**Practice Summary Paper**

I enrolled in Old Dominion University’s RN to BSN program to fulfill a goal I set for myself eighteen years ago. When I received my diploma of nursing, my intention was to return to school within three to five years, but as my family grew, my plan was put on hold. Once my children were slightly older, I felt it was time to pursue my educational goal of obtaining my BSN. My education had prepared me for the bedside, but I wanted some other options, such as teaching for my future. During this program I realized I would have to further my education in order to teach. My BSN is a stepping-stone for me to reach my new goal of earning my DNP in order to teach those who have decided to join this noble profession of nursing.

**Critical Thinking**

Throughout ODU’s curriculum for RN-BSN students, critical thinking exercises were incorporated throughout written assignments, discussion posts and presentations. Nurs490W, Nursing Leadership exemplified this characteristic. Students were required to read the assigned chapters in the book, and then create ten original narrative questions, answers, and rationale for their answers. This was a challenging task because one had to come up with scenarios to fit each individual chapter. Students were required to apply change theory to situations and note how effective this process was in managing change.

**Nursing Practice**

I had met the listed characteristic of nursing practice goals prior to enrolling into this program. I entered ODU’s RN-BSN program with eighteen years of experience that I gained while employed at The Children’s Hospital of the King’s Daughters on the Hematology/Oncology unit. During this time, I have had many different responsibilities, including bedside nurse, charge nurse and preceptor. I am an active member on the shared governance committee and have been trained as a super user for IV pumps and an assortment of machines we add to our unit. I have been a mentor to novice nurses and have volunteered to teach nursing externs (students) and role transition students. My annual evaluations are above expectations as I strive to improve yearly while exhibiting behavior and skills to model for new staff. I seek out learning opportunities as I maintain my certification within my field, through continued education, conferences and webinars. These extra learning opportunities have enhanced my patient care skills. Additionally, the end-of life nursing education consortium taught me how to not only help the patient with death process, but to address the family. It stressed to include all family members in the death process and find creative ways to help with pain management. Pain management techniques such as guided imagery, music, aromatherapy, touch and massage can help when someone is ill. The consortium also addressed ethical/legal issues, along with cultural/spiritual considerations. Being able to utilize these skills with my patients brings my care full circle as I also share my knowledge with my peers and students.

**Communication**

Good communication skills are essential in nursing. Traditional classes enable students to take non-verbal cues from one another when communicating. This is not an option in online instruction due to the lack of face-to-face time with one another. The significance of communication is compounded when enrolled in an online program, as it is essential to be able to get your point across effectively, clearly and concisely in emails and discussion board posts. This is so important that most classes included email etiquette tips within the first week of class due to the nature of most of our interactions. Within this program, there was ample opportunity to hone this skill with the volume of posts and responses required in discussion board. In addition many emails were sent to instructors and mentors along with coordinating group projects that were necessary to fulfill most of the classes’ criteria.

In my actual practice, communication is one skill that I pride myself in at work. I was recently requested to precept a new nurse based on my approachability for questions and clarifications along with my thoroughness to ensure that the nurse understands the rationale behind our interventions. Even after orientation is completed, I stay in touch with my orientees to ensure that they are adjusting well to the unit and encourage them to call me or seek me out as a resource to prevent mistakes and foster learning. For my patients, I ensure my communication was clear through using the Teach Back Method. When I teach them something new, such as a new diagnosis or when I am discharging a patient, I have the family tell me what they have learned from my instructions instead of just asking them if they understand my teaching. I ensure that written instructions are clear and handouts are individualized to the needs of the patient before they are discharged.

A growing challenge with communication that I have noticed on my unit is our increase in non-English speaking families and the deaf community. We have patients coming from the Middle East more frequently to receive proton therapy along with a large population of Spanish speaking families in our area. During the day, we have the capability to use a medical interpreter for our Spanish families, but this luxury typically is unavailable at night. My hospital has recourses when an interpreter is needed and a medical interpreter is unavailable, such as Cyracom phones and iPads with software that connects to an interpreter for face-to-face interpretation. This is most helpful with our patient whose family is deaf.

