THINK like a Nurse!

Practical Preparation for Professional Practice

Keith Rischer, RN, MA, CEN, CCRN
Praise for THINK Like a Nurse!

“Nursing school has limitations to what can be taught before you graduate and enter the profession. THINK Like a Nurse! addresses this and provides the new nurse with need to know content, along with Keith's clinical pearls, to help you see the 'big picture' of patient care. I strongly recommend this invaluable book for all nursing students and/or new graduates.”

Andrea Baland, RN
Normandale Community College graduate, 2012
Bloomington, Minnesota

“This is a must read for all nursing students and new graduates. The content is invaluable and will encourage you to live up to your full potential as a new nurse!”

Desiree Rohling, RN
Normandale Community College graduate, 2012
Bloomington, Minnesota

"After reading this book, I am more confident to go into my nursing practice. The wealth of practical information in this short read is like having a year's worth of nursing experience under my belt. I highly recommend this valuable book for new grads!"

Tamera Wimbley, RN
Normandale Community College graduate, 2013
Bloomington, Minnesota

"Keith has the insight for the conceptual framework in teaching young nurses. This book provides many examples to help student nurses and new graduates filter the crucial aspects of caring for their patient's and the patient's family."

Georgia Hogenson, PhD, RN, CNOR
Assistant Professor
Department of Nursing
College of St. Benedict/St. John’s University
St. Joseph, Minnesota
“I highly recommend *THINK Like a Nurse!* This book is perfect for student nurses in the last semester of their nursing program and for new graduate nurses. Keith takes the common core knowledge and skills that the new nurse needs and drills them down to the nuggets of wisdom needed to be successful in practice. His thoughts and experiences in practice are insightful and easy to apply. A great resource for nurse educators too!”

Melinda M. Luther, MS, RN, CNE
Professor and Chair
Department of Nursing
Nashua Community College
Nashua, New Hampshire

“*THINK Like a Nurse!* provides relevant information in an easy-to-read, clear, and focused manner along with helpful advice from an expert nurse and teacher. This practical information is integrated with important professional issues and content such as civility, QSEN, the ANA Code of Ethics, and providing safe and holistic patient-centered care. I believe this book is a powerful resource for nursing students. They can read/review this book each semester and subsequently improve their ability to “think like a nurse” with each clinical experience as they progress through their nursing program and even their first year of nursing practice.”

Shirlee J. Snyder, EdD, RN
Interim Dean and Professor
School of Nursing
Nevada State College
Henderson, Nevada
Dedication

This book is warmly dedicated to Patricia Benner, RN, PhD, FAAN, FRCN and her ongoing influence to leave the profession of nursing better than when she entered it. Her work as an educator, author, researcher, and scholar has impacted the nursing profession in this generation as well as my own practice as a clinician and educator. It is my desire to honor and practically situate her work that spans over thirty years for the next generation of caregivers in this book. Her emphasis on the importance of caring as well as clinical reasoning and thinking like a nurse in practice makes her work timeless and relevant to all participants in the nursing profession today.
Acknowledgements

This book has truly been a team project. Though I had an idea of what I wanted to communicate when I started this project a few months ago, it was truly a diamond in the ROUGH. But with the input and suggestions of many respected educators and nurses in clinical practice it has become better and more “polished” as a result. I would like to give special mention to the following out of my appreciation for their contributions:

A heartfelt thank-you to Patricia Benner, RN, PhD, FAAN, FRCN for her willingness to read an early draft as well as final draft of this manuscript and provide needed global feedback. Your assistance in helping me rescue the “house” metaphor with a vibrant, living house that is “dynamic, changing and growing to better fit a growing practice...making the home more of a peaceful and healing abode, for yourself, and for the patient” was needed and appreciated!

A special thanks to Cynthia Clark, RN, PhD, ANEF, FAAN whose research work on incivility is extensive in the literature. You demonstrated to me what civility looks like as well as professional collegiality through your willingness to take time out of your busy schedule to review the appendix on incivility and provide needed feedback and revision.

