THINK Like a Nurse

Practical Preparation for Professional Practice

SECOND EDITION

Keith Rischer, MA, RN, CEN, CCRN

what do you need to know
to be well prepared for professional practice?

You can't know it all and you don't need to. But what content in nursing school is most important and must be mastered so you can successfully transition to real-world clinical practice after graduation? What character and personality traits must the nurse possess to be a true health care professional?

THINK Like a Nurse: Practical Preparation for Professional Practice was written to answer these questions and teach the concept of "thinking like a nurse" so every nursing student who graduates knows the essence of what is required for professional nursing practice.

Every new nurse needs a mentor to guide them as he or she ventures out on this new journey. Join the author as he shares what he has learned about caring for others over thirty years of clinical practice.

You'll be encouraged to take a look "under the hood" and identify your strengths as well as weaknesses as a novice nurse. Once a weakness has been identified, practical tools and strategies are presented so they can be remedied and become your strength!

Keith Rischer, MA, RN, CEN, CCRN is an author, blogger, nurse educator, and staff nurse who has practiced for thirty-one years in a wide variety of clinical settings. Defined by his passion for nursing and excellence in education, he is a recognized authority on clinical reasoning and its relevance to nursing practice. His innovative work on clinical reasoning has been published in the literature as well as the current fourth edition of *Kozier & Erbs Fundamentals of Nursing* textbook. He has presented his insights to nursing students and nurse educators at conferences and workshops across the country. His blog and creative tools to develop nurse thinking are available on his website, www.KeithRN.com.

"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
Co-author of Kozier & Erbs Fundamentals of Nursing

"After reading this book as a new graduate, 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

THINK Like a Nurse helps the brand new nurse understand how to prioritize what actions are most critical and puts those concepts into clear, logical, and useable steps. I will be using this book for all my new grads transitioning into practice."

Willi Ellison, MSN, RN, CEN, CCRN
Nurse Residency Coordinator
Dignity Health/St. Rose Hospitals, Las Vegas, Nevada

ISBN 978-0-9899369-0-3
90000 >
9 780989 936903

Contents

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.

Heather Squillacioti, RN
Normandale Community College graduate, 2012
Minneapolis, Minnesota

Introduction

Why This Book Was Written

Nursing Education is in Need of Radical Transformation

As a new nurse educator who was also an experienced nurse with over twenty years of clinical experience, I began to feel a disconnect from how nursing was taught, and what students needed to know to be well prepared for clinical practice. My lectures were regurgitated from the textbook and content-heavy which was how I had been taught from educators I worked with. Clinical paperwork and lengthy written care plans that could only use a North American Nursing Diagnosis Association (NANDA) nursing diagnostic statement to identify a care priority were the expected norm in the clinical setting. As a nurse in practice, I do not use a NANDA three part nursing diagnosis statement to think and establish nursing priorities, yet I was expected to not question the use of this taxonomy in nursing education. I knew in my heart that this traditional academic approach was not fully preparing my students to transition to real world practice and think like a nurse.

When I read *Educating Nurses: A Call to Radical Transformation* that detailed current problems in nursing education based on the research findings of the Carnegie Foundation, these findings validated my personal observations about the current state of nursing education. According to this book, the way that nursing has historically and continues to be taught in programs across the country is in need of radical transformation (Benner, Sutphen, Leonard, & Day, 2010). The current structure of nursing education today is not adequate to prepare students for clinical practice.

Their critique of nursing education included the following that have significance to nursing students today:

- 5-6)
- There is a significant gap between current clinical realities that students will encounter after graduation and how they are taught. Written care plans that emphasize NANDA nursing diagnostic statements to establish care priorities is an example of this current gap and disconnect that I have personally observed.
- Clinical reasoning is not currently emphasized in nursing education, but must be deeply understood in order for students to think like a nurse. Clinical reasoning is the ability of the nurse to think in action and reason as a situation changes, recognizing and then responding appropriately to a patient's deteriorating condition (Benner, Sutphen, Leonard, & Day, 2010).

