

# VITAL

# SIGNS

IN THIS ISSUE  
CNSA CONVENTION  
FRESHMAN ADVICE  
STUDY ABROAD



Fall 2019

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# FALL **Our Semester in Numbers** 2019

**80**

NEW SNA  
MEMBERS

**24**

students at  
CNSA  
convention

**157**

incoming  
sophomores

**98**

student mentors

**3**

MEMBERS  
VOTED ONTO  
CNSA BOARD

**246+**

pounds of food  
raised for Aztecs

**6**

GENERAL  
MEETINGS

**12**

EVENTS HOSTED

**43**

boxes donated  
to Operation  
Christmas

# 2019 CNSA Convention

By: Sarah Faucheux

This year's California Nursing Students' Association (CNSA) convention was inspiring to say the least! This was my first conference I have attended as a nursing student, and I have never felt more proud to be entering a profession that is full of passionate, influential leaders. This year's convention took place on October 11-13th in Pomona, California. Over the three days, we heard motivational speeches from nurse leaders, met in the House of Delegates, attended breakout sessions, and interacted with vendors in the exhibit hall.

The House of Delegates is a large portion of convention where representatives from each school vote on resolutions, amendments to the CNSA bylaws, and the board of directors for the next term. San Diego State University had 25 members in total attend convention this year, including twelve students who served as delegates. In fact, we had the largest representation out of all the nursing schools in California! It was

really exciting to see how big of an impact SDSU SNA made on the state level.



Speaking of impact, there were lots of things to be proud of as an organization by the end of this year's convention. We had two SDSU SNA members who were elected to be on the CNSA Board of Directors for the 2019-2020 school year! Kasey Bethel was elected to serve as the Image of Nursing Director and Fernando Garces was elected to serve as the Diversity Director. Kasey and Fernando also serve on our local chapter level: Kasey is our Communications Director and Fernando is our Global Initiatives Co-Director. SDSU SNA was also



recognized twice at the Katie Bray Awards Ceremony. We received the Outstanding Website award thanks to our Communications Director, Kasey. We also had one of our amazing faculty advisors, Dr. Cullum, be awarded Faculty of the Year on the state level!

The break out sessions were also a big part of convention. There were opportunities to learn about the art of nursing outside of our own curriculum, prepare for interviews by hearing from hiring managers, and meet other amiable nursing students from all over California. Topics included advanced practice and specialty nursing, interview skills, global internships, new grad residency, lateral violence and incivility, and much more. Our very own faculty advisor, Professor

Concilio, served as a panelist, and she gave her insight into the role of nurses as they care for patients and families at the end of life.

One of my favorite parts about convention, besides the educational aspect, was connecting with our own SDSU SNA members. I was able to bond with others I otherwise would not have gotten the chance to. My advice to anyone who is in the slightest bit interested in attending a convention: go for it! The next one coming up is the National Student Nurses' Association Convention in Orlando, Florida in April 2020. I hope to see you there!



# CNSA Convention 2019

## What did *you* think of convention?

Amairiani Grover: The part that I enjoyed the most about CNSA convention this year was attending the new grad panel breakout session. I loved hearing the insight that new grads had to offer, and all of the information was very applicable to me since I will be graduating soon!

Taylor Boden: The advice from new graduate RNs and tips from nursing managers from SHARP and UCSD for applications were invaluable to me as a student graduating in just a few months

Kaitlyn Wuerth: My favorite part of convention was the breakout session about how to ace an interview. The speaker was so enthusiastic and a wealth of knowledge. She gave us great insight on what interviewers will ask and how you should answer.



**Taylor Boden, Amairani Grover, Hannah Peeler, and Kaitlyn Wuerth,**



**Tara King, Lisa Phan, Yessica Pineda, and Frances Supnet**

Frances Supnet: This past weekend was the CNSA Annual Convention in Pomona, CA. My favorite part of the weekend was Dr. Heintz's speech. Hearing about past nursing and medical practices as well as the future of nursing truly opened my eyes about how far we've come in caring for patients and what we may expect. It truly inspired me when she passed the "torch" off to us that we are the future of nursing.

