Professional Progress Summary Paper

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Progress Summary Paper

 In this paper I examine my growth throughout my time in nursing school and my skills in demonstrating the great eights throughout my nursing practice. It reflects my strengths, weaknesses, and areas of growth. Throughout my junior year, my lack of knowledge and experience affected my skills as a nurse and as a result I had little confidence. Since then as my knowledge and experience has grown, and I have become more confident in my skills as a student nurse. This assignment provides me with the opportunity to reflection my knowledge through the nursing program and helps me to guide my practice for the years to come.

**Critical Thinking**

**Junior Year**

During the first three semesters of nursing school, my critical thinking skills were limited due to my lack of experience and knowledge of the field. When caring for a patient with cellulitis in their lower extremities, I considered it to be critical thinking rationalizing why impaired tissue integrity would be a priority nursing diagnosis over impaired peripheral tissue perfusion. I stated that the tissue integrity was more crucial, because my patient had multiple areas showing skin breakdown in multiple stages. While this was true, I did not understand that it was better to state that impaired tissue integrity was a priority because it was due to my patient’s cellulitis and could easily spread throughout the body and kill my patient. Whereas, the impaired peripheral tissue perfusion would be a great danger to my patient, but would not be as life threatening, instead they would most likely lose their lower limbs.

**Senior Year**

Since then my critical thinking skills have grown. I have grown to understand what is necessary for me as a nurse to make the connections needed to provide safe nursing care. For example, during my role transition clinical one of my patients was experiencing extreme nausea and constantly stated that his pain was a 9/10. Not only that but he was very lethargic and could not handle being moved. I knew that the pain was incisional from his surgery, and so it was not alarming. As for the nausea, initially it was not alarming, because many individuals do experience post anesthesia nausea and vomiting. I recognized that he was lethargic, because he was difficult to rise, and he rarely opened his eyes, even when having a conversation with him. This brought up concern because he should not have been lethargic. Then looking at his chart I noticed that he had been given Phenergan twice during the night for his nausea and IV Dilaudid for his pain. This caused him to become lethargic. Due his condition I focused on his respirations and neuro to ensure that his respirations did not drop or if his breathing was too shallow, though I had to take account of the fact that he was in pain and nauseous which would affect the depth and speed of his respirations. I also knew that because he was not moving or walking post-surgery to listen to his bowel sounds, because he was at risk of getting an ileus which in turn would cause a bowel obstruction. Given his state, I held off on pain medications and gave Zofran until he was more conscious. This demonstrates a growth in my critical thinking, because in my junior year I would not have thought to hold on pain medications, nor would I have even recognized my patient as being lethargic without cues from my nurse.

**Nursing Practice**

**Junior Year**

During my junior year, my nursing practice consisted of recognizing assessment findings during a head to toe assessment, knowing what body systems to focus on during a focused assessment, and my interventions were more basic. For example, during my junior year my interventions included giving injections, being knowledgeable about medications, and giving my patients foam wedges too keep pressure off his heels, or turning them, and explaining they needed to turn regularly. Another example is when I cared for a 44 y/o female with probable sepsis who was also on a CIWA protocol. I felt that I displayed advanced nursing practice when understanding that she had a PRN order for Ativan which was based on her CIWA score. I felt that I was proficient because I knew that alongside the CIWA scale, I needed to assess and monitor heartrate, blood pressure, and respirations. Though during this time I failed to provide any nursing interventions that had to do with her probable sepsis.

**Senior Year**

As time passed by and I was able to grow more as a nurse, I was able to refine my nursing practice. I preformed more complicated nursing interventions and was able to expand my knowledge of major health problems. During the first semester of my senior year I cared for a patient with respiratory distress. My nursing practice improved, because when assessing him I heard crackles and a bit of pleural rubbing that was also confirmed by my nurse. Due to his findings I monitored his vitals and monitored his I&Os. Interventions that I did with him was that I placed him on 1L O2 when his breathing became more labored and his SpO2 went down. I also assessed his respiratory rate, depth, and effort, use of accessory muscles, any nasal flaring, and abnormal breathing patterns. Eventually he wanted to be taken off oxygen and so after getting permission, I took him off the O2 and stayed with him for a couple of minutes and saw if he could hold a conversation without his SpO2 dropping too much. It remained steady until he started eating and his crackles, and wheezing returned, I then placed him back on his oxygen and instructed him and take breaks throughout his meal and take smaller bites. I was also able to recognize that my interventions were successful if the outcomes were that he had clear lung sounds as manifested by absence of pulmonary crackles or if he displayed no signs of dyspnea or wheezing.

