

Practice Summary Paper

Danielle Phillips-Skiba

Old Dominion University

According to the Merriam-Webster dictionary, the definition of the word “learn” is as follows; to gain knowledge or understanding of or skill in by study, instruction, or experience (Merriam-Webster, Inc., 2021). I enjoy learning and I believe that acquiring knowledge is essential for the health of the brain. I chose to continue school after my associates degree and obtain my BSN, as a bridge toward my MSN. I chose ODU because of the combination of study, instruction, and utilization of nursing experience. Initially, my goals at ODU were simple. Finish the program with good grades. It was after I started taking courses that I understood the materials would benefit my practice and my patients. From there, my goals include applying as much knowledge that I attained from ODU as I possible toward my bedside practice and improving unit standards in my workplace. Additionally, I know what I have learned will be useful towards my MSN. As for long term career goals, I am not yet certain what I hope to accomplish. I prefer to keep all my options open. I have had the opportunity to float to every stepdown and med-surg unit at the Level 1 Trauma Center I work for. This fall I plan to work in the Trauma ICU. From there, I'd love to learn Labor and Delivery, Mother-Infant and Peds.

Critical Thinking

During my time at ODU I was able to reflect on experiences where I utilized critical thinking skills. Additionally, the program encouraged me to critically think further. Through inquiry, problem solving, and synthesis I demonstrated critical thinking in my nursing practice. From the Benchmarking Project in the Nursing Informatics course, I learned that non-ventilator hospital acquired pneumonia (NV-HAP) continues to be a problem. The many ways to prevent such infections could be considered basic nursing knowledge. So, I thought about why this is such an issue if it's so easy to prevent? As nurses, we are often rushed to complete tasks and

sometimes little reminders/reinforcement can help. Also, the CNAs and/or support staff may not have the same education about prevention of NV-HAP. I took this opportunity during rounds to provide a quick in-service about the tasks we can complete to prevent NV-HAP, including elevating the head of the bed to prevent aspiration, NG/OG tube assessment, oral hygiene, and early ambulation, among many more. Additionally, we reviewed with the CNAs which tasks they can complete. This activity helped me branch out my critical thinking skills to benefit my unit, other nursing and patients.

Nursing Practice

Nursing practice, as defined by ODU, is performing therapeutic nursing and interdisciplinary interventions to deliver nursing care in the cognitive, affective, and psychomotor domains. The key here is interdisciplinary interventions and complementary modalities. We had a young patient who was an IV drug user. Admitted for pericarditis, the patient needed 6 weeks of IV antibiotic after she finished detoxing. Due to her history of IV drug use, she could not be sent home with a PICC line and home health and was admitted to our unit for the duration of the 6 weeks. During that time, we were able to consult psychiatric services for addiction treatment. Additionally, the patient was able to attend a weekly Narcotics Anonymous meeting located within the hospital. After a sentinel event of which the patient overdosed and died the day before her discharge date, I took this opportunity in my Ethics, Law, Economics & Health Policy: Application to Quality Nursing Practice class to learn what we (nursing staff and interdisciplinary healthcare team) could have done to do better for this patient. While writing my Ethical Issues in Nursing paper, I learned what we could have done differently. Creating an individualized contract for this patient could have helped provide patient safety. Though such a

contract is not full proof, it is a complementary modality that may have helped, and certainly would not have hurt.

Communication

Communication includes verbal, non-verbal, and written techniques. During my Theoretical Foundations of Professional Nursing Practice class, I had the opportunity to apply a nurse theorists model to clinical practice. Dorothea E. Orem's Self-Care Deficit Theory of Nursing allowed me to understand when and how nursing steps in. I had a patient with dementia who had worsening wounds. Not only did I have to communicate with the interdisciplinary team to advocate for her, but I was also able to adapt communication methods to work with her. In pain, frightened, and not fully oriented, I spoke slowly and clearly and explained each task before intervening. This seemed to ease the patient's anxiety.

Teaching

Through my course work at ODU, I've learned that teaching is one of my favorite parts of nursing. Both providing patient education and teaching other nurses help me to reinforce my knowledge in an enjoyable way. During my Nurse as Educator class, I was able to teach coworkers about the heparin drips, including health promotion, risk reduction and disease prevention as related. I used information technologies to research needed information, to create an educational PowerPoint and to create a game like quiz used at the end of the teaching session. The biggest focus was risk reduction with the administration of heparin drips. Here, labs and drip rates were reviewed, as well as signs and symptoms of bleeding. Additionally, we reviewed cardiac heparin drips versus drips for DVT/PE. A discussion including how to educate patients

on prevention of these diseases and promotion of health to avoid ever needing a heparin drip was included. A brief synopsis of health care versus proactive health was reviewed. The nurses who attended the teaching session were very thankful and expressed increased confidence in heparin drip administration after completing the quiz. This activity definitely helped me branch out and teach to a group, rather than an individual or a couple people.