Trouble in Paradise

In order to put the findings from *Educating Nurses* in perspective, as an instructor for an NCLEX review class, I recently had an opportunity to ask other nursing students from several different programs what they thought of their experience in nursing education. I asked these students two questions:

1. What was your greatest struggle/frustration in nursing education?
2. What would you do to improve nursing education?

I had them write their answers down before they left at the end of the final day of class. The following are their unedited comments. I was able to identify seven themes of separate struggles and placed them in order from their greatest struggle to the least by the number of responses. As a student, see if you can identify with any of these struggles. If so know that you are not alone. But more importantly, you possess a powerful resource to strengthen your learning and be well prepared for professional practice.

1. Struggles in the Classroom

- *"Lecture almost seemed like a waste of time because we had already read the book. I also do not remember learning specifically how to prioritize."*
- *"Focus on what a new nurse really needs to know. Do not teach and lecture about a disease for two hours and say, 'I have never seen this in practice!' Use that two hours to teach us what we will see."*
- *"Faculty makes/teach content or lesson in a complicated way."*
- *"Professors who lacked passion and did not teach the content but merely read off of PowerPoint slides."*
- *"Too much memorizing facts and too little application and what/how to apply to clinical practice."*

2. TMI (too much information!)

- *"Teach the most important topics to form a strong knowledge base."*
- *"We are taught so many subjects and then none in depth."*
- *"We get so much information and thousands of pages to read. It is not possible to know it all."*
- *"I wish they would make it known what is most important to focus on."*
- *"Information overload! Too many details without clear instruction on the critical data. Unrealistic reading expectations."*
- *"Too much info given to us. You should make it basic and teach what you really need to know. We will learn the rest in practice."*
- *"Too much information thrown at us and no idea where to focus. I felt I learned bits and pieces about subjects all over the place instead of really understanding anything!"*

3. Incivility

- *"Faculty play favorites with other students."*
- *"Faculty not able/willing to answer questions."*
- *"Tension and infighting between our instructors is felt and taken out on the students!"*
- *"The teachers put so much stuff on us and never said, 'You guys can do it.' There was never any support and the threat was made that you were going to fail."*
- *"Some teachers acted like they were so superior to us and that they expected so much from the students."*
- *"Students have questions and then email the instructor but they don't answer for days or weeks and sometimes don't answer at all."*

4. Unrealistic Expectations

- *"Faculty need to remember that I am NOT a nurse yet!"*
- *"Nurse educators need to remember that we don't have all the years of experience and clinical knowledge that they do. Remember how you felt when you started nursing school. Don't assume we know things we don't know. Be patient and help us understand."*
- *"Faculty expectations that the program take precedence over ALL other things in my life including family."*

5. Struggles with Faculty

- *"Inconsistencies between faculty staff."*
- *"Did not work together and were not on the same page."*
- *"Better cohesiveness between instructors/semesters."*

6. Struggles in the Clinical

- *"I did not have clinical instructors question or challenge me on doing what I'm doing. I didn't have that in any of my clinical and I think that would have promoted my learning."*
- *"We spent way too much time with care plans and not enough learning about patient care and other important information."*
- *"Too much time on care plans not on pathophysiology."*

Student Suggestions to Improve Nursing Education:

- *"Emphasize key points/topics on the test to determine general knowledge/grasp of the concepts."*
- *"Prioritize teaching. Be understanding. Make learning fun."*
- *"More interactive, ask WHY? and less busy work."*
- *"I want educators who actually care about the content and help me to make connections, not just give me information."*
- *"Teach the student in a simplified/practical way."*
- *"Include more instruction on real-world clinical practice and implementation of knowledge."*

- *"If the professor focused on the most important information for us to know and helped us apply it to real life that would have helped a lot."*

A Practical Guide & Solution

Knowing that too much information (TMI) is an ongoing concern in nursing education, the last thing that nursing students need is another book! But the essence of *THINK Like a Nurse! Practical Preparation for Professional Practice* is very different from any other textbook you may have already purchased. It will provide a practical SOLUTION to better prepare you for professional practice.As I reviewed these student responses to improve nursing education, this resource integrates and implements the essence of these suggestions to strengthen student learning:

- Emphasizes the most important content and information with practical application that requires interaction and reflection with NO busy work!
- Practical application exercises that will help make needed connections to strengthen understanding
- Emphasizes real-world clinical practice derived from my lens of over thirty years in the clinical setting.

