

2

EDITION



# Capstone Coach for Nursing Excellence

Linda Campbell  
Marcia A. Gilbert  
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## SBAR report to physician about a critical situation

<b>S</b>	<p><b>Situation</b> <b>I am calling about</b> &lt;patient's name and location&gt; <b>The patient's code status is</b> &lt;code status&gt; <b>The problem I am calling about is</b> _____. I am afraid the patient is going to arrest.</p> <p><b>I have just assessed the patient personally:</b> <b>Vital signs are:</b> Blood pressure ___ / ___, Pulse ___, Respiration ___, and Temperature ___</p> <p><b>I am concerned about the:</b> Blood pressure because it is over 200 or less than 100 or 30 mm Hg below usual Pulse because it is over 140 or less than 50 Respiration because it is less than 5 or over 40 Temperature because it is less than 96 or over 104</p>
<b>B</b>	<p><b>Background</b> <b>The patient's mental status is:</b> Alert and oriented to person, place, and time Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to stimulation.</p> <p><b>The skin is:</b> Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm</p> <p><b>The patient is not or is on oxygen.</b> The patient has been on _____ (L/min) or (%) oxygen for _____ minutes (hours) The oximeter is reading _____ % The oximeter does not detect a good pulse and is giving erratic readings</p>
<b>A</b>	<p><b>Assessment</b> <b>This is what I think the problem is:</b> &lt;say what you think is the problem&gt; <b>The problem seems to be</b> cardiac infection neurologic respiratory _____ <b>I am not sure what the problem is but the patient is deteriorating.</b> <b>The patient seems to be unstable and may get worse; we need to do something.</b></p>
<b>R</b>	<p><b>Recommendation</b> <b>I suggest or request that you</b> &lt;say what you would like to see done&gt;. Transfer the patient to critical care. Come to see the patient at this time. Talk to the patient or family about code status. Ask the on-call family practice resident to see the patient now. Ask for a consultant to see the patient now.</p> <p><b>Are any tests needed:</b> Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Other?</p> <p><b>If a change in treatment is ordered, then ask:</b> How often do you want vital signs? How long do you expect this problem will last? If the patient does not get better, when would you want us to call again?</p>

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**Capstone Coach**  
*for* **Nursing**  
**Excellence**



# Capstone Coach for Nursing Excellence

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This second edition is dedicated once  
again to the nurses from our past,  
present, and future: shining lamps  
of nursing knowledge!





# Preface

We three faculty members continue to draw inspiration for this second edition resource from our devotion to nursing excellence and our love of teaching today's gifted and motivated nursing students. We also endeavor to meet the needs of our profession, which is experiencing an acute shortage not only of new graduate bedside nurses but also in progressive career options, including preceptors, charge nurses, advanced practice nurses, and nursing faculty. At the same time, continued emphasis on quality patient care—termed Quality and Safety Education for Nurses (QSEN)—calls for RNs to master the knowledge, skills, and attitudes that promote desired outcomes across the continuum of health-care delivery (Disch, 2012).

Professional nursing organizations have immersed themselves in ways to balance the current nursing shortage with quality patient care. Of enduring importance, during its annual education summit in 2005, the National League for Nursing identified three critical milestones for the nursing school graduate:

- Passing the NCLEX-RN examination
- Continuing in nursing past the first 2 to 3 years
- Enjoying a lengthy career in progressive nursing roles

*Capstone Coach for Nursing Excellence* provides the keys to accelerate your transition from student through the first two milestones so that you may enjoy the same full and rewarding career in nursing that we have experienced. Our motto is:

**“We hand you the keys. You accelerate to RN practice.”**

We have written this clinical guide and application manual for the following audiences:

- Senior nursing students
- Nursing interns and externs
- Newly graduated nurses in residencies and other new graduate programs
- RNs through their first 2 to 3 years of practice

Most textbooks are 3 inches thick, and we use them for learning or reference. This second edition clinical guide “cuts to the chase” to accelerate nursing students' transition to practice. Although this guide offers many features of an application manual, it is *not* an A-to-Z catch-all. Rather, it

is a manual of often-used elements that many students find difficult to master. This guide directly helps you to:

- Master key concepts and skills.
- Make important connections between evidence and practice.
- Stand out to potential employers in your capstone or senior nursing practicum.
- Prepare for and pass the NCLEX-RN examination with confidence and ease.
- Flourish in your first 2 years of RN practice and beyond.