Lisa Phan: Despite having to wake up at 4AM, attending CNSA convention was one of the best experiences I've had so far in college. It was a weekend filled with mentorship, learning, and inspiration. My favorite part of the convention was the pharmacology lecture put on by KISSprep and meeting new people from SDSU SNA and other SNA clubs from all over California. I hope everyone gets the opportunity to attend this convention at least once during nursing school because it reminded me that I'm not going through this alone and that there is a lot of support and resources out there for us.

JR Ortiz: The 2019 CNSA Convention was one for the books!! As a junior, this was my first convention and I was very nervous on how the whole thing was going to turn out, but once I picked up the guys and we drove up to Pomona and arrived in our hotel room, the rest was history. The 5 of us together definitely make an ~interesting~ bunch, but that didn't stop us from making the most out of this experience!

Highlights from the weekend include attending presentations like Destigmatizing Death, New Grad Programs, Pharmacology Made Easier, APRN & Specialty Nursing, Interviewing Tips & Resume Building, and Nursing in Legislation, just to name a few, which all enhanced our nursing knowledge in education, advocacy, and leadership. We also had the opportunity of furthering our career goals when we got to meet recruiters for internships, externships, new grad programs, as well as grad school options. And most of all, we got to network and meet nursing students from other state chapters as well as the keynote speakers from the presentations.



**Fernando Garces, Grant Goodwin, Reece Kerstetter, David Manalo, JR Ortiz**

All good things must come to an end, however, so thank you CNSA for having us and SNA for allowing us to represent SDSU. Murses out \*mic drop\*



**Kasey Bethel, Payal Patel, Sarah Faucheux, and Meeagan Togotorop**

Payal Patel: I found the breakout sessions very beneficial, especially being a senior. It was informational to hear the actual hirers of Sharp and UCSD speak about what they are looking for.

Kasey Bethel: I had a great time at CNSA Convention! I went to some incredible breakout sessions, such as one on death and dying and another with a panel of new grads. There was great information on what to expect after graduation and how to join professional organizations and specialize. My favorite part of convention was getting to know nursing students from other schools making new friends that I still stay in touch with today!

# *The Only Thing You Can Buy That Makes You Richer*

*By: Nikki Castro*

My various international experiences and subsequent diverse worldview have gifted me with a deep understanding of cultural competency. I began my journey to cultural competency in high school, where I discovered a passion for cross cultural exchange and fed my hunger to experience other ways of living through travel. My first travel experience was a student ambassador trip to Europe. In addition to sightseeing, I received guided history and political lessons, took special ambassadorial excursions to places like The Hague, Netherlands, met with a former British Parliament member, and participated in a community service project in Germany's Black Forest. This first experience sparked my passion for travel, and I've been addicted ever since! I've since traveled to Belize, Canada, Mexico, and South East Asia, where I kayaked the rivers of Laos, swam with elephants in Thailand, and took Vietnamese cooking classes. Last year I spent four months interning with a local midwife in Cusco, Peru, and most recently I spent a month traversing across the U.K. and Eastern Europe for the holidays.

Prior to travel, I had an almost idealized vision of what international travel would entail. I knew I wanted to travel long before I ever got the opportunity, but I always envisioned magical situations in which I was learning from and engaging with other

cultures, exploring new places, and experiencing life in a different and meaningful way. These magical and surreal experiences I envisioned did come true, and are definitely a part of how I experience travel. However, prior to my first international experience, I didn't realize that in addition to the plethora of incredible learning experiences travel has to offer, a large component of being abroad is planning for the unexpected, learning how to cope when things go wrong, and constantly looking out for your safety, all of which are highly applicable nursing skills. Well-traveled nurses are the backbone of cultural competency in the workplace, because their exposure to diverse cultures and practices uniquely arm them with the skills to positively interact with any culture to meet their healthcare needs.



