Professional Progress Summary

John B. Ward

UIN: 00818931

Old Dominion University

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In just a few short weeks, I will be graduating from Old Dominion University’s School of Nursing baccalaureate degree program, after spending three years in the program. Over the course of these three years, I was transformed from an inexperienced nursing student, into a full-fledged nurse with the education, clinical training, and confidence to begin my new career in the field of Nursing. As a student of the program, I was required to complete an extensive regimen of educational classes and clinical rotations that were designed to expose students to the many different aspects and areas of nursing healthcare, from having to provide care to a newborn infant or an expecting mother, to having to care for a critically ill patient and having to assist their family members who are struggling with end of life decisions.

Old Dominion University’s School of Nursing baccalaureate degree program provides nursing students with an assortment of educational experiences and training opportunities that are intended to help new nurses develop the core set of values, skills, and abilities that they will need to utilize throughout the course of their future nursing careers. This program places emphasis on teaching new nursing students about eight specific nursing components and/or competencies, including critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and culture, that the program’s designers believe are essential for a nurse to possess and utilize in the course of carrying out their daily nursing duties.

Utilizing completed clinical logs to identify specific examples of each core component, this paper serves to validate my attainment of the eight core competencies and behaviors that are expected of a new graduate of Old Dominion University’s nursing program. The resulting paper summarizes my clinical growth and progression through the sophomore, junior, and senior level of the nursing school curriculum, and it serves as an evaluation of my educational development, my strengths and weaknesses, and my ability to competently function within the field of nursing, while also highlighting the continued learning needs that I have as a new graduate.
Critical Thinking

The ability to think critically is an essential component of competent nursing care. This section demonstrates my ability to use inquiry, problem solving, and synthesis to facilitate nursing practices in the course of providing care to a patient and/or their family.

Sophomore Year

As a new student nurse, my critical thinking skills were still in their infancy, as they pertained to nursing practice and patient care. Although I came into the nursing program with previous healthcare experience, nursing care ultimately requires knowledge and skills that unique to the field of nursing. The type of care that I was expected to provide during this clinical rotation was rather different from what I had been doing previously as a pre-hospital care provider. That aside, I still believe that I provided a level of care to my patients that was expected of us during our first clinical rotation. During this rotation, students were assigned to stable patients on a general medical-surgical floor who were generally dealing with only minor to moderate health issues. Most of the care that I provided for my patients consisted of performing frequent assessments and providing for basic needs, such as wound care. Most of the critical thinking skills that were needed during this rotation pertained to anticipating basic patient needs, which I was able to do, much of the time.

Junior Year

During my junior year clinical rotations, I was able to provide care to patients on an oncology floor and a step-down unit. These units provided me with opportunities to care for patients who were more severely ill than patients that I had previously cared for. It was during this year that I started to assume more responsibility and accountability for my patients, and my actions. I was responsible for overseeing the plans for patient care, assessing my patients, managing their intravenous fluids and nutritional feedings, and providing supervised pharmacological interventions. In performing these tasks, I was able to develop the building blocks for more advanced critical thinking strategies that would be needed in my final year of school.
Senior Year

By the time I reached senior year clinical rotations, I believe that I had already developed a reasonable ability to think critically. However, senior year afforded me several opportunities to take my critical thinking abilities to the next level in the context of the nursing framework. It was during this year that I was able to spend two semesters caring for gravely ill patients in the SVBGH ICU. Here, I cared for several patients that had multiple severe health problems, who needed extensive and aggressive care. Many of these patients were on the verge of deterioration, and their status would change quickly and frequently. It was here that I was able to make critical assessment decisions, such as correcting fluid and electrolyte disturbances, adjusting vasopressor support, controlling sedation, managing ventilator support, and managing nutritional and pharmacological support for these patients.

By the end of my critical care preceptorship, I felt that I had successfully provided care for a handful of patients who were sick as they could possibly be, and I believe that good critical thinking skills are what ensured the survival of these patients. Some even went on to recover from their injuries and illnesses, thanks to quality care and quick actions from their nursing team that I was a member of. Being able to successfully manage patient care in these dynamic situations demonstrates my ability to think critically throughout the course of providing nursing care for my patients.