We are pleased to gather previously scattered resources into one clinical guide for you. We predict that *Capstone Coach for Nursing Excellence* will become your favorite, always-in-the-backpack resource. You will want to delve into this guide as a senior nursing student. You will dog-ear its pages as a nursing intern or extern, as a new graduate, and as an RN in your initial couple of years of practice. Designed for regular and repeated use, its features will grab your attention, promote your mastery of critical content, and help you develop problem-solving skills that distinguish you from peers. We encourage you to put your mastery to use as a servant-leader devoted to quality patient care, safety, evidence-based nursing practice, and exemplary interprofessional collaboration.

We have selected and organized content according to our experiences in nursing, education, and business. Our overarching desire, or philosophy, is to promote **professional pride**. We believe that nursing's visibility and value will follow naturally from increased pride. We use a map, Benner's 1984 theory of skill acquisition (Benner, 2001), to guide the way. Benner provides the path, and we contribute the vehicle from time-tested assertions. Some of these assertions have endured for years; others come from cutting-edge literature. All of these assertions resonate with professional pride:

- "Begin with the end in mind" (Covey, 1989, p. 95).
- Pursue consciously competent practice (Benner, 2001).
- Have the knowledge, skills, and attitudes (KSAs) necessary to improve continuously the quality and safety of the health-care systems within which you work (Cronenwett et al., 2007; Disch, 2012).
- Improve "patient care and the work environment through support of evidence-based practice" (Goode, 2000, p. 222).
- Use Servant Leadership as a structural basis for hope and healing (Greenleaf, 2002; Yancer, 2012).
- "Say *yes* to wow!" (Peters, 1999, p. 309) to accelerate reflective journaling.

We value the feedback and recommendations received about the first edition of *Clinical Coach for Nursing Excellence*. It is our great pleasure and a source of our own professional pride to incorporate updated information, emerging topics, and desired content in a second edition.

First, we revised the title of this resource to *Capstone Coach for Nursing Excellence, Second Edition*, to capture the optimal timing of its use, beginning with senior nursing students. Although a few students wished their programs required this cut-to-the-chase resource earlier or in place of more comprehensive textbooks, short-cuts typically result in gaps in knowledge, skills, or requisite attitudes. Nursing curricula are carefully crafted to meet standards for quality and safety. According to Benner (2001), “novices” must immerse themselves in sufficient depth and breadth to acquire the pattern recognition that prepares them to transition to the professional workforce as “advanced beginners.” This resource is designed as a culminating guide. It may benefit students as a companion to a comprehensive textbook, but it is not a replacement.

We hope you will embrace and enjoy the journey to become a registered nurse! Picture yourself driving around a mountain toward its summit. Steep switchbacks require time and tax your engine, but you can improve your performance through an approach that honors the complexity of the profession, the skill acquisition needed to save lives and promote desired outcomes, and the components of stewardship necessary not only for today’s health-care delivery systems but also for health-promoting self-care. The first time around the mountain develops a broad clinical foundation, via a fundamentals course, skills laboratories and simulations, and a beginning medical-surgical course. The second time around the mountain provides a combination of repeated and new clinical content as well as more skills laboratories and simulations via advanced medical-surgical and specialty courses. The view may be similar, but your vantage point is higher and you recognize more elements of quality and safe nursing care. The third time around the mountain continues your upward spiral via a capstone or practicum course. Confidence from ascending even higher adds depth, personally and professionally, and related patterns emerge. Powerful motivation and far-reaching dividends are now in view, arising from the correlation between doing well in your program and passing the NCLEX-RN examination the first time you take it.

