

Massachusetts

STUDENT
NURSES'
ASSOCIATION

The Nightingale

MASNA's Official Newsletter



Spring/Summer Issue

April 2011

Message from the President

Contents

Dear Massachusetts Nursing Student,

Thank you for taking time to read the Massachusetts Student Nurses' Association's (MASNA) biannual newsletter, *the Nightingale*. MASNA is the constituent state chapter of the National Student Nurses' Association (NSNA) and consists of over 1200 nursing students in the Commonwealth of Massachusetts. We are a pre-professional organization that advocates for nursing students across the state and country, and we strive to aide student nurses in their transition to the professional field of nursing through leadership development and community involvement. MASNA is currently comprised of an eight member board of directors and committee chairs, a faculty adviser, and all the NSNA members throughout the state of Massachusetts. We participate in official NSNA events such as the Mid-year and Annual Conferences, community services events throughout the state, and more importantly, foster the development of new and existing SNA chapters throughout the state.

The board of directors raised over \$1100 for the Jimmy Fund and participated in the walk in September. In November we hosted a Fall Conference themed "Making a Difference in the Community" which consisted of a keynote address by Tufts Medical Center Chief Nursing Officer Nancy Shendell-Falik, nurses from a variety of specialties, a New Graduate Panel, a Mini-NCLEX review, and a leadership workshop in addition to an exhibit hall and over \$1,000 in great raffle prizes such as a Kaplan NCLEX review, Dansk Shoes, Scrub Certificates, Nursing Textbooks, and more. Participants also received a certificate of attendance. In March along with the Massachusetts Association of Registered Nurses (MARN), MASNA hosted our second annual nursing career forum. Nursing recruiters and new graduate nurses discussed resume writing, cover letter, interview, and job searching tips. MASNA along with MARN hosted an annual conference themed "Innovations in Health Care - Vulnerable Populations" on Saturday, April 30, 2011. Main student events included a Mini Kaplan Review and elections for the 2011-2012 state board.

This year the board of directors wanted to become more directly involved with the Student Nurses' Association chapters in Massachusetts, and so we created the Massachusetts Council of Chapter Presidents (MCCP) which will take effect this month. This council will allow for an open forum for chapter executive board members throughout Massachusetts and for nursing student leaders in the state who do not yet have chapters to discuss successes, work together to overcome weaknesses, and collaborate with the state board to improve nursing student involvement throughout the Commonwealth.

Throughout this newsletter you will find information about how to start a SNA chapter or ideas that your existing chapter can use, including some NCLEX practice questions. You will also find reflections from nursing students just like you. So take a moment to read and reflect, and send us your experiences of being a nursing student.

As this is my final letter as the MASNA president I would like to thank the board of directors and committee chairs, our faculty advisor, and all the nursing students in the state of Massachusetts for allowing me to serve as your state president. It has truly been an honor and a privilege. We have had a successful year and have increased membership by 10% and received the NSNA Best State Website Award at the Annual Conference in Salt Lake City on April 9. MASNA is expanding and we need you to become a part of this development.

Feel free to leave us a message directly on our website at <http://www.mastudentnurses.org>. Good luck in your final weeks of school and congratulations to those who are graduating! Enjoy your upcoming summer!

Regards,
Jessica P. Pires
President, MASNA 2010-2011

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Disclaimer: The content of guest submissions does not reflect the opinions or beliefs of MASNA. The guest submission section of the publication is intended solely to provide opportunities for our members to share their voices.



WHY JOIN MASNA?

Benefits of Membership

The Massachusetts Student Nurse's Association is for nursing students in Massachusetts, but is the Massachusetts Branch of the National Student Nurses Association, which is considered a professional organization. The NSNA mentors the professional development of approximately 53,000 future registered nurses nationwide and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance.

There are many benefits to being part of a professional organization, but the greatest benefit is achieved when a member is active in the organization. Being active could range from attending a MASNA conference to starting a new state chapter at your school. However much or little you'd like to be involved, MASNA is here to help.

We're also here to help you be successful in your career as a nursing student and in your future career as a nurse. We help to provide guidance and support to nursing students and new graduates across the state. This support is provided in many forms; this newsletter is one means of keeping you connected to fellow nursing students and the nursing community; keeping you informed on current news and upcoming events; and helping the voices of nursing students in Massachusetts be heard.

