



AAPINA

ASIAN AMERICAN / PACIFIC ISLANDER NURSES ASSOCIATION, INC.

Organization identifying the health care needs of Asian Americans / Pacific Islanders

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PRESIDENT'S MESSAGE: Dr. Eun-Ok Im



Dear AAPINA Colleagues,

Greetings from Atlanta, GA~.

With the COVID-19 situation, all of us here are working at home right now except the essential personnel designated by schools and health care systems. I guess our situations across the nation would be similar. Maybe, our situation across the globe would be similar. I hope all of you and your loved ones would stay safe and healthy during this tough pandemic.

As I stated in our early message, with this pandemic, we are experiencing a number of issues and concerns that were never expected to happen in the year of 2020, which includes racial/ethnic disparities in the COVID-19 morbidity and mortality and micro-aggression toward racial/ethnic minorities, specifically toward Asian Americans. As you have heard over and over again, racial/ethnic minority communities have been hit harder by this pandemic compared with their counterparts due to multiple causes. During this difficult pandemic crisis, we should stay strong and support each other.

Through this message, I want to emphasize that AAPINA is here to support all of us. First of all, AAPINA wants to send our heartfelt thanks to all of us who have been on the frontline of this battle with the pandemic. Also, we want to send our deep empathy to those of us who are affected by this

pandemic directly. Also, as AAPINA aims to provide the unified voice for Asian American Pacific Islander (AAPi) nurses around the world, we will continuously discuss what we could do as the unified voice for our members. If you are having any issues/concerns, please don't hesitate to share with us.

Despite this difficult pandemic, AAPINA should keep moving forward. Since I started my presidency this January with new officers in place, AAPINA has diligently worked on systematically reorganizing our infrastructure. As you may know, AAPINA is currently growing with a large number of incoming members from across the nation and across the globe. We are also adding several new chapters to our organization, and there are a few organizations who want to join as organizational members. With an increasing number of individuals, chapters, and organizations, this is the time to reorganize and strengthen our infrastructure.

During the past months, we have invited new board of directors and have appointed the new members and officers of standing committees. Also, we have been dealing with a few structural and functional issues/concerns to make the organization transparent, systematically organized, and optimally function. For instance, with an increasing number of inquiries on announcements on the AAPINA website, we are currently discussing about a new section on announcements on the AAPINA website. More changes are coming. Please be patient with this major transition of AAPINA. We may experience growing pain, but we will move forward with our collaborative efforts with all of you. If you want to join our efforts in any aspects, please don't hesitate to contact us.

As we announced previously, we cancelled our 2020 conference due to this COVID-19 pandemic, but we are diligently working on the next conference. Hopefully, this crisis would be resolved soon so that we could move forward with our plan for the next year's conference and we could get together as a group soon. We will keep you posted.

During this difficult time, please stay strong and patient.
We will prosper no matter what!

My best wishes for your safety and health.

Sincerely,

Eun-Ok Im, PhD, MPH, RN, CNS, FAAN
President, AAPINA

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From the Editor’s Desk: Dr. Kunsook Bernstein, PhD, RN, PMHNP-BC, FAAN

I hope that all of our members are staying safe and healthy during the COVID-19 pandemic crisis. This year, in addition to the COVID-19 pandemic, we have experienced additional hardship with national crises such as forest fires in California, several hurricanes, and political and economic unrest. So, this Fall/Winter issue, the newsletter team decided to expand the contents of the newsletter to all AAPINA members’ personal and professional stories as minority health care professionals during this tumultuous time.

While hearing incredible stories from the frontline clinical nurses devoted to taking care of their COVID patients, this is also a special time for nurses that the public and media acknowledge the nursing profession openly and persistently with high regard and appreciation of what we do for our patients and their families. Additionally, each state started to loosen up the tight control of the advanced practice nurses’ practice to allow them to practice independently and autonomously, as well as cross the borders between states. So, I call this time for our nursing profession to go through “growing pain” to advance our nursing profession rise to meet our true professional expectation and recognition.

As a chair of the communication committee and editor of the Newsletter, I am humbled and proud of being a nurse. In preparation for this Newsletter, I share the [special thanks to all Newsletter team members who made this publication possible](#).