Nursing Practice

Nursing practice incorporates principles from a number of different domains and disciplines. This section demonstrates my ability to perform therapeutic nursing and interdisciplinary interventions in an effort to deliver nursing care that addresses cognitive, affective, and psychomotor domains.

Sophomore Year

In my first clinical rotation, much of my clinical time was spent observing or performing basic nursing skills. The therapeutic interventions that I provided for my patient during this rotation consisted mostly of taking vitals, performing basic assessments, providing wound care, adhering to isolation precautions, and observing skills, such as medication administration via different routes. At the time, I felt that my proficiency with these tasks was appropriate for my nursing level. However, although these basic
elements are essential to a patient’s health and recovery, I neglected to address broader, perhaps more important, concerns within different cognitive, affective, and psychomotor domains, such as assessing psychological wellness and the patient’s ability to handle their sometime stressful hospital experiences.

**Junior Year**

During my junior year, I expanded on the skills that I had already learned in the previous semester, while adding a new level of independence and accountability that I did not previously have. By the time I finished my junior year clinical rotations, I was responsible for determining the plans for basic patient care, performing patient assessments, managing their fluids and nutritional feedings, and providing supervised pharmacological interventions, among other things. I also expanded my nursing care to include management of infants, and patients with obstetric and psychological needs. My junior year experiences provided me with the fundamental skills and sense of accountability that was necessary to make the transition to caring for critically ill patients in the ICU later down the road.

**Senior Year**

Senior year provided me with a number of different clinical experiences where I was able to incorporate advanced interdisciplinary nursing interventions into the scope of patient care. These rotations rounded out my clinical growth and provided me with the opportunity to take part in a wider range of nursing practices. I had opportunities to care for patients in pediatric and rehabilitation settings, as well as the critical care environment. My critical care rotation provided me the opportunity to learn a variety of important hands-on skills, such as managing multiple medication drips and managing ventilator support. However, it was my rehabilitation clinical rotation that provided me with a perspective on injury and illness that was much broader than I had ever imagined before. It was in this setting that I got to witness the long-term recovery of patients who I had only previously seen in an acute healthcare setting. I was able to witness some of the broad effects that health issues can sometimes have on a patient, and the lifestyle changes that these patients have to make in order to accommodate these health issues. In this rotation I was tasked with caring for an elderly patient who had recent suffered a stroke that left him nearly paralyzed on one side of his body. This event profoundly impacted every part of his life, leaving
him physical immobile, psychologically isolated, and unable to care for himself. Rehabilitation care focused on trying to assist the patient with regaining some of his ability to function independently, through physical and occupational therapy, and speech and swallow therapy.

**Communication**

Communication is another essential component of competent nursing care. This section demonstrates my ability to justify the use of verbal, non-verbal, and written communication techniques that are expected to be appropriate for clients and professionals.

**Sophomore Year**

Although I felt as though I demonstrated good communication skills with my patients, my assigned nurse and other hospital staff, and my own faculty and fellow classmates during the course of my first clinical rotation, I provided little supporting evidence of doing so in any of my sophomore year logs. In each log, I stated that I had developed a good relationship with my patient and the hospital staff, and that I spent a great deal of time with my patients, providing for their requests and trying to make them feel comfortable. I suspect that some important therapeutic communication elements of my nursing practice were present at this time. However, I believe that I just didn’t realize the significance of these elements at the time, nor did I know the best way to express them in my logs.

