Pictured: Ruben Caluya and Zack Abel

Photo: lauren e. bliss photography
What will you find in The Scope?

The Scope is a newsletter/magazine produced by the Duquesne University Student Nurses Association that displays unique perspectives from current students and faculty. You’ll find photographs of students collaborating, writing pieces on life-changing nursing experiences, and messages from faculty aiming to inspire.

The Scope is the proud recipient of the 2013, 2014, and 2016 Student Nurses Association of Pennsylvania Excellent Newsletter Award. Past president Morgan Gruender and Vice President Emily Churchill have created such an established piece of work.

As BSN students are incredibly busy with work and with saving lives, please consider writing and giving your time to keep this newsletter going. Our goal is to make The Scope something that every Duquesne nursing student can look back on and be proud of.

We would love to hear your thoughts on this year’s newsletter. Please email all suggestions/comments/inquiries to us at either blissl@duq.edu or muellerh@duq.edu. All letters to the editors must include your name, contact information, and major.

All views expressed in The Scope are from each individual that contributed their time and work. Views do not represent the views of Duquesne University or Duquesne University School of Nursing. We look forward to producing something inspiring, collaborative, and memorable and sharing stories from all of our peers.

Best,

Lauren Bliss & Hadley Mueller

BSN Class of 2021
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for Children with Special Needs</td>
<td>4-5</td>
</tr>
<tr>
<td>Doctor Kronk shares her expertise regarding communicating and caring</td>
<td></td>
</tr>
<tr>
<td>for children with special needs</td>
<td></td>
</tr>
<tr>
<td>My Passion for Labor and Delivery</td>
<td>6</td>
</tr>
<tr>
<td>Professor Devido shares how she found her love for obstetrics</td>
<td></td>
</tr>
<tr>
<td>Finding My Purpose in Labor and Delivery</td>
<td>7</td>
</tr>
<tr>
<td>Clinical instructor and Duquesne graduate Alyssa Breisinger shares her</td>
<td></td>
</tr>
<tr>
<td>experience in obstetrics</td>
<td></td>
</tr>
<tr>
<td>I've Always Wanted to be a Nurse</td>
<td>8</td>
</tr>
<tr>
<td>Duquesne alumna Debra Correa talks about her career in pediatrics</td>
<td></td>
</tr>
<tr>
<td>Getting My Dream Job</td>
<td>9</td>
</tr>
<tr>
<td>Clinical instructor Lynn Belice shares her story about pursuing her</td>
<td></td>
</tr>
<tr>
<td>dream job in pediatrics</td>
<td></td>
</tr>
<tr>
<td>Pediatric Care Attendant Experience</td>
<td>10</td>
</tr>
<tr>
<td>Junior nursing student Zack Abel talks about his experience working</td>
<td></td>
</tr>
<tr>
<td>at Children's Hospital of Pittsburgh</td>
<td></td>
</tr>
<tr>
<td>UPMC Cares for Employees</td>
<td>11</td>
</tr>
<tr>
<td>Duquesne alumna Meghan Jones discusses the benefits of employee health</td>
<td></td>
</tr>
<tr>
<td>within UPMC</td>
<td></td>
</tr>
<tr>
<td>My Experience in the Pediatric ER</td>
<td>12</td>
</tr>
<tr>
<td>Senior nursing student Ruben Caluya talks about his work experience</td>
<td></td>
</tr>
<tr>
<td>in the pediatric ER</td>
<td></td>
</tr>
<tr>
<td>Children are Not Small Adults</td>
<td>13</td>
</tr>
<tr>
<td>Pediatric RN Shannon Wagner shares her experience working in the ER</td>
<td></td>
</tr>
<tr>
<td>as a new graduate</td>
<td></td>
</tr>
<tr>
<td>Let’s Talk About Menstruation</td>
<td>14</td>
</tr>
<tr>
<td>Junior nursing student Hadley Mueller addresses period poverty as a</td>
<td></td>
</tr>
<tr>
<td>global health issue</td>
<td></td>
</tr>
<tr>
<td>Stress Management in Nursing</td>
<td>15</td>
</tr>
<tr>
<td>Holiday Gift Guide for Students</td>
<td>16</td>
</tr>
<tr>
<td>Fall Cookie Recipe</td>
<td>17</td>
</tr>
</tbody>
</table>
I am honored and excited to share my thoughts with you on children with special health care needs (CSHCN) and their families. I have spent my entire career as a pediatric nurse and then as a pediatric nurse practitioner at Children’s Hospital of Pittsburgh. What a blessing this has been to me personally and professionally. I loved the pediatric environment and the opportunities afforded to me so much so that I continued my education to earn a PhD in Applied Developmental Psychology. To care for CSHCN and their families, it takes a team of dedicated providers and professionals who contribute their expertise throughout the patient’s life. As you know, all children are in a developmental progression and CSHCN are no different; health care providers need to adapt to the ever-changing needs of the child along with the fluid family dynamics.

