolerance. It is believed metabolism of these drugs is altered in these patients. It is important to not assume addiction or abuse in clients with sickle cell crisis. We always believe their self-reported pain. Ensure to assess pain and give higher doses of pain medication during a sickle cell crisis.
6. d – the goal is to relax and conserve oxygen. The best distraction method for these patients is to watch movies.
7. a – an individual with hemophilia A lacks the clotting factor VII (8). An individual with hemophilia B lacks the clotting factor IX (9)
8. a,b,c,d – These are all concerns that would be expected on the nursing care plan.
9. a,b,c,d – It is important to wear a medical alert bracelet so HCP are aware. There is a big bleed risk in hemophilia patients due to the lack of a clotting factor. It is important to avoid administering aspirin and contact sports. Joint destruction is a long-term complication especially in the knees due to the wear and tear with the thin blood causing inflammation and deformity. Around toddler age and when they become more active, patients often experience more trauma.
10. a,c – With hemophilia patients we should avoid IM injections. IM injections to prevent hematomas inside the muscles. The subcutaneous route is the best route for these patients. Hold pressure for 5 minutes or more due to the big bleed risk, there should be no rubbing in the injection site as it can cause a hematoma in these fragile patients.
11. c – the normal platelet value is 150,000 – 400,000. In patients with thrombocytopenia, we usually see 150,000 or less. 100,000 is a major risk and 50,000 or less is can be deadly.
12. a – For the first 15 minute of a blood transfusion, we run at the half rate. After this 15 min, we recheck vital signs and make sure the patient is not having any reactions to the blood. If vital signs are stable and the patient is not having any reactions, we can go to the full rate for the remaining volume.
13. b (false) – When we start a new bag, we need to run at the half rate for 15 min before going to the full rate. This is a new bag and we want to ensure there are no adverse reactions with this bag.

# Artifacts

Evan Carr (SickKids 7C Pediatric Medicine)