Second, we retained the overall structure of 10 chapters, with no change in their titles but with updated content to reflect current best and evidence-based practice. Updates come from recent nursing literature, professional conferences, and the experience of graduates. Chief among

updates are directives for increased professionalism in high-tech environments, advances in genomic health care, and expanding recognition of nurses as stewards of holistic human health and healing. RNs increasingly serve on boards, cut costs, and participate in a pharmacological trend that educates patients about “farm-ecology,” which is the study of nutrient-dense ways of eating as a first line of defense against disease. We also prominently display *I-SBAR-R* (Identification-Situation-Background-Assessment-Recommendation-Readback), which is the interprofessional communication strategy recommended by the QSEN Institute, and confirm findings from recent literature on readiness for practice.

Third, we heeded recommendations to pack the second edition with even more practical content. The following additions reflect our priority for need-to-know, leading-edge content:

- Decision trees for laboratory values related to changes in condition, diagnoses, medications, and procedures.
- A PEAK Performance Box about IV solutions, explaining the nurse’s role in their safe administration.
- A PEAK Performance Box about anticipatory guidance for grief, including a section on hospice and palliative care from a recent graduate’s volunteer experience.
- A PEAK Performance Box with the proven path to passing the NCLEX-RN examination the first time taken.
- More Coach Quadrants and Consults with explicit communication strategies and styles.
- More Coach Consults for working with diverse populations, including essential phrases in Spanish and French with referral to *Taber’s Cyclopedic Medical Dictionary* for many more phrases, and ways to increase sensitivity for other cultures and sexual orientations.
- Evidence-Based Practice Boxes related to quality and safety, including early warning scores, bedside reporting, and patient identifiers.

We view our efforts as a way to express ourselves as “super-mentors.” Russo (2007) describes a super-mentor as “a selfless soul who is an expert teacher, life coach and networker-extraordinaire all wrapped into one” and asserts that “becoming a super-mentor is as worthy an aspiration as, say, curing cancer, understanding an ecosystem or identifying the stuff that makes up the Universe” (p. 881). We hope to have you regard us as your super-mentors to address intensely felt difficulties in making the transition from nursing student to practicing RN. We would love to hear from you as your exciting future in nursing unfolds!

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# Table of Contents

## CHAPTER 1

Foundations: Providing a Framework to Accelerate Your Transition to Practicing RN .....3

## CHAPTER 2

Pathophysiology and Pharmacology: Making Connections and Mastering Dosage Calculations .....23

## CHAPTER 3

Physical Assessment Skills and Findings: Firming the Foundation of the Nursing Process .....85

## CHAPTER 4

Diagnostics: Understanding and Monitoring Common Laboratory Tests .....109

## CHAPTER 5

Patient Care: Reviewing Critical Skills, Keeping Patients Safe, and Managing Machines .....143

## CHAPTER 6

Shift Planning: Conquering Shift Organization and Prioritization .....187

## CHAPTER 7

Communication: Mastering Collaboration, Delegation, and Documentation .....211

## CHAPTER 8

Critical Nursing Actions: Responding to Key Situations .....233

## CHAPTER 9

Ethics: Addressing Dilemmas in Professional Practice . . . .265

## CHAPTER 10

Next Steps: Advancing in Your Career . . . . .285

References . . . . .307

Illustration Credits . . . . .320

Index . . . . .321

# 1 Foundations: Providing a Framework to Accelerate Your Transition to Practicing RN

*You and Capstone Coach for  
Nursing Excellence* page 5

---

PEAK Performance Key No. 1:  
Philosophy and Theory of RN  
Practice page 8

---

PEAK Performance Key No. 2:  
Clinical Progression From Novice  
to Expert page 9

---

PEAK Performance Key No. 3:  
Nursing Process page 17

---

PEAK Performance Key No. 4:  
Best Evidence for Nursing Practice page 18

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Chapter Summary page 20

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# Foundations: Providing a Framework to Accelerate Your Transition to Practicing RN

**W**elcome to *Capstone Coach for Nursing Excellence*. We wrote this clinical guide to accelerate your transition to becoming a practicing RN. In fact, if you read the preface, you know our motto: “We hand you the keys. You accelerate to RN practice.”