In 1998, Merle McPherson and colleagues defined children and youth with special health care needs as children who “have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” This definition is still endorsed today by the United States Maternal and Child Health Bureau. Did you know that nearly 20% of U.S. children and families are impacted by a special health care need? It is very likely that many of you will have the wonderful opportunity to care for and learn from families whose children require “services of a type or amount beyond that required by children generally.” It will be your responsibility to ensure CHSCN receive equitable and evidenced based care.

I would like to share some tips or principles that can be beneficial when working with families of CSHCN.

- Be an active, engaged listener. Parents and their children know their journey; they live it every day. They know what works. They want to be heard, and they want to know that you heard them. Listen for their underlying fears. If their concerns seem over the top for the situation, then delve a little deeper. Ask, “What worries you the most about …?” , “Why did you think it was important for us to see you child today?” , “What can we do to make your child’s stay at the hospital more familiar?” Always strive to keep the lines of communication open.
- Parents desire compassion and understanding, but not pity. Everyone faces challenges, and parents of children with disabilities are no different. Avoid terms such as “suffers from,” “afflicted with,” and “victim of.” We can empathize and support, but most of all, respect every situation.
- Praise, but do not patronize. Don’t reduce any individual with a disability to an object of inspiration just because they are disabled and able to accomplish everyday tasks.

Catherine Soper is a disability advocate, and her words are more genuine then mine can be on this topic:

“Having a disability has its challenges, but it’s not necessarily bad, and it’s certainly not sad. Like the rest of society, we are simply living. Some people with disabilities have done and will do inspiring things, and some of us won’t, and that’s OK. We’re just human after all.”

She goes on to challenge us further:

“Therefore, my challenge to you all is this. When you meet someone with a disability, connect with them as a human. Give credit where it’s due, but don’t reduce them to an object of inspiration that is constantly overcoming simply by living their daily life. You might discover something quite extraordinary… that we are simply ordinary!”

Have an open heart and mind so that you can go where this amazing journey will take you. Of course, this applies to all you do in nursing and life. But for me, having an open heart and mind transformed my profession to a calling that blessed me in more ways than I could have imagined. I wish the same for all of you!


# Disability Terminology

## Etiquette & Guidelines

When speaking to or about someone with a disability, it's important to make note of which terms are offensive, outdated, and inappropriate.

Learn why certain terms are used and take a deeper look inside the debate on disability terminology.

