

Family Nurse Practitioner Degree Self Reflection

Vanessa Brink

Georgia College and State University

### Family Nurse Practitioner Degree Self Reflection

Ever since I can remember, when I lay down to go to sleep at night and I'm reflecting over my day, by far the most common self-criticism is "I shouldn't have said that." I've learned through the years that being an overly confident extrovert can be beneficial in certain ways, however, it can also be very disruptive and disrespectful to the people around me. Since beginning my journey to becoming a Family Nurse Practitioner (FNP), I have found the difference between being a respected and effective leader and being an annoying mouthpiece is education, experience and an awareness of the needs and abilities of the people around me. Thanks to the FNP program at Georgia College and State University (GCSU), and working towards the ten established program competencies of communication, evidence based practice, leadership, ethics, cultural diversity, health promotion and disease prevention, advocacy, collaboration, informatics, and professional roles, I now usually go to bed thinking "I'm glad I spoke up about that" (Georgia College School of Nursing, 2017).

#### **The Way It Was: Swinging for the Fences and Striking Out**

Because I had been an oncology nurse for over a decade and had been an active member of a professional organization, I didn't know what I could possibly learn from certain course in the FNP program such as Evidence Based Practice, Professional Roles, and Nursing Theory. I felt that learning how to assess, diagnose, and treat patients was all I needed to know in order to become a good FNP someday.

Recognizing the importance of continued education and community collaboration in a specialty such as oncology, I joined my chapter of the Oncology Nursing Association (ONS) in 2007. I sat on the board as programming director for three years, and had chaired a yearly

oncology nursing symposium that required fundraising, organizing, and continuing education (CE) credit certification. My skills in professional communication, such as in writing applications for CE accreditation, organizing and chairing meetings, and writing proposals based on published evidence were acquired by coaching from mentors. Due to my lack of education in this area, my submissions for CE acquisition were rejected twice before a Clinical Nurse Educator (CNE) friend stepped in to assist me in using published evidence to support the symposium topics. During a 45-minute meeting, I watched her review and cite evidence and then restructure and reword the proposal that took me several weeks to complete. This was my first introduction to the importance of the professional role of the master's prepared nurse.

As a registered nurse (RN) in a small, physician-owned oncology practice, I witnessed how the rapid improvements in cancer treatment and survivorship were drastically changing the lives of patients. Treatments changed in severity, effectiveness and more were transitioning from the intravenous route to at-home oral route. With each new treatment being offered to patients, new protocols to help curb side effects and educate patients on home management were required. Due to a lack of clinical leadership, the RNs would seek out the newest protocols from ONS, reach out to pharmaceutical reps, and then disseminate the information amongst ourselves without a proper review. My abilities to seek out the best evidence-based practice were limited to what the drug-reps told me. As an RN, my leadership in attempting to improve outcomes for our patients was based on earnestness instead of solid knowledge of the practice-changing process. As a result, few if any attempts to implement change were successful, and most were not appreciated by management as they were perceived as overstepping my bounds. I lacked the confidence, educational backing, and professional communication skills to effectively collaborate with physicians, pharmacists and management to improve outcomes for patients.

Another example of my limits as an RN were realized after assisting management comb through charts to satisfy a new quality improvement (QI) initiative certification. Several weeks were spent pulling valuable RNs away from the chairside to open charts one-by-one and document quality indicators. I kept thinking that there had to be a more efficient way to mine data by utilizing the electronic medical record (EMR) system, and/or tracking information throughout the year. I realized that our office did not have a plan for QI, and was not up to date on healthcare informatics enough to utilize the EMR. I also didn't understand the importance of using data to improve health promotion and disease prevention. There were several nights during that period where my usual self-criticism ran through my head, and I considered myself lucky that I wasn't fired for the statements I made to management.

The change in healthcare that I have witnessed to be the most tragic is the unfair skyrocketing cost, especially of pharmaceuticals. As an oncology RN, it broke my heart to hear stories of patients unable to afford basic anti-nausea medication, or having to sell their home to afford health insurance while they are unable to work. I also noticed that the people most prone to health care discrimination belonged to groups of people who have been traditionally discriminated against, such as African Americans, non- English-speaking immigrants, low-wage earners, and members of the LGBTQ community. Coming from a multicultural family, the inherent racism in our system was the most painful for me to witness. The effects of an unjust healthcare system effecting large groups of people who go without basic healthcare or health education seemed very unethical to me. I was struggling to find a way to make a difference and to advocate for the whole community. I would attend healthcare rallies and argue with people on social media, however, insults and degradation are not substitutes for properly worded, evidence-based and well-timed statements made on the proper platform. Again, I laid awake many nights

with my go-to self-criticism running through my head, and thankful that I didn't lose friends due to fights on social media, or that I didn't get punched in the face by a red-hat wearing agitator at a rally.