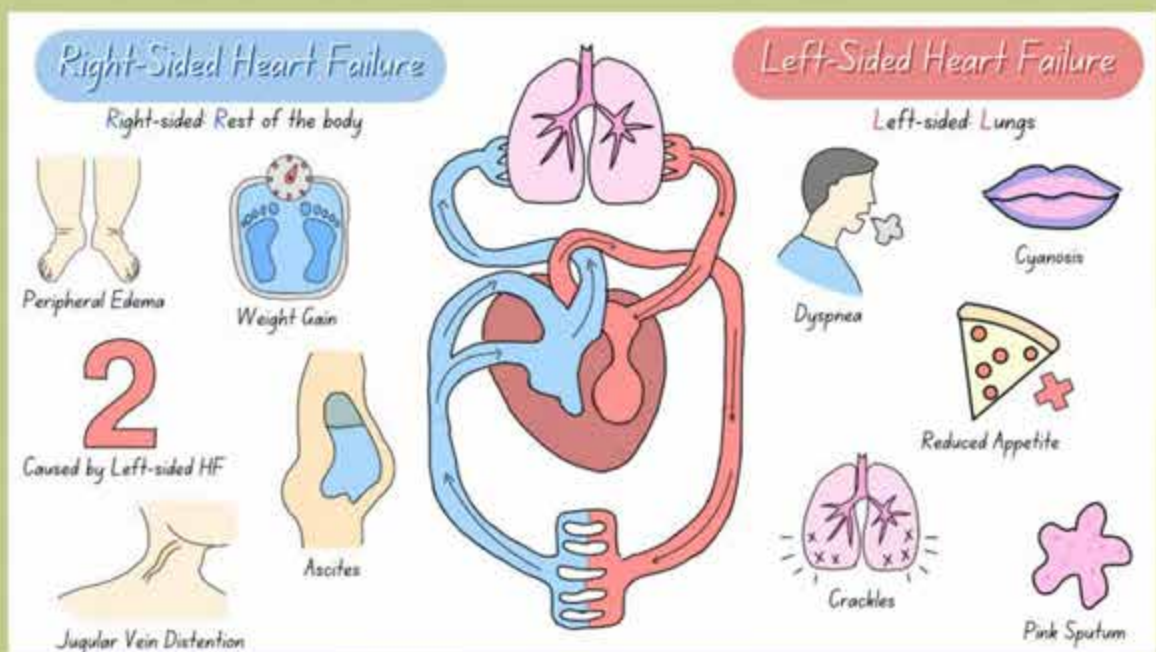


### SYMPTOMS OF MULTIPLE MYELOMA

A CRAB

C	R	A	B
<b>Elevated Calcium</b> • Thirst • Polyuria • Decreased appetite • Constipation • Nausea & vomiting • Neuropathy • Muscle weakness • Confusion	<b>Renal Failure</b> • Loss of appetite • Shortness of breath • Oliguria OR polyuria • Fluctile uric acid • Diarrhea • Nausea & vomiting	<b>Anemia</b> • Fatigue • Generalized discomfort • Shortness of breath • Sluggishness • Pallor	<b>Bone Lesions</b> • Coagulation disorders • Bruising • Bleeding • Back and rib pain • Head common sites

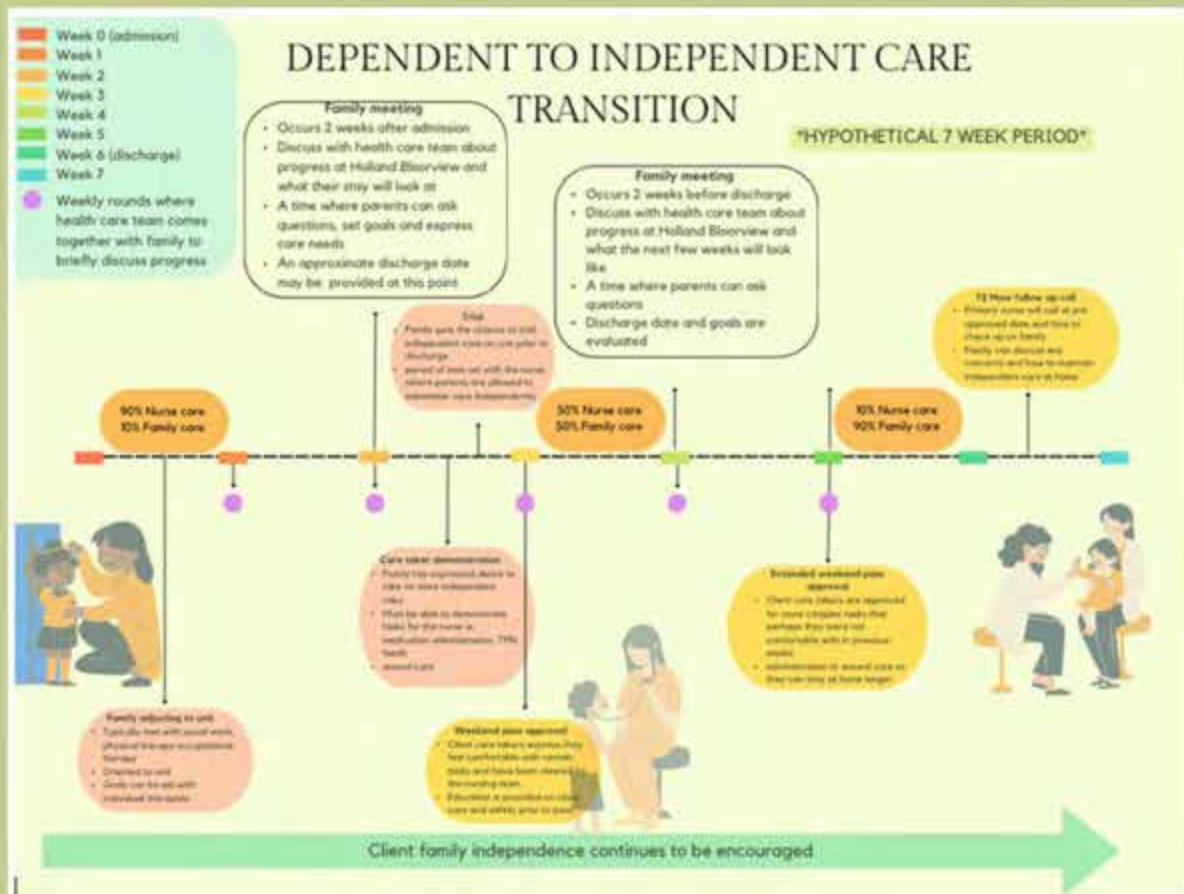
Lindsay Coakley (Princess Margaret Hospital 15C Autologous Stem Cell Transplant Unit)