## Disability Terminology in Practice

<table>
<thead>
<tr>
<th>PERSON-FIRST</th>
<th>IDENTITY-FIRST</th>
<th>OFFENSIVE &amp; NOT RECOMMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a disability</td>
<td>Disabled person</td>
<td>Disabled, the disabled, cripple, victim, spastic, spaz, handicapped, the handicapped, abnormal, dumb/deaf-mute, defect, defective, midget, paraplegic, quadriplegic, or vegetable</td>
</tr>
<tr>
<td>Person with an intellectual disability</td>
<td>Intellectually disabled person</td>
<td>Mental handicap, mentally retarded, or mentally handicapped</td>
</tr>
<tr>
<td>Person with a mental health disability</td>
<td>Mentally disabled person</td>
<td>Mad, crazy, schizo, schizophrenic, insane, nuts, psycho, psychopathic, demented, senile, loony, or lunatic</td>
</tr>
<tr>
<td>Person who uses a wheelchair</td>
<td>Wheelchair-user</td>
<td>Wheelchair-bound or confined to a wheelchair</td>
</tr>
<tr>
<td>Has...(diagnosis)</td>
<td>Adjective form of diagnosis (i.e. 'autistic') person</td>
<td>Suffers from... afflicted with... stricken with... victim of...</td>
</tr>
<tr>
<td>Person without a disability</td>
<td>Not disabled or non-disabled</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Info from The National Disability Authority and The National Center on Disability and Journalism
I received my BSN in nursing from the University of Pittsburgh, and to say this was the start of a life changing experience is an understatement. The day I graduated with my BSN, it was not only the emergence out of education and entrance into a professional career, but also the beginning of what would become a lifelong passion and pursuit.

From a very young age, I had a particular interest in mothers, babies, and all things related to Maternal and Child Health. Interestingly enough, I believe this stemmed from having sheep as a child and observing the female ewes through their pregnancy, delivery, and lamb rearing experience. My interest in Maternal and Child Health persisted through my undergraduate education, and I knew that at some point during my career I would want to work with this unique population, but I did not start my nursing career in this field. After graduation, I accepted a position in head and neck oncology, a very specialized Medical/Surgical Step-Down Unit. This opportunity provided me the ability to hone in on my both my hands-on nursing skills and critical thinking. After spending about two and a half years working on this unit, I recalled my early interest in Maternal and Child Health and chose to pursue this interest. So, I began working in Labor and Delivery at Magee Women’s Hospital.

During my time in Labor and Delivery, I was able to support women and their families through some of life’s most altering experiences. For many, these experiences were full of joy and excitement, and for others, it may have been one of the most difficult and heartbreaking experiences of their life. I had entered into this field drawn by the marvel and miracle of those positive moments but was quickly driven to a new passion of wanting to walk beside and support those that had much different experiences and outcomes. I also unexpectedly found my love for teaching. All of these experiences led me to pursuing my master’s degree as a pediatric nurse practitioner and ultimately my PhD in nursing.

Today, I have the privilege of doing what I love most in nursing on a daily basis. Teaching students to work alongside women and communities in an effort to improve health outcomes of mothers and babies is incredibly rewarding. It is my wish for all of my students to develop not only a lifelong love of learning that will impact their practice and uplift their careers, but also a love for people, especially the most vulnerable, who may be in need of a nurse to serve as their advocate.
Finding My Purpose in Labor and Delivery

Alyssa Breisinger, RN, BSN

My name is Alyssa Breisinger and, an alumna of Duquesne University’s nursing program, I am pleased to write for *The Scope*! When I first graduated from Duquesne, I was unsure of what type of nursing I was interested in. I started my nursing career specializing in cardiology. Titrating drips and passing thousands of medications per shift, there was always something missing for me. Being unsure of where my nursing heart should be, somehow I decided that I wanted to try a type of nursing related to women’s health or neonatology. Once I became an obstetrics nurse, I knew that Obstetrics was what I was meant to do, and it made all of the schooling and hard work worth it. Obstetrics provided me with a challenging, adrenaline filled, happy, and heartwarming career.

