



# THE STATUS POST

A PUBLICATION OF THE NURSING STUDENTS' PRESS  
OF THE HUNTER-BELLEVUE SCHOOL OF NURSING

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## HEALTH HEADLINES

### UNDERSTANDING THE AFFORDABLE CARE ACT

by Laurie San Martin

There has been much recent discussion, in both health care and the media, about the Affordable Care Act. As future health care professionals, it is important to understand this revolutionary law. The Patient Protection and Affordable Care Act (ACA) was passed on March 23, 2010, and after several intermediate steps, will be fully implemented on January 1, 2014. The Act contains ten separate legislative titles, which support five major objectives, which are described by Rosenbaum (2011) and summarized below. Keep in mind, the Act's chief and secondary objectives are the last to be carried out. This January, full implementation of the ACA will create changes in the US health care system aimed at ensuring near-universal health insurance coverage, through shared responsibility, and improving the fairness, quality and affordability of health insurance coverage. The Act will utilize existing forms of health insurance coverage and create a new health insurance market through employer responsibility provisions, state Exchanges, and individual and small-employer group subsidies. Exchanges function as state-level assistive one-stop shops for "qualified health benefit plans" for individuals and businesses. Medicaid will be expanded for US Citizens and legal residents. To address quality, the Act sets new federal minimum standards for approved insurance plans, including bans on: discrimination against persons with pre-existing conditions, lifetime limits, excessive waiting periods, and annual coverage restrictions. College students may already be aware that the



Photo Credit: <http://www.empowerable.com/care-for-healthcare/>

Photo Credit: [www.thinkprogress.org](http://www.thinkprogress.org)

new standards include coverage of young adults up to age 26 under their parents' plans. The secondary objective establishes a mandate requiring all US taxpayers to secure health insurance, with exemptions for religion and hardship. The large group risk pool, which results from this required universal participation, is what enables equal pricing and coverage practices to be economically possible. This concept is also the core of the debate over the Act's constitutionality, as it obligates individuals to incur costs for a product they may not want. The final phase of the ACA will result in coverage for about 94% of the population and cut the number of uninsured Americans (as of

2011) by more than half.

The third objective of the ACA is to improve health-care value, quality and efficiency while reducing wasteful spending. The Medicaid and Medicare systems will test new modes of payment and service delivery, with hopes of also attracting private payer involvement. These changes aim to encourage: better inter-disciplinary coordination, measurement and report of quality of care and evaluation of quality improvement for resource-consuming chronic disease. To maintain tax-exempt status, non-profit hospitals will need to perform on-going community assessments, ensure non-biased emergency care, and maintain easily accessible financial assistance policies.

Fourthly, the ACA seeks to strengthen primary health care access while bringing about longer-term changes in the availability of primary and preventative health care.

Lastly, the ACA aims to make strategic investments in the public's health through both an expansion of clinical preventative care and community investments. Coverage of clinical preventative benefits will be required by insurance plans and employers are encouraged to employ wellness activities with incentives for actual health outcomes. Community health centers will be greatly expanded to assist medically underserved populations, including community-based long-term care for spouses of persons with serious illnesses. The Act also authorizes (but does not fund) investment in training additional primary care providers.

The ACA creates a drastic transformation in health care policy, arguably bringing about the most extensive changes since the ... *continued on page 8* ...



*Photos by Darren Panicali*

## COMMUNITY HEALTH COMMITTEE

### *...Still Standing Strong*

*by Wynette Almeida*

As nursing students, our hearts go out to those who are less fortunate and lacking in resources to advocate for themselves. Many of us feel helpless when the media exposes us to tragedies miles away. Last year, the Community Health Committee was created by an incentive group of first year nursing students honing in their skills to become the finest patient advocates. This new organization was led by the president of the NSNA chapter at HBSON, Raphael Buyo.

The Community Health was originally formed to help veterans learn more about health and wellness. The veterans were the target population because their resources are overestimated and they were conveniently located across the street at the VA hospital. Even though the students were not able to practice patient teaching, members were able to raise \$310 for the veterans by launching the Wounded Warrior Project. Compelled to make a difference, these students were committed to becoming better advocates even if it required for them to step outside of their comfort zones. They established events that included tabling on the main campus at 68th street regarding Health Awareness day, raising money for veterans, educating the college population on health topics, talking to high school students about being a nursing student, presenting a resolution about banning sugary beverages at the NSNA Annual National Convention, and trying to help the obese population make changes to their diets. While it was difficult to talk to strangers concerning sensitive topics, it was surely worth getting their voices and opinions heard.

This year the committee hopes to reach out to the residents of the inner city communities who are not able to attain health care, as well as participating in community outreach activities such as walks and food pantries.

