

Georgia College & State University

MSN Program Reflection

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Initial Individual Assessment

The decision to go back to school and advance my degree was life changing. I had previously applied to graduate school, but I was not accepted into the program. Though I was upset and disheartened, I took the opportunity to learn more about medical surgical nursing while also gaining more experience. At the time, I had only been a nurse for a little over a year and most of that time I had been in the Peace Corps. While the Peace Corps was a life changing experience, I knew that I still had a lot of room for growth as an acute care nurse. Almost 8 years later, I applied again for school. By that time, I was confident in my role as a nurse and I felt as though I could contribute to a master's level curriculum.

The past two and a half years have been a struggle and a triumph. My family and close friends have been an amazing support system without which I do not think I would have been as successful. I have met professors and classmates that have challenged my views and opened my mind to new experiences and perspectives. I am grateful for all this experience has brought me.

The curriculum established by Georgia College and State University requires its students to rise to the challenge of becoming a leader and independent thinker. The courses demand more than memorization of information. They require the students to have a thorough understanding of disease process, the healthcare system, and theories behind different approaches to treatment. These demands set GC&SU apart from other programs and produce well rounded and knowledgeable professionals.

Communication. At the beginning of the program I was out of the practice of writing a scholarly paper and collaborating with a team to develop a presentation. The last time that I had written a scholarly paper was in my undergraduate schooling over 8 years ago, and I had become unfamiliar with the correct formatting for an APA paper. I had presented information in a

professional setting to hospital coworkers as part of an initiative to provide evidence-based care, but the format was more informal, and a written research paper was not required. I faced the task of relearning the formatting for writing scholarly papers. I also had to become more familiar with the language used when writing a formal paper.

Evidence-based Practice. For 3 years I participated in a unit-based journal club that read and critiqued scientific journal articles for their relevance to nursing practice. I had a regular practice of reading scholarly articles; however, I was not proficient in determining the validity of the articles and analyzing the studies themselves. I had difficulty determining if a study had been conducted in a way that yielded valid results that should then be implemented into practice. Additionally, interpreting statistical data was very difficult for me, and I was not confident when it came to this aspect of evidence-based research and practice.

Leadership. As a nurse, charge nurse, and nurse mentor, demonstrating leadership was often a requirement of my role. My undergraduate training at Georgia College taught me the importance of serving as a leader among one's peers. While I had experience in positions of leadership in my practice as a nurse in a hospital setting, the leadership positions in this program were different. In the hospital, often the nurses with the most experience are the leaders. In a master's program, all of the students are new to the role and therefore on the same level, but we each came in with varying levels of experience from our previous vocations. I had confidence in my abilities to lead from my career as a nurse yet was humble in facing the unknowns in this program.

Ethics. As a professional nurse, I face ethical dilemmas frequently when caring for my patients and their families. These situations usually have an impact on more than one party and often on several parties. Juggling the pieces and information needed to make ethical decisions on

behalf of my patients is something I am used to doing. Ethics in the classroom is not the same. The ethical dilemmas in the classroom setting tend to relate to one party, the student, and therefore can require more accountability. It can be easy to think that the standards are lower because this is an online program with assumed limited interaction with faculty. At the same time, however, there is heightened awareness that the expectations for this program are perhaps even more strenuous because a large part of the responsibility to adhere to the standards of the program rests on each individual student.

Cultural Diversity. I have been very familiar with cultural diversity throughout my nursing career. Having practiced in Cambodia with the Peace Corps, I was already accustomed to providing care based on respect for the patient's preferences, values, and needs. Similarly, working in the hospital setting has also provided opportunities for cultural diversity. Seeing each patient as a whole person first, and then as a patient requiring specific treatments second, has helped me in my current practice.

Health Promotion and Disease Prevention. I was not very familiar with this concept prior to starting this program. I did not use much data in my practice as a nurse in the hospital; I practiced based on hospital policy and procedure. Other people may have collected data and analyzed it to develop those hospital policies and procedures, but I had no experience in doing that in my current practice. I have participated in a journal club in which we look at various methods of providing care for patients, but those reviews usually did not directly affect the care I provide.

Advocacy. Advocating for patients is part of being a nurse, so I was somewhat familiar with this concept at the start of this program. I was less familiar with advocating in regulatory, legislative, and public policy development. Advocating for the patients right in front of you, for

their immediate needs, is easy, especially for things that are easy to obtain. I did not have much practice in advocating on a broader level in policy development and improvement. Most of the care I provide as a bedside nurse yields immediate results. Advocating in policy development and improvement will not yield those same immediate results, but the impact could reach many more patients than just those for whom I provide care.

