

Welcome

By Tony Stanley Nominating Chairman



WELCOME! I want to say welcome to all new and returning nursing students this semester. I hope you all have enjoyed summer break, even though I am sure most of you have been in school all summer. Some of you are in the home stretch to graduation and some are just embarking on your journey in nursing school. To all the new students I want to welcome you to the hardest, most stressful time in your lives, but also the most rewarding. The nursing program is like nothing you have ever experienced before. You may have times where you think that you cannot do this and why did you ever think you wanted to be a nurse, but just remember that the person sitting next to you in class is thinking the same exact thing. Your classmates become your second family; they understand everything you are going through so you need to lean on them and go to them for support and encouragement. Nursing school does get easier and you will definitely make it through. For all of those returning students, welcome to the end! You made it! Congratulations! You can definitely see the light at the end of the tunnel.

I would like to welcome each and every one of you to the great organization known as Texas Nursing Students' Association (TNSA). Like some of you, I knew very little of TNSA before I attended the conference that was held in February of this year. I have to say that it has been one of the best experiences that I have had being a part of SNA. I ran for an office on a whim, not really knowing what to expect, but it has ended up being very beneficial. I have met many different people and made several connections that will help me now and in the future. As the nominating chairmen I am always looking for hardworking, qualified candidates to run for office this next spring semester. If you

have any questions about TNSA or running for an office, or just general questions please contact me. I will also be doing a presentation at the council of schools in September and I encourage you to attend, especially if you are considering running for an office or are just a little bit curious about it. And of course the last thing I have to say is WELCOME!

Fellow Texan, Student Nurse, Represents National Student's Nurses Association (NSNA)

By Releine Balandra Eastern Regional Director



Grace Young, a nursing student from Prairie View A&M University College of Nursing has become the 2012-2013 Breakthrough to Nursing (BTN) Director of the National Student Nurses' Association (NSNA). The desire for the BTN Director position did not occur overnight. Grace was greatly influenced by her family who comes from many different healthcare professions, including her mother, who has a master's degree in nursing and her father, who is a retired respiratory therapist. Another incident that influenced Grace was when her son was admitted to the hospital with a collapsed lung when he was 2 months old. Feeling helpless not being able to recognize her son's signs and symptoms prior to the collapse, she wanted to know more; that was the moment she wanted to truly become a nurse and contribute to the profession. Grace wanted to not only be able to help her son, but help others as well. Despite the circumstances of becoming a single mother at the age of sixteen, working two jobs for tuition, supporting herself and her son, Grace still did not give up and continued to strive to become a nurse.

Grace has many outstanding achievements. She is one of sixteen students in the Houston area to be chosen for the Methodist Advancement into

Professional Placement Program and won a Methodist Most Outstanding Student Award. Grace is also on the Dean's List and won a scholarship from the Harris County Medical Society Alliance and is one of three students to participate in a pilot program to accelerate her progression through nursing school. Grace's motto from her father is "If you're going to do something, do your best at it." She believes that she would not have made it this far if it was not for God and her supportive family and friends. After graduation, she plans on working as a critical care nurse, then proceed to obtain her master's degree license as a Nurse Practitioner. Throughout her nursing career, she wants to go on mission trips in developing countries. Furthermore, her ultimate goal is open a Preventive Care Wellness Clinic. The NSNA convention was in Pittsburg, Pennsylvania in April 2012. According to Grace, "Campaigning was very exhausting, but it was completely worth it and necessary if I wanted to make a difference." She was initially nervous about running for the BTN director position, but she passionately wanted to impact other's future and stated "We are the future of nursing, therefore, should strive to make a positive difference in it now."



Grace wanted to become the BTN Director because: "I believe that the nursing profession would be so much stronger if there was an increase in diversity. It is more beneficial for patients to have nurses with similar cultures, ethnicities, and similarities so that they feel more understood. Also, an increase in diversity means an increase in valuable traits, different ways of thinking, and different ways of solving issues – all necessary and valuable in the nursing profession."

Representing Texas and the Nation is a huge honor for Grace. "Words cannot express how unbelievable it is to be able to represent the nursing students of Texas and the nation in NSNA. I strongly believe that to make a change, you have to be the change. It is amazing to know that our decisions, aspirations, goals, and innovations today will shape our nursing career in the future."

Grace's goals for this year are to increase mentorship programs, diversity, enthusiasm, BTN projects, and communication through NSNA by accomplishing the following: getting a BTN director in every state, developing a mentorship program template, increase awareness of BTN, and implementing this year's resolutions.

Grace wants to thank all that have elected and supported her as she will continue to strive to fulfill her duties and goals as the BTN Director.

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Nurses Are at Risk for Chemical Dependency

By April R. Lee TNSA Southern Regional Director



Did you know that the incidence of chemical dependence in nurses has consistently been reported to exceed that of the general population? As many as one out of seven nurses fall victim to the disease. Drug addiction is a brain disease because the abuse of the drugs leads to changes in the structure and function of the brain (Kabb, 2004). Some of the contributing factors of the profession include:

1. Availability of drugs
2. Stress
3. Unpredictable sleep patterns
4. Genetic predisposition (Kabb, 2004)
5. Myth of immunity "I've made it through nursing school. I'm not some loser on the street."
6. Myth of perfectionism "I can do it all and I must do it perfectly!"

Being a part of Texas Nursing Student Association has given me the opportunity to serve on the Texas Peer Assistance Program for Nurses (TPAPN). While serving on this committee I have learned so much regarding the help and support that nurses receive that exhibit a substance abuse issue or mental illness. I believe it is of great importance for all nursing students to be aware of the resources that are available to us as we prepare to become nurses. So what is TPAPN? TPAPN's mission statement is "TPAPN offers life renewing opportunities to nurses for recovery from substance use or certain psychiatric disorders, thus promoting professional accountability, protecting the public and returning nurses to safe practice." The purpose of having a peer assistance program is because nurses are valuable resources and deserve the opportunity for appropriate treatment to cope more effectively with chronic and potentially fatal diseases like

substance dependency and psychiatric disorders. TPAPN is able to assist with registered nurses and licensed vocational nurses with at least one of the following diagnoses:

1. Substance abuse
2. Substance use disorders
3. Substance dependency (Alcohol, prescription drug abuse or dependence, illicit drug abuse or dependence like cocaine, marijuana, crystal meth, opioids, etc...)
4. Psychiatric disorders (Anxiety disorder, Bipolar disorder, Major depression, Schizophrenia, Schizoaffective disorder)

Some of the classic signs of substance use disorders are:

1. Changes in behavior & practice usually seen before physical changes
2. Co-workers observe pattern or change over a period of time
3. High level functioning before "hitting rock bottom"
4. May justify use (abuse) through prescription medications
5. Increasingly isolated over time
6. Denial
7. At work, but not "on the job"

Some classic signs of psychiatric impairment

1. Chronic, depressed mood, lack of focus, crying...
2. Difficulty completing tasks
3. Increased absenteeism
4. Mood swings
5. Anxiety
6. Rage or disruptive behaviors

TPAPN is a voluntary program that provides education, advocacy, and opportunity. TPAPN is a program of the Texas Nurses Foundation that allows the nurses to demonstrate good recovery and safe nursing practice through formal peer monitoring and therefore protects the public.

As a nursing student I highly recommend that you are aware of the campus' and nursing program's policy on substance abuse and mental disorders. Some campuses have a "zero" tolerance policy. If for some reason you suspect a fellow classmate exhibiting any of the above signs do not hesitate to pull them aside and on a professional level speak with them or go directly to your clinical instructor. It is not okay to enable a fellow classmate or co-worker. Confront them before it is too late, doing so can help save more than one life! Remember, we are our patients' advocate.

For more information on TPAPN visit: <http://www.texasnurses.org/displaycommon.cfm?an=1&subarticlenbr=107>

April Lee

Southern Regional Director

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How Will You Be Perceived When You Become A Nurse?

