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*Self- Reflection Narrative*

**Introduction**

In this Community Health Nursing course, there were nine clinical objectives that were to be met. The nine objectives are fundamental skills that are needed in the clinical settings. These objectives, when met, accentuate the best care that clients need. My clinical site was at the Williamsburg Community Health Center located on 279 Graham Avenue, Brooklyn NY, 11221. This site has an adult floor and a pediatric floor. The doctors, nurse practitioners, nurses, patient care assistant, and clerical staff were highly caring and competent. Any questions I had were answered thoroughly. The adult clients and parents of the children clients were well educated before they left the clinic. Observing and being involved in this clinical setting has been a delight. I will now list the clinical objectives that were met.

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

I arrived to the clinic on a punctual basis because the location of the clinic had various trains and buses, which was great for me and tremendous for the clients that visited the clinic. Before I arrived at the clinic, I knew that I would be learning a vast amount of information, so I prepared my notepad for the day. During the day, I asked questions to further my understanding of the care, activities, and technology used.

When the nurse was caring for a client or the nurse was teaching the client or me something, I sorted out the information and wrote it on my notepad. The nurses were busy, so it was not enough for me to believe because I was present, they would have time to teach me something. It was important for me to take responsibility for my own learning by inquiring about the plan of care for the clients and the most effective teaching strategies. When the nurse gave an assignment, whether I was working by myself or with my partner, the assignment was completed on time. The nurse explained the assignment efficiently. There was times during her explaining that I asked questions to clarify what was being required. With one particular assignment that was given, the head nurse wanted my partner and I to find out the client’s A1C level on the QuadraMed. This resource has all of the client’s information. We made sure that this information was only shared with the head nurse, who would then relay the information to the staff that needed to know. With compliance of Health Insurance Portability and Accountability Act, whether I was on the pediatric or adult floor, I always alerted the clients to who I was while completing the assessment with the nurse.

During the various staff conferences, I listened intently and documented questions that I wanted to investigate. At the end of the meetings, I asked these questions to the staff members. During my time at this clinic, I dressed professionally and comfortably. I wore the required uniform. I wore a white dress shirt with a black blazer, blue pants, and black socks with black flats. Appearance is very important because the clients and the nurses know that, by the way of dress, I respect myself and respect them.

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

At the Williamsburg center, there were primarily Hispanic clients. When working alongside the nurse, knowing culture was a factor emphasized what information would be included in the education and how the education would be explained. Culture affects the way people perceive the importance of their health and culture also affects the client’s adherence to the plan of care. My gestures, my affect, and what I said played a significant role with the level of trust the client had for me. When clients were in the waiting room, I looked at the chart and deciphered why the client came. If the reason was for a blood pressure check, I called them in from the waiting room and took their blood pressure reading. I then explained to them their blood pressure levels.

In order for teaching to have been sufficient, I asked clients what their primary language was and what language they would prefer their educational pamphlets to be written in. With what little Spanish I knew, I educated the client’s on steps and actions they were to take to adhere to their plan of care. After teaching, I gave the clients the appropriate educational pamphlets to further their understanding of their disease and its process or/and the vaccine given. Medications were prescribed; birth control and vaccines were given. The nurses gave the vaccines and I assisted the nurse in the education of the client. Safety was always a priority and was maintained by asking patients for a return demonstration when teaching was given. When clients and their parents were taught about medications and vaccines, a verbal demonstration was preferred to recognize whether the education given was effective.

 Diet was a very important topic that was discussed with clients. The brochure given had an explanation of the portion of food groups that should be on one’s plate. There was also an illustration that provided a visual aid to client’s that were illiterate. Outcomes were assessed when the clinic returned for the next visit. This was assessed by asking the client to demonstrate what they were taught during their last visit. To further assess whether the patient was adherent, their vital signs, especially their blood pressure and A1C level were assessed to determine if the levels decreased.

**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.**

Communication is the most important factor in providing optimal care for clients. Communicating with clients about their health involves active listening and return demonstration. Many of the clients that came to the clinic were there for a follow-up. In the pediatric clinic, parents brought their children for their vaccines. With the parents and adult clients, I spoke clearly, concisely, and without medical jargon. With the nurse, the client was educated regarding their disease. The client was educated on what the disease was, how it may affect the body, the ranges to be aware of (hyper/hypoglycemia, hypo/hypertension levels), and how to treat the disease. I asked the client if he or she had questions and if the client reported, “no”, I asked a more specific question on the informative that was just taught. An example given was, “when you check your blood sugar level two hours after eating, what number range is acceptable?” This was an open-ended question that permitted the client to answer and allowed the nurse and I to detect if the patient understood the material.

