

Clinical Objectives for Community Health Nursing / Visiting Nurse Service of New York

This past semester, I attended clinical at Visiting Nursing Service of New York. I visited client's homes and provided nursing care. My prior nursing experience was limited to "within the walls" (institutional) nursing. My experience has resulted in my change of perception. I have found that there is much more to home care nursing than meets the eye.

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

- **Maintains client confidentiality** – As a health professional, I am obligated to adhere to The Health Insurance Portability and Accountability Act. During clinical conferences, I omit details about the client that pertain to their identity. During discussions with peers, I limit my description to the identifying factors of gender and age.
- **Assume responsibility for own learning** - Most of the clients that I have visited during this semester live with chronic illnesses such as diabetes and hypertension. I review material that I learned previously in nursing school regarding chronic illness and teaching for the purpose of educating while on the visits. I also find it effective to keep up to date with the course syllabus in order to stay current within the course.
- **Prepares for clinical learning** – I review the clinical objectives for the week, as to be prepared for the task I am required to do. I ensure that get adequate rest the night before and leave enough time in the morning to eat before the clinical starts.
- **Completes assignments within designated time frame** – I do my best to manage time effectively. Upon assignment of a client, I contact them immediately by phone to confirm they will be home for the visit. I review the chart, travel to the client's home, provide care, travel back to the VNSNY office and document my findings. All of these tasks must be complete within a four hour time frame, as I am scheduled to attend class promptly at 2 pm.
- **Seeks guidance appropriately** – When I am uncertain of anything related to the case I am assigned, or if my findings do not correlate with information reflected in the chart, I seek guidance from either my clinical professor or the VNS staff. I once visited a client that had vision impairment, but this was not listed in the chart. The client had sustained an injury during cataract surgery, so she was blind in the right eye and had poor vision in the left eye. The client was in no immediate danger, as she has a home health aide with her while her family is out working. However, upon return to the VNS office, I alerted staff to the client's status, and I was informed that this change of status would be incorporated into the client's plan of care.

- **Participates actively in clinical conferences** – I find clinical conferences to be informative and fun. My peers and I share an exchange of our experiences upon completion of our assignments.
- **Attends clinical punctually and in accordance with school policy** – In order to guarantee that I arrive at clinical promptly, I leave my apartment at 6:30 a.m. on Wednesday mornings. My early arrival allows time to eat breakfast and relax.
- **Dresses professionally** – The dress code for Community Health Nursing clinical is a white shirt and dark pants (either black or navy blue), black shoes (no sneakers), and no jewelry. The goal is to blend in with the community without drawing attention to myself.

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

- **Uses client interview, nursing and medical records, staff nurses and other health professionals to collect client information** - Prior to traveling to the client's location, I review the EMR. This allows me to prioritize the tasks that I am assigned to do, while attempting to get a clear picture of the client. Being knowledgeable about the case allows me to do critical thinking while I am visiting with the client. Upon arrival at the client's location, I assess the environment and introduce myself to the client. I interview the client and home health aide (if there is one present). I determine whether the information that the client is reporting corresponds with the information I had retrieved earlier from the EMR.
- **Assesses the impact of developmental, emotional, cultural, religious and spiritual influences on the client's health status** – A thorough assessment yields information regarding the client's level of development and emotional health. The incorporation of culturally competent sensitivity during the assessment facilitates information regarding the client's culture, religion and/or spiritual influences. It is then possible to determine whether these influences impact the client's health status.
- **Collects significant data relevant to client's self-care needs** – Inspection of the client's living environment and evaluation of responses given during the client interview facilitates collection of significant data in regard to the client's self-care needs. This practice allows for the client to report whether there is a change in their health status, or the development of an issue that impedes on their ability to carry out activities of daily living.