Other ways in which MASNA can help are through the website, that also keeps you up-to-date on current news and events; help you create your own student chapter; offer volunteering opportunities; provide scholarship and grant information; and assist you in your job search and possibly help you into a career with greater ease.

We are also active in the student nurse community through Facebook and through email. If you are a current MASNA member, or decided to become one, you will be receiving updates through email and on Facebook...just one additional benefit of being a member.

So, if you haven't already, sign up to me a member of MASNA today. The benefits far outweigh the cost, and you will be amazed at how inspired and successful you can become as a student nurse and throughout your nursing career!

In addition to having an excellent resource for your resume' and looking great to potential employers, NSNA and MASNA provide the following benefits:

- ◆ Partnership program with other professional nursing organizations
 - ◆ Scholarship program
- ◆ Discounted professional liability insurance
 - ◆ Health and accident insurance
- ◆ Nursing journal subscription discounts
 - ◆ Nursing apparel discount
 - ◆ Barnes & Noble discount
 - ◆ Publication discounts
- ◆ Critical Portfolio –A comprehensive online professional portfolio
 - ◆ Online member services
 - ◆ Calendar of events
 - ◆ NSNA's magazine, "Imprint"
- ◆ MASNA's newsletter, "The Nightingale"
 - ◆ Ability to start or join a chapter
 - ◆ Ability to run for the MASNA board of directors

How to ...

Start Your Own MASNA Chapter

To start a MASNA chapter at your nursing school you need:

- **A MINIMUM OF 10 NSNA MEMBER STUDENTS + 1 FACULTY ADVISOR**

NSNA application deadline for constituency status is **Feb. 9, 2011**, (TBD for the 2012 year) . NSNA votes to grant constituency status to new chapters once per year at the annual spring conference.

You can join MASNA/NSNA online: go to www.nsnamembership.org to register and pay dues (\$32 new member)

Tip: When you register check the box that allows NSNA to share your e-address with MASNA to get the MA Chapter updates and announcements!

Before you submit your application to NSNA:

- **HAVE AT LEAST 10 STUDENTS JOIN NSNA WWW.NSNAMEMBERSHIP.ORG**

1. Elect officers from your NSNA members and select a faculty adviser
2. Send your application documentation to NSNA before Feb. 9, 2011 (TBD for 2012)

Full details at www.nsna.org

Tip: Assign one of your officers the task of submitting the NSNA application.

Tip: Many schools support their MASNA chapter by automatically including the NSNA dues in each student's tuition. See the NSNA website for details.

For more Help and Resources:

Visit the NSNA website

The 2010-2011 Guidelines for Planning: Shared Governance, Bylaws, and Policies PDF is extremely helpful

Also [Visit us on the web at www.mastudentnurses.org](http://www.mastudentnurses.org)
Or find us on Facebook

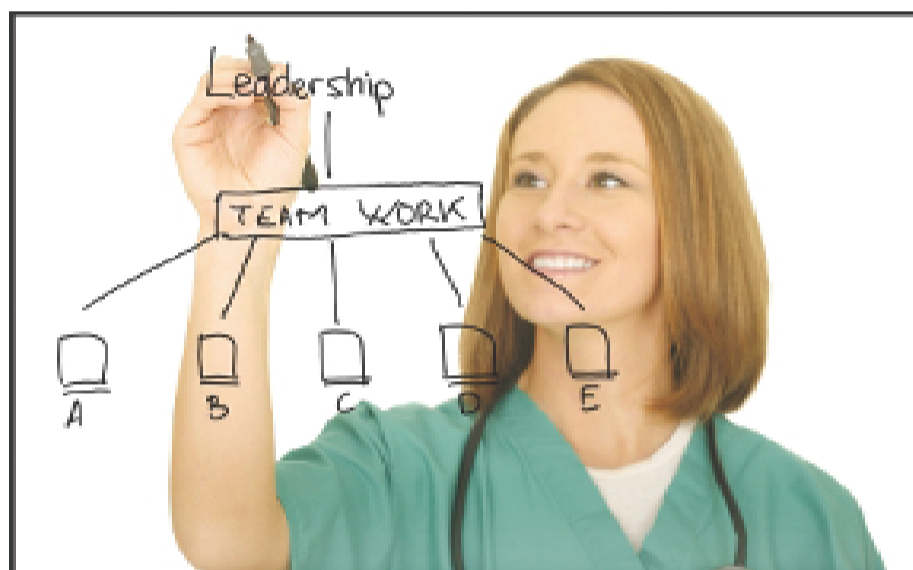


WE ARE LOOKING FOR LEADERS

Are you a nursing student in the state of Massachusetts?
Are you a member of the National Student Nurse Association?

