Practice Summary

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Practice Summary

I am about to earn my Bachelor’s Degree in Nursing. Now that I am nearing the completion of this program, it is time to review how I have achieved this accomplishment. I had entered the program because I felt that obtaining a Bachelor’s in Nursing would give me more opportunities in nursing. Having only about two years of experience I felt I needed to develop and refine my skills quickly. I visualized that this program would let me observe what other aspects of nursing are available, such as education in nursing and further build my technical, hands-on skills. The goals I had made for myself included improving my research skills, learning to analyze from a larger frame of reference, and exploring teaching as career pathway in nursing. Since then, my goals have largely remained the same with the addition of improving my leadership capabilities. Fortunately my goals correspond to the program’s core concepts: critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and culture. As a result, I have had a satisfying experience in this Bachelor’s Degree program.

**Critical Thinking**

 Critical thinking was a skill that I had exercised throughout the BSN program. At the time that I had been admitted to the BSN program, I had been acclimating to my work environment per Benner’s advanced beginner and slowly improved on my time management and practical skills. I have been developing my expertise and I have been able to more deeply evaluate individual patients’ situations or about the unit as a whole. One assignment that challenged my critical thinking was the Therapeutic Nursing Intervention paper in NUR 403 which focused on surgical site infection. The topic of the paper was that I had been seeing patients with surgical site infection more often in the months prior to the assignment. I also noted that the hospital had recently began use of mupirocin nasal swabs as part pre-op skin prep. After consulting with my colleagues about my concern via word-of-mouth and email, I was directed to our infection control nurses. They gave me audit data about surgical site infection cases and I found many cases which involved methicillin resistant *Staphylococcus aureus* and incomplete skin prep. Through this initiative I considered interventions to improve contact precaution compliance, to maintain skin cleanliness, and improve infection detection skills. To apply my critical thinking skills in this manner made the situation especially rewarding.

**Nursing Practice**

 Nursing practice involves performing interventions on the patient and environment in order to promote health. I have discovered that doing so requires a large amount of flexibility and openness. My flexibility was tested when I would meet a patient who was not used to western medicine or who prefers a different technique to retain a sense of normalcy. One such patient who tested the extent of my flexibility had an anoxic brain injury but had recovered from a coma in the ICU. Prior to being hospitalized, he had come from India to visit his family. His command of English was limited and his injury slurred his speech. With conditions such as weakness, incontinence, poor oral intake, and a PEG tube, it was easy for this patient to develop pressure ulcers. Fortunately he had an older sister who was involved in his care. The patient seemed uncomfortable in my care, so I talked with his sister about what he used to do for his self-care. She informed me that he used an herbal skin balm and preferred Indian soups, after which I encouraged her to bring those things to the hospital. She began massaging him regularly with the balm and feeding him which I thought had effectively prevented pressure ulcers; in the three months he stayed with us, he never developed a bed sore. Alternative techniques can often work alongside western medication to improve outcomes.

**Communication**

 Communication is especially important to my practice due to the range of patients that I see on a medical-surgical floor. Whether a patient is grieving from loss, suffering from a cognitive deficit, or from another country, I have to change my approach for every patient situation. Being able to communicate effectively builds trust, which is essential to a therapeutic relationship. At one point, a more experienced nurse had showed me how to speak to those who are hard-of-hearing. My coworker observed that I had been speaking at a distance and raising my voice with one patient to little effect. My coworker demonstrated how bending close to the patient’s ear and speaking with a lower voice would make it easier for the patient to hear, which I adopted into my own techniques. One of my favorite patients had a communication barrier because diabetic retinopathy had left her blind. She was always a bit nervous and skittish because she had to adapt to using sound. To ease her nerves I would knock on something to and say my name to signify my presence upon entering the room. I would also stroke her head or squeeze her hand prior to requesting her assistance with her care. I also eased her anxiety by talking through the procedures I was doing such as wrapping her dialysis catheter. She had told me she felt better cared for because of the way I worked around her eyesight. These actions make communication easier and are easy to implement, but they enhance the patient-nurse relationship.

