

Chapter 14

Practical Principles for Professional Preparation

You have accepted your first nursing position and are now entering clinical practice. Congratulations! Do not be overwhelmed with what you don't know. Instead, remember that you passed nursing school as well as the NCLEX. Maintain a positive attitude regarding your capabilities to successfully transition to autonomous professional practice. You are now opening a new chapter in your life's journey that will also bring new challenges. In my journey over the past 30 years in clinical practice, I have lived out as well as observed several principles that will help guide you to fulfill your potential as a professional nurse.

These practical principles include:

- Transitioning from nursing student to licensed nurse
- Identifying your best fit
- Progressing and becoming an expert nurse
- Knowing the importance of being certified
- Being a life-long learner
- Strategizing to transition successfully

Transitioning from Nursing Student to Licensed Nurse

Reality Shock

The differences between your academic environment and the values you were taught may collide with the clinical culture in which you will practice. Reality shock can be described as your lived experience when you enter the nursing profession but find yourself feeling unprepared. You will soon see the differences between what you learned in school and what is current clinical reality and practice.

It is important to recognize your limitations and need for time and clinical experience to fully develop as a nurse in practice. Benner's highly acclaimed model of nurse development has demonstrated that it requires at least two to three years of clinical experience to advance from your current level as an advanced beginner nurse to the next stage of competence (Benner, 1982). I will discuss Benner's model in detail later in this chapter.

The education-practice gap is an ongoing problem in nursing education and directly affects students who graduate from even the best programs. Simply stated, the gap is the gulf between how students are

taught and what they will experience in real-world clinical practice. For example, in the clinical setting after graduation you will no longer have one or two patients as you did in nursing school clinical, but will be responsible for four to eight patients in an acute care setting, and double this in transitional or skilled care setting. If you are not well prepared to multitask and priority set for this reality it inevitably causes a high degree of stress and “reality shock.”

You will be torn at times regarding which set of values you are supposed to embrace – the ones that you learned in school or the ones you see every other nurse on your unit using. As you experience this tension and feelings of unpreparedness, your attitude is essential. Despite what you are feeling, you must convince yourself that you have made it this far and that you truly do have what it takes to be a nurse. As you acquire experience, things will begin to become easier and you will begin to find your stride in just a matter of time!

But some nurses are casualties of reality shock. Unfortunately, many new graduate nurses leave the profession in the first year because of job stress, lack of organizational support, poor nurse-physician relations, unreasonable workloads, uncivil work environments, and difficulty transitioning to practice (Clark & Springer, 2012).

Knowing that reality shock is a documented phenomenon, I want you to expect this reality, but more importantly, be prepared when it comes your way. When you recognize that the feelings of fear, anxiety, and lack of feeling prepared are normal, this knowledge will hopefully help you weather this storm.

What Am I Feeling?

You don't need to know everything as a new grad! Now is the time to develop realistic expectations for yourself. Remember that it will take at least a year to learn and grow in your new role. When I recently asked many of the new nurses in our hospital their feelings as they started their first position, would it surprise you that they all shared similar feelings of:

- Being overwhelmed
- Anxious
- Fearful
- Thankful at the end of the shift that they did not harm or kill their patients!

If you can identify with these feelings, know that you are not alone! Because of a lack of clinical experience, the full force of reality shock will intensify the normal stress and anxiety that any person experiences when starting a new job.

These same nurses admitted that their feelings of anxiety and fear were a daily occurrence for at least the first six months of clinical practice. After six months they began to turn a corner and began to feel more comfortable and confident in their skills and abilities as a nurse. That is why it is so important to hang in there and persevere regardless of the storm that feels like it is going to take you under. Think of each shift as a clinical day. As you acquire additional clinical experience, it will prepare you for the next day as you translate your knowledge and what you have learned from each shift you work to the next.

How to Cope

It is one thing to experience the painful feelings that accompany reality shock; it is another to cope and to overcome them. The following are some practical strategies that you can incorporate to help you cope and overcome this experience as a new nurse.

- Develop relationships with your preceptor and new co-workers. Find a new or best friend at work as well as a mentor!
- Share your struggles and feelings with a trusted nurse colleague or mentor. This is another reason to establish meaningful relationships with others on your unit.
- Know where to access need-to-know resources as well as nurses who are your best guides and resources.
- It is normal to experience some dissatisfaction with your new role and work environment. Have realistic expectations and be kind to yourself!
- Learn and pattern your practice after nurses who are excellent role models. Just because you see poor examples of nurses does NOT give you permission to lower your practice to their level!
- Use reflection to identify what is going well and what can be improved. Celebrate and acknowledge what you are doing well and do not focus on the negative!
- Keep a journal so you can reflect on your practice and acknowledge your feelings. This will help you to see the progress you are making on your journey!
- Identify and manage conflicts as they arise. Be direct with your communication. Do not allow inevitable conflict with co-workers to steal your joy and exacerbate reality shock (Ferris, 2012).

Patient Complexity

A weakness of textbook learning is that it does not take into context how patients typically present in the clinical setting. Each patient is unique and the way that they can present with their primary problem can be different from the textbook norms of illness presentation. For example, it is not uncommon for patients to present with a myocardial infarction not with chest pain but only with referred pain such as to the jaw or arm. Expect these deviations and recognize the importance of not being focused on the concrete norms and content that are in the textbook.

As a novice nurse who tends to be a concrete textbook learner, you must work to recognize your reliance on textbook norms and realize that clinical practice will be ambiguous and not always consistent with what is taught in your textbook. Your goal is to learn what the common unique deviations from textbook content may be for each illness and then make that part of your knowledge base for practice. This is how clinical experience over time is your best preparation for ongoing clinical practice!