**Teaching**

Teaching is one of the aspects I love most about nursing. It encompasses every aspect

of our role and it is an area I would like to expand on as one of my own personal goals. In Nurs402, Career Pathway Assessment, we were given the tools to effectively teach through identifying a targeted audience and addressing the needs pertinent to this group. I chose to teach my children’s softball team parents the importance of proper nutrition for a competitive athlete to fuel their bodies for tournaments. I know my teaching was effective when I see the list of options parents sign up to feed/hydrate the players with weekly. Gone are the potato chips and soda, instead parents bring healthy options I taught during this class, such as fruit, vegetables with peanut butter, or grilled chicken and water.

In Nurs492, Community Health Nursing, I was involved in a group project where we were able to utilize the information taught in 402 to reach a target audience in Emporia. We taught them the importance of proper nutrition in an effort to prevent cardiovascular disease. Emporia has a large population of African Americans with high rates of illiteracy, obesity, and cardiovascular disease. My group reached out to a middle school to proactively reach children and introduce healthy diet and exercise options in an effort to reduce obesity and cardiovascular disease.

At work, my shared governance committee developed a tool to help nurses teach newly diagnosed oncology patients. Prior to discharge, parents must be taught a core set of material. Through surveying the staff before, we found a multitude of reasons teaching was not being completed throughout the patients admission. Staff members were hesitant to teach material in fear that their information would be incorrect. Through this tool, staff is given preset information to provide families with, in order to ensure that the novice nurse is teaching the same information as the expert nurse. This tool also ensures continuity of information from the inpatient setting and the outpatient clinic, as well. The parents receive a poster that appears to look like a game to hang in their room. As nurses enter, they see what teaching is missing and address it briefly while at the bedside. Teach back method was taught to all staff to ensure that the parents are retaining the information that is essential for them to know before discharge.

**Research**

Nursing has evolved as a profession to stress the use of evidence-based practice (EBP) to improve patient outcomes. In Nurs363, Nursing Science, I was in a group that was tasked with identifying a topic and developing a paper based on research to support our topic. We chose to correlate the success of breastfeeding with the help of a lactation consultant. The use of electronic data bases particularly, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, and Medical Literature On-Line were used for this paper. They revealed many randomized controlled studies, as well as quasi-experimental, and quantitative research studies.

The information I learned in this class will help me work more closely with our research team in my department of hematology/oncology. The nurses, on my unit are members of the Children’s Oncology Group (COG) because we assist in collecting data for studies and complete orders for patient’s involved in these studies. We participate in experimental studies to improve the lives of patients with Sickle Cell Disease and administer chemotherapy agents that are deemed experimental to children with various types of cancer.

**Leadership**

In reading over the goals under leadership, I feel that I have met many of them in my nursing practice. On my unit, when I function in the role of charge nurse, I am responsible for assisting in the placement of patients along with making nursing and nursing assistant assignments. When I am working in this capacity, I am accountable for all of the nurses and patients on the unit. As one of the most senior nurses at the bedside, I am a resource to other nurses and residents. I am proactive and discuss my concerns with the residents during multidisciplinary rounds in order to manage them as a team. When working as the bedside nurse, I advocate for my patients and inquire if patients are eligible for community assistance programs and resources, such as Head Start or Edmarc.

**Professionalism**

Professionalism is an attribute; I feel I have meet in my current practice as well. This characteristic speaks to ones accountability, advocacy, and adherence to not only their hospitals’ policies and procedures, but also to the American Nurses Associations’ standards of practice that defines nurses. Through obtaining and maintaining my certification in my field along with becoming a professional member of the Association of Pediatric Hematology/Oncology Nurses local and national chapters, I support my profession. Lastly in obtaining my BSN, I have prepared myself to further promote my profession on a higher level than just within the hospital.