**Junior Year**

By the completion of my junior year clinical rotations, I was starting to feel much more comfortable with my nursing roles and responsibilities, as well as my accountability for my patient and my actions. This made the communication experiences with my patients and with staff go much more smoothly. As I became much more comfortable in my nursing position, I became more skilled at developing an open communication with my patients through proactive discussions and attentive listening. I also communicated frequently with my assigned nurse to pass on pertinent findings and to ensure that I was not overlooking any element of care.
Senior Year

By the time I completed my role transition preceptorship, I felt that my communication skills with patients and staff had improved immensely since I first began clinical rotations two years ago. I felt much more competent with my nursing abilities, which made it easier to proactively communicate with my patients, and to respond to their questions or requests. I was independently performing most patient charting, including documentation of pertinent findings and putting in physician orders, with minimal supervision. I worked side-by-side with the nursing staff on the unit, as well as other providers who worked on the floor, and I felt that I was an equal member of the ICU nursing team by the time I completed role transition.

Teaching

Teaching plays an important role in the healthcare field, for both the patient, and the provider. This segment demonstrates my ability to utilize teaching strategies to maximize client health and to enhance professional development.

Sophomore Year

During my sophomore year clinical rotation, teaching was one of the few core areas that I managed to provide a few pertinent and original ideas for educating my patients or their family members, such as stressing the importance of hygiene to a patient with a new colostomy, or discussing some of the possible expectations of an early-onset dementia patient to members of the patient’s family. During this rotation, I also completed a “patient teaching analysis” assignment that addressed the importance of providing education to my patients, and the factors that facilitate patient teaching, such as physical, emotional, and knowledge readiness. However, as a new student nurse, I was also very careful not to overstep my boundaries, or my own knowledge and training. I tended only to offer information when questioned, so as not to say the wrong thing, at the wrong time.

Junior Year

During my junior year clinical rotation, I continued to make efforts to provide more education to my patients and my fellow classmates. During this clinical rotation, I cared for an older patient who had
developed a pleural effusion, for which she ultimately needed to have two separate thoracentesis procedures performed on her in order to draw off the excess fluid from her pleural space. As nurse, I was responsible for managing her Pleur-X drainage system. Initially, I didn’t have much familiarity with the procedure or the Pleur-X system. However, after caring for her over the course of several shifts, I became very familiar with these things. I was later tasked with teaching other classmates what I had learned via a quick demonstration in the patient’s room, with the patient’s approval, of course. I also discussed these topics near the end of our rotation in a formal presentation, entitled “Nursing management of the patient with pleural effusion requiring thoracentesis.”

Discussion of such topics with my peers in the context of my clinical rotation demonstrates that I have met the CPA component – “Provides teaching to patients and/or professionals about health care procedures and technologies in preparation for and following nursing or medical interventions.”

**Senior Year**

Teaching continued into my senior year clinical rotations. I continued to provide educational presentations to my peers, on topics such as pectus excavatum repair during my pediatric rotation at CHKD, and use of the Cheetah non-invasive cardiac output monitor during my first critical care rotation. I also made attempts to increase the volume and quality of patient teaching that I performed during these rotations. During my critical care rotation, I also spent time in the Emergency Department, where I had the opportunity to provide nursing care for an approximately 30-year-old male who was experiencing an acute myocardial infarction. As this condition was new for the patient, he knew little about what was occurring. This provided me an opportunity to educate the patient about the basics of myocardial infarctions, and to teach the patient about some of the steps and procedures that he could expect to go through during his progression of care.

Utilizing such opportunities to educate my patients and my fellow classmates about pertinent healthcare and nursing practices demonstrates my willingness to maximize client health and to enhance professional development.
Research

Research plays an extremely important role in many facets of healthcare, including many aspects within the field of Nursing. Research can help substantiate or discredit the use of previously used practices, or it can serve as a tool to investigate new discoveries or techniques. This section demonstrates my ability to incorporate nursing research findings as a basis for therapeutic nursing interventions.