Gurnir Shergill (Toronto General Hospital 14ES Internal Medicine)

# Artifacts

Ishani Illamperuma (Holland Bloorview BIRT)



## Pediatric Pain Assessments

SickKids 2023

## Neonatal Infant Pain Scale (NIPS)

Evaluates the following in neonates 0-28 days & infants 0-12 months:

- Breathing pattern
- Extremities (arms, legs)
- State of arousal
- Cry
- Facial expression



Taylor Stevens  
(SickKids 7D  
Pediatric Medicine)

## Premature Infant Pain Profile - Revised (PIPP-R)

Evaluates the following in premature babies (28 weeks +):

- Heart rate (HR)
- Oxygen saturation (SaO2)
- Eye folds
- Eye position
- Groin flexion
- Supine behavioural state
- Groin/leg angle



## FLACC-R Pain Assessment

Evaluates the following in children aged 2 months to 8 years but can be used in those with a neurological disorder:

- Face
- Legs
- Activity
- Cry
- Consolability



FLACC-R is an acronym for face, legs, activity, cry and consolability. The 'R' indicates the pain assessment has been revised.

\* 4 slides of the slide show

# Artifacts

Saira Raza (SickKids 7B  
Pediatric Medicine)

Jenny Jing (Toronto General  
Hospital Emergency)

## ASTHMA IN CHILDREN

BY SAIRA RAZA

### Understanding Asthma



A health issue that makes it harder to breathe because the air pathways, called bronchi, get swollen, make extra mucus and can become overly sensitive. It is the most common chronic illness of childhood with 7 million American children diagnosed before the age of 18 (Kyle & Carman, 2021).



### Triggers

Colds, smoking, fumes, chemicals, and strong scents. Allergies such as pets with furs and feathers, pollen, grass, dust and dust mites, and mould.



### Symptoms

Coughs, particularly at night. Hacking coughs that are non-productive, frothy sputum, difficulty breathing, shortness of breath, chest tightness or pain, dyspnea with exercise, wheezing

### Assessment and Diagnosis

**Inspection:** Your child can appear pink if asthma symptoms worsen. Blue tints around mouth area and fingers can be present if worsens even more!

**Lung/chest sounds:** Wheezing is a common sign of airway obstruction. Other sounds include crackles and diminished to the bases of the lungs (at the bottom of the chest).

**Diagnostic tests/flags:** Decreased levels of oxygen to the blood. Sweating too much carbon dioxide in the body.



### Treatment Options



There are currently two types of medicated inhalers for use: **bronchodilators** and **corticosteroids**. Bronchodilators help to open up the airways. Corticosteroids reduce the inflammation that is causing the swelling. It is common to use both at the same time for optimal treatment. Please consult with your health care provider.

### Patient and Family Support



It is common for a child to feel less confident in themselves due to a reduced sense of self-control over their own bodies and life. By recognizing how your child's health is impacting their daily life, resources are available to help you and your child maintain therapy and escalate when needed.

Work with your health care provider to develop an Asthma Action Plan that works for your child!

For more information, visit [aboutkidshealth.ca/asthmahub](http://aboutkidshealth.ca/asthmahub)

## EFFECTIVE CPR IN THE ED

Effective CPR (Cardiovascular Resuscitation) is a crucial skill for Emergency Department (ED) nurses, designed to maintain blood circulation and oxygenation in patients experiencing cardiac arrest. This life-saving intervention increases the likelihood of survival until more advanced medical care, such as defibrillation or other interventions, can be administered.

In the context of ED nursing, effective CPR involves several key components:

### 1 EARLY RECOGNITION AND ACTIVATION

Recognize the signs of cardiac arrest promptly and activate the emergency resuscitation team immediately. Calling for help is the first step in providing life-saving interventions. General staff should be alerted to assist in providing life-saving interventions.