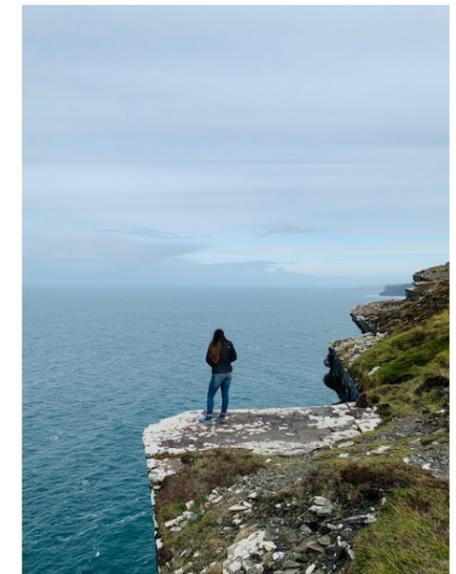
The opportunity to experience travel at a young age set my mind free to explore other



cultures, beliefs, and ideas firsthand, allowing me to establish connections between my own culture and those that are different – something instrumental to a successful and culturally sensitive nursing practice. Spending significant time abroad living with locals, working with healthcare professionals in foreign settings, and engaging in ethnically diverse environments has allowed me to obliterate the boundaries society puts up between cultures and to disregard stereotypes that inhibit acceptance. Global exposure has given me an open mind, a desire to expand my horizons both academically and professionally, and an awareness of the incredible diversity the human race has to offer. It is my hope that as a professional nurse, my experiences abroad will help bridge the divide between quality healthcare and cultural sensitivity.

Through my travels I have gained intimate understandings of other ways of life, and intend to integrate my findings into my personal endeavors from this point on. Travel has not only provided me with the richness of cross-cultural exchange and the ability to apply an international perspective to personal goal-setting and development fostering, but has benefited me by granting

me the opportunity to develop personal and professional international relationships. Traveling has sharpened both my conversational and medical Spanish and provided me with opportunities to develop my skills as a nurse in preparation for my career as a Certified Nurse Midwife in the primarily Hispanic city of San Diego, California. Travel has also professionally benefited me by fostering a culturally aware, globally minded perspective that I will be able to integrate into my patient interactions, allowing me to better serve diverse patient populations in the workplace.



# *How Truly Loud Silence Can Be*

*By: Carly Dion*

Just the other week, I was sitting in Professional Formations lecture learning about soft skills — things that can't be taught in skills lab. The focus was on how to deal with difficult patients and the importance of utilizing therapeutic communication techniques, one of them being the use of silence. When asked for an example of a good time to utilize silence, qualified answers arose such as, "When a patient has just received difficult news," or "When you just told a patient a lot of information and they need time to process it all." Little did I know that I was about to discover another.

The following week in clinical, I had an experience that gave me a unique insight to answering this question that I hadn't thought about while sitting in lecture. Sometimes you must utilize silence when silence is the only choice you have. Sometimes there is a language barrier between you and your patient and you can't verbally communicate, no matter how much the occasion calls for it. That is when you have to get creative.

My OB clinical is located less than 10 miles from the international border, and many of our patients only speak Spanish. Truthfully, I know a little Spanish from high school. I can understand it if spoken slowly but am not yet comfortable speaking it. This essentially means that when I have a Spanish-only speaking patient, I have a difficult time speaking. This day in clinical, however, I learned that that doesn't necessarily mean I

have a difficult time communicating.

I left my morning in the antenatal testing office to meet my patient, her husband, and my nurse in the triage room where they prepare patients who are scheduled for C-sections. I introduced myself to my nurse, telling her that my goals for the day were to insert a Foley and administer medications during my time on the floor that day. She nodded and quickly became busy with the night nurse, so I took the opportunity to introduce myself to my patient, who spoke no English, and her husband, who spoke a little, and shook their hands (a good habit drilled into my head by my professor.)

"Me llamo Carly. Soy estudiante de enfermería," I said to them — those being the only verbal words I spoke to them all day.

My nurse spoke just enough Spanish to minimally explain things to our patient without the use of an interpreter. I would later see that this language barrier would become an issue in the level of care the patient was receiving, especially in regards to her anxiety about the situation.

My nurse began to explain to our patient and her husband that she was going to start an IV. The patient immediately developed a look of concern, and her posture became guarded.

