NR661 Professional Portfolio Part 2 Examples

The following are excerpts from prior students' work to provide examples of what we are looking for in this assignment. These examples may not be replicated.

SAMPLE OF ONE EXEMPLAR (STUDENT A)

NR-510-0 Leadership and Role of the APN (November 2016)

APN Professional Development Plan

Registered Nurses, who have chosen to pursue a career in Advanced Practice Nursing, face several obstacles during the transition from clinical to advanced practice nursing. One of those obstacles is the role confusion. As RN, the nurse is primarily executing physician orders. As an NP, the nurse has to manage to effectively combine the nursing knowledge with the medical knowledge in order to provide the best care. Those skills are built during the years spent as a student as new knowledge is gained (DeNisco, 2016).

Another important point in the education of the NP is the detailed knowledge of the NP's scope of practice, and especially the scope in the State of the NP's intended practice. There are differences between the NP's scope of practice from state to state. Nurse Practitioners also have to develop a positive relationship with physicians in order to overcome differences and prejudice that currently exist between both professions. Last but not least, NP's have to be able to educate patients and families on the scope of practice and knowledge that they can provide in order to alleviate doubts regarding Advanced Practice Nursing that currently exist (DeNisco, 2016).

One of the strategies for the APN students to achieve a smooth role transition is the crafting of an APN professional development plan. By doing this, the APN students would have a clear idea regarding the NP scope of practice, the potential issues related to their future practice, their individual competence, and the strategies needed to secure their first job (DeNisco, 2016).

As an FNP student, residing and planning to work in Ohio, my professional development plan would outline my career plans as they relate to the rules and regulations in this particular state.

NP Scope of Practice.

In Ohio, the Nurse Practitioners currently are not allowed to practice independently. Each NP has to enter a Standard Care Arrangement with a physician, who is a part of the practice that the NP is involved with. This agreement is a subject to review every two years (Lawriter, 2016). The NP is also allowed to prescribe

medications (including schedule II substances) after obtaining a Certificate to Prescribe (Ohio Board of Nursing, 2016). In the state of Ohio, a direct physician supervision is not required. The NP has to be able to connect to the collaborating physician if needed by phone, internet, radio, or in person (Lawriter, 2016). There is a change in the APN certification, which would be implemented in 2017. Instead of issuing a certificate, the state would issue an APRN license, which would specify the particular certification of the holder (Molnar, 2016). Although, the collaborating with a physician is still required in Ohio, the tendencies are for expanding the NP scope of practice in the future.

Personal Assessment.

It is very important for an NP graduate student to conduct a personal assessment in order to determine the level of competence and readiness for starting a new career. One such assessment is the Benner's novice to expert self-assessment (DeNisco, 2016). Since this is a new role, all students would start their careers at the novice level. However, a basic competence and knowledge is necessary in order to advance to the next levels of advanced beginner, competent, proficient, and finally, the highest level of expert. It is important for the NP student to carefully examine his or her biggest strengths in order to choose an area of practice that would provide the smoothest role-transition possible. To help with this decision, there are several different points to be reviewed, such as desired areas of development, expectations of the new role, potential fears and anticipated issues, expected gains, strategies for coping with stress, and setting of initial goals and objectives to fulfil in the first few months of the new role.

After taking those points under consideration, for my personal assessment, I have determined that as I have the most experience in emergency room settings, I would feel more comfortable to start my career in an Express Care or Minor Emergency ER setting. As I have worked with NP's in those settings for several years, I am familiar of the nature of their duties, and I would feel more comfortable to begin from there. As I complete the role transition and reach a higher level on the Benner's scale, I would consider advancing toward the more involved Family Practice career.

Although, transitioning to the new role of Advanced Practice Nurse is highly stressful, it is also exciting. An NP could use the best from two worlds, the nursing and the medical—the nurse would look at the whole person and the practitioner would determine the medical condition. Smooth coordination of the two types of knowledge would provide for delivering an excellent healthcare with improved patient outcomes.

The biggest fear of this new role would be the amount of liability that the NP carries. A nurse is used to be primarily carry out orders, while the NP is now responsible to determine what those orders would be. This would be the most difficult part of the process of role-transition; therefore, it is extremely important that the new NP builds a strong relationship with other, more experienced NP's as well as the collaborating physician. Physicians are another source of worries for new NP's due to some physicians' dismissive attitudes toward Nurse Practitioners. This could be resolved when NP's and Physicians realize that good collaboration would increase the practice patient satisfaction scores and improve patient outcomes (Bourgeois-Law, 2008).

