

‘Self-reflection analysis’ Part 6 Service learning project

Objective1: Demonstrates individual professionalism through personal behaviors and Appearance

Every Wednesday morning I get up looking forward to going to clinical at the Woodhull affiliated Cumberland.. I usually wear a pair of black slacks, a white button down shirt with an Ann Taylor cardigan over it, stockings and black flat comfortable shoes. My hair is always neat, makeup minimal and jewelry limited to barely there studs. I wear no perfume or heavily scented creams as I am aware of how offensive this may be to others. Clinical is slated to begin at 8.30a-12:40p. I more often than not got there at least 10 minutes before start time. My dad says if work begins at 8am it means that you are prepared to start at 8am and not just arriving at 8am.. I will carry that with me always. While on site, servicing the clients required me to be tactful, informative, and knowledgeable and maintain client confidentiality. I used print outs, brochures and plain old conversations as teaching tools. I made sure the clients were comfortable, I closed the door, used my inside voice and never discussed anything in the hallway. I also made sure files were tuned down on the desk that had names and other information and that the computer screen was collapsed and, locked whenever we were not present in order to protect patient’s information. I assumed responsibility for my own learning and prepared for clinical learning by asking questions, reading, research, information and concepts I might not have understood previously. I also listened intently to what my preceptor had to say to me, she is a wealth of knowledge and experience. I really sought her advice and guidance and listened. I would jot notes for her to take to huddle, I would also do census for the physicians showing what patient was new, revisit, OB or Postpartum. I completed these tasks within the designated time frame and I made sure I actively took part in the meetings.

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

I was very instrumental in helping the head nurse receive and review the patient list. I checked the number of clients per medical provider, noted how many new clients, revisits were, OB, GYN or post-partum. This information was not only essential in helping them plan their day, allotting for time for treatment, new assessment or teaching. Having this information did the same thing for us nurses. I was able to see charts ahead of time, anticipate the needs of many clients and prepare for them.. The impact of culture, perception and emotional wellbeing as well as development was a big component in the way we decided to provide care. In interviewing and teaching cultural sensitivity is paramount. Building a relationship with a community client is key in getting to the bottom of any issue they may have and need help with. I can say with certainty that because we showed respect and allowed our client dignity we got the truth in our interviews. I also assessed the clients need through the documented medical reports and questions during interviewing. If the information documented did not match what was being said further clarification was sought. The numbers don't lie though and the objective data is what evidence based information was based on and priority setting planning nursing interventions were put into action. Time durations were always given, for medication use or follow up with providers for outcome assessment or further evaluations. Referrals were done and a social worker and nutritionist were on site at all times for those patients in need of such services. Safety and standard precautions were maintained at all times in the community health setting. Risk fall assessments were done with all clients, sharp and toxic were disposed of appropriately. Hand sanitizing and hand washing is standard and the cleaning of the medical equipment always took place before the start of the shift.

Objective 3: Effectively communicate with diverse groups and discipline using a variety of strategies regarding the health needs of individuals and families in the community settings

Effective communication is paramount in all community setting. Therapeutic communications skills such as listening; empathizing; and reflecting back using simple language was used at all times. For clients who did not speak English, a phone translator was there to be the conduit between the provider and the client. This tool is most effective. Simple uncomplicated language was used to reach our clients, they were always assured and encouraged to repeat what they heard and given the opportunity to ask questions. My preceptor and I communicated well from the inception of our meeting. I was in pediatrics at first and then I moved to OBGYN. My pediatric preceptor was so effective in communicating with me that she is the reason I went out and took on an agency job. She literally impacted my life for the better. We all communicated clearly, from clerical staff to nurses to social worker to providers. There are many changes taking place as result of the affordable care act and effective communication is needed now more than ever. Huddles are done daily. Workers are very accessible to one another since there is an open door policy in this setting. This is important because it helps to deliver better service to the patients. In this phase, I weighted clients, took blood pressure and also took height measurement in pediatrics. Information that needed to get to the social worker for example in the case of depression or domestic violence got to the appropriate team member as a result of effective communication. Reports and interventions were conveyed appropriately and accurately at all times.

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

Plans based on evidence based practice were developed and implemented for teaching adults and families in the community. Teaching was done verbally, with print offs and brochures for clients in both English and Spanish outlining the problems and interventions/treatments. The ways to manage an already existing condition, how to stop its progression and how to prevent the problem in other members of the family. This information was based on already used information within the healthcare system in this setting. The evidence based practice was already proven to be effective and so that's what I taught to the community. I made sure the environment was conducive to learning. The space was quiet, the temperature was regulated and there was enough privacy that did not breach confidentiality. Most of all, I armed myself with accurate information and a smile, and my self-awareness kicked in. I checked my own prejudices and preconceived notions at the door. The family or individual learning outcome was evaluated by the clients explaining to me what I just taught them and many questions. I stopped frequently in teaching to assess for understanding as well.

