

BLOGGING TO NURTURE PROFESSIONALISM IN NURSING

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- ◉ Weblogs → blogs
- ◉ Online journals –
- ◉ Communication tools
+
- ◉ Marketing power
advertising
publicity

Blogosphere
community of blogs

Professional bloggers
expertise, creativity, time,

Social media
Facebook, MySpace, Twitter

Continuous conversation- anytime,
anyplace

Welcome **Tito Bottitta**[My Dashboard](#) | [Log out](#)

Calendar

TODAY

- 10a SOCA meeting
- 3p Dance Recital
- 5:45p Asia GSD meeting
- 12:15p Brunch for Scholarship Winners at Chauhaus
- 5p David Bowie cover night featuring Sweet Head Todd & the Monsters
- 8p Koolhaas comes over

TOMORROW

- 10a SOCA meeting
- 3p Dance Recital
- 5:45p Asia GSD meeting
- 12:15p Brunch for Scholarship Winners at Chauhaus
- 5p David Bowie cover night featuring Sweet Head Todd & the Monsters
- 8p Koolhaas comes over

[And 17 More](#)

MONDAY JAN. 13

- 10a SOCA meeting
- 3p Dance Recital
- 5:45p Asia GSD meeting
- 12:15p Brunch for Scholarship Winners at Chauhaus
- 5p David Bowie cover night featuring Sweet Head Todd & the Monsters
- 8p Koolhaas comes over

[And 12 More](#)

Mike's Blogjammin'

Build a blog cabin of your thoughts and then write a clever tagline in it

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TODAY

The Sagmeister Phenomenon [Edit](#)

This comes as a surprise to me, but a look at most all of the icons on my computer reveals that the vast majority of them are blue. There's only a very small handful — Adium, Address Book, iCal, Transmit, some others — that aren't. Blue, blue, blue — everywhere I look all over my hard drive, blue.

Maybe this is old news to you — it's hardly novel for any Westerner to realize that, if there's a default color that signals acceptability and inoffensiveness, it's blue. But if you don't believe me, have a look at these thirty icons I collected from my hard drive (please, no potshots about how out of date some of them are. I'm too busy to upgrade) and how shockingly uniform they are... [MORE](#)

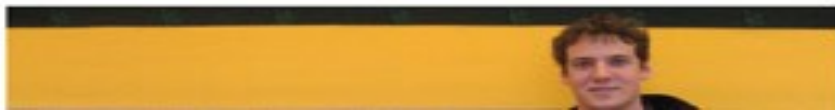
By Michael Swartz 10:21 am, March 15

Tags Design, Writing, Guitars, Photos

[3 Comments](#)

MAR 14, 2008

Please allow me not to explain myself, you see, my name is Michael ... [Edit](#)

About This Blog [Edit](#)

This is the Diary of Mike Swartz, and all his dumb, weird ideas that make his friends question his tenuous grip on reality. To find out what happens next, refresh your browser!

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Tags

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February 4, 2009

Palin takes on Ashley Judd's 'extreme fringe group'

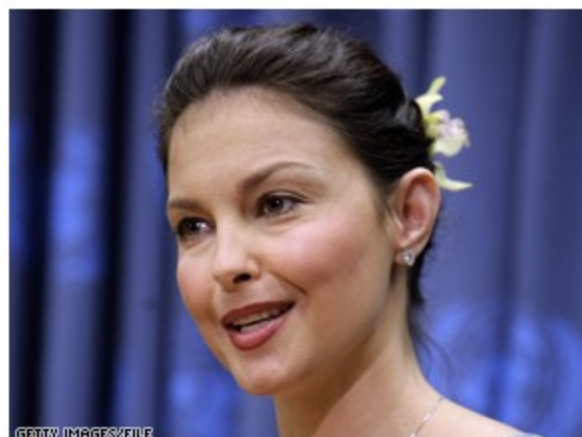
Posted: February 4th, 2009 09:17 PM ET

From CNN Political Producer Peter Hamby

(CNN) – Alaska governor Sarah Palin's support for aerial wolf-hunting has sparked a heated cross-country war of words between the governor and an environmental ad campaign fronted by the actress Ashley Judd, with Palin calling the organization funding the ads an "extreme fringe group."

