

Unmasked



Experiences of nursing students during COVID



Editor: Lucy Bolger



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Foreword

Grainne Gallenagh.

Nurse, model and former Miss Universe Ireland.

I started studying nursing when I was 18. I found placement one of the most difficult things I'd ever done. It was a case of being thrown into the deep end and sink or swim. I suppose I was quite sheltered and innocent even at that age and had no idea what to expect. I actually had multiple fainting episodes, I think it was all down to nerves.

I remember my first patients vividly. In fact, I met one of them recently and he knew me straight away by name (10 years later!). I think sometimes student nurses can be taken for granted by the staff but never really by the patients.

They are so grateful for a listening ear or a comforting hand and also, they see how nerve wrecking it is and almost want to comfort you as much! I remember having a conversation with a patient and his family, he was terminally ill and he was telling them that he felt fine and he was ready to go. When they left, he told me that he was terrified and we sat on his bed and cried together and it was one of the most profound moments of my life.

A phrase that is used in nursing a lot is: a patient may not remember your name, but they will always remember how you made them feel and I think it's something to take from a student to the rest of your career.

I think that this highlighting of student nurses and how hard they have worked over the pandemic is so important. Student nurses are so often taken for granted and to see how much they put in on a daily basis is heart-warming.

I decided to go back to nursing after taking a 6-month break to pursue work elsewhere. I think there's always an element of anxiety returning to work after time off, especially in nursing and especially during a worldwide pandemic! But the staff really took me under their wing, and helped with explaining the PPE, the distancing and caring for COVID patients. It was a terrifying thing for everyone but the staff that I worked alongside really were like real life superheroes and I was so grateful to them.

COVID put a huge strain on the health system, and I think that student nurses really supported the nursing staff during this time. Student nurses spend so much time with the patients, that sometimes the qualified staff don't have, and it shouldn't be taken for granted. The worry of nursing during the pandemic was significant for everyone but especially for health care staff! Thankfully the student nurses of Ireland really stepped up at a time when they were needed most.



Unmasked: Experiences of nursing students during COVID.

Introduction.

4th year BSc (Hons), in General Nursing Student, DKIT.

Hello, my name is Lucy Bolger and I'm currently in my final year of my general nursing degree. In 2017 I ventured up to up to Dundalk Institute of Technology from my family home in Dublin. Never in my wildest dreams did I imagine that a pandemic would happen before I graduated. I decided I wanted to pursue a career in nursing after my work experience in secondary school, I loved how practical and person-centred the job was. Not to forget to mention all the opportunities to work abroad.

In March 2020 Ireland went into lockdown. College stopped abruptly and many students were pulled off placement. Soon after, Nursing students, inspired by 'Ireland's Call', took the initiative and stepped up to the mark. Whilst 4th year Interns continued in placement other years assumed the role of healthcare assistants. For some this meant transferring to and working within other disciplines. Every student has a unique story of the part they played during the pandemic.

In December 2020, after hearing an inspirational lecture by one of my lecturers, John Mc Donald, I was driven to record the experiences of my fellow student nurses who accepted the challenge and helped to alleviate the daunting reality of the last year. I felt it important to capture this extraordinary moment in time through the eyes and experiences of student nurses.

The appeal began by sending out emails to various colleges appealing for students to share their stories. It was only through Instagram where the appeal was liked and re-shared which created a buzz of excitement -reconnecting with school friends overseas in Scotland

and talking on Facebook forums with students from the UK. Stories were shared with varying themes such as of hope and celebration of everyone coming together and of the heartbreak of watching patients be without their loved ones and even the invaluable learning experiences.

After speaking to my lecturers Briege King and Ann Everitt Reynolds, I became aware of a funding opportunity to support student-led projects that focus on enhancing learning and student success. This is part of DkIT's SATLE 2019 fund from the National Forum for the Enhancement of Learning and Teaching. Briege and Ann put me in touch with Moira Maguire in the Centre for Excellence in Learning and Teaching who, together with my Head of Department, Myles Hackett, supported the project.

One or two months passed as I had just begun internship and completing my research proposal. Moira and I would talk nearly every week and little by little the book started to come to life.

I am so very proud of my fellow students and honoured to have been part of the fight against Covid 19.

I am deeply indebted to the students who took the trouble to share their stories honestly. Special appreciation goes to Moira Maguire and Myles Hackett who have guided me expertly through the process of creating this unique piece of work.

I am very pleased to present 'Unmasked'.

With great hope for the future, Lucy.





The impact of COVID-19 on Nurse Education.


Dr Myles Hackett.

**Head of Department of Nursing, Midwifery and Early Years,
Dundalk Institute of Technology**

The impact of the COVID-19 pandemic on nursing and midwifery education has been immense. On March 13th 2020 all Higher Education Institutions were closed. All academic programmes had to be delivered remotely with no lead in time for planning or preparation. Many nurse and midwifery lecturers had experience in delivering blended learning programmes, however the move to an entirely remote delivery format was challenging for both staff and students. Lecturers quickly adapted to using new and existing online platforms for learning and teaching. Learning and teaching methodologies were reviewed and tailored for remote delivery and online resources to support remote learning and teaching were identified. Lecturers quickly realised that students would require additional academic and pastoral support during this time. Weekly class meetings, informal class gatherings and individual student meetings were facilitated at this time and throughout the pandemic to support students.