## BANNED 4 LIFE

### Advocacy in Action: HBSNA Blood Drive

*by Darren Panicali*

Did you know gay men are banned from donating blood? Current FDA blood donation policy dictates men who had sex with other men (MSM) since 1977 are indefinitely “deferred” because “MSM are, as a group, at increased risk for HIV, hepatitis B and certain other infections that can be transmitted by transfusion.”<sup>1</sup> Although the prohibitive policy has existed since 1992, similar policies date back to 1983 when the spread of HIV by transfusion came to light.<sup>1</sup> Despite advances in blood testing procedures, the policy is still in effect. An estimated 219,200 pints of blood are missed yearly due to the ban.<sup>2</sup>

On October 17, 2013, the Hunter-Bellevue Student Nurses Association (HBSNA) took a stand against the ban. The association hosted a blood drive where people donated in honor of banned gay men across the nation. With the help of nursing students, the non-profit Banned4Life, and the New York Blood Center, a total of 56 units of blood were collected, possibly benefiting almost 170 people. The association also amassed over 1,000 petition signatures against the ban. The petitions are being sent to the FDA this month.

A representative of the American Medical Association has called the policy “discriminatory” and is advocating for a policy that applies deferrals based on “individual level of risk” and “not based on sexual orientation alone.”<sup>3</sup> Only time will tell if the ban will be lifted. As a collective society, we can actively facilitate the process. HBSNA is proud to be a part of the movement.

*Source: Goldberg, N. G., & Gates, G. J. (2010, June). Effects of Lifting Blood Donation Bans on Men Who Have Sex with Men. Retrieved November 10, 2013, from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Goldberg-MSM-Blood-Ban-Jun-2010.pdf>*

## HBSN Common Pantry Project

by Phil Cohen

This past Thanksgiving, we truly enjoyed spending some time at the New York Common Pantry in Spanish Harlem. Last year we discovered it as part of our assignment to reach out and engage with the social services that the city offers. The New York Common Pantry is a program with the purpose of reducing hunger throughout New York City. The facility is an inspiring place to visit, as it is the most effective of its kind in all the boroughs. The pantry offers cash and rental assistance, a bi-monthly grocery program, free breakfast and dinner throughout the week, laundry and hair cut services for the homeless, and a diverse panel of case managers to help people sign up for public programs. Trips were led on November 21st, 23rd, and December 2nd. We served dinner, aided in pantry distribution, and put together special Thanksgiving packages for the pantry members. Looking forward to the beginnings of a lasting relationship with a top-notch institution! For more information please visit [www.nycommonpantry.org](http://www.nycommonpantry.org).



*Photo by Vanessa Buyo, BSN, RN*

*Top Right Photo By Jessica Jimenez*

## Supporting Breast Cancer

by Jessica Jimenez

On October 20th, a group of Hunter's very own nursing students as well as nursing students from other schools in NYC, joined the American Cancer Society (ACS) at their annual *Making Strides Against Breast Cancer Walk* in Central Park. The students accompanied thousands of individuals in the celebration of survivorship and fight against breast cancer. They cheered and supported

the participants, while guiding the walkers towards the finish line. With over 20,000 participants, the ACS reports raising more than \$2 million at this event alone. The tremendous involvement of NSANY, is leading nursing students in NYC to join forces with many health organizations in efforts to raise awareness to the many health issues we face in society today.

## NY Student Nurses Association: Save the Date!

by Giselle Campos-Dominguez

NSANYS, founded in 1951, is a pre-professional association for students matriculated in Registered Nursing pre-licensure programs and Registered nurses enrolled in programs leading to Baccalaureate degree with a major in nursing, in New York State. NSANYS is affiliated with the National Student Nursing Association (NSNA). The goal as a Student Orga-

nization is to help mold the future of nursing by developing accountable, responsible and motivated leaders. NSANYS will be holding their 62nd Annual Convention. The event will take place on February 22, 2014 at the Holiday Inn Midtown (440 West 57th Street) in New York City. The convention theme is "There RN'dless Possibilities: Nursing without Bor-

ders". NSANYS will showcase the different paths a career in Nursing may lead. The convention will include a Career Panel, Resume Workshop, Pharmacology Review, Mini NCLEX review, and Exhibitor Hall.

To learn more about NSANYS and to register for the Convention visit [www.nsany.org](http://www.nsany.org)

## DEFINING FULL TERM PREGNANCY

by Anna Liefshitz

**W**hile the textbook definition of a full-term pregnancy is 37-40 weeks of gestation, the American College of Obstetricians and the Society for Maternal-Fetal Medicine are changing the number to 39-40 weeks, according to Ashley Hayes of CNN ([cnn.com/2013/10/25/health/term-pregnancy/](http://cnn.com/2013/10/25/health/term-pregnancy/)). The definition is changing because clinical research shows that babies' health outcomes are unequal during weeks 37-42 (Definition of term pregnancy. Committee Opinion No. 579. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:1139-40.) Outcomes were best during weeks 39 through week 40 and 6 days, especially for respiratory illness and mortality (*ibid*). The following table summarizes the new definition. The reason for the new definition is "precision in language" because language "has the potential to influence timing of delivery and af-

flect health outcomes for women and children" (*JAMA* 2013;309:2445-6).

