My Self-Reflection

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This is my narrative self-reflection. This report serves as an evaluation of myself in my performance and my progression through my clinical experience at the ‘Our Lady of Refuge Church.

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

This semester my clinical experience took place at the, ‘Our Lady of Refuge Church’, located at 2020 Foster Ave, Brooklyn, NY 11210. During this clinical I participated in blood pressure and BMI (body mass index) screening for the volunteers and community members of this church. In addition my classmates and I assisted the volunteers with the distribution of food to community members.

During this clinical experience I always conducted myself in a professional manner, which served as both a reflection of myself as a professional but also as a nursing student of New York City College of Technology. I maintained patient confidentiality by not discussing client information with anyone not directly involved in services being rendered to the client. I took an active role in my learning by speaking with clients from various backgrounds to gain insight about the members of this community and their various health related issues. I prepared for clinical learning by self-reflecting, which allowed me to be a better student with each clinical experience. My assignments were completed within designated times frames and I sought guidance from peers and professors. I took an active role in clinical conferences by engaging in group discussions and by asking questions about clinical related topics. Each clinical morning I was punctual, prepared and dressed professionally.

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

 I conducted client interviews to ascertain pertinent client information and gain insight about the individual. The interviews also allowed me to better understand how various factors may be related to the client current health status such as chronic hypertension and noncompliance with medication regimen. During my client assessment I was able to obtain data such as client blood pressure and BMI measurements. I was also able to obtain information such as client past medical history and medications. Clients that presented with blood pressure readings that were extreme outside of normal ranges an appropriate assessment was conducted to determine if there were any acute events that may need further referral. These clients were referred to a local clinic for care. Each client was provided with a booklet where blood pressure readings could be recorded and monitored to identify trends. Clients with readings outside of normal ranges were educated on the importance of compliance with blood pressure medications and following up with a primary care physician. We obtained the phone numbers of clients so that a follow-up phone call could be made by a representative of the health care team.

**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.

The members of this community setting represented people of various backgrounds. Members of this church spoke languages such as Russian, Spanish and Creole. I communicated with clients at their level of understanding and also utilized some of the members of my clinical group for translation. Family members also assisted in ascertaining pertinent client information. My classmates and I worked together during our various interactions with the clients. We often worked in pairs during our client assessment and screening. Significant data such as severe hypertension was reported to my clinical instructor and health care team. These findings were also documented for follow-up. Each and every client was always treated and communicated with in a respectful manner, while making appropriate client recommendations to improve their health.

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

The volunteers of the church provided us with a designated area in which we could conduct blood pressure and BMI screening. We provided services in small groups, usually up to 3-4 clients at a time. After obtaining client information, screenings were provided. Client education was provided based on client assessment and data obtained. Any barriers to implementing teaching plan were identified. Clients who presented with hypertension, were assessed for lifestyle factors affecting hypertension and compliance with medication regimen. Teaching was provided on importance of healthy diet, exercise and medication compliance in treating hypertension. Clients often showed willingness to improve health status. After each interaction clients identified how they will improve hypertension management. On subsequent clinical meetings client’s progress in hypertension management was assessed.

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

Client blood pressures were obtained using electronic blood pressure monitors. Height measurements were obtained and a standing scale was used to get weight measurements for BMI calculations. All client information was obtained and recorded on designated participant log sheets, provided by NYU Lutheran health system. Client information was discussed only among clinical personnel. Clients were issued booklets where blood pressure readings could be recorded and compared with future readings.

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

I utilized my course textbook, Community Health Nursing and other nursing literature as a resource in guiding and planning care for clients in this community setting. As a patient care provider I understand the importance of continued education in my professional development and in providing the best quality care to my patients. This clinical experience has provided me with a unique opportunity to interact with clients in a community setting which has both inspired and humbled me. Although there are challenges in practicing independently as a community health nurse, these challenges will serve as positive experiences that allow us to grow and become better health care professionals. I am committed to adjusting to the challenges of independent practice in community health nursing.

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

American Nurses Association standards were utilized during client interactions through client education in promoting health and preventing illness. During my clinical experience at the ‘Our Lady of Refuge Church’ I conducted myself as a professional representing the nursing profession. Client assessment and education was limited to my scope of practice as a registered nurse. The ‘Our Lady of Refuge Church’ provides various services to the community despite ones religious association. As a guest at this place of worship, each and every client was treated with courtesy and respect.

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

My classmates and I worked together in providing our services to the members of this community. I utilized classmates for translations when language presented as a barrier to communication with clients. I collaborated with my classmates in ways in which we could educate our clients and provide appropriate recommendations. Client-care was based on the needs of each individual. Based on information gathered during client assessment, clients were educated on lifestyle changes to improve current health status. Clients were provided with brochures that contained information on health care facilities where they can receive services. I encouraged clients to follow-up with care providers in addressing health-related issues.

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

During my clinical experience in this community setting, I found that many clients presented with knowledge deficit relating to managing chronic conditions such as hypertension. Some clients presented with issues such as noncompliance with medication regimen, lack of blood pressure monitoring and poor health management. In other cases clients lacked resources in managing their health conditions. These client issues serve as barriers to positive health outcomes. As nurses we are committed to health promotion and wellbeing, we must continue to educate the community on the importance of taking an active role in their health management. Also I think it’s important to provide clients with information on where they can receive health care services. We may not be with our clients 24/7 but at least if we provide them with appropriate healthcare resources they can obtain needed services for various health needs.

This clinical experience allowed me to interact with clients in a community setting. I also had the chance to experience the role of the community health nurse in taking an active role in public education. My experience was inspiring and also allowed me to view nursing from a different perspective.