Clinical Exemplar in Practice

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In the journal, *Clinical Exemplars to Recognize Excellence in Nursing Practice*, clinical exemplars are defined as “clinical situations that are outstanding and exemplify the essence of nursing” (Harvey C., Tveit L., 1994).

Patricia Brenner coined the concept and described it as one that connects nurses without words, but intimately as we all belong to a culture of caring. Clinical exemplar can fall under categories of recollection of early warning signs that ended up saving a patient’s life, of demonstrating new knowledge, healing relationships or expert coaching, and identifying the unknown aspects such as building trust or true engagement (Harvey C., Tveit L., 1994).

Clinical examples of excellence can only be genuinely shared through storytelling. Throughout the two years I have been enrolled in the nursing program at the University of South Florida and have been engaged in clinical and worked as a nurse technician where I was able to transfer the knowledge, there are so many examples of clinical excellence that I encountered. One such encounter would be when I learned that patients came to the hospital not only for physical ailments.

On my 10th and 11th preceptorship rotation days on the oncology medical surgical unit, my perspective on the extent of my role as a registered nurse evolved. A patient was admitted to the hospital for respiratory related issues. We were implementing all of the doctors’ orders and yet we could not figure out why this patient was still nauseous and having multiple bouts of vomiting preceded by being highly agitated. These new onset symptoms were unrelated to her admitting diagnosis and were not caused by her reconciliated medications. The doctors ruled out a pathological cause and prescribed medications to ease the symptoms.

My preceptor, on our second day assigned to this patient, decided to follow a hunch he had as to cause of her symptoms. Despite there not being any clinical indication or protocol, my
preceptor decided that this patient’s symptoms were a combination of physiological and psychosocial factors mitigated by her significant other. My preceptor noticed a pattern that was forming and took action. He sat with the patient and spoke with her, connected with her on a humane level and not only as her nurse. He spoke about the effects her significant other was having on her wellbeing and progress. The patient actively listened to my preceptor and with his help established new boundaries and almost immediately her symptoms subsided. None of her other healthcare providers on this floor had taken the time to have a conversation with her during her stay of what their suspicions were and the fact that my preceptor did was life changing for her.

My preceptor, being at the expert level of nursing, was able to simultaneously facilitate a helping role, diagnosing and monitoring, while teaching and coaching the patient; this is something that as a novice nurse student, I would not have known how to do or even how to approach it if I did. This experience is a the epitome of nursing excellence for me because it reminded me that in the flurry of learning to master skills such as time management and completing the tasks lists, it is always worthwhile to build trust with my patients outside of being kind and to engage with them outside of my hourly rounds.

To conclude, a wise person once said that if you are not learning and growing, you are withering and dying. I am sure each of the nurses on that floor learned from my preceptor on March 3, 2016 that not every patient symptom is a medical diagnosis. We also learned that in order to recognize this they would have to establish their presence in their patient’s rooms and be confident and caring enough to approach the patient with these concerns at the right time.
References: