Self-Reflection

 Community health nursing

 NUR 4010 section HD13

Part of my community health nursing class course, was a clinical component that I had the opportunity to do at 2054 4th avenue senior center in Sunset Park. When the clients were first introduced to us, they had some reservation towards us. But over the few months we spent with them, they got to know us and become comfortable around us. They then approached us with questions and concerns. Part of the course requirement was to write a reflection about our experience at the center, the following is my self-reflection.

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

I made sure I always dressed professionally when I went to the center, and I gave my appearance priority because being well kept reflected on my profession and my school. Also, when at the center we always checked in with the director of the center before going to the client. We got the latest development from her along with any concerns. I always made sure I had all the information about the clients I would be seeing. All the paper work was kept at the center after we were done. Confidentiality was our priority. When speaking with a client I made sure I kept us distant from the others, so what was being said was kept between me and the concerned party. Pre and post conferences were held in a separate place to keep all information confidential.

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

My clinical site was a senior center and not a healthcare facility. Therefore, information about the clients were strictly verbal meaning that whatever the clients decided to share with me and my classmate was not written but spoken. Most of the clients had question about medication, blood pressure reading, and what is a good range. I and my colleagues responded to them accordingly while taking in consideration the cultural beliefs and personal preferences. We used our critical thinking to approach a situation with a client if the reading was abnormally high or low.

We made sure all our reading was done properly after the client’s were sitting calmly and comfortably. Part of my conversations with the clients included medication concerns such as when and how to take them. I was given the opportunity to discuss with my clients the importance of seeking further medical attention when their concerns where legitimate.

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 clients that I had interactions with mostly spoke Spanish. Very few spoke English, therefore my communication skills need to be adjusted to accommodate the needs of those clients. I used my knowledge of the culture and the language as well as gestures when appropriate. I made sure I kept eye contact with the clients when addressing them. I kept the communication basic and used very easy word with yes and no question as much as possible.

At the center my colleagues and I gave several health presentations with the help of an interpreter. We made sure she was aware of the plan before hand and gave her the date and time of the presentation. We also chose the time of the day where most of the clients were there so many people would benefit from the presentations. The presentation was kept short and to the point to for the participants to absorb as much information possible.

The other part of my communication skills were with my instructors and classmates. I had several face to face communications with the instructor to address any ambiguity or concerns. I had to communicate with my colleagues regarding our presentations and to exchange information. We texted, emailed, and got together after clinical to discuss any issues and plan for the next class.

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

Part of our clinical component was to teach our client’s some of the health issues that are most concerning to them. As part of the team I helped prepare for those presentations. The projects we addressed were stress, nutrition, and diabetes. For each project we planned and divided the work among us. Each and every member of the group was responsible for part of the project. I did my research through the computer and used my experience pared with evidence as practice I learned over the years at my job and was proved to give the best results.

Our clients were elderly on a fixed income so our teaching took that into consideration, especially with the nutrition topic. We choose the time of the day where most the people were present in order to reach most of the clients and to also keep the presentation short and to the point. We gave the most important information instead of saturating them with information they will not remember. We made sure the interpreter was there during each presentation. I spoke loud and clear, and used gestures at times when needed. We gave time to the clients to absorb the information and gave time for questions as well. The setting was done for the clients to site around us and in the middle we had the table where the board was visible for everyone. The pictures were on the board and also we had some going around to emphasis the point. Part of our plan was to leave time at the end of the presentation for open questions, and for each member to take turns either asking or answering questions.

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

Due to the setting I was in, there was no computer or chart involved. The only written information was in the client pressure booklet that the center kept by the end of the day. Those were taken from the office in the morning and only handled by us. They were never left unattended and were back in the office when we left. All conversations between me and my clients were confidential.

Objective 6: Demonstrate a commitment to professional development

Our presentations were chosen in regard to the community we were in. My colleges and I first researched the community and their needs. We also asked questions at the center about what the clients concerns were. We discussed those needs among us and came up with the different topics we presented. We as a group were committed to serve that particular community the best we could. For that we had to be aware of the culture, background of the visitors to the center, and the constant changes that happened in the community. Also we used several reputable websites and some research that was done for the topics. We had a reflective section after each presentation to see if any changes or different approach was needed to better present to topic. My commitment to my profession is to finish my BSN and continue to learn and acquire skills needed both at work and in school. I feel that is my responsibility to further my knowledge and better my skills; to keep them up to better serve the clients and the community I represent. In general after each visit to the center I do a little reflection on the interaction I had with the clients and see what was done right and what needs to be worked on. This particular class opened my eye to a whole new idea of community nursing I never thought I would like. Now I am open and interested to the idea. I can see the big picture now and how my work in the community can reach far more people that I can do in a healthcare facility. It might be a big challenge, but the reward is even greater.

Objective 7: Incorporate professional nursing standards and accountability into practice

As a professional I always kept my interactions with the clients at the center as professional as possible. I also adhered to the standard of the ANA as well as the agency I was in. I always practiced within my scope and what the center permitted us to do. I rendered the care with compassion and kept my clients safe and gave them the option to refuse if they wanted to. I addressed their concerns without judging them or imposing my own believes. I kept my interaction free of prejudice and had an open mind all throughout the interaction. I gave the best care I could offer and held myself to the highest standard.

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

To better serve our clients in that particular community I and my team as well as the center had to keep the communication open and we exchanged information as needed. We also had constant feedback from the center and our clinical instructor. We discussed the client’s problems and what was needed to be done. If any client had any questions we always referred to our team members and discussed the matter between us before giving the answer. Due to the limited resources in that particular setting we always referred the clients to their primary care physician. If there were any issues the physician would follow up on them along with some useful information or what to do.

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

Just being in this community for a few months, I can already see the big gap and understand that the community is under served. The center is a good place for these senior and is giving them a place to gather and socialized. However, the resources are limited. For one the language barrier prevents the seniors from communicating their needs and the lack of knowledge leaves them with very limited information about their rights. Scavenging the community, I can see there is a lack of green area for leisure time. The community is known to have low income, and money is an issue for most of the residents. This community in particular needs a lot of free programs to help them lead or at least put them on the right path to a healthy life style. My time spent in this community was very rewarding. My team and I had a small but positive role to play in those clients lives. By doing the B/P readings and teaching them healthy life style choices, I believe we impacted them positively. I know our presence is not permanent, but the community is in need of professionals that speaks the language, and have an insight in the community. Advocating for the community is one way to have their voices heard and to get the politicians involved with the pressing healthcare issues.

Summary:

This clinical experience left me surprised. It changed my views on community nursing. At the beginning the nurse’s role in the community was something abstract to me. I could not clearly see what needed to be done and how important it was it was. After the few months I spent in the community helping by getting the clients the services they needed, I now know how crucial it is to work within the community. I also learned how small my role was in the health care facility compared with the work I was doing in the community. This role is a whole different aspect of commitment and achievement as well as satisfaction. My job at the hospital gives me a small snap shot of my patient life and the help I provide is limited. However in a community like this one, there is so much to do and many important things to accomplish. The fight is here in the community. I realized that if we take care of the people in the community they will not need the healthcare facilities. Caring for this community is a pressing issue since they need a lot of teaching and resources. Because of this clinical I got to know about people in this community. They shared with me their concerns, fears, and the little pleasures in their lives. It really gave me satisfaction and pushed me to want to do more for those people. I cannot thank the school enough for the opportunity to be part of this wonderful experience.