Clinical placement is an integral part of all undergraduate nursing and midwifery programmes.

Throughout the pandemic Year 4 nursing and midwifery intern students, with the support of our clinical colleagues, continued to attend clinical placement. These students delivered care at the frontline in the most challenging circumstances ever experienced by our health services. In addition, when clinical placements for supernumerary nursing and midwifery students were suspended in April 2020 many students returned to the clinical area as Health Care Assistants to support health care delivery. The contribution of our students to health care delivery throughout the pandemic cannot be underestimated.

This collection of student reflections and poetry captures the challenges students faced, the contribution they made to patient care and health care delivery and the learning they took from very difficult situations during the pandemic. It is truly heartening to see how resilient our students have been and their commitment to delivering high quality, compassionate care in the midst of a global pandemic. 

Ready for a fight

By S.J. Platt

On Shift

I walked onto the ward that day;
You'd struggled overnight.
My supervisor asked if I
Felt ready for a fight.

"I have a challenge for you.
You keep this man alive.
And he's on 10L oxygen
Let's get him down to 5"

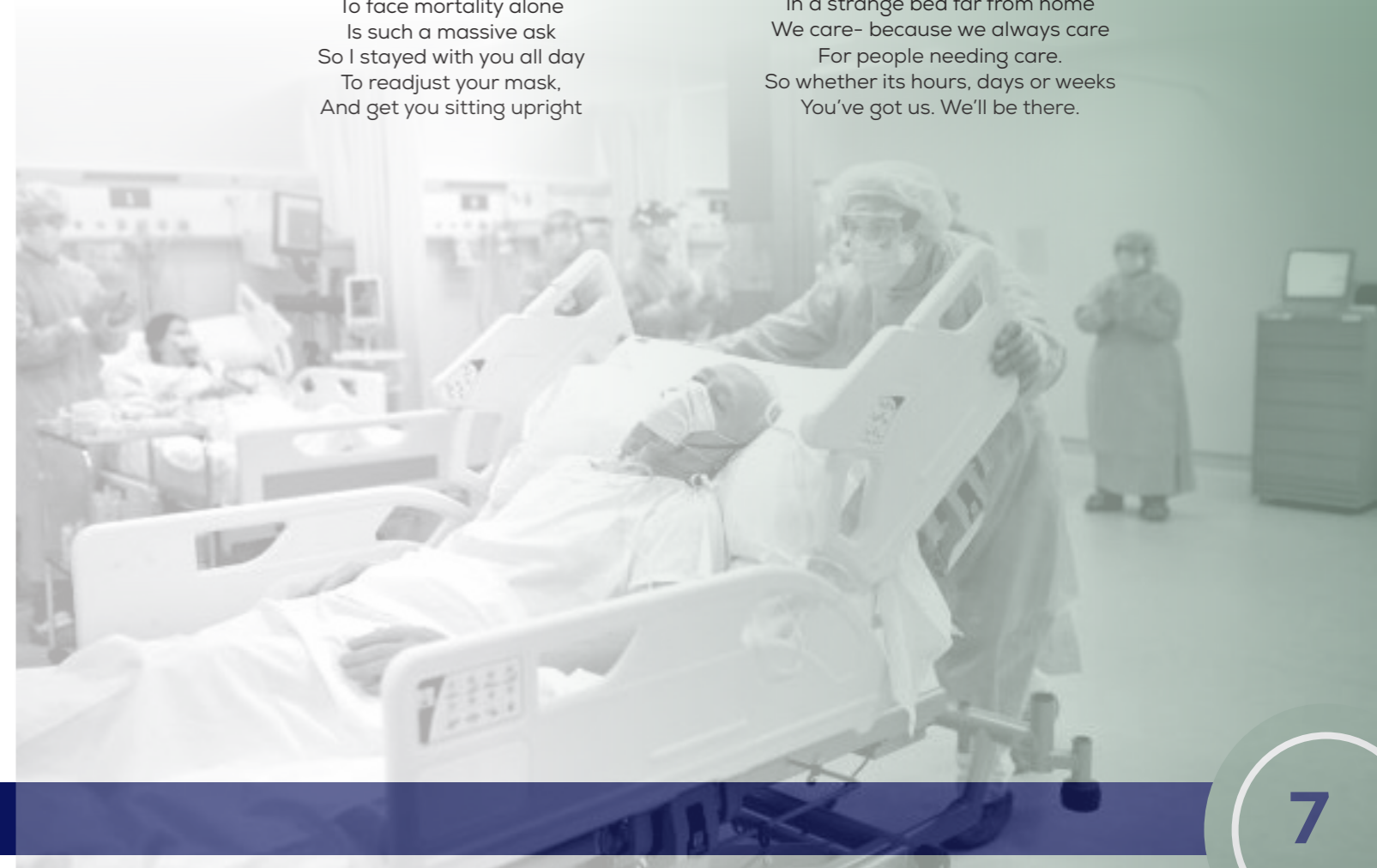
I knew it wasn't COVID
But we still wear PPE
That layer that protects
Shielding our humanity.

