Professional Progress Summary

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Two years ago I stepped into a classroom at Old Dominion University’s School of Nursing to begin my educational journey to become a nurse. Today I am about to graduate with a baccalaureate degree and I am on the verge of beginning my professional journey. This assignment serves the purpose of documenting and acknowledging the progress I have made between my first and last days in the nursing program. My progress is measured through competency in eight essential aspects that all nurses should have mastered including critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and culture. I will be walking through my journey from sophomore to junior to senior year in order to demonstrate how I have become competent in each of the eight constituents.

Critical Thinking

Critical thinking involves more than memorizing information off of lecture notes or book pages. Critical thinking involves understanding the patient as an entire cohesive system rather than a group of organs all working separately. Critical thinking also involves applying nursing knowledge to care for the entire body as a system through complex problem solving and analysis of the disease process. Learning to critically think takes time, practice and experience, and has been a huge focus throughout my educational journey.

Sophomore Year

When entering the nursing program, I did not truly know what critical thinking was. I quickly learned when I sat down for my first nursing exam and the questions expected application rather than regurgitation of the material. It has taken practice throughout the entire program to master the “how” of critical thinking.
While reviewing the “Critical Thinking” section of my clinical logs from sophomore year I find that I based much of my competencies in this section on how well I was able to complete certain tasks. These tasks consisted of vital signs, physical assessment and foley catheter insertion. However, what I know now is that critical thinking means much more than ability to complete nursing procedures. Critical thinking involves knowing why these procedures are being completed and what possible effects to the complete body system might these procedures cause. Needless to say, I still had to learn what critical thinking actually meant.

**Junior Year**

As I have read through my clinical logs, there is a visible improvement in my critical thinking process from sophomore to junior year. During one of my clinical rotations in Adult Health II, I had my first patient that was admitted to the medical surgical floor for chronic obstructive pulmonary disease (COPD) exacerbation. I still remember this day vividly, as I was very excited to have a patient that was experiencing real difficulty in the major life sustaining respiratory system. Immediately when I greeted my patient that morning I noted her to be restless and tachypneic with rhonchi on auscultation of breath sounds. Also, the patient was verbally reporting breathing difficulty. I went to take her oxygen saturations, but of course there were no working vital sign machines available, so I went to alert my instructor. My immediate suggestion was to deliver supplemental oxygen to the patient, but found out later that this was not necessarily the best immediate action for a COPD patient.

Based on this scenario in my clinical log, my critical thinking had notably improved from my sophomore year, as I was able to notice the physical signs of respiratory distress and react accordingly. However, I did not understand at the time that supplying the patient with oxygen therapy actually decreases the patient’s drive to breath. When my instructor and I eventually
found a vitals sign machine, we discovered that the patient was sitting at 90 percent, which was probably around the patient’s baseline. My instructor corrected my initial suggestion to administer supplemental oxygen by having me call respiratory therapy to administer a breathing treatment instead. Also, at the time I did not think about the fact that this patient was just waking up from sleep, which can also cause respiratory depression. Giving her a few moments to wake up and raising the head of the bed higher may have been more appropriate initial actions for an experienced nurse rather than going to seek assistance.

Senior Year

I feel as though the first semester of my senior year is when I gained competency as a critical thinker. For my critical care clinical rotation I was placed at Sentara Virginia Beach General in the Intensive Care Unit (ICU). During this rotation is when I really began to understand the patient as an entire system of interrelated parts. I also began to understand the effect that damage or alteration to one body system has on other systems. This applies to how medications and other treatments affect the body systemically as well. I demonstrated these understandings in my clinical log of a patient I took care of who sustained a gunshot wound to the head. At one point, I noted that based on a dramatic increase in the amount of extremely diluted urine, the patient was probably experiencing diabetes insipidus related to trauma of the hypothalamus and pituitary gland. I also noted in my clinical log about my critical thinking of two different vasopressors, Neosynepherine and Levophed, and their effects on the body. I demonstrated understanding about how Neosynepherine is a selective alpha agonist that increases afterload, while Levophed is a beta and alpha agonist, which increases afterload and cardiac contractility. In this, Levophed would be a better option for a cardiac patient.
Now that I am in the same ICU for my role transition clinical, I feel as though my critical thinking foundation has only grown. I now feel much more confident in caring for critically ill patients, although I still have a lot to learn as a new graduate.

**Nursing Practice**

Competency in nursing practice involves identifying, planning and executing holistic nursing interventions based on primary nursing diagnoses. My competency in nursing practice has also dramatically improved since my sophomore year in the nursing program.