The squabble began Tuesday when the Defenders of Wildlife Action Fund unveiled a campaign called "Eye on Palin," targeting the governor for what they call her "extreme anti-conservation policies."

The group is highlighting "Palin's championing of the brutal and unnecessary aerial killing of wolves and other carnivores" - a controversial practice allowed by permit in Alaska since 2003, with the goal of protecting populations of moose and



GETTY IMAGES/FILE

Ashley Judd appears in an environmental ad campaign for the Defenders of Wildlife Action Fund.

About The Ticker

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- [Britney Spears](#), Britney's blog was recently updated to include a video blog. She's also on Twitter at @therealbritney
- [Bruce Sterling](#), Author Bruce Sterling has a blog on Wired.
- [Bruce Willis](#), Bruce has a notes section with an update about every month.
- [Cesar Millan](#), Cesar Millan has a blog for his popular show, The Dog Whisperer
- [Daryl Hannah's Love Life](#), a video blog from actress Daryl Hannah
- [Daryn Kagan](#), former CNN news anchor
- [Dave Barry](#), Dave Barry has a blog on the Miami Herald website.
- [David Duchovney](#), David Duchovney had been blogging for his House of D movie.
- [David Mamet](#), Playwright, screenwriter and author David Mamet has a blog at the HuffPo
- [Deepak Chopra](#), Deepak Chopra blogs regularly at the Intent Blog
- [Donald Trump](#), Donald Trump blogs at the Trump Blog, which provides business and marketing advice.
- [Elisha Cuthbert](#), Actress Elisha Cuthbert is blogging for the NHL about hockey.
- [Erica Jong](#), Writer Erica Jong has a blog at the HuffPo which has a few entries
- [Fall Out Boy](#), News from the band and bassist Pete Wentz
- [Felicia Day](#), Starred in Dr. Horrible

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What's for Dinner?

THE 21-DAY CLEANSE

Oprah's Blog

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Oprah's Blog



In her book *Quantum Wellness*, best-selling author and spiritual counselor [Kathy Freston](#) suggests trying a 21-day cleanse as a way to jump-start an inner makeover. Oprah has decided to give it a try! The plan is to eliminate caffeine, sugar, alcohol, gluten and animal products from your diet for up to 21 days. Read along as Oprah blogs for three weeks about the highs and lows of her experience.

Week One: Sunday

There was a passage in Kathy Freston's book that so related to me, I thought for a moment she was talking about me.

In the passage, Kathy talks about an overweight friend who would gain and lose. She didn't conquer the weight issue until she became a "conscious" eater.