Collaboration. Collaboration is another hallmark of nursing practice. It takes many different people to take care of one patient. Working at night, I am often less involved in direct collaboration with other disciplines, and often make many decisions independent of collaboration with other team members. Collaboration is also a hallmark of master's level nursing programs. Collaborating with peers and faculty will serve as preparation for practicing in the primary care setting.

Informatics. At the hospital, I was able to serve as a super user for new electronic medical records. Learning new systems and assisting in the teaching of coworkers on how to use a system to the best of its ability was interesting to me. However, as a staff nurse I was never part of the discussion on the implementation of informatics in nursing. I could only teach what I had learned in classes or figured out on my own. I had not analyzed much data nor evidence-based care practices since I was in nursing school for my bachelor's degree. I have found that most bedside nurses simply do not have much time to do this, unless they are in school or on some type of committee.

Professional Role. Prior to this program, I did not practice like a master's level trained professional nurse. I practiced like a bachelor's prepared professional nurse and feel that I succeeded in doing that. I was very proud to be a registered nurse and I recognized the

responsibly that came with that role. I can only expect to carry that professionalism with me as a primary care provider.

Becoming Proficient

One part of this program that has helped me become proficient in communication and cultural diversity is working with the standardized patients. Standardized patients are ideal patients to work with in a learning environment, much more so than lab-simulated patients. I appreciate being able to diagnose and examine live, though standardized, patients without the added pressure that comes with seeing actual patients who may not be so keen on being “practiced” on. The opportunity to review videos of your patient interview and exam were eye opening. I was able to see how I interacted with patients and identify areas for improvement. It was interesting to see things I did that were a result of being nervous, such as speaking quickly. After viewing videos, I was able to give myself feedback and critiques to carry forward in my practice. I think standardized patients are the most realistic way in which to train medical professionals and am thankful for having the opportunity to work with them.

Skills days are part of the program that helped me become proficient in collaboration and professional role. Practicing skills with both peers and experts has helped me develop my own skill set. Repetition is the key to learning, and skills days allowed for the repetition of skills until proficiency was obtained. Many online programs provide videos to teach skills such as suturing, injections, and biopsies. Videos and reading descriptions are helpful; however, it is my opinion that the skill is best obtained when they are used in combination with hands-on learning. I feel that I can safely and competently care for patients as a new nurse practitioner, in part because of these skills days. As for professionalism, it is easy to act in a professional manner when you have

a skill set in which you can be confident. Having skills days has equipped me and helped me to become a professional nurse practitioner.

Clinical rotations during the didactic portion of the program also helped me become more proficient in leadership, ethics, health promotion and disease identification/prevention. Learning about a disease process or treatment in the classroom setting and then seeing it in clinical practice was key in retaining the knowledge and concepts covered. Very often I found myself learning about a disease and then seeing it first hand in clinical practice. This helped to form a better understanding while increasing my familiarity with the disease. Memorization of facts can only take you so far in nursing school; hands-on experience and practical application are what make you proficient. I had numerous opportunities to demonstrate leadership in the clinical setting by interviewing patients and then formulating plans of care for them. I made sure to model the ethical professional standards that are required of nurse practitioners. I was able to look back into patients' histories, follow data trends, and make recommendations based on those trends. Overall, the clinical rotations were paramount to my feeling confident in my ability to provide care for patients in a primary care setting.

Achieving Outcomes

In order to achieve the outcomes, one of the steps I took was to choose preceptors that were established and knowledgeable. I chose preceptors that had been in their current practice for a minimum of two years so that I could ensure I received an optimal clinical experience. I wanted to be able to use my preceptors as resources because of the knowledge and experience they had, and I was able to do that. They were willing to show me how to apply what I was learning in the didactic portion of the program to the patients I was seeing in the clinical setting. I wanted preceptors that would model the outcomes of the program in their daily practice so that

I could see what it looks like in the real world. I also had frequent check ins with my preceptors so that I could receive feedback on areas that I could improve. I would discuss areas of perceived weakness, such as charting or autoimmune diseases, and that way we could work together to improve. My preceptors showed me what it looks like to use evidence-based practice, informatics, and advocacy in the primary care setting. Prior to this program, these were all outcomes with which I had limited experience.

Another step I took in order to meet the outcomes was to learn from my peers. Many of the students in this program had different nursing backgrounds and varying levels of experience, and seeing how we fit together and how our experiences as nurses influenced our respective programs of study was interesting. Collaborating on projects and forming study groups helped me to learn things from perspectives other than my own, which is necessary at times. Learning from my peers helped me grow in collaboration, communication, leadership, ethics, and cultural diversity.