Another weakness of textbook learning is that it can only present one topic at a time, discuss it in depth, and then go to the next related topic in the chapter. In clinical practice most patients do not have just a single problem. They have multiple problems that influence their current presentation in the clinical setting.

It is not uncommon for patients to have two, three, or even more illnesses or disease processes that influence the current chief complaint. The ability to recognize these clinical relationships of disease processes is a challenge that will contribute to your reality shock. I recently cared for a patient with shortness of breath who had a diagnosis of sepsis, but also had a history of COPD, heart failure, fluid overload, and anxiety. Any of these other problems can also cause SOB and must be considered. Expect this level of complexity in your patients, especially in the acute care setting.

That is why it is so important to have a deep understanding of pathophysiology. Recognizing the relationships of pathophysiology will help demystify patient complexity. When you understand how other illnesses develop and are influenced by diabetes, for example, the resultant hyperlipidemia that can lead to coronary artery disease and myocardial infarction that can cause ischemic cardiomyopathy, which influences the development of renal failure, will begin to be understood and expected.

Navigating the Matrix of Hospital/Unit Politics

A nurse mentor is an essential guide, like Yoda in the Star Wars trilogy, to reveal the unseen matrix of hospital/unit politics that though not visible are clearly present and must be uncovered in order to successfully navigate a new setting. The matrix of unit politics is revealed through the unspoken culture and unofficial leaders in the clinical setting. It is also revealed by the way that nurses and the team work together. Is this unit a healthy culture where teamwork is the norm? Or is it defined by its animosity and incivility and lack of respect towards one another?

The clinical setting can consist of landmines that one can step on and not realize until it is too late that you could have avoided that blowup! The matrix includes the nuances of primary care providers and how to communicate with each one effectively based on what other nurses know from their experience working with these individuals. Use a trusted mentor to ask questions regarding these unspoken assumptions and aspects of communicating with other members of the team so that you can make your best first impression possible.

How to Progress and Become an Expert Nurse

Patricia Benner, whom this book is dedicated to and whose work is widely cited in this text, is best known for her early nursing research that led to her book *From Novice to Expert: Clinical Excellence and Power in Clinical Practice*. This work detailed how nurses progress, develop skills and understanding of patient care over time.

The five levels of nurse proficiency in nursing practice that Benner identified are:

1. Novice
2. Advanced beginner
3. Competent
4. Proficient
5. Expert

Summary of Novice to Expert

The relevance of Benner's framework now that you have graduated is that it defines the definite levels of clinical progression and the characteristics of nursing practice at each level. The following is a summary of her theory:

Novice

- First-year nursing student with no experience
- Taught and uses general textbook rules to help perform tasks
- Rules of clinical practice are related to textbook learning, independent of specific cases, and applied universally because of a lack of clinical experience
- Concrete (textbook) learner whose thinking is limited and inflexible
- Task oriented

Advanced Beginner

- Graduating nursing student who demonstrates basic level of performance
- Because of limited prior experience in clinical settings, is able to recognize patterns

- Does not consistently recognize clinical priorities

Competent

- Typically requires two to three years of clinical experience after graduating from nursing school
- Gains perspective from planning nursing actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization
- Recognizes clinical priorities

Proficient

- Begins to see abstract situations as a whole
- Holistic understanding improves decision making
- Learns from prior experiences and what to expect in certain situations and how to modify plan of care

Expert

- No longer relies as heavily on principles, rules, or guidelines to put the clinical picture together and guide interventions
- Has intuitive grasp of clinical situations
- Performance is fluid, flexible, and highly proficient (Benner, 1984)

To place these five distinct levels of nursing progression in context, you began nursing school as a “novice,” which is the first level of Benner’s framework. Because you had no prior clinical experience as a nurse, you were unable to recognize relevant clinical data and when an exception to standards of care was in order (Benner, 1982).

For example, knowing that normal O₂ saturation is >95% and your patient with end-stage COPD has O₂ saturation of 90%, which is likely their normal, you may not recognize this exception because of the lack of clinical context and inflexible, rule-governed behavior. As a graduate nurse you are now on the second level of proficiency which is “advanced beginner.” You will tend to be strongly TASK oriented, and will not readily recognize priorities and what task is most important to do first (Benner, 1982).

To progress and become “competent,” which is the third level of proficiency typically requires two to three years of experience in the same clinical area (Benner, 1982). At this level, the nurse knows what needs to be done and is able to set needed priorities to efficiently organize and manage the day.

Centrality of Caring to Progression

Caring remains central for the nurse to progress and develop to become an expert practitioner. The heightened level of INVOLVEMENT that caring represents is foundational to expert nursing practice (Benner & Wrubel). CARING is what makes the nurse notice what interventions are most effective and identify subtle signs of improvement or deterioration.

Benner studied the characteristics that made expert nurses effective in practice. She identified that knowledge and technique were not enough; caring is an essential component that will lay the foundation to becoming an expert in nursing practice (Benner, Hooper-Kyriakidis, & Stannard, 2011).

Progression vs. Regression

An important point to consider as you examine each of these levels of proficiency is to realize that they are not static, but you can progress or regress over time. If the nurse is engaged and motivated in

practice, she will progress with time and experience to an expert level. But what happens if that same nurse experiences depression, stress of a divorce, or burnout? Is it realistic to maintain the same level of motivation and engagement under these circumstances? For most it is not and regression to a lower level of proficiency is inevitable.

This is why the professional discipline and habit of reflection is so important. It is possible to regress and not realize it. Form meaningful relationships with your colleagues that you can be honest about the difficulties you are experiencing and draw upon them for needed support.