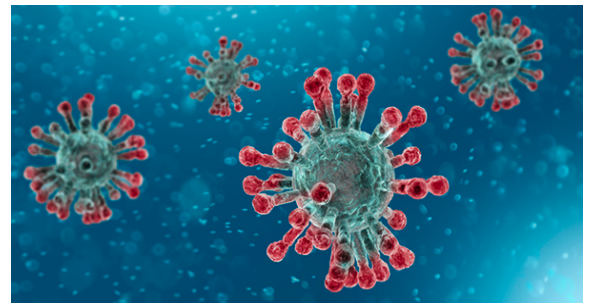
Newsletter Team Members:

- Dr. Sangmi Kim** from Nell Hodgson Woodruff School of Nursing, Emory University;
- Dr. Jinyoung Kim** from School of Nursing, University of Nevada, Las Vegas (UNLV);
- Dr. Meng Zhao** from Texas A&M University at Corpus Christi College of Nursing & Health Sciences;
- Ms. Kristine Lim** – AAPINA IT support member

SPECIALTY REPORT

Center for Disease Control: Coronavirus

The 2019–20 coronavirus pandemic is a pandemic of coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in Wuhan, Hubei, China in December 2019.



- Disease: Coronavirus disease 2019 (COVID-19)
- Virus strain: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- First case: December 1, 2019

- Origin: Wuhan, Hubei, China
- Symptoms: Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell.
- Incubation period: 1-14 days
- Mode of transmission: Human-to-human transmission via respiratory droplets
- Prevention tips: Avoiding close contact with sick individuals; frequently washing hands with soap and water; not touching the eyes, nose, or mouth with unwashed hands; and practicing good respiratory hygiene

First Confirmed Case Reports of the COVID-19 Reinfections in U.S.

Until now, immunologists haven't been too concerned about the COVID-19 reinfections because most second infections have been milder than the first, indicating that the immune system is doing its job and fighting off the virus when it is recognized a second time. However, **the men in Reno, Nevada and Virginia, had more severe symptoms during their second infections**, potentially complicating the development and deployment of effective vaccines. Researchers say these are the first documented cases of COVID-19 reinfection in the U.S. **Gene tests show both men had two slightly different strains of the virus, suggesting that they caught the infection twice.**

The following is the case report of each man with the reinfection of the COVID-19.

Case #1

A 25-year-old man from Nevada experienced second bouts of COVID-19 about 2 months after he tested positive the first time. He originally got sick on March 25. His symptoms included a sore throat, cough, headache, nausea, and diarrhea. A test taken at a community event held on April 18 confirmed COVID-19. His symptoms gradually subsided and he reported feeling better on April 27. He tested negative for the virus twice after he recovered. About a month later, the man went to an urgent care center with a fever, headache, dizziness, cough, nausea, and diarrhea. They sent him home. Five days later, he went to the doctor again, this time with difficulty breathing and low blood oxygen. They told him to go to the ER. He was admitted to the hospital on June 5. Lung X-rays showed telltale patches of cloudiness, known as ground-glass opacities, and a nasal swab test confirmed COVID-19. Gene testing of the two swabs, from April and June, showed key changes to the genetic instructions for the virus in the second test, suggesting that he'd gotten a slightly different strain the second time.

Case #2

A 42-year-old man in Virginia experienced second bouts of COVID-19 about 2 months after he tested positive the first time. He was a military health care provider — was infected the first time at work. He tested positive in late March after getting a cough, fever, and body aches. He recovered after 10 days and was well for nearly 2 more months. In late May, however, a member of his family got COVID-19, and he then got sick again with a fever, cough, difficulty breathing, and stomach upset. A chest X-ray confirmed pneumonia. His symptoms were worse the second time. Gene testing of the virus from each of his swabs indicated slight changes, suggesting he was infected twice. There are other possibilities, including that the virus somehow went silent in his body for a few weeks and then became active again. The study authors think this is unlikely because it would mean that the virus is changing at a much faster pace than has been seen so far.

The researchers can't tell whether the severity of symptoms the men experienced the second time were related to the virus or to how their immune systems reacted to it. There are more questions than answers with the reinfection cases.

