**APN Professional Development Plan**

**Introduction**

There is a profound nursing shortage despite the fact that they are mostly involved in. Hospitalized patients interact most with APNs as opposed to physicians who only have them checked at specific durations. Nurses ensure that patients receive their medication and attend to other needs that may arise including monitoring and recording of vital signs. Therefore, nurses will always be responsible for the care of a patient and a physician may only be present for supervision (North & Hughes, 2012). Organizations would want to recruit nurses who are competent enough and contribute to quality patient outcomes despite the shortage. Advanced beginners who are new to practice have managed to accomplish into greater levels of professional competence through reflective skills (Woolnough & Fielden, 2014). Nurse leaders also go through continuous learning sessions after discovering leadership styles that could be bearing undesired outcomes. APNs who may be demonstrating proficiency and expertise are most likely to have made such achievements through professional development and correcting past mishaps in practice. A nurse will consider it an achievement if they contribute towards the best possible patient care outcomes without taking a lot of time and using the available resources (Whitworth, Haining & Stringer, 2012).

This goal is best achieved when the recommended changes in the healthcare system are responded to as expected. For instance, while caring for patients, some evidence-based practices have been preferred so as to reduce errors and mortality rates. However, some of the techniques may be incredibly complex for some of the workforces who may be old in the service. Some of them may find it hard to shift to the use of technology in some practices such as drug prescription. Alternatively, the required equipment may not be present in a facility hence making the implementation of such an evidenced based practice difficult. Nurses are also taught current practices that have proven by evidence to contribute towards safe patient care. However, real encounters at their places of work subject them to challenges that may compromise their service. Continuous nursing professional development becomes a key aspect of ensuring successful planning and implementation of proficient nursing duties. Through self-reflection and reference to relevant health literature, a nurse comes up with the relevant skills that contribute to desired clinical outcomes (Franco & Tavares, 2013). They learn how to cope up with challenges that they encounter at their workstations such as overcrowding hence they continue to deliver quality services irrespective of the circumstances. Professional development also enables nurses to create self-awareness regarding their achievements and weaknesses. This self-analysis procedure which makes them aware of their weaknesses further helps them understand the nature of the care they deliver to their patients and the observed impacts. Resultantly, the nurse can come up with actions that are directed towards achieving a specific goal whose realization has failed. In case only strengths are realized, a sense of career satisfaction is also created hence encouraging the nurse to want to achieve even more (Brekelmans, Poell & Kees, 2013).  This paper gives a professional development plan for an RN whose weaknesses have been evidenced in compliance with effective hand hygiene.

**APN Scope of Practice- Nevada**

The scope of practice of APNs defines their responsibilities including what they are supposed to deliver as far their practice is concerned. It includes the academic qualifications in addition to licensure before they are allowed into practice. It is an important aspect of professional development since it gives the necessity for certain aspects to be taught as they will be encountered in the field. An evaluation of their curriculum also identifies areas that are not reinforced during a nurse’s academic journey yet they are essential in their practice. APNs are, therefore, guided by the scope of their practice which gives regulations on their ethical and professional conduct in all the services that they deliver (Humphries e al., 2014). APN practice is strongly rooted in scientific evidence hence the essence of evidence-based practice. Research works performed in the field of healthcare identifies problems in patient care and recommends suitable care plans that reduce patient mortality and morbidity.  Apart from research, it has also been identified that nursing practice is an integrated process whose success is enabled by a network of virtues such as leadership, education, and mentorship. The scope of practice varies slightly among states with different bodies offering licensure for qualification to practice (Thompson, 2012).

