

Tyler Dobson: Week 3

Day 6 (1-24) – Today was relatively busy, although we had quite a few cancellations and no-shows. We had a lot of people in for dental appointments. For these patients, the interns are directed to ask dental screening questions. We ask for drug allergies, specific health history (osteoporosis, cancer, heart murmur), and medications such as blood thinners etc. These questions are important to avoid dental complications. We also had a number of routine visits, initial visits and TB tests. When I wasn't assisting in patient intake, I was editing and printing the diabetes handouts I had created. I made a lot of changes to the original handouts, such as with the word use and Spanish translations. The NPs emphasized the importance of putting everything in simple terms to make it easier for people of different education levels to understand and comprehend. I made two different handouts, each in English and Spanish. One handout was specifically for people who are pre-diabetic and the other handout is for those who already have a diabetes diagnosis. I put 10 of each handouts in each of the intake rooms to give to the patients with diabetes. Again, I believe knowledge is power, especially for people of low socioeconomic status and poor education. I also spent part of my day shredding old documents, faxing medical records and scanning patient medical documents into their chart, per usual. One of the NP's showed us the steps and tools used for pap smears, which was really interesting. I really enjoy working collaboratively with all the staff and interns. I believe each day at the clinic, I continue to learn and grow professionally.

Day 7 (1-25) – This Tuesday at ANC was extremely slow. We had a significant number of cancelations, leaving us with roughly 8 routine appointments, 2 women's health appointments and 3 initial visits. My work today was almost strictly paperwork and creating spreadsheets. One of the NPs asked me to help out with the Colon Cancer Screening spreadsheets. I learned that the risk of colorectal cancer increases as people get older. Colorectal cancer can occur in young adults and teenagers, but the majority of colorectal cancers occur in people older than 50. Thus, ANC offers free colorectal cancer screening. The excel sheets are designed to track patient history, their info and the status on their screening. Per usual, I also spent part of my day shredding old documents, faxing medical records and scanning patient medical documents into their chart. In total, I saw one women's health visit and one routine visit.

Day 8 (1-26) – This Wednesday was very busy with special appointments (Hep-c, dental cleaning), initial visits and routine visits. I practiced my Spanish with three Spanish speaking patients. We have a chart of intake questions in both English and Spanish in all of the intake rooms. I want to work on breaking down the language barrier when doing intake on our Spanish speaking patients. One patient today told me she was trying to practice her English, and I told her I was trying to practice my Spanish. So, throughout intake, I asked her questions in Spanish and English and we were helping each other out in different ways, with each of us expanding our vocabulary. It was a cool moment! In my down time, I study our intake questions in Spanish. In addition, I continue to shred old documents, fax medical records and scan patient medical documents into their chart. Today, I also helped out a new patient fill out the mounds of paperwork required. He struggles with mental illness and has low quality education so he was having trouble filling out. I was happy to help him and get him in to be a patient! In taking a new patient's family history, he revealed his grandmother had a history of diabetes. When I went on to ask him his concerns, and his reason for seeing our clinic, he said he has hep-c and that he has painful sores on his feet. With his history, and his obesity, I was concerned about his feet. If he is pre-diabetic or diabetic, it is important for him to be receiving regular foot examinations. I made sure to take note of my observations for the other intake intern and NP. After checking his blood sugar, it indicated that he is pre-diabetic. Luckily, he now has access to our clinic's services to monitor his blood sugar and health. We gave him one of the pre-diabetic handouts and he said it was very helpful! Again, the pre-diabetic handouts offer educational information on optimal and high levels of blood sugar and a list of tips on how to lower blood glucose levels. The last patient I saw today was so kind. He had arrived to his appointment two hours early because that is the only time he could get a ride to our clinic. As I take him into the intake room, I ask how he is

doing, like I always do and he replied that he is very stressed. He explained that he cares for a friend as a “caregiver” to keep him from being homeless, but he said it is beginning to take a toll on his mental health. I commended him on his self-advocacy for getting out of his tough situation and caring for his elder friend, but I made sure to tell him that him and his mental and physical health comes first because he is important ☺ He also mentioned how he is primarily here for undiagnosed hypertension. When I took his blood pressure it was 165/120 which is extremely high. I am glad that he is now patient at our clinic so we can advocate for his physical and mental health! All in all, the intake rooms were full most of the day. I would say we had roughly 20 patients total.

The competencies, and sub-competencies I met this week include,

- Area I: Assessment of Needs and Capacity
 - (1.2) Obtain primary data, secondary data, and other evidence-informed sources.
 - (1.2.2) Establish collaborative relationships and agreements that facilitate access to data.
 - This sub competency will be met when I have to communicate with faculty, clients and access their patient records. Working collaboratively in the clinic is required to facilitate efficient and accurate data input
 - This sub competency was met when I worked to efficiently fax medical records, prescriptions and scan patient medical documents into their chart.
 - (1.4) Synthesize assessment findings to inform the planning process.
 - (1.4.1) Compare findings to norms, existing data, and other information.
 - This sub competency was met when I was editing and printing the diabetes handouts I had created. I made a lot of changes to the original handouts, such as with the word use and Spanish translations. The NPs emphasized the importance of putting everything in simple terms to make it easier for people of different education levels to understand and comprehend. I made two different handouts, each in English and Spanish. One handout was specifically for people who are pre-diabetic and the other handout is for those who already have a diabetes diagnosis. I put 10 of each handout in each of the intake rooms to give to the patients with diabetes.
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- Area V: Advocacy
 - (5.1) Identify a current or emerging health issue requiring policy, systems, or environmental change.
 - (5.1.1) Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.
 - This sub competency will be met by evaluating patients’ concerns through a perspective of “product of your environment.” The majority of the individuals who come to Athens Nurses Clinic are low income citizens. Their socioeconomic status can have a great impact on health. Keeping this in mind can help me understand my patients with more compassion and understanding, while also encouraging them to feel comfortable and honest about their health concerns.
 - Each patient is different in their background and experiences. Some of the patients I have seen have struggled with drug addiction, abuse, homelessness, mental health disorders. Some of these individuals did not have a stable life growing up or a dependable parental guardian. A lot of these patients struggle with the same issues as their parents did. It is very clear from this internship that being a product of your environment is true and does persist in low income communities. When I speak with these patients and interact with them, I truly believe that each person is trying to improve their health and lifestyle. Some try “better” than others but it really circles back to this - some patients have to try harder to get to where they need to be based on who they are, where they came from and what adversity they have faced.
 - I advocate for my patients physical and mental wellbeing
- Area VII:
 - (7.3) Manage human resources.

- (7.3.1) Facilitate understanding and sensitivity for various cultures, values, and traditions.
- This sub competency will be met by being understanding and respectful to all patients regardless of race, ethnicity, religion and cultures.
 - I have started to study some yes or no question questions in Spanish to improve my communication with our Spanish speaking patients. Our regular intake questions in Spanish are posted in all of the intake rooms. I want to break down language barriers
- (7.3.8) Apply team building and conflict resolution techniques as appropriate.
 - Working together with the other interns and nurses
- Area VIII: Ethics and Professionalism
 - (8.1) Practice in accordance with established ethical principles
 - (8.1.2) Demonstrate ethical leadership, management, and behavior
 - This sub competency will be met by following and adhering to HIPAA guidelines.
 - (8.2) Serve as an authoritative resource on health education and promotion.
 - (8.2.1) Evaluate personal and organizational capacity to provide consultation
 - This sub competency will be met by preparing the clients for the Nurse Practitioner by carrying out patient intake.