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I Have the CNL Power – Student Category

I am a Louisianan, and we mark time in specific ways, i.e., before and after Huey P. Long's governorship, certain Mardi Gras events, LSU wins, 911, hurricanes-especially Katrina, and now COVID -19. Having been a working nurse for 46 years, I have endured many "unprecedented" events as a frontline nurse, manager, and as a senior executive, but nothing as unpredictable, deadly and prolonged as this pandemic. The COVID assault occurred as I entered the core clinical courses for my CNL degree pursuit in the spring of 2020. By now, you have concluded that I am older-than-most candidates pursuing a master's degree or even most nurses remaining in the workforce, but the "inside-out" committee in my head met and my bucket list item "to pursue a master's degree" seemed within my grasp. My role was in Patient Experience and my Director was terrified that I would succumb to the virus, even moved me across the street from the main campus to reduce the risk of exposure. As a systems analyst/risk anticipator, I was designated as a member of the COVID + tracer team, reviewing cases and completing a data collection tool. Fortunately, that was relaxed after announcing I would be performing my clinical experience in the Emergency Room. Proper precaution's observation and Divine coverage has kept me illness-free thus far. Throughout this time, I have aimed to serve as a mentor and role model for the younger staff by staying calm and making myself available to serve the needs, whatever that may be.

Patient experience is the area where patient and family concerns and complaints are managed if staff on hand were unaware or unable to successfully mediate the situation. Current evidence stresses that "suffering" is manifested in many ways, not necessarily the disease or injury that prompted the healthcare encounter. Patients and their immediate family have "simmering" fears and concerns that unless addressed, the experience and often the outcome is negatively impacted, yet there is no "assessment" that addresses those specific elements. COVID's visitation restrictions have presented extreme challenges to patients, families and hospitals, but the fears surrounding the isolation practices and the threat of never seeing a loved one alive again, is real and present every day. As a client advocate, I was the "ear" for the family to plead, negotiate, explain and oftentimes, threaten when faced with the non-negotiable rules. I served as a clinician, assisting ED staff when admissions delayed care for unstoppable presentations of new patients, especially with admission tasks like medication reconciliation. One memorable admitted COVID + patient was a wheelchair bound diabetic patient with a draining wound. She was in her 30's, lived alone and was on twenty-six different medications. I cannot imagine much else going on in her life, other than managing her medications--we talked. These activities are pandemic responses within the CNL role, but none fulfilled my desire to be proactive to assist my small piece of the world "get through to the other side".

We began our associate vaccinations in December, and I signed up immediately to receive and to administer vaccines. In my current CNL coursework, we have focused on certain specific CNL competencies. In a late-night text with my faculty, I mentioned about working a late clinic, jokingly stated I wanted to use the vaccine clinic as clinical hours, woke up with an epiphany the next morning and wrote the following:

"Hi Karen, I really have some appropriate rationale for requesting the vaccination hours be considered for clinical requirements as follows:

Systems analyst/risk anticipation -We are participating in a system that is reducing risk and providing 95% effective protection for our staff who are frontline caregivers. Staffing for patient care has suffered greatly from staff and/or immediate family members' quarantine and illness. Patient care (safe or otherwise) cannot be delivered without staff. Risks are minimal but greatly unknown at this point.

Team managers - Determination of roles and partnering to efficiently register and move recipients through the stations continues to evolve.

Member of a profession - It should be noted that many younger clinical staff have had limited experience and have rarely administered IM injection or reconstituted medications in a 2 ml. vial. To maximize the available doses per vial requires knowledge and skill to displace air, mix solution, and eliminate product loss. This information has to be shared with each new team member.

Lifelong Learner – Who knew we would be experiencing this deadly worldwide pandemic that requires “on the fly” learning and practice adaptation? Managing patient and families with restrictive guidelines, while helplessly watching strangers, friends, coworkers and loved ones suffer and die under these circumstances can’t be “unremembered”. If there is anything, we are able and called to do that can help our colleagues and patients, right now, we should answer that call. We can’t make this stuff up, right? Crazy times!”

The hours were approved...

Effective coping comes through recognizing, responding to different stressors and “surviving the storm” with knowledge gained, only to move to the next. We are sponsoring our inaugural joint-community outreach vaccination clinic for under-resourced areas this week and I will be one of our hospital’s clinical representatives-my bucket is overflowing. I am on track to graduate, in May, and sit the CNL exam this Fall. I will be seventy years old, October 31, 2021.