

from the 



VANIER COLLEGE Nursing Students

Experiences of Vanier Nursing Students in the Care of Patients and their Families **from the heart**



TABLE OF CONTENTS

4.	From the Desktop of the Editor	
5.	Hope	Carolyn Goldberg
6.	Learning Infinite	Carolyn Goldberg
7.	It's not the next thing I have to do	Ardette Dorsett
9.	Why Nursing	Tiffany Pontes
11.	Paid Learning During Summer Vacation	Rivka Guttman
14.	Letter	Linda Haugland
15.	Our Health Promotion Fair	
17.	Lifes Lesson	Carolyn Goldberg
18.	After the Hospital...Nursing Terminally Ill Children	Natalie Antat
20..	Listening With a Keen Eye	Natasha Feigin
22..	What I learned from my Patient	Jazzmin Bak
24.	A Glimpse Back	Carolyn Goldberg
26.	The Sainte-Agathe Experience	Maria Di Feo

VANIER COLLEGE,
821 Sainte-Croix, Montréal, QC, H4L 3X9.
514-744-7500

info@vaniercollege.qc.ca

VANIER COLLEGE
www.vaniercollege.qc.ca
www.vaniercollege.qc.ca/academics/nursing

Editing: Rivka Guttman Coordinator of the Vanier Nursing Program

Design: Joan Fee Taylor, Coordinator of Vanier Micropublishing & Hypermedia

Copyright © 2007 Vanier College

Legal Deposit 2007

Becoming a nurse requires the participation of three equally important individuals



The nursing student

The nursing teacher

The patient



HERE ARE THEIR STORIES.....

From the Desktop of the Editor

I am proud to present the first edition of "From the Heart". It is a compilation of the experiences, hopes and dreams of future nurses. This project stems from, first and foremost, my love of nursing and my conviction in the power of nurses to influence, for the better, the health of the individuals and families we are privileged to care for. However, the impetus for the project stems from my belief that not enough is known about what we do each and every day.

As nurses, we are presented with a rare gift. We are permitted to enter the lived experiences of other human beings, to be privy to their hopes, to their fears, to their hardships and to their accomplishments. We are witnesses to the determination of the human spirit as well as to the limitations of medical science. Ours is a profession that enjoys limitless potential in both educational goals and career possibilities. And yet, regardless of where we practice, our rewards are reaped through the fundamental goal that binds us- the goal of giving care. The future nurses who have contributed to this publication understand this delicate balance between the science and the art of nursing. They have experienced the rewards. I thank them for sharing their stories with you and trusting me with the fine details of editing.

I hope that you will enjoy the stories and other contributions and be tempted to write about your experiences next year. I would also like to acknowledge the assistance of Joan Fee Taylor, who has generously provided her expertise in document design.

Rivka Guttman

HOPE

Carolyn Goldberg, Nursing Graduate 2006

The definition of hope: To wish for something with expectation of its fulfillment. To have confidence. To look forward with confidence or expectation. To expect or desire. A wish or desire accompanied by confident expectation of its fulfillment. Something that is hoped for or desired. One that is a source for or reason for hope.

Sometimes all a client has is hope and hope has underlying faith. Fear is a strong emotion but hope can be a strong force and something to grasp onto which may decrease fear to some degree. Hope is essential and has the power to alter behavior, feelings, and an overall state of being in a positive manner. For example, when I monitored my client's lab values after he'd received several packed red blood cell and platelet transfusions, I saw there had been little or no improvement. I asked my RN what would happen if this were to continue. She told me that if the lab values did not increase eventually, my client would most likely be offered palliative care. The healthcare team do all they can and hope. The client fearfully awaits his results and he hopes. The novice student nurse in a new learning environment hopes. We all share the same hope. I would even correlate hope with client goals. My client desperately hoped his blood counts would increase to the point where a bone marrow transplant would be a safe prospect. We all share in that commonality and yet as the outcome is unknown, we all continue to hope.