*Source: Spong CY. Defining "term" pregnancy: recommendations from the Defining "Term" Pregnancy Workgroup. JAMA 2013;309:2445-6.*

### RECOMMENDED CLASSIFICATION OF DELIVERIES FROM 37 WEEKS OF GESTATION:

- **Early term: 37 0/7 week through 38 6/7 weeks**
- **Full term: 39 0/7 weeks through 40 6/7 weeks**
- **Late term: 41 0/7 weeks through 41 6/7 weeks**
- **Post term: 42 0/7 weeks and beyond**



Photo credit:

Bottom left: [http://www.nawafir-tours.com/en/information/syria/at\\_glance/](http://www.nawafir-tours.com/en/information/syria/at_glance/)

Top right: <http://www.countdownmypregnancy.com/pregnancy/week-41and42.php>

Bottom right: <http://www.countdownmypregnancy.com/pregnancy/week-41and42.php>



## POLIO VACCINATION EFFORTS STALLED BY SYRIA

by Agnieszka Gac-Chlebosz

**A**ccording to Rick Gladstone of the New York Times, polio has reappeared in Syria for the first time in 12 years. This highly infectious viral disease strikes mostly children under age 5, with the possibility for "irreversible paralysis" and death of breathing if compromised. According to the World Health Organization, the only way to combat this is through multiple vaccinations. Therefore, the United Nations, along with the World Health Organization, are attempting to undertake a large vaccination effort of over 10 million people in Syria and the surrounding regions in the Middle East, including Turkey, Israel, and Egypt. These ef-

orts, endorsed by the U.N. Security Council, have been stalled by the Syrian government, which has denied visas to humanitarian aid workers and restricted their movements in "areas with the greatest need." Syria has been through 31 months of "political upheaval and war," which has crippled its health care system. According to Ms. Amos of the U.N., these delays are causing this vaccination effort to become "a race against time." There is also fear for safety amongst civilians, aid workers and drivers. It is suspected that this particular strain of polio emerged from Pakistan, possibly brought over by jihadsts. The suspected outbreak was first identi-

fied several weeks ago in 20 paralyzed children in Deir al-Zour. Both sides of the conflict in Syria have strong suspicions that it is in fact polio. Dr. Bruce Aylward of the World Health Organization says it is "polio until proven otherwise." Dr. Aylward wants "10 million young children" to be vaccinated in the Middle East, to keep this virus at bay. Since the World Health Organization eradication campaign started in 1988, the list of countries afflicted by polio has dropped from 125 to 3. Lebanon, which borders Syria and is home to several hundred thousand Syrian refugees, has already taken steps to vaccinate children under 5.

## “Roll Up,” Or “Mask Up” Says New York State

by Cassandra Burrows

**A** new NY state mandate seeks to decrease influenza transmission between care providers and patients by requiring all nurses who refuse the influenza vaccine to wear a surgical mask during times when influenza is prevalent. The policy also pertains to home health workers and is strongly endorsed by the Visiting Nurse Service of New York.

New York State hospitals report average worker vaccination rates of 48.4%, far below the national average of 66.9%, according to the CDC. Although hospitals provide free flu shots for their workers, some nurses refuse because of a fear that they will get the flu from the vaccine. Officials state that this is not possible with the killed virus used in the injectable vaccines. AnnMarie Vigorito, director of infection prevention and control at Blythe-

dale Children’s Hospital, explains that what people perceive as becoming sick is an immune reaction as the body builds antibodies.



Photo credit: <http://songlessnightingale>.

Although not as effective as vaccination, wearing a surgical or procedure mask will lessen transmission

by containing respiratory secretions and limiting exposure to others. Healthcare organizations also will be required to document the influenza vaccination status of their employees and provide the masks to those not vaccinated.

According to director Vigorito, the masks should be changed between every patient and every 20 minutes to prevent moisture from building up and organisms from coming through the mask.

Some concern exists that wearing a mask will frighten patients, particularly children and people with dementia, and that compliance and enforcement will be a challenge. As a result, ID badges will likely be modified in order to easily identify those who have received the vaccine.

*Source: Woods, D. A. (2013, September 30). New york requires healthcare workers who refuse vaccination to wear masks. Retrieved from <http://news.nurse.com/article/20130930/NY01/309300018>*

## Hospital Consolidation: NYS Hospitals Becoming Too Tightly Packed

by Yael Palgon

**H**ospital consolidation is known as the combining of administrative and organizational resources of two or more facilities. In New York, hospital consolidation has caused problems for healthcare resulting in financial cuts to our healthcare system and it continues to threaten systems not only in our state, but throughout the Country. According to nysna.org, St Josephs Hospital in Elmira, NY was combined with Arnot Health, which is a system composed of three hospitals. As a result, the intensive care unit was merged causing many nurses to lose their jobs.

