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For my Community Health Nursing clinical rotation this Spring 2015 semester, I had the privilege to be a part of the Bushwick Brooklyn Community located at the Woodhull Medical and Mental Health Center 760 Broadway, Brooklyn, New York 11206. I was specifically in the Geriatric Wellness Center 2AB-121. I have been given the opportunity to work with the elderly clients ranging from the ages of 65 years old and older, and thoroughly enjoyed this clinical semester. This geriatric center has a 95% Spanish population and although there was a language barrier for me, I taught myself a few basic Spanish words and phrases to get an idea about what my mentor was asking these patients during their routine physical assessment. I had an excellent mentor in Ms. Hernandez, the head nurse of the center, and after shadowing her during my rotation, I am considering a shift in my career and one day experience being a Community Health Nurse and help serve the community.

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

Professionalism and having self-respect and respect for others is an important aspect no matter what career you may pursue. Maintaining client confidentiality is of utmost importance. On our first day of clinical, we went over the policies and procedures of Woodhull Hospital. It is expected of us as professional nurses to maintain client confidentiality and practice HIPAA protocol whether we are in a hospital or out in the community serving these clients. The only time I spoke about my experiences with clients I encountered was when I was writing my community blog or when I had a question for my clinical instructor Professor Loetterle. Upon entering this course I knew I had to assume responsibility for my own learning as well as prepare for clinical learning. Our lecture professor, Dr. Egues, always made sure we understood how

each chapter we were responsible for correlated with what we would see in the community setting. I always completed assignments within the required designated time frame and sought guidance appropriately when I needed help or had any inquiries. I attended clinicals punctually every Wednesday on the dates we were expected to meet from 8:30 a.m. to 12:40 p.m. at the Geriatric Wellness Center and dressed professionally in business casual attire.

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

I shadowed my mentor, Ms. Hernandez, and observed her conduct client interviews. Through these client interviews I was able to meet clients with diagnoses that consisted of elevated blood pressure, diabetes, asthma, congestive heart failure, kidney stones, dementia and Alzheimer's disease. Ms. Hernandez showed me the process of accessing and inputting the clients' data into the electronic medical records after their routine physical assessments or re-assessments. The impact of developmental, emotional, cultural, religious and spiritual influences on the client's health status definitely had an influence on how these clients presented themselves. Elderly clients aged 65 and older visited this clinic and signs of weaknesses, feebleness can be seen and some with some positive energy. With 95% of the clients consisting of the Spanish speaking culture, I saw how it played a major influence on diet that led to certain diagnoses such as diabetes and hypertension. Emotionally, some clients maintained their independence and were capable of caring for themselves, while others required assistance from family members or a caretaker. With regards to religion and spiritual influences, we didn't really touch on that during the client interview. After a couple of clinical meetings, I was comfortable completing a physical assessment myself of clients that were bilingual with my mentor's permission. I was able to ask them why they were there at the clinic and if they were in pain or if

anything bothered them. I helped the patient care assistants take the client's blood pressure, pulse oximeter reading and oral temperature and asked some of these clients a few questions about their overall health and mental status. There were a couple of clients who had alarmingly high glucose levels and high blood pressures and I alerted my mentor about it and we informed the attending doctor of these findings. I shared some knowledge to the clients on how to manage their diabetes by making moderate changes to their diets, incorporating physical activity into their daily routine, making sure they take their medications and to consult their primary care physician as needed. With regards to hypertension, after seeing how high their blood pressure readings were, I told these clients to reduce their salt intake, take their medications regularly, and consult their physician. Although I did client interviews, physical assessments and vital signs, I did not administer any medications or other treatments to these clients. With regards to personal safety while working in the geriatric wellness center, I had my flu vaccine prior to starting my clinical experience, always practiced proper hand hygiene while dealing with each client, and familiarized myself with my environment.

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.

Effective communication technique is a key quality of the nurse. In order to effectively communicate with the diverse groups in the community, I made sure to build a rapport with the clients I encountered by introducing myself and telling them I was a nursing student from the New York City College of Technology. My mentor would translate for me the conversation she was having with the clients. I maintained constant communication with my instructor, my clinical peers, and the health care team whenever I had questions or if something stood out of the ordinary such as the alarming high blood pressure readings and the high blood glucose values I

encountered. Furthermore, since I am dealing with elderly clients, I don't use medical jargon that they may not comprehend but rather explain everything in non-technical terms. While I was unable to document assessments, I did report assessments and nursing interventions appropriately to my mentor, Ms. Hernandez, and to Professor Loetterle as well.