You were the only one in there,
And visitors forbidden.
I tried to show you with my voice
The smile my mask kept hidden.

To face mortality alone
Is such a massive ask
So I stayed with you all day
To readjust your mask,
And get you sitting upright

Whenever you would slump,
And keep your sheets smoothed out
To protect your skin from lumps,
Encouraging those slow deep breaths
Again, again, again
To keep those numbers climbing,
To get oxygen to your brain.
I held your hand and stroked it
When you said you were too tired.
(You can't deny a human touch
When it's all that's required).
And one adjustment at a time,
Your sats began to rise
And after 7 hours,
Your oxygen needs stabilised.

So thank you for all your effort
Fighting illness, showing me
How it feels to nurse and win
For that one shift, though temporary.
It's horrible for patients
Spending days and nights alone
No family around
In a strange bed far from home
We care- because we always care
For people needing care.
So whether its hours, days or weeks
You've got us. We'll be there.





**Stacey
Anderson**
General Nursing Student

Learning to think on my feet in A&E.

"Being asked to work during a global pandemic was daunting, but then to be told I was being sent to A&E during the midst of it all added to the pressure."

However, I can say it was one of the best learning experiences of my career so far. At the time I was in my second year of training and although at this point in my degree I was relatively independent with nursing care, being placed in an area such as A&E takes this to a new level. As the department is such a busy environment, students were expected to work independently at times, however support was always available from mentors and the whole team. Yet this independent working taught me to think on feet and prioritise my patients.

Working in A&E taught me how to manage my time and tasks appropriately. This with the wide range of skills that I picked up whilst there, which have been extremely beneficial for my further training and development. I would recommend anyone to take an

opportunity to spend some time during their training in an A&E department as it was hugely valuable to my training and development as a nurse.

The way all of the wonderful nurses, doctors and other students worked together was incredible and made the tough times of working on the front line all worth it. I think every single key worker who put themselves forward to work during this should be extremely proud and know that we will get through this, and we will get some normality back, whatever and whenever that may be. I think we should all as healthcare workers be extremely proud of what we have achieved in the last 12 months. ●

**Dylan
Byrne**
General Nursing Student



A difficult day in A&E.

"Throughout my four years of studying nursing, I have accumulated various experiences in caring for patients."

In every instance I was able to build rapport with patients and family alike face to face, but that all changed with COVID-19. With the introduction of personal protective equipment, I ended up talking to patients behind face masks and protective shielding. This made it harder to communicate with patients and build the rapport with patients I valued so much. When I was placed into the emergency department this reality became more apparent. While in this department I encountered various difficult situations but there is one stand-out moment.

It was a regular busy day with patients presenting and being triaged. During the shift we were informed that an ambulance was on the way. It was communicated that we were receiving a patient who had suffered a drug overdose. When the ambulance arrived, it was like a scene from 'Casualty'. I had never been such a situation and it was all so

surreal. The patient was a white as a ghost and colder than ice. The whole experience was terrifying. When they arrived at the hospital, they were awake and talking but once taken into the resuscitation bay they deteriorated. The patient began to lose consciousness, was not responding to verbal stimulus and was hypothermic. As soon as this happened a plan was set in place.

While I found it very difficult, it was particularly difficult for the person's family. While the patient was being treated to the best of our ability, the patient's next of kin was forced to wait outside the emergency department due to COVID-19 restrictions. They had to remain out in their car until we had stabilised the patient. Fortunately, we were able to effectively treat and stabilise the patient. ●





Sadhbh Ní Mhaoilmhichíl

General Nursing Student

COVID-19.

Upon reflecting these past few months,
It was inevitable what stood out the most,
A respiratory virus named COVID-19,
Which was hard to detect and difficult to see.

It began with one person, then five, then ten
The number rose, seeming like there was no end
As it spread through the hospital, the doors were shut
"No visitors allowed" but that was not enough.

Masks and gloves, the mandatory PPE,
Skin cuts, rashes and breakouts was the 'new look'
(apparently).
Wards were shut then reopened again,
It really felt like there was no end.

Patients being transferred, a mission in itself,
Security called, hallways cleared, getting all sorts
of help.
As they arrived, they were welcomed of course,
The fear in their eyes, is what hurt me the most.

As a nurse, it is our job you see,
To provide compassionate, quality care to the best
of our ability.
But sometimes, unfortunately it is not enough,
Many lives were lost and that is what was tough.

But there were also the good stories,
the ones we forget,
This morning's data shows 23,364 cases recovered yet.
The joy witnessing a family reunite for the first time,
When a few weeks ago they thought it was their
last goodbyes.

From lying in bed to being able to walk,
From being intubated to beginning to talk.
These miraculous moments are worth all our hard work,
Adhere to the guidelines and do not be that jerk.

The importance of wearing your mask is clear,
It is the layer of protection both physically
and out of fear.
Wear it on the bus, luas, trains, and shops,
Just because you do not wear it, do not think the
virus will stop.

We, as healthcare workers are risking our lives,
To protect those who need us at the worst of times,
Please respect guidelines, stay two meters apart,
You may not know you are carrying it, which is the
worst part.

As Varadkar, Harris and Holohan said
"We will get through this; it is not the end"
I thoroughly believe that this is true,
But for that to happen, the next step is up to you.