I became a nurse because I have always enjoyed helping and assisting people, and I was intrigued by healthcare. I became an obstetrics nurse because assisting people with childbirth truly touches my heart. My first obstetrics job was at Magee Women’s Hospital, and I am now employed at St. Clair Hospital’s Family Birth Center! My favorite part about being a Labor and Delivery nurse is seeing the looks on the faces of my patients and their families as they welcome an incredible new life (or two!) into the world. I find it rewarding to make women feel comforted in a time of need and nervousness, and provide them support welcoming new life into the world. Another touching experience is watching the older siblings meet the new little additions to their family. Being able to be a huge part of all of these types of emotions is truly heartwarming.

The most difficult part of being a Labor and Delivery nurse is that most people do not understand the hardship of what could happen in such a common process of life. When you think of Labor and Delivery, you always think of healthy and happy newborns and families. Just like any other specialty of nursing, there is always a chance of a trying time. This type of situation can be difficult to explain to others and difficult to handle when providing care. Although Labor and Delivery can be tough at times, it provides me with a rewarding and fulfilling nursing career. I wouldn’t change it for anything!

I became a clinical instructor for Duquesne because I feel that sharing my passion for obstetrics with students is beneficial and enjoyable for both myself and my students! I feel that having my students get the chance to experience Labor and Delivery makes their student nursing experience exciting. I thoroughly enjoy sharing my knowledge and ways of providing nursing care with my students and watching them grow as nurses in their obstetrics and nursing school experiences!
I’ve Always Wanted to Be a Nurse

Debra Correa, CRNP, AOCNP, NP-C

I have always wanted to be an RN! My CRNP role became possible because I wanted to do more than what I could accomplish as an RN. Looking back, nursing in an advanced role allowed me to be involved in a variety of health care settings.

I became an RN in 1984. I spent three years in a diploma program. This meant I ate, slept, and breathed nursing for three years with only one summer off. I moved to Pittsburgh to study at Duquesne University in the RN BSN program with no plans to stay in the big city of Pittsburgh! I started working at Montefiore on a general floor and transferred eventually to Bone Marrow Transplant while finishing my BSN at Duquesne from 1984 to 1986. I worked full-time and went to school full-time. I became a charge nurse, and then I had an opportunity to become the nurse manager of the Bone Marrow Transplant Program at West Penn Hospital. This was a new program that I was responsible to create and design, as well as precept new RNs with the help from some of my colleagues who moved with me to WPH. I worked with some amazing people! After three years there, my role was eliminated with job cuts, and I moved to Children’s Hospital to work in Pediatric Hematology-Oncology as an RN while I finished my master’s degree at La Roche College in the family nurse practitioner (FNP) program. I wanted to do more than what my RN role would allow. I worked with some independent strong CRNP role models which made me think, “I want to be like them!” I graduated with my MSN-FNP from La Roche in May 1996, but I hadn’t found a job as an NP yet, so I worked as an RN up until I delivered my first child in Sept. 1996 at Children’s Hospital. Afterward, I started as an NP in The UPMC Epilepsy Center, followed by three years part time in primary care. I worked in Adult Hematology-Oncology from 2000 to 2012. Hematology-Oncology will always hold a special place in my heart. I learned so much, and I got to practice so independently.

I arrived at CHP in 2012 to work in a brand new role that hadn’t existed in either of my previous workplaces. There was a need identified by previous hematologists that neonates, babies, children and teens were falling through the cracks after being placed on anticoagulation. An NP was identified to provide consults and continuity of care for inpatient and outpatient services. I am amazed at how many pediatric patients in the world get a clot and do not follow up while on anticoagulation! There was a need for education of staff, parents, hospital community, and myself. In addition, there is research evaluating length of treatment with anticoagulation and education of new medications that are being used. I have been at CHP for seven and a half years with a program that continues to grow. I am still the only NP in the division who is involved in the whole hospital. I provide continuity of care for families, staff, and attending physicians who change from week to week. It is a role I never imagined doing, but I enjoy the responsibility and ability to provide care to a unique population.
Hello! My name is Lynn Belice. I am proud to say I am a nurse, and even prouder to say that I am a pediatric nurse. I started my nursing career as a psychiatric nurse and worked on the John Merck Unit at WPIC. It was a great job, but inside, I knew I wanted something different. I transferred to Shadyside because my mentor suggested I get more experience in Medical/Surgical nursing. While working at Shadyside, I also started working for Bayada Pediatric Home Health. While I worked both jobs, a senior nurse told me to give up my dream of working at Children's, saying, "Just give it up, Lynn. You're not going to get hired." I ended up getting hired on the Pediatric Cardiac Unit. This opportunity marked the beginning of living my passion and fulfilling my dream!