MASNA is looking for nursing students interested in serving on 2011-2012 state-wide board. There are many positions available with varying levels of commitment.

Begin your path as a professional nurse.



POSITIONS INCLUDE

President	Media Chair
President-Elect	Elections Chair
Vice President	Fundraising Chair
Treasurer	Newsletter Chair
Corresponding Secretary	Regional Chairs
Recording secretary	Legislation Chair
Community Outreach Chair	

KAPLAN



New Graduate Career Tips

by Jessica Pires

Are you frustrated with the job searching? The economy has truly impacted all professions including nursing as I'm sure we have all realized. In this short article I will provide some resume, cover letter, interviewing, and job search tips, which have helped me and I hope will be of benefit to you as well.

Resume Tips:

How long should my resume be?

For an entry level nursing position keep the resume to no more than 2 pages.

What should my resume look like?

Format: 1 inch margins, 12 Font, Times Roman Numeral. Bold or italicize only important words or phrases. Overall, your resume should be concise and easy for the reviewer to understand.

What should I include in my resume?

Resumes differ from person to person. Common titles however, include, a short focused objective, education, work, and volunteer experiences, skills, certificates, honors and activities. Your resume may include all or some of these titles.

You may include a GPA of 3.5 or above.

You may either create a reference page or state that references are available upon request.

Indicate if you are bilingual and your fluency in each respective language.

Proof read! Proof read! Proof read!

If you have the opportunity, have a colleague, a professor or an instructor review your resume.

Cover Letter Tips:

The purpose of the cover letter is to get people excited about you so they will review your resume more closely and ideally offer you an interview.

How long should my cover letter be?

No longer than one page, 3-4 concise paragraphs.

What should my cover letter look like?

Business letter format

1 inch margins, 12 Font, Times Roman Numeral

Depending on your preference, you may justify address and signature to the left or right just like a traditional letter.

What should I include in my cover letter?

If possible direct the letter to the specific recruiter

First Paragraph: state the position you are applying for and your graduation date, and when you plan on sitting for the NCLEX.

Second Paragraph: explain why you feel you are the best applicant for this position and for their institution.

Third paragraph: thank the recruiter for their time, and provide your contact information.

Interviewing Tips:

Research the hospital, the position and unit, and be prepared to discuss things such as clinical experiences, strengths, weaknesses, career goals.

Prepare questions such as what resources are available to new graduate nurses, if the unit is involved in research and if will you be involved in research. Ask what the nurse patient ratio and nursing assistant ratio

Bring a professional agenda with lined paper, you may write your questions here and use them to refer during the interview. It may be best however, if you memorize your questions and keep the agenda closed so as to not continuously reference your paper.

Bring 3-5 extra copies of your resume, printed on resume paper to the interview, and any other documents the nursing recruiter would like for you to bring.

Do not discuss pay. This is because as a nurse graduate the pay is already set and employers may be turned down by that. Explain that you are there to obtain experience and develop your nursing skills.

Dress business professional; suit set, business dress, skirt and shirt, pants and shirts, etc.. Keep nails neat, short, and clear or light polish. Keep hair back and away from the face if possible.

Arrive 20 minutes early, you never know if you are unable to find the building, or have to obtain a security clearance, etc.

Greet the recruiter enthusiastically with a strong handshake

Be excited throughout the interview and do not be afraid to ask for the (position in a professional manner) at the interview.

After the interview follow up with a neatly written thank you note.

Overall the 3 most important things to remember is be organized, be early, and be excited!

Job Search:

Unfortunately in this economy, you may need to widen your search to include other states and settings other than hospitals.

Read the job descriptions completely and do not hesitate to contact the Human Resource department of the respective institution with any additional questions.

If applying for new graduate residencies call recruiters to touch base and to establish rapport.