Future hospital consolidations and billions of dollars in federal cuts to hospitals are expected as a result of the Affordable Care Act. Accord-

ing to the NYSNA, the Affordable Care Act believes that consolidation of hospitals and physician premises will reduce healthcare costs. This may affect the patient care being delivered, especially in more rural areas where healthcare is more limited.

Nurses in Upstate New York as well as other areas are expected to deliver care to a large number of patients, which increases the risk for hospital acquired infections and medical errors.

The NYSNA website states fear that the consolidations will increase medical costs. Consolidations are increasing all over the country and may diminish competition, which will potentially raise healthcare costs for patients.

Healthcare in general is in a state of crisis. There is a growing awareness

of the fact that the government needs to provide some type of health insurance to its citizens. It is too early to tell if the Affordable Care Act will be effective. The penalties for not buying insurance will probably need to be increased to make it a viable system and lower the market rate of insurance.

Unfortunately it is uncertain if Washington D.C will be able to enforce this policy in an efficient way, and improve America's healthcare.

As future healthcare workers, it is our responsibility to try and shape government policy in order to deliver good care that is both effective and affordable.

*Source: A growing emergency: Upstate new york's healthcare crisis. (2013, October). New York Nurse, Retrieved from <http://www.nysna.org/publications/newyorknurse/2013/oct/upstateCrisis.htm>*

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## OPINION

# Don't Think, Just Do It: Abortion As The Quick Fix

by Sarah Roth

**S**hock, fear, and confusion. These are the immediate responses of an unprepared adolescent staring a blue lined pregnancy test in the face. Late to class, this same adolescent girl, throws the soiled pregnancy test in the trash, runs out of her dorm room, and out onto the quad. As she speeds by the on campus clinic, an advertisement in large bold letters for none other than an abortion catches her eye. To her delight, her university has just begun offering abortion options to college students. Determined to rid herself of her new-found problem, the girl forgets about Political Science class for the day and strides into the clinic.

This is the scene that an article in USA Today is attempting to promote. A situation in which, “every woman

should have the right to make her own choice,” by providing on campus abortion facilities. However, is this implementation of easily accessible abortion clinics allowing for any decision to be made at all on the part of the mother-to-be? In her state of distress and vulnerability, when presented with a way out so easily attainable, it would take a lot of maturity to walk away and think it through.

Today's society thrives on quick fixes, and providing these women with on campus abortion clinics falls right in line with this philosophy. By making abortions as easy as getting a Band-Aid on college campuses, the thought processes of these young women are cut short, only allowing them to see as far as the present.



Clip Art Courtesy of:

Left: [http://www.clipartguide.com/\\_pages/1386-0904-3007-4938.html](http://www.clipartguide.com/_pages/1386-0904-3007-4938.html)

Right: <http://RetroClipart.co/2092>

# "Scrubbing In" Scrubs Away At Positive Nurse Image

by Amirah Yasin

**M**TV's newest reality show, "Scrubbing In," ultimately poses the question of whether it is better to have a negative media representation than none at all.

At first glance, *Scrubbing In* seems like a cool, nurse-centric show about young travel nurses in California (finally! A nursing version of *Scrubs!*). However, it becomes apparent that the show could just be seen as a harmful and affronting representation of nursing in media.

The show, which aired late October, has already garnered the ire of nursing organizations across the country. The petition on [www.change.org](http://www.change.org) calls for the cancellation of the show, as does ANA president Karen Daley in her recent letter to the MTV president. As she points out, negative media depictions damage nurse-recruitment more than it appears, and worsens the already existing nursing shortage. Shows like *Scrubbing In* can shape the impressions of young people and their resulting career choices.

The plot of the show can perhaps best be summarized in a few words. It is about nine young travel nurses and their daily drama-filled lives. There is friendship, love, tanning, fighting, gossiping, IVs, drinking, the ICU, bikinis, and emergency carts. Overt sexuality abounds, and the show appears trashy. Many, such as the ANA president, feel it presents nurses as ignorant and is a toxic portrayal of our field. However, others might watch and see the field of nursing highlighted on a show, fi-

nally, and take pride in media representation. At best, it tries to embody a "work hard, play hard" mentality.