### 2 CHEST COMPRESSIONS

Perform high-quality chest compressions in patients about the sternum. Compressions should be performed, pushing the chest down by at least 2 inches or 5 centimeters for adults and maintaining a rate of 100-120 compressions per minute. Adequate chest depth between compressions is essential. The latest American Heart Association guidelines recommend a depth of at least 2 inches (5 centimeters) for adults (2020).

### 3 AIRWAY MANAGEMENT

Begin airway control by tilping the patient's head back and lifting the chin. If this is ineffective, use the jaw-thrust technique. If still ineffective, use an oral airway. If still ineffective, use a nasal airway. If still ineffective, use a laryngeal mask airway (LMA). If still ineffective, use an endotracheal tube (ETT).

### 4 INTEGRATION OF ADVANCED AIRWAYS AND VENTILATION TECHNIQUES

In the ED, nurses should be prepared to integrate use of bag-valve-mask (BVM) or manual resuscitator, as a means of ventilation and oxygenation during CPR. ETTs may also be utilized to ensure the most effective airway management and ventilation techniques.

### 5 EFFECTIVE MONITORING AND RESPONSE ADAPTATION

ED nurses continuously monitor the patient's response to CPR interventions. This involves checking the patient's vital signs (HR, RR, SpO<sub>2</sub>, and level of consciousness). ED nurses must be prepared to adjust their interventions based on the patient's response. Adjustments are needed to optimize the effectiveness of CPR and improve the chance of a positive outcome.

### 6 APPROPRIATE USE OF MEDICATIONS AND INTRAVENOUS ACCESS

ED nurses should be proficient in the administration of emergency medications during CPR. Understanding intravenous (IV) access and medication administration is crucial. Knowledge of drug dosages, indications, and potential adverse effects is essential.

### 7 USE OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

ED nurses should be trained in the use of an Automated External Defibrillator (AED). AEDs are designed to analyze the patient's heart rhythm and deliver a shock if necessary. Following AED instructions is essential for effective use. AEDs should be used as soon as possible.

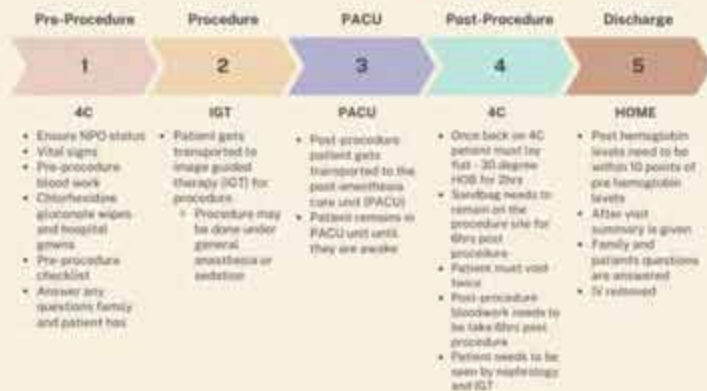
### 8 TEAM COORDINATION

In the ED, effective CPR requires excellent coordination among all team members. Nurses play a critical role in providing high-quality care, including monitoring vital signs, providing medications, and ensuring a supportive environment for CPR and other critical interventions.