By Amy Bond TNSA Editor



The image we convey as nurses is of utmost importance. We can have a positive image and be viewed as knowledgeable, intelligent, caring nurses or the opposite, incompetent and uncaring. We are working to become nurses because it is our passion. We have the desire to take care of the sick and dying as well as their families. The impact we have on people and their families will last moments for some, and lifetimes for others.

Our goal as nursing students is to enhance our natural desires and abilities to care for our patients. We do this by learning and practice. The more education we have, the better care we can provide to our patients. More importantly our natural desire to care for patients is what leaves our lasting impression. However, you cannot have one without the other. You must have the education and passion to be a great nurse.

I was in the hospital for 27 consecutive days when I gave birth to my twin boys four years ago. As time passes, so does the memories. The one thing I know I will never forget is Nurse Emily. Some of the other nurses came in and did their "routine" checks on me, but one nurse in particular went beyond normal expectations. Although my experience was pleasant, I only bonded with a few special nurses. Nurse Emily was the exception. She was always cheerful, and catered to my needs. I do not mean she spoiled me, but she would answer my questions patiently, ask when I wanted to take a shower, ask when I wanted to eat, and let me keep my schedule. We even chatted a bit about our personal lives and she shared with me her wedding photos.

One day, I was a bit more emotional than usual, as hormones tend to do when you're pregnant, I had let Nurse Emily change my linens before I took a shower while I sat in my "office" which was a table and rocker next to the bed. She had asked if I needed anything else and I could not resist and asked for two cranberry juices with crushed ice. She returned moments later with my juice and said to just let her know when I took my shower so she could check on me. After Nurse Emily left I went to the "kitchen", my food tray, and before my lips could taste the

sweet juice, I dropped my cup and spilt red cranberry juice all over my clean linens and the floor. I started to clean it up, but I was on bed rest with twins and could not physically do so plus I had to call for more clean linens. I began crying so hard over the mess I had made and called for Nurse Emily. She rushed in like it was an emergency even though I had already told her what had happened. She threw her arms around me and let me cry on her shoulder. I was so embarrassed that I was crying but that just made Nurse Emily hold me tighter. She told me to go ahead and get in the shower while she cleaned up my mess and changed my linens. When I got out of the shower, I found my room all cleaned up with new linens, a new cranberry juice and miniature Hershey's chocolate bar on my pillow. I began to cry again, but this time because Nurse Emily had made my day. I still have the wrapper from the chocolate, and I will always remember Nurse Emily.

Nurse Emily was an excellent nurse. What made Nurse Emily an excellent nurse was not only how she took care of me with her nursing skills, but also how she cared about me. Nurse Emily possessed all the skills it takes to be an excellent nurse, knowledge, intelligence, kindness, and the passion for nursing. I can only hope to be as great as a nurse as Nurse Emily, and I am going to try my hardest. Who knows, maybe I will be remembered by my patients as I remember Nurse Emily.

A Warm Hello to all Future Nurses!

By April R. Lee TNSA Southern Regional Director



My name is April Lee from Round Rock, TX. I currently attend the University of Mary Hardin-Baylor in Belton, TX. After attending this year's State Convention, I was so glad I did! It was such a pleasure to meet some many people that share the same passion as me, NURSING! Texas Nursing Student Association (TNSA) has so much to offer such as: ways to grow your local chapter, serve in your community, public speaking practice, and many ways to voice your opinion for your future career as a nurse. I also enjoyed hearing about the various nursing programs that exist throughout this great state of Texas!

I am honored to be a part of TNSA as your Southern Regional Director. Over the course of my term I plan to be the link between the local chapters and TNSA. I would like to take this time to encourage you to consider attending this year's Council of Schools which is held in September. Be sure to check the website for complete details at www.tnsa.org.

Please keep me updated on your local happenings. If your chapter has any announcements, exciting news, events, accomplishments, etc...anything that you would like to share with the Southern region, feel free to email your details to: south.director@tnsa.org.

Again, I would like to encourage you to take the opportunity of attending Council of Schools this September in Austin, TX. We have some amazing plans in store!

I hope you enjoyed your summer break and I can't wait to see you in September.