This second-edition guide promotes consciously competent nursing practice by identifying potential difficulties for you *before* you enter the nursing workforce and elevating your confidence *after* you graduate. As you learned in nursing school, cutting-edge RN practice depends on philosophy, theory, nursing process, and best evidence. You already have the philosophy and desire to become a registered nurse; we provide a nursing theory or map by which you can track your progress “from novice to expert.” We revisit the nursing process because it comprises the first six American Nurses Association (ANA) standards of professional practice. We have also researched the best evidence or practice elements that many students and newer nurses find difficult to master. Six of these difficulties are listed in Box 1-1, “Why Is *Capstone Coach for Nursing Excellence* Important?”

In this first chapter, we present foundational content designed to make clinical content in Chapters 2 through 10 more understandable and memorable. We selected this content not only from our own experiences as

### Box 1-1 Why Is *Capstone Coach for Nursing Excellence* Important?

Casey and colleagues surveyed 270 new graduate RNs to gauge graduate nurses' experiences. Analysis of responses to open-ended questions revealed six themes, cited here in order of frequency and intensity of difficulty in making the transition from student to RN:

1. Lack of confidence in skill performance; deficits in critical thinking and clinical knowledge.
2. Relationships with peers and preceptors.
3. Struggles with dependence on others, yet wanting to be independent practitioners.
4. Frustrations with the work environment.
5. Organization and priority-setting skills.
6. Communication with physicians.

Note: These research results have held up in subsequent studies but can be mitigated by a nursing student internship or senior nursing practicum (Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011; Steen, Gould, Raingruber, & Hill, 2011).

Adapted from Casey, Fink, Krugman, & Propst, 2004, p. 307.

nurses and faculty but also from contributions of high-profile leaders in nursing and business. Chief among them are:

- Patricia Benner, PhD, RN, FAAN, whose 1984 model of skill acquisition has become a well-accepted theory of nursing students' consistently observed progression "from novice to expert." In 2001, the importance of Benner's theory received additional endorsement through its republication in a 25th anniversary edition of her book. In 2011, Benner's theory garnered more commendation from online publication of the Tildens' influential book review.
- Joann Disch, PhD, RN, FAAN, Director of the Katharine J. Densford International Center for Nursing Leadership in Minneapolis, Minnesota, whose 2012 article updated the impact of "Quality and Safety Education for Nurses." Popularly known as QSEN (pronounced "kew-sen"), this rapidly accepted effort enjoys elevated status as the "QSEN Institute" and conveys much of what it means to be a capable and respected nurse. The related website (at [www.qsen.org](http://www.qsen.org)) no longer requires a

user account, making its valuable resources readily accessible to faculty, students, and practicing nurses.

- Colleen Goode, PhD, RN, FAAN, whose presentations and publications document her own evolution from research utilization to evidence-based practice (EBP) in nursing. Further credence for the essential nature of EBP comes from its inclusion as one of six QSEN competencies and its explication in dedicated textbooks.
- The late Stephen R. Covey, MBA, DRE, whose publications and presentations in principle-centered leadership have achieved international renown. His phrase, “Begin with the end in mind,” will serve your entire career, and his depiction of pursuits in a quadrant model inspired our own Coach Quadrants, which are discussed later in this chapter.
- The late Robert Greenleaf, a management and education researcher, who coined the term *servant leadership* in 1969. Our service-mandated profession continues to embrace this approach, which aligns with the QSEN competency related to patient-centered care.
- James C. Collins, MBA, who with Stanford business professor Jerry I. Porras wrote *Built to Last: Successful Habits of Visionary Companies*. They coined the phrase, “Embrace the genius of the *and*,” which we do throughout this guide, such as by presenting nursing *and* business tools. We explain this concept more fully in the following section titled “You and *Capstone Coach for Nursing Excellence*.”
- Tom Peters, MBA, PhD, who wrote *The Circle of Innovation* and coined the phrase, “Say *yes* to WOW!” We hope you say *yes* to WOW throughout your nursing career!