**Sophomore Year**

In my sophomore year clinical I did have the opportunity to perform a few basic nursing interventions, such as the physical assessment, morning care, foley insertions, and more. However, I rarely demonstrated in my logs why I was doing these interventions, even though I may have known the rationale without documenting it. At this time, I did go to the hospital the night before my clinical day and developed a plan that included possible interventions applicable to the nursing diagnoses and their rationales.

**Junior Year**

I feel as though during my junior year, my competency with nursing practice did improve some from my sophomore year in that I was more proficient with procedures and identifying their rationales. Nursing interventions that I delivered grew to include medication administration with supervision as well as nursing care of patients in the obstetric and psychological field. Infants were also included in my care. I began to become more proficient at anticipating the needs of my patients before being asked by the patient or nurse. I feel as though being proficient with anticipating the needs of my patients has actually contributed greatly to their satisfaction. For example, one day of my junior year I documented in my clinical log about an 87-year-old
female patient that I took care of. During morning care with this patient, I anticipated that she would like her hair washed, which typically is not completed because of time constraints. However, completing this task for her made her very happy and grateful. She even reported that this small task reduced her pain level. By doing this for my patient, I feel as though I showed competency with the ODU School of Nursing CPA outcome, “Implements traditional nursing care practices as appropriate to provide holistic health care to diverse populations across the lifespan”.

**Senior Year**

By my senior year, I had taken my nursing practice to the next level. Now that I was in the ICU doing clinical rotations I was expected to anticipate more critical patient needs, such as when to titrate sedation and vasopressors. I was also expected to take my assessment capabilities to the next level, as detecting subtle changes is critical to preventing a downward spiral in the patient’s status. Other nursing practice included caring for pediatric patients and participating in rehabilitation nursing.

**Communication**

Communication between the nurse and patient, the nurse and other nurses, and the nurse and other disciplines is crucial when providing quality patient care. Without communication patient care becomes fragmented and possibly unsafe. All forms of communication, including verbal, non-verbal, and written, are utilized to provide the safest, highest quality, and most effective patient care.

**Sophomore Year**

Communicating with the patient has never been a difficult part of nursing for me, although my ability to utilize my communication skills to develop a therapeutic relationship has
improved since the beginning of the program. Communicating with other professionals was more
difficult, especially with physicians, nurse managers and other individuals of authority.
However, just like everything else, these skills have improved. I noted in a clinical log my
sophomore year that I felt as though I would be better at creating a therapeutic relationship
through communication if I were more competent at practical nursing skills. I do remember
having to go get assistance a lot with certain things that impaired my ability to be a helpful
member of the team.

**Junior Year**

By junior year I was much more comfortable communicating with the patients and staff.
Moreover, I became able to personally help my patients with more tasks without getting help,
which improved the therapeutic relationship I had with my patients. I also improved my ability to
read non-verbal communication of the patient, which assisted me with anticipating their needs
and improving patient satisfaction.

**Senior Year**

My role transition clinical has taught me a lot about interprofessional communication. I
have noticed that nurses in the critical care setting work much more closely with physicians such
as intensivists, pulmonologists, cardiologists, pharmacists and other specialists. With more
interaction with physicians comes more communication, which can be intimidating and difficult.
I have had to learn very quickly how to give a succinct and clear report to these physicians in
order to advocate for my patient’s needs. Now, I have become much more efficient at these
reports and have a goal to present my patients in multidisciplinary rounds by the end of the
clinical experience.

**Teaching**
Patient education is critical to the short and long-term health of the patient. Education contributes to the ability of the patient to return to and maintain self-care, which prevents readmissions and further health decline. It takes time, effort and experience for the nurse to become an effective educator for his or her patients.

Sophomore Year

Educating patients first requires that the nurse knows the information his or herself. This is why I feel as though it took me a while before I was able to effectively provide education my patients. In my sophomore year, I commonly said in my clinical logs that I didn’t have the specific opportunity to address education with my patients. However, now that I educate my patients during every shift I work, I think that I just did not feel comfortable educating patients without a larger knowledge base.

Junior Year

Throughout junior year, I felt as though I was finally developing the knowledge base that I needed in order to provide education to my patients. During my junior year, a patient that I wrote about in my clinical log was getting a peripherally inserted central catheter (PICC) placed at the bedside. Prior to the procedure I was able to describe to my patient and her family exactly what a PICC line was and the benefits it has to her care. I was also able to describe what to expect during the actual procedure of placing the PICC line. This education eased her fears about the procedure and built rapport with the patient and her family. This scenario was an example of how I accomplished the CPA nursing outcome, “Provides relevant and sensitive health education information and counseling to patients, and families, in a variety of situations and settings”.