**Communication**

**Junior Year**

During my junior year, my communication skills were very poor. I felt that by having direct conversations and interviewing patients to get their history, that I was prying into their lives, being harsh, or being rude. I did not interact with my patient’s family, and instead I felt that it was easier to have a casual conversation with my patients instead. I did so by listening to complaints and repeating statements back to reassure them that I was listening.

**Senior Year**

My communication skills have improved since my junior year. I have improved in my communication in providing teaching to patients, and I have even grown to utilize technology to assist in my communication skills. For example, I have improved my communication skills by utilizing the alerts that are provided in electronic medical records. When completing my pediatric rotations at CHKD I had a patient with a UTI with probable sepsis. During my time with her I assisted in taking her vitals, and when caring for her and documenting in her electronic medical chart a sepsis alert popped up. At the time this was a new alert, and so I was able to notify my nurse that her patient may have sepsis. Due to my communication skills I was able to alert my nurse and she was able to act quickly, monitor our patient, and prevent her from getting septic.

**Teaching**

**Junior Year**

During my junior year I conducted patient teaching, but it was very basic. My patient teaching would consist of medication teaching and the importance of health maintenance. For example, with one of my patients, I attempted to teaching about the importance of health maintenance, because she was not taking her albuterol medication at home. When attempting to teach my patient she that she has not been taking her medication because it was “too expensive and that the inhalers cost $45 each”. It led me to understand that it would be difficult to teach her about the important of health maintenance if she could not afford to purchase her medications. I knew it was better instead to provide her with resources of ways she can maintain health within her means. While I understood that, I did not follow up with any resources or teaching that would help her in getting her medication, because I did not know the proper channels to go through.

**Senior Year**

During my senior year my teaching evolved. I gained an understanding of what teaching my patients needed and I followed upon it. I also conducted research on my patients’ conditions so that I could understand them and provide better teaching on it. For example, for my clinicals this senior year most of the teaching needs my patients had revolved around post op teaching. I had to be knowledgeable about multiple surgeries. I conducted research on all surgeries I was unfamiliar with. A popular surgery was a gastric bypass, and so teaching needed to be done about the gastric bypass post op diet, monitoring their I&Os, and which medications they would be able to take after their surgery and how. I was unfamiliar with I was unfamiliar with the teaching and so I used online research databases like Pub Med and CINAHL, as well as asking senior nurses on my unit to perfect my teaching and give them the information they needed.

**Research**

**Junior Year**

During my junior year, most of my research was adequate, I mainly used research from the sciences, but I did venture into the arts and humanities. For example, I utilized a research article from psychology journals titled “Volunteerism as Purpose: Examining the Long-Term Predictors of Continued Community Engagement” which examined factors that predict whether students participating in civic engagement activities between the ages of 12 and 18 would report similar participation six years later (Barber, Mueller, & Ogata, 2013). I also utilized an article from an arts and humanities journal titled “Beyond conventional wisdom: community cultural wealth and the college knowledge of African American youth in the United States”. The article that stated how important it is for the children in a community to have representation and mentors who can understand their racial and ethnic identities, and the article helps nurses understand the importance of, mentorship in these communities of these students' college aspirations, and how there needs to be more outreach with traditionally under-represented college-going populations (Holland, 2017).

**Senior Year**

During my senior year I was able to distinguish what was the difference between descriptive nursing literature and published reports of nursing research. For example, for a nursing article that demonstrative descriptive literature, I used an article about postoperative nausea and vomiting (PONV), and it was seeing the risk it had on patients. It goes over the complications that PONV can lead to and how to identify patients who are at risk of getting PONV, they are usually females who have a previous history of PONV and do not smoke (Hambridge, 2013). As for nursing research, an article I used during my senior year was for my community health clinical where the nursing research article I found was titled “Effectiveness of Structured Teaching Programme on Knowledge Regarding the Impact of Fast Food Consumption among Teenagers.” It goes on to state how there are many adolescents from the age range of 12 to 19 who do not understand the impact that fast food can have on their body. It found that after being given teaching on nutrition, the adolescents’ knowledge of fast food consumption increased (Joe & Joykutty, 2016). With nursing research I was able to recognize that it was more experimental than descriptive literature.