Research

When beginning nursing school, I was told that nursing is about continual learning. There will always be new science, new interventions, new research to keep up to date on. With that in mind, I used the teaching project to research as many nursing interventions as possible to aid in heparin drip safety. Research found the following nursing interventions to be effective in providing heparin drip safety: assessing for signs and symptoms of bleeding, obtaining accurate weight, interpreting lab values, and using a two RN verification. I was able to then use this information to teach and/or reinforce knowledge to fellow coworkers. This teaching activity allowed me to evaluate research that focused on effective nursing interventions related to heparin drip safety.

Leadership

As a nurse I hold myself to high professional standards and value self-direction and advocacy. The Community Health Nursing class provided a clinical opportunity where I could solidify these skills. I chose to work with the local food bank to meet the needs of local populations during the COVID-19 pandemic. One of these needs, which was also a community health issue before the pandemic, was access to healthy food. I designed handouts in both

English and Spanish that listed healthy food options and substitutes. Additionally, I compiled resources where I listed information about additional resources, including free clinics, other food banks and ministries that could aid and/or access to certain health needs, and passed them out at the food bank. Lastly, I had the opportunity to manage different stations at the food bank, including the sign in desk, boxes and carts, and organization of food stations. I have found that I best display leadership in a hands-on manner, leading alongside others.

Professionalism

There are times when maintaining professionalism can be especially difficult. During my Ethics, Law, Economics & Health Policy: Application to Quality Nursing Practice class, I was able to write a paper that addressed ethical decision making. The patient, an IV drug user, had many visitors throughout the day. Because there was no limit on visitors for patients, she was granted the same privilege. This allowed me much reflection on moral concepts, professional ethics, and advocacy for patient well-being and preferences after she overdosed and died in the bathroom. Morally, we did not want to allow her visitors, as we suspected they were people who could bring her drugs. Professionally, we could not place judgement on her visitors, nor could we restrict her from visitors. The tricky part was advocating for her well-being and her preferences because her preferences did not regard her well-being. To try and limit risk or harm to the patient, she was allowed to go to her AA meetings and a short walk outside once or twice a day as long as she was accompanied by a CNA or nurse. The ethical decision made to allow visitors was based on the fact that the patient said she would leave AMA if we restricted visitors or outside access. Afterall, I can't imagine being stuck indoors for 6 weeks without a moment of fresh air.

Culture

Healthcare providers deal with patients of all backgrounds, cultures, race, religion, gender, and age. In my professional development class, we had the opportunity to develop our own philosophy of nursing. In this paper I included the importance of self-assessing. For many, it is easy to judge or misjudge the decisions of a patient, because we do not understand their cultural practices. This can lead to barriers in healthcare. I once had a female patient who practices Islam. I was able to provide the least exposing interventions. I offered her to place the telemetry leads by pointing to where each needed to go. IV access was obtained on the hands, as to not expose too much skin. I had to speak with her husband on the phone each time a new treatment was added to the plan. This paper allowed me to reinforce my knowledge of cultural diversity in the way I perform nursing interventions. Though this all seemed strange to many nursing staff, some even stating that she shouldn't come to the hospital if she doesn't want to be treated like all the other patients, it is very important for the healthcare team, including nursing, to keep an open mind, and meet the patient where they are at, where they are comfortable. Even if we don't agree or completely understand.

Summary

During my time at ODU I had many more opportunities for learning and growth than I had expected. At the start, I looked at my BSN as something to check off a list so that I could eventually go on for my MSN. The skills I acquired are not the typical bedside nursing skills one would think of. I was able to apply and reflect on critical thinking skills, research skills and teaching skills, just to name a few. Overall, completing my BSN gave me the confidence I

previously lacked to apply to a new position on a stepdown unit (previously med surg) and to begin the clinical ladder process.

I was greatly influenced by the Theoretical Foundation of Professional Nursing Practice. So much so, that I have considered moving forward to earn my MSN as a nurse educator. Having reread my philosophy paper, I would say that much of my ideas regarding philosophy and the practice of nursing remain the same. I was most influence by Dorothea E. Orem's Self-Care Deficit Theory of Nursing. I had previously not thought much about when and why a nurse should step in. I am now more cognizant of helping my patients to help themselves, rather than doing things for them. While I am a nurturer at heart, doing for others is how I fulfill this. I have definitely learned to step back and promote my patients to maximize their potential. This is especially important in the trauma setting, where I currently work.

