plates full. From modules and quizzes, to check offs and midterms, to studying for ATI assessments. This leaves us little time to reflect on how all the million pieces of nursing school come together. The QSEN website and resources help link all the skills, learning, and critical thinking we are doing together in a straightforward and organized manner. Also, taking the time to scan the website can be quite beneficial for nursing students who are working on nursing research papers.


Since this issue’s focus is on “skills,” I thought it would be a good idea to give a little insight into what QSEN (Quality and Safety Education for Nurses) is and how it relates to us as nursing students. I am sure many of you have seen QSEN being referenced under all course objectives and clinical requirements.

The QSEN project was started by the University of North Carolina at Chapel Hill in 2005 after being awarded a grant by the Robert Wood Johnson Foundation. The goal of the project was to define core competencies of knowledge, skills and attitudes nursing students should attain by the end of their program. The six core competencies are defined as: patient-centered care, team work and collaboration, evidenced-based practice, quality improvement, safety, and informatics (Cronenwett et al, 2007). The QSEN recommends all nursing schools implement the necessary learning criteria within the pre-licensure programs so that students can master these competencies.

My advice as you learn your skills is to think about how the skills you are practicing fit within the framework of these core competencies. Each competency and its associated knowledge, skills and attitudes has been outlined within the article Quality and safety education for nurses. The full text article can be found on Sacramento State’s Library Database. I recommend downloading the 10-page document as a reference for the future.

In June 2014 the QSEN website (www.qsen.org) launched “QStudent,” an interactive blog created as a resource for nursing students to talk with one another about topics such as Quality Improvement Projects (4th semester project), experiences, social media, etc. In nursing school we have our
By Alison Shuker  
CNSA Community Health Director, 3rd Semester

From day one of nursing school, our professors taught assessment before intervention. This is an important principle not only because it will be on the NCLEX, but also it saves lives. One morning I was setting up for a blood pressure and BMI booth at a local health fair. As the community health director I attend and plan many events, so this health fair did not seem that extraordinary.

The first few hours of the fair were going great. We had a great turnout and checked many blood pressures and BMIs. The students got very excited about “beating” their friends BP reading. Some students were telling us about their 6% body fat and workout routine. This was a fantastic dialogue because our goal was to teach about and bring awareness to healthy lifestyles. As the afternoon approached, a few vendors were already packing up and a student asked for his blood pressure quietly and took a seat. My first assessment of this student was that he just might be quiet. I was wrong.

One of my fellow students was taking his blood pressure and I overheard that his reading was pre-hypertensive. This caused my “assessment radar” to ping and I joined in on the student’s care. After a few moments of talking, the other nursing students and I realized he was possibly suffering from depression and anxiety. The signs and symptoms were apparent: by his account during most of the week he feels sad, anxious, short of breath, depressed, and occasional chest pain. We then asked him how school was going, but he never seemed excited and was very unsure if he was good at any subject. After further assessment, we realized he does not see his physician regularly due to a high copay.

I immediately left to find the school nurse, who arranged this event and had her talk to this student. She was able to set him up with another appointment at their health center to evaluate his depression/anxiety and hopefully improve his quality of life. The most important thing I learned that day was about the importance of keeping your “assessment radar” on. My intentions were to take blood pressures and BMIs, but at the end of the day, my fellow classmates and I ended up helping someone else who needed more than a blood pressure reading.

Mental illness affects 1 in 4 college students. On Saturday October 4th, 30 CSUS Nursing students attended the Out of the Darkness Walk at the State Capital to raise awareness. They also raised $110 for research and educational programs promoting prevention. Want to join the movement? Click on the left AFSP icon for more information.
A week after passing the catheter check off, my clinical professor said “Prepare yourself, you are placing a female catheter.” My mind began to race with thoughts of self-doubt. Was my confidence wavering? No. Stick with the plan and go with what I have been taught. I assembled my supplies and went to introduce myself to the patient. This went well, no allergies and no relevant history. Exiting the room, I found my professor waiting for me. We went through the supplies checklist and double-checked the order.

We entered the room and I began to place the patient in the ideal position. Except I could not place this patient in the ideal position due to a broken hip. So instead of having both legs up to place the urethra in the forward facing position, one leg had to remain relaxed. No problem, I thought, except we could not visualize the urethra. My sterile technique went great and so I brought the catheter to the bed. I lubricated the tip and went right into the clitoral hood. Oops, well vaginas do not look anything like the mannequins, do they? I was not quite prepared for the fact that all vaginas look a little different. No problem, so we tried again, but this time there was nothing there, I was just hitting resistance. I ended up just putting it in the vaginal opening as a marker and my professor went to tell the nurse.

