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The Scoop of Practice

The Scoop of Practice
BCIT Nursing Newsletter
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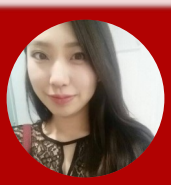

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https://thescoopofpractice.wordpress.com/about/

letter from the editor

Hello friends and readers,

Our team decided it would be appropriate to do a December issue for Issue 3 to celebrate the end of this year. Thank you for reading our issues and being a part of The Scoop family! We hope you are all enjoying the holidays and making sure to create time for yourself (as we emphasize in the program, self-care is important) and your families. To current BCIT nursing students, congratulations on conquering another semester. To the new cohort of level one students, congratulations on your acceptance to the nursing program! January is fast approaching and this means new opportunities for growth and self-discovery.

Our first article features Terrelle's interview with Eileen Shackell, Term Curriculum Coordinator for the BSN program. There are many changes happening in the future, so if you are a prospective student, or know of one, this will be an interesting and informative read.

If palliative nursing is a specialty area you are considering, Jenny's interview with a palliative nurse, Joan Trinh Pham, could help you decide whether or not this specialty might be a good fit for you.

Next up, Linda writes about the mechanisms through which mining can have a negative impact on our health. It allows us to reflect on the determinants of health, particularly in relation to the physical environment.

Finally, Neila profiles two amazing level 1 students of the nursing program, Ann and Jessica, and their journey so far in the program.

At the back of the issue you will find some practice NCLEX questions to test yourself.

That is it for now! The next issue will be released in February but until then, happy reading and happy new year!

Louise Jingco
Editor-in-Chief
The Scoop of Practice

We want to hear from you!

What kinds of content and/or resources would you like to see in future issues of the newsletter?

Contact us at: thescoopofpractice.wordpress.com/contact/

BCIT Nursing Curriculum Changes

Future directions of the BSN program

BY TERRELLE KLOSE

The world of education is dynamic. As society changes, so does the nursing profession. Eileen Shackell, Term Curriculum Coordinator for the British Columbia Institute of Technology (BCIT) BSN Program explains that is one of the many contributing factors that sparked planned changes to the BCIT nursing curriculum. Since the change in curriculum was announced, rumors have been flying about what this means for students. Have no fears, the curriculum is in good hands. Although the changes are only affecting students beginning with the April 2018 cohort, it is reassuring to know that our school is striving to maintain its position as a front runner of nursing education in British Columbia.

The journey to new curriculum started in 2012/13 when Shackell took part in the BSN strategic planning team who identified three distinct "pillars" of strategic focus necessary for the program to remain relevant. One of those pillars- an "innovative and dynamic curriculum" became to focus of the BSN program curriculum committee's work. The committee sought to identify if the current curriculum met the requirements of being "innovative and dynamic". Curriculum review data collected over two years demonstrated that the curriculum needed to address the predicted future of the nursing profession in a rapidly changing healthcare and societal context.

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Shackell uses an analogy to illustrate the need for change. In this analogy the current curriculum is a house that was originally built in the late 1990's. Over the years, the house has received renovations to fix any nicks or issues, or to respond to external environmental demands and a growing family of faculty and students. But now, 20 years later, the house is starting to show its age and requires concerted attention. The faculty could choose to redecorate, renovate, or rebuild the house.

Shackell explained just a few examples of some areas requiring attention. She explained that society is evolving and the curriculum needs to be Indigenized and needs to contain a greater emphasis on the complexities of community nursing in order to reflect the movement towards the nurse's role in primary health care and disease prevention. Although the current curriculum has been renovated to reflect these, the faculty determined a complete rebuild is needed to fully embrace a future direction.

The term curriculum will present not only a future focus, but also will focus student learning in an integrated manner. Although specific courses like pathophysiology and microbiology will no longer exist as solitary courses, this knowledge be integrated into a Nursing Knowledge course, within which students will learn conceptually and acquire knowledge necessary to make evidence informed decisions. Learning will be interactive and students will learn information online and then will come to class to participate actively . Current program evaluation data consistently indicates a high student workload. Shackell anticipates that the student work load will be a bit lighter and more focused, and explains that the intent is increase the efficiency of student learning.

The semesters are also changing in length. They will be structured into 14 weeks instead of the current 17 weeks and will have built in break time for students throughout the year. The shorter semester is also hopped to reduce student burn out.

The clinical placements reflect the movement towards community nursing by incorporating the 1st term of each year in the community setting. The planned schedule of clinical placement context is as follows: Term 1: Community, Term 2: Acute Medical, Term 3: Surgical, Term 4: Public health – community, Term 5: Family Nursing, Term 6: Acute and community mental health, Term 7: Continuing care in the community, Term 8: Acute medical/ surgical rotation, Term 9: Preceptorship.

