Application of Content Knowledge

Name

Institution

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**Section 1 Self-Reflection**

The Health-scope Eastern Network Graduate Program is the one that I would like to attend at Victoria Rehabilitation Centre. This program offers orthopedics, advanced surgical practices, oncology, emergency, rehabilitation, cardiac, acute surgical and medical practices. This program is designed in such a way that perfectly harmonizes with the professional competence and required essential skills of the graduate students. As a result, this program ends up developing highly skilled, dedicated and compassionate nursing professionals. Various facets of nursing care are addressed by this program including comprehensive orientation, job rotation within various affiliated centres of the Health-Scope Eastern Network Graduate Program, paid study days, customised programs specifically for rehabilitation, family-like workplace and career advancement opportunities for nursing students who are motivated enough to approach management practices in future. In a nutshell, this is the most desirable program that a nursing student wants to acquire because it not only nurtures professional development but also takes other off-the-study practices into account as well.

This program is immensely desirable for me because nursing has always been my passion that made me an excellent and impatient scrounger of the knowledge and practice aimed at assuring the well being of individuals through reducing their sufferings. Although all the programs offer suitable practicing environment for the graduate students yet I specifically chose this because it offers inter- organizational rotations for different programs. It galvanised my interest because meeting professional people and developing a social circle around has always been my favourite hobby. Moreover, they offer paid study days that is something too good for a student who wants to be fiscally independent. Its family-like environment is another striking feature that would nurture the belongingness needs of students as a human being. On the whole, this program is highly suitable for me with respect to professional and off-the-study factors.

**Section 2: Clinical Question**

**You are caring for a male patient who has been admitted with seizures for investigation. You go into the bathroom and find him on the floor. What would your immediate actions be?**

Needless to say, neurons are the basic structural and functional units of brain and nervous system. Their primordial function is to transmit impulses from sense organs to the brain and again back to the body organs in form of electrical impulses. These electrical impulses run in coordinating fashion so that perturbation could be avoided (EAA, 2015). But in some instances, abnormal electrical discharges are generated in the brain; a condition known as seizures. Seizures, as a result, may affect body movements, mental activity or both. When seizures disrupt physical movements, the resulting condition is known as convulsions. Disturbed mental activity is marked as unconsciousness, disrupted learning, memory and higher cognitive functioning (Bradley et. al., 2016). Seizures are somewhat the trivial components of normal brain activity if they are minimal but if they remain persistent for longer period of time; the outcome may be highly life- threatening specifically referred to as status-epileptics.

Seizures can be caused by the some medications, immune responses of the body and temperature that do not lead to epilepsy. Seizures can be caused by multifaceted apparent reasons however the exact underlying reasons are still unknown (Steinhoff et. al. 2014). The widely acknowledged etiology behind seizures is trauma, mental illnesses, brain tumors, surgery or stroke. There is an equal opportunity that individual acquires this illness as a genetic predisposition or unfavorable conditions at birth such as brain deprived of oxygen, immature or complicated birth. Insomnia and lack of sleep is another potential reason to acquire this undesirable condition because sleep acts as a sweeper to eliminate mental clutter in form of unnecessary memories and daily life experiences (Steinhoff et. al. 2014). If individual does not take enough sleep, the probability of abnormal impulse discharge becomes twofold. The objective data obtained from the patients suggests that following symptoms define the experience of seizure; Rhythmic twitching, repetitive behaviour, muscle stiffness and contraction, blank stares and the loss of consciousness whereas subjective data indicates that patients experience loss of awareness, aura before seizure, headache, nausea, drowsiness, vomiting and confusion.

Immediate intervention and hypothesis with rationale: as the patient was already there for seizure investigation; an arrangement would be set up for him including padding side rails, ambu-bag, suction set up and all side rails up (Steinhoff et. al. 2014). The first immediate intervention is maintaining patient’s airways because all the brain functioning is stopped including medulla oblongata that controls vital functions of the body (Steinhoff et. al. 2014). Secondly, all of the heavy or potentially harmful objects would be removed from the spot because he would be unaware of his surroundings and may attempt to harm himself (Smith, Wagner & Edwards, 2015). Thirdly, he would not be restricted from moving because his muscle movement is unpredictable and would not stop by external forces (Bradley et. al., 2016). Fourthly, after being a bit stable, he would be taken to the room where appropriate anti-epileptics would be administered because they work directly on the brain to suppress its abnormal activity (England et. al., 2012). Fifthly, whole the seizure activity will be documented accurately including time span and symptoms so that corresponding interventions could be applied in future (Smith, Wagner & Edwards, 2015). In this way patient can be stabilized at the point and his treatment can be made more effective in future based on the nature and severity of his symptoms (Steinhoff et. al. 2014).

**Section 3 Prioritization**

Prioritization is referred to as the organization of various nursing activities in such a way that it is supposed to be done (Christine et. al., 2018). Healthcare and nursing encapsulates numerous core responsibilities and obligations aimed at the accomplishment of valued physical, psychological and social wellbeing goals of individuals with multifaceted needs. During daily practice, nurses encounter numerous issues that are highly time- sensitive in nature. For these reasons, time management of the nurses is highly crucial. Metaphorically, time management is similar to *glue* that holds all the skills that nurses learn during their daily practice because interventions lose their significance when applied at wrong and intermittent intervals (Robin et. al., 2016). For example, acute care interventions if applied after catering chronic care patients; whole nursing activities would be collapsed. Hence, a competent nurse must be aware of the super-colossal array of duties with the appropriateness of time that is sometimes highly stress- inducing and over-whelming for them and requires sufficient practice.