Alas, there are two sets of stereo-

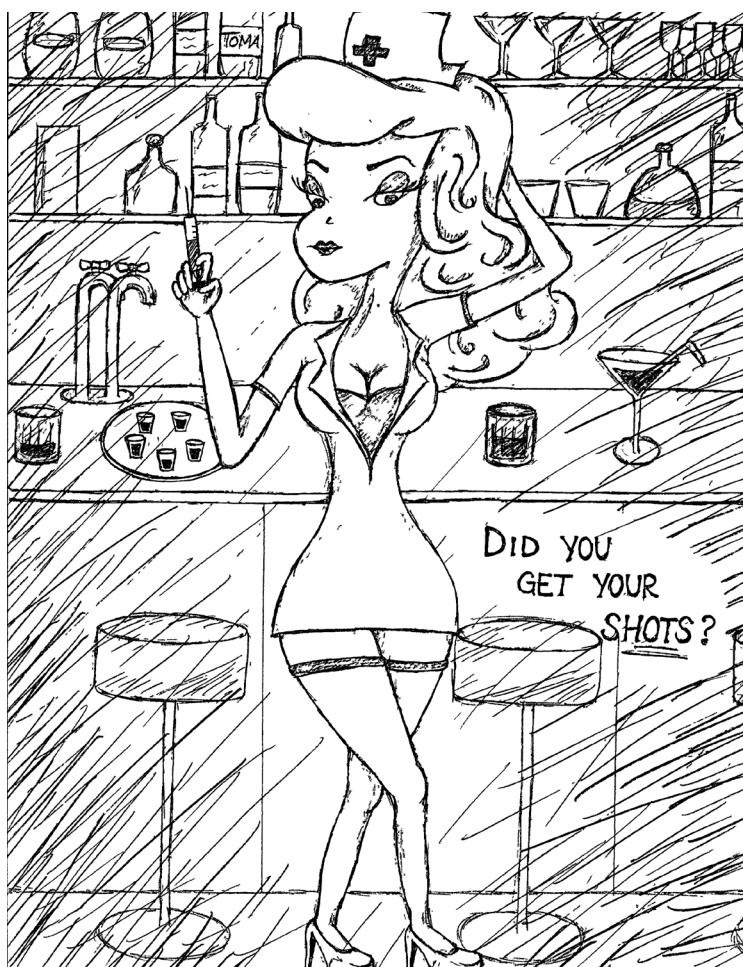
generation now live in awe and fear of nursing school, because of the tough work and reported lack of social life.

I love that nursing school now has such an intimidating reputation, and that it seems we have no life because the work is so difficult. It enhances the motivational feeling that I am doing something truly noteworthy.

Therefore, the older, more common, stereotype of nurses vs. doctors is the one that I would rather fight. Nursing students tire of the dreaded and unwarranted, "but why didn't you become a doctor," question, because it treats nursing like an career not worth pursuing when other, "better" health fields are present. Nurses are not the lesser counter parts to physicians, or bimbos, but this truth seems to diminish with blatantly disrespectful media portrayals, where nurses appear uneducated, with overly emphasized sexuality. Additionally, it is not terrible that nurses have a "hot" representation, but we should not be reduced to it.

The vapid show at times trivializes our numerous roles in health-care, and, to my aggravation, makes our diligent profession look ridiculous.

As a nursing student, I want to be portrayed as hardworking instead of dramatic; as intelligent rather than ditzy; as fun, responsible, respected. And if not, I would rather not be portrayed at all. I am tired of justifying my choice to become a nurse rather than a doctor or a more "worthwhile" profession, because of these sort of maddeningly undermining portrayals of my career. Patients recognize nursing as the most respected and trusted profession, and it is about time the media did the same.



Drawing by Nehrin Hussain

types about nursing that are highlighted in the face of this show. There is the sexualized-nurse "Bimbo Nurse" stereotype and then the uneducated "Nurses are lesser than doctors" stereotype. A newer one is "Nurses work so hard they have no life." To speak in NCLEX terms, these stereotypes are incongruent and reflect the changing face of nursing. In older days, nursing was not as highly regarded as it is now. Nurses were the ones simply handing the scalpel over when the physician said, "scalpel." Nurses have worked hard to gain recognition in the health field. As a result, many of the younger

## Understanding the Affordable Care Act ... Continued...

... continued from page 1... creation of Medicare and Medicaid in 1965. Of particular concern to nurses is the supply of health care professionals needed to meet the increased demand for care, brought on by universal health insurance, in light of an existing and anticipated nursing shortage. Among other suggestions, the Institute of Medicine's Future of Nursing report recommends expanding nursing schools' capacity and faculty and attracting and retaining well-prepared nurses in a wide range of healthcare settings to prepare for the coming changes.