# Artifacts

## FLOW OF CARE: Renal Biopsy



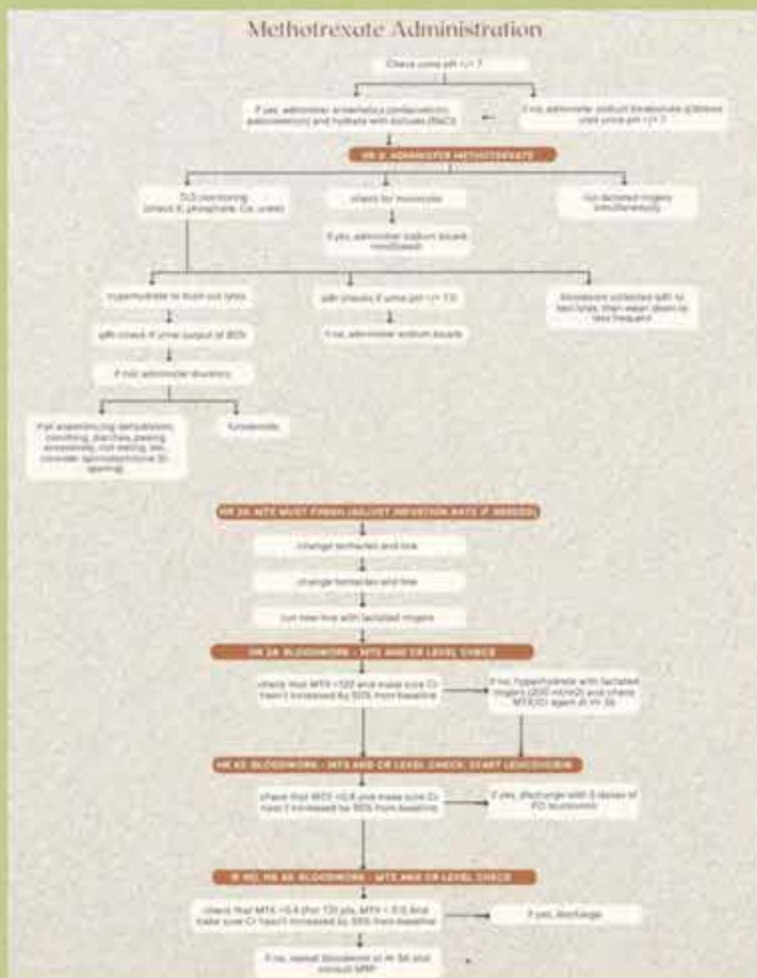
Carly Bradshaw (SickKids  
4C Medical Daycare)

Desereé Anand (Princess  
Margaret Hospital 15A Malignant  
Hematology)



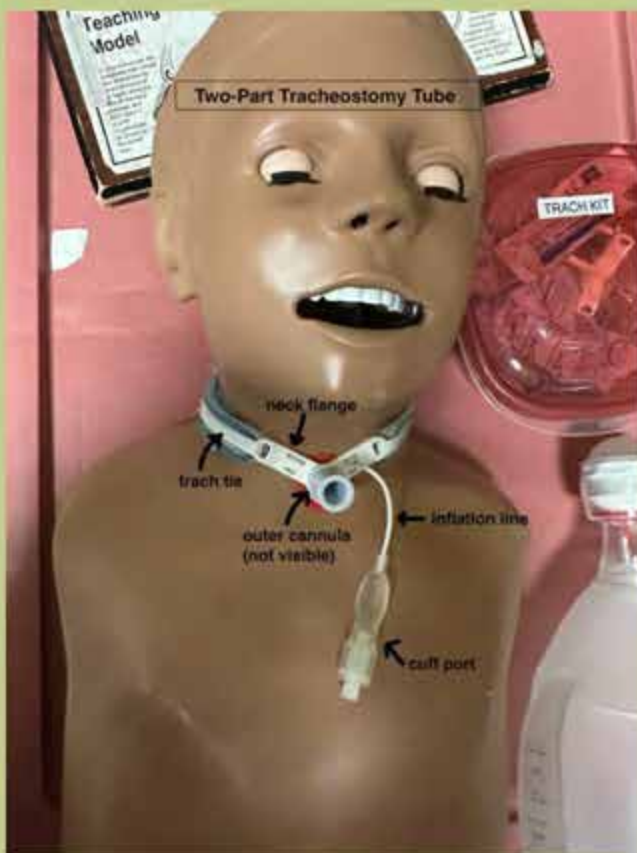
Rawan Abuhamad (Credit  
Valley Hospital CRT)

# Artifacts



Serena Aseerwatham  
(SickKids BA Hematology  
Oncology)

Avneet Randhawa (Holland  
Bloorview CCC)





# Artifacts

Danielle Sehadevan (Toronto General Hospital Liver Transplant Clinic)

**10 PARACENTESIS**  
Take the paracentesis, 16 gauge fenestrated needle and follow the same track. Keep it perpendicular to the skin and apply negative pressure until you see ascetic fluid return.