Overall, it will be exciting to see how the students receive the "Term Curriculum" which will be implemented in April of 2018. Shackell emphasizes that the changes are being implemented to sustain the relevance of an already great nursing program into the future . She reiterates that BCIT will continue to excel by providing large amounts of clinical hours with passionate, and dedicated faculty whom uphold nursing in a commendable way.

We would love to hear your opinion!

What do you think of the new curriculum change?

Fill out the form anonymously at: thescoopofpractice.wordpress.com/contact/

Palliative Care RN Interview

An interview with Joan Trinh Pham, RN, BScN

BY JENNY LEE

The following is an interview with Joan Trinh Pham, an RN at St. John Hospice.

1. Could you tell us about your current work and other positions you have held in the past related to palliative care?

Currently I work as a bedside nurse at St. John Hospice.

The other areas I have worked in related to palliative care include:

- Home Care Nurse, Ravensong Community Health Centre (Final Preceptorship)
  Bedside nurse, St. Paul's Palliative Care Unit
- Bedside nurse, Marion Hospice
- Palliative Outreach + Consult Nurse, St. Paul's Hospital
- Palliative Outreach + Consult Nurse, Mount Saint Joseph Hospital
- Palliative Outreach + Consult Nurse, Residential Care Sites at Providence Health Care
- Educator + Lecturer, Surrey Hospice Society Annual Public Forum 2017
- Educator + Lecturer, United Way Better At Home Meet-Up 2017

2. What is palliative care? How does it differ from hospice care?

Palliative Care is a philosophy of care that aims to serve people with chronic, progressive or life-limiting

disease so that they can maximise their quality of life until their last breath. In Canada, hospice refers to a physical facility where people can be cared for at the end of their life, usually with a known prognosis of 3 months or less. At a hospice, people can receive palliative care within the spectrum of interventions available at a hospice.

3. What attracted you to palliative care?

I was attracted to palliative care as a specialty because it prioritized honest, compassionate conversations about people's values in context of their health. To me, it felt like the most patient-centred care philosophy that was actualized in our daily care routine. I also love palliative care because it challenges me to care not only for the patient but for their loved ones and family too as everyone is connected.

4. What kind of skills and knowledge would a nurse working in a palliative unit require? In palliative care there is a broad variety of skills and knowledge that are needed. Here's a list, in no particular order:

- Excellent communication skills
- Cultural sensitivity
- Pain assessment
- Pharmacological knowledge for symptom management of pain + dyspnea (opioids), nausea etc.
- Ability to work well on a team

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5. How do you become a palliative nurse? Do nurses need additional education to work in palliative care?

I became a palliative nurse through a combination of experience + additional training. The best way to specialize as a palliative nurse is to get the working experience. For me, this started by securing casual shifts at the Palliative Care Unit at St. Paul's Hospital. As my skills and interest increased, I picked up a regular line in the unit and kept learning and experiencing the complex cases we would see. As time passed, I supplemented my experience with education such as the one provided by Victoria Hospice Society, writing the CNA Certification for Hospice Palliative Care specialty and attending ongoing educational opportunities in topics related to hospice palliative care such as grief management and cannabis in pain management.

6. Which members of the interdisciplinary team does a palliative nurse work with most frequently?

A palliative nurse is the closest liaison from the patient to the rest of the interdisciplinary team, depending on the context. Working alongside physicians, whether they are family physicians or other palliative physicians is a close relationship. Other close working relationships include but are not limited to:

- Care aide / Home Support Worker / Recreational Support Worker
- Social Worker
- Spiritual Health
- Physiotherapist
- Other physicians / consulting medical personnel (ie. oncologist, geriatrician, gastroenterologist, vascular surgeon, additions, psychiatry)
- Occupational Therapist
- Speech Language Pathologist
- Pharmacist
- Music Therapist
- Volunteers on palliative care unit or hospital

7. What do you like most about palliative nursing? What is the most difficult?

I love the fact that it is meaningful, impactful work. There is a real opportunity to serve patients and their families in a tender time in their lives. The most difficult aspect of this work is learning how to care for yourself and strike a good work-life balance wherein you come to work everyday fresh, energized, sharp and open hearted for your patients, their family and your colleagues.

