Professional Progress Summary

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Old Dominion University School of Nursing has provided me with an invaluable steppingstone to my professional nursing career. The time I have spent in my undergraduate nursing education has helped me become competent, culturally conscious, and practice utilizing evidence-based modalities. I credit these attributes to the School of Nursing and their focus on *The Great Eights*, which drove my undergraduate Bachelor of Nursing Education. *The Great Eights* are institutional and professional competencies of practice that all student and licensed nurses at Old Dominion must uphold and remain accountable for. These competencies are critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and culture. In this summary of my professional development, I will explain how I utilized *The Great Eights* to provide safe, holistic, and culturally competent patient care in a variety of clinical and patient care settings.

**Critical Thinking**

**Junior Year**

In the beginning of my nursing school career, I had little to no understanding of the importance of critical thinking in nursing. However, through countless hours of studying, lectures on nursing theory, assessment, and skills labs I began to synthesize all this information and utilize my critical thinking skills. Moreover, as I review my clinical logs from my first semester, I can see the beginning stages of the development of my critical thinking and how I applied it to the clinical setting. For example, in my first clinical log in the Fundamentals of Nursing Clinical, I mention that I was working on a medical surgical oncology floor with a patient who was receiving inconsistent blood pressure readings only minutes apart, according to the electronic blood pressure machine. My nurse expressed that she did not trust these readings and therefore did not want to administer antihypertensive medication due to the possibility of lowering his blood pressure to a dangerous level. During this exchange, I remembered my training with manual blood pressure readings and suggested that we should attempt to obtain the blood pressure in this manner. The nurse agreed and we both obtained very similar readings that were hypertensive. This brought my nurse comfort in administering the antihypertensive medication. Although, this was a very simple example, it portrayed my early ability to utilize my critical thinking to engage in creative problem solving.

**Senior Year**

 By my senior year, my ability to utilize critical thinking had grown exponentially and is now second nature to me during clinical situations. My goals and actions are set and revised based on the evidence I gained via assessments, laboratory values, objective, and subjective data gathered. During my senior Role Transition Clinical, I was working night shifts at Sentara Obici Hospital’s Emergency Department. In my clinical log I explain a scenario in which an elderly man was brought to the emergency department via emergency medical services. His wife called because the patient had a sudden change in mental status and fell at home. Upon arrival the patient was confused, slightly combative, hypotensive, and was not verbally responsive. The wife mentioned that this was not normal for him. Therefore, my nurse and I did a full septic work up including labs, blood cultures, and urine cultures. The urine was fowl smelling and cloudy leading me to suspect a urinary tract infection. All this information led to my initial nursing diagnosis which was risk for infection. Laboratory later confirmed the infection; thus, my nurse and I began the sepsis protocol per the doctor’s orders. We set goals of medicating the patient per the protocol, increasing the blood pressure with fluids to a safe level, and expected to see a gradual increase in mental status back to baseline. By the time the patient was sent to the floor, we had met these goals. I believe this scenario exemplifies my ability to utilize data to guide my goals for care of my patients.

**Nursing Practice**

**Junior Year**

The ability of a nurse to adequately perform therapeutic and interdisciplinary nursing interventions cannot be understated. It is imperative to provide effective nursing care in the cognitive, affective, and psychomotor domains. The first clinical experience where I was able to explore my own nursing intervention and practice was my Adult Health 1 Clinical in a dedicated education unit at Sentara Obici hospital. During this clinical, I rotated between a medical surgical unit and a cardiac stepdown floor.