- *Were they sicker because they got a larger dose of the virus?*
- *Was there something about the gene changes to the virus that made it more damaging when the men caught it again?*
- *Could their first COVID-19 infections have somehow primed their immune systems the wrong way, leading to more severe infections the second time — a phenomenon called enhancement?*

Scientists are racing to try to understand all those things and more — what reinfection means and how common it may be. If it happens frequently, that could complicate efforts to reach a level of community protection known as herd immunity. Vaccines may need to be tweaked to keep up with the virus as it evolves, and people may need regular boosters to maintain their protection.

Source: Excerpt from WebMD Health News, Goodman B. (2020) First Confirmed Cases of COVID-19 Reinfections in US, published on October 12, 2020.
https://www.medscape.com/viewarticle/939003?src=mkc_covid_update_201012_mscpedit_&uac=128791SX&implID=2616441&faf=1#vp_2

MEMBER NEWS

WE HAVE 3 NEW INDUCTEES TO THE 2020 FELLOW OF THE AMERICAN ACADEMY OF NURSING (FAAN)



Alona D. Angosta, PhD, APRN, FNP-C, FAAN

Dr. Angosta is a tenured Associate Professor and Director of the Graduate Programs (MSN and Post-Master's Certificate) at the University of Nevada, Las Vegas School of Nursing (UNLVSON). She is also a nurse scientist and board-certified Family Nurse Practitioner. She received her Ph.D. from the University of Hawaii at Manoa, Bachelor and Master of Science degrees from the UNLV. Her substantive contributions to nursing focus on scholarship, service, and leadership that advance health equity of Asian Americans.

Dr. Angosta's research focuses primarily on cardiovascular disease (CVD) among Filipino Americans, specifically lifestyle choices that impact their cardiovascular health. She is one of the few nurse scientists who studies the cardiovascular health of Filipino Americans – one of the fastest-growing racial groups in the U.S. – with the intent of improving overall cardiovascular health outcomes. The impact of her NIH funded research has been cited in nursing and other professional journals. She has published numerous peer-reviewed articles and presented at national and international conferences. The dissemination of

her research findings helped broaden the knowledge base of CVD in Filipino Americans and facilitated the understanding of certain lifestyle choices that impact CVD.

Dr. Angosta served as the president of the AAPINA-National. During her presidency, she established strong partnerships with the RWJF Future of Nursing Campaign for Action in building a Culture of Health and the National Coalition of Ethnic Minority Nurse Associations (NCEMNA). Prior to her presidency, she was the President-Elect for two years and led national and international conferences to advance nursing and health care. She is also the current chair of the AAPINA Board of Directors, board member of the NCEMNA, and a member of the RWJF Campaign for Action's Equity, Diversity, and Inclusion Steering Committee.

In addition to the American Academy of Nursing Fellowship Award, she received the 2020 NP Advocate State Award for Excellence, Most Outstanding Faculty of the Year Award from the UNLV, Excellence in Research and Service from the UNLVSON, Outstanding Research Award from the Nevada Nurses Association, and Leadership Scholar from the Okura Foundation.



Hyochol Brian Ahn, PhD, MSN, MS-ECE, MS-CTS, APRN, ANP-BC, FAAN

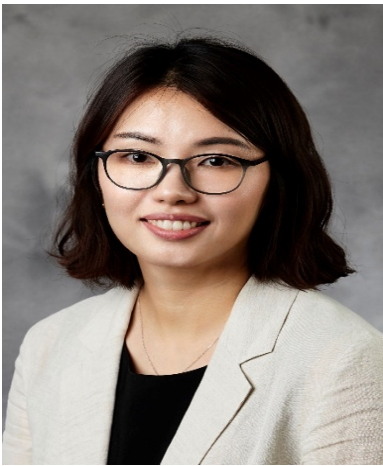
Dr. Ahn was selected as a 2020 FAAN. He is an Assistant Dean for Research and Isla Carroll Turner Chair in Gerontological Nursing at The University of Texas Health Science Center at Houston, Jane and Robert Cizik School of Nursing. My program of research is to enhance health and independence in older adults using innovative technologies to optimize pain management. Dr. Ahn's research is to enhance health and independence in older adults using innovative technologies to optimize pain management. He earned the PhD in Nursing with an emphasis on adult and elderly care, as well as multiple graduate and undergraduate degrees and certificates in Electrical and Computer Engineering, Clinical and

Translational Science, Aging and Geriatric Practice, and Nursing. His experience as a board-certified nurse practitioner informs his current work as a nurse scientist.