**Leadership**

**Junior Year**

When reviewing my leadership skills during my junior year, there was much room to grow. I considered leadership, to be completing my clinical paperwork and making the most of my clinical day. I considered accountability as setting a goal for myself to observe or do something new every clinical day. Whenever I would visit a new area in the hospital or I was able to observe a nursing intervention, I considered to be leadership. I was rarely assigned a task unless I volunteered to do so myself, and I did very little delegation during this time.

**Senior Year**

 By my senior year, I grew more comfortable in my leadership role. During my role transition clinical I would split up the patient load with my assigned nurse. I was even given her phone to hold throughout the shift to answer her calls. I was held accountable for any calls that she received or needed to go out. This led me to develop my communication skills with other nurses, and the CNAs. My growth in leadership was also noticed by other staff members. Another nurse asked me to look after her patients while she went to lunch. As for delegation I was able to delegate a task to a CNA when receiving a patient who needed a blood transfusion. I explained to her the hardware I needed for the room to set it up and explained how often I needed the patient’s vitals taken. I also explained that any abnormal findings should be reported to me. I demonstrated accountability by following up with the CNA and checking on the patient’s medical chart to ensure that the vitals were taken and documented properly.

**Professionalism**

**Junior Year**

In my junior year, I considered professionalism to be showing up early, being prepared for clinical, and staying my scope of practice. I would also speak to my patients to make sure that they were comfortable with me being there and did everything to remain within HIPPA rules and regulations.

**Senior Year**

In my senior year, my professionalism grew. I advocated for professional standards of practice using organizational processes by remaining within HIPPA rules and regulations. For example, I would answer the phone at the nurse’s station, and if a caller was requesting information about a patient, I would follow hospital’s rules on the matter, and ensure that they were previously approved to receive information about the patient over the phone, and what information they were privy to. Additionally, I held myself accountable for understanding the hospital policies and differentiating between general, institutional, and specialty specific policies. During my pediatric rotation, there were policies that I had to be familiar with, such as safe patient handling, integument assessment, and preparations for diagnostic radiology procedures. The safe patient handling required that when transporting a patient on a bed that there were two persons assisting, and one could be a nurse or a transporter personnel. The integument assessment policy stated that the patient's skin should be assessed when coming to the unit, and the proper equipment is placed to prevent breakdown when necessary. I recognized that these policies were a general standard of practice. The preparations for diagnostic radiology procedures policy required that consent is acquired from the patient and parents and that they are educated on the procedure before they undergo the testing additionally for the safe handling policy it also explained that acceptable methods of transporting a patient, which included cloth- for newborns, infants, and toddlers who could be carried, wheelchairs, beds, and radio flyers, I recognized that these were a specialty/institution-based policies, given the fact that it was a pediatric hospital.

**Culture**

**Junior Year**

During my junior year, I felt that there were no obvious cultural significances to my patients that would impact their care. I felt that language barriers and religious considerations were the only cultural significances that would play a role in my care for my patients. For example, I had Vietnamese man as a patient who did not speak English. I originally did not want to take on this patient because of the language barrier and felt that it would be too difficult to provide care. I was relieved to hear that he had family who spoke English and that they would also be using a blue phone translator. I felt that I was being culturally competent for taking him on as a patient and utilizing a translator to communicate. I also did not consider that there may be other cultural considerations that he would need.

**Senior Year**

By my senior year I expanded my understanding of what is culture. I came to understand that culture can be many things and can be influenced by many things. For example, it can be their age, religion, socioeconomic standing, where they are from, or even their medical illness. During my community health clinical, I was able to act on my new view of culture and apply it to the nursing practice. With my aggregate a good portion of them were living poverty. I understood that their socioeconomic status was a cultural factor, it influenced their food choices. This led to an increased rate of food related illnesses in their children and adolescent population. With the community partner we worked with, they recognized that it was an issue supported by research and worked to create a community garden to support the Norfolk Community Health Improvement Plan (CHIP) and provide healthy fruits and vegetables to the community.

**Conclusion**

As I reflect on my experience in nursing school, I have grown tremendously, but there is also room for improvement. My skills now compared to when I first started this program have exceeded my expectations. I have grown to be more knowledgeable and comfortable about my self as a student nurse and new grad. I feel that much of my growth occurred during my senior year, where I was able to practice independence and hold myself accountable for my learning. I feel that now that I am nearing the end of my journey my strengths are research, professionalism, culture, and my weaknesses are leadership and communication. The areas that I still have room for improvement are critical thinking, nursing practice, and teaching. I hope that regardless of my strengths and weaknesses that I do not stop learning, so that I can grow to exceptional levels in the field of nursing.

References

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