### **Learning the Skills: Que the Montage Music**

During the first semester of FNP school, the class in Perspectives of Advanced Nursing Practice assisted me in better understanding the different professional roles I could occupy as an APRN. A presentation by a member of the Georgia Board of Nursing regarding APRN advocacy informed me that there are many policy changes that can be made at the state level to improve healthcare accessibility and delivery. I joined the APRN Counsel of Coastal Georgia, a local professional organization dedicated to continued education and lobbying for local and state policy changes that improve practice for APRNs. I also began networking with local social change advocates for fair and universal healthcare. Because of my new-found confidence in communication skills, and passion for improving healthcare policy, I began to be a regular guest and co-producer of a local weekly community radio show entitled Healthcare Ethics.

The assignment in Ensuring Healthcare Quality which instructed us to critique the US healthcare system, and compare it with one from a different country was very enjoyable for me. The concept was explored on the radio show as a weekly series, exploring a different country's system and comparing it to our own. Other assignments that ended up being special topics on the show were the discussion about the rising maternal mortality rate in Women's Health, and the subject of my paper in Healthcare Research, acupuncture and chemotherapy induced peripheral neuropathy. We were able to interview a local acupuncturist about the research on air and discuss different community resources for patients. We interviewed a clinical pharmacist attempting to use her knowledge to improve diabetes education and monitoring for those without insurance.

We then touted the importance of improving scope-of-practice laws so that patients can benefit from a multidisciplinary approach instead of being at the mercy of state physician's boards that are more interested in guarding their market share. Healthcare Research and Statistical Analysis class gave me the skills and confidence to find the best research for communicating issues with the public as well as finding new protocols for patients. Slowly but surely, my night-time self-assessment was becoming more positive.

In my work environment, an assignment in Ensuring Healthcare Quality that directed me to look into my organization's QI system, revealed that my company did not have an established system. During the investigation, I learned that the practice was going to be required to be certified through a new QI initiative established by ASCO in the next few years to maintain reimbursement levels. This assignment helped me gain knowledge in health promotion and disease prevention by introducing me to the proper methods of improving healthcare delivery efficiency. The assignment also gave me a chance to explore the EMR system to look for shortcuts in mining patient data required to be reported for the QI initiative. I learned the importance of healthcare informatics, and was able to use the assignment as an excuse to explore the data-mining possibilities of the practice's EMR system.

I developed skills in multidisciplinary collaboration and leadership while investigating the process for oral chemotherapy patient-education and follow-up. There were several different members of the business and clinical staff involved in the process, including the pharmacy staff, the financial councilor, the NP and the oral chemotherapy compliance RN. The members of the team did not have clearly defined roles in the process, and the methods of communication were inefficient and did not utilize readily available technology. I worked with each member of the

team and developed a simple shared spreadsheet as a method of communication which also proved useful for tracking QI data.

A discussion in research class prompted me to describe my company's process for implementing evidence-based practice, and I found that there really was no process. I was able to explore an ethical dilemma common to all oncology nurses, administering chemotherapy to end-of-life patients. The project allowed me to gain confidence and experience in communicating a topic I was passionate in. I later combined the presentation with the theoretical framework I explored in Nursing Theory and gave a 30-minute, continuing education (CE) certified presentation for the yearly ONS local chapter symposium. The presentation ignited a discussion on ethical issues experienced by oncology RNs finding themselves in the middle of an uncomfortable and possibly unethical end-of-life situation. The presentation ended by offering solutions based on an evidenced-based theoretical framework: how the RN can help ease the stress of uncertainty for the patient and assist with difficult end-of-life decisions. This would reduce the chances of the RN having to hang chemotherapy on a dying patient, therefore eliminating the moral injury suffered by the nurse.