*Source: Rosenbaum, S. (2011). Law and the public's health. Public Health Reports Journal, 126, 130-135.*

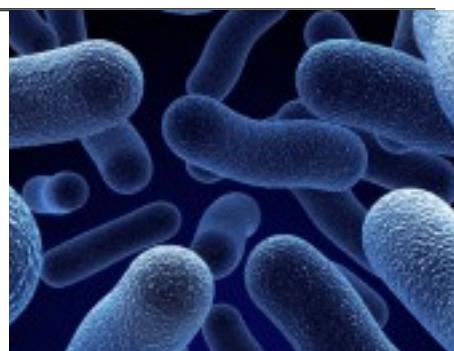


Photo Credit: <http://www.mrsasurvivors.org/c-difficile>

## Frequently Asked Questions Regarding the Affordable Care Act

by Teuta Berisha

**Q:** Is health insurance mandatory?

**A:** As of January 1st, 2014 you are required to have health insurance or else pay a tax penalty.

**Q:** What is the tax penalty?

**A:** The penalty in 2014 is up to \$95 per adult or 1 percent of the household income. You'll pay whichever of these amounts is higher.

**Q:** Does the penalty increase every year?

**A:** In 2015, it increases to \$325 per adult or 2 percent of the household income. In 2016, the fee is \$695 per adult or 2.5 percent of household income.

**Q:** What will happen if I don't pay the tax penalty?

**A:** If you fail to pay the penalty the IRS can withhold your tax refund.

**Q:** Am I covered with insurance if I choose to pay the penalty?

**A:** No. Paying the tax penalty does not mean you are covered with

health insurance.

**Q:** What if I'm uninsured and require medical care?

**A:** If you don't have insurance, it is your responsibility to pay the bill.

**Q:** Is there a time period to sign up for insurance?

**A:** Open enrollment began October 1, 2013 and will end March 31, 2014.

**Q:** Is there a grace period to sign up?

**A:** Yes. The IRS allows health insurance coverage gaps lasting less than three months without penalty.

**Q:** Is there an exemption for not having health coverage?

**A:** Yes. Health insurance exemptions include persons of financial hardship as well as members of certain religious groups.

For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

## Fighting C. diff with Bacteria

by Meredith Serbanica

digestive environment is disrupted, such as with chronic antibiotic use.

Dr. Martha Clokie, from the University of Leicester's Department of Infection, Immunity, and Inflammation believes that bacteriophages can be used as an alternative to antibiotics because they "are specific in what they kill." Because they affect only certain types of bacteria, normal flora in the gut is maintained, greatly reducing the chance of relapse.

26 distinct C. diff phages have been identified and have shown to be 90% effective against current strains – the biggest set of C. diff phages that are currently known.

AmpliPhi Biosciences Corporation has set a goal to have a mixture of C. diff phages ready for phase I and II clinical trials, and Dr. Clokie hopes that this research will promote the use of bacteriophages in fighting against antibiotic-resistant bacteria.

Researchers in the UK have isolated phages that have shown to fight against antibiotic-resistant "superbugs", such as Clostridium difficile (C. diff). C. diff infections, which manifest in severe diarrhea, vomiting, and dehydration, can be attributed to 250,000 infections and 14,000 deaths each year, particularly in the elderly. This bacterium tends to be innocuous with healthy patients, but can be very dangerous if one's

## HPEC Welcomes Class of 2015 & 2016

by Jennifer De Jesus

**N**ow that the frenzy and anxiety innate to the first semester of Nursing school are over—and with finals quickly approaching—the Health Professions Education Center (HPEC) would like to congratulate and warmly welcome the Hunter-Bellevue School of Nursing Class of 2016.

The HPEC supports student learning and faculty teaching by providing state-of-the-art instructional media and technologies, highly specialized computer learning modules, and state board certification support to enhance the curricula of the School of Nursing, the Center for Communication Disorders, the Medical Lab Science Program and the Physical Therapy Program at Hunter College.

With the largest collection of health-related videos and instructional media within CUNY, the HPEC would like to bring your attention to a few of our many resources:

- Computer-aided instruction through the use of educational software and virtual training technologies
- State board testing preparation, where students gain a mastery of their disciplines through cutting-edge software
- Smart classroom, distance learning, and audio/visual support for all Brookdale classes
- Beta testing and evaluation of new instructional media, allowing for the continual expansion of our media collection.
- Consultation with faculty on embedding instructional technology into their syllabi to enhance the classroom learning experience, as well as into their research projects, trainings, and other activities
- Development of strategic partnerships with vendors in order to provide a growing range of services to faculty, staff, and students
- Development and administration of e-learning initiatives, online testing, and digital content
- PC labs, multimedia study carrels, and reserved materials, including anatomical models and high resolution slides for use as visual aids
- Small study rooms (ideal for group projects)

As our world becomes increasingly dependent on technology and digital content, the HPEC is committed to improving the academic experience at Hunter College by helping students and faculty utilize new, innovative approaches to learning.

Faculty and students from all Hunter College schools and departments are always welcome to view the many resources available at the HPEC.

Please contact the HPEC at [edcenter@hunter.cuny.edu](mailto:edcenter@hunter.cuny.edu) for more information.