His combined nursing and computer engineering expertise uniquely positions him to address critical gaps in research on pain-related brain mechanisms and to deliver cutting-edge brain stimulation to improve pain and symptom management. He has been funded since 2011 as a principal investigator (total > \$ 3.5 million as principal investigator) and has produced more than 120 peer-reviewed publications and presentations. His many research grants include the R01 award of a \$2.4 million grant from the National Institutes of Health through the National Institute of Nursing Research (2020 - 2025) to apply transcranial direct current stimulation combined with mindfulness-based meditation for home-based self-management of pain related to knee osteoarthritis in older adults.

Dr. Ahn is a leader in pain and symptom management for older adults across the U.S. and internationally. His geriatric nursing expertise and engineering background have influenced the development of pain assessment items in the National Nursing Home Database and guided the development of noninvasive brain stimulation pain management approaches.

Further, his expertise related to pain and symptom management, novel biomedical technology methodologies, and brain stimulation interventions is nationally sought after. He serves as a grant reviewer at several levels (e.g., National Institute on Health, Department of Defense, and Department of Veterans Affairs), Southern Nursing Research Society (SNRS) Grant Director, and mentor for SNRS leadership academy and mentorship program. He is committed to mentoring the next generation of nurse scientists and developing tomorrow's leaders in nursing practice, education, and research. He is committed to contribute the AAPINA's missions to support AAPI nurses and nursing students around the world through research, practice, and education; facilitate and promote networking and collaborative partnerships; and influence health policy through individual and community actions.



Jinyoung Kim, PhD, RN, FAAN

Dr. Kim was selected as a 2020 FAAN for her contributions advancing the science of sleep and nursing research. Dr. Kim is an Associate Professor at the UNLVSON.

Dr. Kim's research and scholarship focus on two important interconnected areas: The cardiovascular effects of snoring and the identification of symptom clusters in obstructive sleep apnea (OSA) with eventual tailored interventions for this population. She has led NIH-funded and other interdisciplinary collaborative research, that lead to individualized and thus more effective symptom management for OSA patients. Dr. Kim's work also importantly extends the pursuit of the impact of snoring as an independent factor in cardiovascular disease,

particularly stroke. Of note, Dr. Kim's work particularly has an impact on women, as they appear to be most affected by the cardiovascular changes wrought by snoring, and also comprise a group that has been understudied in this area. Dr. Kim has a national and international reputation as her work has been highlighted in high-impact academic journals and multidisciplinary conferences.

Dr. Kim earned her bachelor's, master's, and PhD degrees in nursing at Ewha Womans University in Seoul, South Korea. After her graduate study, she did post-doctoral research fellowship at the Center for Sleep and Circadian Neurobiology in the University of Pennsylvania for 4 years.



Connie Kim Yen Nguyen-Truong, PhD, RN

Dr. Nguyen-Truong is an Assistant Professor at Washington State University (WSU) College of Nursing. She has received the prestigious National American Association of Colleges of Nursing (AACN) Excellence and Innovation in Teaching Award. Dr. Nguyen-Truong is the first person at WSU to be recognized by AACN for this award. The AACN has over 840 member schools of nursing at public and private universities nationwide.

(<https://www.aacnnursing.org/Membership/Volunteer-Engagement/AACN-Awards/Excellence-and-Innovation>)

Dr. Nguyen-Truong and Dr. Roschelle Fritz led their academic-community research team, and they have a national awarding winning paper. They were competitively selected for the important and prestigious American Public Health Association (APHA)'s Asian Pacific Islander Caucus (APIC) Best Published Paper in 2020 Award, "Older Asian immigrants' perceptions of a health-assistive smart home."

Per APHA's APIC: "...evaluated by multiple reviewers, indicated an important contribution to the literature through scientific rigor, innovative approaches, and potential for population impact." Dr. Nguyen-Truong and Dr. Roschelle Fritz accepted the award on behalf of the academic-community research team on October 25, 2020. The co-authors include community leaders from the Asian Health & Service Center, Jennifer Nevers who was a WSU RN-BSN student and continued work as a PhD student and Hien Nguyen, a RN-BSN graduate/WSU alumna. The national AARP wanted to learn more about their work and will be sharing with their colleagues in the policy department. The Editor-in-Chief of the *international Gerontechnology Journal* will include this award news with the article scheduled to be published in December 2020.