8. What advice would you give to nursing students or graduates wanting to work in palliative care?

Do it! Hospice palliative care is one of the most satisfying and challenging specialities in nursing. The experience you gain in improving your assessment and communication skills in discussing challenging topics such as death + goals of care are invaluable to your nurse skill set, no matter where you practice. For those who are interested and want the experience, seek casual employment at a palliative care unit and pick up a line to consolidate your learning as it becomes available.

9. What resources are there for students to find out more about nursing with patients in palliative/ end-of-life/terminal care?

A great nursing + medical resource:

- iPal Tool developed by Providence Health Care http://ipalapp.com

Specifically for nursing with patients at palliative / end-of-life care:

- Initiative for a Palliative Approach in Nursing: Evidence + Leadership: http://www.ipanel.ca/
- Conversations + interviews with practitioners like this!

For general information about hospice palliative care:

- Canadian Hospice Palliative Care Association http://www.chpca.net

What type of RN specialty would you like to hear from next?

Let us know!

thescoopofpractice.wordpress.com/contact/

Physical Environment as a Determinant of Health: Air Quality

The negative impact of air pollution due to mining

BY LINDA YANG

In Canada, mining greatly compromises our air quality and subsequently our health (Canadian Nurses for Health and the Environment [CNHE], 2015). Mining activities such as land removal, excavation, and vehicle transport emit dangerous air pollutants such as fine particulate matter (PM2.5), carbon monoxide, and arsenic (Burgmann & Calder, 2013). Although our provincial objective for air quality is 8 µg/m3 of PM2.5 annually, Kamloops has approximately 9 µg/m3 of PM2.5 annually due to their gold and copper mines (CNHE, 2015, para. 11).

How Does Mining Affect our Health?

The embedment of PM2.5 in lung tissue decreases our lung capacity and function and increases the risk for pneumonia (Kamloops Physicians for a Healthy Environment [KPHE], 2013).

Air pollution is linked to atherosclerosis which increases the risk of myocardial infarction (KPHE, 2013).

When there are high levels of air pollution, air advisories recommend that the public reduces outdoor physical exertion (Hasselback & Taylor, 2010). This recommendation may deter individuals from exercising which subsequently places them at a higher risk for hypertension and thrombosis (KPHE, 2013).

The elderly are vulnerable to air pollution due to their aging body systems and their increased frailty (Stamler, Yiu, & Dosani, 2016).

Figure 1. Mining (Nickelsberg, 2014)

Elderly people with pre-existing neurodegenerative diseases such as Alzheimer's disease will experience greater decline in cognitive functions when exposed to air pollution (KPHE, 2013).

Exposure to pollution can cause irreversible damage to children's developing systems (World Health Organization, 2017). For instance, children exposed to air pollution will likely have smaller brain volume and abnormal brain tissue development which affects their intelligence (KPHE, 2013).

Air pollution exacerbates the inflammation of airways in patients with pulmonary diseases, leading to increased occurrences of dyspnea and fatigue (KPHE, 2013).

How is Air Quality Measured?

In British Columbia, air pollution caused by mining is assessed and monitored by specific air monitoring stations throughout the province (Hasselback & Taylor, 2010, p. 13). These stations regularly measure the concentration of air pollutants (ie. PM2.5) and the data collected is used to determine air quality health risks via the Air Quality Health Index (Hasselback & Taylor, 2010, p. 13). This information is then issued to the public via air quality advisories.

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How can I help improve air quality?

Write to your elected officials to advocate for responsible mining practices in Canada and to guide future policies on mining.

Premier of British Columbia: John Horgan.
Email: premier@gov.bc.ca Mailing Address: Langford – Juan de Fuca Community Office 122 – 2806 Jacklin Road Victoria, BC V9B 5A4

Prime Minister of Canada: Justin Trudeau.
Email: pm@pm.gc.ca Mailing Address: 80 Wellington Street, Ottawa K1A 0A2

Join the Open for Justice Campaign to fight against environmental crimes caused by corporate mining companies. Web page: http://cnca-rcrce.ca/campaigns-justice/

References

Canadian Nurses for Health and the Environment. (2015). Mining and health: Digging for the truth. Retrieved November 17, 2017, from http://www.cnhe-iise.ca/mining.html

Burgmann. T., & Calder. J. (2013). A brief on the potential health impacts of the KGHM Ajax Mine. Retrieved from http://faculty.tru.ca/cross/CALDER.pdf

Hasselback, P., & Taylor, E. (2010). Air quality health index variation across British Columbia. Retrieved from https://www2.gov.bc.ca/assets/gov/environment/air-land-water/air/reports-pub/aqhi-variation-bc.pdf

Kamloops Physicians for a Healthy Environment. (2013). The Health Consequences of Air Pollution. Retrieved November 17, 2017, from http://www.kphe.ca/air-pollution.php

Nickelsberg, P. (2014). Mining [Photo]. Retrieved from http://www.takepart.com/article/2014/07/29/obama-talks-tough-climate-change-subsidizing-coal-mining-public-lands

Stamler, L. L., Yiu, L., & Dosani, A. (2016). Community health nursing: A Canadian perspective (4th Ed.). Toronto, ON: Pearson Canada Inc.