Jennifer Connolly

Children's and General Student Nurse



Grieving and COVID.

"I developed symptoms of Covid
on the 26th of March 2020."

Thankfully I didn't infect anyone else as far as I know
because I isolated in my room as soon as I recorded
my sky-high temperature. Despite the fever and
horrendous aches and pains, self-isolation was
manageable with copious amounts of Netflix and
painkillers.

That all changed on the 4th of April when we received
the call to say that my beloved Nana has passed
away in the nursing home which she had been
resident in for the past 3 years. She passed away
without any of her family members by her side due
to the COVID restrictions, despite the fact that my
grandad visited her twice a day along with other
family members. She was so dear to me, and I tried
to make it in twice a week, and I always thought I'd be
with her when she passed but all I can hope is that
she knew we loved her in that moment.

The normally insurmountable task of grieving was
made unbearable by virtue of being trapped in my
box room. I understandably had minimal contact
with my family during this period to keep them
safe from COVID, but this meant I couldn't even
hug my family and at least use each other for
support. COVID has robbed many people of
experiences, jobs and lives. For me it robbed me
of the chance to celebrate my Nana's life. We are
still waiting to have a proper funeral where we can
laugh, cry, and tell stories about her life. Thankfully
since coming out of isolation I've been able to hug
my mother and cry with her, but I feel this cloud of
grief will follow me around until I can do so with my
extended family and give my Nana the farewell she
deserved.

I have found that my experience of grief in
this respect has unexpectedly had an impact
on my practice as a student nurse. Since my
Nana passed away, I have cared for a number
of palliative patients, and importantly their families. I
found I was absolutely heartbroken while caring for
my first palliative patient. For obvious reasons, I was
moved for my patient and their family in the process
of saying goodbye. Unexpectedly, I felt a hint of
envy and deeply saddened that my family and my
Nana missed out on this chance to say goodbye. I felt
that COVID robbed our family of this rite of passage
and forced my Nana out of this life without her loving
family by her side. As time has passed, I believe
this experience has taught me an important lesson
in providing care to palliative patients and their
family. It has made me understand how important
family is in those final days of someone's life and
the role I can have as I student nurse in creating a
welcoming and a safe space for a family to grieve in
the busy and unfamiliar hospital environment they
find themselves in. The sense of envy I initially had
when caring for palliative patients has been replaced
by a longing to give these families an experience that
mine missed out on. ●





**Sarah
McCaffery**
General Nursing Student

**To care for people at their
most vulnerable.**

**“When on placement in my 4th year
of nursing I was placed in ICU during the
global pandemic of COVID 19.”**

I saw the impact this virus had on other patients and their families when they were in hospital. Whilst on this placement I had a patient who sadly passed away. It was the first ever first-hand experience I had with a dying patient, so everything was new to me. From standing by the bedside while the patient was slowly passing, seeing their heartbeat and breathing slowed to nothing, to washing and preparing their body for the morgue and their family to see them. To make matters worse, given recent events, the family of the patient could visit individually only for 15 minutes at a time. They could not be together to mourn the passing of their loved one, they could not be there to comfort each other at this tragic and sad time.

I was the student nurse by the bedside when the family members came in to say their last goodbyes one at a time. I, the student nurse, was there to comfort them and help them grieve. Like every other human being, I had feelings of sadness and grief for the passing of the patient I had cared for, but like every other nurse I had to hide my own feelings and put the needs of the patient and family first. Now I am not complaining that I had to hide my emotions, because this is the job that I have wanted to do my whole life. To care for people when they need caring for, at their most vulnerable. Even though I knew that part of my future would involve caring for the dying patient, it still does not prepare you for the reality of it. As a student nurse, I am completely involved in the care of the patient and their family in times of need. Being a nurse, you have good and bad days, but with this global pandemic these bad days come around more often. I can

honestly say that this day will be with me forever. Not just because it was the first experience I had with the death of a patient, but because this virus was cruel as it gave the family little to no time to accept and grieve for their loved one appropriately.

I started my internship in January. Internship is the final hurdle in the 4 year course of nursing. Since starting my internship Ireland continues to have COVID 19. Working as a frontline worker has been tougher than ever since COVID 19. Although I have not been placed on a ward where there are severely sick patients due to COVID 19, I have been placed on wards in which the demand is very high as many wards have been designated to COVID isolation wards. With staff members becoming sick with the virus and having to take time off, and patients who are ill, the demand for our care in the hospitals has been at an all-time high.

I continue to see the effects this virus has had on both the patients I have cared for and the other healthcare workers I have worked with. This virus has tested each and every healthcare worker and pushed them to breaking point. Although I have seen and felt the pressure this virus has put on healthcare workers, I am thankful for the hard work from my co-workers. Without helping each other and supporting each other, this time would have been unbearable. Support from both co-workers and the public has helped us get through this pandemic. Though there are still COVID 19 cases in the country, with hard work and dedication from the healthcare workers and the public, we are finally seeing the light at the end of the tunnel. ●

**Ashling
Buckley**
Student Mental
Health Nurse



COVID-19 and mental health.