I also want to thank Linda Caputi, MSN, EdD, RN, CNE for her part in opening the doors that gave me the opportunity to present my work on clinical reasoning as an unknown educator on a national stage at Elsevier’s Faculty Development Institute two years ago. I was so nervous I almost passed out before I spoke, but I got through it and would not have this platform today had it not been for you! You too, took time out of your busy schedule to review this manuscript. I appreciate your honest and direct feedback to refine what I communicate in this book.

I also had reviewers who went through this manuscript with a fine-toothed comb. I am so thankful to Melinda Luther, MS, RN, CNE, department chair at Nashua Community College in New Hampshire. Your willingness to contribute to this manuscript was a blessing. We share the same passion in our approach to nursing, and your contributions and encouragement were needed and appreciated!

I am also grateful to Georgia Dinndorf-Hogenson, PhD, RN, CNOR who also thoroughly reviewed this manuscript. Your commitment to educational excellence has been an inspiration and encouragement to me. You have been a friend and colleague through both thick and thin in academia!

A special thank you to Ruby Wertz, MSHA, BSN, RN who took my manuscript on vacation to provide needed input. I also appreciate your kindness and collegiality to make my first nursing department presentation a success at Nevada State College!
Another heart-felt thank you to Shirlee J. Snyder EdD, RN who provided a final review of my manuscript. After all my feedback had been incorporated into the draft, I needed one final set of eyes who was a nurse editor and author. Despite being in the middle of revising your fundamentals nursing textbook (Kozier and Erb’s) you took the time to provide final revisions and edits. Your validation of what I have written has given me peace of mind to finalize this manuscript and publish!

Thank you Kari Ryan, RN, BAN, a staff nurse at Abbott Northwestern where I practice. You are an inspiration to me whose heart remains engaged and caring. You are a real-life example that demonstrates that after thirty years at the bedside you can still remain fresh and alive in practice. Your comments and input to the draft contributed to the “living house” metaphor by your example.

I have been blessed and thankful to have two editors, Jan Leisner, MA, and Rosemary Krusemark who have improved and polished my original manuscript. Your input and attention to the smallest detail has made this book the best it can possibly be. You both were willing to work with a tight schedule and I appreciate your flexibility to complete this project!

I want to thank my former nursing students Heather Squillacioti, Jennifer Shipsted, Desiree Rohling, Andrea Baland and Tamera Wimbley, now new nurses in practice, who reviewed this manuscript and provided clarifications and revisions based on their perspective as a new nurse to improve its relevance to my primary audience.

I am indebted and want to thank the nursing students at Normandale Community College class of 2012 who were my “guinea pigs” as I went outside the box of traditional nursing education to do my best to implement the suggestions of Patricia Benner and her coauthors in Educating Nurses. You recognized the value of what I was trying to accomplish. This book and the opportunities I now have to present clinical reasoning across the country would not have been possible if not for you!

Finally, it goes without being said that behind every good man is a better woman, and that woman is my wife, Rhonda. I am so thankful for your practical day to day support and willingness to sacrifice so that I could complete my masters in nursing education and pursue my passion as a nurse educator.
Think like a Nurse!

Practical Preparation for Professional Practice

If I could communicate one thing that I want you to take to heart as you enter into professional practice, it is simply this: GIVE YOURSELF GRACE TO BE A NEW NURSE! As a new nurse you will experience many challenges and will be stretched in ways you did not think possible. Giving yourself grace to be a new nurse means that you will make mistakes, but you will learn and grow from them! You still have much to learn, so be patient and remember that all you can do is to OFFER your BEST in any given situation. Commit yourself to BE the BEST and digest and assimilate what I have communicated in this book. Do this and you will be well equipped to be practically prepared for professional practice!