5

LEARNING INFINITE

Carolyn Goldberg, Nursing Graduate 2006

In my geriatric rotation I sometimes did not encounter what I expected on Tuesday mornings. Monday-night brainstorming and alternative plans helped, but sometimes I just had to deal with what was happening in front of me and change my priorities at a moment's notice. Such is the reality of nursing. I enjoyed the research and pre-work I did to gain knowledge and comprehension of my clients and their illnesses. I wondered if I would feel an altruistic sense of satisfaction in caring for the elderly since my grandmother had just passed away. I suppose it helped me to know that I would see my clients as so much more than elderly people in a hospital. I would see lives of experience and wisdom. Lives of triumphs and sorrows. Human beings who had done so much and seen so much in life. I felt lucky to derive education from these individuals. I knew the communication challenges awaiting me would be an extraordinary learning experience as I had one client who could not communicate verbally and one who was intellectually challenged. I rose to this challenge in order to provide my clients with choice leading to autonomy and dignity, which is crucial to a client's psychosocial well-being regardless of age or disease. There is no choice too small that it should ever be overlooked. When limited mobility impairs complete independence, which was something often seen at Maimonides Hospital, choice, dignity, and respect towards our clients was of the utmost importance. I also learned that the nursing process is continuous. I have always thought that learning was a process that took time and was infinite. As a student nurse, soon to be a graduating nurse, I knew my learning would be continuous regardless of what level of formal nursing education I would achieve. This is part of the beauty of the field of nursing: it is not and will never be stagnant.

6

IT'S NOT THE NEXT THING I HAVE TO DO

Ardette Dorsett, second year student

What set Obstetrics apart for me from the other rotations was that we were dealing with the point at which life begins - dealing with the infants who represent the beginning of a journey. Focusing on their needs for warmth, nourishment, affection and protection not only put Maslow's hierarchy of needs into tangible perspective but it also gave me a chance to respond to those needs while considering the needs of the mother, both physiologic and psychosocial. Whether the Mom had a spontaneous vaginal or cesarean birth, whether the baby was fullterm or not, whether the Mom spoke English or French, whether there was family support or not, what I learned was that care needed to be so individualized that it changed the way I looked at the whole nursing process.

While answering questions about breast-feeding, voiding patterns of the baby, bathing the baby or managing breast care, I realized that my knowledge of the information determined my ability to individualize my teaching and also determined where I needed to improve. Non-verbal communication was something that we were not focusing on in our first year studies. Now it seemed vital, as each woman and each family expressed an experience unique to them. Often, I was thinking that there was an awful lot to know, but one thing was certain, the clients look to the nurses for advice and information, and this responsibility is more crucial to nursing than I had ever realized.

Whether it was looking for witch hazel for my client, explaining a time schedule for medication to a client who spoke little English or seeking other alternatives to medication, I discovered that I knew more than I thought I did. But maybe that is what confidence is all about. Of course, I enjoyed my trip to the case room and felt like a real part of the team.

What I learned most about myself is that I can be calm under pressure. And yet, there were hurdles to overcome such as when I gave a pain medication to a mother without consulting the teacher, and the time I discontinued an intravenous after observing it being done only once. I learned the hard way that unintentional errors could have implications for my client and that perhaps too much independence could be a dangerous thing.

I appreciated being stimulated to think, and I hope I did so in an effective way. Overall, I hope my nursing improves and becomes as individualized as the clients I will meet. I can't imagine wanting to help people and caring about their health and welfare without thinking about them first as human beings and not as the next "thing I have to do".

WHY NURSING?

Tiffany Pontes, first year student

People typically exhibit one of two different reactions when I tell them I am now in Nursing: either a genuinely supportive "Good for you! You'll have no trouble finding a job!", or a quick giggle followed by an inquisitive "Why?". I tend to prefer the latter for the simple reason that it allows me to share what I now know to be a wise career choice.

Two months shy of twenty years old and newly graduated from Vanier College's 3-year Professional Music program, I asked myself the famous "What now?" question; the question that catapults you into a spiral of further interrogation and ultimately, a quest for the self. Eventually, I came to the conclusion that although I was- and still am- an artist at heart, I enjoy financial security. Therefore, I needed to find a way in which I could do something I enjoyed doing with the added bonus of lucrative compensation... but, what? With the surface of my soul-searching barely frayed, I had already realized so much about myself. One of the biggest attractions to music, for me, had been the opportunity to share my ideas, my input and most of all, myself with others. I also realized that I had an enormous craving to learn about health, the human body, and to interact with, and help people.