Senior Year
During my senior year, I have provided education to my patients much more frequently, and the teaching that I do provide is more in depth and physiologically oriented. For example, I was able describe to a 72 year-old patient in the ICU what a femoral-popliteal bypass repair was, why he had the procedure done, and why he was having re-perfusion pain in that extremity. I was also able to educate him about the different anticoagulants he was on. He was also NPO before they sent him back to have the sheath removed a day later, which he was unhappy about. I was able to describe to him that the concern for having food in the stomach during a procedure is aspiration and what this might mean to his health status. In order to assist him in understanding aspiration I pulled up a picture on the computer in the room to show him the anatomical structures. This exemplifies a way that I accomplished the CPA nursing outcome, “Uses information technologies and other appropriate methods to communicate health promotion, risk reduction and disease prevention across the lifespan”.

**Research**

Without nursing research, there would be no proof that the nursing interventions being performed on our patients are effective or safe. In this, basing nursing interventions off of nursing research is critical to providing the safest and the highest quality of care.

**Sophomore Year**

The most difficult part to applying nursing research to nursing interventions as a student is actually being able to identify what is nursing research and what is not. I did not truly learn how to do this effectively until my junior year. In my sophomore clinical logs, I was only required to identify areas about a certain patient’s care that may need more research. There was no requirement to actually do research about an aspect of care.

**Junior Year**
During my junior year clinical rotations, I was required to apply research to every one of my clinical logs. This is when I became excellent at finding research and discerning the validation of such articles. In addition to nursing research, my clinical logs included articles pertaining to music therapy, turning patients, psychological health of patients, the effectiveness of active listening, medication errors and many more. Through searching for and applying research in these topics, I have demonstrated competency with the CPA nursing outcome, “Applies research based knowledge from the arts, humanities and sciences to complement nursing practice”.

**Senior Year**

Now that I am in my senior year of nursing school, I feel as though I am very competent at finding and applying research to my patients as evidenced by my plethora of research in every clinical log. I even did double the required research for my critical care clinical logs. As a new graduate nurse, I will be expected to be a lifelong learner who is up to date with the latest nursing research. Because of my requirements as a nursing student, I will be able to accomplish these things without struggle. I have noticed that I can now quickly and easily find and determine the validity of nursing research. I know this will help me in the future as well when I decide to continue my formal education.

**Leadership**

**Sophomore Year**

During my sophomore year, my leadership capabilities were restricted to leading myself. In other words, my clinical logs show that I was only able to be self-directed to the best of my ability without needing help from the nurse. Often times, I was even delegated to by the unlicensed assistive personnel (UAP) to do vital signs, baths, blood glucose checks and other
responsibilities. I did not mind having these tasks delegated to me, as these were some of the only tasks that I was allowed to do independently with my patient.

Junior Year

Based on my clinical logs, I was still identifying my proficiency with leadership as being able to be self-directed. However, my independence and self-direction did improve from my sophomore to my junior years. This is due to the fact that I was more experienced with how to take care of the general needs of my patients. I was now able to anticipate my patients’ needs and carry out procedures with little to no assistance. During my junior year, I feel as though I was also able to really start helping my classmates and other nurses out on the unit rather than only having to focus on my workload. I was even able to lead classmates with certain skills, like when I walked a classmate through how to place a foley after I had done it myself a couple of times the previous semester.

Senior Year

My leadership skills continue to grow throughout my senior year. One thing that I have noticed my senior year is that UAP’s are assisting me with vital signs, glucose monitoring, and other smaller tasks while I am busy assessing, titrating drugs, documenting, drawing labs, and completing other larger tasks. This was a change from my sophomore year when I was the one being delegated to. One instance documented in my clinical logs where I delegated to another individual is when I was busy with a new admission and I needed help my other patient who had hourly glucose checks. I asked nicely if the UAP would not mind checking the glucose level for me while I was admitting a new patient, and he said it would not be a problem. Afterward, I made sure to identify what the glucose reading was, document it, and change the insulin drip according to orders in the Glucomander. This instance demonstrates how I achieved competency
in the CPA component, “Delegates and supervises the nursing care given by others while retaining the accountability for the quality of care given to the patient”.

