

Tyler Dobson: Week 6

Day 15 (2-14) – OUT SICK WEEKENED THROUGH MONDAY

Day 16- (2-15) – Today ANC had a total of 9 appointments, all of which were routine visits. I personally did intake on 2 patients. As I was doing intake on one patient, I asked about their smoking status. He/she told me that they still smoke a pack a day and voluntarily told me that they don't plan on quitting at their older age because there is no point and they will be “gone in 10 years anyway” and quitting now won't prolong life. I didn't know what to say to this morbid comment at first. I followed with saying that it's their life and their choices but quitting smoking can be beneficial to more areas of your body and mind than your lungs. I told the patient about my dad, who quit smoking in his 60s and since then has felt healthier and happier even in his older age. I made sure to write down the patients smoking status for the NP, just in case they could offer more insight to the benefits of smoking cessation. It made me sad that this patient felt that there was no use quitting smoking. I wanted to change the mindset of him and patients like him. After the visit, I made sure to research the benefits of smoking cessation myself so I can be more useful in educating patients in the future of the physical and mental benefits of quitting. I ended up making a handout of these benefits. On the handout there is a chronological list of the benefits throughout time. For example, the handout lists the benefits you will experience once you stop smoking for 30 mins, 12 hours, 24 hours, 48 hours, 72 hours, 30 days, 9 months, a year, 10 years and 20 years. Now, the interns have collectively made handouts for diabetes (English & Spanish), pre-diabetes (English & Spanish), hypertension (English & Spanish), healthy my-plate portion content/sizes (English & Spanish), and local free food resources. Since we have so many handouts now, I was able to get the office staff to order wall handout holders for each of the intake rooms. Now, the handouts will be better protected, accessible and seen for the interns, NPs and patients to grab. I carried out my usual duties for the rest of the day - cleaning rooms, shredding old documents, faxing medical records and scanning patient medical documents into their chart, per usual.

Day 17 (2-16) – Today at ANC, there was a total of 17 patients, which is pretty busy, yet normal for a Wednesday. The appointments types included routine visits, initial visits, HEP-C visits, dental cleaning visits and a woman's health visit. I personally did intake on one dental visits, two hep-c visits, and one routine visit. All the patients were here for basic needs such a regular checkups and med refills. No one had any specific concerns. All the patients were soft spoken today. Nothing too much to note. I did a lot of organizing in the office when things slowed down in the afternoon. I carried out my usual duties for the rest of the day - cleaning rooms, shredding old documents, faxing medical records and scanning patient medical documents into their chart, per usual.

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 competency is filled daily when I let the NPs know if a patient has abnormal blood pressure or blood sugar levels. Working at ANC has introduced me to a wide range of patients, all with different needs and concerns. My job during patient intake is to notice concerns and address them accordingly to the practitioners.

- **Area II: Planning**

- (2.3) Determine health education and promotion interventions.
 - (2.3.2) Assess the effectiveness and alignment of existing interventions to desired outcomes.
 - This sub competency was met when I patients tell us that the handouts we make are very helpful and useful. Now, the interns have collectively made handouts for diabetes (English & Spanish), pre-diabetes (English & Spanish), hypertension (English & Spanish), healthy my-plate portion content/sizes (English & Spanish), and local free food resources.
 - (2.3.5) Plan for acquisition of required tools and resources.
 - This sub competency is met by making sure clinic supplies are in stock. Supplies such as paper, alcohol swabs, disposable gloves, masks, lancets, Band-Aids, tongue depressors and exam table sheets must be re-supplied regularly.
 - Since the interns have collectively made handouts for diabetes (English & Spanish), pre-diabetes (English & Spanish), hypertension (English & Spanish), healthy my-plate portion content/sizes (English & Spanish), and local free food resources, I decided to order handout holders to hold these handouts in each of the intake rooms to avoid clutter

- **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 believe a critical language barrier still exists. I fear that some patients may not communicate the entirety of their health concerns because they may think they a burden or it will just "complicate things." To make sure this doesn't happen, I always still perform patient intake and record their chief complaint(s) with our office interpreter in the intake room.
 - 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 believe a critical language barrier still exists. I fear that some patients may not communicate the entirety of their health concerns because they may think they a burden or it will just “complicate things.” To make sure this doesn’t happen, I always still perform patient intake and record their chief complaint(s) with our office interpreter in the intake room.
- (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.
- (8.2.2) Provide expert consultation, assistance, and guidance to individuals, groups, and organizations
 - This sub competency was met when, the interns collectively made handouts for diabetes (English & Spanish), pre-diabetes (English & Spanish), hypertension (English & Spanish), healthy my-plate portion content/sizes (English & Spanish), and local free food resources. We hand out these pamphlets out specific to the patient’s needs.