**“Working in psychiatry of old age
really put into perspective the impact
of the pandemic on the over 65s.”**

We experienced an influx of patients who had never required mental health services in their lives, finding it difficult to manage at home with increased feelings of isolation and loneliness. These feelings manifested as low mood, anxiety, psychosis and affected people who had previously struggled with addictions. It hit home how fragile our mental health can become in the absence of our normal social lives. This year, I found highlighted the importance of checking in with your own head and also checking on loved ones, which

seems trivial, but it can have such a positive impact. The main challenge I found as a nursing intern was putting aside my own worries about the pandemic, in order to inspire hope in my patients who struggled to see a future. This in itself is draining but nonetheless myself and my classmates would go to work with positive attitudes with the aim that our patients begin to feel hope that there is a light at the end of the tunnel. ●





Maeve Kirrkamm

General Nursing Student

Comfort and Care.

"My first day as a relief pandemic staff member was on the 14th of April 2020."

I was filled with apprehension due to Covid 19 being on the hospital grounds and the media's emphasis on the virus. Upon induction I was stationed to the physiotherapy department and was allocated to work as a Physiotherapist Assistant. As I thoroughly enjoy sports, I realised that this experience was going to be a memorable one. Whilst I walked to my deployed department, I was greeted with warm embracing smiles by all staff. From that moment on I knew it was going to be a positive experience. With or without COVID- 19, we would support one another.

The warmth progressed throughout the days and months as I was introduced to the physiotherapists, patients and the multidisciplinary team. I developed friendships with both staff and patients I will cherish for life. Due to the patients not being allowed visitors and the limited movement throughout the hospital, the staff took on the additional role of the patients' friends and family. Comfort was at the forefront of the care we provided, and it was heart-warming developing close bonds within the hospital. Apart from constantly donning and doffing personal protective equipment, no one spoke about the pandemic on the wards. It was apparent that the other serious illnesses were at the forefront of the hospital's priorities. COVID-19 need not be mentioned throughout the day unless need be; our energy was needed elsewhere.

Prior to working with the physiotherapists, I didn't fully understand the role of a physiotherapist in a hospital setting. Throughout the four and a half months of

working I became aware of their role. The department focused on mobility and respiratory assistance simultaneously. In addition, the team developed a campaign to further raise awareness and funds for the department and community. On the 2nd of May, 50 of the physiotherapy team working on the frontline, including our families, got together virtually and walked, ran and cycled 500 miles within our two-kilometre radius allowance. The team raised €63,000 for the rehabilitation comfort fund. Rehabilitation after prolonged periods of ventilation and acute illness such as COVID-19 is paramount for recovery. Rehabilitation includes treatments to optimise respiratory conditions, increase physical activity and get patients back to optimum function and participation, preventing further illness.

During the pandemic the most challenging situations were with patients with dementia and delirium. Direct patient care such as mealtimes could not be shared with the patients' loved ones, causing further confusion.

I realised at the end of the work experience the necessity of self-care especially, during such trying times. I learnt a great deal during these months, and they have shaped my viewpoints of the clinical setting in a more empathetic and understanding way. The multidisciplinary team are truly wonderful and support not only their patients but themselves as well. I am forever grateful for the experience, even though some days were more trying than others. ●

Emma Murray

General Nursing Student



Last moments.

"I made a patient as comfortable as possible during his last moments."

I held his hand when he was in pain. I, later that day had to lay him out and prepare him to go to the mortuary. I was shaking wrapping him up. I sobbed while holding his now, cold hand. I was one of the last people he ever spoke to. I was there when his own family couldn't be. ●





Eloise O'Neill

General Nursing Student

**He couldn't see that I was smiling.
"I worked as a healthcare assistant
in an intellectual disability community
house during the first 6 months of the
COVID-19 pandemic."**

Things were quickly changing from day to day in order to keep the elderly residents of the house safe from the virus. They were stopped from going to their day centre, amongst many other of their weekly activities and this had a huge impact on their lives. Visitors including close family members were also stopped from coming as it risked bringing the virus into the home. Some of the clients felt lonely and missed their family and friends dearly. They found it hard to understand why this had to be done - it was frustrating and they felt like they were being punished. Like the rest of the country, they were confined to their house, and it was hard for them to accept. I remember one of the clients frequently asking when the shops will be open again and if he could go back to his day centre that he loved very much. It was heart-breaking as I did not know the answer and all I could tell him was we have to wait till the virus is gone. It is now 9 months on, and this still has not happened.

A few weeks into the lockdown the staff began to wear masks to limit the risk of potentially spreading the virus onto the vulnerable clients. A huge part of communicating with a person involves the use of facial expressions and being able to see a person's mouth move. One day in particular, I remember I was talking to one of the clients, and he seemed to become quite closed off and agitated. He stared at me with a worried look on his face and started asking why was I looking at him like that and if I was angry with him. Unknown to him, I was actually smiling at him while speaking, but he obviously couldn't see

this due to the mask. My eyes alone must have made it look like I was annoyed. This must have been so frightening for him as the person that is meant to care for him in his own home looks angry and unapproachable. I don't think we considered the effects the masks can have. We miss out on an important aspect of communication and for the residents this took some getting used to. It has become a normal part of life for now but at the start was strange and unfamiliar.