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

I have one upcoming presentation about diabetes that we will be presenting to our elderly clients along with three other clinical peers. We have developed and implemented a teaching plan for these elderly clients in the community setting as diabetes is seen most prevalent in this community. Our findings are based on evidence-based practice from the research we have gathered and showing how it all correlates to one another. Our presentation will be short, easy to understand, and conveyed with pictures and information we have gathered from the American Diabetes Association website that specifically caters to these elderly clients. Each one of us will have four different poster boards focusing on four main objectives. We will conduct a pretest and posttest questionnaire consisting of four questions in a yes or no format.

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

I was not able to utilize the principles of nursing informatics in the Geriatric Wellness Center. Although I was allowed to see client information and diagnoses, I could not input or alter information. I maintained strict confidentiality of client records and did not disclose any information to anyone except to my mentor, clinical instructor and my clinical peers.

Objective 6: Demonstrate a commitment to professional development.

Diabetes was the most prevalent diagnosis in the Geriatric Center, so I familiarized myself with this disease by reading journals, articles and attending the American Diabetes Association Health Fair to gather more information and knowledge. I utilized the websites diabetes.org, consultant360.com, webmd.com, to enhance my knowledge. After observing how my mentor does her assessment and client interviews, and how the patient care assistants take vital signs, I took it upon myself, with the permission and guidance of my mentor, to help with the gathering of vital signs and did my own interviewing, assessment and teaching of some clients. With each client interaction, I always self-evaluated before the termination process to see if the information I have given them would be of benefit to them.

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

As a registered nurse and nursing student, I took a vow to put into practice the American Nurses Association Standards into my clinical practice. As nurses, we live by this code and vowed to honor it by assuming responsibility for the decisions we make each and everyday. We are advocates for our clients, and we need to protect and represent them. Before we each went to our assigned clinical units/sites, we as a clinical group went over Woodhull Hospital's standards of practice. I followed and kept in mind the rules I was given and most importantly I acted in a professional manner when representing my college, the New York City College of Technology Baccalaureate Nursing program. Upon reading and being mindful of these standards and policies, I was aware I would be accountable for my own actions in the clinical area. I presented myself in a professional manner by always being punctual, dressed appropriately and gave the utmost respect to everyone in the clinic. I was aware about Woodhull Hospital's Geriatric Wellness Center's mission and vision statements in order to provide the best possible care to these clients.

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

I have been alongside my mentor, Ms. Hernandez, during this clinical experience. Along with conducting client interviews and performing physical assessments, I helped the patient care assistants take vital signs as well. There were certain occasions where clients would have elevated blood pressures, so I would alert Ms. Hernandez and she would let me take the blood pressure manually to see if I would get the same high reading and from there we would alert the attending physician. I based client-needs and therapeutic interventions depending on the clients I have encountered. So far I have dealt with a lot of diabetic clients as well as those with hypertension. I have taught these clients to maintain a healthy diet, to eat certain foods in moderation, to take their medications, to add physical activity to their daily routine, get routine check-ups, and to talk with their physician as needed. These elderly clients know that if they were having any other problems such as financial concerns, a social worker and lawyer are always available in the Geriatric Center to assist them with these matters. They can also easily access or go to a specific unit such as the Emergency Room or Internal Medicine, etc., since the Geriatric Wellness Center is located in the Woodhull Hospital facility itself.

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

I feel that there are no gaps in the care system of the Geriatric Wellness Center of the Woodhull Medical and Mental Health Center. I feel these elderly clients are well provided by having these nurses, patient care assistants, social worker, lawyer and physician to help them in the clinic. If there happens to be a language barrier, there are translation services available over the phone. Sometimes though I feel that these elderly clients, a majority of whom I've seen live

alone, need home attendants to help them with certain personal care or household chores to go about their day. As a change agent in advocating appropriate health resources for clients and families, I implored clients to keep up with their doctor appointments so we can provide the best possible care for them. I feel that elderly clients have the notion that since they are old, they don't need to keep going to the doctor, but little do they know it is the most critical age that needs to be seen and cared for.

Overall, my outlook about Community Health Nursing has changed especially after having clinical exposure in the Geriatric Wellness Center. My respect for this nursing specialty has grown to the highest regard. Community Health Nurses not only deal with individual clients but they deal with the families and the community as a whole to make the community a better place. To see these clients at this age range certainly changed my perspective – you gain knowledge through wisdom and they are open to learning to change their lifestyle, and this community is very deserving, open to opinions and is very positive.