

The  
**Nursing Student's  
Guide to  
Clinical Success**

Lorene Payne

# NURSING

## Student's Guide to Clinical Success

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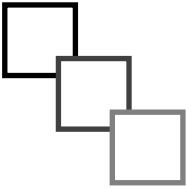
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To all future nurses, my wish and prayer is that you will  
touch lives gently, expertly, and positively.

This book is dedicated to you and the  
patients you will encounter.

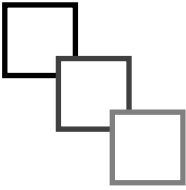




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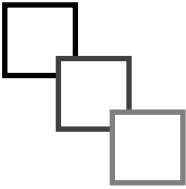




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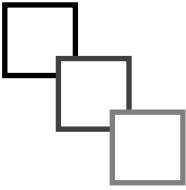
# Contributors

Students benefit from the collective wisdom of many nurses who collaborated on this book.

Dr. Kelly Vandenberg collaborated in the writing of Chapter 10 about the use of simulation as a substitute clinical experience.

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# Introduction

I am excited for you as you begin your studies to become a nurse.

Your education will be multifaceted: you will attend classes, take multiple tests, and practice numerous technical skills in lab. Each of these will increase your knowledge and readiness to be a nurse. But the one aspect of your nursing education that pulls it all together is your clinical courses. In clinical courses you will take care of real patients in the actual hospital or clinic setting, applying everything you are learning about.

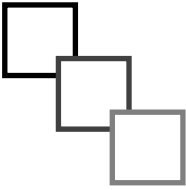
What a terrific opportunity the clinical courses are!

Clinical experiences are the proving grounds, the places where your learning is more than a test score or completion of a new skill. In clinicals, the humanity of nursing care actually comes through. What you know is partnered with how you care. In clinicals, you become a nurse.

This book provides practical advice and suggestions for making the most of the clinical courses you will have as a nursing student. Please jump right in and get ready to provide the kind of care you would like to receive if you were the patient.

*Lorene Payne*





## Chapter 1

# Start from the Heart

*“I have always wanted to be a nurse. Even with my dolls as a child, I would bandage them and take care of them.”*

*“I already had a degree and spent the last five years in an industry that is now outsourcing my job. I need a new career!”*

*“The counselor at high school recommended studying nursing. He says there is a shortage of nurses and I could get a good job that pays well. I’ve always liked people, so nursing sounds OK.”*

Welcome to nursing!

Whatever the reason you decided to become a nurse, we need you and welcome you to the profession. Hopefully, you are excited as you begin your nursing education. You are about to embark on quite a journey! Nursing education is more than simply learning facts, although you will certainly add to the many facts you already know. More than that, though, nursing education involves a process of becoming.

You are about to become a nursing professional. Not only will you learn many sciences such as pathology and pharmacology, you will also become part of the culture of nursing. That culture is as much about empathy and advocacy as it is about knowledge. As such, your nursing education will include the human side of things. It is this aspect that elevates the profession and provides an increased benefit to the patients under your care. They are not simply receiving the proper medicine or correct sterile dressing change. They are receiving these interventions from a human being who conveys compassion.



Nursing is a profession—the provision of competent technical care—with a human touch. It is also an action word! We take action as we care for people. Your nursing education allows you to practice. You will take care of real people in real nursing settings. This clinical practice enhances the process of you becoming a nurse. Courses which include providing direct patient care are called clinical courses, or clinicals for short.

This is the best type of learning! Working as a student nurse in the clinical setting provides the opportunity to apply what you are hearing in the classroom and seeing in the skills lab. It fosters the type of thinking that is needed to become a nurse. It allows you to practice new skills under the supervision of an experienced nurse. It translates classroom discussions into realities and allows you to ask questions. Clinicals are great!

This book lays the groundwork for success in the clinical courses you will take as a student nurse.

## What are Clinicals Like?

Your clinical course will take you into hospitals and other healthcare facilities. You will dress in a nursing uniform, “scrubs,” with the colors and/or patch of your college. Part of your uniform will be a stethoscope, watch with a second hand, and white nursing shoes. You are going to look the part and clinicals help you learn to act the part, too!

The State Boards of Nursing in your state regulate how many hours of clinical experience are required. Expect to have 1 or 2 days a week of clinicals each semester you are in nursing school. The State Board also regulates how many student nurses each faculty member can supervise during a clinical day. Typically, each faculty member can have 8–12 students in a clinical group. A clinical instructor may be one of the full-time faculty members or may be a part-time “adjunct” faculty member who handles a clinical group for a shift or two each week.

