The sound of wailing sirens echoed somewhere off in the distance. Slowly I slipped from my sedated state into the hypnotic rhythm of the sirens howl. Their cries seems to grow steadily stronger, which aggravated me as I desperately wanted to sleep. The sirens continued to cry, yet the distance of the howls seemed too close for comfort, seeping deeper into my already throbbing head. Suddenly, the distance was really no distance at all and the notes of the wailing melody hung directly over my pounding head. The shriek of the sirens coursed through my body as I struggled to orient myself. Under the haze of white lights I pried my eyes open, only to be overtaken with ludicrous pain. As the severe agony consumed me, I came to realize those wailing sirens belonged to me, announcing my arrival to the Emergency Department and somehow revealing my future career in healthcare.

My surprising visit to the Emergency Department on that damp November morning in 2006 was product of a sports related injury where I collided with another player yielding a supraorbital laceration and nasal fracture, ultimately resulting in unconsciousness. Despite the physical trauma to my face and eye, this injury profited insight for my future. This accident was truly a divine design and ultimately an eye-opening experience to healthcare, inciting my ambition for a professional career in nursing. My experience both observing and interacting with the collaborative team of nurses and additional healthcare providers encouraged me to pursue a professional career where I could not only care for others but work within a team environment. Because of my passion for sports, I was confident I could transcend my athletic experiences and leadership qualities as part of a team into a successful and rewarding professional work environment. The clinical area where I most frequently witnessed and practiced within a collaborative teamwork environment was during my Perioperative rotation, specifically within the Operating Room (OR). Having the opportunity to observe and participate as an active care team member encouraged me to pursue a permanent position as an OR Clinical Nurse post-graduation. I was fortunate enough to obtain an OR new graduate position as I had hoped. I was exhilarated to begin my career as a Clinical Nurse in the OR, considering it holds matchless experience; meaning every day is unique, challenging and inspiring. Growing in my practice as a Clinical Nurse in the OR has been a constant journey of not only personal and emotional strength but also professional strength.

 The OR is an unparalleled high stress and specialized care setting, requiring extensive, meticulous and continuous training. This already strenuous environment can exceed expectations especially when presented with a challenging patient and/or procedure. One such challenging experience I will forever carry in my practice came into my life last winter when a critically ill patient required an extraordinary life changing procedure. Mr. A had experienced decades of physical disability and pain related to a congenital spinal defect known as dextroscoliosis and kyphosis. The severity of this rigid debilitating defect primarily causes residual deformities of surround bones and tissues and in turn significantly affects imperative physical functions. Unfortunately, Mr. A’s diagnosis was deemed hopeless for surgical intervention by several other healthcare professionals throughout his lifetime. This denial had in turn also affected Mr. A’s mental and emotional health. Despite his struggles, Mr. A was finally referred to an orthopedic spine surgeon at the University of Colorado Hospital and I was fortunate enough to be part of the remarkable team that changed Mr. A’s life.

Mr. A’s procedure was a process, in that it required months of pre-procedural planning and tests to assure that Mr. A would not only be safe but would also have maximal results from the surgery. The planed surgical procedure for Mr. A allows dramatic correction for congenital deformities and is a very high risk case; so high risk in that very few are performed annually nationwide. As a senior Clinical Nurse on the Spine team, I was well aware that the care plan intended for Mr. A’s procedure would include a posterior spinal fusion (PSF) with a vertebral column resection (VCR) at the apex of the curve. However, I was unaware that this surgery was going to be the most invasive and incredible experience that I would ever partake in simply because of strengths Mr. A projects as a person.