Conscious eater. That struck a nerve. I had recently come to the conclusion that

The Oprah Winfrey Show

Check local listings for showtimes >

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11

The Woman Mauled by a 200-Pound Chimp and the Heroes... >

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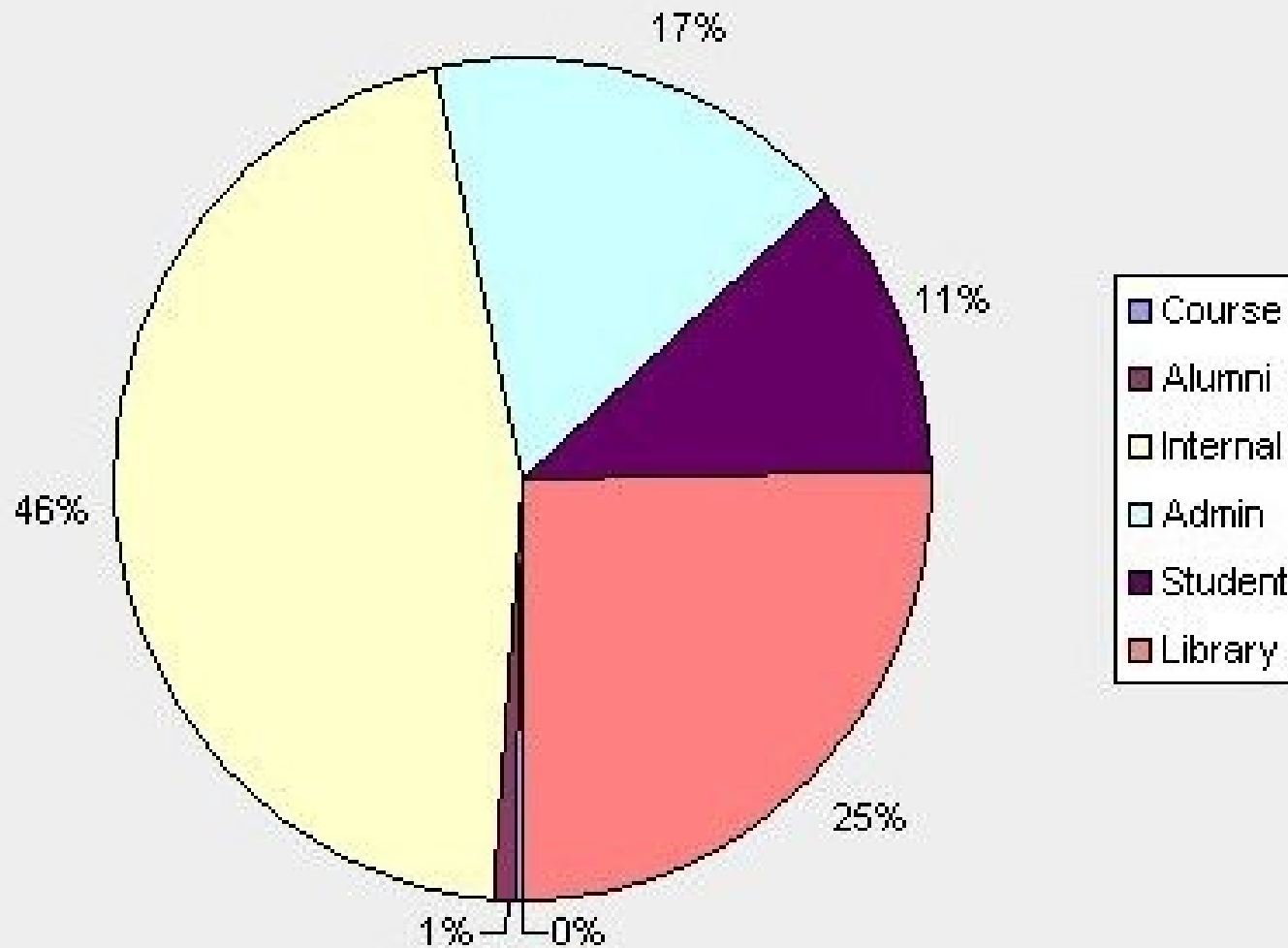
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Canadian universities blogging use

http://canadian-universities.net/Blogs/Blogs_in_Canadian_Universities.html



Why blog? Why not blog?