World Health Organization. (2017). Environmental risks. Retrieved November 17, 2017, from http://www.who.int/ceh/risks/en/

Profiling BCIT Nursing Students

Ann and Jessica (Level 1)

BY NEILA TONG

Interested in being featured or nominating a student to be featured in the newsletter?

Get in touch!

thescoopofpractice.wordpress.com/contact/

Ann and Jessica are Level 1 BCIT Nursing students. They both chose BCIT's BSN Program because of its positive reputation. Ann spent seven years in the medical field as a Medical Office Assistant prior to starting the program, and Jessica had been in the health care field for about 10 years. They both have a passion for working with people. They had hurdles to jump over in order to get into the program. They had to find a balance between work and taking evening prerequisite courses. Luckily they had a wonderful support system that kept them sane along the way. Ann has not quite figured out which speciality she would like to go into, but looks forward to discovering it through the program. On the other hand, Jessica's eyes are currently aiming for public health or maternity. They both knew that it was not going to be an easy ride at BCIT, but they love the challenge and the pace of the program. They are thankful for all the resources that are available to them, the new friendships, and of course, the wonderful instructors! So far, Level 1 has been an exciting ride.

Some NCLEX Fun!

Nursing questions—because why not?

1. A patient admitted with a head injury has admission vital signs of temperature 98.6° F (37° C), blood pressure 128/68, pulse 110, and respirations 26. Which of these vital signs, if taken 1 hour after admission, will be of most concern to the nurse?

1. Blood pressure 130/72, pulse 90, respirations 32
2. Blood pressure 148/78, pulse 112, respirations 28
3. Blood pressure 156/60, pulse 60, respirations 14
4. Blood pressure 110/70, pulse 120, respirations 30

2. A client has developed massive ascites. The nurse will monitor this client for the development of which priority finding?

1. Diarrhea
2. Diuresis
3. Increased temperature
4. Difficulty breathing

3. A client is wearing a continuous cardiac monitor, which begins to sound its alarm. A nurse sees no electrocardiographic complexes on the screen. Which is the priority action of the nurse?

1. Call a code
2. Call the health care provider
3. Check the client's status and lead placement
4. Press the recorder button on the electrocardiogram console

ANSWERS

1. Answer: 3

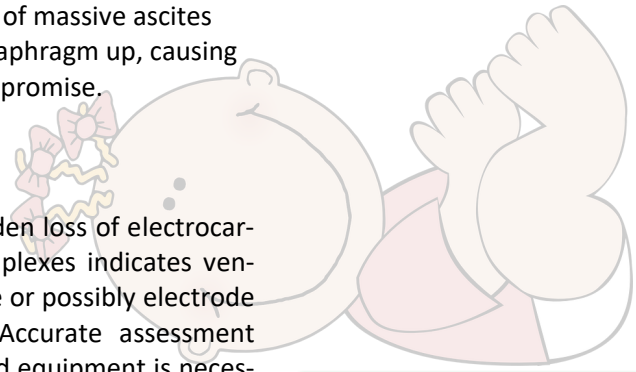
Rationale: Systolic hypertension with widening pulse pressure, bradycardia, and respiratory changes represent Cushing's triad and indicate that the ICP has increased and brain herniation may be imminent unless immediate action is taken to reduce ICP. The other vital signs may indicate the need for changes in treatment, but they are not indicative of an immediately life-threatening process.

2. Answer: 4

Rationale: Always remember your ABCs. Presence of massive ascites can push the diaphragm up, causing ventilatory compromise.

3. Answer: 3

Rationale: Sudden loss of electrocardiographic complexes indicates ventricular asystole or possibly electrode displacement. Accurate assessment of the client and equipment is necessary to determine the cause and identify the appropriate intervention. The remaining options are secondary to client assessment.



Suggested Resources

Kaplan. (2015). *NCLEX-RN 2015-2016 strategies, practice & review with practice test. New York, NY: Kaplan Publishing.*

Rupert, D. (2014). *Lippincott's NCLEX-RN alternate-format questions (5th ed.). Ambler, PA: Lippincott Williams & Wilkins.*