"Relajarse," my nurse stated and motioned the kind of fist she wanted the patient to make as she attempted to start the IV. Unfortunately, even the best of nurses fail to start an IV the

first time, and she blew the vein. As she called over another nurse to try, the look on my patient's face changed from one of concern, to one of absolute terror. I managed to make eye contact with her right then, and continued to hold it while the second nurse was starting her IV. I nodded an "I see you. I acknowledge that you are scared and uncomfortable." I knew I could not communicate with her verbally, so I had to get creative. As I looked at her, I thought, "You are doing great. You are almost done. Just breathe through it." Surprising myself, I was able to communicate those things through my eyes alone. Her demeanor shifted, and she appeared slightly less terrified and marginally more confident. I stayed by her side until she was taken to the OR.

When I entered the OR, I found her on the operating table, as my nurse was busy in the corner preparing for surgery. We made eye contact instantly, and I moved closer to let her know she wasn't alone. The anesthesiologist then entered, introduced himself to the patient, and as he touched her back, she again became frightened and guarded, compelling me to inform him that she didn't speak any English. As he and the nurse tried to explain in Spanish, she continuously called out for her husband, "Mi esposo, mi esposo." When told he would not be allowed in until she was ready for surgery, she quietly asked for me.

As a student in the OR, I normally stand behind the anesthesiologist to watch him insert the needle and catheter so I can learn. But that wasn't what I was supposed to be doing that day. As the needle was inserted, the patient grabbed me, wrapped both of her arms around my body and leaned her head

against mine, squeezing tighter whenever she felt pain. I could not rely on eye contact here to communicate with my patient. I had to get creative again. So this time, I gently stroked her arm and I thought, "You are doing great. You are almost done. Just breathe through it." As we rolled her to her back, she motioned for me to hold her hand. Normally at this time, I help the nurse with prep work, turning on the fetal monitor, gathering things from the cabinet, etc. But that wasn't what I was supposed to be doing that day. I held her hand to calm her nerves and only let go when it was time to retrieve her husband. The surgeon then asked for me to position myself next to him so he could teach.

There is nothing more thrilling than watching a human take its first breath, and that day was no exception. Born perfectly healthy, the baby was taken away for assessment and cleaning, and then led away with Dad, as I watched the surgeon prepare to close up our patient. Suddenly the anesthesiologist stood up from behind the big, blue drape near the patient's head and asked, "Um...is the student still in the room? The patient is asking for her." I looked to the surgeon as if asking for permission to go, and went behind the drape taking the seat that Dad had just left, and I held my patient's hand for the duration of her surgery. The anesthesiologist just giggled and rolled his eyes a bit. Did I miss out on some observation? Maybe. But that's not what I was supposed to be doing that day.

My clinical rotation in OB is almost over, and I have learned so many wonderful things, but that day was a different kind of lesson than any other. I learned the power of non-verbal communication. I learned how important it is

to let a patient know what you will be doing in order to alleviate their anxiety. I realized that although it may just be another step in another day for a healthcare team, it is the only moment that matters to the patient, and it can be really scary if they don't understand. I also learned to keep an open mind – that as a student, what you set out to learn may not be what you end up taking away. I learned how to think on my toes, how to be creative when trying to communicate with a patient. I learned how to say things (and how to be heard) without opening my mouth. And I learned how truly loud silence really can be.

# Meet Our New Faculty

**SDSU School of Nursing has hired some new faculty into our nursing family! Here's a little bit about them.**

My background is Emergency nursing and critical care. I am an acute care CNS and I do research into the condition of sepsis, and I LOVE to talk about sepsis. I have been working locally as a critical care and cath lab CNS for about 5 years, and worked prior to that at several hospitals in the SD and OC areas as a bedside RN in the ED and ICU. I completed my PhD at the University of San Diego where I dedicated my dissertation to – you guessed it, sepsis! I am currently teaching in the graduate program (NP/CNS). I teach advanced pathophysiology in the fall, and critical care CNS content in the spring! Don't be shy if you want to drop by (office AH 3159) to say hi!