At a minimum, the nurse must uphold and perform the standards of safe practice. To progress through these stages requires time in clinical practice. There is no substitute for clinical experience! But time alone will not make you an expert clinician.

To progress to be an expert nurse, you must be motivated and guided by the DESIRE to be excellent in what you do in practice. Excellent practice at its very root is SELF-MOTIVATING (Benner, Hooper-Kyriakidis, & Stannard, 2011). Pursuing certification in your desired nursing specialty, even if it is not required, is an example of self-motivated professional growth that will likely lead to expert practice over time.

Identify Your Best Fit

Each one of us is unique. Regardless of your disposition and temperament, there is a place for you in nursing! Did you know that there are 104 clinical nursing areas in which to specialize? Identify what specialties interest you, acquire relevant information, and determine the education and clinical experience that is needed. Johnson & Johnson has provided all this essential information in one place on its website, "Explore Specialties." Be sure to check it out! (<http://www.discovernursing.com/explore-specialties#categories=management>).

Research numerous nursing specialties using the Johnson & Johnson link above. Reflect and journal on the nursing specialty explored and why this area is of interest to you. This will help you to consider the wide range of other possibilities in nursing of which you may have not been aware.

Another approach that you can consider to guide you in exploring nursing specialties is to identify your basic temperament. Gather more information on areas that are a best "fit" with your personality and temperament so that you have a good idea of what areas of practice you want to pursue after graduation. From the four basic temperaments listed below (Richards, n.d.), see which one aptly describes the essence of who you are:

Sanguine

- Impulsive and pleasure-seeking
- Chronically late, and tend to be forgetful
- Sociable and charismatic
- People persons who enjoy talking, social gatherings and making new friends
- Enjoy time alone
- Sensitive, compassionate and thoughtful
- Struggle with following tasks all the way through
- Confident

Nursing roles to consider:

- Floor nursing of any kind
- Skilled care/transitional care units

Choleric

- Ambitious and leader-like, assertive
- Lots of energy, and/or passion, and try to instill it in others
- Like to be in charge of everything
- Either highly disorganized or highly organized
- Struggle with balance. One extreme to another
- Prone to mood swings.

Nursing roles to consider:

- Intensive care (ICU)
- Emergency department (ED)
- Rapid response team
- Operating room (OR)
- Mental health
- Nurse anesthetist
- Nurse practitioner
- Nursing leadership

Melancholic

- Introverted and thoughtful
- Pondering and considerate
- Highly creative
- Perfectionists
- Self-reliant and independent
- Get so involved in what they are doing they forget to think of others

Nursing roles to consider:

- Home health care
- Critical care (ICU)
- Emergency department (ED)
- Operating room (OR)
- Nursing education

Phlegmatic

- Relaxed and quiet
- Content with themselves, kind
- Accepting and affectionate
- Prefer stability to uncertainty and change

- Consistent, relaxed, calm, rational, curious, and observant
- Passive-aggressive

Nursing roles to consider:

- Home health care
- Skilled care/transitional care units
- Nursing administration

Non-bedside Nursing Options

Though most nursing positions involve direct patient care, here are settings that are either indirect or non-patient care that you may want to consider depending on your temperament:

1. Physician clinic
2. Nursing case manager
3. Nursing informatics
4. School nurse
5. Legal nursing consultant
6. Nursing research
7. Diabetic nurse educator
8. Cruise ship nurse
9. Camp nurse

Advanced Practice Positions

If you want to pursue an advanced practice degree in nursing, this is currently a master's level of preparation or about two years of college education after you have a baccalaureate degree. The education required to become a nurse practitioner and nurse anesthetist are moving toward a doctorate level of education that will require an additional year to complete, though this is not currently the standard. The following are the most common advanced nurse practice specialties you may want to consider and pursue after acquiring relevant clinical experience:

- Nurse Practitioner
- Nurse Anesthetist
- Nurse Midwife
- Clinical nurse specialist
- Nurse Educator
- Nursing Leadership and Administration
- Nursing Informatics

Get Certified

Once you have settled into a clinical area that is a good fit for you and you plan on staying in this specialty area, make it a priority to pursue your certification in that specific specialty. The essence of being certified in any nursing specialty is that it validates your knowledge and expertise in that specialty setting. Nursing certification recognizes the unique knowledge, skills, and abilities needed beyond the scope of RN licensure.

In order to become certified, the nurse must pass a difficult examination. To pass this examination requires mastery of content unique to this specialty setting as well as clinical experience. It is like taking the NCLEX, but with all questions derived from the clinical area in which you seek certification. Study manuals to prepare for the certification examination typically include need-to-know content with numerous practice questions with rationale.

Most clinical areas provide nursing certification but most require at least one to two years of clinical experience in that setting before you can take the certification examination. Some of the most common nursing certifications and abbreviations you may see on a nurses name badge include the following:

- CCRN: Certification in Acute/Critical Care Nursing
- CEN: Certified Emergency Nurse
- RN-BC: Board Certified Psychiatric-Mental Health Nurse
- PCCN: Certified Progressive Care Nurse
- CHPN: Certified Hospice and Palliative Nurse
- CNOR: Certified Nurse, Operating Room
- CRNL: Certified Registered Nurse, Long-term care
- CVN: Certified Vascular Nurse
- CHN: Certified Community Health Nurse

I am currently certified in the two specialty areas that I practice in, emergency department (CEN) as well as critical care (CCRN). Once I had the required clinical experience, I recognized the value and desired to be certified in these clinical areas to be the best possible nurse I could be and to validate my expertise with certification. Studying for certification strengthened and developed the critical thinking and made me a better caregiver as a result.

