Professional Development Plan (PDP)

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PROFESSIONAL DEVELOPMENT PLAN

Abstract

Any nurse should attempt to practice as closely to the American Nursing Association’s (ANA) Standards of Professional Performance. In this document, my nursing practices are compared to those of ANA’s Standards. Included are descriptions of my nursing practice, areas of improvement that are needed, current education, and future education plans.
Professional Development Plan

The difference between being a good nurse and a great nurse is simple: great nurses evaluate their patient care practices. How do we define what is great nursing practice? The ANA states that “…the Standards of Professional Performance relate to how the professional nurse adheres to the Standards of Practice, completes the nursing process, and addresses other nursing practice issues and concerns” (ANA, 2010). Here we look at my nursing practice used in an Intensive Care setting and how it compares to ANA’s Standards.

ANA Standards vs. Current Professional Behaviors

A patient’s hospital stay is highly impacted by the nursing care they receive. A nurse must continuously evaluate her performance as a care giver to guarantee she practice in the safest, most satisfying role for her patients. Using the Standards of Professional Practice (ANA, 2010), I can compare my current care practices to these Standards to see where improvement is needed and where I excel.

Standard 7: Ethics

Treating each patient as a human being with feelings and needs is central to my nursing practice. Involving family in the patient’s care is also plays a part in caring for my patients. I make every effort every day to follow the privacy laws as they are defined and to make certain that my patient’s privacy is maintained. I do, however, find myself often becoming attached to my patients, almost as if I care too deeply for them sometimes. I feel that a good improvement ethically would be to try to see my nurse-patient relationship on a more professional level. It’s okay to care about the patient, but emotional boundaries need to be set.
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Standard 8: Education

Education is a career long piece of nursing. Currently, to assist with improving my patient care and knowledge base, I am enrolled and completing my BSN degree. I enjoy attending classes for continued education that are offered at the institution where I am employed. I always ask to take care of patient that has a more complicated illness to assist with learning or practicing new skills I may be able to obtain or solidify. Teaching new nurses is a favorite aspect of my career. Often times I am asked to precept a new nurse to the unit. I feel that I could be more of an asset to the Intensive Care Unit by “share(ing) educational findings, experiences, and ideas with peers” (ANA, 2010). I could demonstrate this standard by updating my fellow employees and unit educators about new research I have read.

Standard 9: Evidence-Based Practice and Research

This Standard is defined as “The registered nurse integrates evidence and research findings into practice” (ANA, 2010). Currently I am not involved in any evidence-based practice committees. This could be a step toward improvement: to be part of the group of nurses that researches and institutes the implementation of best practice procedures. Luckily, I work in an institution that has a great research team and policies are continuously updated to reflect the latest and best practices for care from a nursing perspective.

Standard 10: Quality of Practice

Being creative in my nursing care has always been a strong suit. I enjoy documenting the care I provide. I believe that I am constantly involved in “quality improvement” (2010, 52). Often times, I am the person that my fellow nurses come to when they need to express their frustrations with a new policy or procedure that is being practiced. I am not hesitant to report
what I hear to my manager. Not in a tattle-tail sense, but more towards informing my manager of barriers that are met or if a change is easier and well received. I think I could improve the Quality of Practice by “participating on and/or leading interprofessional teams to evaluate clinical care or health services” (ANA, 2010).

**Standard 11: Communication**

Communication, to me, is one of the most important aspects of nursing care. Many individuals have told me that I excel in this area. I am able to communicate with other nurses and physicians effectively and professionally. The one area that I feel I could improve on is conflict resolution. I often have difficulty in knowing what to say and when to help resolve an issue that a patient or family, or even nurse to nurse, may have.

**Standard 12: Leadership**

As a critical care nurse, it is almost a given that at some point and time one will be in a leadership role. In the institution where I work, nurses are often relied on in code situations to initiate the code process and delegate to others tasks to assist with life support. I can honestly state that I am not proficient at this...yet. However, I do feel that I “demonstrate(s) a commitment to continuous lifelong learning and education for self and others” (ANA, 2010) by observing more experienced nurses and learning how to become a leader in this role. I am also currently advancing my education.

**Standard 13: Collaboration**

Collaboration of care is a main part of giving excellent patient care. The ANA (2010) defines Collaboration as “The registered nurse collaborates with healthcare consumer, family,
and others in the conduct of nursing practice” (57). This is another point at which I excel. I feel that keeping patients and family updated on care and status of illnesses one of my primary goals as a caregiver. I never hesitate to contact a physician or ancillary staff for further collaboration if needed. Once again, an area where I can improve regarding Collaboration is the conflict resolution.

**Standard 14: Professional Practice Evaluation**

I am constantly seeking improvement in my nursing care. I jump at the opportunity to take continued education classes to learn new evidence-based practice. I have more experienced nurses verify my knowledge of a procedure by demonstrating or verbalizing what I would do and asking for input on improvement if needed. By completing this document, I am comparing my nursing practice to ANA (2010) standards.

**Standard 15: Resource Utilization**

The ANA (2010) states that Resource Utilization as: “The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible” (60). Delegation is a large portion of utilizing resources. If I didn’t delegate as needed, I wouldn’t be able to give the outstanding nursing care that I strive to give. I also utilize the seasoned nurses I work with for knowledge references about disease processes or procedures. I assist patients and families in weigh their options: what are risks and benefits for the treatments they are choosing for the patient (ANA, 2010).
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**Standard 16: Environmental Health**

Safety is a necessity with health care. Each nurse can, at some point, hold their patient’s health in their hands. Knowing infection prevention procedures and protocols is an important aspect of Environmental Health. I think I could do a better job in “advocates [advocating] for the judicious and appropriate use of products in health care” (ANA, 2010). Take hand washing for example. I could improve on advocating to patients about the importance of hand washing while in the hospital and at home.

**Goals**

**Five year goals**

By 2013, I aspire to have my BSN completed. When five years have passed, I hope to have my MSN degree as well. I plan to study and obtain my CCRN-E - Adult Tele-ICU Acute/Critical Care Nursing Certification. By following the American Association of Critical-Care Nurses guidelines for exam eligibility, I should be able to complete this goal within 2-3 years (AACN, n.d.). I will continue to work in the Intensive Care Unit.

**Ten year goals**

In ten years, I aspire to be a Nurse Practitioner in an acute care setting taking care of critically ill patients. I plan to attend one of these three programs (preference listed respectively): Saginaw Valley State University, University of Michigan, or Michigan State University. In preparing for this long journey, I have researched each NP program. Saginaw Valley is my first choice because it is closest to my home, and I have heard great things about the program from graduates.
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The Plan

Currently, I am enrolled in my first semester of the Ferris State University RN to BSN program. This is the first step I have taken to advance my degree and improve my practice. After January of 2012, I plan to take the steps necessary to complete my CCRN-E certification and hope to have this completed by June 2012. In the spring of 2013, I will have graduated with my BSN. At that time, I will have chosen a school to start my Masters while also preparing for my Nurse Practitioner courses.

Conclusion

It is truly eye opening to see how my current nursing practice compares to the ANA Standards of Professional Nursing Practice. I excel in some great areas, but there are definitely parts of my nursing care that can improve. Ultimately, my goal is to give outstanding nursing care and be an excellent part of the Critical Care healthcare team. To achieve this goal, I must be open to change and allow myself to grow where I need to. Here’s to brilliant nursing care: the kind of care I wish to give in my future.
References