 In one of my clinical logs for the medical surgical floor, I explain that I was working with a patient who was post-op day one from a laparoscopic cholecystectomy. The patient was complaining of increased abdominal pressure, nausea, and minutes later vomited green emesis. Armed with the knowledge that green emesis can point towards an obstruction; my nurse and I contacted the nurse practitioner who ordered a nasal gastric tube. Therefore, my nurse and I entered the patient’s room and explained the new orders. We explained that the tube would be put in place to help the bowel rest and to relieve discomfort. I began with checking the patient’s name and date of birth against the medical record and asked for the patient’s consent to perform the procedure. With the patient’s consent, I then proceeded to place the nasal gastric tube. While doing so I utilized the proper safety techniques that I was taught in skills lab. This included having the patient sitting in an upright position, checking for patency of the nares, measuring the tube from the tip of the nose to the ear lobe to the xiphoid process, applying the lubricant to the tip of the tube, instructing the patient to take small sips of water as I advance the tube to the desired length, and securing the tube per hospital protocol. After we completed the procedure, we confirmed placement using X-ray and attached the tube to wall suction on to pull off emesis and rest the bowel. I believe this instance shows my early ability to perform nursing interventions while incorporating principles of quality management and safety techniques I was taught.

**Senior Year**

During my senior year, my nursing practice has developed substantially. I feel extremely comfortable in many of my traditional nursing practice interventions and complementary modalities. For example, I was selected to be involved in my nursing school’s critical care elective. In this didactic and clinically immersive course, I rotated through multiple critical care units including a level one trauma emergency department and intensive care units. In the emergency department I had a patient that was suffering from multiple seizures. It seemed that every hour or so the patient would have an intense grand mal seizure, putting his safety at risk. These seizures were due to the patient detoxing form alcohol and drugs at the time, however the patient explained that this was not new to him because he has had a seizure condition his whole life. The patient went on to explain that medications such as Keppra have not helped the seizures that much and he still has them when on the medication. This information intrigued my interest; therefore, while talking about this patient in my next clinical log, I provided an article on alternative therapy for seizure activity. I provide an article that studied the effects of medical grade CBD to treat seizure activity. The study found CBD effective in alleviating seizure’s symptoms caused by certain epileptic disorders and seizures caused by brain tumors. This is one of many instances in which I demonstrated my awareness of complimentary modalities and how they can be useful in promoting health. As I lookback, I believe this experience and the experience mentioned in my junior year shows how my implementation of traditional nursing practice to provide holistic health care across the lifespan has grown.

**Communication**

**Junior Year**

 The ability to effectively utilize verbal, nonverbal, and written communication techniques with clients and professionals is an essential skill for nurses to have. During much of my junior year, a lot of the work, clinicals, and simulation experiences were focused on helping me become comfortable communicating with patients and multidisciplinary staff in a variety of settings. During this time, I felt that I was quite adept at utilizing my verbal communication skills, however I needed some work on my written communication and communication with patients who had special needs.

 I was given the opportunity to work on certain communication skills during my rehabilitation clinical. A portion of this clinical experience took place at a summer camp for adults who have had traumatic brain injuries. In one of my clinical logs from this experience, I explain that I met a young woman who was attending the camp who had suffered a traumatic brain injury due to a car accident. Her ability to form words had been drastically affected due to damage of Broca’s area during her accident. Therefore, when speaking with her I had to provide ample time for her to formulate the words she was trying to say and never pretend I understand her if I did not. I would also have her type or write if there was a word that I could not understand. Furthermore, if I had trouble understanding her, I could call one of the camp counselors who spent more time with her and was better at understanding, so he could help translate. I learned from this experience that when communicating with a patient who has special needs, the nurse must remain patient and never pretend to understand something that they do not. I also learned that using a translator or using technology can be an effective tool. I believe that this experience shows my ability to adapt communication methods to a patient with special needs.

 Also, in my rehabilitation clinical, I rotated through Riverside Rehabilitation Institute where I was given an opportunity to use communication devices to gather data from patients. In one of my clinical logs, I spoke of working with a man who had suffered multiple strokes, leaving him with very limited verbal communication. Therefore, when I communicated with him, I would utilize the speech board that was in his room while asking him questions about medications, allergies, and other pertinent healthcare information. I asked the patient if he had ever had certain medications before and he pointed to the yes response on the board. I would follow this same process for other information that needed to be gathered. Although this task was difficult, it helped me gather the required data needed before administering medications. This is an early example of how I demonstrated my ability to communicate using alterative communication devices to ensure safety in my practice.