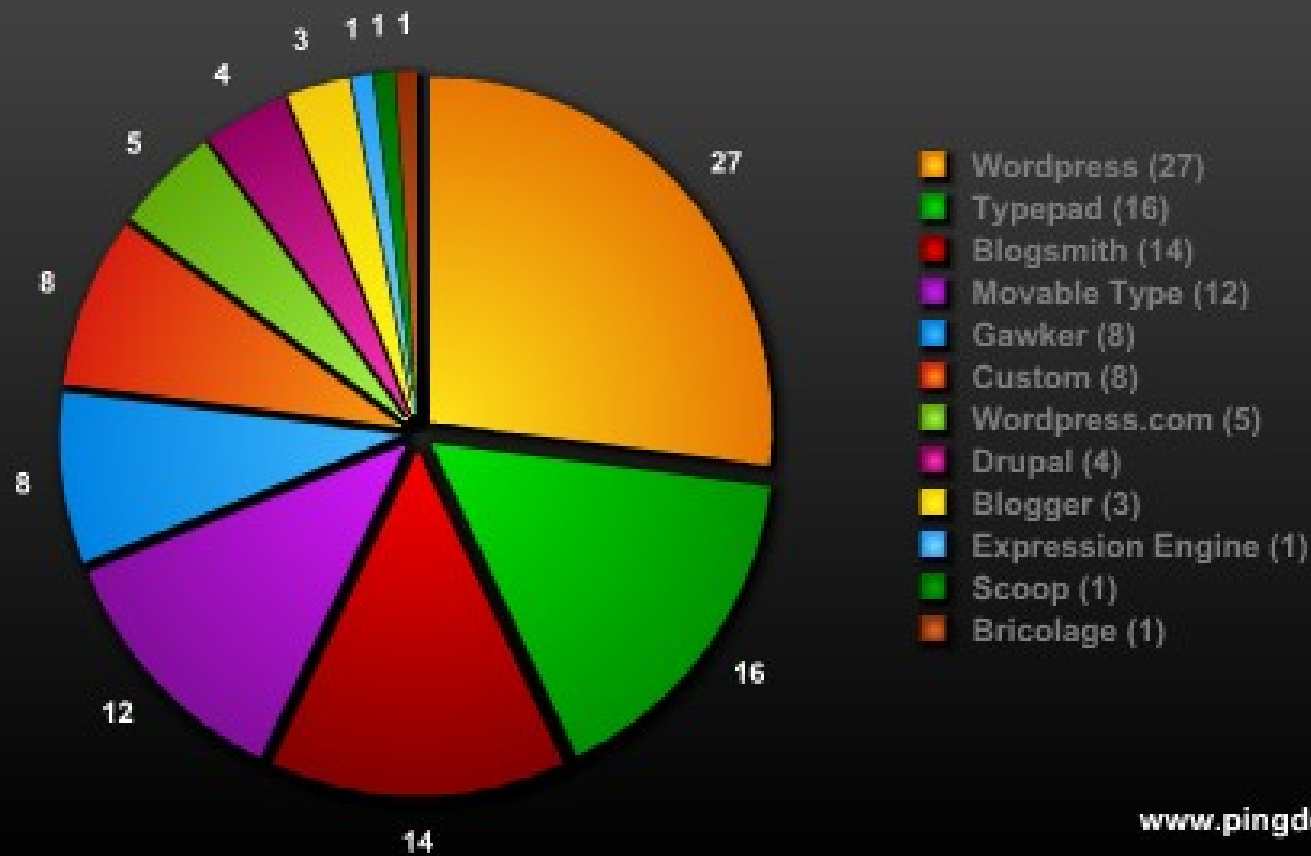
Convenient

Fast

Easy

Versatile

Blog platform usage among the top 100 blogs



◉ Our reasons

- > Excite

- > Engage students

- > Enhance

- > Encourage

- > Stimulate discussion

- > Awaken critical thinking

- > Provide support

Farmer, J. & Bartlett-Bragg, A. (2005)

