Journal Three

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120 Hour Journal

Part I: Integration of Leadership and Management

Magnet Status

The Magnet Recognition Program of the American Nurses Credentialing Center can help establish an environment that recognizes excellence in nursing services in a health care organization (Hughes and Kelly, 2008)

Magnet hospitals are defined as "a healthcare organization that has met the rigorous nursing excellence requirement of the American Nurses credentialing Center (ANCC)" (Shirey, 2008 p. 68). Magnet is a voluntary process. If hospitals achieve magnet status, that is the highest level of recognition. The three goals of magnet recognition is to promote quality in a milieu that supports professional nursing practice, identify excellence in the delivery of nursing service to patients, and provide a mechanism for the dissemination of best practices in nursing services (Shirey, 2008). Hospitals that obtain magnet status can achieve multiple benefits, specifically, improved patient quality outcomes. In order to achieve magnet status, the facility must submit an application, have an evaluation, have a visit, and award decision is made. The application process involves reviewing of the application and the decision to apply for magnet designation. The evaluation process happens after the written application and submission. The site visits happens when the magnet team makes a visit to the facility aspiring to achieve magnet recognition. The award process occurs if the committee decides to award the facility with magnet recognition. After a facility obtains magnet recognition, the hospital's activities and decisions must be made according to magnet context (Parsons and Cornett, 2011).

Aultman Hospital is one hospital that achieved magnet recognition. In order to maintain magnet status, Aultman tries to employ only BSN graduates. Also, they are sure to incorporate evidence based practice in everything that they do. “I personally do not agree with magnet status” (Lynn Martin, personal conversation, October 31, 2011).

Teamwork

The staff in Aultman’s Emergency Department (ED) work very well together. They make a good team. In healthcare today, strong demands are put on nurses, doctors, and all other members that make up the healthcare team to provide the best and safest patient care. They only way to achieve this is to have effective communication and collaboration through teamwork (Anunciado, p. 247).

According to Anunciado, “a team is small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable” (Anunciado, p. 247). Anunciado goes on to state that teamwork should “promote safe and efficient patient care delivery”(Anunciado, p. 248). As with anything, there are also disadvantages to teamwork. One common disadvantage is not all members of the team may agree on the course of action. For example, the nurse may disagree with the doctor about giving a certain medication. According to Alberto and Herth (2009), “healthcare professionals are not able to effectively collaborate without having the educational background and experiences that nurture, support, and grow collaboration”. This also goes along with magnet status. It helps employing professionals who have had a good educational background to help all members collaborate together.

In the ED, all of the doctors, nurses, and technicians work together to provide great patient care. Each nurse is assigned certain rooms but if a new patient is brought in and the assigned nurse is busy, another nurse will go in and start the patient's assessment. Also, if an IV needs started, blood needs drawn, medications need given, an EKG needs done, urine needs tested, or a patient needs discharged, everyone helps each other out. They technicians also help out by doing whatever they can (e.g. EKG's and urine tests). Also, if the nurse assigned to trauma has no traumas, they float from team to team helping out in any way they can. If something like a heart attack comes in, all available nurses are in the room helping get to get things done.

> "The ED at Aultman makes a great team. All of the healthcare professionals work together and communicate to help provide the best nursing care. The help that we have is very appreciative. If a nurse calls off or needs to switch shifts, everyone does what they can to help out" (Lynn Martin, personal conversation, October 31, 2011).

Part II: Goals

120 Hour Goals

1. I would like to be able to totally care for at least two patients at a time during my last 40 hours. **Goal met.** I was able to effectively care for two patients totally on my own during my last 40 hours.

2. I would like to call report on all patients I am assigned to that are admitted to a floor during my last 40 hours. **Goal partially met.** I was not able to call report on every patient that I was assigned to because I did not do the first assessment on some of them nor did I take full care of them. I did not know them well enough to call report. I was able to call report on the patients I did the first assessment on and knew well enough to call report.