A Challenge for all Student Nurses

by Michelle LaVallee, *Western Mass Regional Chairperson*

After years of spending a part of my free time volunteering for various organizations, this past summer I had the opportunity to serve as a volunteer cabin counselor for an entire week at a camp for children with serious illnesses. During the week I spent at camp, I reached beyond myself in ways I thought only people I read about in history books did. This experience made me reflect on the impact that one person can have on another person and how each interaction can mean so much no matter how seemingly small it is. These children entered my life as strangers and after only one week left an indelible mark on my heart and my life.

The challenges that these campers faced when they were at home were a distant memory once they passed through the gates at camp. They no longer were different than most everyone else surrounding them. At camp, they had only to be kids and have fun. The energy, inspiration and love they instilled in me that week will be a part of my life forever. I can only hope to bring the same fervor and love to others serving as a nurse, as they brought to me. The campers ultimately just wanted to be regular kids and they experienced every activity with wonderment and glee. It was a lesson I did not even know I needed to learn, but only a child with serious challenges could teach me. I feel that I got so much more from this group of young girls than I was able to give to them.

As student nurses, we are challenged everyday to fit everything into our

already busy lives. Unexpected challenges arise and we push other things aside to make room for the things we need to. However, a wise person once said to me "there is always time for the things you make a priority". This person was my mother, the same person that fueled my passion of helping other people. This is especially true for making time for others who are less fortunate than we are. This is a priority in my life and I try to carry out this philosophy every day. My daily actions may not be as grand as spending an entire week with strangers at a camp but it is my goal to make the world a little bit better each day through small acts of compassion and empathy.

This experience changed me as a person and in my practice as a student nurse. It allowed me, in a very clear and powerful way to see how I can touch the lives of other people. I no longer see a patient's diagnosis and form opinions based on this diagnosis alone I am able to see beyond labels and see what is truly important to a patient and a patient's family. Doing this drives my practice and my philosophy as a future nurse. It allowed me to step beyond my regular routine and step outside my comfort zone, to face some issues that may be difficult to deal with. Ultimately, I grew as a person and as a nursing student through this experience.

I challenge all nurses both beginning and as students to find a cause, you are passionate about and volunteer your time for it. I believe that doing so will affect your life as it did mine.



Broadened Horizons: A Nursing Student Experiences Rural Healthcare Challenges in Morocco

by Lili Bischof, *Bachelor of Science in Nursing Candidate 2011, MCPHS, Boston SON*

Not everyday do nursing students have opportunities to practice nursing internationally in rural health clinics. Volunteer Morocco, a program based out of Massachusetts College of Pharmacy and Health Sciences (MCPHS) has provided nursing students with just that. This senior capstone topic was developed from my own experience volunteering as a global nurse in rural Morocco for two-weeks of winter break with the program, Volunteer Morocco.

BACKGROUND

Aziz El Madi and Jessica Masse, both Chemistry adjuncts at MCPHS, founded the program in 2007. Aziz El Madi grew up both in the city of Agadir and in the rural village of Riad Imsouane, where many of his family members still reside. This allows for a safe and accepting volunteer environment on a very personal level.

Volunteer Morocco is a non-profit organization committed to improving healthcare access, education, farming and self-sustainability in Morocco to underprivileged communities (Volunteer Morocco, 2010). Volunteer Morocco takes various groups of College of the Fenway (COF) students to Morocco in June and December annually. The trip consists of volunteer work in hospitals, rural health clinics, local schools and orphanages. Moroccan physicians, nurses and pharmacists volunteer their time to assist with the medical care and language translation in the rural villages.

PROJECT DEVELOPMENT

Many factors contributed to the development of my capstone project. Witnessing firsthand the lack of basic medical necessities, and sanitation while observing rural villagers' limited access to healthcare inspired me to raise awareness and make a difference. For instance villages are located two to three hours from the city, making their accessibility to urgent care limited. Many villagers are unable to drive to the

city when in need of specific medical care and rely on the rural clinics and local dispensaries to provide the majority of healthcare.

Volunteer Morocco tries to compensate for the rural healthcare challenges by collecting medical supplies and medications from local and international contributors and with fundraising. Over the past four years, Volunteer Morocco has raised over 1.5 million



dollars in medical supplies, organized eleven first-time health clinics in rural Moroccan communities and two 5-K races in Boston to support medical supplies shipments (Volunteer Morocco, 2011).