My biggest expectations are related to gaining knowledge of the new role and experience in the field of work. In healthcare, there is never enough knowledge to be gained. Evidence based researches are determining new practices every day, so keeping informed with the newest findings in healthcare would provide continuous learning and improvement of the care that I would provide.

Another important consideration is the high level of stress related to the transition to a new role. I personally apply several strategies to deal with that. One, and most important of all is to ask for help, when needed. Naturally, the practice would not wish to see their newest employee fail as they have invested in education and training. Therefore, people would help if asked to. This is also an excellent strategy to learn the culture in the new work-place as well as become familiar with settings. Asking and accepting help also increases the chance of better acceptance by the team, as the team members feel that their knowledge is valued and respected. Other strategies for dealing with stress are listening to music after the end of the work day, taking walks, reading a book, etc. Another strategy is to discuss stressful events with more experienced co-workers. By doing this, I can hear their opinions, and usually, something that seemed like the end of the world to me turns out not to be such a big issue.

When starting a new career, it is helpful to set simple goals for the first several months, such as becoming familiar with the work-settings, the policies and regulations in the facility, become familiar with the rest of the team members, and take a note of the patients' census and acuity in the particular practice. Throughout the first year, the main goal would be to alleviate stress and become familiar with the new role as well as continuously learn from practice. By the end of the year, my expectation would be that I would have completely transitioned and adapted to the new role of Advanced Practice Nurse.

Networking and Marketing Strategies.

Before applying for a position in a particular practice, the Nurse Practitioners have to assess the Marketplace. This includes the scope of practice, rules, and regulations affecting the NP's in the particular state (DeNisco, 2016). After the NP has chosen the state, where he or she would be practicing, an assessment of the chosen organization should be conducted, which would include the patient populations that receive care there, the policies of the facility, the patient census and acuity, and the offered benefits and compensation (DeNisco, 2016). Also, before applying for work, the NP should prepare a professional portfolio containing letters of recommendation, Curriculum Vitae, outline of experience and scope of practice, and also a cover letter detailing how the practice would benefit from hiring the NP (DeNisco, 2016).

In the state of Ohio, there are options for the NP's to work directly for private Family Practice, be employed at a large healthcare facility, or be employed by a physician groups, which would provide them with work at various healthcare settings.

Personally, my first choice would be the healthcare facility I am currently working for as an RN. There are several reasons for this. This is a large facility, which employs a significant number of nurse practitioners at various Family Practices, Express Cares, ER, and in the hospital. This facility is also affiliated with a very large hospital system, which in turn offers numerous options for employment. This is also a teaching facility, which provides various options for advancement in education of the employees. The facility I have in mind is also designated as one of the best employers in the area, which offers a comprehensive benefit package and reasonable compensation for the services of APN's. Another reason for choosing this facility is that I have

well-established network with experienced NP's and physicians within the facility, who would provide me with letters of recommendations when needed. They would also be willing to mentor me and help with my role transition.

Once I have chosen the facility I would like to work in, I would submit an application along with all required documentation, including a Curriculum Vitae. Curriculum Vitae is similar to Résumé, but it is more detailed regarding education and professional relations, and it is preferred in academic and healthcare settings. The Curriculum vitae is preferred to be printed on a quality paper (DeNisco, 2016).

Chamberlain Program Outcomes, MSN Essentials, and/or NONPF Competencies met by Exemplar #1.

PO #3: Engage in lifelong personal and professional growth through reflective practice and appreciation of cultural diversity (Cultural Humility).

This particular program outcome was met by developing a personal career plan. Through personal reflection, potential strengths and weaknesses were identified and strategies for improvement were reviewed. As newly graduated NP faces the need for role transition, it is very important that that she or he knows how to approach the most difficult issue of transitioning from carrying out provider's orders to being the one giving the orders and the need to develop good leadership skills.

MSN Essential IV: Translating and Integrating Scholarship into Practice.

This essential deals with the ability of the APN to apply current research knowledge into practice (The essentials of Master's education in nursing, 2011).

This essential was achieved by drafting a plan, which outlines strategies for application of knowledge from school into practice and plan for improvement and overcoming possible barriers. This was achieved by personal reflection of various areas.

NONPF Practice Inquiry Competencies.

This core competence deals with the ability of the NP to apply theoretical knowledge into clinical practice and demonstrate leadership abilities in implementing changes either alone or in partnership with others (Thomas et al, 2017).