Reaching out to staff for additional help and guidance is another way I achieved the outcomes of this program. My professors and clinical instructors are experts in many of the program outcomes and using them as resources proved to be very beneficial to me. Anytime I had questions or concerns or did not fully grasp a concept, my professors were readily available to offer support and guidance. I am very thankful for the time that my professors spent discussing content and professional goals with me. I learned a lot from them both professionally and personally. They have proven to be a valuable asset in this program.

Still another step I took towards achieving the program outcomes was to become a graduate assistant. Nothing has taught me how to collaborate more, nor demonstrate leadership more, than becoming a graduate assistant. In the coordinating the medical mission trips to

Honduras and Tanzania, I got first-hand experience in collaboration and cultural diversity. I also demonstrated proficiency in leadership by becoming the contact person for attending students. I became a graduate assistant primarily for the financial impact and personal interest, and inadvertently got to practice several of the program outcomes.

Finally, another step that I took towards achieving the program outcomes was to participate in the study abroad medical mission trips to Honduras and Tanzania. Each of these trips provided many opportunities to practice communication, evidence-based practice, cultural diversity, collaboration, health promotion and disease prevention, ethics, and leadership. I went on these trips with the expectation that I would be able to provide care to the indigenous people groups and have some sort of positive impact on their health. While I did those things, I came back from both of those trips with a greater sense of who I want to be as a primary care provider and of the resources available to me. I want to take my experiences in Honduras and Tanzania into my practice as a primary care provider and treat all of the patients I see with respect and dignity. I will advocate for the rights of all people to receive quality healthcare, regardless of who they are, where they live, what kind of insurance they do or do not have, or their ability to pay for services that they desperately need.

Opportunities for Individual Improvement

Nearing the end of this program, there are areas in which I could have become more proficient. In reference to the concept of advocacy, I could have spent time with legislators, policy makers, and even my local branch of the American Nurses Association in order to see what it takes to advocate for social justice and equality in healthcare. I could have attended legislative hearings in order to gain an understanding of how long the process takes to change public policies. I believe that many nurses and providers want to advocate for their patients and

want our current healthcare system to change, but most do not understand how long it can take for those changes to be made.

Another concept I could have become more proficient in is that of informatics. I feel like there was a bigger focus on evidence-based practice than on informatics. I feel very comfortable performing a scholarly inquiry, analyzing the evidence presented in the article, and applying that evidence to my practice. I feel less comfortable analyzing raw data and determining the impact it has on the evidence for or against a particular practice.

Areas for program improvement

I have enjoyed this program immensely. I feel that I have been well trained for my next role as an entry-level provider in a primary care setting. I am confident in my ability to provide care for patients, to function as part of a team in a primary care setting, and to represent this program well. However, I do feel that there are improvements that can be made in order to make this program even stronger. One such improvement is reducing the number of tasks that do not carry a high percentage on the grading scale. While it is sometimes nice to be able to “churn a paper out,” at times I felt that the papers that had the lowest percentage of points on the grading scale were frustrating compared to bigger projects and studying for major tests. It would have been nice to have fewer assignments with low impact on my grade and more time to devote to studying and the bigger papers.

Another improvement that could be made is to mandate a clinical rotation in an underserved area. I loved my time in Honduras and Tanzania and while it would be nice if every student could participate in those trips, I understand that is not likely to become a reality. Therefore, I propose mandating a clinical rotation in an area with a vulnerable population. All of my clinical experience in this program, outside of Honduras and Tanzania, was in primary care settings with

patient populations that were not considered vulnerable. Most of the patients had insurance and could afford to pay their co-pays. The experiences I gained in serving the vulnerable in Honduras and Tanzania were life changing and eye opening. It can be easy to forget about those patient populations that are marginalized if the only patients seen are the ones that can afford to pay to be treated. Going into primary care settings that serve vulnerable patient populations would help all MSN program students gain experiences that they may never get to have. Perhaps getting this experience in a clinical rotation would inspire more MSN students to choose to serve these vulnerable patient populations and truly make an impact.

Conclusion

In conclusion, as my time in the MSN program at GC&SU ends, I feel many different emotions. I am excited to begin my career as a nurse practitioner because I am confident in my ability to be a primary care provider. The training I have received in this program has given me confidence that was not there when I started. I am somewhat saddened that I will not have the opportunity to work, study, and learn alongside the amazing group of peers and faculty I have been surrounded with these past two years. We have formed bonds that were vital to our success in this program and it will be difficult to let those go. I am looking forward to not having to study for grades and tests, but I hope to continue my learning by keeping up with evidence-based practices and adapt when necessary. Overall, I am grateful for the opportunity to be at GC&SU for a second time and will be sure to recommend this program when given the chance.