### You and *Capstone Coach for Nursing Excellence*

You may feel at least as nervous about launching your career in nursing as you did when you first got behind the steering wheel of a car. You may wonder how you will fare as a new graduate nurse, especially when many of your concerns appear among the daunting list of transitional difficulties presented in Box 1-1, “Why Is *Capstone Coach for Nursing Excellence* Important?” The answer is easy: immerse yourself in this guide, and consider us your personal coaches.

Coaches take pride in helping charges face reality, and wise coaches do not permit wallowing in gut-wrenching words such as *lack*, *deficit*, *struggle*,

and *frustration*. Instead, you will learn to apply the “genius of the *and*,” a theme that emerged from a Stanford study of outstanding businesses. The “genius of the *and*” acknowledges the reality of simultaneous driving and restraining forces. For example, improved outcomes in health-care delivery have resulted from driving forces, such as a national surge in nurse-managed clinics to increase accessibility, availability, and affordability of primary health care. At the same time, advanced practice nurses in these clinics have offered restraining forces related to overuse of the health-care system through their emphasis on anticipatory guidance, health promotion, and disease prevention strategies.

The “genius of the *and*” also honors the ability to cope with these simultaneous forces and counters a tendency to view potential outcomes as all or nothing, either/or, or only positive or only negative. In reality, you will experience frustration *and* triumph. You may focus on struggles, however, because advances occur sporadically enough that you fail to notice them. For example, you may depend on a preceptor for multistep procedures such as a central line dressing change even while you are achieving independence in equally daunting areas such as shift organization. You will notice progress more often if you consciously engage in reflective professional practice, which is the ability to look back in order to look forward with more clarity and discernment. Try these strategies:

- **Set aside time to think.** Aim for 15 to 20 minutes every day. By adding time for reflection to the usual quick thinking required in the nursing role, you may avoid the “all or nothing” trap that often accompanies more impulsive reactions. This time in reflection is particularly helpful if you catch yourself saying “yes” when you mean “no.”
- **Identify three or more alternatives to a dilemma.** This strategy prevents “either/or” thinking.
- **Think more objectively about issues by setting up a pro-and-con table.** This action disrupts seeing situations as completely positive or completely negative.
- **Ask yourself questions that incorporate changes and transitions you want for the future:** “What do I know now that can help me when I get off orientation?”
- **Take pride in the active listening skills and powers of observation you are developing in your nursing role.**

The “genius of the *and*” extends to the powerful emotions you may feel as a nurse. For example, it is undeniably sad when a patient dies, and



many nurses wonder how they can have pleasant emotions at the same time. In fact, nurses often grapple with extended periods of sadness, especially if they intensify sad occurrences by experiencing them as “horrible” or “devastating.” We encourage you to resist such magnifications and to attempt to feel less sad until you are calm. The following actions support this mature and self-nurturing approach:

- Consider that the opposite of “sad” is *not* “happy.” The opposite of “sad” is “not sad.” Happiness is on a different continuum of joyful emotions. As a result, happiness can coexist with less enjoyable emotions when you appreciate the “genius of the *and*.”
- Insist on debriefing with preceptors or peers after a sad outcome, as you did during nursing school classes or post-clinical conferences. Experienced nurses appear callous when they dismiss newer nurses’ need to debrief a patient’s death. In truth, they may have acquired the ability to feel less sad but are unable to articulate this coping mechanism. You may have to remind them of the need to process patients’ deaths.
- Set a timer for 30 minutes, and allow yourself to feel sad until the buzzer sounds. Each subsequent day, set the timer for 1 minute less. As the end of 1 month approaches, most nurses have unburdened their sadness and feel calm. If this strategy does not relieve your sorrow, contact your employee assistance program for additional help.