**Julie-Kathryn Graham PhD, APRN,  
ACCNS-AG  
Assistant Professor**



**Christine, Nibbelink, PhD,  
RN  
Assistant Professor**

Dr. Christine Nibbelink has a background in acute care nursing including telemetry and intensive care units. Her nursing education experience includes Medical-Surgical nursing and High Fidelity Human Patient Simulation.

Based on clinical and educational experiences, Dr. Nibbelink developed research interests focused on decision-making and communication in acute care environments. Previous research includes the influence of High Fidelity Human Patient Simulation on nursing students' self-efficacy, factors influential to acute care nurse decision-making, and factors influential to nurse and physician decision-making during interprofessional communication.

# *noncompliance*

*by: Jan Ray Ortiz*

Longing for longevity  
with quality over quantity,  
Our healthcare system  
needs that etiology.

Because if the country doesn't change,  
wounds will never get dressed.

If the country doesn't change,  
scrubs will never get dressed.

Live to the fullest  
meaning regular levels of ammonia,  
and don't be a HAP,  
Hospital Acquired Pneumonia

because P's will be in silence,  
but peace will not be in silence.

Don't adhere to the regime;

Be in noncompliance.

# *Ten Things Every Freshman Should Know Before Starting Sophomore Year*

*By: Tara King*

## **1. No one makes it through nursing school on their own; you will need a support system.**

I'm going to be honest: nursing school is tough, sophomore year in particular. I doubt I'm the first person to tell you this. You're being taught your first nursing skills, exposed to critical thinking, and taking a high number of difficult classes. You are going to need a support system to do well in this program.

Whether it's a friend, a family member, a fellow student, or even a pet, you're going to need someone to rant to - someone who understands the pressure you're under. Complaining to each other about our stress levels and piles of assignments was how many of my friends and I stayed sane sophomore year. While complaining isn't helpful in the long run, it can help you blow off steam before getting back to work.

It's also important to have an academic support system: fellow students you can turn to on late nights and early mornings to explain confusing concepts and share lecture notes/study materials with. I find that many nursing students were "academic loners" in high school: while they had many friends, academically they didn't need any other students to explain things to them or help them. This changes in nursing school.

It can be hard to build a support system, and this is where SNA can be helpful: you have at your fingertips a large group of students who have either gone through sophomore year or are currently going through it. If you ever feel

like you need support, you have an SNA Board to reach out to as well - our emails are on the SDSU SNA website.

## **2. Find a mentor.**

Similar to #1, you should have a nursing mentor - an older nursing student who's in SDSU's program. It's extremely helpful to have an older student specifically to turn to for questions about classes, homework, how to study for specific exams, commiserate with, etc. I was assigned a mentor through SNA's Mentorship Program; she has been instrumental in my success here, and became one of my closest friends and strongest support systems. No one in my family is a nurse, and it was amazing to have the support of someone who had survived what I was going through. In addition, having a mentor can be very inspiring - if they have succeeded in this program, you can too. If you don't have a mentor and would like one (or would like to be one!), SNA's Membership and Mentorship email is [sdsusnamm@gmail.com](mailto:sdsusnamm@gmail.com).

## **3. Make use of office hours.**

Office hours are an extremely underutilized resource! I have found them incredibly helpful for several classes: General Organic Biochemistry, Anatomy, Physiology, Fundamentals of Nursing, Pathophysiology, Pharmacology, and Med-Surg. Physiology especially is difficult for many students - myself included - and Dr. No's office hours were vital to my understanding. For many office hours, they're so underutilized that

you're the only student there, providing you with 1-to-1 instruction. For many of us it's hard to make time in your schedule, but it's so worth it to be able to get answers to any questions you have and clear up any confusion.

**4. If you ever feel like you need a semester off, take it.**

If there's ever anything going on in your life - whether it be health-related, financial, or personal - that makes you feel like a semester off may be a wise idea, take it. We tend to view nursing school as a very linear process: you come in, you follow your track's map, you leave in four years. While that's accurate for a lot of people, it's definitely not true for everyone. If there's something major going on in your life pulling your time and energy from nursing school, it might start affecting your grades. You have the rest of your life to be a nurse, but you might not if your grades become severely affected by whatever's going on. Take care of yourself; SDSU will be waiting for you when you get back.