Though it may look like I have alphabet soup behind my name, it is not what motivated me. But when families or your patient notice the additional letters behind RN on your name badge, when you briefly explain what it means, they value and appreciate a caregiver who has demonstrated their knowledge and expertise with certification. Certification validates specialty knowledge, experience, and clinical judgment.

According to one study, nurses whose clinical judgment has been validated through certification believe that they make decisions with greater confidence. This study also found that certified nurses felt that certification enabled them to feel more satisfied as a nurse in practice. Because it is voluntary, specialty certification makes it evident that they have a commitment to progress as a professional and are dedicated to be the best nurse possible, particularly in a constantly changing health care environment (AACN, 2015).

Be a Lifelong Learner

Mandates in the Nurse Practice Act make it clear that you must stay current in practice. When one of the reviewers of this book was interning at the Maryland Board of Nursing, she witnessed many nurses who were being investigated by the Board for practice concerns who could not identify any formal ongoing learning since they became a nurse. This lack of ongoing growth and development as a nurse clearly contributed to their deficient clinical practice. Decide right now to NOT be that nurse!

Your journey of learning to become a nurse does not end by successfully completing nursing school. It has only begun. You must have a thirst and desire to learn and grow as a health care professional throughout your career in order to provide the best current and evidence-based care your patients deserve. Health care and nursing are continually developing based on new research and standards of care, and change is a given.

To keep abreast of change requires continual learning. Technology changes. Treatments and nursing procedures change with evidence-based practice findings. Embrace this reality, but when you enjoy the journey you will have the aptitude that will lead to your ongoing success and professional development as a nurse. After graduation make it a priority to subscribe to relevant nursing journals that will keep you abreast of current research findings and feed your knowledge as a lifelong learner.

Nurse.com (<http://www.nurse.com/>) is an excellent web-based resource to keep abreast of regional and national news relevant to nursing and much more. Micromedex is a common pharmaceutical database with thorough content on the mechanism of action. My personal favorite database for understanding the pathophysiology of disease processes is <http://emedicine.medscape.com/>. Do NOT sell all your textbooks after graduation. You will need and refer to those relevant to your clinical setting as you transition into practice.

Incorporating Evidence-Based Practices into Your Practice

As a nursing student you most likely completed an evidence-based practice assignment. The importance of evidence-based nursing practice is not just a one-time project to complete in nursing school but an ongoing endeavor that the professional nurse must embrace as long as you are in clinical practice. The only way that you will be able to keep abreast of changes and opportunities to incorporate evidence-based practice is by reading appropriate and relevant nursing journals.

There are many excellent nursing journals for every clinical specialty. The American Journal of Nursing (AJN) is an excellent resource that is relevant for all practice settings. Make it a priority to subscribe to these relevant nursing journals in your specialty as well as be familiar with the electronic resources in your practice setting. This will allow you to be not only on the cutting edge of what is current and best practice but also be a leader for needed change in your clinical setting!

Teamwork Made Practical

You are part of a team when providing patient care and are never alone. As I observe new nurses in clinical practice they tend to operate in a silo mentality and some do not even acknowledge that there are other nurses they are working with. Recognize your limitations and do not go all the way under before you ask another nurse for help! If you need help from another colleague, most nurses are more than willing to help if they are asked.

I find the following principles helpful to create a team-oriented culture whenever or wherever you work:

- **Introduce yourself to the nurses in your work area.** Though you may know all your co-workers, if there is a float nurse or a newer nurse, be sure to take this first step. This is especially important with those nurses who are proximal to your assignment. Though this is basic professional courtesy, from my own experience, some nurses do not make this effort to introduce themselves. As a float pool nurse, I am not as well-known as core staff nurses. I

consistently introduce myself and let them know that I am in the float pool. This simple gesture builds a bridge of collaboration that starts the shift off on the right foot!

- **Convey availability to your colleagues at the beginning of the shift.** Conveying availability is a caring intervention that communicates caring to patients. In a similar way, conveying availability communicates teamwork and caring to your colleagues. Some nurses hesitate to reach out when they are struggling. Knowing that you have taken the first step to reach out and are available is comforting and appreciated!
- **Provide help to a nurse who asks as soon as you are able.** It is important to follow through with a smile whenever someone takes you up on an offer for help. Be aware of nonverbal communication. I have observed in my own practice that when I have asked for help with some nurses, their nonverbal communication of eye rolling, deep sigh, or irritated facial expression make it all too apparent that I am inconveniencing them. Make it a priority to not be that nurse!
- **Remember that you are one unit and one nurse.** Nightingale communicated to new nurse graduates the truth that “*we are all one nurse*” (Attewell, 2012, p. 76). Live this out by making yourself available to assist as needed with other nurses or answering call lights for people who are not your patients. Though you may have offered help to your colleagues at the beginning of the shift, whenever you have a moment and have completed all of your necessary responsibilities, round on the unit and touch base with each nurse you see to offer any help. Your example of professional and collegial teamwork is truly contagious and will be reciprocated!

Ready to Launch

Following are a number of practical “pearls” that will help you successfully launch your nursing career.