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

Teaching was not only included for clients that were present at the clinic but was also included for those clients that did not return for their follow-up visit. Using QuadraMed, my partner and I looked up client’s information and called those who had not been to the clinic for follow-up care. QuadraMed is an electronic document management system that is used in the healthcare field where all necessary client information (laboratory values, hospital visits/surgeries, medications, and mental status) are stored. For the clients that we were able to connect with over the phone, they stated that they just moved to another clinic and other clients stated they were too busy to come at the time. We reiterated to the clients that it was important for them to schedule an appointment so their laboratory values (focus primarily on A1C levels) could be discussed with them.

With the head nurse’s permission, my partner and I educated the clients in the waiting room about Diabetes. Before we began, we explained who we were. My partner, being Hispanic, spoke primarily in Spanish. We expounded on who we were, our purpose for the brief educational session, and what the session would entail. A verbal pre-quiz was given to the clients, diabetic teaching occurred, and a verbal post quiz was given. The client’s all passed and brochures were provided. I believe that having a bilingual speaking person there helped the clients understand and trust the information better than if there was an English speaker who had a translator nearby. Many people have greater assurance in the person who speaks their language than the person who needs a translator to tell them the information. The person who speaks their native language may provide cultural expressions that could allow for greater comprehension.

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

QuadraMed was used to access the AIC level of clients who did not follow up with care. In this system, the Medical Record number of the client, as a unique identifier, had to be known to access the needed information. The Head Nurse’s disclosed the MR number so we could find out the A1C number of the clients in order to contact them. HIPPA rules were not violated because the MR numbers remained in the Head Nurse’s room. After looking for the clients, the nurse signed out of QuadraMed.

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

In this clinic, there was an ample amount of brochures that focus on all types of Sexually transmitted diseases, chronic diseases, vaccines, and healthy lifestyle changes. Our clinical professor always had up to date information to give us in forms of newspapers, magazines, pamphlets, and websites. These brochures and information the professor gave were helpful when understanding the needs of the client’s in the Williamsburg community. I kept myself up-to-date with the healthcare world by reading those brochures and information provided by the clinic and my clinical professor. I also went online to discover how the healthcare field was changing. I am a subscriber of nurse.com, which provides magazines, continuing education (CE) information, free CE credits, employment opportunities, and information on the latest healthcare news.

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

The American Nurses Association (ANA) Standards were practiced in the clinical setting. The Code of Ethics of the ANA is the basis for all nurses and has been utilized in every healthcare setting. To name a few, one provision in the Code of Ethics states the nurse should practice with compassion regardless of the client’s economical status. Another states the nurse should have moral self-respect and should continue to strive for professional and personal growth. There are more ANA Standards that I have not listed, but the standards are continually being observed. The head nurse explained the standards of practice and I complied with them. All actions done were in compliance with the facility and verified by the head nurse. The head nurse explained the mission to my clinical partner and I when we arrived at the clinic for our first clinical day.

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

In pediatric care, I collaborated with the healthcare team on a particular client’s problems. For example, I suggested to the parents of a child (client), that they needed to seek out a therapist for the child before the situation escalated. The parent agreed and said that the child is currently receiving therapy and now feels compelled to continue with the sessions. The situation had extensive information but the healthcare team, myself included, educated her and provided a therapeutic intervention. Resources were verbally provided to the client and written down. The parent was informed of the best course of action to take. Her situation was dire, given her resources, but her spirit was lifted because she felt equipped to continue to effectively care for her child. In another situation, I worked with the PCA and nurse on a client who came in with signs and symptoms of hypoglycemia. Orange juice and sweet crackers were given to her and we all decided that were not going to give her another pack of crackers because her levels could then increase substantially.

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

Minorities customarily have a greater health disparity than the rest of the population. They face disparities not just with health, but also with socioeconomic aid and politics. The surrounding neighborhood had many bodegas and fast foods stores. There were no visible gyms or health food stores. Unless the members actively sought out clinics, those in the community, based on research, would continue to have co-morbidities. Fruits and vegetables were encouraged. Many bodegas in the area had some fruits and vegetables. Lack of insurance is a high concern in this community. Educating members of the community on why and how to apply for health insurance have motivated people to seek out help, resulting in preventative and secondary measures.

**Conclusion**

This clinical course gave me a different view into nursing. In all of my former nursing classes, the care was done in hospitals. Being in the community this semester was refreshing. In class and lectures, we heard and read about health disparities, but seeing first-hand the disparities in the community motivated me to educate clients on the necessity of seeking out care for themselves to better their health. As a nurse, I will stay true to the ANA ethics, I will always believe in educating clients on preventative care measures, and I will always hold a flame for community nursing in my heart. Community health nursing is one of the nursing fields that will continue to advance.