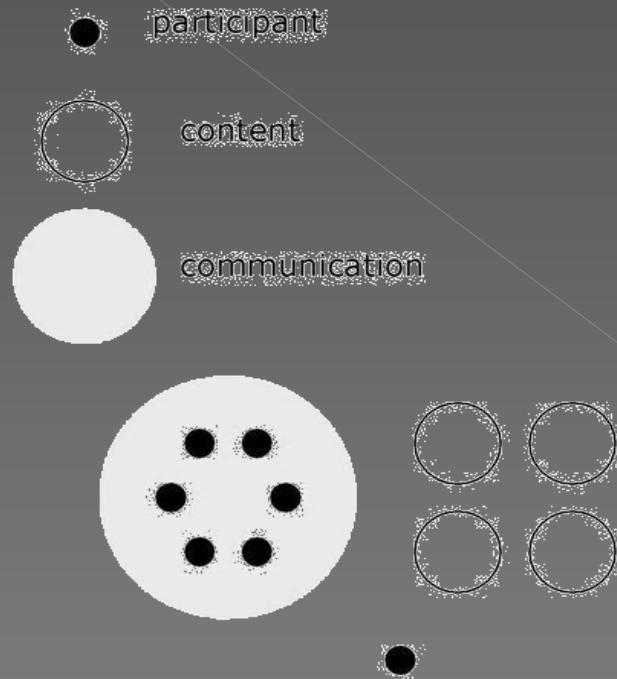


Figure 4. Traditional Learning Management System

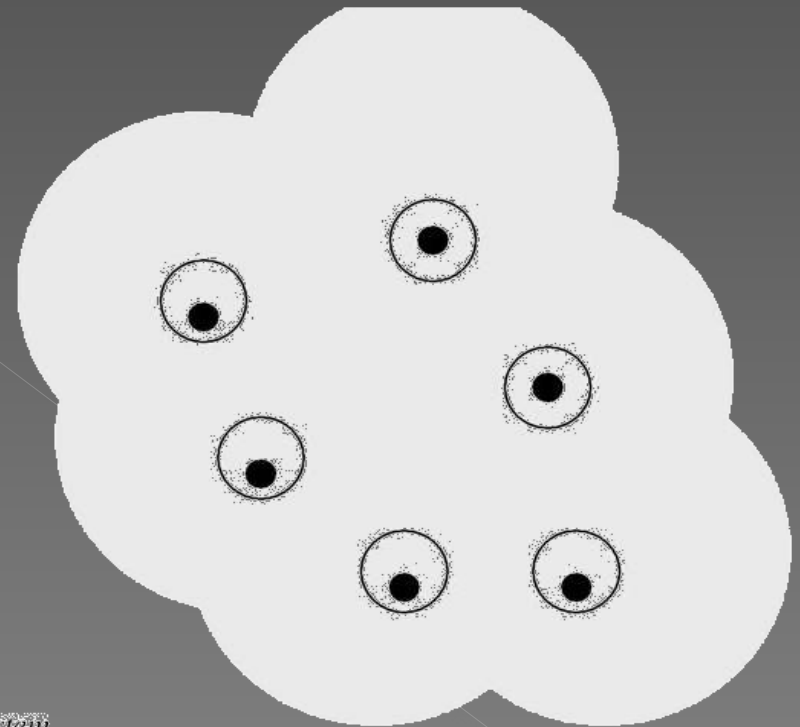


Figure 5. Blog Online Learning Environment

Reflective journals in nursing

- ◉ Used to incorporate clinical learning with theoretical knowledge (Evidence-based)
- ◉ Can enhance practice by generating knowledge that is context based in clinical situations
- ◉ Enhances knowledge transfer from one clinical situation to another
- ◉ Enhances metacognition about clinical nursing experiences

Tanner (2006) Clinical Judgement Model

- ◉ Context, background and relationship leads to noticing initial concepts and compare to expectations for that to clinical situation
- ◉ Reflection-in-action using reasoning patterns; analytic, narrative and intuitive to respond with nursing action
- ◉ Reflection-on-action to support and enhance clinical learning and create meaning

Tanner (2006) Clinical Judgement Model

- ◉ Experiential learning for students
- ◉ Context based learning
- ◉ Based on knowledge and experience of student or practicing nurse
- ◉ Continuous reflection develops critical thinking skills for the nurse
- ◉ Includes values, ethics and relationship with client as factors in thinking

Commitment to relationship with client

- ◉ Student must see the importance of being committed to client outcomes
- ◉ Uses diagnostic reasoning to recognize patterns and determine priorities
- ◉ Must constantly evaluate own thinking and actions as well as how client responds to care
- ◉ Expert nurses “think like a nurse” as engaged moral reasoning and guide students through the process

Competence in reflection requires time and experience

- ◉ Must build a trust relationship with students
- ◉ Provide supportive and lovingly constructed feedback
- ◉ Provide a model for students that will guide journal entries
- ◉ Increase expectations slowly over time to require more evidence-based information and metacognition

Novice students need prompting with questions

- ◉ Guided reflection was used to slowly increase critical thinking and metacognition
- ◉ Start by tying in theoretical knowledge required to practice safely
- ◉ Examine whether evidence was interpreted and applied accurately

Didactic teaching method

- ◉ Challenge the student with further questions
- ◉ Guide them to challenge thinking or assumptions
- ◉ Have them look at other perspectives of a clinical situation
- ◉ Encourage them to incorporate theory into practice
- ◉ Discuss ethical issues within clinical context in a safe confidential forum

Blogging allows group discussion as learning

- ⦿ Allows students to read how others think and feel about a clinical situation
- ⦿ Set very clear ground rules about discussion
- ⦿ Ensure comments enhance the discussion and learning and are evidence-based
- ⦿ Must comment on each others entries
- ⦿ Can build collegial support groups

Reflection is a process not a product

- ◉ Evaluation should be based on how well one examines thinking
- ◉ Used in overall evaluation of professional component of clinical evaluation
- ◉ Self-regulation of nursing practice required by professional organizations
- ◉ Provide support and guidance as to how to improve and reach learning goals

Critical Thinking Questions

- ◉ Questions based loosely on nursing process
- ◉ Guided reflection through thinking about client assessment, intervention and evaluation
- ◉ Questions challenge students to examine common assumptions about client care which may lead to false conclusions or impede clinical learning

◎ Kat's and Carrie's blogs

- > anonymous
- > by invitation only
- > Confidentiality
- > Mandatory participation
- > Specific criteria
- > Overwhelmingly positive feedback

Nurs233 Weblog

Just another WordPress.com weblog

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April 30, 2008

Any questions so far?