Tools of the Trade

- **Purchase a quality stethoscope!** My son recently graduated from a diesel mechanic program. Over two years of school, he was required to purchase over \$10,000 worth of tools. In comparison, a nurse needs only a few tools and the most expensive is a quality stethoscope. Quality does matter and you will notice the difference. If you got through nursing school with an inexpensive model because of your budget, it is now time to upgrade. A friend of mine told me that it is not the cost of the stethoscope that matters; it is what is between the ears of the person using it! Though there is no substitute for a thinking nurse, for less than \$100, I recommend the following models that I have used in practice:
 - ✓ ADC Adscope 600 Platinum Edition Ultimate Acoustic Cardiology
 - It has excellent acoustics, and priced around \$95.
 - The ADC is half the price of a comparable Littman cardiology stethoscope, but I can tell no appreciable difference in quality or acoustics
 - ✓ Littman II SE
 - This is an all-around workhorse and can be used in all clinical areas. It has slightly less quality in acoustics than a cardiology stethoscope, but the difference is negligible. Priced around \$70.
- **Use a stethoscope belt clip to carry your stethoscope with you always.** Wherever you go, your stethoscope must be with you. You never know when your patient may suddenly change

and your stethoscope is nowhere to be found. If you find it uncomfortable having the weight of your stethoscope around your neck, then purchase a stethoscope belt clip for just a few dollars and you can easily carry your stethoscope on your hip instead.

- ✓ **Be sure to disinfect/clean this stethoscope as well as all tools of the trade between patient rooms.** In one study, almost half of all stethoscopes cultured were contaminated with 50 potentially pathogenic microorganisms. The most common organism (86%) was *Staphylococcus aureus*, and 42% of these staph organisms were methicillin-resistant *S. aureus* or MRSA (Campos-Murguía, Leon-Lara, Muñoz, & Macías, 2013).
- **Always carry a small LED flashlight.** Since I work nights, having a small, flat LED flashlight is priceless when making rounds. You can unobtrusively check your patient's IV site or IV pump without having to turn on the lights in the room. It also can be used to assess pupillary response with neuro checks. They are typically 1" x 2" and ¼" deep. They can be purchased at any hardware store for less than \$5.
- **Always carry a scissors, forceps, and medical tape with you.** You can carry these essential tools with you at all times. Taking a forceps, thread the tip through your roll of tape and attach the forceps to the side of your pants at the belt loop level. Then take a bandage scissors and place in the center of the tape hole. You now have all three pieces of equipment in one place and all together at your side when you need them!
- **Use a smart phone holster that has small built-in pockets.** I use a Night Ize smart phone hip holster. In addition to holding my smart phone, it has built-in loops to securely carry a carpject for IV/IM medications, as well as small pockets to hold a small, flat LED flashlight, and safety pins (always handy to secure an NG tube to a gown to prevent needless tugging).
- **Always carry a pocket full of alcohol wipes before you start your clinical shift.** You will use them for numerous purposes such as preparing the skin for any injections and cleansing the hub of IV tubing before administering medications.

In the Trenches

- **Do what is needed to get adequate rest.** This can be difficult if you work rotating shifts, but make it a priority. Your patients will thank you!
- **Use the ride in to work to mentally prepare.** Use rituals that are meaningful to you, such as prayer or meditation to prepare for the demands of patient care.
- **Arrive at least ten minutes before your shift begins.** This will give you time to prepare mentally and establish a sense of calm, before the storm begins! Being on time is also a professional behavior that your colleagues will appreciate!
- **Mentally prepare for a difficult shift.** Then when it does not materialize, you were prepared and can be thankful for a better than expected shift!
- **Pack a nutritious meal or snack.** Don't graze on junk food on the unit in case you have little time to eat. Have a protein-rich snack such as a protein shake, yogurt smoothie, or protein bar that will give you fuel in the tank in case you don't have time for a full meal break
- **Write down all important phone numbers to communicate with the team in your facility.** Respiratory therapy, pharmacy, and physician practice groups are NEED-to-know contacts. Place on the back of your name badge or make a memo list on your smart phone.

- **Label syringes with IV medication vial.** It is essential to label all syringes that you have drawn up and will take into the patient's room to administer. One quick and easy way to do this is to take a piece of tape and attach the neck of the IV bottle to the cap of the needle on the syringe. This accomplishes two things: It identifies the syringe, and you can easily scan the medication if your institution uses bedside scanning.
- **The environment matters.** Do all that you can to create a healing environment that is as quiet, dimly lit as needed, and as clean as possible. Don't forget that Nightingale also was a nursing theorist who recognized that a clean and healing environment improved patient outcomes. She wrote in her first textbook of nursing: *"Unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient"* (Nightingale, 1860).
- **No task is beneath you as a nurse.** Though you have a degree, continue to serve others with humility and do whatever is needed to provide patient care. Cleaning rooms or helping to clean up a soiled patient is not only the responsibility of the nursing assistants or housekeepers. Nightingale also made this point clear in her probationer address to newly graduated nurses. *"And don't despise what some of you call housemaids work"* (Attewell, 2012, p. 74).
- **Know your limitations.** This includes being honest and aware of what you do not understand. Be humble enough to recognize when you don't understand, and know when you are in over your head and the need the help of other nurses. If you are not aware of your limitations and when you need help, you will be unsafe and will likely harm your patients!

Do not hesitate to ask questions at any time if you are unsure about anything in practice. Be honest in accepting your limitations if you have not done a skill that you are expected to do as a nurse. It is not uncommon to have not performed a Foley catheter insertion or naso-gastric tube insertion as a student. If you have not performed these skills, embrace the learning opportunity, but let your nurse colleagues know that you need their backup and have them accompany you to be safe and ensure best practice.