"...evaluated by multiple reviewers, indicated an important contribution to the literature through scientific rigor, innovative approaches, and potential for population impact." - APHA'S APIC



Johnny J. Yao Jr., DScN, DM, DHPEd, MN, RN, CPG

Dr. Yao is faculty at College of Nursing, Cebu Normal University. He has been named a recipient of the 2020 National Hartford Center of Gerontological Nursing Excellence Distinguished Educator in Gerontological Nursing Award. The awards program is a Hartford initiative aimed at recognizing the leadership of nurse educators working with students, faculty and providers, and older adults in diverse settings.

AAPINA ORGANIZATIONAL NEWS

AAPINA Chapter and Organizational Meeting in July 2020

On July 27, 2020, the membership committee hosted the first-ever AAPINA Chapter and Organizational Meeting via Zoom. This meeting was attended by A. Angosta and L. Nguyen from the Executive Committee; X. Ji and Y. Kang from the Membership Committee; R. Asselstine, President of the Hawaii Chapter, M. Aczon-Armstrong (Chapter President), R. Serafica (Chapter President-Elect), and J. Garcia (Chapter Interim Treasurer) of the Nevada Chapter; L. Song, President of the North Carolina Chapter; G. Moore, Faculty Advisor for the Vanderbilt School of Nursing Organizational Member; and M. Lee and Yan who are interested in forming a Texas Chapter. This meeting was a great way to celebrate the many ways that the chapters and organizations are working to move the AAPINA mission and vision forward. An open forum allowed the participants to support each other and offer suggestions on how AAPINA National can support the chapters and organizational members. The participants found the meeting beneficial, and we have plans to continue these meetings annually.

Some of the great things that the chapters and organizational members are doing include:

1. **Hawaii Chapter** assists Pacific Islanders with their nursing needs, mostly through educational support in collaboration with Shamaan University and University of Hawaii. They have been planning their first-ever Educational Day. The President-Elect position is open and will need to be filled before the President's term ends in 2021.
2. **Nevada Chapter** has several community affiliations (e.g., Asian Community Development Council, Men in Nursing of Southern Nevada, Las Vegas, Hawaiian Civic Club, and PHLV Radio); has had many community out-reach programs, including health fairs and a human trafficking zone with the local police department; and had their first-ever cruise conference in last year.
3. **North Carolina Chapter** continues with their individual mentorship of students and junior faculty through mentorship meetings and activities.
4. **Korea Chapter** plans a seminar in January 2021 to review book chapters of the Middle Range Theory, analyze, and present research findings in the AAPINA journal.
5. **Vanderbilt School of Nursing** held monthly meetings; hosted a table at the VUSN Open House, Diversity Month Presentation, Diversity Poster Month Presentation (V. Bechtold & G. Le- 3rd place winners for Factors Impacting Sexual Health and Education of Asian American Adolescents); and published a paper titled "A Case for Cultural Awareness" by E. Choi & G. Moore in the *Journal for Nurse Practitioners*. <https://doi.org/10.1016/j.nurpra.2019.11.012>

CHANGE OF EDITOR-IN-CHIEF OF THE ASIAN PACIFIC ISLAND NURSING

Reported by Jillian Inouye, PhD, RN, FAAN,
November 11, 2020

Dear AAPINA Members,

In this time of world crisis, I wish you all a healthy and peaceful Holiday Season. I also would like to take this time to announce my resignation as Editor-in-Chief of the *Asian Pacific Island Nursing Journal*. It has been an exciting 5 and a half years since we initiated our society journal from its formative year at Sage then to the University of Nevada Las Vegas and finally to University of Hawaii Press. There has been tremendous growth despite the moves which slowed down some important milestones for a new journal. However, we've been able to obtain indexing in DOAJ, EBSCO, PMC, have renewed SCOPUS, and applying for SSRI and awaiting impact factor scores. We also have an acclaimed international Editorial Board with a new Associate Editor who has been in training for the past year. Dr. Patricia Alpert will take the reign in January 2021 with a new managing editor. Join me in wishing them success and good luck in the coming year.