**Senior year**

As I progressed into my senior year, I believe that my skills with communication have become quite strong. One of the most noticeable changes was in my ability to access and utilize data and information from a wide range of sources to enhance patient and professional communication. The best example that embodies my growth in this area would have to be from my Adult Health 2 clinical case study. During this assignment, I accessed and compiled patient data from the electronic medical records, objective and subjective assessment data from the patient, and scholarly articles relevant to our patient’s diagnosis and treatment plan. A group of peers and myself then used all the information we had and created a comprehensive multimedia presentation that we presented to our clinical instructor, nursing staff, and other multidisciplinary staff. The presentation was aimed at increasing knowledge on the latest data of vaping and e-cigarettes and explaining how this was relevant to our patient’s diagnosis and treatment plan.

**Teaching**

**Junior year**

 During my junior year, I began to utilize teaching strategies to maximize patient health and enhance my professional development in a plethora of ways. Being a new nursing student, much of what I was doing in clinical was counseling and providing health teachings to patients and families. In my Adult Health 1 clinical log, I mentioned that I taught a family about the importance of diet and daily blood glucose monitoring for a new diabetic patient who had questions about his disease. I also explained some low glycemic carbohydrates that the patient should be eating such as brown rice and multigrain bread. Furthermore, I taught the patient that he should stay away from processed sugars that are in foods such as candies and sugar cereals.

In my Community Health 1 clinical experience, I discussed in a clinical log that I attended a community ran project called My Block is Beautiful. During my attendance, myself and some peers did blood pressure monitoring of anyone who was in attendance from the community. Along with this we would explain the measurement and ways to maintain or improve blood pressure by proper diet and exercise. The participants were also given a card with blood pressure and more information they could take home with them for reference. Throughout both experiences, I considered education level and culture so I could provide the information in the most effective way possible. I believe that these are some of the best early examples of my ability to provide relevant and sensitive health education teachings to patients and families.

**Senior year**

Teaching is a corner stone to nursing practice and my senior role transition clinical provided ample opportunity to provide teaching to patients about health care procedures and technologies in preparation for nursing and medical intervention. For example, in my log I mention while in the emergency department I had a patient who presented with complaints of shortness of breath and wheezing. Therefore, the doctor prescribed albuterol which was to be given via a nebulizer. Before starting the treatment, I asked the patient if he had ever used one before, to which he responded that he had not. Thus, I taught the patient that albuterol was a medication that would help open his airways so he could breath better. I also taught him to place the nebulizer mouthpiece to his mouth and breath normally to allow the medication to enter his lungs. Lastly, I taught him that this medication may raise his heart rate and that this was a common side effect. I can see that teaching about healthcare technologies and procedures is an area in which I have grown significantly as I look back on my experience from the beginning.

**Research**

**Junior year**

One aspect of nursing education that is stressed right from the beginning is how important research is to our practice. Nursing research is the foundation to clinical decision making and nurses must incorporate research findings as the basis for all interventions. Therefore, I took a genuine interest in nursing research from the beginning of my nursing school career. One way that I grew my knowledge base my junior year was to differentiate between nursing literature and published reports of nursing research. For example, in my rehabilitation clinical log, I mentioned having a patient with a below the knee amputation of the right leg. I also mention that he experiences pain in his missing limb. My textbook explained that patients who have had a limb amputated may experience phantom limb pain, an intense pain where their limb used to be. The textbook mentioned that the pain exists because of a poor neurological connection to the missing limb and lack of circulation. In the research portion of my log, I presented a published nursing research article that suggest having the patient attempt to move and visualize the missing limb to help the neurological connection to the missing limb, increase blood flow, and decrease pain and stump edema. I believe that my ability to differentiate between nursing literature and published reports of nursing research increases my knowledge base about patient conditions and provides me with the evidence-based approach to my interventions.

**Senior year**

 As a senior, my abilities in the realm of research have far surpassed what I originally thought they would be. In my senior year, I applied research-based knowledge from nursing as the basis for culturally sensitive practice daily in my pediatric clinical rotation. For example, in my pediatric case study, my patient was a young girl with a Wilms tumor. Therefore, she was on multiple chemotherapy drugs and other drips. During administration of the drugs, her mother told me that she fears the drug names. At this time, I remembered reading research that mentioned children of this age will think and create imaginary or mystical thinking that can help them cope with stressful situations. Therefore, with the help of my nurse we created name for her medications such as mermaid water for her chemotherapy drugs. My goal was to use this research-based knowledge and follow the ideology of atraumatic care to provide culturally sensitive practice.

