

Hanna Sawka

Community Health Nursing

NUR 4010 Section HD13 (36103)

Introduction:

This past spring my Community Nursing course had a clinical component at the Sunset Park Senior Center. I visited the center weekly and provided care to the senior clients. I found the seniors to be easy to interact with and pleasant to talk to. They seemed genuinely interested in getting health information about their particular health issues and actively followed the weekly blood pressure screening numbers. The following is my self-reflection on the objectives set out by the program and as to whether I achieved them or not.

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

I prepared for the clinical by speaking with the center director and my instructor. Prior to the start of the clinical I researched the facility and familiarized myself with the community and the type of client I would be dealing with. Any information of a private nature divulged by the seniors was held in strictest confidence and as required by the program. I attended all clinical days punctually and dressed professionally. My instructor held pre and post conferences where all important questions and issues were resolved. All assignments and presentations were completed in a timely manner.

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

By observing the clientele, their behavior, hearing their preferences and complaints, their religious and cultural beliefs, my colleagues and I geared our responses accordingly. This was not a medical facility therefore there were no medical charts to read. The only information I

learned about the clients was through conversations and the weekly blood screening records. If there were any health concerns my colleagues and I discussed them among ourselves. My team and I were available each week to do blood pressures screening, discuss their medication regiment and address any other health concerns they may have had. Through regular BP readings I was able to assess if they needed to seek further medical advice or had to be reminded of the importance of taking medications as prescribed at the proper time. If suddenly the blood pressure readings would be dangerously out of range I was prepared to immediately contact the director for immediate medical intervention.

In addition to medication, the importance of nutrition, exercise, and stress relief was also discussed. Whenever there was a language barrier the appropriate bi-lingual personnel were asked to translate. Following a clinical day, some of the clients came back the following week and said that they were following our advice and taking medications in a physician prescribed manner. I hoped that they would not forget this so each time I reinforced this behavior by encouraging them to keep up the good work.

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.

Most of the clients at this center were either Spanish or Chinese speaking which was challenging. I spoke to the Spanish speakers in a simple language with easy words and whenever I could I would ask the director's assistant to translate. Some of the limited Spanish vocabulary that I possess came in handy too. The Chinese speaking clients received special care from the members of our team who spoke their dialect. In each case, the language used was simple and devoid of any buzz words that could have confused the clients or impeded effective communication. I used therapeutic communication skills by encouraging the clients to speak to

me about any health problems or questions they may have had. Ours was an ethnic, elderly population therefore I had to speak to them clearly, use simple language, face them directly and listen closely to their answers. When necessary I asked them to repeat their questions or answers they gave.

My own communication with the instructor and the rest of the team went well. We had no problems understanding what each team member was expected to do and all was done well and on time. I did not administer any medications but only advised the clients on the proper way to take them. I also did not do any physical assessments, only health assessments. If the clients said they were taking their medications as prescribed but the blood pressure readings were still high I recommended that they go to their primary physician to see if their medical regiment needed to be adjusted.

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

As part of a team of community health nurses, I had to help prepare teaching presentations for the clients. I used Internet research and knowledge learned in previous nursing courses to prepare teaching presentations and to inform the clients about the best possible way to try and keep themselves healthy. Our teaching presentations dealt with the issues of nutrition, stress and diabetes. We presented helpful lifestyle changes such as eating a proper diet, taking medications on time, and ways to reduce everyday stress. In order to make the presentations understandable we made them simple and used an interpreter. Since our audience was elderly we knew we had to keep the presentations short and to the point. We planned our presentations together, gearing them to the population that would be listening to us. We helped each other with suggestions as to how to make it easy to understand for the clients. The presentations were done

during a time when the clients were present but there were no other distractions such as music. There were around 45 center audience members plus the center employees. We used a poster board with colored photographs and slogans attached by pins. Before the presentation and afterwards we let the clients look at the photos. Before the start of each presentation we asked questions to see what they knew about the subject and after the presentation was finished there was a question and answer period. At this time the attendees asked questions and voiced any concerns they may have had. We worked as a group and answered according to which team member was best able to give a helpful response. When the clients said they understood what we presented and had no more questions we concluded the presentations.

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

As this was a senior center and not a healthcare facility or physician's office there were no charts or records to peruse. The only confidential written record was a client booklet with their continuous blood pressure numbers recorded after each screening. Any information that was confided in me by center clients verbally remained confidential as per HIPPA.

Objective 6. Demonstrate a commitment to professional development.

The health presentations were prepared using many Internet websites, using the most up to date information. Before the first clinical I researched the community online and knew what health problems they faced. It took time to plan out how to approach the center participants and after each encounter there was a time where my colleagues and I discussed what could be done better next time. I knew that each time there might be a change in the approach because people are different, circumstances change, and there might be new developments in the different health

areas that needed to be communicated to the clients. Population needs change so I have to change with them just as well. There is no a one fits all approach.

By completing the BSN program I am already committing to my professional development. My nursing experience has expanded by being exposed to such subjects as the role of a community health nurse. Since learning never stops, I know that in the future I will be completing more courses and developing my skills. At each stage of my professional development I will have to take a step back and see what it is that I have learned is and what I still need to accomplish. In the community course I have learned to think independently and yet I see the importance of working with others as a team. I have also seen that working with groups of people is much more challenging than dealing with a one to one ratio. There are many needs that need to be addresses simultaneously and the ability to deal with many different personalities is the key. Knowing yourself helps because knowing your strengths and weaknesses helps in your interaction with clients. Some clients are more challenging than others and if I develop my skills I will be better able to deal with them and give them the care they need and deserve.

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

As I dealt with the clients, I kept in the back of my mind that I was bound by the American Nurses Association standards and had to provide care that was within my scope of practice. My professional requirements dictated that I should be honest and do no harm. I also understood that although I had to provide correct information, the client had the right to use that information or to reject it. The senior center allowed me to give care to and answer health questions of their members according to their mission which is to provide for the clients' "health care needs, while enjoying the individualized, patient-focused care". My obligation was to

provide that care confidentially, honestly, and without judgment or prejudice. I was accountable for all of my actions and therefore had to hold myself to the highest standard possible.

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

I communicated with clients and collaborated with my colleagues and the center support personnel. We discussed arising client problems and needs. If necessary, we would speak with the clients and give them additional resources for dealing with their individualized health issues. We shared among ourselves any questions or concerns we had so that there would be a coordinated answer to a client's problem. We suggested resources to get appropriate treatments and make necessary lifestyle changes. The resources included further primary physician contact, clinics, mobile units, and ideas on healthier nutrition and stress relief. The united effort of the team taught me that team work is important and essential, especially when dealing with the complicated needs of an underserved community.

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

I see that there is a great need in this community. There are limited resources to help them get the care and information they need. There is an elderly ethnic community, with its unique set of problems. The language barrier does not allow them to get the information they may need. The two large ethnic populations there, the Spanish and the Chinese, did not socialize because of the language barrier. It was good that we had team members who could communicate in Chinese otherwise we would not be able to do blood pressures screenings. A simple way to solve this would be to hire someone who could communicate in Chinese. On a bigger scale, the way to solve the problems with the delivery of health services would be to have dedicated people advocate for them in local and state government. The community needs an inflow of monetary

resources which right now are not available to them. They don't have anyone fighting for them, there are no lobbyist representing their interests. My present role in this community was to take blood pressure and to influence them to think about their lifestyle actions and to change them to better their health status. My team and I had short presentations on how to effect these changes. However, what this population needs is constant, long-term professional advocacy, with leaders who can speak their languages and fight to bring in more resources. This is not a rich community and this shows in the dearth of healthcare services available to them.

Summary

This clinical experience introduced me to the concept and reality of community nursing. Dealing with an ethnic, elderly population I realized how important respect and understanding for age and culture is. This particular population presented its own set of unique problems and in order to address them there has to be a unique approach. I saw that they had needs that were beyond the services that were offered at the center, with few resources to fill in this gap. In the end, I feel that I learned how to approach and deal with this particular population by approaching them with humor, openness and honesty. However, as the clinical came to an end I knew that I was leaving a community that was not being served as well as it should be. There are many problems that are not being taken care of and the members of the center are left to fend for themselves. In the end, it is all about money and the lack of it. This clinical showed me how different communities experience different treatment according to who lives where, how much money they make, and who the members of the population may be. It is not a fair distribution and even in a rich city like NY certain neighborhoods are left to their own resources while others take the biggest share of the pie.