Sophomore Year

In my sophomore year, I spent very little time tying in nursing research with my nursing practice. I responded in each log by stating that I did not believe that I had encountered any significant situations that hadn’t already been investigated previously. Clearly, I little interest in research at the time. This view was very narrow-minded, and not very appreciative of the benefits that research can have, and it was also likely inaccurate. It appears that I provided only one primary nursing research-related article, from the *Journal of Nursing Care Quality*, that pertained to “missed” nursing care during my “nursing fundamentals” clinical rotation, though this study did provide findings that were pertinent to our studies, at the time. Other research that I provided at the time was based on descriptive observations alone, and not on tested and proven research from professional nursing journals. At the time, I did not yet have the appreciation for the proven reliability that professional nursing journal studies typically offer. In recognizing this difference in research, I demonstrate my understanding of the CPA component – “Differentiates between descriptive nursing literature and published reports of nursing research.”

Junior Year

During my junior year clinical rotations, I was required to locate supporting nursing research for every one of my clinical logs. I began to appreciate the importance and necessity of providing professional research to support all of my arguments. I began to make valiant efforts to seek out more professional research studies in order to provide credibility to my arguments. I quickly realized that, without a professional journal research study to back up your claim, your claim carries little to no weight.

Senior Year
By my senior year, I felt that I was able to locate professional nursing journal articles that were much more relevant to the topics at hand, and I was able to do so much more quickly than ever before. By this time, I was seeking only valid professional journal articles that dealt with specific health issues, and I was disregarding just about everything else that didn’t meet similar standards.

Leadership

In order to function in the dynamic and sometimes-critical environments of the healthcare world, a nurse must possess and demonstrate a variety of strong leadership qualities. This section demonstrates my self-direction, professional accountability, and advocacy while adhering to legal and ethical nursing practice as a novice nurse.

Sophomore Year

Describing how I exemplified leadership qualities in the course of providing nursing care proved to be somewhat difficult for me in my first clinical rotation. At the time, I viewed our first clinical rotation as more of an observational learning experience than a leadership position. At the time, I didn’t feel that I had much responsibility or accountability for the patient’s care, outside of the few skills that I was able to perform. I felt that my assigned nurse was ultimately in charge of patient care decisions, and I just observed or assisted with skills when needed. In the end, I did reference performing some skills independently, and taking a proactive approach to learning new skills, and being with my patient as often as possible.

Junior Year

By the end of my junior year clinicals, I made a strong effort to assume lead care for the patients that I was providing nursing care for. Although I was continuing to learn new things on a regular basis, I felt that I had a much better understanding of my roles and responsibilities as a nurse. I was able to take a proactive approach to providing care to my patients. More than ever before, the self-directed patient care that I was providing, or not providing for my patients, gave me a much bigger sense of accountability for my patients.
Senior Year

By the time I completed my final clinical rotation, which was my role transition preceptorship in the SVBGH ICU, I was managing patient care for two vented patients with little assistance. I was independently making plans for patient care at the beginning of each shift, and I was performing most hands-on patient care skills throughout the shifts with supervision only. By this time, I felt almost entirely accountable for my patients, and for the results of my actions. When I initially started my rotation in the ICU, I was performing many of the simple, menial tasks, and leaving the more complicated tasks to my assigned nurse. However, by the end of the rotation, my nurse and I had essentially switched roles. I would provide for as much care as I had time to provide for, at which point, I would delegate the menial tasks, such as performing blood sugar checks, to my assigned nurse while I spent time performing the nursing tasks that required more advanced skill. She would then report her findings back to me so I could evaluate and document the provided care and findings, or make changes to the plan of care, if need be. By the conclusion of this rotation, I felt as though I would be able to independently handle care for two relatively simple vented patients without needing much assistance.

Through self-direction and accountability for patient care, I was able demonstrate my understanding of the leadership role within the nursing framework, and I was able to demonstrate that I satisfied the CPA component – “Delegates and supervises the nursing care given by others while retaining the accountability for the quality of care given to the patient.”

Professionalism

Healthcare laws and ethical medical principles guide healthcare providers in the course of making decisions that are in the best interest of their patients and their health. This section demonstrates my advocacy, accountability, and adherence to standards of practice and legal and ethical principles within the context of the nursing framework.

