

Educational preparation argumentative essay

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There are three main avenues for a person to become a Registered Nurse in the United States. There are diploma programs, associate degree programs (AD), and baccalaureate degree (BBS) programs. Graduates from all three of these programs are eligible to take the same licensing exam and obtain the same registered nurse license in their respective states. Many people, nurses included, have often wondered what the difference is in the education these nurses have received.

Is it all the same? Is an RAN an RAN no matter what his/her education level? The primary difference between an AD nurse and a BBS nurse lies within the focus of their nursing education. Recent research indicates that baccalaureate programs focus more on care coordination and community health than do associate programs. One source stated that baccalaureate nursing programs historically provide two to three times more clinical training in outpatient settings than associate programs (Feature 2013).

Thus, baccalaureate prepared nurses are better equipped to work in these alternative healthcare settings and to provide care to patients who leave the hospital and move on to these alternative settings. The associate degree (AD) nurse holds the same license as the BBS nurse. However, the focus of the associate program education is quite different. City University of New York faculty fellow, Maureen Wallace, Deed, RAN, stated, " Most AD students get an excellent clinical experience but their education has been heavily skills oriented and focused on acute care. (Feature, 2013, p. 3) The associate nurses' education is geared more towards inpatient, hospital based care. Unfortunately for the AD nurses, this puts them at somewhat of a disadvantage in the current healthcare climate. According to Dry. Patricia

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Banner (2009), more than 50% of all nurses now work outside of the hospital setting. So while AD nurses may have fantastic clinical skills for acute care, they may not possess critical knowledge needed to educate patients on disease prevention, self-care at home, and utilizing community resources.

This apparent knowledge deficit and acute care focused training could significantly impact the way an AD RAN responds to a patient need versus how a BBS RAN might respond. This difference could even negatively impact the patient in the future. This can be demonstrated in the fictitious scenario of Mr.. Smith. Mr.. Smith was admitted to the hospital through the emergency room four days ago with complaints of severe abdominal pain and vomiting fecal matter. He was diagnosed with a bowel obstruction secondary to colon cancer and immediately underwent surgery for tumor removal and bowel resection.

He was married with two small children. He had lost a significant amount of weight in recent weeks and was extremely weak. Significant differences in the education level between the AD and BBS nurses can be seen in the way each delivered discharge instructions to this patient. Utilizing her skills and acute care knowledge base, Nurse AD, focused her discharge instructions on post op pain management, surgical site infection prevention, dietary restrictions, activity limitations, and the importance of keeping follow up appointments with the surgeon and oncologist.

She instructed the patient's wife on how to perform the dressing change, and Mrs.. Smith performed a return ministrations reluctantly. Mr.. And Mrs.. Smith nodded politely as Nurse AD provided instructions but they did not ask any

questions. They both nodded in agreement when she asked if they understood the instructions. Mrs.. Smith signed the discharge instruction form and Nurse AD advised them to let her know when they were ready to leave so she could call for transport downstairs. Mr.. And Mrs.. Smith were very likely completely overwhelmed at this point, having just received the new diagnosis of cancer.

Mr.. Smith was so weak that he could not perform his own Talls. Mrs.. Smith as wondering how in the world she was going to get him out of the car once they got home let alone how she was going to bathe him and change his dressing with two small children underfoot. This lack of resources, support, and knowledge could put Mr.. Smith at high risk for re-hospitalizing. Since he will not have adequate assistance at home, he is likely to not follow activity restrictions. He may even fall and injure himself due to his weakened condition. Mrs..

Smith probably did not retain much of the discharge education and may not be able to consistently perform an septic dressing change. His surgical wound could become infected. If Nurse BBS completes Mr.. Smith's discharge teaching, the scenario could be much different. Nurse BBS also drew from her educational background. However, hers was more focused on care coordination, community health and illness prevention (The impact of education 2014). She began her discharge instructions by assessing the couple's level of understanding and coping as well as the resources available to them at home.

She asked if Mr.. Smith had a wheelchair for transport from his car to his home. She asked if they had a way to raise the head of his bed or if they had a reclining chair that he could sleep in for comfort and ease of movement.

Mrs.. Smith responded by replying that she does not have a clue how to operate a wheel chair or where to obtain one and furthermore, she was not sure she was going to be able to take care of him at all. Nurse BBS identified the need for ongoing skilled nursing care and education. She spoke with the surgeon and obtained an order to refer Mr.. Smith to a home health agency.

She delayed Mr.. Smith's discharge for several hours until he home health agency could evaluate him and deliver a wheelchair and hospital bed to his home. Mr.. Smith will now receive nursing care at home to manage his wound and to train Mrs.. Smith on aseptic technique for dressing changes. He will also receive education on all aspects of his newly diagnosed cancer and physical therapy to address his weakness and prevent falls. In this scenario, Mr.. Smith is much less likely to return to the hospital because of the nursing education and in home care he received (Beanbag's and Terrain 2000).

His wound will likely heal very icily and he will be better prepared to cope with his disease and recovery because he will have received ample education from his home health nurse. He will probably feel less fearful at home because he will still have access to a nurse when he has a need or a question. In both scenarios, the nurses held the same license. They both performed their Job duties well. They both had the patient's best interest at heart. They both utilized the nursing process and interventions to assist the patient during his time of crisis.

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However, Nurse Abs's interventions were better suited to meet the tangent's needs. Because her nursing education was more focused on community health and outpatient settings, she was better able to assess the patient holistically and address his immediate and long term needs. Mr.. Smith is much less likely to be re-hospitalized and much more likely to have a good outcome because of Nurse BBS.