In Nevada, one is only allowed to practice as an APRN when they have an RN license that is active and specific to the state since it is not a member state of the nurse license compact. Changes have been made in the Nevada APN law hence imposing more requirements that give APRNs the ability to practice to the full extent of the scope that is nationally recognized. Four APN roles are recognized in Nevada, and they include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. However, the APRN title is mostly used to refer to the first three roles since nurse anesthetists have slightly different requirements. Apart from the roles played by a registered nurse, a nurse anesthetist performs additional functions such as ordering and preparing drugs used for the administration of anesthesia. The broad spectrum of roles demonstrated by APRNs reveals that their population focus may also be broad or narrow. According to their preferences, APRNs may concentrate on the health of families or individuals across specific or all lifespans. A more limited population focus subject a nurse to work with specific populations such as neonatal, pediatrics, women, or psychiatric health. APRNs are allowed to practice on specific populations depending on the level of competency that they have demonstrated. However, specialties that APRNs choose to engage in such as oncology are not dependent on the licensing procedure (North & Hughes, 2012).

According to the American Academy of ambulatory care (2012), qualification to become an APRN requires that one successfully attains a master’s or doctoral degree. Additionally, an advanced practice program that includes clinical experience lasts for at least a year should be covered. Accreditation of this essential program may either be done by national accrediting agencies such as the Commission on Collegiate Nursing Education or the Accreditation for Education in Nursing. The nursing board also has the authority of accrediting such programs hence its accreditation is also accepted. The program is important because it familiarizes APNs on their role and population focus through the highly related courses. For instance, pharmacology is an essential course for APNs whose role will be manifested in drug prescription (Khalifa, 2013). Additionally, pathophysiology prepares them for the vital signs that need to be monitored during health assessment and their clinical implications. APNs are also required to attain certification given by certification agencies that are recognized nationally such as the American Board of Nursing Specialties. Getting direct certification from the National Commission for Certifying Agencies is not possible. Temporary licenses can be given to fresh graduates with the intentions of serving as APNs, but they first have to take an examination. However, licensure is granted by the Nevada Board of Nursing, and they can be renewed online upon expiry (Thompson, 2012).

**Personal Assessment**

I have not only demonstrated expertise in handling patients but also in leading other staff members. Being a leader has enabled me to identify the best leadership styles that contribute to job satisfaction and positive response from colleagues. Being a nurse leader entails that one should involve the other staff members in developing visions for the achievement of specific goals for an organization. Such an attempt ensures that the staff work towards ensuring that the agreed upon objectives are being implemented. Leadership also ensures that one instills the spirit of collaboration among other staff which is an aspect that has been found to reduce most healthcare errors. I have also accomplished in education other nurses on how to make the field of nursing most productive and improving on end-life care. Providing long-term nursing care has also enabled me to achieve in the provision of patient-centered and individualized care. These aspects improve patient satisfaction hence their ability to share more concerning their care. Being a leader has put me in the best position to share my desired objectives of improving patient care as well identifying staff grievances that could be preventing them from offering optimized care (Thompson, 2012).

Some of the problems identified by other nurses also proved to be my weaknesses at some point. For instance, hand hygiene has frequently been identified as a cause of healthcare associated infections. For this reason, it is highly emphasized upon even during the academic journey before one qualifies to be an APN. The failure of HCWs to wash their hands has contributed to the spread of highly resistant bacterial strains among patients and even to the clinicians themselves (Dubois et al., 2012). They have led to deaths and high hospital costs that can be totally prevented. In as much an APN may be familiar with the threat posed by poor hand hygiene in a hospital setting, some situations prevent them from avoiding this problem. For instance, one may be posted to an organization that lacks the appropriate facilities for hand washing. Also, congestion in the facilities and the adverse effects of some of the hand washing antiseptics prevent the practice of hand hygiene from proceeding effectively. However, the objective of providing safe patient care should still be realized hence the need to identify practices that undermine it (North & Hughes, 2012).

**Networking and Marketing Strategies**

The duties portrayed by APNs make their job to be defined as a noble one, yet the journey of their achievements are challenging at the same time. To begin with, admission into a nursing school for APN qualification is highly competitive after which one begins to venture into a rigorous scientific coursework. Upon graduation, securing employment may not be automatic, yet the APNs are still subjected to demanding patient simulations (Vachon et al., 2013). Getting into the medical field may also need adjustments from the coursework taught since medical knowledge is ever expanding courtesy of information gathered from evidence studies. They are also limited to practice within a given scope since certain legislations may bar them from providing care. Therefore, the job becomes restricted to those who can demonstrate their competence and prove to be the best. With more than 15000 APNs graduating annually, there is the need for them to join the available national, international, and state organizations that support them throughout their professional journey and fight for their rights (Harriss, 2014).