My initial reaction was to become a doctor. I, like most, shared the belief that doctors possess an infinite amount of knowledge and power, and that this is the only way to reach people. After one semester in Science Plus, I began to see the shortcomings of this theory. Doctors- much like nurses- are overworked at a high-stress job. However, unlike nurses, their obligations tend

to force them to spend most of their time away from their patients. This was a large determining factor in my decision to leave Health Science and join Nursing; that, and the fact that I was not doing nearly as well as I knew I could.

After a meeting with the coordinator of the Nursing program at Vanier and after sitting in on a number of the Nursing classes already in progress, I knew it was the right choice for me. I longed to be able to enjoy a career in healthcare that allowed me to work directly with people, but that also required independence and autonomy. An occupation that expected a vast, yet specific knowledge base, and required a certain amount of technical expertise. A vocation that is respected and widely in demand, allowing you to travel to your heart's content. Most importantly, I wanted a career that boasts a strong sense of pride, accompanied by an inexpressible sense of fulfillment.

When summer arrived, it brought with it my acceptance letter. Nearly one year later, I reflect on my decisions with no regret. Although Nursing is as much a demanding program as it is a demanding career, I remain optimistic and look forward to exceeding my own expectations.

PAID LEARNING DURING SUMMER VACATION?

Nursing Externship, Rivka Guttman, Nursing Program Teacher

The summer externship is a work experience whereby a second year nursing student has the opportunity to be part of a nursing team from May to August. *“It is the best thing I did. I went into third year with increased confidence. Having practiced several skills helped to decrease my anxiety for third year. It also forced me to keep up with my theory.”* In order to be eligible, students must have completed all professional and general studies courses up until the end of second year. A student must apply to the hospital as early as possible, preferably in October or November during his/her second year of studies. Externships are available in acute care hospitals, rehabilitation centres and long-term hospitals.

In 2006, experiences varied with the institution. In some institutions, the externship is very structured and provides a well rounded orientation period followed by the assignment of a preceptor. Students increased their level of independence as time went on. Although all institutions provided an orientation, the length and format varied from institution to institution. At minimum the institution provided a one-day orientation which covered documentation and review of basic medications. At the other extreme was the institution that offered a two-week orientation which included theory classes, skills review and CPR. It also provided learning throughout the summer with the nurse educator. *“Each week the clinical educator would spend one hour with me going over the patient’s chart and reviewing my assessment and plan. I realized at the end that I was actually thinking like a nurse, and that I developed confidence to speak to the doctor; for example, to tell him that his order did not make sense”*. Some hospitals administered a medication knowledge and calculation exam which required an 85% pass.

11

Externs usually were assigned a nurse preceptor. Again the time frame varied from one week to one month under the wing of the preceptor. At times, the preceptor remained stable, at others the preceptor changed. *“I followed one RN all summer. When some nurses thought I was there to do their work (eg. vitals), my RN would talk to them.”*

Most externs took on a patient load of 3-6 patients after one month. *“My institution was used to having students. I was with a preceptor for four weeks, then I followed a nurse for 2-3 days. It was nice to see different styles, everyone gave me tips.”* One extern was teamed up with two nurses and carried a load of 3-4 patients.

However, at one institution, the experience was different *“I was supposed to be with one nurse, but I ended up being shoved around. Every morning the nurses would ask “Who wants her?” and stated that they were not paid to teach. “For the first month, I was treated as extra help and told to feed this patient; take vital signs, empty urinals. The second month I cared for my own patients”*. Similarly, at another institution the extern stated, *“I was used as a PAB (nurse’s aid) for the first two days. I had to tell them that I wasn’t a PAB. You have to be assertive and then they respect you.”* In general, externs were able to maintain a sense of independence with support after about one month to six weeks on any unit.