Any confidence I had was gone. My first chance ended in failure. The nurse came in and opened another sterile package that ended up in the vaginal opening. My professor brought her another catheter and it too ended in failure. What is going on? This nurse does catheters daily. My professor debriefed me outside the room. She said, “Do not to worry about it, your sterile technique was great. The patient is headed to surgery and they will probably have to call urology to complete it.”

Later, she updated me about the patient. The urologist had discovered a prolapsed uterus causing urethral stricture and retention. This condition can occur as a result of pregnancy and dystocia. Due to the visualization of the urethra, one may assume males to be easier than females. In a perfect world this may be true, but we live in a world where 50% of 50-year-old males have an enlarged prostate, making catheterization difficult. The clinical setting is not textbook. No matter how prepared you are there may be something blocking you. But if you utilize your team, you may carry on with confidence. (Just for the record, I have now successfully catheterized several patients)
Researchers at MIT and Massachusetts General Hospital (MGH) have created a drug capsule coated with tiny needles that can inject drugs into the lining of the stomach post ingestion. Although the researchers tested their capsule with insulin, they anticipate that it would be most useful for delivering biopharmaceuticals such as antibodies, vaccines, recombinant DNA, and RNA. These molecules are larger and cannot be digested normally, so they must be injected directly into the bloodstream. Due to the fact that there are no pain receptors in the gastrointestinal tract, it may be safe to swallow this capsule. Consequently, patients will not feel any pain from the injections. The researchers tested the capsule in pigs. It took about a week for the capsules to pass through digestive system, and no traces of tissue damage were found. The microneedles successfully injected insulin into the lining of the stomach, small intestine, and colon, causing the animals’ blood glucose levels to drop. This reduction was faster and larger than the drop seen by subcutaneous injection. In addition, the researchers are working on capsules with degradable needles polymers and sugar that would break off, embed in the lining, slowly disintegrate and release the drug. Making this option safer and more comfortable for the user.

To watch the video on how this new drug delivery works, go to: [http://newsoffice.mit.edu/](http://newsoffice.mit.edu/)
Sim Lab: Behind the Scenes

By Nessa Osuna
CNSA Undergrad Rep 2, 2nd Semester

Skills are a vital part of the nursing practice. California State University, Sacramento has one of the largest simulation laboratories on the West Coast. This wonderful amenity allows nursing students to acquire skills in a safe learning environment by creating a unique experience to perform a task in a mock scenario prior to patient contact. Nursing students, however, are not the only ones who benefit from Sac State’s simulation lab. Outside organizations such as paramedic programs, the Emergency Nurses Association (ENA), and pharmacology programs benefit from the lab by developing and refining their medical personnel skills.

Amazingly the simulation lab is run by a small group of faculty and student volunteers. Over 90 students dedicate their free time to help provide useful training experiences to fellow medical professionals. The volunteers attend lab orientations, learn how to work with various simulation mannequins, set up mock patients, act as a live model, and run the mid fidelity scenarios all in the name of education. I am proud to say that I am one of those volunteers.

Working behind the scenes for simulation lab is fun, exciting and hard work. Volunteers are expected to revisit their skills so that they can better help students during the simulation experience. With the help of faculty they learn how to help students toward their goals without giving the answers. It has been one of my most rewarding experiences in nursing school. Recently I was able to volunteer for a first semester simulation lab. I played the role of a live patient for the first time and have to admit that it was a blast! As each new group of student nurses came into the room to take care of me, I was overwhelmed by their compassion and dedication. Our program has reaffirmed my choice in selecting nursing as my profession.

The Silence is Green & Golden

By Sadie McDowell
CNSA Class Representative 2, 2nd Semester

In first semester, before every skills check off, we are handed a sheet that lists the criteria we are required to meet in order to pass. Among these criteria was “communicates effectively with patient”. While I completely understood that this is an essential skill for a nurse to possess, I always found this particular criterion difficult because thus far our patients were manikins. In the days leading up to a check off I found myself in open lab fumbling through explaining to a plastic person the reason I needed to place a Foley catheter or inject him with insulin. I remember constantly looking around to make sure I wasn’t the only odd looking person in the room trying to communicate with an inanimate object.

Before one particularly stressful check off, I was venting to one of my classmates about how ridiculous I felt talking to the manikins. I remembering saying that I didn’t think it was ever going to help me in my future career. Now that I am in my second semester, I

Conversation: continued on page 6
realize that I was mistaken.