There are various bases to prioritize patients’ needs; acute and chronic, urgent and non- urgent, physical, emotional and social, actual and potential. Here acute, urgent physical and actual needs would be addressed first as compared to the other needs (Melissa et. al., 2016). In the given scenario, there are four patients requiring different considerations; Mrs. Peterson who requires help to en-suite as she cannot move by herself; her potential problem is falls; Mrs. Walter who is going to theater and is not yet ready; Mr. Young who undergoes IV therapy and his infusion pump alarm is sounding because flask is nearly empty and he also reports pain and Mr. Stavropoulous who is taken here for acute asthma and her medicines are due 0800, moreover, the Associate Nurse Unit Manager is looking for her pre-operative checklist asks for my assistance.

Being a nurse, if I encountered these situations at the same time; I would first talk to ANUM and request her to wait for ten minutes so that I could address patients requiring instant care. Then I would go to Mrs. Peterson because she cannot move by herself and I just have to take her to the washroom that is less time consuming. I can cater her concerns with less time consumption that is why I would first leave her to the en-suite. After leaving her, I would rush to Mr. Young who is complaining of pain; I will administer pain scale and apply interventions accordingly, further, her flask is alarming so I would refill it instantly; he will feel relieved. The third patient that I would address is Mrs. Walter; I will get her ready for the operative practices till 0755 possibly. In the last five minutes, I would administer ventlin and prednisolone to Mr. Stavropoulous; I would thank ANUM to allow me executing necessary interventions and would help searching pre-operative reports of Mr. Stavropoulous. It can be seen that I addressed acute and less time-consuming practices first; bowel, pain and IV flask whereas less critical and highly time- consuming practices were left as second priority such as getting the patient ready for theatre and finding pre-operative reports for ANUM. Here obedience to authority was addressed as the second priority because goals of patient wellbeing are more valued than obeying authorities at such critical times; they can be persuaded because they are too healthcare professionals and value patient’s safety more than anything else (Jane, 2012).

**Section 4 Professional**

Psychologists typically believe that human being is the product of his innate predispositions and environmental learning. Innate predispositions encapsulate such attributes that are rigid in nature and are driven by genetics and heredity such as temperament, intelligence and impulsivity whereas other personality characteristics are learned though education, training and observing others either formally or informally for example, teaching, driving and communication skills (Volk et. al., 2013). Although most of the personality attributes fall within these categories yet there are some over which subject matter experts possess deviating opinions, if you are wondering about example; decision making is the one.

Some psychologists are in view that decision making is an innate ability and we cannot learn it. Such approaches present a static and rigid view of decision making and eliminate the effectiveness of teaching and education for learning it as a skill. On the other hand, *Behaviourist* *school of thought* propounds somewhat unique and rational notion that decision- making is a learned attributed and innate predispositions are not essentially required for it. Hence, it can be deduced that training and education can improvise our decision making skills both in personal and professional life. Exposure and theoretical knowledge both are prerequisite for acquiring problem skill successfully.

In the nursing, decision making is not considered as a *rigid* entity rather it is a fluid process that includes outward situation, personal attributes such as thinking patterns, feelings, emotions, perceptions, attitudes, orientations, knowledge and outlooks. Decision is made through combining these internal and external attributes and coming up with a suitable judgment (Elwyn, 2013). It is important to note that ethical and moral values and professional obligations of the nurses affect their decision making more than their personal favours.

During the clinical practice, nurses encounter various dilemmas that demand excellent decision making skills. These dilemmas might be in form of conflicts with the identical needs of the single patient, prioritization of the needs of various patients over each other and conflicts between organisational policies and patient oriented responsibilities. In such instances, although ANA has defined various ethical codes and provisions that guide nurses in making appropriate decisions however their personal choices follow holistically unique patterns; identical situations might be perceived differently by different nurses that are aimed at patient wellbeing (Hoffmann, 2014).

The given scenario offers me to think contemplatively and make careful decisions based on my theoretical knowledge, practical exposure and organisational policies. In the given scenario I was given the duty to assist Resident Medical Officer for the surgical operation; *ascitic tap* that is supposed to happen at 1:30 PM. The ANUM handed over Mr. Stanley to me after negotiating with the RMO that surgery would be done after lunch when there is sufficient staff to cater the practices. At the same time, I address another patient who is suffering from hypoglycaemia and requires instant intervention. Meanwhile, I see RMO who is taking surgical instruments to Mr. Stanley’s room. What would be my reaction to this? Should I stop monitoring patient with hypoglycaemia? Or should I refuse the RMO to assist him in such critical situation?

Moving to my response, I would talk to ANUM to persuade RMO about delaying the ascitic tapbecause they were previously agreed upon finishing the lunch session and waiting for the staff to become sufficient and active again. I decided to do so because this decision was already made by the authorities, the patient with hypoglycaemia needs constant monitoring and the staff members are insufficient to carry ascitic tapfor the patient.

If ANUM agrees to do so, talks to the RMO and he agrees to continue this practice; this would be the most appropriate situation with respect to the given conditions. Contrary to this, if ANUM fails to negotiate and RMO feels reluctant to wait for the staff members, I would have to assist the patient undergoing surgical operation through administering analgesia and monitoring his vital signs because he will be passing through critical situation as compared to the person suffering from hypoglycaemia. I would administer appropriate drugs to balance his sugar level in the long run and would attend the hypoglycaemic patient soon after surgical operation is done. I never know these decisions would b appropriate for others or not but this is what I would do if I encountered this scenario. I would first try to neutralize the clash between authorities and patient’s needs but if it does not happen I would have to accompany RMO because that would be more critical situation and I would have to ensure patient safety being a healthcare professional (Reeve et. al., 2011).

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