Your unused nursing textbooks can be put to good use! If you would like to pay it forward so they can be used by nursing students in the developing world please email Keith: Keith@KeithRN.com or mail directly to: 3700 153rd Lane NW, Andover, MN 55304

Keith Rischer, RN, MA, CEN, CCRN has practiced for thirty years in a wide variety of clinical settings including his most recent nursing experience in cardiac telemetry, critical care, and ED. Working clinically while educating nurses for the past seven years, he has developed clinical reasoning case studies to help students to think like a nurse. He has presented his work at both regional and national nurse educator conferences where he has been well received. Defined by his passion for nursing and excellence in education, Keith brings a fresh approach to nurse development through the concepts presented in this, his first book.
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Lights and sirens blazing, I was the emergency medical technician (EMT) and driver of an ambulance racing to the scene of a 9-1-1 call for chest pain. The paramedic was in the back of the ambulance with the patient who was receiving needed care. We were on a back country road in the days before GPS. All I had was a Hudson’s map book to get me back to the main highway. I took a wrong turn, got lost, and began to panic! After some quick thinking, I finally found the way back to the main road and made it back to the emergency department (ED), but not before the family beat our rig to the hospital! Fortunately the patient was not impacted by the delay, but this caused me to reflect and realize that I needed to reconsider my suitability for emergency services!

What attracted me to nursing over thirty years ago was caring in crisis, in the context of emergency care. I wanted to be a flight nurse/paramedic and chose to get my nursing degree right out of high school. I completed my EMT after my first year of nursing school and began to volunteer as an EMT in our community. I was so traumatized by getting lost with a patient in the ambulance, that I re-routed my career path and completed my two-year nursing degree in 1983 from a local community college and entered a very tight job market as a registered nurse.

I started my nursing career as a psychiatric nurse at the local state hospital and had to slowly stair step from there to pursue my ongoing desire for caring in crisis: long-term care, pediatric home care, step-down NICU, cardiac telemetry, cardiac ICU, and finally after sixteen years, the ED. I currently work in the critical care float pool of a large metro hospital where I work between the ED, med/surg neuro ICU, cardiac medical ICU, cardiac surgical ICU, cardiac telemetry and circulating/rapid response team. I am relatively new to nursing education, having taught several years as a clinical adjunct and only two years full-time in the classroom.

My journey in nursing education began on a medical mission trip to Honduras nine years ago. Our team served at a mission hospital in a rural underserved community. They had multiple physicians and a surgeon, but no one to deliver anesthesia on a consistent basis. The hospital was dependent on medical teams that had a certified registered nurse anesthetist (CRNA). Only then did they have the ability to do major surgery. I was helping in the OR that day and no CRNA was available. Instead of general anesthesia, I was titrating Ketamine as an IV push for a child having minor abdominal surgery correcting a hernia. Ketamine is a dissociative anesthetic that is used for conscious sedation, NOT a general anesthetic. We did the best we could under the circumstances, but during the procedure it was obvious he was in discomfort and would become restless as the sedation lightened up. After this experience I was determined to obtain my CRNA and do what I could to make a difference and serve in this context in medical mission work in the future.
I had current ICU experience, but only a two-year nursing degree so I enrolled in a local BSN completion program, completed my BSN and then applied at a local CRNA school. At this point I thought it would be wise to see firsthand what a CRNA does in practice and shadowed a nurse anesthetist for a day. I was totally disillusioned! This role was not what I expected; I was BORED by this experience at the end of the day! One of my favorite ways to relax and unwind is with a good book. I was reading *Wild at Heart*, a book by John Eldredge that encourages men to recapture their uniquely created heart that is wired for adventure. This quote literally jumped off the page:

> “Don’t ask yourself what the world needs. Ask yourself what makes you come alive, and do that. Because what the world needs are people who have come fully alive” (1).

I realized how much I enjoyed teaching new nurses in the ED. I enjoyed seeing what I was teaching and presenting, watching the “light bulb” turn on as content was understood and incorporated into practice by other nurses. This quote gave me permission to pursue what I believe is my God-given passion and talent in nursing, the ability to teach. So after completing my BSN, instead of pursuing the path of what was NEEDED as a CRNA, I pursued my PASSION and went right to a master’s in nursing education program and have not looked back!