Professionalism

Sophomore Year

I feel as though I learned professionalism long before I entered the nursing program as a result of various other employments. However, this degree of professionalism was not the same as what is expected of a practicing nurse. Professionalism my sophomore year included dressing appropriately, being prompt to my clinical performances, and being respectful to those around me. I did surprise myself when looking back on my clinical logs in that I did advocate a lot for my patients while I was a sophomore. There were some instances in which I advocated for my patient by requesting pain medication from the nurse. Another day I advocated for my patient when she did not receive her breakfast tray. I was happy to reflect and see that I did advocate effectively as a sophomore nursing student, which demonstrates professionalism.

Junior Year

Naturally, my professionalism improved as my nursing knowledge base widened. In my junior year I felt more comfortable advocating for my patient and did it more frequently according to my clinical logs. I also advocated for more important aspects of my patients health, such as their hydration status as I documented in one log. Additionally, I began to include specific American Nurses Association (ANA) standards of practice in my logs, such as “Communication” and “Quality of Practice”, while applying them to my clinical experience.

Senior Year

During my senior year, I am expected to take more responsibility of my patient as a whole. I have the responsibility of talking directly to physicians to advocate for my patient and
the responsibility to be completely self-directed while being able to prioritize my care of at least
two critically ill patients at a time. In my senior clinical logs I have been identifying specialty
specific standards of practice of the American Association of Critical-Care Nurses (AACN) in
addition to specific institutional policies to guide my nursing care. For example, in one clinical
log I applied collaboration, an AACN standard of practice, to my clinical week. I also identified
how I managed sedation and analgesia in a ventilated patient, which was identified as an
institutional policy.

These institutional policies and standards of practice demonstrate my legal and ethical
responsibilities as a nurse. By familiarizing myself with these policies and standards, I am able to
stick to my scope of nursing practice while taking care of patients. This has demonstrated my
competency in the CPA nursing outcome, “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”.

Culture

Sophomore Year

As a sophomore, I did not have a full understanding about what culture was. Many times
in my clinical logs I wrote down that there was nothing about my patient’s culture that affected
my care. However, now that I am a senior I know that each and every patient belongs to a
specific culture.

Junior Year

During my junior year, I was beginning to understand what culture means. I was able to
identify differences in my patient's lifestyle and values, which I learned was a part of identifying
their culture. For one patient that I had in Adult Health I, I had to identify my own values before
providing care for my patient, as I knew that my and the patient's values were conflicting. I was able to identify my own values in order to make sure that I was not judging my patient. Judging patients can unintentionally affect the quality of nursing care provided, which was what I was preventing by identifying my own values before entering the room.

**Senior Year**

As I entered my senior year, I began to be more culturally aware. Contributing to the development of my cultural sensitivity was the time I was spending in Community Health clinical. During this clinical rotation, I was placed in an impoverished daycare with a group that was given the task to assess, implement and evaluate a teaching intervention with the aggregate. During this process, I learned a lot about different cultures in the area. I learned the most about the struggles of low-income families and wrote about my newfound knowledge in my community health logs. This clinical also helped me to realize that poverty and disease related to lack of education is not only a domestic problem, but also a global struggle. Understanding the span of this problem has assisted me with realizing how healthcare is affected by the lack of financial support in certain populations. This was also evident when working on discussion boards for Leadership class about the Affordable Care Act and how it affects nursing as a profession.

By identifying cultural struggles in my community and widening my perspective to include concerns about global health demonstrates that I have accomplished the CPA component, "Maintains and awareness of global environmental factors that may influence the delivery of healthcare services".

**Conclusion**
When I entered the nursing program, I did not know what to expect. I did not really even know what nurses did. Now that I am at the end of my senior year, I am very pleased with my nursing education. I feel as though I meet and exceed the expectations of me as a new graduate. Personally, I know I have a lot to learn particularly about organizing my time and priorities; however, I think that a few weeks after I begin a nursing job I will be able to provide confident care to each and every one of my patients with minimal assistance. I was initially worried about my competence with practical nursing skills, but these skills have significantly improved during my senior year and now I am no longer concerned.

One of my main strengths is, and always has been, dedication. Being completely devoted to my learning and nursing practice has carried me into opportunities that I have dreamt about since childhood. I am deeply driven by altruistic forces to be the best that I can be for each patient that I take care of. My main weakness of lack of experience is also a benefit, as I am open-minded and moldable for my future employers. I cannot wait to begin this profession that has forced me to be strong and that has truly been fulfilling since the very beginning.