Obviously, one nurse faculty member cannot be at the side of each of those 8–12 students all of the time during a clinical shift. In a traditional model, student nurses in the clinical group are assigned to a staff nurse, often called the “primary nurse,” during the clinical day. The student nurse works with the primary nurse to provide nursing care for a patient or patients. The primary nurse varies from shift to shift as the student is assigned to many areas of the hospital. All of the students of the same clinical group are in the hospital at the same time, and each student rotates through many units, working with many primary nurses. The instructor is always present and checks each student periodically during the shift, directly supervises learning opportunities, facilitates the student’s learning and evaluates clinical performance.

Other models of clinical supervision are sometimes used, too. For instance, instead of one instructor supervising 10 students, the State Board may allow a nursing student to be in the hospital for a clinical course when the instructor is not there at all.



Instead, the student is paired with a preceptor for the semester. The preceptor is a staff nurse at the hospital who is recognized for his or her clinical ability.

Under the preceptor model of clinical supervision, the student nurse completes the required number of clinical hours always on the same unit and always with the same preceptor nurse. The student's schedule is determined by the preceptor's schedule. Other students may or may not be in the hospital at the same time. The student nurse is not part of a clinical group, but instead is under the "apprenticeship" of the one preceptor nurse. The faculty member oversees the clinical experience through email contact with the preceptor, face to face meetings and occasional visits to the hospital.

Most programs reserve the preceptor model of clinicals for advanced students who are independent, self-directed workers. The traditional approach of clinical groups with an instructor present during the shift is most common for beginning students. Because of that, most aspects of this book are geared for the traditional clinical course.

Whichever model your college follows for the clinical experience, you will get real experience with real patients in the actual hospital setting. Now that is education!

## Nursing as Caring

When you are working in the hospital during clinicals, you will quickly see how much time is spent with patients. Sometimes, the nurse is providing direct care, such as helping the patient walk or eat; sometimes, the nurse is giving medications or dealing with various tubes or dressings. Other times, the nurse will be listening to the patients' concerns, checking them out from head to toe (called assessment) or teaching them and their family what they need to know. Less frequently, the nurse may actually be involved in responding to an emergency and saving a life with immediate interventions.

The unifying themes through this variety of nursing responsibilities are skills and caring. Clinicals provide the environment to practice nursing under supervision.

The hope is that with each patient interaction, the student nurse demonstrates the human side of compassion. For most student nurses, one of the reasons for studying to be a nurse includes wanting to take care of people. Those who practice nursing with this empathetic approach are rewarded every shift. They are rewarded professionally through the difference they make to the patient. They are also rewarded personally because when we are caring for others, we actually become recipients ourselves. You've probably experienced that before, haven't you?

When a family member, friend or neighbor needed something and you provided it, they thanked you for helping, but you actually felt glad for the opportunity to help. That's what compassionate nursing care is like. It is the golden rule in action and reciprocating right back at you.



## People at Their Most Vulnerable

One result of people being so sick they require hospitalization, though, is that they are not at their best. Maybe the patient is experiencing pain or is worried about a threat to his or her health. It is possible that he or she is feeling pressured about money concerns or losing his or her job. Maybe the patient had a big surgical procedure during the hospital stay. Each of these circumstances creates anxiety, fear and discomfort in our patients.

A patient who is usually pleasant, happy and easy-going is not likely to seem that way when hospitalized. And the patient whose personality is, shall we say, abrasive in good times will be more difficult to deal with during the stress of a hospital stay. In other words, this is one of those times that may bring out the worst in people.

Family members are concerned, too, and sometimes seem pushy or demanding during their loved one's hospital stay. It is a reality that in most hospitals, members of the family may be present much of the day. For the most part, this is a benefit to the staff and patient, but because of the difficult circumstances of a hospitalization, families may get tired and grumpy, too.

Does this mean that nurses are working all the time with a bunch of mean people, who go around causing problems and being unhappy?! Not at all, but realize that you are not seeing people at their best. You are seeing people at their most vulnerable.

Understanding this allows the student nurse to put comments or difficulties into perspective. It allows us to cultivate an attitude of caring that will help the people in our care make it through these tough times of their hospital stay. It is easier to hear patients' concerns and avoid taking negative comments personally when we appreciate the pressure that our patients and families feel.

Another aspect of hospitalization that makes people feel vulnerable is the loss of independence and privacy. Imagine wearing a "gown" that is all open in the back, being unable to wipe yourself after bathroom activities, enduring strangers gazing at your private areas and wondering if you will recover. All of these common hospital occurrences threaten our patients' sense of well-being.