Sophomore Year

Going into my first clinical rotation, I already felt that I knew what “professionalism” was based on my previous employment experiences, and from what I learned through other facets of life, in general.
However, I didn’t have really have much of an idea on how to apply professionalism specifically to my nursing practice, nor did I know how to explain it when I thought I did apply it, other than to simply state that I was “professional.” In fact, I replied with nearly the same, exact response for every log that I completed that semester – that I was feeling more familiar with the floor, it’s staff, and it’s practices, and that my performance was appropriate, and that I demonstrated professionalism through general knowledge and performing skills.

**Junior Year**

In my second year of clinical rotations, I was exposed to some unique situations that had both ethical and legal facets. These situations provided me with better opportunities to incorporate professionalism into context of the nursing framework.

In one particular situation, I was tasked with caring for an alert and oriented elderly male who was admitted to hospital after suffering complications secondary to end-stage COPD. Although the patient had initially been open to coming to the hospital and receiving treatment at the request of his children, he later had second thoughts about the treatment plan and decided not to receive any further treatment. When I arrived in the morning to assume care of the patient for the day, he had just finished telling staff members about his decision to refuse care, stating that he wanted to be left alone to die. But, with a change in heart, came a change in mood. When I attempted to enter the room for morning assessment, the patient became angry that staff kept coming in the room, despite his request to refuse treatment. He reiterated to me that he didn’t want any further treatment, and he was adamant that he just wanted to be left alone to die. After assessing his mental status, I respected his wishes and left the room to go consult hospital nursing staff and my instructor. Further attempts were made by nursing staff and my instructor to persuade the patient to allow staff to provide for his basic care needs, however, the patient continued to demand that he be left alone. Despite the urge to assist this patient with some minimal care, at the very least, he continued to express his desire to refuse all care. His status was eventually switched to comfort care, and he was transferred off of the unit later that day.
This situation demonstrates my increasing attention toward professionalism within the context of nursing care, and it demonstrate the core CPA criteria – “Understands the effect of legal and regulatory processes on nursing practice and health care delivery, as well as limits to one’s own scope of practice”.

In this situation, the urge to help a sick patient was put up against the patient’s request to refuse treatment. Given that the patient was oriented, he had the legal right to refuse treatment, despite the fact that nursing staff believed that they could still provide some form of therapeutic care for him. Attempting to continue providing care for this patient, in spite of his refusal, would certainly be unethical and illegal. Therefore, I had to stand down and respect his wishes.

**Senior Year**

By senior year, my knowledge and awareness of professionalism within the field of nursing had grown significantly. However, even as I began to feel more comfortable with some of the many different facets of professionalism that can be found within the nursing framework, I continued to explore other aspects of professionalism as I continued my clinical training.

I had previously been utilizing general standards of practice, such as those provided by the ANA Standards of Practice, to guide my assessments and evaluations since I began my clinical rotations two years earlier. However, during my pediatric clinical rotation at CHKD, I began exploring some different standards of professional practice that are used to guide nursing care. Each week, I examined the ANA’s Pediatric Standards of Practice, which provide guidelines to nurses working within the specialty field of pediatrics, and I examined CHKD’s very own institutional standards of practice, which are specific to care provided at CHKD. I discussed how the Assessment, Intervention, and Evaluation Pediatric Standards of Practice were applicable to the care that I provided for a post-pectus excavatum repair. In addition, I explored CHKD’s Pain Assessment and Pain Management Policy that guided CHKD physicians and nurses through pre-determined steps of managing pain in pediatric patients at the hospital. I included discussion of these policies in the context of my pediatric post clinical conferences and within my grand rounds presentation as well.
Utilizing these different standards of practice to guide my nursing care during my senior year demonstrated my awareness of different aspects of professionalism within the nursing framework, and it demonstrated my accountability towards the legal and ethical principles at the core of nursing framework. In doing so, it also establishes that I have demonstrated the following two CPA components—

“Differentiates between general, institutional, and specialty-specific standards of practice to guide nursing care”, and “Advocates for professional standards of practice using organizational and political processes.”

