ePortfolio

Marie Lluch

New York City College of Technology

This paper is about my personal experience at Cabrini Long Term Home Health Care Center and will serve as a self-reflection piece on how I have fulfilled, or not fulfilled, each of the nine clinical objectives, and their respective sub-objectives, as per provided in the Clinical Evaluation Tool. The objectives are as follows:

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

1. **Maintains client confidentiality**

Maintaining client confidentiality is one of the foundations of nursing, and is imperative in the clinical setting. How I’ve maintained client confidentiality all throughout the semester was by not discussing clients and cases outside of the clinical setting; not mentioning client names; and properly disposing of, as well as putting away, documents that contain client names and personal information so that others won’t get access to it.

1. **Assumes responsibility for own learning**

I assume responsibility for my own learning by not having to always rely on others, such as colleagues and professors/instructors, to gain information. For instance, when the professor/instructor mentions something I don’t know, I take full responsibility of having to learn what that is by looking up the information on the textbook or on the Internet. Moreover, since very little teaching actually takes place in the clinical setting, I assume responsibility for my own learning by asking questions and trying to familiarize myself with how the way things are run at my clinical site. For example, when the supervisor asks me to transcribe care plans from paper to electronic software, I take initiative and learn for myself how to do so without having to rely so much on others to walk me through the process.

1. **Prepares for clinical learning**

Apart from coming to clinicals with an open-mind, prepared and on time, with a pen, notebook, and ID, there is very little teaching at the clinical site. As such, there is relatively no preparation for clinical learning expected prior to a clinical class.

1. **Completes assignments within designated time frame**

Although I am assigned work at clinicals—all of which I punctiliously complete within the designated time frame (sometimes less)—there aren’t any assignments that are assigned to be done and due for the next clinical meeting. With regards to the assignment given during the clinical period (i.e. filing, making marketing phone calls, etc.), those are completed within the time allotted—usually within 1 ½-2 hrs, sometimes less.

1. **Seeks guidance appropriately**

Seeking guidance appropriately was achieved as a sub-objective. While guidance was only sought if absolutely necessary, if there was a task assigned by the supervisor at the clinical site that warranted a few questions, it was sought through asking these questions—may it be with regards to the work or the instructions given—in a respectful and appropriate manner without disrupting the supervisor with her work.

1. **Participates actively in clinical conferences**

Clinical conferences, held once every few weeks when the professor/instructor visited the clinical site, were actively participated in. These clinical conferences entailed discussing with the professor and colleagues what was done and achieved in the clinical site.

1. **Attends clinical punctually and in accordance with school policy**

With the exception of one absence due to illness, clinical was attended punctually, and in accordance to school policy. Each clinical class was attended on time, and was only left once dismissed by the supervisor.

1. **Dresses professionally**

This sub-objective was met by wearing an appropriate and professional attire of white collared long-sleeved shirts, black pants/skirt, and closed shoes, with the hair neatly pulled back away from the face in a ponytail.

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

1. **Uses client interview, nursing and medical records, staff nurses and other health professionals to collect client information**

The sub-objective for this criteria was not wholly met. Although client information was readily available via nursing and medical records, use of personal client interview, staff nurses and other health professionals to collect client information was not met, nor was it applicable to the clinical experience at this particular site, as

1. **Assesses the impact of developmental, emotional, cultural, religious, and spiritual influences on the client’s health status**

This sub-objective was not met as there was no direct contact with clients, nor were they observed in their home setting or at this clinical site. Thus assessment of the impact of any of their developmental, emotional, cultural, religious, and spiritual influences on their health status was not feasible.

1. **Collects significant data relevant to client’s self-care needs**

Although there were no clients present at this specific clinical site, significant data relevant to client’s self-care needs were collected as they were easily made available through interviewing staff, and examining and reviewing the client’s chart in great detail.

1. **Completes a physical assessment of selected clients**

This sub-objective was not applicable, nor met. Again, since there were no clients to provide care for at the clinical site, selecting clients to complete a physical assessment on them was not possible.

1. **Prioritizes care based on analysis of data**

Direct care of clients was not an activity at this clinical site, thus the sub-objective of prioritizing their care based on analysis of data was not applicable, nor was it met.