**Leadership**

**Junior year**

A nurse needs to be able to demonstrate self-direction, professional accountability, and advocacy while adhering to legal and ethical nursing practice. During my junior year, I displayed the attributes of leadership by staying accountable to my assessment lab partner. In my assessment skills lab, I had a professional obligation to be present so that my partner and I could learn from one another. Furthermore, in lab we were expected to be self-directed with our work and assessment skills with minimal instruction. This was an important competency for me to learn because in the clinical setting, the same leadership attributes are expected. I believe the self-direction and accountability that I practiced in my assessment lab set the tone for my leadership ability throughout the remainder of my program.

**Senior year**

One leadership responsibility that a nurse holds is that of a delegator. In the clinical setting, delegation is one way that nurses provide high quality care. In my senior role transition clinical, I had little experience as a delegator. However, this was a challenge as I am still a student and not many opportunities to practice this skill are given. However, during my last role transition shift, I was assuming the care of a patient who was brought into the emergency department for chest pain and shortness of breath. The doctor had placed an order for a stat electrocardiogram and labs due to concern of a ST elevated myocardial infarction. I was in the middle of setting up the electrocardiogram and my preceptor told me that I should ask a tech to help start an IV for labs. Therefore, I asked over the radio if any techs were free to assist me with starting an IV. The tech showed up to the room and I asked if he could start an IV and pull rainbow labs for me. The tech agreed as I watched and made sure the task was completed. I believe this represents my ability to delegate and supervise the nursing care given by others while retaining the accountability for the quality of care provided. However, this was one of the limited times I was able to delegate care in my nursing school experience. Furthermore, it will be extremely valuable to me in my experience as a professional nurse.

**Professionalism**

**Junior year**

In my junior year, I began to build my professionalism in the realm of nursing from the start. The way that I began to show my professionalism was by differentiating between general, institutional, and specialty specific standards of practice in my mental health clinical rotation. During this rotation, I was intimidated by many of the patients because I had never dealt with this population before. However, I explain in one of my clinical logs that when dealing with a patient who was suffering from paranoid schizophrenia, I had an interaction with her and she screamed at me to not ask her to get in line for medications. This was intimidating, but I did not allow this situation to get in front of adhering to my general and specialty specific standards of practice. I explained that later in the day, I adhered to general standards of practice by gathering assessment data such as vitals from the same patient. This was uncomfortable, yet it was part of acting in the interest of my patient. I also adhered to a specialty specific standard of practice per the ANA standards of care for psychiatric mental health nursing by assisting the nursing in performing group psychotherapy session that take place daily. I did do by participating and helping facilitate conversation with other patients. Finally, I explain that an institutional standard that I adhered to was ensuring safety of the patients by not allowing patients to be in a room alone. This along with other protocol was a standard of practice the nurses adhered to so that patients would remain free from harm.

**Senior year**

In my senior year, I showed my professionalism in my pediatric clinical rotation on an oncology floor. In one of my clinical logs I mention that while I was working with a nurse, I was asked to hang a bag of chemotherapy medication for a pediatric patient with cancer. Although I would have loved the opportunity to be involved clinically, I was instructed that the hospital which I was working at did not permit students to administer medications to pediatric patients. Furthermore, I was somewhat aware that a nurse needed special training to administer chemotherapy drugs. I explained this to the nurse I was working with and they were very understanding and appreciated my transparency. In this moment I wanted to learn. However I understood the effects of legal and regulatory process on nursing practice, as well as my role with my current scope of practice, therefore I knew I had to decline the opportunity. I believe this shows my understanding of the importance of these regulations as well as depicts my ability to demonstrate accountability for my own professional practice in a difficult situation.