Additionally, in Nurs401, Career Pathway Assessment, I made a slide show depicting my image of the professional nurse. I addressed a nurses attire, presentation, behavior/attitude, maintaining professional boundaries, along with prevention of bullying fellow nurses. I addressed the need to stay current and up to date within one’s education and field in addition to taking care of one’s self so that one can efficiently care for others.

**Culture**

Hospitals are filled with a variety of cultures. This is both challenging and exhilarating when you are able to communicate, critically think, and advocate for your patient. Cultural diversity training is beneficial for staff and I have recommended the online continued education program that the United States Department of Health and Human Services provides to my Director.

In Nurs458, Genetics, we addressed the importance of individualizing genetic information based on the patient/family’s culture, religion, knowledge level, literacy, and preferred language. I recommended using the 4 C tool developed by Stuart Slavin MD, Geri-Ann Galanti PhD and Alice Kuo MD when working with another culture to discuss teaching or end of life care. This addresses what the client calls, causes, copes their illness as well as concerns they have related to the illness (Galanti, Slavin, & Kuo). This information is essential to obtain because if the family believes the patient has a curse that is caused by hot/cold imbalance (Hispanic) and they are coping by swaddling a febrile newborn, as the nurse, one has to educate while being culturally sensitive to the family’s beliefs. It is also important to find out what language the person prefers to learn in when teaching. I have found that some of my Hispanic families speak and understand English, yet they prefer their native language to learn in times of teaching.

**Appraisal and Summary**

Going back to school after taking an eighteen-year hiatus from formal learning was quite an eye opening experience. I was pleasantly surprised that the classes were compatible for a nurse with experience. The skills and knowledge I learned are invaluable and I am excited to share with others that I received my degree from ODU! My foundation belongs to my diploma program that I am loyal to, but my professional nursing education belongs to ODU. This degree will not change my role at work, for it is a stepping stone as I go back and earn my DNP in order to leave the bedside and teach nursing.

In this curriculum we learned of many nurse theorists, of which Patricia Brenner

and Florence Nightingale are the two most memorable. Exploring the work of Patricia Brenner revealed the Novice to Expert model that has been helpful in identifying where others are around me as I strive to help them in their learning. This is also helpful to me in not being so hard on myself when introduced to a new unit and feeling frustrated for not knowing everything, despite my years of experience. Florence Nightingale was truly the pioneer of nursing, as she not only advocated for her patients, but for the profession of nursing as a whole. Although everyone has their own nursing philosophy, Florence Nightingale is an excellent model to mirror ones’ philosophy after. These two influential nurses have inspired my nursing practice and I have modeled some of my nursing practice and philosophy after them.

As my journey from RN-BSN comes to an end, I reflect to see if my practice has changed. I do not believe my practice has changed except for my desire to continue learning in order to obtain a degree that will allow me to teach at a college or university. This experience has introduced me to online instruction, research and how to write a paper. The skills I have gained in this program will assist me in successfully completing the next chapter of my education and degree, DNP.

**Conclusion**

I feel that I am a well-rounded nurse as evidence by being able to say that I have met and fulfilled the eight criteria that all ODU RN-BSN graduates must achieve to graduate. This experience has solidified my skills and made me a better nurse through critical thinking, nursing practice, communication, teaching, research, leadership, professionalism and culture. Two years ago, I began this journey. After many sleepless nights, researching, writing and studying, I will have my BSN. My goal took me more than my initial time line to obtain, but with my determination and support of my family, I am able to check this goal off my list as completed.

**Reference**

Galanti, G.-A., Slavin, S., & Kuo, A. (n.d.). *The 4 C's of Culture: A Mnemonic for Health Care Porfessionals.* Retrieved July 07, 2015, from http://gagalanti.com/articles/The4CsofCulture.pdf