**REMOVAL**  
Advance the needle 1cm more after getting the ascetic fluid return. Hold the needle in place while advancing the catheter inward. Plug the end of the catheter with your thumb to stop the ascetic fluid from draining.

**11**

**12 CONNECT & SECURE**  
Connect the tubing you previously prepared to the catheter, and then to the drainage bag. Place two Tegaderms on the catheter to secure it in place.

**13 DRAIN & COLLECT**  
Turn the stopcock on the tube so the ascetic fluid can flow into the drainage bag. Take a sample of ascetic fluid from the patient, not from the drainage bag, and place in a purple tube top for cell count. Send right away.

TG4 Liver Clinic

**Step-By-Step Guide: PARACENTESIS PROCEDURE**

**KEY INFORMATION**

- Patient positioning can help you assess for ascetic fluid during the ultrasound. If necessary, ask your patient to turn towards you.
- If you get blood return while advancing the 21 gauge needle, remove it and stop the procedure.
- Read the patient's order. For most cases, 8L of ascetic fluid is the maximum a patient should drain during an appointment.



Danielle Sehadevan

**PATIENT SAFETY IS A PRIORITY**

**1 ULTRASOUND**  
Ultrasound both sides of the patient's lower lateral abdomen to assess for the ascetic fluid. Point the probe in the LLQ, below the umbilicus, and as lateral as possible. Mark the spot with a marker and keep away from superficial veins.



**PREPARE THE PATIENT FOR THE PROCEDURE**

**4 CLEAN & PREP**  
Crack the cleaning sticks to activate them. Take the stick and move it outwards in a circular motion from the marked spot (clean to dirty). This would be an appropriate time to prepare your line and the connector by turning the stopcock off (to prevent spillage).

**LIDOCAINE PENETRATION**

**7 INJECTION**  
Communicate with your patient that you are going to start injecting them. Using a 21 gauge needle, inject a small amount of lidocaine superficially over the marked area until you see a bleed.

**2 PREP THE KIT**  
Prepare the paracentesis kit by taking it apart using the green tangs provided. Grab all the extra materials you need ahead of time to avoid disorganization. Hang the drainage bag on the bed, and start opening the sterile gloves.

**5 DRAPE**  
Drape the marked area using the drape that is provided in the kit. Make sure not to touch the patient and avoid the drape from touching your uniform.

**8 PENETRATE & ADVANCE**  
Penetrate the skin further making sure to keep negative pressure, and look for blood return. If there is no blood in the syringe, continue advancing while infiltrating lidocaine slowly. When you feel a "pop" and notice ascetic fluid return, you are in the peritoneal cavity.



**3 STERILE GLOVES**  
Put on your sterile gloves and make sure to use the proper sterile technique. If you mess up, grab a new pair and start again.



**6 LIDOCAINE**  
Draw up the lidocaine using a 10mL syringe and a blunt needle. If the lidocaine came from a plastic packaging a blunt needle is not necessary.

**9 REMOVE NEEDLE**  
Continue to instill lidocaine to form a track when removing the needle. Give the patient 2 minutes so the lidocaine can be activated before proceeding.

# 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](mailto: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.

[sas@nipissingu.ca](mailto:sas@nipissingu.ca)

**NIPISSING**  
UNIVERSITY  
STUDENT DEVELOPMENT AND SERVICES

# Student Resources

## Student Counselling Services

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](mailto:counselling@nipissingu.ca)