Society sponsored journals have a tough road to travel as there are expenses in production of and maintaining a journal. The recent survey found many of you felt our journal met a need for the organization and expressed willingness to use part of the membership fees to support the journal. Since our conferences are self-supporting and usually money making, and the only expenses for the organization are for scholarships and minor expenses and supplies, we are in good financial shape.

Our five-year plan for the journal is on track despite a few slowdowns due to COVID-19 and our newly formed Journal Task Force has been working on a new plan to become self-sustaining. As of 11/11/20 we have published 10 articles for Issues #1 and #2; five to six articles and six to seven abstracts for Issue #3 which is almost complete; and four to five articles in progress for Issue #4. Because of COVID-19 the distributor and copyediting team has been hampered by lack of staff, yet we have maintained and slightly increased our publication record so far. For January to November 2020, 10,164 downloads were reported for articles from our journal.

I would like to thank all who contributed articles to our journal and reviewed manuscripts. Most of all I thank to our hard-working editorial board members for reviewing and contributing to the scientific rigor of the journal. You can see their names listed on our journal webpage. It has been an honor working with you all and I wish everyone a better, happier, safer, and healthier 2021!

Jillian Inouye, PhD, RN, FAAN

Founding Editor and Editor-in-Chief of the Asian Pacific Island Nursing Journal
Emeritus Professor, University of Hawaii

MEMBER'S SCHOLARLY AND PROFESSIONAL PROJECTS

Johnny J. Yao Jr., DScN, DM, DHPEd, MN, RN

Faculty, College of Nursing, Cebu Normal University.

Email: yaoj@cnu.edu.ph

Dr. Yao has published the following research articles:

- Yao, J. J. (2020). "Elderly" Seniors Vs. "Youthful" Seniors: Attributions and Reshaping of Aging Expectations. *The Qualitative Report*, 25(8), 3047-3066. Retrieved from <https://nsuworks.nova.edu/tqr/vol25/iss8/13>
- Yao, J. J. (2020). A theoretical perspective on aging attributions and expectations: Its role in health behaviors and outcomes, *Cogent Psychology*, 7:1, DOI: 10.1080/23311908.2020.1798634

Sangmi Kim, PhD, MPH, RN

Assistant Professor, Nell Hodgson Woodruff School of Nursing, Emory University.

Email: sangmi.kim@emory.edu

Dr. Kim has published the following research article:

- Kim, S., Im, E.-O., Liu, J., Ulrich, C. (2020). Maternal Age Patterns of Preterm Birth: Exploring the Moderating Roles of Chronic Stress and Race/Ethnicity, *Annals of Behavioral Medicine*, 54(9), 653–664. <https://doi.org/10.1093/abm/kaaa008>

Dr. Kim has received

- the Sigma Theta Tau Alpha Epsilon Chapter Research Award to conduct a study titled 'Chronic Stress Linguistic Markers on Social Media.'
- the pilot grant from the Injury Prevention Research Center at Emory to implement a study titled 'Building a Social Media Platform for Surveillance and Support of Intimate Partner Violence and its Victims during COVID-19 and Beyond.'

MEMBER'S PERSONAL AND PROFESSIONAL STORIES

Daisy Sherry, PHD, ACNP-BC published the below article and shared her professional story as a clinician.

Sherry, D. (2020, July 20). *Why Clinicians Should Consider the Power of Prayer*. MedPage Today's KevinMD.com <https://www.kevinmd.com/blog/2020/07/why-clinicians-should-consider-the-power-of-prayer.html>

I urge all clinicians, including those in academia, to do better by patients in the next generation of providers. Prepare yourselves to be uncomfortable. Consider taking your vitamin P.

As a nurse practitioner, I have the privilege of helping people achieve their health care goals. But in light of recent events surrounding social justice, I find that I am increasingly challenged in new ways. Ways that my training and likely other nursing or medical schools did not address. I have that uncomfortable feeling of being ill-prepared to address the ramifications of social justice on the health of my patients. Let me share one abbreviated story.