First Impressions

By Thomas (TJ) Reed Northern Regional Director



As a species we are all judgmental. Our brains are built to operate in every society to judge

ourselves as well as others. The old adage, "don't judge a book by its cover", is a saying that every human being can take to heart. One simple fact of this matter is we have only a few moments to make an impression. In those few seconds after meeting someone new an idea of who you are is created. How do we make a positive impact in seconds?

We can all recall negative experiences with a nurse at some point in our lives. Some of us can recall every detail of the situation and even remember the name of the nurse that caused such an offense. On the other side of the spectrum, how many good, efficient and caring nurses do we remember? The bad always outweighs the good. I say this not to be negative, but to ensure awareness of our actions and demeanor. As student nurses, we need to remember empathy. Empathy is immensely important, secondary only to safety in my opinion, to being an effective nurse. When a patient sees a hurried nurse that simply passes medications and comes off as dry during that quick assessment, they are less likely to offer any verbal information on their current condition. Patients are also less likely to call or ask for assistance or pain medication, which is the general reason for the dry attitude of many movie and T.V. nurses. I have been fortunate as a student nurse in regards to my clinical experience. I have truly worked and learned next to some of the most kind and effective nurses in our industry. These men and women understood the stereotypes at large of nurses; the "Naughty Nurse," the "Angel" and the "Battle Axe."

I know that the dry and emotionless nurse is far and few in between and I have never met a "naughty nurse", but, to the public at large, we are often associated with the fiction of Hollywood. People are often surprised by what a nurse actually does in his/her shift when it is broken down because we are so often viewed as a doctor's 'helper'. I find it helpful to always tell the patient what you are doing for them. In doing so, it lets the patient know what to expect, gives them an understanding of your duties, and lets them know they are being cared for.

Fellow nurses understand the sheer volume of our daily work load. A positive attitude,

compassion, patience and understanding will help you during the shift, and often yields gratitude of some sort. A simple thank you, smile or pat on the back can really make a nurse's day and add some, very likely much needed, self-appreciation. I know that some days life has just wore us down with the many hurdles that we face in our fast paced and stressful lives, but we really do need to leave the baggage at the door. This is cliché, I know, but when we understand and fully appreciate what is needed of us when we are on that hospital floor, leaving the rest of the world behind for twelve hours is very feasible. As a simple exercise, I would like each of you reading this to think about a great nurse that you once had. What made him/her so likeable? What about that nurse do you emulate?

Balancing Nursing School and Family

By April R. Lee TNSA Southern Regional Director



I was so pleased to be apart The Texas Nursing Student Association as your Nominating Chairman for the 2011-2012 year. As I prepared myself to start nursing school after being accepted into the University of Mary Hardin Baylor in Belton, TX, I had to remember to include my family. At the State Conference in 2011 when I began my journey serving at the state level, I met many nursing students with families so I thought it would be a great idea to write an article that should include some techniques, organizational skills, and personal recommendations on how to balance nursing school while having a family.

While attending nursing school you may have noticed that the amount of hours for class time and clinicals is like having a full-time job with in itself. On top of school you may or may not have to work. Then there's the days you come

home to your loving family to help with homework, make dinner, bathe the kids, do laundry, and try to find time to spend a moment with your spouse. How do you balance it all?

1. One of the first things I suggest is to consider bringing your spouse to orientation. During orientation is when he or she gets to hear from the horse's mouth (no offense instructor's) how intense nursing school will be. During orientation the schools do a great job explaining how much time to expect in class, clinical, and hours recommended for studying. This will help your spouse be committed to your venture of becoming a nurse.

2. Once you print out your syllabi for your classes, purchase a desk calendar and list your class and clinical schedule as well as all your important test dates, assignment due dates, and study times. This desk calendar will be great for the entire family. You can include your spouse's meetings or events, kids sport activities, work schedules or family weekend activities. This is when different color highlighters will be your best friend. Select a different highlighter color for yourself, spouse, and the kids. Highlight all the events according to who they are for. Have a brief family meeting to explain the calendar. The calendar truly helps your spouse to know when you will be up late studying for an upcoming test or pulling your hair out because you have an upcoming group assignment. You will be surprised when your kids look at the calendar and ask, "So how'd you do on your first nursing exam?"

3. Stick to your study plans. There may be days when your family has events. Try to allow yourself some events to attend to support your family but only the ones that are IMPORTANT. Relax, do not beat yourself up if you cannot hang out with family or friends every weekend, or attend every PTA meeting. Sacrifice is part of successfully completing nursing school.

4. Social networking can be a huge distraction while in nursing school. Limit yourself to 20-30 minutes a day to check your accounts (If you are addicted to social networking twice a day should be your limit). Set a timer to keep you on track. Personally, I temporarily deactivate

my Facebook and Twitter accounts until spring, summer, and winter breaks.

5. Sit down on Saturday or Sunday afternoon with your family to plan healthy dinners for the entire upcoming week. Once you have planned your meals take a trip to the grocery store to shop for all the items you need. A good friend of mine prepares 7 days of meals every Sunday. Each evening the only thing she does is make a fresh salad, heat dinner, and enjoy a meal with her family. Deciding to be a nurse is such a huge commitment. We have to practice now what we will be preaching to our patients...EAT HEALTHY! I personally eat dinner every night with my family at the dinner table and we discuss our highs and lows of the day. You can also try having your spouse prepare meals throughout the week and you can prepare meals on the weekends. Team work makes the DREAM work!

6. Exercise is a great way to start your day prior to class or a great way to end your evening. 30-45 minutes at LEAST 3 times a week is a great start. You do not necessarily have to have a health club membership to exercise. Try working out at the campus gym prior to class, during the lunch hour, or right after class. On campus at UMHB there is a Yoga class that is offered over the lunch break. Yoga has been such a stress reliever after exams. Go ahead and dust off those old work-out DVD's it is time give yourself a great energy boost!

7. Date night with your spouse is so important. I am sure you are wondering just how to fit a date into a busy semester. A date while in nursing school can be as short as a 30 minute lunch together. I recommend the following for quick date ideas: Go for ice cream together and conversation about each other's day, take an evening 30 minute walk and gaze at the stars and moon, watch a TV series you both enjoy, try to make a delicious 30 minute meal together, take a warm bath with candles and soft music, and lastly write each other a love letter then spend time reading each other's notes out loud.

8. Now is the time to sign your family up for chores. There is no way you can clean your home daily while in nursing school. Try your

best to gain support from your family to help keep your home tidy. The most important area in your home during nursing school is your study area. Maintain a clean and clutter-free study area.

9. Use your spouse or kids as your practice patients to perform health assessments on. Your spouse may actually enjoy this one! Be sure to practice, practice, practice! ☺

Keeping your life balanced outside of nursing school is so important. Balancing it all will help to ensure a well-balanced nursing career. If you have more suggestions please forward them to south.director@tnsa.org. I look forward to meeting all of you at the Council of Schools this Fall!

Education and Nursing

By Amy Bond TNSA Editor



As a nursing student we are told we are lifelong learners. The more information we know, the better able to take care of our patients we become. Educating our patients is also of great importance, as the more information they have about their illness or medication, the more capable of recognizing complications and limiting complications they become. In addition, the more information our patients have, the more compliant they will be with fewer office and hospital visits.

In order to educate our patients, first we must educate ourselves. We must educate ourselves using the right resources. Resources such as instructors, doctors, senior nurses, text books, drug books, clinical and research trials as always a great place to start looking. As nursing students we have learned to validate our sources. We want to validate one source of information with another. Take for example, a

doctor or instructor gives you a new piece of information. You would want to take that piece of information and do more research on the subject by going to reference books. After researching the new information, you not only understand, but also you understand the rationale behind it.

I am going to use Coumadin as an example. Coumadin is an anticoagulant (U.S. Library of Medicine, 2010). What this means is Coumadin delays how fast the blood clots in the body. Coumadin is prescribed for a variety of reasons as few being atrial fibrillation, atrial flutter, mechanical valve replacements, pulmonary embolisms, deep vein thrombosis, factor V deficiency, CVA, TIA, and finally hip and knee replacements (U.S. Library of Medicine, 2010).