This core competency was met by outlining plan for personal improvement and career building via reflection of own strengths and weaknesses as well as strategies for improvement.

NONPF Independent Practice Competencies.

This core competency outlines the ability of the NP to make appropriate decisions based on current evidence-based knowledge and mutual cooperation with patient. This also discusses the personal development of the NP from novice to expert (Thomas et al., 2017).

This core competency was met by the development of individualized plan of development from novice to expert by analyzing personal weaknesses and strengths, developing strategies for improvement, and identification of personal network within the healthcare system.

Concepts.

Healthcare systems.

Healthcare systems are a network of various disciplines, which provide access to data from various scientific fields, so providers can easily access it and use for achieving optimal patient outcomes (Kirschner et al., 2015).

Legal issues.

There are various legal issues related to healthcare. This exemplar particularly discusses the NP scope of practice. The scope of practice of NPs varies by states and it dictates how an NP should be practicing and what limitations apply in terms of procedures and need for supervision (Kraus & DuBois, 2017).

Reflection.

Drafting a personal APN professional development plan has helped me identify several problematic areas in the process of transitioning from the nursing role to the role of provider. In order to successfully complete this process, there are several steps that are necessary. First it is important for a new graduate to be familiar with the current state of NP practice, which includes the need for NPs and their relationship with physicians and patients. It is also essential for a new graduate to be familiar in depth with the scope of practice of the NP in the state, where they will be practicing. Knowing the scope of practice will ensure that no legal issues will arise as a result of incorrect practice application. Another important aspect is the new graduate's personal reflection of own strengths and weaknesses. This will guide the individual in their future development from novice to expert. In order to understand this concept, a personal assessment was developed, outlining the particular areas of strength and areas of existent or perceived weaknesses and a plan for improvement in the identified areas. Last but not least, a personal network in the healthcare field was identified, which would assist with employment search and mentoring during the initial stages of practice as a novice NP.

SAMPLE OF ONE EXEMPLAR (STUDENT B)

Identify Gaps:

My clinical rotation took place at Adult Medicine of Lake County. I found in looking over my clinical summary that I saw two female patients for every one male which was one of my concerns when this started because I wanted to ensure that I saw enough female patients to warrant meeting my clinical requirements. One gap in this rotation would have to be that because they are adult medicine they do not see any kids. Apart from that a about seventy percent of the patients that I saw were aged 65 and older. I understand that they have more health issues and come to the doctors more frequently I guess I just wasn't aware of the numbers. I will stay at this facility for my next three courses and still am looking for a place for my pediatric rotation. When I get my pediatric rotation it will constitute my requirements for the course.

Progress in clinical:

Over the course of the eight weeks I got the chance to see a lot of patients. It was nice to have a preceptor who really took the time to help guide me in the right direction. Within my second week in clinical the office manager offered me a job and said he was clearing out a space for me. It helped remind me that this is the end goal here and that I need to be ready for that day when I finish this program. I started out seeing patients with my preceptor and was able to transition from the hospital setting to the outpatient setting over the first couple of weeks. It is a completely different mindset in the outpatient setting and it definitely took some getting used to. My goal was to be able to see patients by myself and be able to be comfortable in the environment. By the end of this semester I was seeing

patients by myself and able to piece the necessary pieces together in order to make the correct

diagnosis and provide the appropriate prescription or tell them they did not need a prescription. This

was a big step for me and really helps prepare me for the next step.

Areas of weakness:

My initial area of weakness was getting out of the hospital mindset. I have worked ICU and CVICU for

the past six years and it makes me look at patients a little different. When I would review the charts with

the doctor before we saw the patients she would say, "oh she's sick" and I would look at the patient and

say she really doesn't look that bad. This is because I was looking at the patient and comparing them to

the patients I was used to seeing which was not appropriate in the outpatient setting. Another area I

needed to work on was processing my practicum sites computer system. They use tablets and bring

them in the room with them and are able to document, order, and research the patient on the spot. This

is one area where I will continue to need to improve, in order to become more efficient. Another area

that needs improvement is becoming a morning person. Primary care facilities provide care during

normal business hours from 8-5. I have worked night shift for the past three years so getting up and

ready for my rotation was a struggle at times. I am now down to working one night shift per week so I

can start getting used to working on day shift again.

NONPF Competencies:

One of the NP Core competencies I used was integrating appropriate technologies for knowledge

management to improve health care. By getting familiar with my facility and the way they practice I was

able to help provide better care by bringing a tablet into the patient's room and having all of their

information accessible in live time. It saves time and energy because the patient would ask a question

like am I up to date on all of my vaccinations, when is my next appointment, how did my labs or test

come back and all of this information is right at your fingertips without ever having to leave the room. This makes life easier for the practitioner as well as the patients.

Another core competency that I used was translating new knowledge into practice. Like I said earlier it takes a different mindset from the hospital setting in order to provide adequate care to these patients. A lot of the focus is on primary prevention in the outpatient setting where as the hospital deals with a lot of tertiary prevention. Going through the lectures and readings, there was a lot of valuable knowledge that seemed to correlate directly with the practice. From billing and coding to sinusitis and allergies everything seemed to help in one way or another with the care I was providing.

Reference:

AACN. (2011). The essentials of master's education of nursing. American Association of Colleges of Nurses. https://www.bc.edu/content/dam/files/schools/son/pdf2/MastersEssentials11.pdf

NONPF. (2017). NP competencies. National Organization of Nurse Practitioner Faculties. https://www.nonpf.org/page/14

Identify

and Explain CPO

 # 5

MSN ESSENTIAL

 # 5 NONPF CC # 7

During this reflection of NR511 there were multiple outcomes and essentials achieved as this reflection in part has to do with not just what knowledge I had gained in the classroom setting but also out in the practicum site as well. CPO # 5 was met which advocates for positive health outcomes through

compassionate evidence-based, collaborative advanced nursing practice. MSN Essential # 5 was met which is Informatics and Healthcare technologies. NONPF CC # 7 which is health delivery systems competencies was met also during this time. Throughout this course I got my first taste of primary care in the outpatient setting. It was busy and at times could be overwhelming. I met CPO # 5 through working in the practice and providing compassionate evidence based care for many patients. I met MSN Essential # 5 through using their documentation which was eclincial in order to provide care to the patients that I was seeing on a daily basis. I met NONPF CC # 7 through the use of eclinical software as well. It took time but over the course of the semester I became competent in the use of the software and was able to navigate through and provide better care of the patients because of it. Apart from their software I downloaded the epocrates app for my phone which was beneficial as well. It allowed me to have knowledge of disease processes with the appropriate evidence based clinical guidelines in order to help better manage the patients care.

Connect (Conceptual Definition)

Compassion- sympathetic pity and concern for the sufferings or misfortunes of others.
Technology- Technology is the collection of techniques, skills, methods, and processes used in the production of goods or services or in the accomplishment of objectives, such as scientific investigation. Technology can be the knowledge of techniques, processes, and the like, or it can be embedded in machines to allow for operation without detailed knowledge of their workings.