Some externs were expected to take charge of overall care planning. This was described as a challenging and rewarding opportunity *“I participated in discharge rounds twice a week. I was expected to participate and give my input. The Head Nurse said that nurses have to be front and centre of patient care. Every Monday I had to tell my Head Nurse what the plan was for my patients.”* Some nurses put learning at the forefront of the extern experience and encouraged externs to see new things by taking them to observe or participate in skills or procedures in other patients; however, it was not always possible. *“Sometimes it was not easy to see other things as you had to take care of the patients that you had. You have to be lucky to be on a good team.”*

12

A common sentiment expressed by externs is that the experience is highly dependent on the preceptor and the nursing team. Although it is advantageous to be with different nurses as you see many ways of doing things, not all nurses were aware of the extern's limitations and so the extern needs to be assertive in expressing what he/she cannot do in order to maintain a level of safety for the patient and avoid liability for the extern. In general, it is best to be teamed with an experienced RN.

With respect to supervision of medication administration and skills, guidelines varied from institution to institution. For example, at one extreme the extern felt that *“too much independence was given to the extern. If I had not picked up the confusion with the coumadin order, the patient could have been adversely affected”*. Most skills were performed under indirect supervision once the student was deemed capable. *“There were no hard and fast rules”*. *“You must know your boundaries, learn to be assertive with your needs and safety limits. You have to be in charge of your own learning. Be self directed.”*

Although most externs choose acute care medical or surgical externship experiences, one extern was placed on a palliative care unit. *“At first I didn't know what my job was – you expect patients to go home. How to communicate and deal with death is a very scary experience. There were fewers skills used but more communication and organization. It really boosted up my confidence and I learned to work with people.”* But, as one extern found out, even on an acute care unit not everyone goes home. *“One patient with AIDS, I got attached to. We developed a relationship. He was supposed to go home and then he deteriorated and died on my shift. I went from being on a medical floor to working with a palliative care patient.”*

The general sentiment among students who participated in the summer externship was that learning was at the forefront of their experience. Learning took many forms and each experience, both positive and negative, contributed to growth in maturity, independence, communication and mostly to the development and practice of nursing care.

With thanks to the following third year students for their insight – Louise Belair , Lyn DeLeon, Hasib Hamnawa, Ereka Johnson, Jenelle Jones, Maria Kourambalis, Anne Liang, Bonile Moyo,

February 27, 2007

Supervisor of Student Nurses
Vanier School of Nursing
Vanier College
821 Sainte Croix
Saint Laurent, Québec
H4L 3X9

RE : Alexandria Flannery

To Whom It May Concern,

My father was a patient in the emergency department at the Montreal General Hospital on February 7, 8, and 9, 2007. There was a group of student nurses working in the E.R. at this time. One of them, Alexandria Flannery, was exceptionally helpful. While completing her duties, she constantly maintained a caring and interested attitude. I observed her working with all the patients. She always treated them with respect and kindness. No matter how busy she was, she never made them feel like nuisances. She exemplified what a good nurse should be. I wish her all the best in her endeavors and I am sure she will be an excellent nurse.

Sincerely,
Linda Haugland



OUR HEALTH PROMOTION FAIR

On February 14, 2007 third year students conducted a Health Promotion Fair at Vanier College. On February 15th and 16th, the fair went 'on the road' to Sir Laurier Macdonald High School.

This is what the Vanier and high school students said.

"Great! I loved it! Good work. I think this should go on forever because it enlightens kids like us on subjects we didn't know about."

"Very good, maybe more 'in your face' stuff with confrontation works, makes people really listen to what you have to say rather than walking up to you while you stand there."

"I find it was like really informative. People reached out to you and asked you questions and it was just really informative. I think they covered a lot of good topics that affect us."

"I think it is great, it teaches us and opens the mind of young teenagers. It is a good way to learn things we would be too embarrassed to ask about."

"Yes! Organize another health fair at Vanier. Students are very interested."

"Should be a regular (annual) event and even take it out in the community, shopping malls etc."

"I think it is a wonderful idea what the nursing students did. As a first year student, I hope they will do this every year so people are more aware of how it's important to be healthy and live long."

"Oh my God! I was just walking to the bookstore, and saw this going on. I'm so glad I came. I'm actually skipping class for this...Shh.. I believe I really learned a lot about HIV and sleep."

"Nursing students are very educated about their topic."

"Come back next year!"

LIFE LESSON

Carolyn Goldberg, Nursing Graduate 2006

Aside from learning aspects of my client's illness and treatments, I had the experience of caring for a client who was clearly determined to focus on the quality of her life. This was a recurrent subject on the oncology floor but to experience it first hand from an individual enabled me to obtain a better comprehension of the thought process and true meaning behind the written theories. I have often questioned the quality of life vs. the quantity of life. I found it most helpful to see it through this individual woman's eyes. We all have our own personal values that will certainly not always coincide with our client's. As I listened to all the wonderful and creative ventures my client planned to do with her life when she was discharged from the hospital and before she underwent the next round of chemotherapy, I thought about learning to nurse. This entails, I thought to myself, respecting and advocating for the client's values and goals, and I felt truly enlightened by this individual who shared her hopes and dreams with me and consequently taught me a valuable lesson in life.

17

AFTER THE HOSPITAL..... NURSING TERMINALLY ILL CHILDREN

Natalie Antat, third year student

In this special rotation, I was privileged to be a part of the lives of terminally ill children for a short time. Most terminally ill children are cared for in their homes by their parents. Nursing and other professionals are the supportive care team. In some situations, respite care can provide families with a break when the stresses of day-to-day life become unbearable.

An interdisciplinary team consisting of a doctor, nurse, respiratory therapist, pharmacist, physiotherapist, occupational therapist, dietitian, social worker, spiritual advisor, and volunteer make up the health care team providing sensitive and skilled care to meet the physical, psychosocial and spiritual needs of both the patient and the family, in the comfort of their home. The nurse manages control of symptoms such as pain and nausea and provides teaching and emotional support. On-call nursing coverage is available 24 hours/day, 7 days a week. To ensure continuity of care, the patient is followed by the same nurse and thus a relationship is developed over time.

I accompanied the nurse on six home-visits in one day, all to terminally ill patients at different stages of their illness. I assisted the nurse in her assessments, including taking the vital signs. Assessing pain level and determining if any changes need to be made is a priority. Most of the families I met seemed to have adjusted to the changes in the family and seemed to have developed excellent coping mechanisms for the eventual loss.

18

I was able to develop a sense of the advantages of nursing in the patient's home. I was witness to their living conditions, especially with respect to hygiene and safety. Family relationships are also more clearly observed when people are in their own environments as opposed to the hospital environment. Care becomes organized around the patient's and the family's needs as opposed to the hospital routine. I felt that I had more time to listen to their concerns. I was not torn between other patients who might require my attention as well. The other advantage is that there's simply more nursing time, so the nurse is available to help with many different needs.

Through this experience I learned that, in hospital or in the home, palliative care is the special type of nursing that provides the best possible quality of life for patients and their families during the process of dying and the aftermath of death.

LISTENING WITH A KEEN EYE

Natasha Feigin, Nursing Graduate 2006

When I chose nursing as a future career, it was more of a practical decision than a calling. But now, each and every day I fall in love with this profession more and more. I could not choose anything else that would fit me better than nursing.

As a nurse I am privileged to meet many different people from all tiers of society. Regardless of whether or not their medical problem can be resolved by the medical team, I feel a sense of gratification that, maybe, at the end of the day I have left a tiny impression on them by making a hard day a little bit better.

The following patient made an impact on me; he helped me to see that all is not what it seems to be and that nurses need to look beyond the obvious to understand the person underneath. During my externship at the Jewish General Hospital during the summer of 2005, I met an interesting patient, Mr. B. Mr. B was 57 years old, always very nice, never complained and was very grateful for every little thing I did for him. However, his bed side was always very messy. He would insist on having lots of blankets which were all tangled up on his bed, even though it was summer and it wasn't cold. The drawers of his cabinet were full of forks and knives. I would try to clean up, change his bed sheets, return the utensils to the kitchen, and try to arrange the multiple nylon bags that were always by his side, but by the time I arrived on my next shift he would always manage to hoard another stock of everything I had removed previously. I could not understand this behavior because he was completely appropriate in every other aspect. But then it hit me! Mr. B was homeless! The multitude of belongings that surrounded him gave him a sense of security, a feeling of familiarity and a certain sense of comfort. With this in mind, I began to see Mr. B in a different light. I understood now that my nursing care and discharge plan would have to take this very important discovery into account. I could not just send him "home" with a list of instructions to follow and expect him to go to the pharmacy and buy his medications. He would probably not have told me about

his situation unless I had “listened” carefully to the behavior I observed. To ensure his health following discharge, I would need to collaborate with a social worker which I then discussed with his primary nurse. Mr. B. represented a tier of society I had not encountered until this moment.

