

## **Tyler Dobson: Week 10**

**(3-14)** – Today the interns returned from spring break for a slow yet full day at the clinic. On the schedule there were 7 dental extraction visits, 5 routine visits and 1 initial visit. I personally did intake on 2 dental visit and 2 routine visits. Throughout the clinic today there were tours for prospective students pursuing a career as an PA and NP. They got to see the ins and outs of the clinic and how we make an impact on the community.

Unexpectedly, one of the dental assistants had to leave early so I volunteered to assist our dentist, handing him tools, assisting in suction and sanitizing equipment. The dentist usually either deals with extractions, cavities and general cleaning. There are few places in Athens that offer free dental treatment so I was really glad to be able to help the dentist in any way I can. For those above the poverty line or with dental insurance, going to the dentist is just another easy errand. For those who are uninsured, getting a dental visit can be financially impossible. A lot of our patients have struggled with drug addiction and improper dental hygiene. The combination of both can leave patients more susceptible to rotting teeth. I believe a big part of rehabilitation is how you see yourself, even your teeth. I am glad these patients are able to receive such treatment so they can get back to smiling. Besides all of this, there wasn't too much new and eventful to note. I also 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. Today was a great day!

**(3-15)** – Per usual we had a slow Tuesday at ANC. We only had 9 patients – 6 routine, 3 initial and 1 acute visit. I personally did intake on 2 routine visit and 2 initial visits. I spent the beginning of my day sorting medications, calling patients and letting them know their medications are ready to be picked up. At ANC we strive to work collaboratively. When it comes to tasks like these, the interns become useful across all areas of the clinic, whether it be with the pharmacy, office work or performing intake directly with patients, we try to help out in whatever way we can. I did intake on a patient who was so sweet. They shared with me that they had a history of drug addiction and have past history of not caring about their health. They were quick to addressing their past as soon as I sat them down in the intake room, almost as though they were embarrassed and afraid of being judged. They recently joined a recovery program. I told them that they should be very proud of them self for taking the steps NOW to improve their health and wellbeing and that it isn't something to be embarrassed about here especially. My corny go to phrase in these situations is to say “the best time to plant a tree was 1000 years ago, but the second-best time is now.” I think it's a simple way of emphasizing that it's never too late to turn your life around. I got them set up to see the NP as well as set them up with a dental appointment and a hep-c appointment. I also 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. Today was a great day!

**(3-16)** – Today was very busy at ANC. We not only had routine and initial visits but we also had dental cleaning visits and Hep-C specialist visits. We had a total of 6 routine visits, 2 initial visit, 4 hep-c appointments, and 4 dental visits. The morning was very busy with all our dental patients being seen within the first hour of the clinic being open. I took each of them back to the intake rooms and made sure their blood pressure wasn't too high before their dental visit. Because dental work may cause your blood pressure to spike even higher, not only can patients be anxious about the procedure they are about to have, but they might also be in pain. Both of those can cause your blood pressure to increase. I also personally did intake 2 dental visits; 3 routine visit and 1 initial visit. The initial visit I performed intake on was here to get blood pressure medication and inquire about mental health services. They moved down to Athens in August to care for their brother who is recently suffering from strokes and seizures. They uplifted themselves from Cleveland Ohio, abandoned their access to medication and have been without their proper hypertension and mental health medication for months because they don't have Georgia Insurance. I commended their strength and dedication to care for their family. I documented her story and concerns for the NP as well as faxed a records request from the medical center where they were previously prescribed and noted that they need to be refereed to advantage for mental health

services since ANC does not treat mental health. Before I left the room to get the NP, they frantically wanted to see how much out of pocket they would have to pay and that they wouldn't be able to cover much today. I respectfully interrupted them, told her to breathe and that we are a 100% free clinic and they would never have to pay a dime here. I love my job here. The last patient I did intake on almost had me in tears by the end of it. I asked how they were doing as I usually do with patients when I take them back and they opened up to me that their cousin who has been struggling with their mental health took their life last night. They said that these past couple of months there has been a lot of issues with their family on top of it and that they made sure to come in today to get their blood pressure under control because of it. They said that they are the one that puts on a strong face for the family, being there for everyone else, but no one is there to be strong for them. I tried not to be at a loss for words. I comforted them in the way I knew how and asked if they have a support system in place or anyone to talk to. They first pointed up, referring to god and prayer and then said their son comes and visits occasionally. I told them not to be afraid to ask those close to her, such as their son, to stay with them. I told them that if my mom or dad called me and said they needed me I wouldn't hesitate and I would drop everything and come home as I'm sure their son would do for them. I told them that they are important and that I was proud of them for being such a strong individual. They said it hurt so bad to think their cousin thought there was no other option. I just can't imagine what they are going through. It is so heartbreaking to see what people of certain populations and backgrounds face and go through while also attempting to manage their physical and mental health. It is almost impossible it seems in this country. What else can we do? I felt a little helpless today. How is any of this fair? I also 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. Today was a great day but a heavy one!

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.
  - This sub competency was met when I volunteered to assist our dentist since the dental assistants had to leave early. At ANC, we work collaboratively throughout all domains of the clinic, picking up duties when needed, to ensure that our patients receive the care they came in for.
- (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.
  - This sub competency was filled when I offered encouragement and compassion to a patient. I did intake on a patient who was so sweet. They shared with me that they had a history of drug addiction and have past history of not caring about their health. They were quick to addressing their past as soon as I sat them down in the intake room, almost as though they were embarrassed and afraid of being judged. They recently joined a recovery program. I told them that they should be very proud of them self for taking the steps NOW to improve their health and wellbeing and that it isn't something to be embarrassed about here especially. My corny go to phrase in these situations is to say "the best time to plant a tree was 1000 years ago, but the second-best time is now." I think it's a simple way of emphasizing that it's never too late to turn your life around.
  - This sub competency was filled when I was doing intake on an initial visit I performed intake on was here to get blood pressure medication and inquire about mental health services. They moved down to Athens in August to care for their brother who is recently suffering from strokes and seizures. They uplifted themselves from Cleveland Ohio, abandoned their access to medication and have been without their proper hypertension and mental health medication for months because they don't have Georgia Insurance. I commended their strength and dedication to care for their family. I documented her story and concerns for the NP as well as faxed a records request from the medical center where they were previously prescribed and noted that they need to be refereed to advantage for mental health services since ANC does not treat mental health. Before I left the room to get the NP, they frantically wanted to see how much out of pocket they would have to pay and that they wouldn't be able to cover much today. I respectfully interrupted them, told her to breathe and that we are a 100% free clinic and they would never have to pay a dime here. I love my job here
  - This sub competency was also filled when I offered compassion and strength to a woman who has to simultaneously deal with a family suicide, financial struggles and worrying about their health (see journal entry from March 16)
  - I love seeing patients take their health seriously and I love being the one to encourage them to do so.

- **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.

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- (7.1.4) Execute formal and informal agreements with partners and stakeholders.
  - This sub competency will be met by becoming donor partners with my sorority Zeta Tau Alpha. I was able to get my sorority to donate \$650

- **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.