Phone: 705-474-3450 Ext: 4507

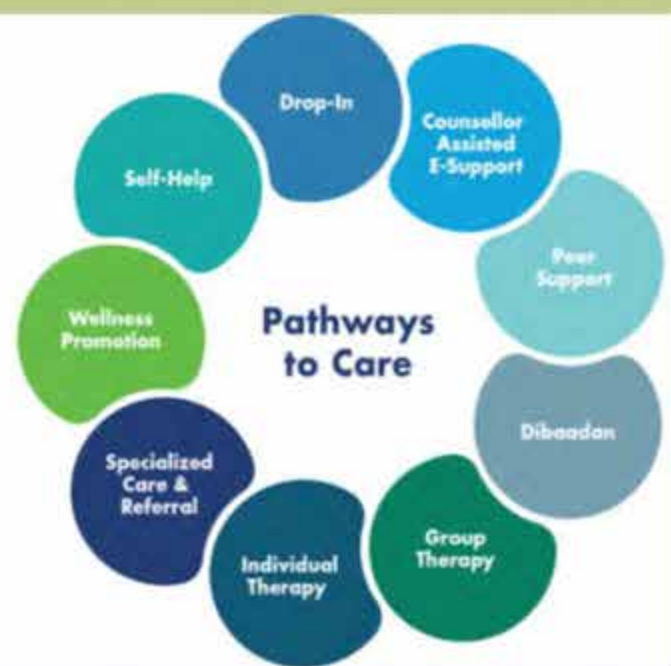
Website: <https://www.nipissingu.ca/departments/student-development-and-services/counselling-services>

## Student Counselling Services

[counselling@nipissingu.ca](mailto:counselling@nipissingu.ca)

Room: B210

**NIPISSING**  
UNIVERSITY  
STUDENT DEVELOPMENT AND SERVICES



# 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](mailto:slt@nipissingu.ca)

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



For more information on other student resources, please visit:  
<https://www.nipissingu.ca/departments/office-registrar/student-resources>

# Student Resources

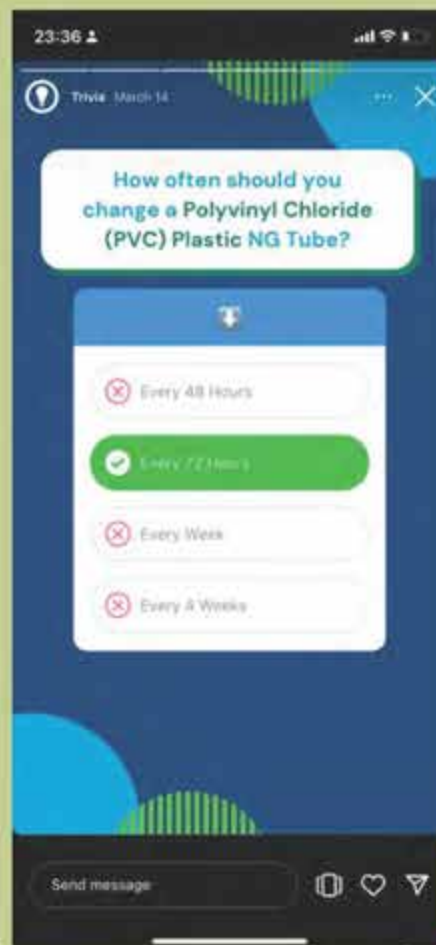
Follow us on Instagram for announcements and updates!



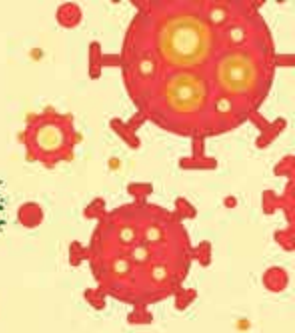
@ sppnursing



Trivia questions posted on stories!



# Are you Ready for Flu Season?



**Due to the potential for the co-circulation of COVID-19, vaccination against influenza is extremely important!**

By getting the influenza shot you will:

- Protect your individual health.
- Protect the health of families and communities.
- Protect and mitigate impacts of our health care system.



**The influenza vaccine is free of charge to all Individuals 6 months of age and older who live, work, or go to school in Ontario.**



Don't forget to provide your proof of vaccination to the **School of Nursing Office** by sending an email to [clinicalclearance@nipissingu.ca](mailto:clinicalclearance@nipissingu.ca)

For more Information:  
<https://www.health.gov.on.ca/en/pro/programs/publichealth/flu/uiip/>



# Newsletter Team

2023-2024



Amanda Boudreau



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Dylan Caetano

Graphic created by: Gurnir Shergill

## **NIPISSING UNIVERSITY SCHOLAR PRACTITIONER PROGRAM**

**SEPTEMBER – DECEMBER 2023**