**Teaching**

Teaching and learning extends to the patients, my coworkers, and myself. Education leads to improved compliance and improved technique. Surgical patients need to be educated about care post-surgery, such as site care, ambulation, and elimination. It is especially important to teach as the patient prepares for discharge to ensure that they are able to abide by their prescribed treatments at home, such as a prescribed diet and active lifestyle after bariatric surgery. My workplace supplies large-print handouts with discharge information and recommendations for nurses to review with the patient. Heart surgery patients particularly have sensitive information, so we review information from a video with a tablet. I have also been expanding my own skill base by obtaining continuing education credits. As a medical-surgical nurse, it is not necessary for me to learn to read electrocardiogram strips, but I have taken an in-class lecture to learn how to interpret rhythms. I had been given the opportunity to attend the 2015 ANCC Magnet Conference and learned strategies on how to care for dementia and delirium patients. For instance, patients with dementia could be diverted away from their lines and attachments through distraction and later be re-focused by discussing topics that they are familiar with. Teaching and learning is multi-faceted and it continues to be a fascinating part of nursing.

**Research**

Nursing today has been modified by studies and evidence-based practice to refine practice and improve care. Mary Immaculate Hospital provided such an opportunity as it was the site for a study on hourly rounding and patient satisfaction. I was involved in the implementation of hourly rounding during 2015, tasked with recording and presenting its effects to my colleagues both at work and during nursing conventions. It was hypothesized that hourly rounding would increase patient’s safety and satisfaction. Purposeful hourly rounding meant that the nursing staff check on the patient q1h during the day or q2h during the night in order to address pain, toileting, positioning, and possessions. We evaluated satisfaction through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey questions after the patient’s discharge. At the end of the study, we found that our hospital’s HCAHPS scores had increased since implementing hourly rounding, which supported the hypothesized effect of hourly rounding on patient satisfaction and care. This technique had been proven to be useful in any inpatient setting. Being involved in the research has made me feel that I have been able to contribute to the body of nursing, especially since we have a novel technique.

**Leadership**

I have taken the mantle of leader in both class and in the workplace. The BSN program has several group assignments, many of which I was group leader for. My most successful and enjoyable group assignment was the Health Planning Project in NUR 492: Community Health Nursing. As leader, I had emphasized clear communication between groupmates so that each member would know the status of other members. We jointly determined component deadlines to which I was tasked to enforce and provide quick turnaround for their work in the form of feedback. Most members were responsive to the feedback, but unfortunately one delinquent member had disappeared in the middle of the project. As the group members had looked to me about how to handle this person’s work, I took the initiative to step in and handle the extra responsibility since I had only written the introduction of the paper. Ultimately, our group had received a score of 100 for a well-thought out and organized paper. Aside from the coursework, a role I have taken in terms of leadership has been that of charge nurse. In this position, I manage a 28-bed floor and directly supervise 4-8 nursing staff during my shift. Delegation is key to operating efficiently and organized assignments help ensure patient safety, but at times I had to aid the team. I’d actively monitor and offer assistance to my co-workers so that they didn’t become overwhelmed. I also requested updates on patients’ status twice a shift in order to identify the most acute patients. Being a leader gives me a certain amount of power, but it also means more responsibility.

**Professionalism**

 My growth in nurse professionalism lies in my ability to advocate. Before I began nursing, I would have said that I am generally quiet and work in the background which could be attributed to my lack of experience. However, my unit manager has helped me to develop my advocating skills by giving me opportunity to speak during meetings. During these meetings, I’ve identified there is a supply shortage on the weekends, especially for fluids and dressings. Thanks to my attentiveness and active report, there has been improvement in supplies on weekends since then. I had also expressed that several vitals machines seemed to have malfunctions, which my manager encouraged me to audit and track for maintenance. The program coursework has also shown me that advocating extends beyond the hospital floor. The Advocacy Letter assignment in NUR 492 showed me that nursing has a place in politics by having me write to a senator; by being an advocate for a telemedicine pilot program I can see how my position as a nurse can leverage change in a community. My ability to advocate should improve as I gain expertise because I will begin to identify clients’ needs more readily.