I am now in my first year of the integrated nursing program at McGill University. Thus far, I am taking courses that are broadening my knowledge base in critical care nursing, advanced physical assessment, physiology, psychology, as well as other subjects. The course content and the professors who teach them are providing me with more confidence when it comes to clinical practice. I recommend the program at McGill; the increased knowledge and diversity of clinical experiences will lead to more opportunities to identify the aspects of nursing that interest you the most and will give you a bigger job market to choose from.

Natasha Feigin won the OIIQ Scholarship for Baccalaureate Studies, The Entrance Scholarship McGill University School of Nursing, The Vanier College Prize for Outstanding Technology Graduate.

WHAT I LEARNED FROM MY PATIENT

Jazzmin Bak, second year student

Last week during my clinical performance I experienced something completely different from all the other weeks. I was prepared to walk into the room, thinking that I was going to be at my client’s bedside to provide the comfort and support that she needed. As it turned out, she did not really need any support from me. Instead, it was I who learned a great deal from her. Although I learn a lot from every patient, this particular “lesson” was somewhat different.

As I was assessing my patient on the Tuesday, I came to the conclusion that I would have to do an adaptive psychosocial process on her because she seemed so happy and strong even though she had just finished experiencing a life-threatening event. But as I was doing my assessment, I realized that this woman’s children love her very much, and that she has an amazing bond with them, as she does with her husband. So to get to my point, I discovered that her support systems and significant others had a huge positive effect on the way she was coping with her illness. In my first year of nursing, I had learned that having support systems affects your healing process. So I was aware of this, but had yet to witness it or see its full effects. There were obviously other factors involving her positive and rapid recovery, but the one I was focused on was her social network. It struck a cord with me because I hope and wish that as I get older, I have the same relationship with my family.

Witnessing the way this family communicated and expressed their love for their mother affected me tremendously because as I was growing up I never saw that kind of relationship. My parents are divorced and

my mother left me when I was six. So I think that this experience affected me such that when I have children of my own, I hope to have a similar special relationship with them because of the positive outcomes it brings.

And so, while assessing this patient I felt very, not intimidated per se, but inexperienced in the sense that I was the one sitting back and listening and admiring her motherly way. I felt as though she was helping me. And in this case she was, simply by showing me just how important your family is. This is one of the reasons why I love nursing so much: we have different patients every week so it's always a different experience. In many ways this helps me as well. It helps me to see different aspects of life. Everyone is different but at the same time we all want and need the same thing, to be loved, nurtured and cared for.

A GLIMPSE BACK

Carolyn Goldberg, Nursing Graduate 2006

When my ambulatory care rotation in the Emergency Department of the Montreal General Hospital came to an end I must say I was sorry. Circumstances and experience change an individual in a way that never leaves them the same as they were before. Sometimes this happens in the negative and sometimes in the positive. Sometimes to minute degrees and sometimes to great degrees. I will never forget the experiences that facilitated these changes in me.

The young woman who was out walking her baby and got hit by a car. She died the day after she was brought into the trauma room. I am still sad about her life that was senselessly and unjustly extinguished and the two babies who will never know their mother except through the memories of her family.

The older woman who was in such fear of what her son would think after she got hit by a car and had fractured her ankle. I was more concerned about the dynamics of this mother-son relationship as her ankle would take less time to heal. Their relationship might not, but I will never know.....

The man who poured out his pain to me about his crack addiction and how he lost all he deemed precious in his life because of it. It will be a long and excruciating road to recovery when and if he ever does recover. The first step of seeking help may repeat itself many times over

The elderly Italian gentlemen with whom I spent some lighter moments. He was an endearing human being and could most likely teach many North Americans a better way to live, laugh and appreciate life in general.