Volunteer Morocco's efforts in the past four years have greatly supported their mission of improving access to healthcare and improving self-sustainability in rural Morocco. Directly working with Volunteer Morocco this winter proved to me how the lives of underprivileged communities could be improved from hard work and a commitment to global citizenship. Global citizenship is when human beings are motivated to "participate in decisions concerning their lives" and not only at the local level, but at the national and global level as well. Participation in political, environmental, cultural, economic and social conditions at the national and global levels encompasses

Broadened Horizons: A Nursing Student Experiences Rural Healthcare Challenges in Morocco

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global citizenship (Mill et al., 2010, p. E4).

Experiencing these challenges firsthand motivated me to develop a capstone project that sought to raise awareness of rural healthcare challenges in Morocco, motivate individuals in the United States to help improve those challenges and ultimately create and establish a donations program called, *Empty Your Pockets* with a participating hospital or clinic in Boston, MA.

The idea behind *Empty Your Pockets* was created after some nurses and I noted how many unused alcohol swabs and random supplies were in one's pockets at the end of a 12-hour shift. I observed nurses and students who felt they were unsure of what to do with those unused supplies. It dawned on me that if every nurse had a place to "empty their pockets" at the end of a shift the supplies that would otherwise be thrown



away could potentially be sent to Morocco. Though small-scale, this initiative could be a cost-effective and simple method to help with the shortage of supplies available in Moroccan rural health clinics. Details for the exact parameters of *Empty Your Pockets* have yet to be officially determined and it will continue to be a work in progress.

RURAL HEALTH CLINICS IN MOROCCO

During one rural health clinic we treated 700 patients and had to turn away hundreds of others due to

lack of resources. Patients treated in the clinic had Diabetes, Hypertension, chronic pain and in many cases, we only had enough medication to hand out a few doses worth. Despite the generous donations of supplies and medications available, we ran out of many basic supplies, such as alcohol swabs, band aids, gauze, glucometers, hand sanitizer, rubber gloves, toothbrushes, toothpaste and more. Providing care with the most basic of necessities taught us to be resourceful and creative in our approach to patient care.

CONTRIBUTING FACTORS TO RURAL HEALTHCARE CHALLENGES

Contributing to the lack of medical supplies and the limited access to healthcare in rural villages is the allocation of healthcare funds in Morocco. The gross domestic product (GDP) in Morocco is approximately 91.37 billion dollars, and the Moroccan government allocates only 4.5% of the GDP (\$50 per person/year) towards healthcare (Ruger and Kress, 2007, p.8). In contrast, the United States' GDP is 14.12 trillion dollars and we allocate approximately 17% of the GDP (\$8,047 per person/year) towards healthcare (Fritze, 2010, p. 1). Additionally, Morocco's government distributes less funding to the rural villages and more to the cities, which contributes to the dispensaries being understaffed, and under stocked. There are limited resources available to cover basic and specialized care and the "scarcity of providers, basic clinics and facilities" all contribute to the difficulties in meeting the needs of Morocco's people (Ruger and Kress, 2007).

CONCLUSION

For the capstone project I presented a 30-minute presentation to all 2nd and 3rd-year nursing students at Massachusetts College of Pharmacy and Health Sciences (MCPHS). Of approximately 175 students presented to, 99% indicated a genuine interest and desire to help improve the rural healthcare challenges in Morocco.

Morocco deserves to gain improved availability

Broadened Horizons: A Nursing Student Experiences Rural Healthcare Challenges in Morocco

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of medical supplies and access to medical care. The healthcare many Moroccan's have access to would be considered subpar in the United States. It is important to recognize that we, as Americans cannot change the political challenges Morocco is faced with, but we can assist with improving the healthcare challenges



through volunteering in health clinics, donating supplies and raising awareness. In order for individuals to help improve the rural healthcare challenges in Morocco, we as a society need to think outside our "bubble" and think globally, becoming global citizens. It is my hope that students and healthcare professionals will get involved and help to raise awareness. If not about Morocco's healthcare challenges, but to other developing countries' healthcare challenges as well.

HOW YOU CAN HELP

To get involved with Volunteer Morocco visit the website, www.volunteermorocco.org for the most up to date information about future trips, trip cost, and donating supplies or money. You can contact myself at lili.bischof@my.mcphs.edu for further questions regarding the trip and my desire to initiate *Empty Your Pockets*.