I would like to go back and tell that lady that I will never give up! I want to tell all the new nurses never to give up on their dreams. Believe in yourself, and never let anyone make you feel inferior or inadequate. You can do whatever you put your mind to. You’re about to be a blessing to so many people!
Pediatric Care Attendant Experience
Zack Abel, Junior

Working as a care attendant at Children’s Hospital of Pittsburgh has been an amazing experience. As a care attendant, I float throughout the hospital and help different units if they need extra assistance. Floating has given me the privilege to work on many different units including the Emergency Department, Pediatric Intensive Care Unit, Cardiac Intensive Care Unit, as well as many other inpatient units in the hospital. During my time at Children’s, I’ve cared for many different patients with many different health deficits. I love going to work every day because I have a completely different experience every single day, and I never really know what my day will look like ahead of time. The staff I work with changes each day; some days I assist doctors and surgeons, other days I help nurses and physical therapists. This has given me the opportunity to see so many different areas within Children’s and help narrow down what I want to do after graduation. This job has also helped me fine-tune multiple skills that are important in the nursing field. These skills include professionalism, cultural awareness and communication. Professionalism includes things such as respect, attitude, discipline, and responsibility, which are a part of every nurse’s daily life. Cultural awareness is a major skill that I’ve developed during my time at Children’s and that I’ve used multiple times while accommodating patient requests and needs during delivery of care. The skill I feel that I’ve developed the most since starting my job at Children’s is my ability to communicate effectively. This is such a major part of my day-to-day tasks, and I have become more comfortable with communicating not only with patients, but also with nurses, doctors, and therapists. This career has allowed me to build so many relationships with staff and patients.
For employees of the University of Pittsburgh Medical Center (UPMC) St. Margaret, there has never been a better time to be actively engaged in the nursing profession, particularly if you are a woman! An abundance of resources is available to accommodate women in the workforce. This shift has been a monumental milestone in healthcare.

Specifically at St. Margaret, Employee Health has a wide range of capabilities, from diagnosing streptococcal pharyngitis (otherwise known as Strep Throat) to administering Influenza vaccinations. Within minutes of a patient’s evaluation, a plan of action is presented to the employee, and medication can be expedited and ready for pickup within minutes if needed.

Consequently, my appreciation for our Employee Health Department came to light a little over a year ago. I was working and suddenly had an uncomfortable pain in what felt like both sides of my throat. Putting off the dreaded phone call to my doctor’s office, I sent a message to my friend Lisa Yourish, our Employee Health Registered Nurse. She told me, “Come on over!” Utilizing cutting edge technology, I was able to participate in a Telemedicine session with a nurse practitioner who was instantly available. The entire process from registration to discharge took less than eight minutes. I had received a diagnosis of a bilateral ear infection, and an antibiotic was electronically sent to my preferred pharmacy where my husband picked it up for me after work. I was able to finish my workday stress-free, knowing that I would soon be on my way to feeling better.