 Another situation in which I demonstrated leadership was by being accountable for my patient’s blood sugar checks. In my adult health two clinical log, I mention that I was assuming care of a patient who was on an insulin drip on a step-down unit. When planning my day with my nurse, she told me that I was going to be responsible for reminding her of the q30m blood sugar checks. Therefore, I set a timer after we checked the blood sugar, to go off every 30 minutes. This was a valuable skill to learn about time management Furthermore, it was another instance in which I was able to demonstrate my accountability for my professional practice.

**Culture**

**Junior year**

Arguably one of the most changeling aspect of nursing is to demonstrate cultural awareness and sensitivity. For me, this proved challenging in the beginning of my nursing education because I had to examine my own cultural bias. However, in my adult health one clinical log, I explained that I was caring for a patient who was dealing with cancer of his thyroid which had a high chance of metastasizing to his lymph nodes. The doctor had explained to him that his condition was quite severe and that the next step was to try surgery. During a conversation I had with my patient, I asked him his feelings about his condition and surgery. He explained to me that he is a religious man and that everything, including his illness, happens for a reason. He elaborated that if surgery did not go well and he did not make it through, it was okay with him because he knew he was going to heaven. Personally, I am a spiritual man as well, thus I asked my patient if he would like if I prayed with him before his surgery. We did so and he thanked me. Unfortunate, I was never able to find out how the surgery went being that it was schedule for the next morning. This man believed his health and wellbeing were ultimately out of his control based on his culture’s faith. However, this faith gave him peace of mind in his illness.

**Senior year**

My experience with patient’s cultural ideas about health and illness and how it influences their reaction to illness progressed well into my senior year. For example, in an adult health two clinical log I mention an experience I had with a patient who was brought into the floor after surgery from a broken hip. The patient was a 73-year-old German woman who had fell at home while getting out the shower. When my nurse and I tried to administer pain medication she denied it, although she was in extreme pain. She explained to us that her family did not believe in taking narcotic pain medications. Furthermore, she said that the pain is the body fixing itself. Needless to say, I was impressed with the toughness of my patient, but more importantly my nurse and I respected her cultural belief about pain and told her if she changed her mind or needed an icepack for pain we would provide it. I believe that these two experiences demonstrate my ability to show sensitivity to personal and cultural definitions of health, and how these beliefs influence an individual’s reactions to the illness experience and end of life.

**Conclusion**

 My experience at Old Dominion University School of Nursing has been one of the most challenging yet rewarding experiences of my entire life. On my first day, I did not know what to expect from nursing school. I was sure I would learn a lot and get some clinical experience. But, in reality I gained a significant amount of personal growth and life experience that I would not trade. Everyday was a learning experience with a new skill to master, a new theory or disease process to learn, and a new patient to care for. I acquired skills such as enhanced ability to perform head to toe assessments that will help me identify and report data that is essential to my patient. I also learned technical skills such how to safely and effectively start intravenous lines, nasal gastric tubes, administer medications, and to assist advanced practice providers in performing bedside procedures. Some areas I wish I had the opportunity to learn more would be some clerical skills such as charting and writing patient notes. However, these are skills I plan to improve at in my first year as a professional nurse.

 Now standing at the end of my journey, its amazing to see how far I have come and how much I have accomplished. Before this program I had little to no idea what I wanted to do with nursing. I was also not as confident in my ability to be a successful healthcare professional. However, I can now see my strengths in my practice. I bring value to my patients by being able to communicate effectively, provide in depth assessments, safe technical skills, and be the leader that my patients need me to be. I do still require some growth in areas such as charting and some medication knowledge, yet these are task I plan to improve on. This will ensure I am the best nurse I can be. Moreover, Old Dominion has helped me achieve my dream job as an emergency department nurse at a level one trauma center in Richmond, Virginia. As I move on into my professional career, I plan to always keep the ideas and competencies I learned at Old Dominion in the back of my mind. I feel ready to enter the work force and am willing to continue to learn for years to come. Lastly, I would just like to mention that I am proud of this accomplishment, proud to be a future nurse, and proud to be a Monarch. I will always strive to live up to the reputation of the profession of nursing.

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

Dalton McAnney 4/18/2020