# STEPPING INTO THE WORLD OF NURSING:

## New York Presbyterian/Columbia University Medical Center

"Being employed by NYP/Columbia has been my humbled privilege. From callous lessons to cherished memories, NYP/Columbia helped integrate words from textbooks & elementary nursing skills into my scope of practice. I am all too grateful and appreciative for NYP's opportunity/commitment, the skills and network I've established thus far has been priceless- I would do it again in a heartbeat ~ highly recommended." - *David Kuang*



## HOSPITAL FOR SPECIAL SURGERY

"This summer, I was an extern on the Spine/Trauma unit of The Hospital for Special Surgery. I worked three 12-hour night shifts a week; following my experienced registered nurse preceptor's schedule. The Hospital for Special Surgery (HSS), a top ranked orthopedic hospital in the nation and a Magnet designated institution for excellence in nursing, was the ideal place to learn and practice the building blocks of my nursing career. I really appreciated learning about body mechanics, pain management and how to care for complex orthopedic patients post-surgery. I was able to apply everything I learned from my nursing textbooks to real life patients. HSS enabled me to take advantage of other learning opportunities, like surgery observation and physical therapy shadowing. Through this externship, I realized the value of progressive hospital culture, and its direct correlation to a positive work environment."

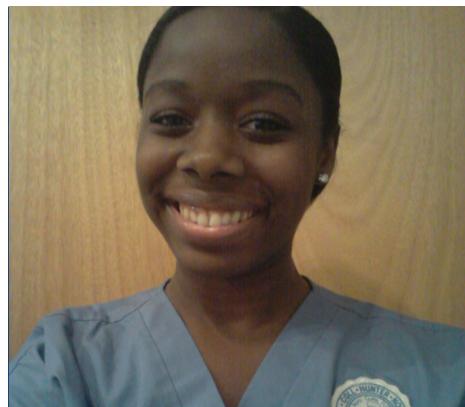
- *Alisa Jaganjac*



## NORTH SHORE- LIJ PLAINVIEW HOSPITAL

"Doing an externship with the North Shore-LIJ Health System at Plainview Hospital was a great experience. I had a really cool preceptor that taught me from how to write nurse's notes to time management strategies. I have always been self-conscious about my skills as a future nurse but the externship really helped me see that I am better than I give myself credit for. I really encourage students to try externships because they are super helpful. I would do it again in a heartbeat!"

- *Joanna Toussaint*



# THE EXTERNSHIP EXPERIENCE



## Maimonides Medical Center

"This past summer, I was blessed with the opportunity to be part of the Student Nurse Externship Program at Maimonides. Aside from learning about pre and post-op procedures and care on the Orthopaedic Unit, I saw how valuable being compassionate and patient with others can really be. Therapeutic communication goes a long way and my time at the hospital allowed me to practice my communication techniques and become more confident in what I do."

- *Charmain Escudero*



## VISITING NURSE SERVICE OF NEW YORK

"VNSNY is a more holistic type of nursing, with a focus on discharge assessment and home care planning. I had the opportunity of working with the VNSNY team at NYP Cornell. When patients are being readied for discharge and are eligible for home care, the VNSNY team visits the patient and asks several questions about their living conditions. The 9-week program includes onsite experience at facilities and one day a week where externs are immersed in the classroom to learn about various aspects of care. We were also sent on field visits to patient homes with nurses, physical therapists, and occupational therapists. The 20 externs were not only nursing students, but an interdisciplinary mix of physical therapists and occupational therapists, which provides everyone with a well rounded overview of each field." - *Steven Gordon*



"I had the privilege of spending my summer as a Nurse Extern at New York Methodist Hospital on a med-surg floor. Words cannot express how much this employment has impacted me as a student and as a future Registered Nurse. I have gained invaluable knowledge and experience that truly exposed me to the world of nursing through hands on training and personal patient interaction. Today, I am still working as a Nurse Extern and have even moved on to Step Down units where I assist in the care of critical patients. I continue to learn and grow from this externship and I am eternally grateful for this opportunity." - *Cynthia Somma*