Most importantly, with Lisa’s help, there is no reluctance associated with calling Employee Health for insight and evaluation. Disease processes are addressed as soon as possible, and working women feel confident knowing there are answers for them within minutes. It is so important that these resources are utilized. Knowing that our voices as nurses are being heard so empowering.
Working in the ER at Children’s Hospital has given me exposure to a plethora of other professions in the arena of healthcare. Every day, I have the privilege of collaborating with medical doctors, physician’s assistants, social workers, and a range of other healthcare professionals. Paramount in this collaborative environment is the ability and desire to communicate with clarity and purpose when it comes to the plan of care for our patients, many of whom are experiencing some of the most frightening moments of their young lives. In these scenarios, my ability to communicate effectively with my colleagues is a matter of not only streamlining and simplifying the process of care, but has a direct and measurable impact on the quality of care being offered to my patients. If I were to name a nursing skill that this position has improved in my own tool kit, communication would likely rank among the top three examples I would provide.

Working in the pediatric emergency room, I have come to understand that the patient and the family of that patient can at times be inextricably linked, and that treatment of the patient often inevitably involves treatment of the family that patient has at their side. In my interactions with patients, inevitably, my focus will at some point turn to the family at the bedside, as I explain a diagnosis, or simply check in to see how they are coping with their child’s hospitalization. The health of the patient and the health of the family go hand in hand, which I learned very quickly at Children’s

One opportunity I have been given as part of my position is involvement in the ER response team, a group of medical professionals who are on call throughout the shift to respond to life-threatening changes in patient status. During a crisis situation, my colleagues on the response team and I are tasked with assessing the situation and making determinations based on the status of the patient regarding how best to proceed medically. This involvement in the team has without a doubt honed my assessment and critical thinking skills in a collaborative setting, as the other medical professionals and I make decisions that directly impact the course of patient care on our unit.

All of these experiences have resulted in a marked increase in my prioritization skills, as well as my ability to manage the care of a wide variety of clients who are diagnosed with a range of different medical issues.
Children are Not Small Adults

Shannon Wagner, RN, BSN

Children are not small adults; this lesson that was repeated countless times during nursing school, but it never really struck a chord with me until I started my career in a pediatric emergency department six years ago.

Being a brand-new nurse in any field can be incredibly overwhelming. The learning curve is steep, your skill set is limited, and you find yourself trying to figure out how to prioritize care while providing support and empathy to the patients and families. It can be exhausting just thinking about it.

During my senior year of nursing school, I was given the opportunity to perform my preceptorship in the Emergency Department at Mercy Hospital. This is where I truly discovered my love for emergency nursing. I recall watching the nurses respond efficiently and effectively to every patient that walked through the door, no matter the severity of their chief complaint. They were like machines – always one step ahead. No matter how busy the department was, they remained calm and completed their tasks in a manner that left me awe-struck.

Upon graduation, I was hired at UPMC Children’s Hospital of Pittsburgh’s Emergency Department. Pediatrics was always a field that I was interested in; however, I wasn’t exactly sure that it was where I would want to spend my entire career. During my orientation period, I had the pleasure of working alongside two fantastic preceptors. They taught and mentored me through 16 weeks of orientation, and before I knew it, my love for pediatrics began.

My favorite part of being a pediatric emergency nurse is having the opportunity to experience just how resilient children are. I have witnessed critically ill trauma patients coming in through our ER doors and leaving weeks later fully recovered. I have had the pleasure of becoming a familiar face and a shoulder to cry on for many of our cancer and transplant families.

In the ED, every day is different, and every patient is unique. However, one thing remains the same: children are not small adults. Their conditions are unique, their outlook and bravery are remarkable, and their resiliency is limitless.
Menstruation is a normal part of life for women all over the world, so why is there so much stigma and shame surrounding it? Women around the world face inequality due to a normal function of their bodies. Lack of access to feminine products is a global issue and a women’s rights concern.

Feminine products are a necessity, not a luxury, so why are they taxed higher than other hygiene products? Many people are blissfully unaware that there is a “pink tax.” The term “pink tax” refers to the prices of products marketed for women being higher than those of products marketed for men. This is a prime example of gender discrimination that has been integrated into products that women must purchase. Feminine hygiene is not a luxury; it’s a human right. Women should never have to choose between buying food or buying hygiene products.