1. **Applies priority-setting in planning nursing interventions**

No priority-setting in planning nursing interventions were required in this clinical rotation. This sub-objective was not met.

1. **Implements safe, appropriate nursing interventions in a timely manner**

Nursing interventions were not required in the clinical setting, so implementing safe,

appropriate nursing interventions in a timely manner was not met.

1. **Administers medications and treatments safely**

This sub-objective was not met as administering medications and treatments were not part of the clinical setting’s activities.

1. **Evaluates the outcomes of nursing care**

Nursing care was not performed at the clinical site, so evaluating the outcomes thereof was not possible. This sub-objective was not met.

1. **Is reflective about practice. Modify client care as indicated by evaluation of client outcomes**

Despite direct client care not being part of clinicals at this specific clinical site, this sub-objective was met through the Blog posts required in class, wherein we were allowed to reflect on our practice and experiences at the clinical site. Through these blog posts I was able to examine and evaluate the ways (indirect) client care could be modified and improved upon through evaluating some of the client outcomes perceived at the site.

1. **Utilizes principles of personal safety when working in the community setting**

Utilizing principles of personal safety when working in the community setting was achieved by being aware and attentive of the community and surroundings at which the clinical site was located in. Ensuring I carried my student ID with me at all times, and being mindful of the environment was also another way this sub-objective was met.

**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.**

1. **Utilizes therapeutic communication skills with individuals and families in the community setting**

This sub-objective was not met. Communication and interaction with clients and families was not possible at this clinical site.

1. **Utilizes appropriate channels of communication**

Utilizing appropriate channels of communications was achieved. As the sender of the information, I ensured that the message sent to the receiver, which in this case were colleagues, staff, or vendors (who provided care services to the facility/clinical site) I spoke with over the phone, clearly understood and provided appropriate feedback. For instance, while marketing the services that my assigned clinical facility offered over the phone, I ensured that the physicians (receiver) I was marketing to understood all the information I provided, and also gave back feedback as to whether they understood it.

1. **Communicates clearly and effectively with instructor, peers and the health care system**

Communicating clearly and effectively with instructor, peers and the health care system was a sub-objective easily met. Myself, the instructor, peers and the health care system were kind, respectful, and easy to talk to, allowing for a harmonious working environment.

1. **Communicates significant data to instructor and the health care team**

Communicating significant data to instructor and the health care team was also met. Whether it was doing tasks such as reviewing clients’ charts, marketing to physicians over the phone, reviewing and processing patient information on the computer, or just asking for more information or help, significant data was communicated to the instructor and the health care team.

1. **Adapts communication skills to the developmental needs of the client**

Although communicating with clients and adapting communication skills relevant to the developmental needs of the client were not met, communication skills were nevertheless developed and adapted while communicating with staff administrators, colleagues/peers, and my instructor.

1. **Reports and documents assessments and nursing interventions accurately**

Assessment and nursing interventions were not performed on clients directly, however, data on these were documented and processed accurately through the system software used at the site called OASIS.

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

1. **Develops and implements a teaching plan for an adult and/or family in the community setting**

Since direct client care and interaction was not part of my clinical rotation at my clinical site, this sub-objective was not met.

1. **Establish environment conducive to learning**

Establishing an environment conducive to learning for clients and family members was not met, as interaction with them was not possible at the clinical site.

1. **Evaluates client/family learning outcomes**

This sub-objective was not met, since client/family teaching was not done at the

clinical site.

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

1. **Utilize principles of nursing informatics in the clinical area**

Utilizing principles of nursing informatics in the clinical area was met when clients’ files, information and plan of care were transcribed and updated onto the OASIS software system that the clinical facility used.

1. **Maintain strict confidentiality with client records**

Strict confidentiality with client records was maintained through the use of the aforementioned OASIS software system, which enabled client records to be stored away safely onto the computer, accessed only via a password. Moreover, strict adherence to the laws and regulations of HIPAA (Health Insurance Portability and Accountability Act) helped me maintain confidentiality with all things related to client records.

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

1. **Use appropriate current literature in planning care for clients in the community setting**

Use of appropriate current literature in planning care for clients in the community setting was not achieved, as it would entail actual direct care for clients, which as mentioned, was not performed at the clinical site.