Compassion and technology are both used to take care of our patients. By showing compassion we are better able to develop a relationship or rapport with our patients while using technology allows us to provide optimal care as well. By utilizing both tools together we are able to connect with our patients and provide the most up to date evidence based care as well.
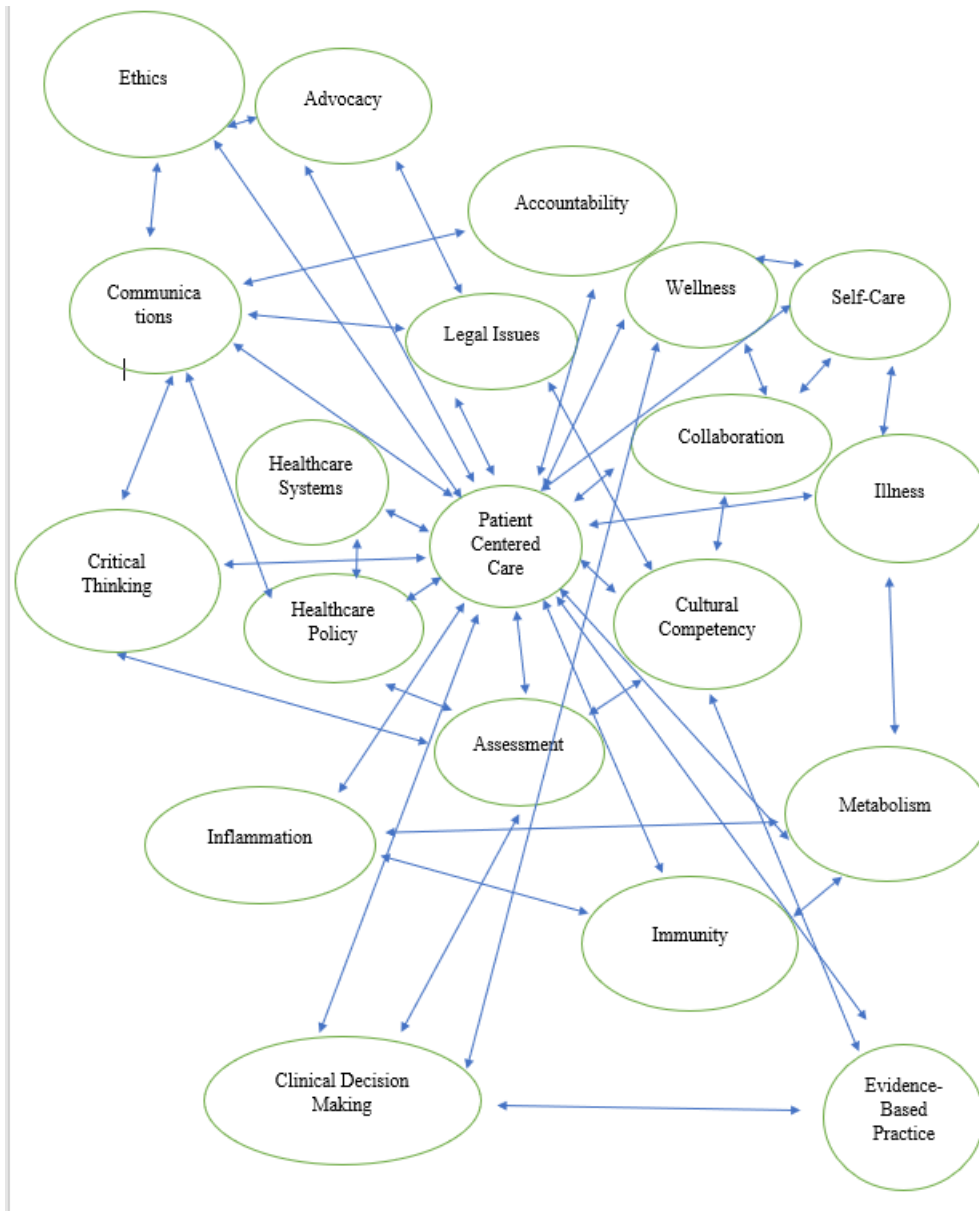
Reflection

As briefly explained in the identify and explain section of this exemplar each of these essentials or competencies were met over the course of the class. This is a copy of my reflection from NR511 which discusses how some of the competencies and curricula were met in the class. In the classroom we had multiple assignments such as voice threads, power point presentations and discussions that all led us to meet these competencies. In the clinical setting is where I began to see the importance of the competencies. It takes time to become comfortable in new settings. Different technologies and responsibilities must be mastered in order to maintain a competent level of function at the masters level. By using e-clinical over the eight weeks I was able to maintain competency in health delivery systems and informatics and healthcare technologies. By working in a new office and getting to experience outpatient care it became very important to be a professional and advocate for positive health outcomes for my patients. This program helped to instill the use of compassionate, evidence-based, collaborative care as an advanced practice nurse. One of the main stressors throughout the courses has been the use of evidence based practice which was used during every project or discussion we had. By mastering these as well as other essentials and competencies I feel as though they helped mold me into an advanced practice nurse and I look forward to putting these knowledge and skill base acquired during this program to good use in my community.