Because they are so vulnerable and needy, though, another very common human response is gratitude. You are going to experience some humbling expressions of thanks from those you care for. Especially as a student, you have time to listen and to hold their hands both figuratively and literally. Nurses really touch hearts by showing that we care in what we say, how we say it and in all that we do. Patients and families appreciate nurses!

## Students at Their Most Vulnerable

Nursing education is not exactly like other college majors. If you are studying finance or history or other degrees, you will go to classes, take tests and complete projects. Studying nursing, you will do all of those things; in addition, you will go to clinicals.



This adds another dimension that leaves the student vulnerable too. As a student nurse, you will expand not just your brain but also your humanity.

You will see situations involving ethical questions. You will be close with life and death. Patients' families and friends will amaze you with examples of the best of human nature, coming through brilliantly to help their loved ones. Other times, you will witness the heartbreak of abandoned patients with no one to care for them. Nursing involves caring for people of every color, age, culture and language and all of the richness—and challenge—entailed in that.

All of these aspects challenge a student nurse to examine individual feelings and values during nursing school. It may be the first time in your life to deal so directly with these very personal, very important issues. Students who are already comfortable in their values and feelings may be challenged by exposure to so many diverse attitudes. Talk to your own family and fellow students when you need to. Draw strength, clarity and direction from your own religious faith and family background. Search for resources such as books or articles that speak to you and help you.

In addition, there is the performance aspect of clinicals where you are actually showing an instructor that you have the ability and understanding of this profession called nursing. Dealing with critical issues and handling yourself in front of the patient and instructor sometimes makes students feel vulnerable. Believe in yourself! The fact that you want to be a nurse, have been chosen from all of the applicants and are applying yourself to your studies testify to your ability to do it. You are ready for the process of becoming a nurse.

## Humbling Nature of Intimacy with Strangers

Nursing clinical courses also bring you up close and personal with intimacy, and that intimacy is with strangers. Oh my!

As a student nurse, you are going to be asking people personal questions. Here are just a few examples from among the many, many questions we ask: when was your last bowel movement? Do you leak urine when you cough or laugh? Is the medicine affecting your sex life? When was your last period?

Then there are the times we need to help a person with activities that are usually private: bathing, using the bathroom and cleaning up afterwards, feeding, brushing teeth, etc. Or we are examining the skin for bedsores (called decubitus) which requires looking at all pressure points, including the coccyx. Or we are completing a full head-to-toe assessment invading privacy of all kinds.

How can nurses do that?

We do it as we do all of our nursing care: with compassion and respect. Such a high level of intimacy requires that we exercise that golden rule of handling



difficult interactions in a manner we hope others would do with us. Not apologetically. Not without feeling. Not with embarrassment. Not while laughing nervously. We approach all of this with empathy for the patient's feelings and with a straightforward manner that conveys gentle caring and a competence to complete what is needed.

Can you do that? Of course you can—you are becoming a nurse!

## Rising to the Call

As you begin this process of becoming a nurse, please open your mind and your heart and take advantage of the real people and real experiences you will have in clinicals. Ask questions. Think. Care. There is much to learn, but much that you already know. You know how to be a caring human being. You know how you would like to be treated. You can put that to use immediately in your clinical shifts. The rest will come with practice and more education.

### Example 1-1

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*The caring side of nursing comes through in the most simple of interactions.*

The student nurse was at the nurse's station on the orthopedic floor of a busy hospital looking for a laboratory report. A woman came up to the counter and looked expectantly at the staff. It was obvious that she had a question or needed some help. The student noted that no one else responded to her presence. So, with a smile and looking the woman in the eye, she asked "Is there something I can do for you?" The woman smiled with relief. "Yes, thank you. I hate to bother you all. I know nurses are busy. I need. . ."

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### Example 1-2

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After his patient complained of having difficulty sleeping the previous night because of being so cold, the student nurse promised to get her an extra blanket. The shift was almost over and the student was looking forward to getting home, but remembering his promise, took an extra blanket into the patient's room. The patient was ecstatic "You remembered! Oh, thank you so much. Now tonight maybe I can get some sleep. How sweet of you to remember."

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### Example 1-3

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*The caring is often directed toward our colleagues.*

The student nurse was in a long-term care facility which was filled with many senior citizens with multiple needs. There was an atmosphere of activity and all nursing staff were very busy. One of the nursing assistants came out of a room, shaking her head and mumbling under her breath, “Every time I think I have him cleaned up, he needs cleaning again!” while heading to the clean linens. The student nurse offered to help, “It’s always easier with two of us.” Sharing the load of a shift is invaluable to building up the team. Another benefit of practicing nursing in this manner: you will always have a hand from others when you need it.