Though *THINK Like a Nurse!* will help prepare you for the bedside, the implications of students who are not well prepared to think like a nurse must be carefully considered. If a student who is now a new nurse is unable to think in action and clinically reason by recognizing a change in status, what will be the ultimate consequence be to the patient if for example sepsis progresses to septic shock before it is recognized? A patient could die as a result.

I See Dead Patients

"I see dead people" was a famous quote by Cole Sears from the hit horror movie *The Sixth Sense* in 1999. Fortunately, it was only a movie. Unfortunately, I have seen clinical situations as a rapid response nurse that foreshadowed a patient death as a result of the primary nurse's "failure to rescue" and clinically reason when there was a change of status that went unrecognized until it was too late.

Jenny was a newer nurse who graduated a year ago (some details changed to protect patient confidentiality). She had an elderly male patient named Ken. He had a perforated appendix, but it had been removed successfully two days prior and he was clinically stable. Around midnight, he became restless. His BP was slightly elevated at 158/90 and his HR was in the 100s. He had a history of mild dementia and was not able to readily communicate his needs, so Jenny gave him 1 tablet off Percocet, assuming he was in pain. Two hours later, he continued to be restless and Jenny thought that she heard some faint wheezing. She noted that he was now more tachypneic with a respiratory rate of 28/minute. He did have a history of COPD and had an albuterol nebulizer prn ordered, so that was given.

Two hours later, Jenny called me as the rapid response nurse to come and take a look at her patient. She was concerned but was unable to recognize what the problem could be and wanted a second opinion. After Jenny explained the course of events that transpired to this point, I took one look at Ken and realized that he was in trouble. He was pale, diaphoretic, and his respirations had increased to 40/minute despite the nebulizer two hours ago. He was not responsive to loud verbal commands. The last BP was still on the screen and read 158/90. I asked, *"When was the last BP checked?"* Jenny stated it was four

hours prior. While obtaining another BP, I touched Ken's forehead. It was notably cold, as were his hands. The BP now read 68/30.

Recognizing that Ken was in septic shock, and that IV fluids and vasopressors would be needed emergently, I looked for an IV and found only one, a 24 gauge catheter in the left hand. This is the smallest size IV catheter and is typically used with infants and small children. Realizing that Ken needed a central line and that there was little that could be done to initiate even the most basic life-saving treatments to rescue Ken on the floor, he was emergently transferred to ICU. Within thirty minutes Ken was intubated, a central line was placed, and three vasopressors -- norepinephrine [Levophed], phenylephrine [Neosynephrine] and Vasopressin -- were required to get his systolic blood pressure greater than 90 mmHg.

After this transfer was completed, I asked Jenny a simple clinical reasoning question: *"What was the most likely complication that Ken could experience based on his reason for being hospitalized?"* Jenny admitted that she hadn't thought about it because she was so focused on getting all of the tasks done with her four other patients.

Had Jenny asked herself this question while caring for Ken, but more importantly answered it, she would have been thinking like a nurse by vigilantly looking and assessing for EARLY signs of the most likely complication Ken could experience because of his perforated appendix…SEPSIS. Although early signs of sepsis were present at midnight, it was not recognized until it was too late for Ken. He died the next day.

I share this illustration from my clinical experience not to frighten you or cause you to reconsider your choice to become a nurse, but to sober you with the incredible responsibility that is inherent as a nurse. Though I am in the twilight years of clinical practice, I remain passionate and highly engaged in caring for others because I continue to see the difference that excellent nursing care makes. This book is a labor of love to communicate to the next generation what is absolutely foundational and nonnegotiable to nursing care and practice.

Whether you are considering the nursing profession or are now a student who has fulfilled all required prerequisites and have been admitted to the nursing program of your choice, in the next chapter, I want you to carefully reflect and take a simple quiz to determine if you have what it takes to be a nurse.