Mr. A’s procedure was the first and only scheduled surgery of the day and continued on for several hours. At the twelve hour mark, change of shift was required and I was chosen to relieve the scrub person at this time. Stepping into the scrub role allowed me to assess not only the significance and invasiveness of the procedure but also facilitated me to formulate a structured plan to provide my best practice of critical thinking and organizational competence for Mr. A and the surgeons. As a novice OR nurse, this assignment would have not only been enormously overwhelming but negligent. However, as a proficient practitioner, I was able to assess the assignment confidently and approach the procedure with poise. The procedure continued on for an additional three hours with difficulty. The extreme curves of Mr. A’s spine from the defect were more than challenging to align. In addition to the physical challenges of the surgery, there were multiple systemic challenges the anesthesia providers were contending with. The residual defects to Mr. A’s ribcage from the congenital disease alongside the prone positioning required for the procedure was significantly starting to stress Mr. A’s capacity to breathe. As a proficient practitioner, my awareness of these challenges as well as my experiences in critical situations encouraged me to advocate that the most important challenge was time management. My attentiveness to this was to assure Mr. A could be returned to a supine position both safely related to his new PSF, VCR and timely for ventilation and circulation. The collaboration that followed to complete the procedure was remarkable and within the hour Mr. A was ready to be returned to his hospital bed. Turning Mr. A from the prone position onto his bed was amazing to witness and emphasized to me the life changing transformation we had completed for Mr. A. The primary surgeon expressed Mr. A had never truly been able to lay supine with the extreme curves of his spine. Now, at this moment, Mr. A was laying nearly supine. Returning the anesthesia monitors from the initial prone positioning, I replaced the pulse oximeter to Mr. A’s finger. Still holding his hand, the surgical team and myself waited and watched anxiously for the oximetry waves to build. As the beep of the Mr. A’s pulse throbbed in rhythm with my pounding heart, Mr. A’s saturations began to climbed into the ninety’s and was ventilating exceedingly well. I smiled and gave Mr. A’s hand a little squeeze, silently thanking him for his strength and for the opportunity to care for him.

 It was during this shift and the collaboration I witnessed that helped me to recognize and honor the strength that I have achieved in both my personal and professional life. Having the opportunity to meet Mr. A and the privilege to dynamically change his life by caring for him in the OR helped me vindicate my career calling. My practice of self-reflection after that demanding fifteen hour shift revealed to me how thankful I am for the opportunities my career constantly provides to proactively make a difference in not only a patient’s health but also in their lives and happiness. My self-reflection also reveals to me how I have transcended novice tasks and physical presentations to clinical competence through proficient practice of adaptability and viewing the patient as a whole person. Benner’s Novice to Expert theory states “This holistic understanding improves the Proficient nurse’s decision making; it becomes less labored because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones” (Benner, 1984). My multitude of experiences in this specialty care setting has facilitated my decision making skills to include an awareness for holistic practice and has encouraged me to provide excellence as a standard of care.

Working as a Clinical Nurse in the OR persistently simulates growth in my practice by encouraging autonomy through advanced assessments and innovative skills training. Despite the tension the OR can transmit, I consciously put the patient first by providing attentive, compassionate and intimate patient care for holistic health and healing practices. Mr. A remains a great reminder as to why I practice and prioritize providing personal and unique patient care. My passion for holistic care has blossomed in the OR due to the broad scope of care, preventative to palliative, which is provided to patients through surgical intervention. Benner’s also addresses this progression by declaring “Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals” (Benner, 1984). Surgical intervention is a crucial component to long-term health goals for many patients and I am stimulated professionally by their motivation to achieve these goals. Mr. A is a prime example of a patient that reassures this belief for me because he had tremendous trust in his surgical team and in me to make a holistic long-term difference in his health and life through surgical intervention.

This career progression has not only encouraged growth and acceptance of a patient into an inclusive health picture but also has encouraged my growth as a person in how I relate to my patients. My development into a proficient practitioner has allowed me to build instantaneous interpersonal relationships with my patients and has highlighted my practice of stewardship and compassion. The growth and strength that I have accomplished is because of patients like Mr. A. and their unrelenting motivation to achieve health and happiness. I am honored to be a provider and supporter in their care as a Clinical Nurse. It is here, in the OR, where I am most confident and gratified knowing I proactively make a difference to support health and wellness in others and where they in turn, make an inspiring difference in me too.

References:

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.