The Inuit woman who had a past medical history of seizures, and who was intoxicated when she came to the hospital. A code white was called as she was screaming and flaying her fists about when we tried to undress her. I wished she was sober so I could have spoken to her about her perceptions and what led her to this point. It made me contemplate social injustice in Quebec and all I had learned in my classes in Sociology of Health, and it made me reflect on life in general.

The soft spoken Asian girl whose modesty I helped retain by doing her EKG in a closed room and in a manner that did not expose her body. I instinctively felt her embarrassment and could see discomfort in her eyes. I took culture and individuality into consideration. Just because I have no issues with exposing myself doesn't mean everyone else feels the same. I don't think that sounds right but I think you know what I mean.

The woman from Africa whose nosebleed would not stop because her Coumadin prescription had been increased two weeks before and her INR count was much too high. She became upset and the physician spoke to her in a way I found to be a little harsh. She was crying and getting up to get dressed to leave. She was not my client but I had a few minutes so I spoke to her. I validated her pain/fear and frustration using a therapeutic touch. Very quickly, she began to calm down, and I felt I had done something good because shortly thereafter, she decided to stay to receive her vitamin K.

The 58-year old gentleman who, on the day before Valentine's Day, found out that his cancer had metastasized to his brain. He told me he only told his wife about it after Valentine's Day because he wanted their last Valentine's Day together to be a beautiful one. He wanted her to have this happy memory. I can't imagine the strength it took to have just been told you will die in a matter of months and then to make the conscious decision not to say anything about it until after celebrating love and life with your wife. I spent much of my day listening and caring for this individual. It made me wish I was magic so that I could have given him a long life of Valentine's Days to share with his wife.

The lovely, 92-year old woman who thanked me so much for taking care of her. I didn't think I did all that much aside from assessing her pain, getting her ice water, and putting a comforting hand on her shoulder...But there was a light that shone from this client, a radiance of beauty that went far beyond her fragility. Never forget the little things, I always tell myself. Sometimes it is just an unconscious reaction but it matters.

Of course I would never forget the phenomenal nurses who each had their own individual style of teaching. It's nice to have something to aspire to and examples to want to emulate.

25

THE SAINTE-AGATHE EXPERIENCE

Maria Di Feo, Nursing Program Teacher

During the Spring of 2007, three third year nursing students had a one month clinical placement at the Centre Hospitalier des Laurentides, an acute care hospital in Sainte-Agathe des Monts.

"The experience in ICU made me realize my limits, but at the same time it also made me realize how much I could actually do. I got to care for clients with multiple health problems. I got the opportunity to put my critical thinking skills into practice."

Louise Belair (Intensive Care Unit)

"My nurse preceptor had over fifteen years experience in E.R. He had so much knowledge to share with me, and he questioned me continuously, forcing me to use my critical thinking skills. He guided me, provided lots of feedback, and encouraged me to gradually take on more responsibility. By the end of the stage I felt like a member of the team. I also felt very respected by the doctors." Sarah Rassenti (Emergency Room)

"I got to see many different surgeries; bowel resections, appendectomies, hysterectomies, mastectomies, and a cesarean section. The team placed a stool for me next to the anesthesiologist so that I could get a better view of the surgeries. The surgeons explained to me what they were doing and answered all my questions. In the recovery room I learned the importance of good assessments; the client's condition could change so quickly. I believe doing a stage in the O.R. and recovery room will improve my care of surgical clients. Because of this pre-op teaching and post-op care, I have a much better idea of what clients will be going through. I believe my experience in Sainte-Agathe will make the transition from student nurse to nurse easier". Zeina Taha (Endoscopy/Operating Room/Recovery Room)

26

“We had great accommodations; a small house to ourselves. It was a quiet and safe environment, and living three minutes away from the hospital was great!”