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About Nursing 233

April 30, 2008



Welcome to 233 Clinical and welcome to surgery!

This is my favorite kind of nursing; there is so much knowledge a

Practice makes perfect?

Just another WordPress.com weblog

Must Read Page



Welcome to 233 Clinical and welcome to surgery!

This is my favorite kind of nursing; there is so much knowledge a nurse's learning never stops here. This will without a doubt be the more exciting part of your 233 rotation but I am a bit biased. As this site is continually improving you may occasionally find new resources posted or links to other useful sites.

Blogging is new to me but perhaps not so new for you and I hope you will find this a convenient and fun communication tool.

PURPOSE: The purpose of this blog is to stimulate some

Pages

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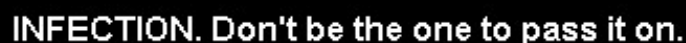
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May 2009

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BACTERIA



Go Links

THURSDAY, MAY 28, 2009

Nurses assess client status with every client contact. Describe your quick head to toe of your client. What are some of the further assessments that you should consider with your clients current medical condition? What could be the outcome for your client if you missed an assessment or were doing an incorrect assessment? How could this impact his medical treatment? Are there safety concerns that you should think about with your client's condition? Were you able to anticipate these concerns? Were there any inconsistencies in your assessment of your client and the information in your client's chart? What do you think may have caused this problem? Has your client's condition changed, were they incorrectly assessed or diagnosed previously? If your client's nursing care and medical treatment have went well thus far, what led to this success? Discuss these questions in relation to relevant literature in APA format. Remember confidentiality and only refer to clients with initials and sign with your pseudonym.

BLOG ARCHIVE

► June (2)

▼ May (11)

Week One Blog

This is a reply
to "Meeeee." This is
not really a...

Clinical Week 1

Quick head-to-toe
consists of VS, LOC,
orientation...

Internet Explorer browser window showing the address bar with the URL: http://carriesclinical233group.blogspot.com/2009_05_01_archive.html. The browser interface includes the menu bar (File, Edit, View, Favorites, Tools, Help), the Google search bar, and various toolbars (Search, Bookmarks, Check, Translate, AutoFill). The address bar shows the page title: "Carrie's 233 group: May 2009".

Assessments was focused on ABC's, respirations, depth, rate, rhythm, amount per min. LOC, orientation X3, vitals, o2 nasal prongs were on right, memory, subjective data regarding how she was feeling, pain. Further assessments focused on lung sounds. Inspiration and expiration were wheezy and very clear to hear. Heart sounds were focused on, no adventitious sounds present. The reason for assessing heart is r/t "consequently, pulmonary blood flow is increased, forcing the right ventricle to maintain a higher blood pressure in the pulmonary artery. Thus, right-sided heart failure (cor pulmonale) is one of the complications of emphysema". (Lippincott, pg.574). Assessed was bowel sounds, tugar, use of accessory muscles, and mucous membranes. Edema was considered a possibility so D.C.'s legs were check and pedal pulses were taken at a +1. Lab results were also assessed. Noting that D.C.'s sodium, potassium, and albumin were going down as her stay at the hospital continued r/t lack of nutrition intake. Bruits should have been assessed over D.C.'s aortic area r/t aortic aneurysm. Palpations of the ABD would have also been something to consider in D.C.'s assessment. Respiration was the most important assessment to perform on D.C. considering her health status, COPD and lung cancer. If that assessment was not made correctly D.C. could have coded and passed away. Safety concerns to consider include rest periods between any type of activity due to impaired gas exchange, making her dizzy and out of breath fast, which is a risk for injury. This precaution was used and safety was ensured. D.C.'s care has gone well because her medical condition is so severe that the diagnosis was easy to make. Many chest X-rays have been completed throughout her hospital stay to ensure they have found the right diagnosis. Also the medications have worked well because COPD is a common diagnosis and D.C.'s states her medication is helping. D.C. is taking Methylprednisdone, a corticosteroid. "In later stages, however, corticosteroids usually need periodic short-course therapy for episodes of respiratory distress". (Brophy,pg.732). I wonder with her diarrhea and her nausea as her main presenting symptoms on Friday if an abdominal assessment should have been of a higher priority. I have this feeling that there is something