**Trouble in Paradise**

After my second year of classroom teaching in 2010, I began to feel a disconnect and was dissatisfied. I knew what content was needed and relevant for students as a nurse straddling both domains of education and clinical practice. Between the traditional content-heavy lectures and North American Nursing Diagnosis Association (NANDA) driven care plans with a correctly worded three part nursing diagnostic statement, I felt this traditional approach was not fully preparing my students to think like a nurse in clinical practice. Everything changed when I read *Educating Nurses: A Call for Radical Transformation*, over winter break written by Patricia Benner and her co-authors. The recommendations for nurse educators was founded on educational research findings by the Carnegie Foundation (their findings are not limited to the nursing profession) and identified that nursing education needed to be TRANSFORMED by the following “radical” proposals:

- CONTEXTUALIZE classroom content so it is situated in clinical practice (at the bedside) so students can see why it is relevant.
- Greater INTEGRATION of classroom theory and clinical content so that they are not kept in largely separate orbits in nursing education.
- Emphasize CINICAL REASONING, which is the ability of the nurse to think in action and reason as a situation changes over time by capturing and understanding the significance of clinical trajectories and grasping the essence of the current clinical situation (2).
In a nutshell, all that is taught in the classroom must translate to the BEDSIDE! This captured so concisely in writing what I was feeling inside that I knew it demanded a response and I had to do something different, and fast! So I spent the last half of my winter break reworking my assigned theory content so that my lectures would incorporate and apply these paradigm changes in my classroom. I was determined to be the change! I had all of the cardiac content that semester and situated my four content lectures on “Mr. Kelly,” a middle-aged/overweight man who developed at the beginning of lecture #1 Atherosclerosis/HTN and for lecture #2 progressed to AMI, in lecture #3 he developed heart failure, and in lecture #4 his cardiac disease progressed to PAD/PVD. I cut my lecture content in half by emphasizing CONCEPTS and used the other half to situate student learning through a clinical reasoning case study that I created by incorporating the best aspects from Lisa Day’s paradigm example from *Educating Nurses* and Linda Caputi’s clinical reasoning activities as well as my own clinical experience. I required students to identify RELEVANT data and establish nursing priorities/interventions with a clinical scenario using clinical reasoning. I developed my own template of a clinical reasoning case study and used this to situate all of my lecture content for the semester.

I did a simple survey at the end of the semester to see what student’s thought of this new approach to nursing education. Student response afterward was overwhelmingly positive. NOT ONE student said to go back to traditional content-heavy lectures but continue this emphasis on need-to-know concepts and clinical reasoning using case studies in the classroom! One student summed it up for many: “*These clinical reasoning case studies were very helpful. I didn’t feel like I was memorizing for the test. I felt like I was able to apply the information. It helped put knowledge into practice and made it clear why it was relevant.*”

After I had successfully adapted this needed emphasis of clinical reasoning in my classroom, I had a chance encounter with a nationally known nurse educator and long-time advocate of clinical reasoning, Linda Caputi. Unknown to me at the time, she was also on the planning committee of a large, annual national nurse educators conference (Elsevier’s Faculty Development Institute). She was interested in what I had developed, and after reviewing my case studies I was invited to speak and share my work on how I adapted clinical reasoning and the paradigm changes from *Educating Nurses* in a well-received breakout session.

I realized that many other nurse educators also recognized the need to do something very different to promote the learning of their students. Though many had read *Educating Nurses*, the practical application of HOW to make this transformation possible was not so clear. Knowing that there was an ongoing interest in this needed emphasis of clinical reasoning resources, over the past year I took the initiative to develop and build my website KeithRN. KeithRN has numerous resources to develop nurse thinking as well as clinical reasoning case studies that I charge a small fee for on a wide variety of med/surg topics derived from my many years of clinical practice. Much of what I have developed and posted are free downloads including clinical handouts and the templates to build your own clinical reasoning case studies if you are a nurse educator. It is my desire to share with other faculty what I have developed so that this needed transformation can be facilitated!
In the past year, numerous students began to access the clinical reasoning resources on my website, even purchasing case studies to help promote their learning. I realized that they too wanted to benefit from this needed emphasis on clinical reasoning. This book was birthed by this desire to promote their learning and understanding of clinical reasoning. I have put in writing what I have taught to my students over the years as well as what I have presented at nurse educator conferences. I consider myself an “everyday educator” who is no scholar, but grounded in clinical practice. I possess a heartfelt desire to do what I can to promote the learning of those who also want to pursue their passion to become a nurse. I also want to do what I can to be a part of the needed transformation that is currently needed in nursing education to better prepare our nurses for real-world practice.
Foreword