1. **Assumes responsibility for lifelong learning**

Assuming responsibility for lifelong learning was met when I took what knowledge, experience and information I gained from my time at the clinical site, as well as that in the classroom/theory part so that I could incorporate all that I’ve learned in both areas into practice, which will undoubtedly be useful to my profession in the long run.

1. **Engages in self-evaluation**

This sub-objective was met through constant self-evaluation throughout the semester. For instance, after each clinical class, sometimes in collaboration with my instructor, I would evaluate whether all the tasks that I had been assigned to do were completed thoroughly and efficiently, and in a timely manner, which would not warrant assistance from colleagues/peers, and the staff administrators.

1. **Is committed to adjusting to the challenges of independent practice in community health nursing**

While nursing often involves having to collaborate and work alongside others, I was well aware that working independently was one of the aspects that community health nursing entailed, and this was easily achieved through taking sole initiative of the tasks assigned, without having to constantly rely on guidance from my instructor, colleagues, and staff administrators.

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

1. **Utilizes the American Nurses Association Standards in clinical practice**

The American Nurses Association Standards was utilized in clinical practice through the adherence of its necessary standards, practices, and guidelines, being knowledgeable of, and staying within, the nursing scope of practice. This sub-objective was also met by complying with the nursing Code of Ethics. For example, when reviewing client documents and charts, they were done so with the issues of confidentiality, and ethics in mind.

1. **Complies with agency standards of practice**

The agency standards of practice were complied with. The director of Cabrini Long Term Home Health Care Center had briefed myself, and my colleagues on all the rules and regulations of her facility, and what our roles at the facility entailed. All these were complied with and adhered to.

1. **Is accountable for actions in the clinical area**

Accountability for actions in the clinical area was achieved through knowledge and practice of liability and responsibility of all actions. For instance, whenever assigned the task of calling up vendors to double-check on the facility’s contracts, I took full responsibility and initiative for relaying the appropriate information that was expected of me, and made sure that all the necessary materials were provided, if requested by the vendors.

1. **Is aware of the assigned agency’s mission**

Cabrini Long Term Home Health Care Center’s mission statement was briefly introduced at the very beginning of the semester. As per stated on the facility’s website, Cabrini’s mission is to advance St. Francis Xavier Cabrini’s mission and legacy of healing, teaching and caring, through the establishment of the various institutions and programs that would provide care to immigrants, children, women, and the elderly, throughout New York, and the United States.

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

1. **Collaborates effectively with health care team to address client problems**

Client problems were addressed in collaboration with a health care team, that consisted of the social worker and the supervisor. While direct care of clients was not readily available at the clinical site, I collaborated effectively with the health care team in terms of reviewing problems found in clients’ charts and documentation. Collaborating with the health care team allowed for a more efficient and systematic approach to documentation, and it also greatly added to my personal learning experience.

1. **Coordinates client-care based on client needs and therapeutic interventions**

This sub-objective was not met. No client-care was coordinated, whether based on client needs and therapeutic interventions, or otherwise.

1. **Identifies health care resources for client/families**

This sub-objective was not met, as direct interaction with client/families was not possible at this clinical site.

1. **Guides clients/families to make appropriate lifestyle and treatment choices**

Since direct care of patients was not available at this site, client education/patient teaching was not possible. Consequently, this sub-objective of guiding clients/families to make appropriate lifestyle and treatment choices was not met.

1. **Assist clients to make connections to other community agencies**

Assisting clients to make connections to other community agencies was another sub-objective that was not achieved due to the lack of patient interaction.

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

1. **Recognize gaps in care system**

Gaps in the care system were obvious, and thus easily recognized. Early on in the semester when we were given the task of recruiting clients to the long-term home health program, we were made aware of the criteria that clients had to qualify for. One of which was strictly living in a home environment that can safely support the client’s care. For instance, if the nurse and other members of the Cabrini health care team did not feel safe or deem the client’s home environment fit, regardless of the need for services, the client would not qualify for Cabrini’s Long Term Home Health Care Program. Again, this is regardless of the need and the other criteria that the client may actually qualify for. While Cabrini’s program was lacking clients in the Manhattan borough, despite the number of people that could use the services the program provides, they could not avail them because of their inability to qualify for it.