*Capstone Coach for Nursing Excellence* also accelerates your transition to becoming a practicing RN through its features, such as various margin notes and clinical exemplars. In addition, PEAK Performance boxes identify relevant strategies that promote the **Purpose**, **Evidence**, **Action**, and **Knowledge** nursing students and RNs need to achieve desired outcomes for patients. Throughout this guide, we coach in the following ways:

- Explaining concepts, roles, and actions that are difficult to master.
- Illustrating pattern recognition of “consciously competent” thoughts, words, deeds, and habits.
- Guiding your practice of critical skills.
- Inspiring you to envision yourself in safe, competent practice—well beyond your starting point as a nursing student.

Our former students tell us that a particularly helpful tip was to anticipate themselves a year into safe, competent practice while they were still students. As a result, they had the energy, will, and

emotional stability needed to persevere through every milestone along the way:

- Taking final examinations.
- Preparing for and taking the NCLEX-RN licensing examination (including waiting for results).
- Seeking out and interviewing for new graduate RN positions.
- Engaging in new employee and unit orientations.

Alumni surveys revealed that our former students benefited from seeing themselves as consciously competent. They completed orientations sooner, had more respectful interactions with peers and preceptors, and advanced to float nurse and preceptor roles less than 1 year into RN practice. A favorite comment from a community agency was, “We don’t interview your graduates. We hire them.”

### Peak Performance Key No. 1: Philosophy and Theory of RN Practice

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Our first key is to explain hard-to-understand foundational concepts. We seek to increase your understanding of the underlying purpose, evidence, action, and knowledge related to RN practice. We begin by translating abstract words such as *philosophy* and *theory* into everyday language that you can remember and embrace:

- **Philosophy = Desire:** Our greatest desire for you is to take and show pride in professional nursing.
- **Theory = Map:** We use Benner’s 1984 Model of Skill Acquisition (Benner, 2001), presented in PEAK Performance Key No. 2 in more detail.

Once you have a map, you can confidently select your path, which will serve as a framework for professional nursing practice. National faculty for the QSEN Institute recommends these six competencies for any path in nursing (Cronenwett et al, 2007; Disch, 2012):

1. Patient-centered care, in which the patient (or designee) is a co-partner with the health-care team.
2. Teamwork and collaboration, which takes place within nursing and interprofessional teams.
3. EBP, which integrates clinical expertise, best evidence, and patient preferences for delivery of optimal health care.
4. Quality improvement, which uses data for monitoring and continuous improvement of health-care systems.

5. Safety, which minimizes risk of harm to patients and providers.
6. Informatics, which uses information and technology in all aspects of care, including clinical decision making.

As your coaches, we add four more elements to create a comprehensive framework that supports professional nursing pride:

1. Spectral thinking, which specifies ways of thinking to obtain a more complete picture of any clinical puzzle or problem (see related PEAK Performance Box).
2. Reflective journaling, which enhances and documents your thinking and changes your role in the framework from recipient of learning to active participant.
3. Energy management, which underlies your ability to meet the demands of your framework *and* personal life.
4. Servant leadership, which promotes hope, healing, and health not only for individuals but also for organizations.

### Peak Performance Key No. 2: Clinical Progression From Novice to Expert

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We chose Benner's model of skill acquisition (Fig. 1–1) not only as another articulation of “begin with the end in mind” but also as a map. Its theoretical progression “from novice to expert” will help you envision and track your development in professional nursing.



#### PEAK PERFORMANCE: SPECTRAL THINKING

International nursing leader Daniel Pesut, PhD, RN, FAAN, cites six ways of thinking. Taken together, they constitute spectral, or comprehensive, thinking and provide the foundation for clinical reasoning:

1. Critical thinking, which nursing students know well as quality of thought. The Foundation for Critical Thinking ([www.criticalthinking.org](http://www.criticalthinking.org)) defines critical thinking with a list of universal intellectual standards: clarity, accuracy, precision, relevance, depth, breadth, logic, significance, and fairness.
2. Creative thinking, which considers alternative solutions, including the sometimes opposite point of view of other people. Nurses' inclination toward empathy facilitates the desired creativity.
3. Reflective thinking, which comes from engaging in self-talk. A mirror may promote authentic reflective thinking. When you talk to yourself in a mirror, you can catch nonverbal expressions, such as flinching, frowning,

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