As a student, I have known Keith from my first year of nursing school; he was one of my fundamental nursing instructors, who is now a nursing colleague in the float pool at the hospital we both work at. Keith’s passion for nursing is evident not only in his practice at the bedside but also through his teaching. The clinical reasoning case studies that he created and presented to our class challenged us to think in a way that we had not experienced to this point in nursing school. His objective was to get us to “think” like a nurse. As his students in lecture, we had to take a step back and look at the bigger picture of what was truly going on with the patient in the clinical scenario. As a class we had to identify what the clinical data represented and as nurses what interventions we should implement to intervene and prevent a worst possible scenario from happening. Keith was constantly challenging and encouraging us.

Keith had faith in us, and laid a foundation of knowledge that was applied at the bedside. Keith pushed us to start utilizing the same clinical reasoning questions during clinical. Not only did this prepare us before caring for our patients, but it also helped us to be more proficient and consistent with our skills. On a personal level, Keith cares. He was present during a crisis in my life during nursing school. He not only showed compassion for my situation and care as a friend, but his knowledge and grasp of nursing was evident.

This book has been extremely helpful to me in many ways. Not only did it remind me of all the clinical handouts Keith created that I relied on during clinical (i.e., most commonly used medication, clinical reasoning questions, etc.), but also reminded me of the living “house” nursing represents…the foundation, walls, and roof. Keith also reminded us of the centrality of caring to nursing. The content in chapter 1 on the foundation of nursing must be carefully read and not overlooked or missed by the reader. Keith goes into further detail on how to pull what we have learned from the classroom and apply it to the bedside, and how trending data is essential in practice. Chapter 6 uncovers the clinical pearls that are relevant to practice is something every new graduate entering the workforce should review and apply. The appendix on bullying is a must read as well. I highly recommend this book to be read by new graduate nurses and applied at the bedside to help prepare you for practice.

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Introduction

I have written this book to help you as a new nurse transition successfully and not only survive but THRIVE in clinical practice! This book is filled with relevant information that will help facilitate your professional growth as a new nurse. This book was written specifically for the new nurse or graduate nurse who is either waiting to take the NCLEX or has passed and is now pursuing that first job to begin your nursing career. But this book will also benefit any nursing student, even at the fundamental level. It will be pertinent because if you review the content in this book each semester, you will learn something new based on your previous clinical experiences and higher level theory content. I have put my thoughts in writing, but more importantly have highlighted the writings of leading nurse educators such as Patricia Benner, who will mentor and guide you as you begin your lifelong journey of learning as a graduate nurse.

I love the energy and passion that nursing students bring into the classroom and clinical settings to promote their learning. They are engaged, focused, and have willingly made numerous sacrifices to make it through nursing school. If you are a graduating nurse, I warmly congratulate you! I know that you desire to be the best nurse you can be to provide safe care for your patients. But with great power of learning comes great responsibility. Are you at times fearful or anxious over the reality that you will soon be fully responsible for all aspects of your patient’s care…that you literally hold a human life in your hands? If you can identify with this roller coaster of emotions as you prepare for professional practice, I have written this book with you in mind.

You will never stop learning as a professional nurse. As a graduate nurse you have an excellent foundation laid from your education, but you are likely feeling the burn of your own fears and anxieties as you transition to autonomous professional practice. “Reality shock” is just around the corner for you as a graduate nurse. The differences between your academic environment and the values you were taught are going to collide with the clinical culture you will practice in. Extremely high levels of stress, anxiety, burnout, and turnover are common for the new nurse in the first year of practice (1). 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 (2).