Looking back, the residents couldn't fully comprehend the risks of COVID-19 and all of a sudden due to the strict lockdown their daily activities ceased, they weren't allowed go on social outings, they couldn't see their family or friends and their carers were masked. This quickly changed their whole routine and it was very frightening and confusing for the residents. We did the best we could to keep normal life going for them, but this proved difficult due to the restrictions.

Yes, COVID has put a lot of pressure on the hospitals and healthcare staff as seen from the media, but we forget the effects it can have on all the other vulnerable individuals in society that have been stripped of their normal daily routine. ●

Elaine Mullen

General Nursing Student



Six weeks placement.



Six weeks of placement
Has now finally passed.
One week on the labour ward
Seemed to go so fast.
Not knowing what to expect,
My hopes were high
With the anticipation
Of hearing that newborn cry.
Greeted with smiles from nurses
A team so tight
Then meeting my preceptors
So warm and polite.
Excited or nervous,
Which one I couldn't tell,
Memories of the ward
And that gas and air smell
Came flooding back
Like a dam about to burst.
Not knowing I'd meet the midwife
Who delivered my first.
Watching an episiotomy
Or a CTG trace,
Witnessing my first birth
And a newborn's face.
Being thrown into action
Was great on reflection,
Like gowning up in theatre
To watch a c-section.
I soaked up everything
No time to get bored,
As a new week starts

On the post-natal ward.
More nurses to meet
Each as nice as the last,
With so much knowledge to share
From each simple task.
From washing newborns,
A boy or girl,
Knowing you helped
Bring them into this world.
With kids of my own
And all that COVID stuff
I knew paediatrics
Could potentially be tough.

With three other girls
All from my college class,
Helping each other
Get through each difficult task.
Some days were ok,
Some harder than others.
I talked to children
And heard from some mothers
About mental health issues
And kids from broken homes,
Realising its easier
Dealing with broken bones.
After 6 weeks and all the learning and fun
I can finally say "Internship here I come".





Aoife McCabe

General Nursing Student

Like a blur.

"During my time on a COVID ward amidst the third wave, I'd say I saw at least one death a day."

Working in my local hospital was hard during this time as I knew many of the patients coming in. I felt exhausted after most shifts emotionally and physically, there were lots of times I went to the toilet to cry, to just let it out. On one occasion my patient was crying to me about losing his wife from COVID. I broke down and cried along with him, I felt reassured when he told me our conversation was what he needed. I felt like I could not do enough for patients. Many were afraid and I felt my reassurance and explanation of procedures wasn't enough.

I remember one evening sitting with fellow staff members expressing how traumatised they felt from their experiences during COVID, the constant end of life care took a toll as they described it feeling 'never ending'. Looking back most days seem like a blur as if my brain is trying to erase what I went through.

During my time on the COVID ward I also felt guilty coming home to my family in case I passed COVID on to them. My first two weeks on the ward, my sister wouldn't come near me as a precaution for her own workplace. My sister also turned 21 and felt guilty if relatives left presents at the door in case, somehow, they would catch COVID. My experience wasn't all bad though, I did feel a great sense of privilege to be able to take care of my COVID patients and help the fight against COVID. The experience, I would say, has made me more aware of infection control and has taught me how to work under extreme pressure. Over all working on a COVID ward was very emotional, especially when I saw others, outside the hospital, ignore COVID regulations while I saw many families lose a loved one. ●

Emma O'Connell

General Nursing Student



I sat with her and held her hand.

"I started my internship placement just as COVID started and by the time I got to my third internship placement, we were in the thick of it."

I went from comforting family members and patients at the bedside to being the only one in the room holding the patient's hand as they passed away, their family members watching from a nearby window.

I was on placement on a COVID ward where I saw the true ups and downs of nursing. My first day I was caring for a patient who had come in from home and was positive for COVID. By my second week on that ward, she had considerably declined. It was getting clearer that this virus was taking over, and she was not going to get better. Her family were contacted and her condition explained. They were understandably upset and were unable to visit as there was only one visitor allowed but they had too many vulnerable family members at home. When giving the family updates, I assured them that we would be there for her and that she was comfortable and not in any pain. I then informed them that we would keep them updated as much as possible.

I was passing this patient's bedroom when I noticed that her oxygen levels were very low, and she was looking very pale. I then proceeded to start putting on my PPE to go in and be with her but by the time I had fully put on my PPE and gone into her room, sadly, she had passed away. Not only was this my first death from COVID, but it was also my first death as a student nurse. I found it very sad as she was unable

to be surrounded by her loved ones, but I knew that she was not in pain and was comfortable when she passed. I then sat with her, held her hand and told her that her family were asking for her. Making the call to the patient's loved ones was very hard. My preceptor and I went to a quiet room where we called them and informed them that she passed away. They were feeling very upset. We assured them that there was nothing else they could have done and that their loved one died peacefully. Sadly, this is not the only death that I had experienced with COVID and I know that there will be more.

This virus makes the job 10 times harder but has made it 10 times more worth it to be the one to hold a patient's hands when they are very sick and can't have a family member there and to be the one to reassure them and help them know they will not be alone and will be cared for to the best of our ability. ●





Avril Duffy

General Nursing Student

Learning from the best: Some reflections.