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Cultural Competence in Nursing Education: How Can Nursing Students and Nurses Be Culturally Competent?

by Mahmoud Kaddoura, PhD, CAGS, MED, MSN, BSN, RN; Aditi Puri, PhD, RDH, Christine Dominick, CDA, RDH, M.Ed

Dr. Aditi Puri, Professor Christine Dominick and I have been conducting a qualitative research study on travel service learning projects to explore the perceptions of health profession students regarding their learning experiences with cultural diversity when taking care of underserved populations. Recently, during the Winter break, December 2010 – January 2011, six students from the Massachusetts College of Pharmacy and Health Sciences (MCPHS); five of them are nursing students and one Dental Hygiene student, in addition to three nursing students from another college in the northeastern state traveled to Morocco to volunteer in a travel service learning project. They volunteered in rural villages and in the Moroccan hospitals, emergency rooms, maternity wards, delivery suites, clinics, schools, orphanages, and other facilities. The Volunteer Morocco group was very excited to work with local agencies on various village improvement projects.

The nursing and dental hygiene students received basic training by the MCPHS Forsyth Dental Hygiene Faculty to provide fluoride treatment and oral hygiene instructions. These services were offered to the underserved population in Morocco by the students. Oral care products such as toothbrushes and toothpastes, donated by the MCPHS Forsyth School of Dental Hygiene, were generously distributed to the underserved population. The participants also joined Moroccan doctors, nurses and pharmacists to provide first-ever health consultations to over 700 people in the village. The nursing students volunteered in various nursing skills, included but not limited to health assessment, taking vital signs, suturing wounds, changing dressings, administering medications, providing oral care, educating patients on nutrition and health related issues, and assisting the healthcare team with several medical procedures. In the orphanage, the participants provided dental care for the older children and feeding and hygiene for the babies.

The students were interviewed using an interview guide, and the interviews were recorded on audiotape and transcribed verbatim. Information obtained included participants' life experiences that contributed to their motivation to volunteer and how the travel learning project to Morocco impacted their health profession education and clinical proficiency. A specific

focal point of the interviews was the students' reflections on their ability to provide culturally competent care, the major theme that I will focus on in this article, from the nursing perspective.

The entire participants perceived the volunteer trip to be exceptionally exciting and invaluable for the application of their knowledge and skills. They all appreciated the cultural diversity, to which they were able to adapt to the changing situations during their trip. They highlighted the huge differences between the US and the developing countries' access to healthcare. Patients from other parts of the world may experience entirely different healthcare issues than American patients. "To be a genuine patient advocate, a nurse needs to be culturally competent and provide safe, effective, and sensitive healthcare for patients of other cultures that require the nurse to possess empathy, flexibility and patience." One student said. Another student found the language barrier a major challenge and she wished she had taken some Arabic lessons before traveling to Morocco. She said "I really tried hard to use body language and gestures to explain every detail about the procedures I was doing for people whose native language is not English, the only language I speak. But I was happy because all people were so appreciative and one woman even hugged me and kept on saying SHOKRAN JAZEELAN in Arabic, meaning Thank You Very Much." A third student was surprised why so many visitors were in the patient's room most of the time, and then he found that the Arabic culture highly value the ties among relatives. Many of the patients' extended family members frequently visit to show their love and support to the patients and their significant others.

This often created a conflict for me as I didn't understand why and I was wondering whether there was any problem! Once I realized the cultural differences, I started accommodating all visitors whenever possible. The role of the family differs greatly by culture, how I wish our families are so intimate and supportive as well" the student said. To deliver truly culturally competent care, "healthcare providers should never be judgmental. We as nurses should provide holistic nursing care that incorporates the physical and psychosocial aspects of

Cultural Competence in Nursing Education: How Can Nursing Students and Nurses Be Culturally Competent? (CONTINUED)

patients' conditions. We have to be considerate to where our patients are coming from and what their beliefs of wellness and illness are. I saw many patients using herbal therapy, like plants and herbal tea, to relieve their pain; I just wanted to make sure it's ok." another student said.

The message from the participants in this study was to encourage every single healthcare professional to be culturally competent by understanding one's own world views and those of the patient, while avoiding stereotyping and misapplication of scientific knowledge. Cultural competence is obtaining cultural information and applying it in the nursing plan of care. This cultural awareness allows the nurse to critically think about the entire picture in order to improve the quality of care and health outcomes. Adapting to different cultural beliefs and practices requires flexibility and a respect for others view points. Cultural competence means to really listen to the patient, to find out and learn about the patient's beliefs of health and illness. To provide culturally appropriate care we need to know and to understand culturally influenced health behaviors.