**Culture**

Cultural difference applies in an interaction as small as a person-to-person to as large as a country. I realized how wide the scope could be as I approached the end of the BSN program. In June 2015, I was named a DAISY Award Honoree based on a gynecological surgery patient’s nomination. Having a male nurse was awkward for her given the sensitive nature of her treatment, but I had overcome our differences by comforting and encouraging her. Culture definitely affects people en masse, which was made evident in NUR 458 Studies in Professional Nursing: Global Health where I had studied Brazilian and Japanese culture. Culture affects perceptions, thus affecting self-image and mental health. In Brazil, one who sexually penetrates is masculine, regardless of biological sex. Meanwhile, the Japanese have gender roles where the wife is expected to be a patient housemaker. Both cultures have seen the effects of industrialization on population health, as Brazilians face pollution and the Japanese face stress and overwork. Culture also affects nutrition. Brazilians face obesity with the westernization of their diet; the Japanese have a high-sodium diet that places them at risk for hypertension and heart problems. I must be open to differences in culture in order to administer sensitive care.

**A Three-Part Summary: Evaluation, Philosophy, and Practice**

I had expected to improve upon my technical skill at the start of this program. My expectation was met in Nursing Assessment class, but I discovered nursing to be more than just technical skill. I discovered the work of infection control in the Therapeutic Interventions paper. I expanded my nursing perspective in regards to the community with the Health Planning Project. While technical skills are important, the skills I gained in public speaking, oral and written communication, and advocating are just as vital. I am able to form and express an opinion. These are skills that I can use as I move into a leadership role on my Medical-Surgical floor, or when I move into education and staff development, which I find rewarding.

Nursing theory has deepened my understanding about health education and patient-nurse interactions and reinforced my concepts of education and compassion. I am in a position to always teach not only the patients but also the nursing body of our unit. Benner’s theory on Novice to Expert levels has clarified that nurses don’t simply gain experience through observation and study, but through expertise acquired through practice. An educator can help give experience to nurses, but they must also provide resources so that nurses can gain expertise. As for compassion, my favorite theory about the patient-nurse relationship is King’s Transaction Process model. The nurse and patient are individual thinkers, but they must communicate and agree with each other to achieve a goal. I can attempt to be administer care, but the patient also has to acknowledge me and interact with me. I expect my nursing philosophy to develop as I learn more about others’ perspectives.

 Enrollment has bolstered my leadership skills. The program inspired me to reach out to parts of the hospital, including my unit manager, operating room and infection disease. Through recognition from the hospital, I have been able to take leadership roles as both charge nurse and a representative attendee at the 2015 ANCC Magnet Conference. Therefore, I’ve had a chance to practice communication and advocating skills while in the program. Perhaps I have been a nurse for only two years, but I have become a role model and a resource for newer nurses.

**Conclusion**

I have experienced an incredible amount of personal and professional growth in this program. I've taken advantage of the learning opportunities it gave me. I've been able to make connections with surgery, infection control, staff development, and administration. I am recognized as a valuable worker with an award like DAISY Foundation honoree. My nursing perspective now ranges from one-to-one interaction to an entire community. At the same time, nursing education continues to be an exciting field to me. The program has taught me more than skills and theory - it revealed my potential as a nurse. My work here has been satisfying.

Appendix

Practice Summary
NURS 403 – Class Name

**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**

 At first, I had considered making all the examples from my coursework. I made reference to some of my favorite assignments in the program in the paper. I then realized that I could add the actual papers to the portfolio itself and addressing them here would be redundant. I decided to start talking about my actual experience as a medical-surgical nurse because that is difficult to describe in any one assignment. I chose some examples of patients that I spent a large amount of time with. The assignments that I do mention have a situation or background story about them that was not part of the original paper. I was also able to discuss the DAISY Foundation Award, my involvement in a study about hourly rounding, and the ANCC Magnet Conference that I attended. These items are things that are important to my career but I did not have an opportunity to talk about them in any assignment.

**Reason for Inclusion of this Assignment in the Portfolio**

 I began writing this assignment as an overview of my activities while in the program. I was involved in many activities during the past year and a half, and this paper helps to archive those activities in one place. I also thought it would help explain why I included the DAISY Award, the ANCC Magnet Conference attendance, the study on hourly rounding, and continuing education certificates in my portfolio.

**Core Competencies**
Critical Thinking

* *Uses nursing and other appropriate theories and models to guide professional practice*I entered the BSN program at the level of Benner’s advanced beginner, having less than one year’s experience. Now that I can identify what is routine and manage I have become a competent nurse. However, now I am acting on “hunches” and feelings that something is different, and that lead me to my work on surgical site infections.
* *Engages in problem solving*

I recognized surgical site infections to be a problem when working on my Therapeutic Interventions assignment and I found that many cases involved MRSA and inadequate skin prep. I had to think of interventions to decrease the incidence of surgical site infection. Interventions that I thought of included classes to reinforce contact precautions, bathing post-surgery, and teaching skills. During the Health Planning Project, I encountered the problem of a delinquent team member, and team members asked me what will happen to the work. I took on the rest of that member’s work myself to solve the problem.