- **Give yourself grace to be a new nurse.** Just as it is essential to give yourself grace to be a student learner, this applies once you are in practice as well. Remember that it takes at least two years to be competent and comfortable in practice (Benner, 1982). There is no substitute for clinical experience. Early on in your career, you will struggle to put the clinical picture together and remain focused on the tasks. But in time this will change, and your proficiency will increase with clinical experience!
- **Assume the best of your colleagues.** Be slow to make judgments about other nurses. If the room is messy, supplies are missing, or other are aspects not up to your standards, assume they had a busy and difficult shift. If patterns become apparent, they need to be directly addressed.
- **Get a thick skin.** You will work with colleagues and primary care providers who will irritate you and may rub you the wrong way. Don't take every interaction personally and give grace to others for being stressed, tired and not always being kind and gracious with every interaction they have with you. Remember that you, too, will need this same grace extended to you at times as well!
- **Know how to access essential nursing information.** How do you access the hospital policies related to any procedure that you are not familiar with? How do you fill out an incident report online? Where can you access Micromedex and other online nursing resources that your facility provides? Be sure that you can access this information and know where it is found before you

are off orientation. This will facilitate your transition to a new setting because you will always have questions. You just need to know where to find the answers!

Practical Principles to Transition Successfully

Though you are early in your journey, I would like to share a few closing thoughts that will help you successfully transition to professional practice after you graduate (Neal-Boylan, 2013).

- **Get a mentor.** Make this priority one when you enter into clinical practice! Identify nurses with whom you work who are excellent, experienced, and model the essence of the professional nurse you aspire to be. Your mentor can be official or unofficial, depending on where you work and the orientation process. A good mentor will imprint the intangibles of nursing that will positively influence your professional development.
- **Ask questions.** Never fake it! You could put your patient's life at risk. If you have a question, use your resources. If you are still not able to find what you need, ask your nurse colleagues. One experienced nurse said it beautifully but bluntly: "A good nurse is always willing to ask questions even if it makes them look stupid. It is better to be willing to appear stupid than be dangerous to your patients."
- **Be humble.** Although you have learned much in nursing education, you are still a novice nurse. Demonstrate a hunger and desire to learn as much as you can from those more experienced.
- **Show respect.** Respect the knowledge and experience of the nurses you work with. Even if your personalities may not mesh, look beyond this and respect their knowledge and learn as much as you can from them.
- **Network with other nurses and find a solid support system.** A healthy unit is comprised of positive and meaningful relationships with your colleagues. Make it a priority to engage with your colleagues and take advantage of opportunities to go out after work or any outside activities planned by other staff. These will allow you to get to relate to your staff and see them in a different light. Not all nurses can be approached to ask a question. Identify those who are "safe" and will support you as a new nurse so you can share your thoughts, feelings, and struggles as a nurse transitioning from school to practice.
- **Take care of yourself.** Self-care was addressed earlier but is worth repeating. Take time for adequate rest and use the vacation days you have acquired. Do not feel guilty if you need to call in sick. By being proactive, you will be less likely to burn out and will persistently carry the passion of caregiving as you care for others.

CHAPTER 14 HIGHLIGHTS

- There are numerous ways to serve as a nurse. Depending on your personality, some positions will be a better “fit” than others.
- There are five distinct stages of professional nurse development that require clinical experience and nurse engagement to progress through. There are no shortcuts!
- A new graduate nurse is in the second stage of “advanced beginner.” It will take two to three years of experience to advance to the next stage of “competent.” Do not take this to mean that you are not competent as a new graduate nurse. It takes time to develop confidence and comfort in the clinical setting that as a new graduate you will not possess.
- Becoming certified in your clinical specialty is a practical way to demonstrate your commitment to excellence and develop your knowledge.
- Utilize techniques that emphasize collaboration and teamwork to effectively communicate with primary care providers.
- Commit to the highest levels of professionalism and create a culture of civility wherever you practice.
- Stand up for the absent colleague and use cognitive rehearsal to directly and respectfully address incivility when it comes your way.

Additional Resources

- Book: *A Nurse's Step-By-Step Guide to Transitioning to the Professional Nurse Role* (2015) by Cynthia Thomas, Constance McIntosh & Jennifer Mensik
- Book (complete PDF!): *From Surviving to Thriving: Navigating the First Year of Professional Practice* (2012) by Judy Boychuk Duchscher
- Book: *A Daybook for Beginning Nurses* (2009) by Donna Wilk Cardillo
- Book: *Your First Year As a Nurse, Making the Transition from Total Novice to Successful Professional*, 2nd edition (2010) by Donna Wilk Cardillo

Chapter Reflections

1. Review websites for information on Benner's Novice to Expert theory. Compare and contrast the characteristics of a novice, advanced beginner, and competent levels of practice to your current level.
2. What is similar and how does your practice differ from your current level?
3. What aspects of your practice do you need to strengthen in order to progress to the next level?
4. What clinical specialty are you currently most interested in pursuing after graduation?
5. What is the nursing certification for this specialty and what are the requirements to apply for certification?
6. What nursing journals do you currently or plan to subscribe to after graduation?
7. What aspects of communicating with a primary care provider cause you the most anxiety?
8. What can you do to prepare to discuss a patient concern? Consider role-playing this interaction with another student, then reverse roles!
9. How will you be the needed change in nursing by addressing incivility respectfully?

*Every time I write RN after my name,
I still do a little happy dance in my head!*

Chapter 15

Words of Wisdom from Health care Professionals

“It is not how much you do, but how much love you put in the doing.”

“Unless life is lived for others, it is not worthwhile.”

–Mother Teresa

I have captured the clinical wisdom and encouragement from experienced physicians, nurse practitioners, and nurses, some old and some new, whom I respect and have been blessed to work with in clinical practice. Their insights have been tested, tried, and refined through their clinical experience. If you note any recurrent themes of wisdom from these responses, recognize that this point is especially relevant for you to consider!