Unfortunately, this is the reality for women around the world today. The inability to access feminine products causes girls and women to be held back from their potential in the classroom and the workplace. Poor feminine hygiene is not only a social concern, but also a health concern. A lack of menstrual hygiene practices and products can lead to cervical cancer and serious infections. Advocacy and prevention are essential.

The United States is known as a place for equality to thrive, but there is still much to improve. This issue has been right under the noses of every individual in the U.S. who shops at any drugstore or grocery store. Now that there is a generation of young people who use the internet to their advantage, there is much more advocacy for women’s menstrual health rights. While scrolling through Instagram and Twitter, it is common to come across educational videos, hashtags, and ads for feminine products.

Due to advocacy and increased awareness, Canada took steps to improve the situation for women. Within the past year, Canada initiated a successful campaign called “No Tax On Tampons.” This campaign terminated the tax on essential feminine hygiene products, like tampons, pads, and menstrual cups.

Period poverty should not exist. There are organizations working towards ending it. The first step in ending period poverty is to educate the general population and destroy the stigma. Working on providing safe and affordable menstrual products is the next step. In order to provide menstrual products for all women, advocacy must begin in government policy. Many politicians avoid the issue because it is uncomfortable for them to address. As a whole, people must become braver and address these uncomfortable topics. This is where nurses have to step in to educate and advocate. Period.

References
Stress Management in Nursing
Tia Feroce, Sophomore

Stress is one of the most prominent feelings a nurse will encounter throughout their time at school and during their career. In small doses, stress is beneficial because it activates your body's “fight or flight” response entailed in your sympathetic nervous system. This system helps improve focus and allows you to better perform stressful tasks. However, if stress is prolonged, this will cause your body to react negatively. The most stressful time for a nursing student is near the holidays. With the semester coming to an end, finals are coming, preparation for spring clinicals is starting, and the holiday stress is creeping in. The Scope is here to provide easy, 15-minute study break ideas to help you during finals season.

**Listen to Your Favorite Music.** Put on your headphones and listen to some of your favorite songs to make the day feel a bit more joyful.

**Take a Walk.** Taking a short walk in fresh air will help clear your mind and give you a respite from staring at books/screens all day.

**Do Yoga or a Quick Workout Video.** After sitting in your work chair all day it takes a toll on not only your mind, but also your body. Stretching or doing a yoga session will release the stress of both. Working out will also release endorphins that will allow you to refocus on your next task with a clear mind.

**Meditate.** Meditation is the practice of clearing your mind and focusing on something simple, such as your breathing. Meditation is good to refocus and relax as you feel overwhelmed.

**Watch a Short, Funny, or Relaxing Video Clip.** Get to YouTube or Netflix, and watch a short video of something you enjoy. It could be a funny video, a beauty video, or a short episode from your favorite series.

**Eat a Healthy, Yummy Snack.** You may be focused so much on your work that you have not consumed the proper nutrition. Eating your favorite healthy snack is good for brain power as well as consuming a little piece of happiness throughout your day.

**Breathe.** One simple task that most people forget to do while stressed is breathing. One of the best breathing exercises is the 4-7-8 method. Inhale for 4 seconds, hold for 7, and exhale slowly for 8 seconds.

**Smile.** Simple and easy. Just take a second to remember that it will be okay and you are doing wonderfully.
It’s that time of year again folks…HOLIDAY SEASON! Worried about what to give your college student? Have no fear! Whether you are celebrating Christmas, Kwanzaa, or Hanukkah, these gifts will definitely wow your college student.

**Wireless headphones**
Whether it’s AirPods or Beats, these are a staple for college students. They are perfect for those long hours in the library, a hard workout at the gym, and tangle-free FaceTiming.

**Amazon gift cards**
Amazon is used weekly for some students. It’s perfect for ordering snacks, school supplies, or anything else your heart desires. Have no doubt, an Amazon gift card will be put to good use.