The importance of understanding and respecting the differences in each of the patients we serve was a point that was embedded within each of the clinical courses. The needs and special considerations of peoples of different cultures, races and ethnicities was touched on within the epidemiology of each disease topic. However, the best learning experiences in cultural diversity were the amazing study-abroad opportunities traveling to Honduras and to Tanzania as a soon-to-be healthcare provider. Being familiar with the Latinx culture and language allowed me connect with the patients in Honduras, and to better understand the difficulties and issues preventing them from achieving overall wellness. By far the most extraordinary experience for

me was when I was able to briefly experience the culture and healthcare system of Tanzania. I enjoyed interviewing our guide for a deep-dive into the ethics of the people of that country in order to compare and contrast those of our own in the US for a radio broadcast.

### **Working Towards Proficiency: How I Built Up My APRN Muscles**

As an extrovert, I prefer to approach new learning experiences and tackling projects in a group. The decision I made early in the program to network with fellow classmates, local APRNs, and community health-care advocates proved to be most useful. The tools I needed to help me achieve and continue to improve the professional skills outlined in the MSN program outcomes were found in the experience and knowledge of others willing to take me on as an apprentice of advanced practice nursing, and community advocacy.

By joining the APRN Counsel of Coastal GA, as well as attending and seeking mentorship from my APRN friends, I gained valuable guidance as a leader and advocate for healthcare policy change and confidence in my emerging professional role. The first meeting I attended was about an important bill in state congress which would have opened up the scope-of-practice laws for AANPs in rural GA. I used the research and resources provided by members of the counsel to put-together a radio segment discussing the history and ethics of physicians' groups blocking expanded scope-of-practice laws for APRNs at a state level. My confidence as a universal healthcare advocate in the public arena was much improved by realizing my emerging professional role as a healthcare provider and master's prepared nurse. Attending chapter meetings also allowed me to reconnect with a friend who has since become a valuable preceptor and mentor. Because she was somewhat of a new NP, she taught me the importance of forming good habits early in my career to ensure best evidence-based practice, such as how to develop a



quick-reference database, and making time at least weekly to look for important updates in academic journals.

The importance of the bonds I formed with other classmates throughout the program cannot be understated. During group projects and mandatory campus days, we were able to learn about each other's special set of skills, and collaborated to help each other learn and produce quality projects. During our study-abroad trip to Honduras, our group worked together with a multidisciplinary team to help extend the reach of the local physician and dentist in bringing basic primary care to the people of the Olancho region. Lastly, I was able to appreciate the multicultural issues inherent in our own country by discussing and exploring the different observations made by my fellow NPs while we were in Tanzania. While on the trip, daily conversations with my African American classmate about her personal experience in a place where she was part of the overwhelming majority were incredibly enlightening. One can never understand what someone else goes through every day as a member of a traditionally discriminated minority in this county, especially when discrimination is based on something as superficial as skin color.

### **What I Could Have Done Differently: Watching Good Pitches Pass By Without Swinging**

There were two main things I wish I did to become more proficient in the MSN program outcomes. The first is that I wish I took advantage of the programs and symposiums that the GCSU nursing program offered. The second is that I should have been in more contact with my instructors and advisors throughout the program.

The GCSU school of nursing offered a wonderful symposium last semester that I really should have attended. Two professional speakers, one a master's prepared nurse and the other a

journalist and mental health care advocate, gave talks at GCSU last March. Due to the long drive, and probably laziness, I convinced myself that catching up on school work was more important. Now I see that as a mistake because one of my goals in life is to be an effective healthcare advocate and a leader who will help to bring change. It would have greatly benefited me to listen to a nurse who in her professional role is a speaker, as well as listening to a person who is a nationally known healthcare advocate. The talks would have widened my knowledge of the poor ethics of our healthcare delivery system with regards to mental illness, a topic that I am very passionate about.

While going through the program, I found the GCSU instructors to be very nurturing in creating a positive learning environment. Their lectures and assignments were interesting and informative and pushed me to look further into each topic. I did feel, however, that since this was a distance learning program, to email them and ask them questions was to bother them. As an undergrad, I recall visiting my professors at least once a semester during office hours to listen to feedback on an assignment or a clinical experience. If I had asked Dr. Moore for a phone-call meeting, I wouldn't have wasted hours trying to figure out how I would mine data for my QI assignment, my skills in informatics and health promotion using data would have been better. After a 15-minute phone call with her, she not only pointed me in the right direction, but she helped me narrow the focus of what I was trying to accomplish. A phone call meeting with Dr. Haley at the end of my Adult II semester reviewing an EMR assignment revealed to me that my skills in choosing and documenting the best evidence-based-practice for treating patients was not the best it could be. If I had reached out to faculty earlier in the program, I could have been working on this throughout. There is an art to asking for help and this falls within the realm of proper professional communication. I find that in practicum, I still have trouble collaborating

with other members of the healthcare team because I hate to ask for help. I suppose this is an area I still need to work on.