Culture

As healthcare providers, nurses must provide care for each and every patient that they come into contact with, despite each patient’s different views and beliefs, and their different ethnic, cultural, and environmental backgrounds. This section demonstrates my awareness and sensitivity to culture within the context of the nursing framework during my enrollment in the nursing program.

Sophomore Year

When I first began nursing school, I had a difficult time identifying and describing the different roles that culture played in the context of providing nursing care to my patients. At the time, I viewed their term “culture” in very narrow terms, thinking of culture only as overt cultural traditions or ethnic differences in the way a patient might prefer to be treated. In every one of my clinical logs, I failed to identify any elements of culture that impacted the care that I provided for any of my patients. In fact, I actively stated that culture was not a factor in in the nursing care that I provided for my patients.

Junior Year

As I progressed through school, I began to realize that culture was a factor that can significantly affect patient care, and that it was more intertwined with the nursing framework and the care that I provided for my patients in more ways than I had initially suspected.

I previously described having to care for an elderly end-stage COPD patient who had recently made the decision to refuse further care and treatment. Knowing that his health would likely deteriorate in the coming days or weeks, and that death would likely be imminent, this patient had a unique perspective
on his life that only a person facing a similar fate could understand. As such, he could be categorized as being in a cultural group of patients struggling with end-stage health issues.

This situation demonstrates my increasing awareness and understanding of the different cultural aspects that can appear within the context of nursing care, and it meets the CPA criteria – “Demonstrates sensitivity to personal and cultural definitions of health, and how these beliefs influence an individual’s reactions to the illness experience and end of life”.

**Senior Year**

By the time I completed my senior year clinical rotations in the nursing program, I had a much better understanding of the role that culture plays within the context of nursing care, and I was able to pick out different elements of culture that I may have never noticed in previous semesters.

During my rehabilitation clinical rotation, I was tasked with caring for an elderly gentleman who had recently suffered from a cerebrovascular accident that left him nearly paralyzed on the left side of his body. The stroke that this patient suffered essentially deprived him of his independence overnight, and left him isolated from many aspects of his prior life. He was no longer able to ambulate, and he became heavily reliant upon others to assist him with many of his needs. The lifestyle that he was accustomed to was suddenly turned upside down, at which time, trivial issues suddenly became significant problems for him. Factors, including hemiparesis, difficulty swallowing, and difficulty with mobility, as well as his education and reading comprehension level, and the rural location of his home, decreased the likelihood that he would be able to regain optimal functionality and independence, and, as such, they consequently became cultural and environmental factors that made the patient stand out from the general population.

Isolating these different factors demonstrates my increasing awareness and sensitivity to the cultural, ethical, and environmental issues that can play a role in nursing care. The ability to isolate such factors in the course of my nursing practice will help me provide more individualized care for my patients, and it will ultimately allow me to become a better nurse.
Conclusion

Entering the field of Nursing as a new nurse graduate can be a daunting experience. The Old Dominion University School of Nursing has designed a nursing program to help nursing students develop a core set of competencies that can be utilized to help ease their transition into the field of nursing, and guide them through their future nursing careers. As a student of this program, the educational experiences and training opportunities that I have experienced while in this program have helped me to identify and reinforce the core nursing competencies that are essential to success in the field of nursing. These competencies, including critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and culture, have provided me with a strong foundation for making future nursing decisions. This paper, which summarizes my clinical progression through the sophomore, junior, and senior levels of the nursing school curriculum, is a testament to my educational growth and development during the past few years. I have made some significant strides in each of the core areas of learning while being enrolled in this program. Despite the many improvements that I have made in the context of this program, I will likely continue to have learning needs as a new nurse graduate. Continued learning needs include trying to improve upon my critical thinking abilities in the context of operating in the critical environment, which is the expertise of nursing care that I desire to work in. I still have a long way to go before I become a truly competent and experienced nurse, however, I now believe that I possess the fundamental skills necessary to make the transition from nursing student to new nurse graduate.
The Honor Pledge: “I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community it is my responsibility to turn in all suspected violators of the Honor Code. I will report to hearing if summoned.”

Signature: John Ward        Date: 4/22/13