Words of Wisdom

Primary Care Providers

“When calling to provide an update or clinical concern, make the following a priority:

- *Be clear on what you want*
- *Know the patient’s story well enough so that you are able to answer basic questions related to your clinical concern.*
- *Give just enough information to allow the provider to visualize in my head what is going on. Don’t give too little information and don’t give too much that is not directly relevant to the primary concern. Make it “just right!”*

–Elice Tieg, RN, CNP

“Take the responsibility of the professional nurse seriously! Embrace the ownership of your patient that includes the need to assess the response to physician orders and treatments, know what to expect and anticipate, and when the expected response does not materialize communicate this promptly. Reassess vital signs and relevant nursing physical assessments consistently!”

–Warren Kearney, MD

“When performing an assessment and you are delineating the primary chief complaint, identify the body system that corresponds with this complaint. If there is more than one complaint, continue this line of thinking with each aspect of the complaint that is different from the prior. This will guide you to do a

thorough assessment of that body system to identify a potential problem. Though the complaints may be different, use your knowledge to see if there is a relationship between the different complaints or not.”

–Suzanne MacDonald, MD

“Anticipate potential needs for your patients and call SOONER not later. This is appreciated when a call can be avoided in the middle of the night. Before you make that call, review the chart to know the patient’s story and to ensure that the physician has not addressed the concern in the most recent progress note or prior order. Then when you call, know specifically what the current problem is, what clinical data supports the problem, and what you want or think your patient needs.”

–Dan O’Laughlin, MD

“If you as the primary nurse are concerned about abnormal lab results or other clinical data you have collected and feel that it warrants a call to the physician, don’t just call and report the data you are concerned about; that is passing the buck. Do your best to interpret the data, identify the specific or problem that this data could represent, and do your best to make a clinical judgment. Then when you call, report both the data and your clinical judgment. That helps me to have a clearer picture of what the clinical problem may be and then I can determine if I need to do something about it or not.”

–Susan Seatter, MD

“Maintain an open line of communication that lets me know any changes for better or for worse as soon as possible. Err on the side of communicating too much, not too little.”

–Phillip Mumm, MD

Registered Nurses

“Pay attention to the PATIENT because it is so easy to miss something. I recently had a patient who was lethargic and I was not clear as to why. By asking myself “WHY IS THIS?” I had an ABG done and the CO2 was >100; he needed to be intubated. Also pay attention to the LITTLE THINGS. Check IV tubing and all connections on your patient to prevent problems before they start. Some days you will make a mistake and feel like quitting. It is easy to think it would be better somewhere else, but you need to have the courage to keep coming back.”

–Pam, RN, 30 years/ICU

“Know your medications! The time-action-profile found in nursing drug handbooks is essential to know so you know when to follow up and assess the response to what you gave to see if it is working. As a newer nurse, identify the best and most approachable nurses on your floor so they can be a real world resource as well as an example to model your nursing practice by.”

–Andrew, RN, 1 year/med-surg

“Never be afraid to ask questions. You will get yourself into trouble if you don’t, and you will learn a lot more if you do!”

–Melissa, RN, 3 years/ICU

“Lean heavily on experienced nurses; not those who eat their young, but those that are safe to ask questions.”

–Mike, RN, 16 years/ICU

"Have a willingness to put your ego aside and do not feel that you have to prove yourself and show that you know it all. Remain teachable."

–Eric, RN, 8 years ED/ICU

"Give it a year to become comfortable in practice. I was ready to quit after six months because I was unsure of myself in practice. I was worried that I was going to harm my patients. Also do not be afraid to ask questions! I am always concerned about a new nurse who appears to know it all."

–Brant, RN, 10 years/ICU

"Time management. Be ready to multitask with at least three to four patients. Focus on patient care, NOT on charting."

–Jay, RN, 3 months/ED

"Treat your patients like you would want your family members to be treated."

–Jill, RN, 20 years/ED

"Be prepared to make mistakes because you are still human."

–Darcy, RN, 10 years/ED

"Forgive yourself when you make mistakes or when you do not know what you think you should know."

–Tracy, RN, 22 years/ED

"You don't know what you don't know. The only dumb question is the one not asked."

–Mandy, RN, 6 years/ED

"Ask questions. Expect to flounder the first six months. Treat your patients like family members."

–Rana, RN, 9 years/ED

"Trust your gut. You know more than you think you do. Give yourself credit for what you already know."

–Rachel, RN 5 years/Float Pool

"Give yourself at least one year to get comfortable in practice. Learn to set priorities as this is the foundation to practice. Know what you can change and what you cannot. Also ask, ask, ask! There is so much that you don't know, that you don't even know it."

–Gayle, RN, 40 years/Float Pool

"Accept your limitations. Know when to ask for help."

–Mellina, RN, 17 years/Float Pool

"A good nurse is always willing to ask questions even if it makes them look stupid. It is better to be willing to appear stupid than be dangerous to your patients."

–David, RN, 17 years/ Rapid Response Team (RRT)

“Don’t be afraid to step back from a stressful situation and take a deep breath when you are feeling overwhelmed. Get your priorities straight and do not miss the big picture.”

– Justin, RN, 1 year/ED

“Time management is key. Know who your priority is and see those patients first because things can change so quickly.”

– Michelle, RN, 5 years/Float Pool

“You will not spend hours obsessing over care plans as you do in nursing school. In practice you need to identify what is your care priority and what will you do to advance the plan of care. It is that simple.”

–Kate, RN, 10 years/Float Pool

“Look at the BIG PICTURE with every patient. Do not focus on the tasks, but look at the patient and see how they look and how they are doing.”