## MEDICAL TERMINOLOGY

A	I	A	N	G	E	L	R	F	D	L	X	I	L	C	X	A	S	T	G	R	T	V	L	Y	N	C	Z	K	N
E	G	N	Q	I	I	Z	V	T	A	W	P	F	I	F	B	T	C	B	C	P	Y	D	D	A	J	H	U	O	
N	U	A	T	R	N	T	E	R	S	C	C	G	T	J	J	O	H	E	K	O	R	T	S	Q	Z	W	L	I	I
P	U	I	V	R	Z	O	E	E	P	Y	R	Y	S	T	I	Y	I	T	G	E	K	L	J	S	P	L	R	G	T
S	H	H	X	A	A	T	P	X	H	E	B	E	U	Z	L	H	Z	D	Y	S	P	H	A	G	I	A	V	X	R
Y	U	B	K	Y	N	M	O	O	N	W	P	I	Z	C	V	S	O	M	U	G	A	C	X	G	L	G	D	S	C
D	M	C	H	E	M	R	U	I	R	S	F	C	Z	V	C	O	P	J	L	C	F	L	R	H	S	H	X	G	A
Z	B	B	R	N	J	T	L	S	I	T	S	R	T	H	H	M	H	N	O	I	T	A	L	U	G	A	O	C	F
Q	Q	A	H	R	V	O	E	S	C	U	Z	X	M	M	J	N	R	F	S	X	V	P	X	H	S	K	G	B	N
A	P	V	O	A	H	C	B	H	N	U	N	J	F	Q	Y	Z	E	T	Z	I	G	A	A	G	J	G	A	P	I
O	I	Y	O	C	Z	L	T	D	L	R	L	F	C	K	J	A	N	R	D	E	W	A	D	P	L	B	C	R	P
T	T	P	I	H	A	L	L	U	C	I	N	A	T	I	O	N	I	A	G	R	N	C	X	S	S	V	A	T	U
G	U	T	M	R	Q	B	S	D	F	P	N	W	R	D	W	K	A	C	R	S	O	N	N	I	D	Z	U	T	J
C	N	R	G	B	P	H	Y	M	E	H	V	C	R	A	I	D	W	L	M	S	U	B	B	X	J	A	F	N	U
A	E	Q	B	C	V	I	H	N	N	P	R	A	F	Z	R	A	A	J	E	O	M	E	Q	P	F	N	G	H	U
J	D	L	G	E	O	D	O	O	Q	A	D	Z	G	V	F	A	B	K	T	M	H	U	M	W	T	X	V	Y	J
A	M	A	E	V	B	O	Y	N	C	L	K	M	T	D	K	L	J	E	E	V	Z	N	K	H	I	P	G	Y	B
M	I	P	U	R	P	U	R	A	L	L	V	D	G	P	O	W	Q	T	T	C	I	J	O	A	W	E	G	W	X
M	F	D	T	E	A	R	H	X	Z	O	R	T	J	G	F	K	V	V	T	E	E	P	S	X	N	G	V	K	Q
J	K	G	R	T	G	I	G	X	Z	R	H	B	O	P	V	N	Y	G	X	O	S	P	J	R	F	W	E	L	P
Y	Q	J	Y	A	P	O	M	F	Y	P	E	Y	B	Y	E	O	M	D	O	Z	V	G	Z	S	V	Y	E	A	L
J	J	W	V	Q	C	E	U	F	G	J	M	T	Z	C	N	H	S	D	Z	K	Y	Z	W	V	Z	S	G	M	D
L	R	K	H	X	N	Y	W	L	N	I	A	Q	J	G	V	D	B	W	G	M	N	L	A	Y	O	D	T	R	L
N	O	H	Q	A	H	C	H	M	G	Z	T	A	I	R	U	T	C	O	N	P	M	A	P	C	E	U	E	C	E
N	H	C	R	E	Y	N	M	C	A	C	O	E	Q	S	T	Z	V	P	J	X	C	W	U	K	M	Q	T	P	N
U	O	C	H	K	W	W	D	L	A	O	M	Q	R	P	A	N	N	C	V	S	M	L	T	I	W	G	W	W	T
D	H	X	D	I	H	X	R	O	U	T	A	E	W	J	N	R	M	N	M	B	G	W	Z	I	V	U	O	S	P
E	X	K	W	J	A	H	J	D	M	J	C	G	J	C	U	M	W	R	Z	C	P	O	O	H	S	M	C	Z	X
N	O	G	L	A	Y	V	V	X	N	T	I	P	A	P	B	E	J	L	A	T	J	R	V	A	W	P	C	H	A
M	Q	N	Z	U	N	V	O	T	O	Z	M	E	C	J	P	H	V	E	K	F	C	S	D	H	H	B	O	Z	P

ANTICHOLINERGIC  
COAGULATION  
DIABETES  
DYSPHAGIA  
DYSPNEA  
GLUCOSE  
HALLUCINATION  
HEMATOMA  
INFACRTION

INTRAMUSCULAR  
LOCHIA  
MENARCHE  
NOCTURIA  
NULLIGRAVIDA  
PALLOR  
PARENTERAL  
PURPURA  
SCHIZOPHRENIA

SEPSIS  
STROKE  
TACHYCARDIA  
TROPONIN  
WHEEZE

## PRACTICE QUESTION

retrieved from:

The nurse instructs a client about ostomy self-care. Which action should the nurse take FIRST?

- A. . Determine the reason for the osotomy.
- B. Ask the client to review a video about ostomy care prior to the teaching session.
- C. Determine the client's willingness to learn about ostomy care
- D. Demonstrate how to perform ostomy care.

Answer: C. The nurse should determine the client's willing ness to learn prior to begining the teaching session.