Objective5: Utilize informational technology when managing individual and families in the community.

The principles of nursing informatics was implemented in the clinical setting, I was taught how the system worked, how to access data, how to record data, this system records the client information. The system provides access to other departments. It is also used to manage client

scheduling. It provides access to standardized forms, policies and procedures. Because the system is such a wealth of personal information processing on each client it was very important that strict confidentiality with client records was maintained. Accesses to the data were always off when we left the room. My preceptor's password was of course for her eyes only. Once the computer was up and into a client's file her office door remained closed and whenever I was done the client list they'd always be turn upside down on her desk so no one could walk in and immediately see name and or date of birth. Whenever we did leave the office the door was shut. And information was ever left lying around.

Objective 6: Demonstrates a commitment to professional development

I used appropriate current literature in planning care for clients. This information was mostly derived from the informatics system of the community clinical setting. I did my own reading through nursing journal and magazine subscriptions as well. I assume personal responsibility my lifelong learning. I am about to complete my BSN (Bachelor's Science Nursing). I participate in continuing education. I have my CPR certificate, I was trained to understand and administer care to clients on ventilators, I did an infection control CE course. It is in the best interest of my clients to stay on top of education and cutting edge evidence based knowledge and I plan to continue to do so. I constantly engage in self-evaluation, the last time I really looked inward and did a self-evaluation I realized that I had a lot of irrational fear. I fought my way through that fear and took on 30 hours of per diem agency time with a home care company taking care of bed ridden pediatric patients. That was a huge step in my professional development. I am please I did it and I continue to put my theoretical knowledge into practice during the time that I do this.

I am fully committed to the challenges of independent practice in the community setting. It is indeed a challenge because everyone is a unique individual. Everyone clings to their culture and sees health differently. It is important to be willing to adjust and adapt to different types of clients and be respectful in working with a culturally diverse group. The challenge also lies in meeting people where they are at emotionally, mentally and at times intellectually. Is the readiness to learn or change present. How will they learn best? This is also a very independent process. In the hospital setting you have an entire army of nurses and doctors backing you up. Out in the community you are alone and must rely on skill and instincts sometimes to make the right call especially in tricky situations.

Objective 7: Incorporate professional nursing standards and accountability into practice

I know strongly that I adhere to the professional nursing standards and I practice with them first and foremost on my mind. I used the ANA clinical importance of Assessment; diagnosis; Outcomes identification; Planning and Implementing. I also was in compliance with the agency standard and practices, I was held accountable for wearing my ID at all times with the stamp on it that indicated that I had taken the flu shot. I am also aware of the agencies mission which is to provide the highest quality health care to every patient with dignity, cultural sensitivity and compassion, regardless of ability to pay. I am also aware of the Vision and values of this health care organization.

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

My preceptor and I collaborated with the clients to reach out to other members of the health care team

This became especially evident the day we saw a client who said she was depressed and thought of suicide. Collaboration that day was both a process and an outcome because there was shared interest and the problem could not be solved by nursing or medicine alone so a social worker was called in to help address and navigate the problem. That day we definitely coordinated client care based on needs and the intervention that would be most therapeutic. Discussions took place with pregnant clients who knew they wanted tubal ligation right after delivery and had not yet discussed it with their husbands. It was suggested that a family discussion take place and in the meanwhile the option for other means of birth control was offered up to these clients. Discussion pertaining to diet intake during pregnancy, the encouragement to drink less sugary drinks or by cutting the sugary drink with half seltzer was taught and suggested especially since the mom had a previous diabetic scare. I have not had the opportunity to refer or suggest any client to other community agency. I'm sure the time will come once I'm there long enough.

Objective9: Recognize the impact of economic, political, social and demographic forces that affect the delivery of health care services.

There are huge disparities in health care in this country, as a human being I recognize that. As a nurse I see the way that disparity affects the working poor and minorities in our community.

Economic, politics, social affiliations and demographics play a huge role in the quality of health

care one may receive. The problem is complex and the solution is even worse. President Barack Obama took a stab at it with the Affordable Health Care Act. The intention is good but there are many kinks still left to be ironed out and it may take several years to see the outcome of this new health care system. As it stands right now many forms are being changed in the city system, the rules are still changing, Doctors are rejecting some health care plans previously accepted. In order to provide true access to care scheduling for work shifts have become longer and a bit more erratic. It is all still a work in progress and I really champion the cause. It is important that I know how to navigate the system in order to help my clients since the system is becoming increasingly more complex. I need to keep them informed of the changes, their rights so they do not get caught in the web and waste precious time.