–Becky, RN, 25 years/med-surg

“Watch your patient closely and stay in tune with your patient. Then you will be able to identify when something changes. Though you may not be able to identify specifically what you are assessing, you will know that it is different from their baseline and will recognize the need to do something.”

–Alice, RN, 20 years/ICU

“Use your eyes, ears, and really look and listen to your patient. Be thorough and be vigilant. Remember that there is no such thing as a routine assessment!”

–Carrie-RN, 6 years/Float Pool

“Trust your intuition, even if the doctor says not to worry about it! If you sense that something is wrong in your gut, don’t ignore it because it is almost always right.”

–Marcia, RN, 7 years/PACU

“It’s OK to be scared. It’s OK to ask questions. It’s OK to delegate, to give some of your work away. Recognize your limitations knowing that you can’t do it all.”

–Shawn, RN, 15 years/Float Pool

“Know who your resources are every shift such as your charge nurse and colleagues that you trust. To effectively communicate with the physician when you call know three things: what is your concern, what is your assessment data to validate the concern, and know what you want! (Remember the R of SBAR?) If the physician becomes upset or short with you, don’t let it affect you. Be a turtle and let it roll off your back knowing that you are advocating for your patient.”

–Louellen, RN, 27 years/Float Pool

“Learn to be kind. Not only for your patients but for yourself. Be true to yourself but hold back the biting words. Think before you speak then follow your gut.”

–Kari, RN, 30 years, Rapid Response Team (RRT)

"Instead of complaining about what a horrible day it is or will be because of... Embrace adversity and the daily challenges that are not uncommon in clinical practice. If you see adversity as a challenge to OVERCOME instead of something to ENDURE, you will thrive instead of merely surviving!"

–Keith, RN, 30 years/Float Pool

"Be honest in all interactions with patients, family members, colleagues, and providers. Always look at your patient. Pay attention to your patient and what they are saying. Hold your nursing ethics close to your heart and your clinical practice!"

–Georgia, RN, 29 years, Surgery Nurse

***Why yes, my friends and I will ruin a perfectly good conversation
with gross stories from clinical.
You should be used to it by now.***

Chapter 16

Make a Difference

*“To know even one life has breathed easier because you have lived,
that is to have succeeded.”*

–Ralph Waldo Emerson

*“One whose life makes a great difference for all:
All are better off than if he had not lived.”*

–Florence Nightingale, 1820–1910

As a nurse you will be in a unique position to make a difference in the lives of your patients and their families. You will have access to patients and their families in the best of times and the worst of times. Times of joy and celebration with the delivery of a new life into the world, and times of sorrow as families say goodbye to a loved one who is dying.

My Journey

As I reflect on my journey in nursing over the past three decades, the desire to make a difference has been the unifying thread of my story. It motivates all that I do as a nurse and nurse educator. This desire to make a difference has also influenced my desire to serve the poor through medical missions in Honduras and Haiti. On one recent medical mission trip to Haiti, I had no idea how my skills as a nurse would be used to benefit one elderly woman in a life-threatening crisis.

As our team was conducting a community outreach clinic at a church in Port-au-Prince, an elderly woman had a syncopal episode and collapsed on the street in front of the church. She was severely dehydrated as a result of vomiting and diarrhea secondary to cholera. Her presenting BP was 60/30. We were able to establish an IV, gave 2 liters of 0.9% NS, and she was transported by a family member to a cholera hospital in Port-au-Prince. I found out on our next trip that she had survived. She likely would have died without these immediate interventions. This was a graphic reminder how serving others with a desire to make a difference can impact others and even save a life!

In Closing

Taking the time to share my observations and reflections on what it takes to be a nurse was hard work, but well worth it knowing that it will make a difference. I hope that you were able to use this resource to strengthen and embrace what is required by one who desires to become a professional nurse.

May you, too, embrace the responsibility to make a difference in your attitude and the value you place on being a professional nurse. Though serving as a nurse is challenging, difficult, and at times thankless, because you are caring for human life of infinite value and worth, you will leave your mark on the hearts and lives of those you serve. Florence Nightingale poured herself out in her calling and realized her personal vision of a life well lived.

I want to encourage you to have this same sense of vision and purpose as you begin your career as a nurse. Nightingale had no idea that she would transform the nursing profession by caring for the sick as she began her nurse training, but she did. In the same way, health care today is ever changing and visionary leadership is needed to transform our profession as well as nursing education.

Will you be willing to embrace not only the responsibility of being a caregiver and pursue nursing with a passion to make a difference not only with each patient you care for, but use your unique abilities to possibly make lasting contributions to the profession?

Like Florence, you, too, are unique and have God-given talents that you have a responsibility to steward. Will you take the hard, but narrow, path to use what you have been given to serve others and make a difference by pursuing excellence in all that you do as a nurse, or will you take the broader path that many pursue by doing only what is needed and be content to be average in practice?

We have one chance at this life. It is imperative not to waste it. May the lives of Florence Nightingale, Mother Teresa, and other unsung caregivers who sacrificially served and cared for others inspire you to pour yourself out for broken humanity here and in other countries of the world where the need is so great.

Isabel Hampton Robb (1900), an influential American nurse educator, recognized not only the value, but also the eternal significance of caring for others. May her timeless vision and perspective inspire and influence you to embrace this same ethic in your practice:

“The spirit in which she does her work makes all the difference. Invested as she should with the dignity of her profession and the cloak of love for suffering humanity, she can ennoble anything her hand may be called upon to do, and for work done in this spirit there will ever come to her a recompense far outweighing that of silver and gold.”