1. **Begin to identify solutions to complex problems in the clinical area**

The sub-objective of identifying solutions to complex problems in the clinical area was achieved. With one such problem unique to clinical site—lack of clients on the Manhattan borough—the solution of having to recruit clients through marketing to physicians and providing them with the information necessary (e.g. services offered, qualifications criteria, etc.), was established and carried out.

1. **Acts as change agent in advocating to appropriate health care resources for client/families**

Acting as a change agent in advocating to appropriate health care resources for client/families was not met, as determining what health care resources would be appropriate for clients/families was impossible, due to the lack of interaction and direct client care.

**Summary & Self-Reflection**

Much like most clinical experiences, the expectations that I had at the beginning of the semester for my Community Health Nursing clinical rotations were nowhere near what I actually experienced throughout the semester. For clinical, I had expected to be put into a community center, or be sent out into the field of home health care to provide direct care and education to clients of the assigned clinical site. However, what I experienced was something completely different, if not a little disappointing. While the staff and the supervisor/clinical director of Cabrini couldn’t be more kind, accommodating and hospitable, the lack of actual client/family interaction and direct care was what was disappointing. Nevertheless, this did not hinder my learning experience. Simply put, my peers got their feet wet into the world of client teaching and learning about the community and all the aspects that community health nursing entailed, while my experience was just more tailored to the “behind-the-scenes” action of community health nursing. Despite the limited necessity for me to exercise my nursing role as a clinician and educator, I was nevertheless able to apply the knowledge gained from the didactic setting into the clinical setting, by exercising my five other nursing roles as a leader, researcher, advocate, manager and collaborator. But out of all these, collaborating was most essential in my clinical site.

My clinical rotation was at Cabrini Long Term Home Health Center. To briefly elaborate, Cabrini’s Long Term Home Health Program provides a variety of home services aside from nursing such as, home health aides, housekeeping, physical therapy, occupational therapy, laboratory testing, medical transportation, telehealth monitoring, just to name a few. These services are tailored based on the individualized plan of care coordinated by a Cabrini nurse who will then monitor the care plan on an ongoing basis. It is also important to note that this plan of care will be under the direction of the client’s physician/primary care provider.

Being assigned to the Cabrini Long Term Home Health Care Program opened my eyes to a whole new world of nursing that did not entail direct involvement with patient care and interaction. Usually, when the word “nurse” is mentioned, the idea of someone dressed in scrubs, attending to patients at the bedside is the image that comes to mind. And admittedly, that is exactly how I envisioned my clinical rotation to be like, albeit without the scrubs, and mostly focusing on health teaching and screenings, as opposed to bedside care. Since this obviously was not the case with my experience at Cabrini, I was still able to adopt my knowledge from my community lecture class and put it into practice. For instance, in class we learned that community health nursing does not only focus on the health of an individual, but rather that of the overall community. As such, when practicing in the community health nursing setting, it is best to get yourself acquainted with your own community. This concept was essential and immensely helpful when collaborating with the staff administrators in recruiting clients from the Manhattan borough into the Long Term Home Health Care Program. In recruiting clients for the Long Term Home Health Care Program, I had to market to physicians the services the Cabrini provided. This task entailed getting to know exactly where our target areas were. This also involved familiarizing myself with the environment our potential client lived in, what his/her community was like, etc.

Similarly, in the didactic setting, I had to familiarize myself with my *own* community, in preparation for my required community assessment paper. I had to know not only the usual demographics, but also certain information such as how many places of worship there were in my community, what kind/religious affiliation they belonged to, where community centers were, how access to health care was, the number of clinics and hospitals, etc. This comprehensive community assessment paper was a great way to help me learn to look beyond the individual, and also take factors such as the community in which the individual belongs to, into consideration. While beyond marketing, this concept could not be applied into the other aspects of my clinical rotation, learning it the way I did in the didactic setting should enable me to put it into practice in my profession in the future.

Overall, my experience in the clinical setting was enlightening on so many levels. Learning to deal with unmet personal expectations, adjusting to working independently, as well as in collaboration with other staff and colleagues, and most importantly, learning to become an efficient community health nurse in the absence of actual interaction and direct care of clients was an immensely challenging experience, but from it I’ve emerged feeling more confident, efficient, and flexible. Taking initiative and being responsible for my own learning in my clinical rotation enabled me to grow both professionally and personally, in ways that I never thought of.