Nursing students and nurses don't have to travel to faraway places to encounter all sorts of cultural differences. The United States provides plenty of opportunities for challenges stemming from cultural diversity. To be culturally competent the nurse needs to learn how to mix a little cultural understanding with the nursing care they offer. Presently, we see in the hospitals and healthcare facilities a remarkable increase in patients, who are immigrants from all over the world. These cultural differences should be appreciated by healthcare providers.

Culture also influences how people seek health care and how they behave toward health care providers. How we care for patients and how patients respond to this care is greatly influenced by culture. Health care providers must possess the ability and knowledge to communicate and to understand health behaviors influenced by culture to eliminate barriers to the delivery of care. These issues have an important implication on nursing education and practice. The findings of the study show the great need for our colleges to incorporate more content related to cultural competence throughout the nursing curriculum and to apply this knowledge in healthcare organizations to deliver culturally competent care for our diversified pa-

tients. One of the challenges remains communication. This can be tackled by using both verbal and nonverbal communication skills, using interpreters of various languages, and being a good listener to advocate for the patients. Nursing students and nurses need to learn to ask questions sensitively and to show respect for different cultural beliefs. Most important, we must listen to our patients carefully as nurses spend more time in direct patient care than other groups of healthcare professionals.

Nursing students and nurses play a crucial role in the health delivery system. Increasingly diverse racial, ethnic, and socio-cultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may provoke misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes. Hospitalized patients and their families are subjected to numerous stresses.

Please remember that lack of cultural awareness and failure to provide culturally competent care can greatly increase the stresses experienced by patients and can result in inadequate care provided by healthcare professionals. If the provision of the best possible care for all patients is the ultimate goal of nursing students and nurses, then they must have expertise and skills in the delivery of culturally appropriate and culturally competent nursing care. Each student and nurse must take an active role in preparing basic knowledge and skills, upon which to develop a cultural competency. The ability to deliver nursing care that will allow effective interactions and the development of appropriate

responses to persons from diverse cultures, races, and ethnic backgrounds is truly a challenge



for nurses in the 21st century. Yet, I confidently believe that nursing students can change the future of the profession by leading the way of cultural competence and be well prepared for their practice in multiethnic diversified settings to make a difference in the lives of diversified patient population.

NCLEX Review Questions

1. A client has been hospitalized after an automobile accident. A full leg cast was applied in the emergency room. The most important reason for the nurse to elevate the casted leg is:

- A) Promote the client's comfort
- B) Reduce the drying time
- C) Decrease irritation to the skin
- D) Improve venous return

2. The nurse is reviewing with a client how to collect a clean catch urine specimen. What is the appropriate sequence to teach the client?

- A) Clean the meatus, begin voiding, then catch urine stream
- B) Void a little, clean the meatus, then collect specimen
- C) Clean the meatus, then urinate into container
- D) Void continuously and catch some of the urine

3. Following change-of-shift report on an orthopedic unit, which client should the nurse see first?

- A) 16 year-old who had an open reduction of a fractured wrist 10 hours ago
- B) 20 year-old in skeletal traction for 2 weeks since a motor cycle accident
- C) 72 year-old recovering from surgery after a hip replacement 2 hours ago
- D) 75 year-old who is in skin traction prior to planned hip pinning surgery.

4. A client with Guillain Barre is in a nonresponsive state, yet vital signs are stable and breathing is independent. What should the nurse document to most accurately describe the client's condition?

- A) Comatose, breathing unlabored
- B) Glasgow Coma Scale 8, respirations regular
- C) Appears to be sleeping, vital signs stable
- D) Glasgow Coma Scale 13, no ventilator required

5. When caring for a client receiving warfarin sodium (Coumadin), which lab test would the nurse monitor to determine therapeutic response to the drug?

- A) Bleeding time
- B) Coagulation time
- C) Prothrombin time
- D) Partial thromboplastin time

6. A client with moderate persistent asthma is admitted for a minor surgical procedure. On admission the peak flow meter is measured at 480 liters/minute. Post-operatively the client is complaining of chest tightness. The peak flow has dropped to 200 liters/minute. What should the nurse do first?