Nursing Practice

* *Applies appropriate knowledge of major health problems to guide nursing practice*

Pressure ulcers are an eternal plague in nursing, especially for those who cannot turn on their own. I encouraged the nutritional status of my Indian patient and turned the patient in order to decrease the likelihood that he develops an ulcer. I also began to notice that surgical site infection was becoming a bigger problem, and I found that contact precaution compliance and skin cleanliness were possible causes.

* *Performs direct and indirect therapeutic interventions that incorporate principles of quality management and proper safety techniques based upon assessment findings*

I identified my Indian patient as a risk for developing pressure ulcers. I utilized the PEG tube for scheduled tube feedings, but that was not enough for his nutritional status. I recommended to his sister, his caretaker, to bring in the soups that he used to eat at home, and he was able to tolerate the food.

* *Implements traditional nursing care practices as appropriate to provide holistic health care to diverse populations across the lifespan*I had an Indian patient who was at risk for pressure ulcer. Western techniques would include PEG tube use to improve nutritional status and turning and repositioning. I found out he actually used an herbal skin balm and preferred Indian soups to eat. I allowed his sister to apply the balm, and massage him. Allowing him this treatment contributed to pressure ulcer prophylaxis.
* *Demonstrates an awareness of complementary modalities and their usefulness in promoting health*

The Indian patient had used an aromatic herbal balm for his skin care at home. I recommended that the sister bring it to the hospital and use it. His sister used it when giving him massages. I have given therapeutic touch with my blind patient in order to help comfort her and relax her, which affects the patient’s energy field. Doing so allowed me to work with her when performing procedures.

* *Establishes and/or utilizes outcome measures to evaluate the effectiveness of care*

The Indian patient, after massages from his sister and turning for pressure ulcer prophylaxis combined with increased nutritional intake was able to avoid pressure ulcers in the three months that he stayed with the hospital.

Communication

* *Uses therapeutic communication within the nurse-patient relationship*

My blind patient would become anxious because she had to adapt to losing her eyesight. It would be difficult for her to know what is going on around her, so I would talk her through my procedures in order to calm her. I also use therapeutic touch so that she would know it was me. This allowed me to build trust with her. One of the reasons that I was awarded DAISY Honoree was because I was able to comfort a patient after a procedure by encouraging her.

* *Adapts communication methods to patients with special needs*

I had learned to work around patients' decreased hearing and blindness to communicate with them. Speaking in lower voices and leaning in closer makes it easier for those who are hard-of-hearing to hear what I am saying. Another example I have is with blind patients, who have to compensate for their sight with hearing and other senses. I announce to blind patients when I am about to perform a procedure and I talk through the procedure.

* *Expresses oneself and communicates effectively with diverse groups and disciplines using a variety of media in a variety of contexts*

In the Therapeutic Interventions project, I used word-of-mouth and email to gain information until I met the infection control nurses. The techniques of leaning in and speaking in a low voice allow me to be heard by those who are hard of hearing.

* *Accesses and utilizes data and information from a wide range of sources to enhance patient and professional communication*

Teaching

* *Provides relevant and sensitive health education information and counseling to patients, and families, in a variety of situations and settings*

Teaching patients becomes more important during discharge planning for the patient. I teach about diet and activity and encourage new lifestyles, especially for bariatric patients. My Indian patient was difficult to teach because of a language barrier and cognitive deficit, but I was able to teach his sister about the importance of nutrition and bed sore prophylaxis, as evidenced by her involvement in my patient’s care.

* *Uses information technologies and other appropriate methods to communicate health promotion, risk reduction, and disease prevention across the life span*
My hospital supplies large-print hand-outs for discharge education, and I review the information with the on discharge. Heart patients are shown videos on a tablet about their post-operation care, maintenance, and activity.
* *Uses information technologies and other appropriate methods to enhance one’s own knowledge base*

I've obtained continuing education credits and learned how to interpret EKG strips. I've also attended the 2015 ANCC Magnet Conference and learned more about care for dementia patients.