To prepare you for real world practice, this book will highlight content areas most relevant to the bedside and why they must be mastered and understood. I have chosen to capitalize words throughout the book for emphasis of importance (not to yell!). To help visualize the professional development that is needed as you transition to the responsibilities of the professional nurse, I will use the metaphor of building a house; not a static structure, but a unique, vibrant “living” house that is a reflection of how you choose to build and add to it over time. Nursing is a living and vibrant practice that requires your personal involvement and engagement to promote the well-being of those you care for. Just as a home often undergoes remodeling as a family grows over time, the same is true for the
professional nurse who may change practice settings or advance their education to “remodel” their practice setting to management, education, or nurse anesthesia. The “living” house of professional practice will be developed in the following chapters of this book.

A house must have a firm and stable foundation. The ethical comportment or the art of nursing is this foundation for every nurse. Caring behaviors, nurse engagement, and professionalism in practice must be present or your nursing practice could be on shaky ground before it even begins. Once the foundation is laid it is time to build, and the walls of professional practice are the applied sciences of nursing: pharmacology, fluid and electrolytes, and anatomy and physiology. I will contextualize these essential sciences to the bedside so you can see the relevance of mastering this content and therefore enhance your ability to recognize potentially dangerous clinical trends and provide the best possible care for your patients. Finally, the roof of professional practice consists of critical thinking and clinical reasoning, which is the thinking that is required by the nurse that completes the house and ties everything together.

Though most students can write a three part nursing diagnostic statement and use this as a priority for a written care plan, this emphasis will not always prepare you to transition to thinking like a nurse in practice. As a nurse in practice, you must be able to THINK IN ACTION especially when the status of your patient changes. This is the essence of clinical reasoning and is an essential thinking skill that must be understood, incorporated, and practiced.

The house of professional practice is in need of supporting structures that include safety, education, and expert practice. Safety is practically situated in all that a nurse does at the bedside. The nurse must also embrace the role of educator and realize how patient education can positively impact patient outcomes and even prevent readmissions. Though it takes time to progress to expert practice, what it takes to get there will be identified so that you can be the best that you were trained and created to be!

Finally, we will tie the house together with real world clinical scenarios to apply all that you have learned in this book as well as your nursing education. You will be able to practice clinical reasoning by using the unfolding clinical reasoning case study on sepsis found in chapter five and by accessing the unique clinical reasoning case studies found on my website KeithRN, which situate foundational concepts and content for practice. Each case study has a fully developed answer key that thoroughly explains the rationale to promote your learning. This allows you to PRACTICE nurse thinking before you enter into practice.

I have compiled essential and relevant clinical pearls that will practically guide you in the clinical setting. The final chapter is filled with rich pearls of wisdom from nurses that I work with in acute care and what they would say to you, the next generation of nurses, to be practically prepared for professional practice. In every house there are also closets, and unfortunately there are two “skeletons in the closet” that are identified and discussed at length in appendix A and B. The remaining appendices contain several of the clinical handouts I have created to promote the learning of my students.
Acute care positions in a hospital setting have traditionally been the most common and desired clinical practice areas for nurses. But now more than half of all nursing positions are found in other settings including home care, transitional care units (TCU) and long-term care and this is where many of you will begin your career. Nursing is so much more than acute care in the hospital setting! The majority of my nursing career has been acute care in a hospital setting. This is my lens and the framework that I use in my nursing practice and is the clinical context for much of this book. I am confident that you will still find the content in this book meaningful and relevant to promote your professional development regardless of your practice setting.

It is only recently that I pursued my passion to teach and became a nurse educator. I care deeply about your professional success and want to do what I can to establish you on a rock-solid foundation as you transition to professional practice. One of my greatest frustrations as a nurse educator has been the inherent difficulty of sharing the depth of my clinical experience with my students because I have been spread so thin as a clinical educator. Though I enjoy the dynamics of clinical education, I feel like a ping pong ball bouncing from one “crisis” to the next. So now that you have the time and I have put my thoughts in writing, I invite you to pull up a chair and let me share what will help you to be practically prepared for professional practice.

Additional Resources:

- Book: From Surviving to Thriving: Navigating the First Year of Professional Practice by Jody Boychuk Duchscher
- Book: A Daybook for Beginning Nurses by Donna Wilk Cardillo
- Book: Your First Year As a Nurse, Second Edition: Making the Transition from Total Novice to Successful Professional by Donna Wilk Cardillo