Having completed the BSN program, my practice has changed a significant amount. I am now more likely to speak up when I see or hear misinformation or malpractice. I do not hesitate to ask questions if something is not making sense. I will also use and provide research, if need be, to back my practices and teachings to both colleagues and patients. As stated above, my time at ODU has given me the confidence to make the change from a med-surg unit to a stepdown unit, as well as start the clinical ladder process at work. Additionally, I have gained the confidence to move forward and work in the ICU.

Conclusion

As previously stated, my experience at ODU was much more beneficial than I had anticipated. I learned areas of the strengths and weaknesses. I learned how to apply and expand

on knowledge I have. My research skills have been refined and are more proficient and I have a new level of confidence I did not have prior. Learning at ODU has definitely helped me grow as a nurse, and will help me advance my career.

References

Merriam-Webster, Inc. (2020). *Merriam-Webster Dictionary and Thesaurus*. Retrieved from <https://www.merriam-webster.com/dictionary/learn>.

Appendix

Practice Summary Paper**NURS403 – Transition to Baccalaureate Nursing Practice****Purpose of Assignment**

The purpose of this paper is to guide you through a process of self-reflection and self-evaluation to discover the scope of your personal and professional development while enrolled in the RN>BSN nursing program at Old Dominion University.

Student Approach to Assignment

I approached this assignment with much reflection. This paper displays my personal values and interests as a nurse, as well as what I have learned and areas I have grown. I used examples from my coursework at ODU, as well as application in the clinical setting to reflect upon new areas of strength.

Reason for Inclusion of this Assignment in the Portfolio

I included this paper in my portfolio because it's a general overview of all my accomplishments during the program. As a student as a nurse, this paper reviews my philosophy and my values as a nurse.

• Critical Thinking

o Engages in creative problem solving

I used the Benchmarking Project in my Nursing Informatics class to find a problem at a local hospital and create a solution to help fix it. Non-ventilator hospital acquired pneumonia was on the rise. After investigating why, lack of education, lack of time for interventions, delegation of tasks, I was able to provide a brief in-service on my unit to review preventative measures.

• Nursing Practice

o Demonstrates an awareness of complementary modalities and their usefulness in promoting health

While writing an Ethical Issues in Nursing paper, I discovered a possibly useful complementary modality that could have been used. The patient was an IV drug user and, in the end, she overdosed and died before discharge. The ANA recommends a contract between the patient and healthcare team. The contract can be individualized, but for this patient it could have been useful to limit visitors and/or help in preventing visitors bringing her outside drugs.

• Communication

o Adapts communication methods to patients with special needs

Using Dorothea E. Orem's Self-Care Deficit Theory of Nursing, I was able to communicate with a patient with dementia, in a way she understands. This included clear and slow speech and explaining each intervention before initiating care.

• **Teaching**

o Uses information technologies to communicate health promotion, risk reduction, and disease prevention

I provided education to coworkers using research and a PowerPoint I made. A lecture on heparin drip safety, as well as indications and prevention of such diseases was presented.

• **Research**

o Evaluates research that focuses on the efficacy and effectiveness of nursing interventions

Again, I used the teaching project to provide education on heparin drip safety. Research found that ensuring lab values and accurate weight, in addition to a 2 RN verification, reduced the risk of heparin drip error.

• **Leadership**

o Assumes a leadership role within one's scope of practice as a designer, manager, and coordinator of health care to meet the need of populations

I had the opportunity to volunteer at the food bank. Here, I was able to manage different stations, distribute handouts that I designed, and I compiled a list of additional resources to help coordinate and meet the healthcare needs some may face.

• **Professionalism**

o Applies an ethical decision-making framework and legal guidelines to clinical situations that incorporate moral concepts, professional ethics, and advocacy for patient well-being and preferences.

While writing my Ethical Issues in Nursing paper, I was able to review and learn ethical decision-making skills in the clinical setting. The patient was an IV drug user, and she had many visitors. Other patients on the floor were allowed visitors as well. The patient stated that if she could not have visitors, she would leave AMA. Morally, we did not want her visitors on our unit, professionally, we could not place judgement or biases on these visitors. It was difficult to advocate for the patient's well-being and her preferences because her preferences didn't regard her well-being. The ethical decision to allow her visitors was under the premise that if she did leave AMA, she would certainly die without the IV antibiotics she needed.

• **Culture**

o Integrates knowledge of cultural diversity in performing nursing interventions

While writing my Philosophy of Nursing paper, I expressed the importance of self-assessing. Especially when providing culturally competent care. I had the privilege to care for a woman who practiced Islam. Some nurses on the unit would not even enter her room. I showed her where to place her telemetry leads, as to try to preserve her beliefs about staying covered. I also had to discuss her plan of care with her husband. It is impossible to provide competent nursing care without our biases in check.

Honor Code

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 violations of the Honor Code. I will report to a hearing if summoned.

Danielle Phillips-Skiba

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