- **Completes a physical assessment of selected clients** – I do not conduct head to toe physical assessments for this clinical rotation. I do, however, conduct assessment relevant to the client’s diagnosis. For instance, if the client has a diagnosis of diabetes, I do a foot inspection; or, for a client that is diagnosed with congestive heart failure, weight and girth measurement along with foot inspection and measurements are in order, as they may be edematous. Otherwise, I measure the client’s vital signs, determining whether they are within normal limits, and do a general assessment to determine the client’s clinical health status.
- **Prioritizes care based on analysis of data** - By reviewing the client’s chart I prioritize care. For instance, if the client has a diagnosis of COPD and is schedule for wound care, I will assess their respiratory status and take a pulse oxygen saturation reading prior to assessing and providing care to their wound.
- **Applies priority-setting in planning nursing interventions** – I prioritize my nursing interventions based on patient safety. I must determine the client is stable and not in distress prior to implementing any interventions.
- **Implements safe, appropriate nursing interventions in a timely manner**– Safety is always the top priority. I ensure that the client’s environment is safe and I normally spend 45 - 60 minutes with the client. Although I do not set a time limit, I strive to work efficiently.
- **Administers medications and treatments safely** – I do not administer medication, as these clients are at home and self-directing. When I provide wound care, I do so with clean technique. I practice appropriate hand hygiene and set up a clean field in order to provide safe care.
- **Evaluates the outcomes of nursing care** – As I do not have multiple visits with clients, it is difficult for me to evaluate the outcomes of nursing care that I provided. However, I am able to evaluate the outcomes of interventions that were implemented during the previous visit.
- **Is reflective about practice. Modify client care as indicated by evaluation of client outcomes** –Although I am confident, I stay aware of the fact that there is always room for improvement. I reflect on the visit and think of ways I could have done things better.

- **Utilizes principles of personal safety when working in the community setting** – In order to ensure that I maintain personal safety while in the community: I carry minimal cash, staying aware of my surroundings, and travel with my assigned partner.

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.

- **Utilizes therapeutic communication skills with individuals and families in the community setting** - I do this by using language that is easily understood by the client and family, as opposed to using medical jargon, which is not appropriate to use in this setting.
- **Utilizes appropriate channels of communication** - I speak clearly to the client and ask the client to share their interpretation of what we are discussing. This facilitates a response and enables me to determine whether the client has understood the message I am attempting to communicate.
- **Communicates clearly and effectively with instructor, peers and the health care team** – As the environment at the VNS office can become busy when the students return from visits, I make sure that I do not attempt to speak to anyone until I'm sure that I have their full attention. I make sure that I have all of the facts pertaining to the message and/or question.
- **Communicates significant data to instructor and the health care team** - I have found that significant data is the concern when discussing cases with the instructor or VNS staff. Although they are happy to hear that there is insignificant data (meaning there are no problems), the significant data (change in status, etc.) determine what needs to be done for the client.
- **Adapts communication skills to the developmental needs of the client** – The clients I visit are predominantly older adults. Most are striving to maintain their independence. I take this into consideration when communicating with them.
- **Reports and documents assessments and nursing interventions accurately** - Upon returning to the VNS office, I enter my findings into the EMR. It is then reviewed by either the instructor or VNS staff prior to it being submitted as a permanent record.

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

- **Develops and implements a teaching plan for an adult and/or family in the community setting** – Prior to implementing a teaching plan, I assess the client's level of

knowledge and preferred learning style. In addition, it is useful to determine if the client is motivated to learn. Based on this information, I educate the client topics that pertain to their treatment plan.

- **Establish environment conducive to learning** – A quiet setting, free from distractions, with proper lighting, is the optimum setting for learning. If there is activity occurring in the household, it is best to go into a separate room.
- **Evaluates client/family learning outcomes** – I evaluate the client's learning outcomes based on feedback I receive from the client. If their responses reflect evidence of knowledge, I know that there is a positive outcome. However, if their responses do not reflect evidence of knowledge, I reassess and reeducate.

Objective 5: Utilize informational technology when managing individual and families in the community.

- **Utilize principles of nursing informatics in the clinical area** - The VNS laptop containing the client's EMR allows me to utilize the principles of nursing informatics in the clinical area. I am able to access information on the client readily, enabling me to communicate, document and practice the science of nursing more efficiently.
- **Maintain strict confidentiality with client records** - Times at which the laptop is not use, it is logged off and closed. In order to access any information on the laptop, I must enter the password designated to me by VNSNY. I have not shared my password with anyone, as I take confidentiality very seriously.

Objective 6. Demonstrates a commitment to professional development.