**5. Don't be afraid to admit when you don't know something.**

Nursing school is new to us all; there's nothing shameful or embarrassing about admitting when you don't know something or asking questions - I guarantee that if you're confused, other people around you are as well. Admitting that you don't know or understand something is how you begin to learn. My dad has a quote whenever one of his kids struggles to do an adult life skill : "You're a new person, you're still learning." We're all students, we're all still learning.

**6. Once you figure out what study strategy works for you, stick with it.**

People's study strategies vary wildly. I know

people who only read textbooks, those who study their lecture notes, some who make Quizlets, etc. I know some people who only do well when they study weeks in advance, and others who do best studying the weekend before an exam. I found that sophomore year there was a lot of anxiety from students about how other people were studying. While it can be extremely helpful to try other students' methods of studying, once you've found a style that works consistently for you stick with it, regardless of what others might be doing.

**7. Learn how to cope with stress now.**

Speaking to nurses at clinical, how you cope with stress now may end up being how you cope with stress as a nurse. Nursing is a high-pressure field; figuring out now a positive method to relieve that stress and tension will be extremely helpful later on in life. Whether it's exercise, drawing, speaking to a family member, etc., finding a healthy way to relax is key to a healthy future.

**8. Take care of your physical, emotional, and mental health.**

As we've established, nursing school is tough. Not sleeping, eating poorly, and not managing your stress levels makes it tougher - and will hurt you either immediately or later on. It's incredibly difficult to balance being a healthy adult with school, extracurriculars, work, etc., but it's absolutely vital to doing well in nursing. You take care of your patients and want the best for them; apply that same compassion to yourself by getting enough sleep and eating well. This is especially applicable if you have any pre-existing health conditions. I have a chronic health issue that flared out of control spring semester of sophomore year, and I'm still dealing with it. Take care of yourself - when there's an emergency on a plane, there's a reason you

put on your oxygen mask before helping anyone else put on theirs.

**9. Remind yourself that you deserve to be here, and are capable of remaining here.**

There's so much doubt among nursing students that first year about whether or not they deserved to be admitted, and if they can make the grades to stay here. I promise you that you can - as my dad liked to remind himself when he was in the military, "There are thousands of people who have done this, and they are in no way smarter, work harder, or are better than you. If they did it so can you."

**10. There are so many people rooting for you.**

When you're stressed and under pressure, it can feel very isolating. But contrary to how it may feel, there are multiple people rooting for you - your professors, your family, your friends, me. You got this.

# Healthcare Care Plan

by: JR Ortiz

**Scenario:** 325 million+ people live in the US with approximately 15% of them being uninsured, thereby decreasing their health. Additionally, medical errors continue to be the third leading cause of death behind heart disease and cancer.

**Nursing Diagnosis:** Risk for ineffective healthcare related to poor health outcomes secondary to direct-fee system as evidenced by lack of accessibility, affordability, and poor quality.

**Rationale:** Despite being one of the nation's leading in cutting edge technology and innovative minds, we can't seem to find a healthcare system that best accommodates for all citizens to ensure prolonged survival with an acceptable quality of life, and at a reasonable cost.

**Outcome:** Within 10 years of treatment, the US will have adequate healthcare as evidenced by: fitting hybrid system that incorporates a shared public system and private system, decreased costs of hospital stays, and standardized practice with increased EBP.

## Interventions:

1. Choose a system that best include the pros of both a shared public system (taxes) and private firms (insurance) which can be chosen through legislation such as voting on elected leaders and bills
2. Be more fiscally aware of costs of care. This includes, but is not limited to, equipment used for a hospital stay and even course of treatment.
3. Value quality over quantity of life. Although some cultural viewpoints may be affected by this concept, we, as a society, should start changing the stigma and improve health outcomes through preventive measures such as education in diet, exercise, and lifestyle modifications

**Date of Evaluation:** 1/1/30. The US has adopted the perfect hybrid healthcare system with improvements in both affordability for patient's hospital stay and quality of patient outcomes through EBP

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