patient was to encourage him to mobilize and do as many ADLs as he could independently while "planning care with rest periods between activities to reduce fatigue" (Doenges, Moorhouse, and Murr, 2006, p. 67). According to Doenges et al., this intervention addressed the nursing diagnoses of activity intolerance, fatigue, and self-care deficits. This intervention is fairly concise and clearly stated, though it was not individualized to the patient right off the bat. I individualized it day by day, as I assessed my patients condition.

The intervention was safe, as I assessed C.B. everyday to make sure he was capable of performing the tasks we planned to do, and I got help from other staff if I needed it. It was realistic and acceptable; in fact, C.B. would request that he begin trying to become more independent as we went along. I was competent to carry out the interventions because I monitored C.B. closely and was aware of his medical conditions, bloodwork, and side of effects of his meds. It did not address the anemia directly, besides assisting him to return to his previous level of function. It got him moving which prevented other long term complications like skin breakdown, atelectasis/pneumonia, and contractures (Moorhouse et al., 2006).

The research that I used to support this intervention comes from a study done in 2006. The study, done by Maraldi, Volpato, Cesari, Cavalieri, Onder, Mangani et al., looked at how well elderly patients recovered their ability to perform ADLs and self-care after a hospital stay for anemia. They found that only "9% of older hospitalized patients recover from ADL disability during their hospital stay" and "anemic patients have a lower rate of recovery than nonanemic patients" (2006, p.633). This supports the intervention to focus on independence of the elderly with ADLs, especially because C.B. was waiting for a long term care bed. I wanted him to achieve the maximum functioning that he could.

Maraldi, Cinzia et al. (2006). Anemia and Recovery from Disability in Activities of Daily Living. Journal of the American Geriatric Society, 54, Retrieved 06/05/06 from CINAHL.

Doenges, Marilyn E., Moorhouse, Mary Frances, & Murr, Alice. (2006). Nurse's Pocket Guide. 10th ed. F.A. Davis, Philadelphia.

An intervention that I implemented in the care of my patient, M.B. was oral care q2h. These were specific instruction that had been developed by the respiratory therapist regarding the oral care for my patient. This included swabbing with a 1:1 solution of mouthwash and water, suctioning and lubricating the oral cavity. Frequent oral care was important not only because she was NPO but also because of her risk for aspiration. She has a hx of aspiration pneumonia due to esophageal muscle weakness, and oral care is a big factor in reducing the incidence of aspiration pneumonia in the geriatric population (Bassim, Gibson, Ward, Paphides, Denucci, 2008).

One way that I individualized this nursing intervention for my patient is by encouraging her to get involved in the care. I encouraged her to do as much of the oral care as she could do and I provided assistance. This was to promote independence and to teach her to do it because this will be something that will have to be done long term. Providing frequent oral care gave me the opportunity to frequently assess her oral cavity for signs of breakdown, and excess dryness. This included inspecting the tongue for fissures, and the buccal mucosa and U shaped area under the tongue for any ulcerations (Jarvis, 2008). This intervention was more of a preventative, comfort measure and addresses only one aspect of the clients underlying condition, but this 5 minute intervention was very important to her overall wellbeing. Several other interventions that I implemented that addressed the underlying etiology of her aspiration pneumonia were deep breathing and coughing to encourage lung expansion and mobilization of secretions (Potter & Perry, 2006, p. 1623), ambulation to prevent pooling of secretions and promote drainage (Day et al, 2007, p. 545), and elevating HOB minimum of 30 degrees to reduce the risk of aspiration (Potter & Perry, 2006, p. 1315).

"2468"

Bassim, C.W., Gibson, G., Ward, T., Paphides, B.M., & Denucci, D.J. (2008). Modification of the risk of mortality from pneumonia with oral hygiene care. *Journal of the American Geriatrics Society*. 56(9), 1601-7. Retrieved from Medline.

Day, R., Paul, P., Williams, B., Smeltzer, S., & Bare, B.

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