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### Example 1-4

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*A valuable reminder is that the nurse–patient interaction is all about the patient, not the nurse.*

The student nurse was working with a patient who had suffered a cerebrovascular accident, or stroke, which left her with paralysis of the right side. Feeding her bite by bite took a long time and, to make the patient comfortable, the student nurse began talking. She told the patient about her 3-year-old daughter. The patient asked questions about the child in-between bites of her breakfast. By the time breakfast was over, the patient knew a great deal about the student nurse, but the student nurse knew very little about the patient.

A better approach is to turn questions back to the patient. If, for instance, the patient asks you, “Do you have children?” you can respond with something like, “Yes, I have been blessed with two children. I see cards here on the window sill that came from people who love you! Please tell me about *your* family.”

Asking questions about the patient that require more than a simple “yes” or “no” answer are effective in getting the patient talking. These are known as open-ended questions. Think about how you can phrase your questions into an open-ended format. You will find people love to talk about themselves! And you will learn things that help a good nurse provide excellent care. It’s all about the patient!

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### Example 1-5

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*It is humbling how easily patients allow students to participate in their very personal, important life events.*

The student nurse was really looking forward to this particular clinical day—she was going to labor and delivery (L&D)! Her classmates who had already completed their assignment in L&D shared with her how exciting it was to see a baby born. They loved the way the primary nurse helped them know how to support the laboring woman during the process. But best of all, everyone spoke of that awesome moment when the baby actually came screaming out into the world! Wow! Indeed that was how her shift began.

Her day in L&D ended with difficulty, though, as she was reminded of the sobering aspects of the real world: things don't always go well. One young pregnant mom who was carrying twins came in with premature labor and the babies died (called fetal demise). The student nurse chose to help with the babies' postmortem care. Although the little premies did not look totally "normal," she marveled at the little fingers and perfect ears and was surprised that they had wisps of hair on their heads.

Even in this loss, she witnessed how nurses' caring can help a patient.

The nurses cleaned and dressed the little ones in special gowns (volunteers made them for this specific use) and caps. They took pictures and footprints and placed little hospital ID bands on their tiny wrists. The student and the nurses all cried with the mom when she held her babies and told them goodbye. But the nurses were right there and so helpful in this time of almost inconsolable grief.

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### Example 1-6

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*Be ready to provide your patient comfort even in potentially embarrassing circumstances.*

The student nurse was about 20 years old and was assigned to a postoperative floor. Her patient was in his 30s and had extensive surgery for multiple injuries suffered in a motorcycle accident. The student encouraged him to clean his own face and the upper body parts he could reach, but she was finishing up the lower extremities and perineal area.

As she washed his scrotum and penis, much to his embarrassment, he got an erection. He stammered an apology and actually blushed. Even though the student was initially embarrassed, she didn't want to add to his discomfort, so simply reassured him that it was not a problem, covered him up, and completed the bath without further reference. Her recognition that this incident was simply physiology and not a sexual overture eased her patient's embarrassment.

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## Example 1-7

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*Nurses provide care without judging the patient.*

A teenage girl who was assaulted at a friend's party came to the emergency center (EC) for attention. The story unfolded that there were no parents or adults present and the teens had been drinking. Her parents met her at the EC and, although relieved she was not more badly injured, were furious with her behavior. As parents, they responded from that perspective.

As the nurse caring for the patient, our perspective is not to lecture or judge the situation. Nor do we approve or make excuses to the parents in a misdirected attempt to “support” the patient. We simply provide the needed nursing care with tenderness and care.

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## Example 1-8

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*Many of the most touching examples of nursing's caring come at the end of life.*

The patient was in the terminal stages of his disease process and had gone home to die in a comfortable setting, surrounded by his family. The student nurse was assigned to observe a hospice nurse make rounds on her home care patients and they arrived at his home. She was surprised at how upbeat the visit was. The nurse, family and patient smiled and joked and shared stories.

She watched as the hospice nurse assured the patient had adequate pain medication and supervised the wife perform colostomy care perfectly. The wife was worried that he wasn't eating much and the nurse gently reassured her there was no need to push food on him. She was relieved that it was OK to be satisfied with the milkshake he wanted to sip.