C.M. is a 57-year-old Hispanic female seen for “not feeling well” for the past five days. She speaks primarily Spanish, needing our clinic translator. Symptoms started while in the middle of cooking dinner for the family. She had a sudden and profound wave of feeling tired, having to sit down and rest with relief after 20 minutes. No pain, nausea, dizziness, sweating, fever. No past medical history. Unemployed. She is apathetic with an unremarkable physical exam. 12-lead ECG revealed marked ST-T wave changes in inferior and lateral leads.

I immediately went into auto-mode, as many providers do when having been through a case many times. I explained what was going on with her heart, the seriousness of the situation and that she needed to go to the hospital for further evaluation. At this point, CM’s daughter, with whom she lives with, joined the conversation as she had been waiting in the lobby. I felt resistance and panic from the daughter right away about bringing CM to the hospital. After going back and forth with the daughter, there was frustration and silence. The daughter removed her Bluetooth earpiece and began to sob. She couldn’t handle one more stress being sandwiched between work, caring for her mother, her sister with special needs, and her own three school-age daughters, let alone the financial impact.

On top of that, CM’s daughter was gravely concerned that if CM went to the hospital, an undocumented immigrant, then she would be setting her up for deportation by U.S. Immigration and Customs Enforcement (ICE). Sobbing continues, and the once stoic CM now is tearful. My immediate reaction is to put my arms around both of them and offer them tissues. We remained silent. Before I knew it, I was also overwhelmed with emotion and empathy for this family, shedding a tear with them. Now, what to do? I feel awkward and uncomfortable. Following my human instincts, I asked if we could pray together. We stood holding hands in silent prayer, no more than 2 minutes, taking in our “vitamin P.”

Emotions in a patient encounter are a real clinical challenge and, if not handled well, can have devastating effects. I have to call out that the emotional piece of patient care goes missing in training programs. As I think back about my own training, I was prepared to be systematic. That use of auto-mode in providing care has cultivated an emotional numbness in me that disregards emotions and feeling uncomfortable. Clinicians have to become more comfortable with being uncomfortable. For me, in that moment of uncertainty, as a human being, I advocate turning to prayer, or “vitamin P,” to find comfort and clarity. Recall, the word prayer, by definition, is an expression, an earnest hope, and does not require any religious affiliation.

For me, vitamin P has been a successful, real-time way to address challenges alongside traditional evidence-based practice. My patients appreciate the time and value of kind words shared. I realize not all people are at a place, emotionally or psychologically, to engage with patients in this way. At some point though, there comes a time to unpack feelings we carry from our patients’ struggles. Prayer can give voice to these emotions, help process, and bridge a gap in patient care, with one human connecting with another. And for CM’s case, after our vitamin P, we found clarity and connection to determine the best decisions for her. I urge all clinicians, including those in academia, to do better by patients in the next generation of providers. Prepare yourselves to be uncomfortable. Consider taking your vitamin P.

April Wood, DNP, RN

Initiating a Geriatric Clinical Practicum in the Midst of a Pandemic

It was uncertain whether we would be able to admit a new cohort of nursing students to the Valley Foundation School of Nursing at San Jose State University for the Fall 2020 semester until 2 weeks before the August 19, 2020 start date. In addition to the uncertainties of the COVID-19 pandemic looming over us, we were scheduled to launch a brand new five-semester BSN curriculum. Two of the new courses scheduled to begin in Fall 2020 were a gerontological nursing theory course and a geriatric clinical practicum. Many local facilities had canceled clinical placement contracts over the summer, and in the eleventh hour, we were still on the search for new clinical sites for geriatric clinical practicum.



We began the semester in full distance learning mode since the university campus was still closed. We kept our fingers crossed that we would be able to write up new clinical placement contracts with local nursing homes and geriatric care facilities to provide each of our 60 students with the required 45 hours of direct patient care before the end of the semester.

With the passage of California Assembly Bill, No. 2288 signed by Governor Gavin Newsom on September 29, 2020, we were able to breathe a sigh of relief. Within this bill, Section 2786.3.3 clearly states that nursing directors of approved program could submit a request to the state board of nursing to reduce the required number of direct patient care hours to 50 percent in geriatrics and medical-surgical and 25 percent in mental health-psychiatric nursing, obstetrics, and pediatrics if there were an insufficient number of clinical placements within a 25-mile radius. Substitute clinical practice hours not in direct patient care could be achieved through “simulation experiences” based on best practices issued by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare or equivalent standards approved by the board¹.