Research

* *Applies research-based knowledge from the arts, humanities and sciences to complement nursing practice*

I have been involved in a study about hourly rounding. It is thought that a purposeful hourly rounding where the nurse address pain, positioning, toileting, or possessions will help patients feel better cared for and safe.

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

The study I am involved in had used HCAHPS scores in order to measure patients’ satisfaction and perspective for being cared for. My group’s work provided evidence that addressing pain, positioning, toileting, or possessions improves satisfaction. Thus, hourly rounding is potentially a powerful nurse observation and care technique.

* *Shares research findings with colleagues*

I have been involved in a study about hourly rounding and patient satisfaction. One of my roles as participant in this study is to travel to conventions and present our team’s findings that rounding improves satisfaction and patient outcomes.

Leadership

* *Assumes a leadership role within one’s scope of practice as a designer, manager, and coordinator of health care to meet the special needs of vulnerable populations in a variety of practice settings*

I have started being a charge nurse since starting the program. I manage a 28-bed unit and supervise a staff between 4-8 people.

* *Organizes, manages, and evaluates the development of strategies to promote healthy communities*
Strategy is required in making bed assignments and nurse assignments. Patients at risk for falls or of higher acuity should be placed closer to the nurse’s station so that all nurses can observe those patients. Patients who are with more acute or unstable conditions should be given to a more experienced nurse, but the assignment should also be balanced out with patients that don’t need as much attention.
* *Delegates and supervises the nursing care given by others while retaining the accountability for the quality of care given to the patient*

When I am charge nurse, I track what drains, foleys, central lines, and other equipment surrounding the patients. Twice a shift I ask primary nurse for the status on the patients in order to find the most acute patients and to help assure their safety. I also have aides obtain routine vitals and clean incontinent patients.

Professionalism

* *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*

The Advocacy Letter assignment had shown me that it is within my practice to urge for bills to pass. If the issue is something that affects health care, then my position actually gives me authority to advocate. In this paper itself, I present several situations where I care for a patient, but I do not disclose personal identifying information, as that would be HIPAA violation.

* *Demonstrates accountability for one’s own professional practice.*

I was accountable for the care for a gynecological patient, despite our difference in gender. This patient later nominated me for DAISY Honoree.

* *Advocates for professional standards of practice using organizational and political processes*

My unit holds meetings every month. During these meetings, I can speak for what I notice is going well or what I notice is lacking. I’ve been able to express that supplies become short during the weekends and that vitals machines needed maintenance. These present safety problems for the patients. Since then, supplies have been better stocked and vitals machines have been better maintained.

Culture

* *Articulates an understanding of how human behavior is affected by culture, race, religion, gender, lifestyle, and age*

I cared for a gynecological surgery patient who had felt awkward having a male nurse. Social expectations probably caused this discomfort for her, but I was able to overcome our differences by being sensitive. In NUR 458, I studied Brazilian and Japanese culture and found that gender affects mental image in both countries because roles are assigned are assigned to them. Food is also a part of culture and both people face risk with their diets. Brazilians have been becoming more obese with westernized food and Japanese have high sodium diets, which is a risk for heart disease.

* *Integrates knowledge of cultural diversity in performing nursing interventions*
Caring for my Indian patient required that I be considerate of his preferences. His nutritional status improved when he was allowed to eat Indian cuisine.
* *Maintains an awareness of global environmental factors that may influence the delivery of health care services*

Industrialization affects both Brazil and Japan at different stages. Brazil is still a developing country and pollution has become a problem. Japanese industry drives such an intense work culture that it causes illness from overwork. Both are hazardous to health and cause readmission.

**How Perspective on My Practice Has Changed**

I began the BSN program unsure about how much would happen to me in the course of the program. I thought I would get my assignments done in a straightforward fashion. But when I started writing, I realized that I’ve done much more in the workplace and professionally. I’ve become a leader and role model as a charge nurse. I’ve been named an honoree the DAISY award, a nationally-recognized organization. I’ve even been involved in research at Mary Immaculate. My coursework was a catalyst to the strides that I had made as I made connections with other departments. I’m moving on to being a competent nurse, and I have pride about the good work that I’ve done.

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 responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

 Name: Eliezer Urbano

Signature: Eliezer Urbano

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