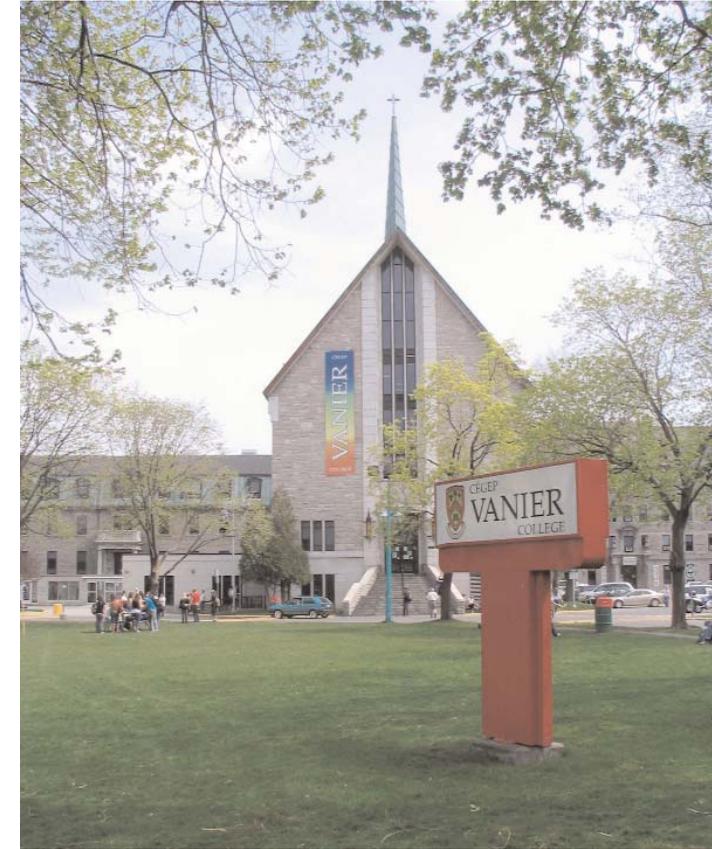
Sarah, Louise and Zeina

“Being with nurse preceptors with an expertise of the critical care area was a real advantage which enhanced our learning experience. Their presence made us feel secure.” Sarah, Louise and Zeina

“We strongly recommend this experience to other nursing students.”

Sarah, Louise and Zeina

Sarah, Louise and Zeina expressed that doing a clinical placement in critical care, in a francophone, out of region area, without direct supervision of a nursing teacher was a challenge that brought forward their strengths, increased their independence, made them more assertive, and increased their self confidence.



THE VANIER COLLEGE NURSING PROGRAM

Nursing is one field where the employment opportunities are solid, varied and constant, both locally and internationally. Well-paying jobs for registered nurses are available worldwide. But it's not just the job market that makes nursing a good career choice. Nurses have the opportunity to touch lives, to promote health and prevent disease, to help people cope with illness and to comfort and care - every day.

Vanier College offers a six-semester professional Cegep program in Nursing. It's a stimulating program. Already by the second semester students begin guided internships in a variety of settings: acute care, long-term or rehabilitation hospitals, or ambulatory care units with adults, infants and children. At the end of their studies, Nursing graduates have developed an aptitude for the biological and social sciences, and have acquired maturity and a strong sense of responsibility, as well as the ability to collaborate with others.

Designed both for men and women, Vanier Nursing provides the foundation for our graduates to practice nursing immediately upon graduation, or to go directly into the Integrated Nursing Program at McGill University to complete a Bachelor's Degree in Nursing in two years. Vanier College has also developed the Extended Nursing Program for adult students. This option offers the regular Nursing Program spread over four years rather than three years.

Vanier College invites you to visit the college or inquire directly about the Nursing Program. nursing@vaniercollege.qc.ca

VANIER COLLEGE

Vanier College is a public Cegep that has welcomed students since 1970 to its congenial and urban, tree-shaded 20-acre campus that blends tradition and modern facilities. Vanier College offers more than 25 two and three-year programs leading to university studies or directly into the workforce. Centrally located and surrounded by a vibrant residential and commercial community offering a friendly and colourful ambiance, with shops and amenities all types, Vanier is easily accessible by public transportation as well as major highways. Vanier College has enjoyed an enviable reputation for excellence in education for over 35 years. The College is well-known for its welcoming and caring learning environment where students from all over Montreal are treated as individuals, and where the highly qualified faculty and staff help each student identify and attain his or her academic, career and personal goals.



www.vaniercollege.qc.ca/academics/nursing

Experiences of Vanier Nursing Students in the Care of Patients and their Families

