Narrative Self-Reflection for Service Learning Project

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**Introduction**

The clinical component of the Community Health Nursing course at New York City College of Technology requires that objectives are met as per the Clinical Evaluation Tool. This narrative piece is a self-reflection of the fulfillment of those objectives. The clinical experience directly correlates to the didactical setting. Reading about, and discussing reflection on the provision of client care isn’t enough. To improve care, you must be able to refer to your clinical experience, take time to reflect, gather other opinions on the matter, then return to the site to effectively utilize your newly acquired skill. Personal growth can only occur if you take the skills discussed within a didactic setting and apply them during clinical. Many times, textbooks can inform you of how you should perform overall, but real life scenarios vary and require critical thinking skills that develop with practice. Reflecting on personal shortcomings and using those opportunities for betterment allow for maturation. A positive attitude toward learning, being a team player, and acting as a leader can set the stage for achievement.

**Objectives**

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

The Stein Senior Center was the clinical site for the semester. Professionalism was demonstrated through my personal behaviors and appearance. All information discussed with clients was kept confidential from any uninvolved parties. When in doubt, I prepared and assumed responsibility for my own learning. If I was uncertain of information acquired, I sought guidance from my clinical instructor, fellow RNs, and the staff and members of the center. All assignments were submitted on time and I actively participated in all clinical conferences. I never arrived late to a clinical and the one time I was absent, I made myself available for communication via email and texting throughout the day. My attire was presented as specified by the clinical instructor.

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

The client interview was key to collecting information, as there was a lack of easily accessible medical records. In order to educate clients and gain their trust, I acted in a non-judgmental fashion and accepted cultural, religious, spiritual, emotional, and developmental influences. Some of the clients had self-care needs that required collecting specific data and performing physical assessment. For example, when a client’s blood pressure reading was elevated, data was collected regarding their knowledge of being hypertensive in the past, medication taken, diet, exercise, and potential follow up with a healthcare provider. Clients were assessed for objective and subjective warning signs related to hypertension such as facial flushing, headache, blurry vision, and dizziness. Based on the analysis of data, care was appropriately prioritized and interventions were made in a timely basis. During exercise, some of the clients appeared to be unsteady. I implemented safety by advising/helping them to hold on to their chairs or sit. The outcome was evaluated by clients being free of falls.

**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 is essential when dealing with diverse members of any community. When speaking with a client who was recently injured, I used therapeutic communication skills by sitting down and spending time with him, offering my undivided attention. There are several channels of communication. I used whichever were appropriate based on each client or family member. Formal communication was used in the form of collecting pre and post-tests related to in-house projects. Unofficial communication channels were used when dancing with clients. They understood that I enjoyed being there and sharing my time with them. My communication with the instructor, peers, and the health care team was clear and effective. All significant data such as client compliments, complaints, and project progression was shared with the appropriate parties. Documentation of assessments and nursing interventions were accurately reported.

As a registered nurse, I have the desire to “fix” everyone. For clients who appeared reluctant to have their blood pressure read, I adapted communication skills to the needs of the client. These clients lacked trust in healthcare personnel and hospitals due to fear of the unknown. After explaining to them that if a blood pressure reading was very high, a visit to the hospital wouldn’t be forced, but strongly advised, I allowed them to make their own decision. It’s difficult to develop trust in someone if they’re applying too much pressure. Some clients just needed time to develop a relationship before establishing a desire to monitor their health status.

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

I assisted with the development and implementation of teaching plans for the adults in this community setting. Per evidence based practice, an environment conducive to learning is one that is safe and accessible. The Stein Senior Center lunch room has chairs and tables for the comfort of its members. The elevator and wide columns offer ease for those who utilize devices for mobility. To accommodate for visual deficits, we used a large screen television for displays and handouts were dispensed in large print. For those with auditory deficits, we spoke clearly into the microphone. I also walked around the back portion of the lunch room repeating information that may not have heard and requesting that side conversations be held to a minimum. Client outcomes were evaluated using a pre and post-test comparison.

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

Principles of nursing informatics were used in the clinical setting. The teaching topics and subcategories were selected not only by asking the clients themselves, but by performing research to determine which subjects were of most importance to this community in particular. Client confidentiality was maintained. For example, when blood pressure readings were being documented, the client’s name was on the opposite side of the paper, so other members wouldn’t recognize whose reading belonged to whom. The paperwork was never left unattended, and was directly submitted to the staff once fully compiled.

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

In planning care for clients in the community setting, current literature was used. As a registered nurse practicing in the community, I have assumed responsibility for lifelong learning. This commitment was one of the reasons why becoming an RN was an obvious choice. I find learning enjoyable and there is always something new to learn in this career. One way to determine which aspects of care need to be better understood, is through self-evaluation. Challenges in the community require adjustment and committing to doing so. I am convinced my passion will allow me to adjust flexibly.

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

American Nurses Association Standards of Practice were used when I used the nursing process, in conjunction with effective communication, leadership, and evidence-based practice. In order to comply with the agency’s standards of practice, I learned about their mission and goals. The Stein Senior Center has a mission to safeguard the health and wellness of its members, and to cultivate friendly relations among its members and the public. Through teaching, communicating, and spending time with the members, and making partnerships with community organizations, I shared their mission. Being accountable for my actions has also been a part of my integrity as a nurse. For example, the clinical section is scheduled for specific hours. One day, I had promised a member to take her blood pressure after I had finished serving food. Although I had already stayed late, as promised, I returned to the woman and obtained a blood pressure reading.

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

During the weeks spent at the Stein Center, we rotated tasks. Some took blood pressure readings, some served lunch, some of us spent time working on data collection for teaching projects, some made partnerships and canvassed throughout the community, and others joined the exercise classes. I collaborated with other members of the team by working together to decide on who would address which problems. Client care was coordinated based on their needs and interventions. Many clients wanted the gifts we were offering, but they would only be allowed to receive them if they actively participated in our presentations. This way, we can effectively guide them to make appropriate choices. Representatives from Walgreens were present for one of our projects. I advised clients to speak with them to make connections in their community, and identify them as resources.

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

Several forces effect the delivery of health care services. When thinking of Gramercy Park, you think its residents are well-off. The reality however, is that the elderly population is struggling economically and without resources, they are not actively seeking health care services. Some seniors may have Medicare without pharmaceutical coverage, or their deductibles are so high, that they would rather not use their insurance at all. One solution for these gaps in the care system is to offer free insurance coordination services. The members of the community may need assistance understanding insurance policy and supplemental funding opportunities. As a change agent, I have acquired an understanding for insurance policies to advocate for appropriate health care resources.

**Summary**

The objective of this clinical setting was to ensure that teaching and understanding of client issues ensued by preventing harm, supporting health and wellness, and addressing a community of senior members that could have otherwise been considered forgotten. The clinical objectives of the Community Health Nursing course were met as per the Clinical Evaluation Tool. This narrative piece reflected on fulfillment of those objectives. The clinical experience directly correlated to the didactical learning setting. A positive attitude toward learning, being a team player, and acting as a leader has set the stage for my personal achievement.