- A) Notify both the surgeon and provider
- B) Administer the prn dose of albuterol
- C) Apply oxygen at 2 liters per nasal cannula
- D) Repeat the peak flow reading in 30 minutes

7. A client had 20 mg of Lasix (furosemide) PO at 10 AM. Which would be essential for the nurse to include at the change of shift report?

- A) The client lost 2 pounds in 24 hours
- B) The client's potassium level is 4 mEq/liter.
- C) The client's urine output was 1500 cc in 5 hours
- D) The client is to receive another dose of Lasix at 10 PM

8. A client has been tentatively diagnosed with Graves' disease (hyperthyroidism). Which of these findings noted on the initial nursing assessment requires quick intervention by the nurse?

- A) a report of 10 pounds weight loss in the last month
- B) a comment by the client "I just can't sit still."
- C) the appearance of eyeballs that appear to "pop" out of the client's eye sockets
- D) a report of the sudden onset of irritability in the past 2 weeks

9. The nurse has performed the initial assessments of 4 clients admitted with an acute episode of asthma. Which assessment finding would cause the nurse to call the provider immediately?

- A) prolonged inspiration with each breath
- B) expiratory wheezes that are suddenly absent in 1 lobe
- C) expectoration of large amounts of purulent mucous
- D) appearance of the use of abdominal muscles for breathing

NCLEX Review Questions

10. During the initial home visit, a nurse is discussing the care of a client newly diagnosed with Alzheimer's disease with family members. Which of these interventions would be most helpful at this time?

- A) leave a book about relaxation techniques
- B) write out a daily exercise routine for them to assist the client to do
- C) list actions to improve the client's daily nutritional intake
- D) suggest communication strategies

11. An 80 year-old client admitted with a diagnosis of possible cerebral vascular accident has had a blood pressure from 160/100 to 180/110 over the past 2 hours. The nurse has also noted increased lethargy. Which assessment finding should the nurse report immediately to the provider?

- A) Slurred speech
- B) Incontinence
- C) Muscle weakness
- D) Rapid pulse

12. A school-aged child has had a long leg (hip to ankle) synthetic cast applied 4 hours ago. Which statement from the parent indicates that teaching has been inadequate?

- A) "I will keep the cast uncovered for the next day to prevent burning of the skin."
- B) "I can apply an ice pack over the area to relieve itching inside the cast."
- C) "The cast should be propped on at least 2 pillows when my child is lying down."
- D) "I think I remember that my child should not stand until after 72 hours."

13. Which blood serum finding in a client with diabetic ketoacidosis alerts the nurse that immediate action is required?

- A) pH below 7.3
- B) Potassium of 5.0
- C) HCT of 60
- D) Pa O₂ of 79%

14. The nurse is preparing a client with a deep vein thrombosis (DVT) for a Venous Doppler evaluation. Which of the following would be necessary for preparing the client for this test?

- A) Client should be NPO after midnight
- B) Client should receive a sedative medication prior to the test
- C) Discontinue anti-coagulant therapy prior to the test
- D) No special preparation is necessary

15. A client is admitted with infective endocarditis (IE). Which finding would alert the nurse to a complication of this condition?

- A) dyspnea
- B) heart murmur
- C) macular rash
- D) hemorrhage

16. The nurse explains an autograft to a client scheduled for excision of a skin tumor. The nurse knows the client understands the procedure when the client says, "I will receive tissue from

- A) a tissue bank."
- B) a pig."
- C) my thigh."
- D) synthetic skin."

17. A client is admitted to the emergency room following an acute asthma attack. Which of the following assessments would be expected by the nurse?

- A) Diffuse expiratory wheezing
- B) Loose, productive cough
- C) No relief from inhalant
- D) Fever and chills

18. A client has been admitted with a fractured femur and has been placed in skeletal traction. Which of the following nursing interventions should receive priority?

- A) Maintaining proper body alignment
- B) Frequent neurovascular assessments of the affected leg
- C) Inspection of pin sites for evidence of drainage or inflammation
- D) Applying an over-bed trapeze to assist the client with movement in bed

1. D, 2. A, 3. C, 4. B, 5. C, 6. B, 7. C, 8. C, 9. B, 10. D, 11. A, 12. D, 13. C, 14. D, 15. B, 16. C, 17. A, 18. B

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