**Uber/Uber Eats gift cards**
Most students in a city campus don’t have a car which makes Uber a necessity. Getting a ride paid for? It’s a no brainer.

**Fuzzy blanket or fuzzy socks**
Nothing is better than coming home and snuggling with a nice cozy blanket or throwing on your favorite pair of fuzzy socks to relax during the winter.

**Shoes**
A good pair of shoes should not be underestimated. Make sure your student is walking around comfortably and looking stylish.

**Subscription to a new streaming service**
With all these new streaming services to choose from, get your student the one that best suits them.

**Apple pencil**
Apple pencils, and other compatible styluses, are becoming more and more popular. With them, your student can take notes or create drawings on their compatible tablets and computers. Switch to electric and save some trees!

**Clothing**
Make sure your college student is stocked up on all their favorite brands this holiday season.

**Concert/event tickets**
One of the best things about living in/near a city is the close proximity to concert and event venues. Get your college student and their friends a few tickets for a night they will never forget.

**Sweats**
A good pair of sweatpants and a sweatshirt are a timeless gift. Whether it’s college wear or their favorite brand, sweats will be you student’s new best friend.
**Fall Cookie Recipe**

Sara Andrews, Junior

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**Classic Cutout Cookie Recipe:**

- 1 1/2 sticks of unsalted butter, softened
- 4oz of cream cheese, softened
- 1 1/2 cups of granulated sugar
- 1 egg
- 1 tsp. of vanilla
- 1 3/4 tsp. of almond extract
- 1 tsp. salt
- 3 cups of four

**Royal Icing:**

- 1 1/2 cups of confectioners (powdered) sugar
- 1 1/2 tbs water
- 2 tsp meringue powder
- 1/2 tsp vanilla or almond extract

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**Cookie Instructions**

In a large bowl or mixer, beat the butter until soft and fluffy, 1-2 min

Add the soften cream cheese and continue to beat for 1 min, until well incorporated

Add the sugar and beat until fluffy

Add the egg, vanilla and almond extract. Beat well, scrape the sides and bottom of the bowl with a spatula

Add salt and flour, beat until just barely combined

Scrape the dough onto a sheet of plastic wrap, cover and wrap tightly, place in fridge for at least 3 hours or over night

When the dough is chilled preheat oven to 350 degrees and roll dough out

Use fall shaped cookie cutters of your liking

Bake the cookies at 350 degrees F for about 9-12 min, watching to see them turn a slight golden brown

**Icing instruction:**

Combine all ingredients into a mixer and mix until smooth

Add more water for thinner consistency and more sugar for thicker consistency

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**Decorating Tips:**

Use a piping bag with no tip, start off my cutting the tip small and work bigger if necessary!

Outline the cookie and preform a flood method, of pouring thinner consistency icing within the boarder, to create a seamless flat frosting look!

Give the icing 30 min to start hardening and you can go back and pipe on top of the original icing to create layers!
Upcoming Meetings

Meeting info will be released via email within the next couple of weeks by President Deanna Webb. Check your Duquesne email for details and times!

All meetings are held in College Hall 104! Come for a fun time, a new guest speaker from the field of nursing, and for some snacks!

NCLEX Practice Question!

Which of the following situations would most likely warrant contact with a physician for further orders for care or treatment?

A. A patient has a 3rd degree perineal laceration after delivery
B. A patient has lost 100 mL of blood with delivery
C. A patient has a boggy uterus that does not firm with massage
D. A patient is having rectal pain
Interested in writing for *The Scope*?

We are always looking for new writers. Contact Hadley Mueller for more details!

muellerh@duq.edu

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**NCLEX ANSWER : C**

C. When caring for postpartum patients, the nurse must be familiar with what conditions are common occurrences following delivery and what situations warrant a call to the physician for further help. Postpartum complications often include infection, blood clots, and hemorrhage. Excess bleeding may occur when the uterus is boggy and it does not firm up with massage.

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