The hospice nurse related to the student how the patient had told her on a previous visit, “Don't worry. I have what I need and I am ready. Ain't none of us gonna get out of here alive anyway.” Seeing how comfortable and loving the environment was, and how much comfort the family drew from the nurses' visit really made the student proud to be entering such a compassionate profession that had something to offer even in the dying process.

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You can see evidence of how very much nursing care is appreciated. Most units have a bulletin board or a countertop or a wall filled with thank you cards from grateful patients and/or family members. Phrases such as, “I don't know how we would have



## Nurstoons

by Carl Elbing

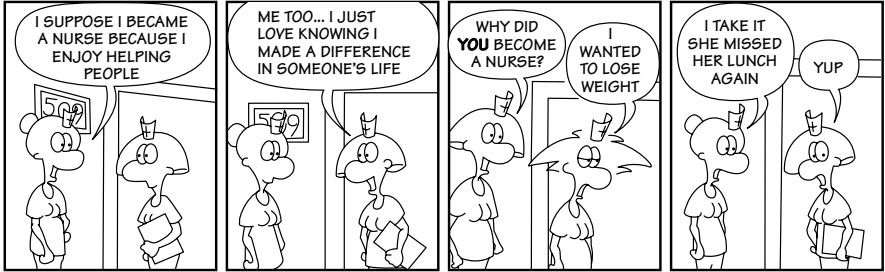
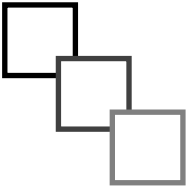


Figure 1-1 (Courtesy of Carl Elbing, available at <http://www.nurstoons.com>.)

made it through such a difficult hospitalization without you nurses!” or, “Thank you for taking such good care of my wife. Everyone at the hospital was great—especially the nurses who were truly our angels.” or, “My dad was not happy to have to be in the hospital, but the nurses on the cardiac floor really helped. Thanks for making such a stressful time tolerable.”

Whatever the reason you came to nursing school—welcome to nursing!



## Chapter 2

# From Classroom to Clinical

*“My friend got into nursing school last year. She is real smart and always got high scores on tests. But she says they spend a lot of shifts in the hospital with patients and it’s different than taking a test. I mean, it’s the real thing! I hope I can do a good job at it.”*

*“I like people and spent some time as a volunteer in the hospital during high school. But I didn’t realize there was so much to do as a nurse. We are learning so many different things. I hope I can keep it all straight when I have a real patient.”*

*“My friend had her first clinicals last semester and said it was so great! Instead of just listening to an instructor talk about diseases and stuff, she said taking care of real people reminded her why she wants to be a nurse.”*

The goal is to get that license, to add the initials RN after your name, and make a decent living. The ultimate goal is to safely and compassionately take care of people who need your help. To reach these admirable goals, you are in school studying. Classes include pathology, pharmacology, anatomy and physiology and nursing fundamentals,



and then the advanced courses. You will learn about disease processes, surgery and medication, and other treatments. You will memorize books worth of facts.

But until you learn to apply what you have studied in the classroom to the patients you take care of in the hospital, you have not met your goals. In this chapter, we will discuss how to cultivate the ability to do just that. Your advantage is that you are already an accomplished student. The proof is that you have been accepted into nursing school. You have an admirable record and have passed tests. You have been chosen from many applicants. This proves, among other things, your mastery of memorization and information.

But in nursing school, mastery of the facts is not enough. It is the place to start, but once you have mastered facts from reading, attending lectures and studying, you will then go to the hospital and take care of patients. Here is where you put what was discussed in the classroom into action in real life.

## Applying the Facts

The ideal situation for transferring classroom study into clinical care is to find a patient with the disease process you were studying in class that week. But whether your patient has a diagnosis you have studied or not, here is an approach that allows you to apply the facts to your clinical situation.

Consider what facts you have learned and how you can apply them to this particular patient by asking yourself these questions:

- **What system is involved in the disease process, and what is its normal function?**
- **Because of this system compromise, what will your patient feel? In other words, what symptoms do you expect to find in your patient?**
- **Because of these symptoms, what nursing care measures can make your patient more comfortable and/or help them heal?**
- **What are the usual medical treatments for this problem?**
- **Can this pathology be cured? Improved? Or will it be chronic?**
- **How can you tell if the interventions are working?**

Where can you get the answers to these questions if you haven't yet studied the disease? There are many resources: your clinical instructor, the staff nurse taking care of the patient, the hospital's intranet, or you may refer to reference books or a PDA program of diseases. The patient will hopefully know many of the answers, too. Practice interviewing skills to find out what they know, how much they understand and what the doctor has told them. They may have a beginning answer for many of the questions listed above from which you can verify and expand.