The American Association of Nurse Practitioners (AANP) offers the CE center which is a library for continuous education. In as much as this strategy improves nurses’ knowledge about various new issues emerging in healthcare, they also get to be molded into highly competitive individuals that the market can easily absorb. As aforementioned, every organization would like to employ APNs who are highly competitive hence they can be trusted to manage patient life. AANP also publishes academic journals which are awarded to the most distinguished members with fellow status. The Nevada Nurses Foundation also recognizes competent APNs and places them at the disposal of potential employers. Those who have succeeded in the academic journey are also given sponsorships in an attempt to support them towards the full realization of their goals. Long-serving APNs who have demonstrated good conduct are also recognized, and their reputation gets to be known through such organizations. Some of the other national organizations that perform such and other roles include Doctors, of Nursing Practice, Gerontological Advanced Practice Nurses Association, Nurse Practitioners in Women’s Health, and American Academy of Emergency Nurse Practitioners (Franco & Tavares, 2013).

**Education Background**

Chamberlain College of Nursing, Downers Grove, IL

*Master of Science in Nursing (MSN) – February 2016 – Present*

Chamberlain College of Nursing, Downers Grove, IL

*Registered Nurse, Bachelor of Nursing Degree (BSN) – February 2016*

**Language/Certification**

Fluent English, Portuguese, and Spanish

BCLS (CPR and AED), ACLS

Orthopaedic Nursing Certification in progress

**Working Experience**

Las Vegas, NV – HOSPITAL acute care

*Registered Nurse (RN) in orthopaedic medsurg in the hospital,*

*Responsibilities: Direct patient care, before and after elective and traumatic surgeries. Float nurse to all medsurg floors including rehab, neuro, and cancer units.*

Las Vegas, NV – HOME HEALTH

*Registered Nurse Case Manager in home health,*

*Skills – wound care and wound VAC therapy, bowel and bladder foley catheterization, cathflo administration, ostomy, NGT, central and peripheral line care, pain management, in home medical care teaching.*

Las Vegas, NV – HOSPICE

*Registered Nursing/Preceptor in hospice,*

*Responsibilities: Manage a large case load; teach staff both in the field and office about hospice and patient end of life care. Provide educational tools to improve field nursing productivity while providing high quality end-of-life care.*

Las Vegas, NV – HOSPICE

*RN Clinical Manager in Hospice,*

*Registered Nursing (RN)*

*Responsibilities: Manage a team of RNs, LPNs, and CNAs while providing end-of-life nursing care, prepare and present to the hospice team hospice Local Coverage Determination (LCD) for hospice qualifying diseases, triage and admission, among many other management tasks and responsibilities.*

Las Vegas, NV – REHAB/LONG TERM CARE

*Registered Nurse (RN)*

*Responsibilities: Provide rehab and long term nursing care. Care for patient post-op, including pain management, and post-op patient education*

**Conclusion**

A professional development plan is an essential reflective tool that helps a practitioner to acknowledge their achievements while correcting their shortcomings. The role played by APNs is quite demanding and may be subject to mishaps that may go unnoticed when there is no reflective plan. An APN gets to find the relevance of the qualifications and licensure that is given within the specific state in which they operate. It may be discovered that some of the aspects that frequently lead to accidents in clinical practice are emphasized during the education background. A review of their consequences drives the nurse into a quick action plan that will ensure that they deliver as required by their scope. An evaluation of my professional roles as a registered nurse has established several achievements in the leadership capacity. However, it has become evident that the spread of HAIs has become less manageable due to poor hand hygiene compliance. Therefore, the development plan aims at ensuring that nurses practice all that is reinforced during their academic journey. Hand hygiene has been evidenced to reduce HAIs since HCW’s hands are made free of pathogens after attending to infected patients.

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