- **Uses appropriate current literature in planning care for clients in the community setting** – It is of utmost importance to keep up with the latest findings in healthcare, and I do my best to keep up with the literature. As an example, recently it was recommended that when measuring blood pressure, to take measurements from both arms (unless contraindicated). A systolic difference of 20 mmHg or a diastolic difference of 10 mmHg indicates further assessment by a physician. Such a finding would be considered significant as it may evidence narrowing of the main arteries.
- **Assumes responsibility for lifelong learning** - As a professional, I am obligated to be proactive in my learning and I accept that this is a lifelong commitment. My current status as a full time student ensures that I read research articles. However, upon graduation, I will stay current on issues affecting patient care and nursing as a profession. After securing a full time position in acute care, I plan to pursue certification as a Wound Ostomy Care Nurse.

- **Engages in self-evaluation** – After each client interaction, I reflect on what occurred and determine what I could have done better or more efficiently.
- **Is committed to adjusting to the challenges of independent practice in community health nursing** – I find independent practice in the community to be challenging. I enjoy the autonomy, although it seems to carry more responsibility. I am in the process of securing a private insurance and Medicaid provider ID number in order to be reimbursed for private nursing. I am looking forward to the challenge. My first private client is a ventilator dependent adult diagnosed with muscular dystrophy. As a licensed professional, I am obligated to participate and provide assistance where it is needed in my community. I find the obligation to do so to be a privilege.

Objective 7. Incorporate professional nursing standards and accountability into practice

- **Utilizes American Nurses Association Standards in clinical practice** – I practice within the scope of nursing, as defined by the ANA, while upholding and adhering to the nursing code of ethics. I utilize the nursing process, provide ethically and culturally competent care, maintain safety, educate, promote health and participate in care planning.
- **Complies with agency standards of practice** – As a representative of VNSNY, I comply with their agency standards of practice, which is to provide compassionate and high quality nursing care.
- **Is accountable for actions in the clinical area** – As I am accountable and obligated (ethically and legally), I adhere to the plan of care, working within my scope of practice, and never taking short cuts.
- **Is aware of the assigned agency ‘s mission** – The VNSNY mission statement: “To promote the health and well-being of patients and families by providing high-quality, cost-effective health care in the home and community.”

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

- **Collaborates effectively with health care team to address client problems** – If there is a change in the client’s health status; in the event of the client’s environment being less than safe; or if the client is in need of support with ADL’s, I advocate for the client by addressing these issues with the VNSNY staff and/or the client’s physician.

- **Coordinates client-care based on client needs and therapeutic interventions** – I review and prioritize tasks that are listed in the plan of care. Utilization of the nursing process allows me to determine whether I should make any recommendations.
- **Identifies health care resources for client/families** – During the assessment, I inquire about when the client is scheduled for their next appointment with their physician. I also encourage the client and family to browse and utilize resources that are listed with the New York Department of Aging.
- **Guides clients/families to make appropriate lifestyle and treatment choices** – While educating the client, I refer to and promote the importance of healthy behaviors including dietary choices, physical activity and smoking cessation (if applicable).
- **Assist clients to make connections to other community agencies** - I inquire with the client and family whether they access health care resources (i.e. meals on wheels, access-a-ride, senior centers). In the event that they do not, I recommend that the client consider utilizing these services.

Objective 9. Recognize the impact of economic, political, social and demographic forces that affect the delivery of health care services

- **Recognize gaps in care system** – The current economic climate has resulted in reduction of services for seniors. I have encountered elderly clients that have lost hours with their home health aides, but require companionship while their families are out at work.
- **Begin to identify solutions to complex problems in the clinical area** – Problems that occur in this clinical setting relate to environmental safety. The first step to solving complex issues is to report them to my clinical professor and VNS staff, and to document such findings in the EMR.
- **Acts as change agent in advocating to appropriate health care resources for client/families** - A client that I had visited lost a half day of home health aide assistance. She originally qualified for eight hours per day, and was cut to four hours. As this client is elderly and visually impaired, I knew that advocating for her was the solution. I reported the situation to VNSNY. The VNSNY staff members contacted the insurance agency in order to reestablish the home health aide schedule of eight hours per day.

Summary: I enjoyed my experience, with all of its rewards and challenges. My new understanding of home care nursing has broadened my horizon. This course has allowed me to add new concepts and skills to my existing foundation. Although it is sad to move on, I look forward to the next chapter in my story of nursing. I hope the story never ends.