This semester, I had the responsibility of taking care of a patient who had been burned over 50 percent of her body. As a result, she was heavily sedated and almost entirely nonresponsive. During wound care, I watched as her nurse talked her through every step of the procedure and spoke words of encouragement and comfort. I had assumed the patient could not hear us, so I had not addressed her. I nervously asked my nurse if my assumption was incorrect. She replied, “I don’t know… maybe, maybe not, but that’s not the point. The point is she is a person and I am going to treat her as such.”

The following week I was assigned to a patient with a traumatic brain injury. Similar to my previous patient, he was in a medically induced coma and was completely nonresponsive. But because of what wound care nurse had said, I decided I would do my best to talk to him. To be honest, I didn’t do it perfectly and I felt pretty stupid whenever someone walked by as I explained to my patient why I was putting drops into his eyes or changing his IV bag. But ultimately, it didn’t matter what other people thought or if I looked silly.

There will be times in our nursing careers when our patients will not be able to respond but it is our duty to ensure they are treated with the same respect and dignity as every other patient. I now understand why it was so important to practice communicating with a manikin. I figure if I can ask a plastic person if they are allergic to bananas, I can overcome the fear of looking a little silly in the pursuit of providing holistic care to every single patient.
Walk With Me, Not for Me

By Seyda Dunham
CNSA Undergrad Rep 1, 1st Semester

The California Council of the Blind (CCB) hosted its 4th statewide fundraiser Mutt Strut 2K/5K fun-run and walk on September 13, 2014. This non-profit organization came about in a time (1934) when equality and rights were in need of advocacy. Their annual event welcomes all people, including service and pet dogs. The mission: to raise awareness and funds that will enable CCB to continue to promote security, education and equality for Californians who are blind or have low vision. The event raised a different kind of awareness in me, and I walked away with valuable experience.

As some of the first participants headed towards me I quickly realized they had vision loss because of the white cane in their hand. I hesitated to walk towards them. Instead my mind focused on several concerns. How should I approach them? Should I put my hand on their shoulder to guide them? “No, they might be offended,” my inner voice replied. I wondered how I should ask them if they need help without challenging their independence. Before I could think any further someone was in front of me. A jubilant “hello,” flowed out like it was no big deal. He greeted me warmly, and I was off to help him and his wife about the stations.

Next I helped a couple of people with their breakfast. I was proud of myself when I described their utensils in a clock-wise orientation: fork to your right at 3 o’clock, and knife at 9 o’clock; I did the same with the foods. Breakfast consisted of pancakes, sausage, and mixed fruit cocktail. My inner voice said I had done well; however, my proud moment quickly faded when I heard that the pancakes were difficult to eat as they had trouble cutting them into smaller pieces. Finger-size foods are easier to handle, they said. “Darn! Why didn’t I think of this,” again my inner voice. I was embarrassed for not having thought about this prior, but they paid no mind to my oversight and were appreciative of my help.

Determined to better my communication skills I went home and googled CCB (http://ccbnet.org) to see what more I could learn. I found a video made by the CCB, titled What Blind Isn’t. The video gives personal interviews where subjects detail what being blind is for them, and try and clear up misconceptions. There were two women that caught my attention including a woman named Sheila who states, “Blind is that your eyes don’t work, nothing more, nothing less.” Another, Pamela shared about the time she went to the drive-in movies with some family. Her sister-in-law told her to move to the front seat of the car so that she could see better. Pamela recalls this fondly because, in that moment, her sister-in-law didn’t see her as blind. She saw her as Pamela, the person. My day at the Mutt Strut and Pamela’s story helped me realize some things as well.

As Judy, from the CCB video stresses, “Blind isn’t being disabled, and being talked to loudly, or like a child...Blind is being able to manage in the world if given the proper circumstances and opportunities.” CCB’s mission succeeded in raising my awareness. If you would like more information there are several communication tips available through the American Foundation for the Blind (www.afb.org).
**Should I go into the Sac State Nursing Program?**

- Don’t lie, the nursing salary is a big contributing factor
  - How did you do on pre-req’s?
    - I think Med school will be too long
    - I like to take care of people
    - I LOVED my physio class
    - Struggled! Passed with B’s and C’s
    - Mostly A’s and like two B’s
  - Ok, how did you do on your TEAS?
    - Got low to mid 80’s?
      - TOTALLY bombed it
      - Not Satisfied? Take again
        - Try to get 100hrs of volunteering done in a health care setting. That’s 3 points!
        - Take some foreign language classes or take a proficiency test. Only specific languages count! That’s another 3 points!
  - Did amazing! Maybe it’s okay that I got a couple B’s
    - Still not so good? Try a lottery system
      - Maybe try retaking classes

---

**START HERE!!!**

**APPLY FOR THE PROGRAM!**

- NO
  - Do you have extra time before you apply to the program?
    - YES
      - Little scared, or unsure
        - Absolitely. This is what I want
  - Not this time 😞
    - Are you sure you really want this?

---

**Starting Nursing School**

OMG you weren’t kidding. 6:30AM clinical rotations, quizzes before school even starts, I just spent all day on my clinical prep, and how many slides can be on one powerpoint?! My Cortisol levels are through the roof, but I’m loving every second of it and I know this is what I want to do. Nursing is for ME!

- Be forewarned! This means for the next 2 years you will be constantly stressed, never organized, a little lost, sleep deprived, eating too much or not enough, and your love interest, family, and friends will be missing you, and accuse you of abandoning them. And just FORGET about getting all A’s through nursing school. You will learn to be happy with B’s.
- Can’t change my mind. I can do this!
- Nevermind! This flowsheet has me freaked, and that sounds crazy!
Left: Beth Webb practicing her venipuncture skills in 4th semester lab.
Bottom: The pressure is on, Lois Catuna takes the campus police’s B/P.

Top: Kirstie H. and Lois with “beer goggles,” can they safely peddle?
Bottom: 4th semester students Ashvie Singh and Nancy Saelee, with Dr. Janet Dumonchelle at a flu shot clinic in the Union.

Top: Amy Nguyen giving a flu shot to a fellow Sacramento State Student at the free flu shot clinic inside the Union.

Left: Beth Webb practicing her venipuncture skills in 4th semester lab.
Bottom: The pressure is on, Lois Catuna takes the campus police’s B/P.
Write articles for the Monthly Shot!

Each article is one CNSA event and is great for your resume! Articles should be at least 250 words, can be about anything nursing- or school-related, and are due the first week of each month. We want to hear from all semesters, including first as you learn about the fundamentals, ethics, cultural care lessons, adjusting to nursing school, and more!

Important Dates

October 17 - 19 (Friday - Sunday):
CNSA State Convention
Sheraton Fairplex Hotel, Pomona, Ca
www.cnsa.org/cnsa-convention.html

October 30 (Thursday):
Sweatshirt Orders are due

November 7 (Friday):
1630-1800 CNSA Meeting, FLS room 1050
Board Nominations and Speeches

November 13 (Thursday):
1300-1800 Nursing School Open House

November 15 (Wednesday):
CNSA Honor Cord Applications Due
Print and turn into Reet, Vice President
csus.cnsa.vicepresident@gmail.com

November 17 - 26:
Board Elections, ballots at Roberta’s Office

November 21 (Friday):
1630-1730 AAMN Meeting, FLS room 1050

November 27 -28:
Thanksgiving Break

November 25 - December 6:
Online Registration for January 4 WPJ
(must take before 2nd semester)

December 5 (Friday):
1630-1800 CNSA Meeting, FLS room 1050

December 18 (Thursday):
1400-1600 Pinning Ceremony for
Fall 2014 Class

December 22 - January 25:
Winter Recess

Contact Info

California State University, Sacramento
School of Nursing
6000 J Street
Sacramento, CA 95819-6096
http://www.hhs.csus.edu/nrs
Phone: (916) 278-6525
Fax: (916) 278-6311

Monthly Shot Editor: Libby Chase
Email: csus.cnsa.monthlyshot@gmail.com

Faculty Co-Advisors:
Dr. Denise Wall Parilo & Dr. Bridget Parsh
CNSA chapter: csuscnsa.synthasite.com

CNSA chapter: csuscnsa.synthasite.com

Lorenzo Mercado bravely getting his flu shot from Lois Catuna.

Upcoming CNSA Community Health Events:

- Blood Drive in the Union Ballroom: Oct. 21 & 22, 1000 - 1700
  Mention “CSUS Nursing” when you arrive and give us a chance to win!
- My Sister’s House, Run for Safe Haven at William Land Park: Oct. 25, 0830
- Healthy Kids Day at Sleep Train Arena: November 8, 0800 - 1500
- Foot Clinics at Friendship Park: Nov. 20 & Dec. 18, 1245 - 1445
- Flu Shot Clinics: 23, & 30, November 6 & 13
  Free flu shots for CSUS students, 1030 - 1500 in the Union Building.

Need a Letter of Recommendation?
Get to know your Faculty!

Quick tips to getting to know a Faculty of Record: Being active in CNSA and/or Men in Nursing, becoming a Lab Assistant or a Teacher’s Assistant, going to office hours or exam reviews, & visit your faculty advisor at least once per semester! Help them and then they may help you!

“Like” Sac State Nursing on Facebook!
www.facebook.com/SacStateNursing