Description: I was in the Emergency Department for my placement, working in triage, resus and the major treatment area of the Emergency Department, in the time of a global pandemic. I was in this department at time where there was a high incidence of (COVID-19) cases presenting into this specific Emergency department. I will be using Gibbs reflective cycle (Jasper & Rosser, 2013) for the purpose of reflecting. I would like to focus on the emphasis on the use of Personal Protective Equipment (PPE) and the distressing impact working as a student nurse in this environment throughout a pandemic has had on me personally and how this has enhanced my development moving forward.

Feelings: Entering the Emergency Department in the time of a pandemic caused me a sense of uncertainty and worry, not feeling competent to deal with the inbound emergencies but also with this new virus (COVID 19) and the uncertainty surrounding it I was unsure how I was going to handle this.

Personally, with a young family at home and a mother with underlying health conditions I was fearful of what I might contract and or be carrying. Could I have the virus and be asymptomatic and in turn come home to my family and give it to them? This caused me a huge amount of distress and I took precautions, wearing a mask in my home and maintained a social distance from my family members to the best of my ability.

While on placement I attended an education session on the use and wearing of PPE this I felt boosted my confidence in trying to keep myself safe and also ensuring the safety of others in infection prevention and control measures. Although the constant changing after each patient and before the next patient was exhausting. The PPE itself was stifling especially in a resus situation where you had to work efficiently- it was difficult to work in but was essential for my own safety.

Analysis: On analysing my experience in the Emergency Department, the focus on aiming to triage patients using the Manchester Triage System (Manchester Triage Group, 2014) under preceptor supervision while trying to maintain COVID- 19 precautions as per HSE guidelines (PPE guidance for staff, 2020) was demanding. Remembering to treat every patient as if they were COVID positive as to ensure the safety of all patients and ourselves was a difficult process.

The emphasis on PPE donning and doffing and appropriate removal and disposal of PPE (PPE guidance for staff, 2020) for 12 hours a day was exhausting but it really awakened me to the importance of these precautionary measures and to apply them in every circumstance in the hospital setting. The uncertainty that comes with not knowing if patients were COVID positive or negative, being in close proximity to potential positive patients, and

whether I would contract the virus despite my best efforts to avoid this, were all factors which had to be considered on a daily basis. Although still uncertain, knowledge is power in these situations and with the education on PPE really helped me to feel more confident to deliver care to patients more safely. I did manage to learn about the protocols and procedures in triage, resus and major treatment areas despite the pressures the nursing staff were coping with and it is a credit to them how they managed to include me and educate me through my experience.

Conclusion: In conclusion, on this clinical placement, I have witnessed the impact the COVID virus has had on the Emergency Department and its frontline staff. I learned from the best and learned many excellent qualities from those facing this pandemic with a constant fear daily, yet against all odds, showing up and offering up their best for those patients who require care in a selfless manner. It has highlighted for me the importance of PPE and excellent hand hygiene in infection prevention and control and enabled me to witness this first hand. It has also shown me that in a hospital setting that patients' care must be provided to the highest standard regardless of the environment you are working in and prioritising patient care is of the utmost importance. It has given rise to an interest in compassion fatigue and burnout in newly qualified nurses amidst the COVID-19 pandemic, which I intend to research in depth. ●

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Sarah McSharry

General Nursing Student

Reflecting on the power of Nursing.

**"My reflection will highlight an area
of my learning and development while
working as a student nurse."**

I have chosen an incident that had a significant impact on me personally and I believe it is of great importance to my future development and approach to dealing with challenging situations. I will be using the Jasper's (2011) reflective model as a guide for this reflective piece.

Working as a student nurse requires an incredible amount of flexibility. Each day is unpredictable, and I was faced with new challenges, both physical and psychological. When starting out as a student nurse I could never have anticipated that I would be nursing during a global pandemic. Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (World Health Organization, 2020). My routine of unpredictability was magnified by the COVID-19 requiring me to adapt to different ways of caring for my patients than I had been taught in the past. My nursing skills remained the same but to reduce my risk of exposure I was required to limit my time spent with each patient as COVID-19 is an isolating disease.

Initially I felt overwhelmed by the COVID-19 situation and my main concern was putting my family at risk and how it would impact them and me if I were to become infected during this important transition in my studies. The rapid changes within my clinical setting meant it was a learning experience for everyone, as the nursing staff themselves were still trying to adapt to this new environment. While on placement I observed two commonalities, nurses supporting each other and the use of knowledge and expertise to overcome fear.

My preceptor helped me navigate through my first pandemic with continuous support and guidance, and as I became more competent with the guidelines, Personal Protective Equipment (PPE) donning and doffing and providing care for my patients I recall feeling some of my pandemic fears gradually subsided. PPE donning and doffing is a critical process that requires significant attention, in particular the removal and disposal of contaminated PPE to reduce exposure to pathogens (Centres for Disease Control and Prevention, 2020). Being well informed about the COVID-19 virus, the disease it causes, and how its spread is the best way to prevent or reduce transmission (WHO, 2020).

I approached COVID-19 head on to provide care for strangers because this is what we do as nurses, on a day to day basis we encounter many infections and viruses. But not knowing what to expect at times left me feeling unprepared, however following the practices I have been taught enabled me to provide safe, effective, and patient-centered care. Higher education institutions (HEI) are undertaking a significant volume of work to ensure that theoretical preparation adequately prepares student nurses for this aspect of their role (Perkins and Kisiel, 2013).

