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Self-reflection

My clinical experience for the spring of 2014 took place at Kings County Hospital Center.

**Objective 1:** **Demonstrates individual professionalism through personal behaviors and appearance.**

Each day through out my clinical rotation at Kings County Hospital Center (KCHC), I made sure I arrive early. Dressed in business casual attire, with school labeled white lab coat and the hospital ID card with appropriate set of jewelries. Professionally, I made sure I introduced myself to the patients before any discussion. I made it a part of me to ask questions from the staff members in my clinical and was very conscious not to distract them inappropriately. Confidentiality was maintained throughout according to HIPPA law- no patient name was mentioned in any of my blogs. In addition, we avoided taking patient pictures during our service-learning project.

**Objective 2:** **Employ analytical reasoning and critical thinking skills when providing care to individuals and families in the community settings.**

Achieving this goal required me to interview my patients coupled with asking questions from the primary nurse. Majority of the population are African Americans with few Hispanics. Most of the people in this community are Christians. Looking around the vicinity, you can easily justify what a 24- hour meal consumption is like. Right across KCHC is “Popeyes, Subway eat fresh, Chinese restaurant” just to mention a few. And this is also evidenced as patients walk into the clinic with food from these stores. Some however, are conscious of their eating habit. To the best of my ability, I reminded most of my patients about healthy eating habits. Communicating with the patients wasn’t a problem, I was able to utilize therapeutic skills acquired from associate and BSN. I personally did not administer medication to any of the patients. But on request, some patients were able to bring out their medication containers. With shape, size and color, most patient was able to talk about the use of their meds – “my water pill, my pressure pill”. I taught some of them to pronounce the medications and also gave teaching about side effects, taking meds at the right time and as prescribed.

**Objective 3:** **Effectively communicate with diverse groups and disciplines using a variety of strategies regarding the health needs of individuals and families in the community setting.**

I was able to accomplish this goal by establishing therapeutic communication with my respective patients. Active listening and clarification is very essential in communicating with patients. I made speaking slowly and clearly a part of me and tried not to talk over the patient. I once needed a Spanish interpreter during the course of this clinical and one of the staff members was able to do this for me. Communicating between other students and clinical instructor wasn’t a problem as we gather in a morning huddle before our daily assignment. I didn’t have the opportunity to document in patients’ chart but I jot down important points for my own knowledge or clarity either from my clinical instructor or the primary nurse.

**Objective 4: Establish environment conducive to learning and use a plan for learners based on evidence-based practice.**

I was able to achieve this goal by using effective communication with my patients and their family. Mostly, I discuss with them in a tone that does not attract other people listening to us. Its usually quiet enough in the clinic as some people are dozing and some occupied with their phone. As part of our learning project, we spoke to patients and family members extensively about diabetes. Myself and another student prepared the PowerPoint slides on “test and diagnosis of diabetes” using blood sugar levels as stated on the American Diabetes Association (ADA) website. Environment was conducive; room quiet with door closed and room temperature was fair enough. We served them breakfast and also leave room for open questions at the end of the teaching.

**Objective 5: Utilize informational technology when managing individuals and families in the community**

ADA was very useful in reaching this objective as it contained most information that we used during this project in addition to some textbooks and journal articles. Patients’ confidentiality was absolutely maintained, as we did not have a direct assess to patient’s medical record number. As said earlier too, patients name were not mentioned in any of my blogs and taking patients pictures were avoided during the teaching process.

**Objective 6: Demonstrate a commitment to professional development.**

Current evidenced-based practice was utilized in preparing for clinical each week. Continuing my education remains a priority for me. After my BSN, I plan on moving on to pursue my masters degree and presently interested in most field of health care including forensics. In addition, to better prepare myself as a community health nurse, I read current journals and sometimes read health sections of New York Times and CNN news online. To evaluate myself, I need to practice more of effective communication and build more confidence to face the audience. Learning another language is another essential am planning to work on as time goes by. I remain committed to any adjustment/ changes that may occur through evidence base in taking care of my patients both in the community and in other facilities.

**Objective 7: Incorporate professional nursing standards and accountability into practice.**

American Nursing Association Standard (ANA) is a practice that has been part of me. Understanding and implementing this practice became very crucial while on this clinical rotation. ANA requires me as a registered nurse to show competency and use critical thinking given each level of care. Which basically falls under the umbrella of assessment, diagnosis, outcome identification, planning, implementation, and evaluation. Knowing that am held accountable for my actions, all necessary interventions were given prompt and appropriate attention.

**Objective 8: Collaborate with clients, significant support persons and members of the health care team.**

Since I was not directly involved in giving care to the patient, collaboration with other health care team wasn’t much involved. But I was able to utilize effective communication skill while interacting with patients and family, primary nurse, clinical instructor, and fellow classmates. The utmost thing I did during this clinical was giving a lot of teachings as much as I could. I also had the opportunity to refer some patients to social workers who will better help them seek outside resources in accordance to their need.

**Objective 9: Recognize the impact of economic, political, social and geographical forces that affects the delivery of health care services.**

According to previous readings, Brooklyn remains an under served community in health amenities. Due to low economic status most people in this community could not afford insurances needed to meet their health conditions. Patients pay exorbitantly for their medication, this is why some skip doses or easily accept medication from significant others/relatives. None of the patient I interacted with falls in this category but I still spoke to them about it and advised them to speak to social workers should anything changes in the future.

In conclusion, I find clinical very interesting and interactive this semester. Learning is part of our everyday life and I can say that I learnt so much from interacting with the patients. Looking forward to be part of the community voice some day.