Practice Summary Paper

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I would never have thought I had pursued a background in nursing. When I went to Virginia Tech, I finished with a Bachelor of Science in Human Nutrition, Foods, and Exercise and planned to become a physician assistant. Over time, I found out it was not my calling. I decided to go into public health, obtained my Master’s in Public Health, and be involved in the nursing profession. I finished my Associate's Degree in Nursing (ADN) a year ago and will be completing my Bachelor of Science in Nursing this year. Throughout the year, I have made various changes toward my career path and have achieved several goals. I am happily working at a rehabilitation facility where I am provided ample time to educate patients. I also like to orient newly employed nurses in our facility. I realize I want to pursue a doctorate in nursing practice (DNP) and pursue a teaching profession.

**Critical Thinking**

Aside from the emergency medical services (EMS) experience that I did for four months, I had little to no critical thinking skills within the medical profession. I have worked on a step-down unit (or IMCU) at Sentara Careplex, the COVID-19 unit at the same facility, and worked at Riverside Rehabilitation. While I believe the BSN has enhanced my critical thinking drastically, putting the skills into practice while working is what differentiates many nurses.

 In NUR 492 class, I talked about how neuromuscular checks and frequent rounding can reduce the risk of a recurring stroke. Recently at the rehabilitation facility, I was taking care of a patient who was admitted for having sequela of a cerebrovascular accident (CVA). During her two weeks, she was making progress in her therapy sessions. However, around day 15, she was talking about how she was feeling exhausted. While her vital signs were within defined limits, she was becoming more lethargic. I have had her previously and did not note anything abnormal aside from an elevated respiratory rate. The last night I took care of her, I did a full assessment and handed her the scheduled medicine. Afterward, I performed my hourly rounds and asked if she needed to use the bathroom. It was when the certified nursing assistant (CNA) was obtaining her temperature, I noticed something was different: she was not following simple commands nor responding to any questions. She was awake but would not respond. I performed a quick assessment, acquired her vitals, blood sugar, mental status, and noted how the pupils were reacting but not accommodating. I then realized she was having either a brain injury or seizure, so I called the attending provider and sent the patient to the emergency department.

 I believe critical thinking skills are developed over time and can be enhanced with higher education. Experience and education are necessary for nurses to provide safe and effective care. The two lay the foundation for developing decision-making skills for better clinical judgment.

**Nursing Practice**

One of the skills we regularly perform as nurses is the monitoring of blood sugars for diabetic patients. In NUR 402 and 490, one of the many questions I have been asked is how to control blood sugar. Diabetes is common among patients who are overweight or obese. In rehabilitation, most patients have adequately controlled blood sugars, which may require little to no interventions. Such interventions include administering insulin, medicine like metformin, and following various critically high/low insulin protocols. Critical values for blood sugars include <40 or >400, which require physicians to be notified. On the IMCU, we treated patients with unstable diabetes and would need an insulin drip. Insulin drips require hourly blood sugars checks because a patient can display signs/symptoms of hypoglycemia if it drops low. Blood sugar checks are among the many nursing practices nurses regularly perform to ensure the patients' safety we are treating. In addition, the physician and pharmacy would have to be notified regarding the patient’s condition.

**Communication**

Therapeutic communication is a skill almost all nurses possess. It allows the nurse to take care of patients through a channel that pertains to their care and builds rapport. It will enable patients to build trust and confidence in the nurse that is taking care of them. In NUR 490, I had to communicate to the concerned parents about their child’s health and what the healthcare team will be doing to promote a healthier lifestyle. In addition, I had to talk to the child(ren) at eye level and use dialogue that they would understand. It promoted a healthy relationship between the treatment team and the family who participated in the weight-loss program.

 I believe being honest and explaining to the patient their plan of care can build a trusting relationship. This skill has also be used with other healthcare professionals. Communication is vital for a patient’s outcome.

**Teaching**

Everyone encounters a teachable moment, whether the person is a healthcare professional or a patient. While I have been teaching patients within various occupations, I never had any opportunities to teach a patient at the bedside. In NUR 402 and 490, I have had multiple opportunities to teach chronic conditions, proactive prevention, and management of one’s body. One of my favorite teaching moments in the nursing profession is when I was working on the IMCU and took care of a 40-year-old male patient who was recently diagnosed with type II diabetes mellitus (T2DM). He was in shock and was realizing he would need a lifestyle overhaul due to his condition. While I was teaching him about checking his blood sugar and said diagnostic, he asked me if it gets easier. I told him how T2DM is reversible, but he would have to work hard for it. I told him how the YMCA has a diabetes management program where people can receive counseling on managing their blood sugar.

After telling him the consequences of not managing his blood sugar, he was determined to try it and have a healthier lifestyle. A few months later, I was working out at the YMCA, and he immediately recognized me. He lost 25 pounds, has been demoted to pre-diabetic status and has been assisting his fellow peers toward achieving their goals! It is incredible how teaching interventions can change a patient's attitude regarding their condition.

**Research**

Nursing involves evidence-based practice, which has been shown to improve patient outcomes. At my rehabilitation facility, we have had a patient fall once per week, and I wanted to discuss possible interventions that could reduce that outcome. For NURS 403, one of my assignments involved developing therapeutic nursing interventions. In it, I went into the formal and informal mechanisms, signifying what strategies have been troublesome. Whiteboards tend to be outdated with unsafe transfer techniques. Nurses, CNAs, and therapists (occupational, physical, and recreational) are the only healthcare professionals who receive fall prevention training. Fall debriefings are covered during a shift change, though interventions are carried out for the one patient who fell. Despite the use of the Morse Fall Score, we continue to witness a fall every week. While these interventions are helpful, they cannot be very easy for the healthcare team.

 I had to gather evidence that displayed how frequently updating the whiteboard can be useful in improving communication. I also discussed how staff members who engage with the patient population often should receive fall prevention education. Lastly, I talked about how fall debriefings should be incorporated in all shift meetings to signify the importance of fall prevention intervention techniques. I forwarded my concerns to the lead supervisor and chief nursing officer (CNO) and looked into it. We plan on incorporating those strategies and comparing results to the previous dates. While we have not had frequent falls, it could be due to the low census during the autumn and winter.

**Leadership**

While I was figuring out what nursing career field I wanted to go into, I was doing an internship at a bariatric facility because I wanted to gain insight. I wanted to become a bariatric nurse and help patients recovering from the surgical procedure to achieve weight loss. It was in NUR 402 I decided to create a weight loss program that was confused about the process. To qualify for surgery, “the body mass index must be ≥ 40, or more than 100 pounds overweight. Other criteria include the BMI ≥ 35 and having at least one or more obesity-related co-morbidities such as type II diabetes (T2DM), hypertension, sleep apnea, and other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders, or heart disease (ASMBM, 2018).” I decided to assist the facility in creating a weight-loss program for those who were considered overweight and wanted a healthy lifestyle.

In both scenarios, I had to work with an interdisciplinary team to initiate the weight loss project. Each team member contributed their set of skills to achieve the common goal: to take care of the patient and educate them about proactive prevention. Leaders inspire change in others, and many patients seek to better themselves through change. I believe the nursing profession has inspired me to help those who need assistance, and it has developed my ability to collaborate with others from different fields.

**Professionalism**

As nurses, we need to understand the general, institutional, and specialty-specific standards for nursing practice. These can range from infection prevention to falls. In my last semester, I had to discuss the standards associated with falls at the rehabilitation facility for NURS 403. The universal fall precautions were cited from the Agency for Healthcare Research and Quality. The basics for patient safety include: familiarity with the environment, demonstrate how to use the call bell, have sturdy handrails throughout the entire facility, keeping the bed in the lowest position with the alarm on, having a clean environment. These are all guidelines all facilities use and should be practiced preventing falls.

In rehabilitation, ambulatory and transfer status are essential because patients are more mobile than when they are at a bigger hospital. Rehabilitation facilities utilize the Morse or Hester Davis Scale (HDS) to determine the patient's risk of falling. Lastly, therapy evaluates their transfer and ambulatory status; their status changes continuously as they progress through their therapy sessions.

We utilize different colored magnets at our institution to signify the patient's current fall risk score and whiteboards for communication. Whiteboards are encouraged to facilitate the patient’s status among team members and visitors. The patient's status includes ambulation, transferability, swallowing ability, diet, team members treating the patient, point of contact(s), and the patient's belongings (such as their hearing aids or glasses). Lastly, nurses provide a debriefing during shift change to highlight who fell to ensure that patient's safety.

In another section, I discussed these interventions and wanted to add others that I think the facility could benefit from. These guidelines follow a similar structure in other facilities to ensure patient safety. It allows the nurse to be professionally aware of the standards they have to uphold to deliver safe and effective care.

**Culture**

Nursing comprises of taking care of many patients from different cultures and ethnicities. While two patients may have the same diagnosis, each one will have to be treated differently and based on their background. I had had several instances when I had to modify my communication technique during my engagements with the patients I have treated in the past.

When I created the weight loss program for NUR 490, many patients from different ethnicities were enrolled. Most of the families (approx. 70%) with obese children/teenagers were either African American or Hispanic. I discuss how both families are family oriented, religious, and can be grandiose in nature. I had a family upset with me when I suggested healthier options for their recipes, and I did not realize I was offending them. I apologized and asked how I can make things right; they wanted to keep their recipes. I tweaked it so that their child would receive smaller portions and, eventually, he was able to lose weight. Culture should be evaluated when developing an effective plan of care for the party involved.

**Appraisal and Summary**

I did not have high expectations when I became my journey towards earning my BSN. I began my journey while concurrently finishing my AND at Thomas Nelson Community College to save money. While I was familiar with citing research for various position papers, I never had a chance to learn about evidence-based practice (EBP). EBP allows facilities to improve quality and ensure safety for the patients being treated. I believe using both skills in tangent can be beneficial for my future career in nursing. Also, I have learned how to be a team player and leader due to collaborating with my classmates. Lastly, my writing has been continuously improving through the sheer amount of research being performed. Like many professions, nursing is a lifelong journey, and I have more to learn.

Nursing is comprised of many different theories. Every nurse has their reason why they became involved in the profession, and each one thinks differently based on an idea. While many will cite Florence Nightingale, I continue to standby Hildegard Peplau's theory of Interpersonal Relationships. I believe a positive change can occur via straightforward, honest communication as it allows us to build a trusting relationship. Patients are people too and are in their most vulnerable state when they are in the hospital; small talk and explaining what you will be doing to them can alleviate most concerns.

In obtaining my BSN, I have gained the desire to teach those who need assistance; I have decided to pursue a DNP with an emphasis on teaching. I hope to teach community or public health for nurses and strongly encourage health promotion for the vulnerable population. Since beginning my BSN classes, I became more involved in my neighborhood and have shared research with previous facilities for evidence-based practices. I would never have imagined how much influence a nurse can have on the various populations.

**Conclusion**

The practice summary highlights most of my accomplishments in what I have done in nursing school and what I have done while working as a nurse. In addition to being a steppingstone for the DNP, the BSN has enhanced my education and career. The eight competencies discussed in the paper have been discussed and enhanced throughout my knowledge and will continue to be developed for the many years to come.

Reference

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