3. I would like to continue progressing in my skills and critical thinking as best as I can. I will measure this by evaluating myself after each clinical and talking with my preceptor about things I could have done better. **Goal met.** I was able to progress and critically think about things. I would ask my preceptor questions to see if I was right and I was. I am very happy with my progress during my 120 hours in the Aultman Emergency Department.

4. During this 40 hours, I would like to assign acuity to the different patients and organize their care by their acuity levels. **Goal Met.** This was a good goal to set. I was able to take care of patients due to what their acuity levels were. Some patients that were a chest pain, I knew I needed to take care of right away. Other patients that were just in for a cough, I knew I did not have to rush to take care of them right away.

Part III: Personal Reflection

My last 40 hours had good and bad times. My first night was the worst. Lynn and I did not have many patients and I heard there was a trauma coming in so I asked him if I could go back to trauma. He said yes so I did. It turned out to be a guy who had a beam fall off an RV and hit him in the chest. He was unresponsive when he arrived. I assisted in giving CPR and they gave him a lot of atropine and epinephrine but it was not enough. The doctor eventually called the time of death. It was so sad. He was only 24. I helped the other nurses with post mortem care. When I saw his family, I just wanted to cry. I felt really bad for them. This was not a good first death for me to experience. I wish that it had been someone older who had lived a full life. The other nights went very smooth. I was able to go to nuclear medicine with a patient who had a suspected GI bleed. I also was able to take care of a patient who overdosed. We needed to give

her charcoal and she refused to drink it, so we put an NG down her and gave her the charcoal that way. I was successful when inserting the NG. After we gave her the charcoal, she had an episode of diarrhea that went everywhere. It was all over the room, the bed, and the floor. That was a fun mess to clean up. Otherwise, there was not too much excitement. I feel that I really grew in the last 40 hours and became faster and more confident. I really enjoyed my experience in the ED and I believe that I may want to work there after I graduate.

Professional Issue

The professional issue for my last 40 hours is not a positive one.

Situation: A patient came into the emergency department with bad back pain. The doctor ordered 60 mg of Toradol for the patient. When the nurse went in to give the patient his medication, he became very upset and irritated. He was yelling and said that was not going to help and he was going to a different hospital. The nursing staff tried to explain to him that he was not able to have a narcotic pain medication because he drove himself. He was told if someone could come get him, he could have a narcotic.

Action: The nurse explained the situation to the doctor. The doctor went in and explained to the patient that because he drove himself, he could not have a narcotic. The patient got up, got dressed, and started to walk out. He kept stumbling and almost fell a couple of times. One of the other nurses stopped the patient because she thought he was drunk or something else was wrong with him. The nurse and doctor taking care of the patient walked down and explained what was going on to the other nurse. The patient proceeded to shout obscenities and threatened to kick the nurses and the doctors "butt". Another nurse that witnessed the situation called security. The doctor told security to escort him out and not to allow him back in.

> "Violence can take many forms, including verbal and emotional abuse; physical assault; threats of physical violence; unwanted sexual advances; and harassment. In nursing, it can arise from patients, patients' families, visitors, or colleagues" (Roche, Diers, Duffield, Catling-Paull, 2009, p. 14)

This was example of verbal and emotion abuse, threats of physical violence and it arose from a patient.

Outcome: The outcome of this violent act was a sad thing. A patient was not able to become free of pain for a little while and nurses and doctors got treated like crap when they were only trying to help. If the patient would have just listened to the nurses and the doctors and accepted what they were trying to do to help, it could have saved the patient and the nurse/doctor a lot of trouble.

Reflection: Looking back at this, it shows that not all patients are nice and understanding. Some patients are just “drug-seekers” and they become upset if they do not receive exactly what they want. Also, it is a good thing to have security around because what if the patient would have acted on the nurse/doctor instead of just threatening. I am glad that I did not have to take care of the patient directly and have to be involved in a situation like that.

References

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