

# 8

CHAPTER 8  
**CONCLUSION**



CONCLUSION



## CHAPTER 8 CONCLUSION



“Take your time. Don't expect too much. Keep going back. You will get there.”

Caroline Brunt, Street Nurse

### CHAPTER OVERVIEW

**Chapter 8: *Conclusion*** provides participants with opportunities to summarize what they have learned from the previous 7 chapters. Chapter 8 touches on the fact that nurses themselves are vulnerable to addiction. This last chapter also points participants in new directions, discussing how they can advocate for the appropriate and necessary health care for clients who use drugs.

### SUMMARY OF LEARNING OBJECTIVES

1. To examine the stages of evolution from novice to expert.
2. To understand why nurses may use drugs.
3. To explore the role of nurses as change agents.

### CHAPTER 8: CONCLUSION (2:07)

#### Reflections on Practice:

From Novice to Expert (5:16)

#### + Topics:

Nurses Who Use Drugs (4:10)

Street Nurses for Change (6:19)

Street Drugs 101 (34:58)

# 8

## CHAPTER 8

## REFLECTIONS ON PRACTICE FROM NOVICE TO EXPERT



### CHAPTER 8: CONCLUSION (2:07)

#### Reflections on Practice:

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### LEARNING ACTIVITY FOR FROM NOVICE TO EXPERT

#### Background

In *From Novice to Expert*, the nursing practice consultant Mary Adlersberg describes how it takes three-to-five years before a new nurse feels comfortable in his or her role as a professional nurse. Adlersberg is supported by Benner (1982) in her well-known work on nursing practice. Benner used the *Dreyfus Model of Skill Acquisition, from Novice to Expert* to describe how nurses pass through a continuum of five levels of proficiency in the acquisition and development of skill.

Gordon Training International also suggests that in acquiring competency, learners move through four stages:

1. Unconsciously incompetent – learners are not aware of a particular skill or of their deficiency in that skill.

2. Consciously incompetent – learners become aware of the skill, its relevance to them and their deficiency in the skill. They then make a commitment to learn it.

3. Consciously competent – learners now perform the skill competently but not without thinking about it. Repeated practice in the skill allows learners to move to the next stage.

4. Unconsciously competent – learners have now mastered the skill to such a degree that it has become largely instinctual.

(Burch N, 1970)

University of BC Nursing professor Paddy Rodney describes the steps involved in the learning process. She believes intuition plays a particularly critical role in outreach nursing.

“I think that intuition is the ability to run through those steps rapidly, and also importantly, being in touch with how you are feeling and responding. I think that what we are learning now with nursing and the health professions overall that’s extremely important is that who we are and how we feel is also a resource. It doesn’t mean that our feelings ought to dictate our practice but they can inform our practice.”

Patricia Rodney, Nursing Ethicist



## Objective

To examine the stages of evolution from novice to expert.

## Before Viewing

Ask the participants the following:

- Reflect on one of your nursing skills, and think about how you moved from novice to expert.
- Recall the stages you passed through (unconsciously incompetent, consciously incompetent, consciously competent, unconsciously competent).

## During Viewing

View *From Novice To Expert* (5:16)

## After Viewing

What is the advice provided by the speakers?

## HINTS FOR FACILITATORS

The advice from speakers includes:

- Take your time
- Don’t expect too much
- Don’t be too hard on yourself
- Ask open-ended questions
- Be respectful
- Run multiple steps simultaneously
- Listen to your inner voice (intuition)
- Don’t trivialize personal relationships – they may lead to opportunities at a later time
- Advocate for better health care

Ask participants:

- Where do you think you are on the continuum of novice to expert with respect to working with people who use drugs?
- How might you move to the next step on the continuum?

# 8

## CHAPTER 8 +TOPICS NURSES WHO USE DRUGS



“Nurses are not immune to drug use or addiction. It is unclear how many nurses turn to drugs or alcohol to help them handle job or other life stressors. Conservative estimates based on general population trends put the figure at 10%.”

Dunn, 2005

### CHAPTER 8: CONCLUSION (2:07)

#### Reflections on Practice:

From Novice to Expert (5:16)

#### + Topics:

**Nurses Who Use Drugs** (4:10)

Street Nurses for Change (6:19)

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### Overview

*Nurses Who Use Drugs* addresses the topic of addiction in the field of nursing.

### LEARNING ACTIVITY 1 FOR NURSES WHO USE DRUGS

### Objective

To understand why nurses may use drugs.

### Before Viewing

Ask participants to discuss the following:

- Why might nurses use drugs?
- What drugs might nurses use, and why?

### During Viewing

View *Nurses Who Use Drugs* (4:10)

### After Viewing

Ask participants:

- What did you learn about nurses and drug use?
- What strategies might nurses use to cope with stressors in the workplace?
- What might you do if you recognized you had an addiction issue?
- What might you do if you suspected a colleague had an addiction issue?