With regards to the category of multiculturalism I really can't think of anything that I could have done differently to improve my skills in the area. I took advantage of both travel abroad options in the school and purposely sought out preceptorships in clinics that attend to uninsured people which often included illegal immigrants, people of minority races and the LGBTQ population. I suppose one culture that I did not get experience in treating is the rural population of Georgia. Perhaps seeking a clinical experience outside of the urban setting I'm so comfortable in could have improved my skills in multiculturalism.

### **Improving the Learning Experience: Coach, I Need Some Help**

The GCSU school of nursing was a great learning experience because I felt the instructors attempted to create an environment of wholistic learning. There were only a few instances that I would say busy-work was assigned and the learning was not proportional to the time spent on the assignments. Since I was able to tell the instructor how I felt in person, I won't repeat the specifics here. After reviewing my own shortfalls in maximizing my learning experience, I think something that could have helped me improve my grasp of the core outcomes would have been a consistent faculty advisor throughout the program. One other thing that maybe could have helped is more opportunities to work with my fellow classmates on learning outcomes and skills.

In order to help track my goals and progress, it perhaps would have been helpful to be assigned a faculty advisor that would be consistent throughout the program. Meeting with an instructor once per semester would have helped keep me on track with regards to my progress at

clinical and with the program outcomes. The few times I did reach out to faculty, I not only received excellent feedback on school matters, but also in life and professional goals. Conversing with instructors in Honduras and Tanzania was incredibly helpful in pointing me in the right directions with regards to my professional role and my goals as an advocate and health care change leader. I found a lack of constructive feedback after toiling for weeks on assignments in researching evidence-based-practice, healthcare promotion, and informatics. Because I have an interest in these fields, I was looking forward to finding out what I could improve on or research out of class, however, a high grade and the sole comment of “great job” was the only feedback I received. Perhaps these are topics that I could explore with more guidance and feedback in the doctoral program. I also understand that keeping a consistent faculty advisor would be difficult.

The program did have several assignments and opportunities for group collaboration, and the school does offer the web-ex option for students to allow them to study together remotely. However, I felt that I gained more from living and working with my classmates that I traveled abroad with. We all felt that other students were missing out on the bonds and shared professional growth that we shared. Perhaps more optional opportunities for students to work closely together for a short period of time would be helpful. I spent a day at Daybreak with a classmate and we became very good friends. Maybe offering options for in-state week-long, or weekend-long clinics that students could attend would allow for more participation in helping the underserved while collaborating with each other. This would broaden the opportunities to work on the categories of leadership, communication, cultural diversity and ethics.

### **Conclusion: Rounding Third Base**

In conclusion, I would like to thank the faculty of GCSU, especially those responsible for creating the opportunity for me to travel abroad. There was considerable time and effort into

making each trip a valuable learning experience, and I could not have partaken in both of them if I didn't receive a large academic scholarship. Looking back on the things I did and said to people at work and in public before I went through the GCSU MSN program, I cringe. I was loud and obnoxious, trying to be a public healthcare advocate, or implementing change in my workplace without the skills to do proper research, or communicate effectively. Now, I'm still loud and obnoxious, but at least people are getting proper information and my communication skills have improved so that my advocacy is more effective. I've found I have a gift in interpreting confusing issues in healthcare for the community and I have more confidence in communicating the gravity of the issues. I look forward to entering the doctoral program at GCSU so that I can better learn how to implement change in my work environment and in my community. I realize that I still have a long way to go before I can call myself a change-agent. Although there are still evenings where I look back on the day and seriously regret what I said, there are a whole lot more times when I rest easy, thinking, "I'm glad I said that, I hope it helped in some way."

**References**

Georgia College School of Nursing. (2017). *Masters of Science in Nursing Program Handbook: Summer 2017 Cohort*. Milledgeville: GA.