I felt as a student nurse I was thrown into the deep end but thankfully my training equipped and prepared me for the demanding and emotional challenges posed by COVID-19. It frustrates me that I had to remain in attendance on a hazardous placement due to the risk of COVID-19 infection to complete my learning

objectives with no financial recognition for my efforts. Unfortunately for me I have been directly impacted by COVID-19 as I contracted the virus whilst on my clinical placement.

On this placement I have witnessed the power of nursing and it has made me much more aware of the critical importance of nurses and the job that they do. Their courage, relentless dedication, and commitment to their patients and to each other fills me with pride, and now more than ever, I want to join this profession. I experienced their resilience, their conviction, their ability to cope with challenging situations and still return to work the next day and deliver care with compassion. Although it was challenging working on the medical ward, I felt proud and privileged to be part of the team and to be able to play a small role in helping to combat the virus by providing my patients with the highest quality of care possible. ●

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**Emily
McCarthy**
General Nursing Student

Contracting Covid.

So I signed up to work as a health care assistant back in April 2020, and I was thrown into the deep end as I was assigned to a COVID ward, where every patient was confirmed COVID positive, starting on a week of nights. I worked for three weeks on the ward before I contracted COVID myself and was then isolating in my room for two weeks. To have an illness that you have just watched so many people die from right in front of you in the last month is so frightening. There were some stages I felt so unwell I wasn't sure if I should call an ambulance or not and to feel like that,

and have your parents in the room beside you but not being able to come into you, is heart-breaking and extremely difficult. I tried to hide how sick I was so they wouldn't worry and because I was so adamant that they weren't to come into my room as I was too scared of them contracting it themselves. Thankfully I made a full recovery and I am so lucky to have done so! Working during the pandemic was a very difficult experience but one I know will always stand to me as a nurse when I work in the future. ●

**Lucy
Bolger**
General Nursing Student



Seven nights to remember.

"It's March, college was cancelled, except not for the usual exciting reasons of spring snow but the unsettlingly virus."

Exams and assignments were not due for a month or two, so I put myself on call as a Health Care Assistant. The night before my shift started in a local nursing home my dad sat me down and told me how proud he is of me and warned me of horrors I might see. I cried on the way home thinking of my dad's pre-battle exhortation. The next evening, I began my week of nights in a nursing home. I arm myself with layers of the Chinese PPE and nervously head up the stairs – it was a ward for 30 residents with moderate to severe dementia. Some residents were symptomatic awaiting tests, some were already confirmed while the rest were like sitting ducks.

Night one: The first few hours of the shift felt like I was a prison warden, stopping and redirecting residents from wandering into their COVID positive friend's room. I found this tough, it felt wrong to orientate them to the stark reality of things. When everyone was settled in their bed's we took our masks off for a minute and stuck our head out the window to get some fresh air.

Night two: One resident I had cared for the night before didn't make it through the day. Their body lay waiting in their room to be brought to the mortuary in the morning.

Night three: Imagine waking up in the middle of the night frightened only to find in your room a stranger wearing a mask, goggles, visor, space suit of sorts covered from head to toe. The bogey man was now another role I was adding to by C.V.

Night four: One COVID positive resident with a high fever became delirious – groaning and shouting. While doing a set of observations the oxygen saturation probe displays 65%, surely not I thought, and another probe was got. He had taken a turn for the worse. The nurse called in his daughter, and she sat with him until the early hours of the morning before he passed away.

Night five: Even through this nightmare, the nurse who I was working with still has time to make me and the other Health Care Assistants laugh. By now we had gotten into a good rhythm of things, even though it had only been three nights.

Night six: On the radio in I hear reports of shortages of PPE, I'm so thankful that we were one of the lucky ones with a full supply. At times it felt as if I were Ruby Walsh sweating it out before a big race in my PPE, drops of perspiration trapped inside my plastic gown. Any weight lost by sweat was put straight back on from the generous food donations that families and local business sent into us.

Night seven: Finally, the last night has come and now all those assignments ahead of me suddenly don't seem all that scary. I worked over the summer in different hospitals, but I'll never forget that first week in the nursing home in March.

As I write this we are preparing for the 3rd lockdown, we're not out of the woods just yet, but as Nelson Mandela says, '... it always seems impossible until its done'. ●





Your Story

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Your Story

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Your Story

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Your Story

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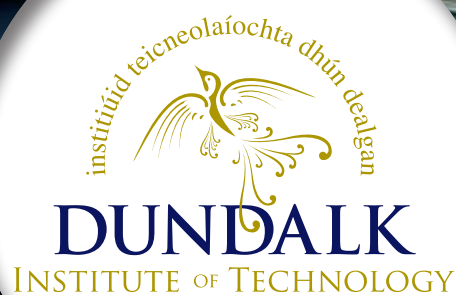
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**This book is dedicated to all
frontline healthcare staff.**

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Dundalk Institute of Technology | Dublin Road | Dundalk | Co. Louth | A91 K584
Phone +353 (0)42 9370200 | Email info@dkit.ie



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