SAMPLE CONCEPT MAP STUDENT A

Appendix B

Concept Map

SAMPLE CONCEPT MAP STUDENT B

Appendix A: Concept Map

Assessment

Plan

Nurse Practitioner

Assignments

Understanding

Professional

Compassion

Ethics

Contribution

Credibility

Personal Development

Caring

Community

Technology

Independence

Change

Adaptation

Individual/ Patients

Evidence

Guidelines
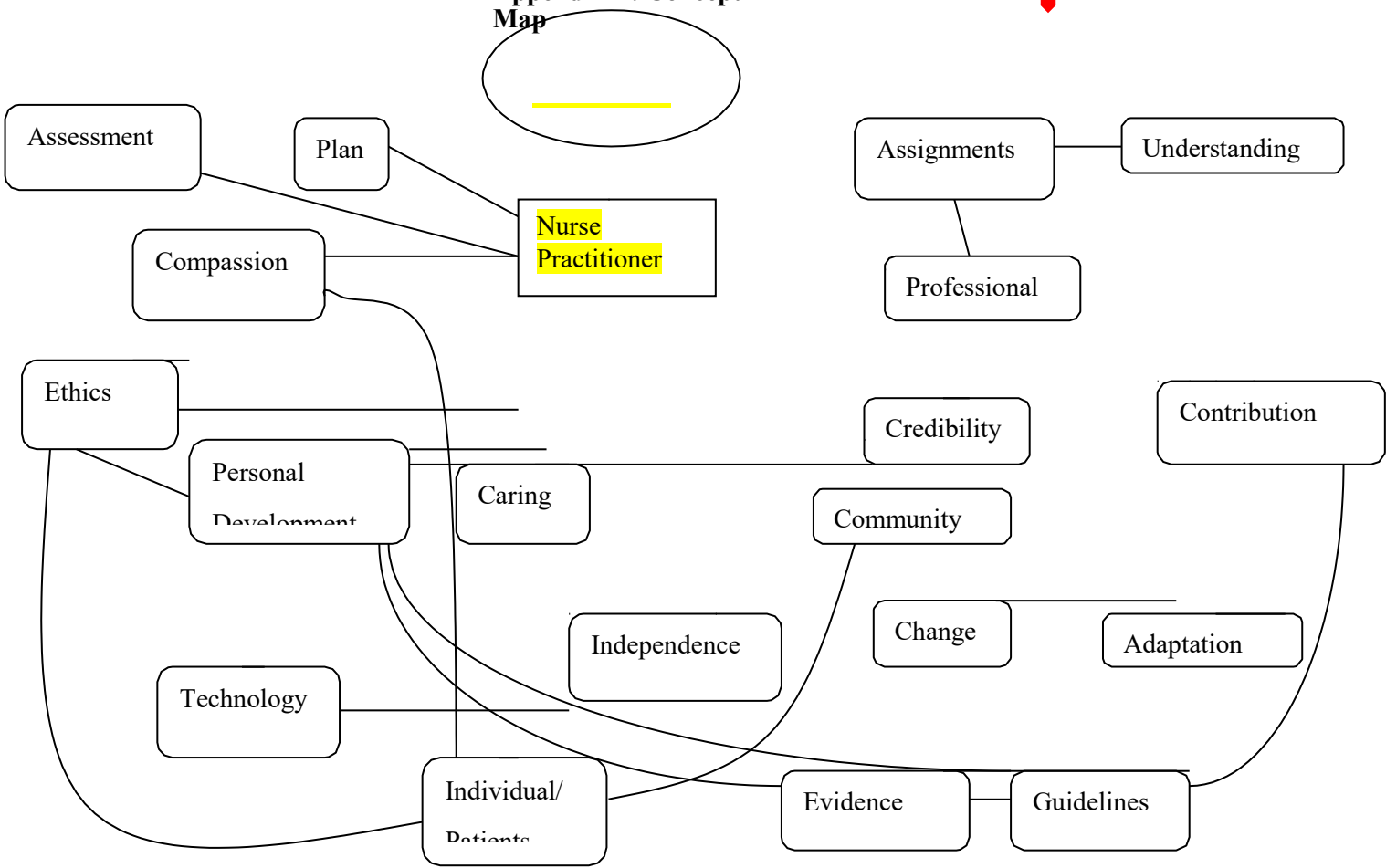
SAMPLE OF SUMMARY GRID STUDENT A

PO outcomes, MSN Essentials, and NONPF competencies met by the Exemplars

	PO#1	PO#2	PO#3	PO#4	PO#5	MSNI	MSNII	MSNIII	MSNIV	MSNV	MSNVI	MSNVII	MSNVIII	MSNIX	NONPF#1	NONPF#2	NONPF#3	NONPF#4	NONPF#5	NONPF#6	NONPF#7	NONPF#8	NONPF#9
E#1			v						v									v					v
E#2	v	v			v	V	V	V	V			V	V	v	V	V	v						
E#3		v								v									v				
E#4					v						v		v			v				v			
E#5				v									v		v								
E#6		v												v					v				
E#7					v				v								v						
E#8					v								v									v	
E#9		v										v									v		
E#10				v					v												v		

SAMPLE OF SUMMARY GRID STUDENT B

Appendix B: Grid Outcomes and Essentials

Exemplar	CPO	MSN ESSENTIAL	NONPF CC
1	3 & 4	3 & 4	2 & 4
2	5	5	7
3	5	8	8 & 9
4	1	7	8
5	4	4	6 & 7
6	2	2 & 6	3 & 5
7	5	1 & 9	1
8	4	4	5
9	1	4	9
10	3	8	9