Coumadin therapy has a long history starting in the 1920's (Newcomer, 2011). Ranchers were dismayed at the fact that their cows were bleeding unusually and dying from hemorrhaging (Newcomer, 2011). What had happened was it had been an unusually warm year and a chemical had formed in the hay the cows were eating while it was stored in the silos (Newcomer, 2011). This chemical was isolated by a researcher from Wisconsin Alumni Research Fund (WARF) named Karl Paul Link (Newcomer, 2011). This chemical was then used to make rat poison in the 1940's (Newcomer, 2011). Not until later was it found that breaking apart this chemical and composing a pill of controlled doses was Coumadin (Warfarin) founded (Newcomer, 2011). One of the first people to begin Coumadin therapy was President Dwight D. Eisenhower after his 1956 coronary while still in office (Newcomer, 2011). People today still remember Coumadin being used as rat poison and often question it as a therapy option. While historically Coumadin once was used at rat poison, it is important to note that today's prescriptions are a different and safer formula.

There is so much information we as nurses need to know about Coumadin in order to teach our patients. We must know how doses are calculated, even though we do not prescribe the dose; we need to be able to explain it. We

need to know how and which blood levels are tested that determine the dose. We need to know how Coumadin is metabolized in the body, and in doing this what other medications or herbal supplements effect the Coumadin. Much of this information can be found on package inserts for Coumadin as well as our drug books. One may think that patients do not need to worry about the technical side of the treatment, but if this information is shared with them they have a different, more positive, perspective and understanding of their treatment and are more likely to keep their frequent appointments for lab testing.

Vitamin K is the antidote for Coumadin, and is what makes our blood clot (U.S. Library of Medicine, 2010). People are given Coumadin to delay how fast their blood clots, so careful monitoring of the amount of Vitamin K consumed is important (U.S. Library of Medicine, 2010). Most Vitamin K is consumed through the foods we eat (U.S. Library of Medicine, 2010). Vitamin K rich foods tend to be the green leafy vegetables (U.S. Library of Medicine, 2010). A list of Vitamin K foods can be found at <http://www.vaughns-1-pagers.com/food/vitamin-k-foods.htm> and printed and given to your patients (Aubuchon, 2012). Patients are encouraged to minimize the amount of Vitamin K they consume and be consistent with what they do consume (U.S. Library of Medicine, 2010). Vitamin K being the antidote for Coumadin is also important to be aware of in case of drug interactions that delay clotting of the blood too much, accidents, emergency surgeries and is available in pill form or as an injection by a prescription.

Patients should learn to report unusual bleeding or bruising, accidents or the need to go off of Coumadin for a surgery or procedure. Whenever patients need to go off of Coumadin they may need a replacement medication such as heparin or Lovenox that exit the body quickly minimizing their clotting risk (U.S. Library of Medicine, 2010). Both doctors involved in the patients care should be aware of Coumadin therapy and the prescribing doctor, usually a Cardiologist, decides how long a patient is able to be off their Coumadin therapy.

We have gathered information about Coumadin from several sources at this point, and validated it with other sources. As nurses in today's society, we need to teach our patients how to research as well. The internet is at our fingertips, as well as our patients. Providing our patients with creditable websites, with caution, guides our patients to learn more information. An open door policy also allows for patients to clarify with you or their doctor conflicting or misleading information. Teach patients how to read a research article and to be aware of how many subjects participated. Teach patients how to validate a news story on the 5 o'clock news. Some news stories scare patients into stopping their treatment, so be prepared for phone calls with a statement from your doctor validating why they should or should not continue their treatment.

As you can see, there is much knowledge that can be gained by the nurses and passed on to their patients through research. The information presented about Coumadin is just a basic outline of where to get started and how when researching an area of medicine. This principle can be used in any area of nursing from pediatrics to elders, and from routine prescriptions to complicated chemotherapy and surgical procedures. The key point to remember is the more quality information we as nurses can learn that we can back up with evidence based research, the more credible they become and the more compliant, healthier and happier patients we will have to take care of, and that is the reason we became nurses, to take excellent care of our patients.

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