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Professional Role Development Plan

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San Antonio College

3350-002: Transitions to Baccalaureate Nursing

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Professional Role Development Plan

My paper describes my desire to become a bedside nurse educator specializing in diabetes management. I plan to educate my patients on the pathophysiology of the disease in easy-to-understand language with enthusiasm and a belief in success. I will address lifestyle challenges and offer healthy diet choices for optimal health and energy. I will offer recommendations for various physical activities with an emphasis on stress management.

TX BON, AACN ESSENTIALS

The role of the baccalaureate nurse and the Associates Degreed Nurse in relation to the TX BON, both use the same IV core competencies. The baccalaureate nurse includes a more comprehensive patient care with more decision making based on research studies and medical journals. The baccalaureate nurse will have a broader understanding and will include the community and population when assessing and evaluating. While I care for a Hispanic patient, as a BSN nurse, I am aware of the community issues like Diabetes and HTN, and also the population issues such as lack of education. The AACN (American Association of Colleges of Nursing) Essentials has Domains and Concepts. The Concepts have more of an ADN focus. Still used by the BSN but are geared towards laying down the foundation of nursing, the fundamental outline of what it is to be a nurse. Judgement, Compassion, Ethics, these Concepts are used by all healthcare professionals LVN's, ADN's and BSN's. The AACN Domains incorporate more disciplines into the practice of nursing. Its practice is on a broader knowledge base and an elevated thinking process. As a Baccalaureate nurse I will see a bigger picture forming with a bigger health care team and a more detailed understanding.

Development Plan

I have been working on a Med/Surg unit for the past 4 years and I am shocked at the number of diabetic patients I have treated. And I am shocked at the lack of education that some of these patients have and receive. I want to be able to educate the patient about diet management, regular activities,

and stress management. As a BSN and a provider of patient centered care I can use a systematic problem-solving process and use nursing frameworks and theories that relate to managing and evaluating health care delivery. A system to control blood glucose and prevent short term and long-term complications would require the patient to be educated to their level of understanding. I have been at the bedside while a doctor is explaining the situation to a patient and the patient will state that they understand only to have the patient ask me to explain everything the doctor just explained. Not all patients understand what really is going on, that is where the diabetic nurse educator would take an active role in thoroughly educating the patient in their own level of understanding. It will be time-consuming but extremely important for long term management. 10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity (Essentials, 2021, p.53). As a BSN I will constantly reflect on my assessments and interventions, and thinking back, reflecting is something I have naturally done in trying to develop the best outcomes for my patients. Reflecting will help to solidify confidence in making the best decisions for my patients. I will always welcome feedback from my patients, coworkers, and doctors to aid me in my commitment to personal and professional development. How do we really know if the outcome was the best if we do not welcome feedback from the people around us? And by enrolling in the BSN, I have opened the door to expanding my personal knowledge and accepting more responsibility as a nurse. And finally, by using EBP, I will continuously reeducate myself on the most recent procedures, practices, and outcomes.

Nursing Literature

Cultural and Language differences between patients and health care providers may create feelings of distrust, fear, anxiety, and lack of respect. These negative emotions can create barriers causing patients to be less adherent to lifestyle modifications and treatment plans (Alibeji &Stewart, 2016). I have witnessed this firsthand not only with the Hispanic population but also with people from the Philippines, several Germans, Chinese and a handful of people speaking Farsi. The doctors did use

interpreters and were able to speak in the proper language, but it is a very quick encounter with most patients agreeing to whatever they are being told just to get out. That is where a diabetic educator can take the time to go over the cause of the disease, outcomes, both positive and negative, treatments and lifestyle changes. It will take some time but when you factor in that if properly educated, this patient may not be readmitted to the hospital due to mismanagement or neglect of their condition, saving time, money and the patient's toes and feet. By taking more time in the beginning I will give myself more time to educate more patients down the road. According to Babalola, Garcia, Sefcik and Peck (2021), "Our experience yielded significant and relatively large increases in diabetes knowledge, self-management behaviors, and a decrease in A1C" (p.804). They went as far as to speak in a lower tone and slower pace to help the patients focus and take in the education in a comfortable and non-threatening format. EMAS interventions include education, nutrition management, physical activities, and stress management. It is not enough to educate on one aspect, the doctors will educate some upon discharge, they do not have the time to explain all treatments, conventional or holistic. For a nurse educator to be successful requires multiple aspects of intervention. Disease education is first but followed closely by diet. Patients must be informed of the easiest things to start with, like stop drinking soda and add lettuce every chance you get. Leafy greens play a significant role in laying down the foundation for a healthier diet, baby steps. Physical activities can be as simple as walking. I have already educated patients on just that, several patients newly diagnosed with diabetes have voiced to me in despair "where do I begin?" I simply state get up in the morning and walk, if they cannot walk in the morning I recommend walking after dinner in the evening. I convince them that walking will lead to other activities but let us just start with walking to help them manage their condition, it must be presented in layperson terms and with simple instructions. It is a very delicate time and subject. In the diagnosis stage according to Yimaz, Gun, Yaman (2019), "participants stated that their initial feeling was a deep sorrow followed by feelings of grief, anxiety, despondency and gloom" (p, 1809). An educator can use those feelings as motivation to

take control of the situation. That is the time that proper education can change a patient's life for the better. And because of the excessive production of cortisol, stress management must be addressed. Walking can aid in stress management, and remember we are already walking for physical activity. Listening to music is effective in reducing stress, depending on the music. Death metal probably won't work, I always suggest classical, it works for me. Stretching is also good for relaxation or maybe removing yourself from stressful situations can also work. I had a male patient newly diagnosed with diabetes whose wife informed me that watching "his" football caused him great stress and made him truly angry. I suggested tapering back some, only to be informed by the patient that watching football is how he relaxed. Every patient is different and complicated in their own distinct way. "EMAS interventions significantly increased knowledge, attitudes, and skills in patients with type 2 diabetes to behave healthier to control their blood sugar. Community nurses can use EMAS intervention for the management of DM among diabetic patients." (Andriyanto, A., Rekawati, E., & Rahmadiyah, D. C. 2019).

Summary

In 2019, 37.3 million Americans, or 11.3% of the population, had diabetes (ADA, 2019). Education is the key to help prevent, manage and control diabetes in our community. The responsibility cannot fall solely on our doctors. Nurses and educators need to take an aggressive role in educating immediately and continuously, throughout the different stages of illness. Education must be tailored to every individual patient, and presented in terms and manners appropriate for understanding. It should not be tough love but presented patiently and cautiously to promote compliance. It is more than disease education, its lifestyle education and an attitude adjustment necessary for our patients to thrive. Education, diet management, activity and stress management are vital for educators to present to patients in the short term and in the long term management of diabetes. I plan to take everything I have written to heart and help as many diabetic patients as I can. I have worked in San Antonio and I have worked in Los Angeles County and roughly 80% of the diabetics I treated, did want to change their

lifestyle, did want to learn and did not want to lose any limbs to this disease. And I could see in their eyes that they were serious and determined. I wish I could have taken a more active role in their journey, I know I could have made a difference. I am very optimistic that upon graduating and expanding my knowledge I will be able to extend further into the management and healing of my patients to come.

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