While the decision had already been made to integrate virtual simulation into the geriatric clinical practicum course, the passage of AB 2288 afforded us greater flexibility in coordinating our clinical practicum schedule. By mid-September, we had four geriatric clinical sites secured, and each clinical instructor was assigned 15 students, although only 8 students were allowed at the facilities on any given day. We hoped to begin the clinical in late September but faced another hurdle to jump over.

On September 16, 2020, the Health Officer of the County of Santa Clara issued an enhanced public safety code mandate requiring any “essential workers” in the “health care sector” such as hospitals, skilled nursing facilities, long-term care facilities to receive COVID screening on a regular basis whether or not they have symptoms or known exposure to SARS-CoV-2.² Due to the number of recent COVID-19 cases among the elderly in the local region, it was determined that my students and myself would require weekly COVID-19 testing.

I was concerned that my students might not have adequate health insurance coverage for weekly COVID testing; some plans only covered COVID testing every 14 days. While free COVID testing is available at some locations within the county, these sites are typically at drive-through locations offering a limited number of tests per day on a first-come, first-serve basis. Getting COVID screened this way weekly would be unpredictable and stressful.

We were able to come up with a feasible compromise. We adjusted the clinical schedule by splitting each clinical group into 2 subgroups and alternating the weeks students would attend clinical at the facility. This would afford them more time to get COVID tested on their non-clinical week. Group A would be at the facility while Group B would be completing assigned online virtual simulation activities at home. The following week they would switch.

We planned to start the clinical rotation schedule on October 1, 2020 at the four geriatric facilities. This rolled out smoothly for three clinical sites, but at the fourth clinical site, there was a contractor who tested positive for COVID-19, the entire facility had to be shut down for at least two weeks. The students assigned to the site, where the start of the clinical rotation was delayed, were concerned that they would be unable to complete their required direct patient care hours before the end of the semester and would be forced to take an “incomplete” for the course which also meant they would be ineligible to advance to the next semester in Spring 2021. These students were encouraged to work on their online simulation activities and not panic about what was out of their control. Thankfully, they were able to return to the facility a few weeks later.

Now we are passed the half-way point of the semester and have overcome many obstacles along the way. The students are all enjoying their time spent with seniors who have been socially isolated for months and enjoy special attention. The students are also learning a lot about public health and infection control this semester. That is my COVID story.

References:

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This year has been like no other, with heightened racial tensions on top of the pandemic showing no signs of disappearing any time soon. While I see that everybody around me has their own chaos, I would like to share mine to let others know that they are not alone.

I am in my second year of the tenure track process and am thankful that the university has given all tenure track faculty a pause on their tenure track clock. My planned interventional pilot study has been put on hold indefinitely due to the need for social distancing. My saving grace is that I had another study planned, which can be done completely online.

While I was handling everything fine initially, the start of the fall semester proved more difficult. I am fortunate to do most of my teaching online from home. But how do you work from home and handle your remote learning children? In academia, work includes excellence in teaching, scholarship, and service. The demands are great. Then you add in children in 3rd grade, 4th grade, and 6th grade. It is felt impossible at times. To adjust, I have to squeeze in the work when I can, and there have been several all-nighters to prepare for teaching, increase productivity with my scholarship, and catch up with the multitude of service activities that I know are so important and have such a hard time saying no to. Even with so little sleep, I could not do it all. I had to enlist my dad to help tutor my 6th grader, and my dad does not even live in the same state!

Sure, I could have sent my kids back to school when they opened up for face-to-face learning in September. That certainly would have made it easier for me to manage that work-life balance. But my husband and I decided against sending the kids back to school. We are living in a multi-generational household. We were concerned about the health risks to the immunocompromised parents. Another concern was about my son, who has an occasional, chronic cough. An Asian kid coughing? I was afraid of the way others would treat him. When there has been so much negative cognition surrounding COVID and its unfair link to race and ethnicity, it was not something that I wanted my child to experience.

But I will remain grateful for the good health that my family and I maintain despite any other difficulties that I am facing! We will continue to do the best that we can do and evaluate what works best for us. I have faith that we will get through this.