

Tyler Dobson: Week 12

(3-28) – Today there were 4 initial visits, 4 dental cleaning visits, and 4 routine visits. I personally did intake on 1 routine (diabetes clinic) visit, 1 regular routine visit and 1 initial visit. One of the patients I saw came in for a follow up appointment for the diabetes clinic. This patient came in and their sugars were 404mg/dL. Optimally non-fasting sugars should stay less than 180mg/dL in diabetic individuals. They said they are doing everything they can to keep their sugars down and lose weight, including exercising, choosing better foods etc. They were just at a loss at what else to do. I told them that our NP seeing them today is a diabetes specialist and she will be able to answer all of their questions. To my surprise, the NP invited me to come into the room with her and shadow her interactions with the patient. The NP explained that they were going to prescribe them with Trulicity, which should only be used as a second plan Trulicity is a type 2 diabetes medication that helps your body release its own insulin and can help improve your A1C and blood sugar numbers. The NP explained to me privately that she did not want to switch her from Glipizide's (pill), which lowers blood sugar by causing the pancreas to produce insulin, to injectable insulin because insulin can lead to issues losing weight. Insulin helps your body store fat and take up sugar, so some people on insulin find it harder for them to lose weight. Instead, the NP wanted to combine their already prescribed Glipizide's with Trulicity, which is an injectable GLP receptor agonist that helps patients feel fuller after a meal and in turn help the effectiveness of the already prescribed Glipizide's. In turn this medication will help your body release its own insulin and can help improve A1C and blood sugar numbers. The patient said that she found the diabetes handout I made super helpful, which made me feel like I made an impact on someone today. This medication is pretty new as of the recent years. It is amazing how much medical technology is advancing year by year. The downside of the medication distribution side of things is that good pill will not allow us to prescribe this medication long-term without a valid social security number for the patient. The patient we saw today did not have a social security number. We are seeing if an ITIN (US issued Individual Taxpayer Identification) will be sufficient for identification. I enjoyed seeing how our NP interacted with the patient and presented a course of treatment. Another patient I did intake on (who I have done intake on before) opened up to me about how his anxiety levels have been getting worse throughout his time in rehab. I spent some time talking about the impact of mindfulness and steps on how to meditate. I told them it's not about clearing your mind, it's all about learning how to not attach meaning to your thoughts because we are not our thoughts. Rather, while meditating, letting the thoughts pass by like cars on a highway, and just observing them. I also gave him tips on journaling. I told him to journal his emotions and worries while ending the journal entry with what they can do NOW to help combat those struggles. I also suggested they add a daily list of things they are grateful for, big or small. I also suggested they add daily/weekly goals to their journal to subliminally work on manifesting. The patient was very receptive of these suggestions and was very thankful, even saying I should be a therapist. I feel like I made a true impact today. I really learned a lot from the NP today! 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.

(3-29) – Today was moderately busy at ANC. We had 8 routine visits and 3 initial visits. I personally did intake on 4 routine visits and 1 initial visit. The first patient I did intake on was Hispanic but pretty fluent in English. I complimented his English and they said that they never took an English lesson in their life and just learned on the street. I thought that was pretty remarkable. I spoke with a lot of patients today who are currently in a substance abuse recovery program / rehab. I be sure to boast them and let them know they should be proud of themselves. I think sometimes with a past like that it is hard to commemorate yourself for the wins that may not seem like a big deal, whether it be getting to 30 days sober or showing up to your bimonthly health appointments or getting a job at their rehab facility. Caring about yourself finally after so many years of neglecting your physical and mental health due to addiction is a strength that should be celebrated. I think making these patients feel like someone is proud of them gives them strength to keep going. I have learned that our role as a clinic is to act as a support system for these people, giving them the tools and encouragement to

better their physical and mental health. Later on, in the afternoon I did intake on a previous patient we saw last week. She was here this week because she was complaining about a loss of energy. She said she struggles to do anything around the house. She said she feels like she is giving up on herself because of this. She had struggled with a prior opioid addiction and is grieving the decline of their relationship with her daughter and extended family. She has been clean for 9 months. She mentioned how she is experiencing domestic abuse – mostly emotional from their adulterous husband who she married at 19. Yet, she cannot leave him since he is their financial support and roof over her head. As she was telling me their past, I was heartbroken for her and all of the things she lost in the process due to addiction. She was the breadwinner. She had a corporate job for over 20 years. She is smart. She is beautiful. I made sure to remind her of those things. I spoke with her for around 30 minutes, offering her encouragement and strength. We discussed a plan for her in the future and the steps that are available for her to take to turn her life around. I wrote down the name of “project safe” and told her that if it ever got to the point where they didn’t feel safe anymore, to contact them. I also offered up some tips on how she can improve her mental health at home once she got her energy back. Whether it be going on daily walks, reading on the front porch or working on some yoga exercises to help reconnect her mind and body. I reminded her that her life is NOT over and there is still so much. I told her that she needs to piece herself back together first before worrying about the next steps. That means focusing on herself, her sobriety and her mental health, THEN getting back into the work force and THEN when the time comes, hopefully she can re connect with her daughter and only child. I said a lot of inspirational perspectives on life that she really enjoyed and resonated with. I learned a lot of them from a book I read. I told her I would bring her the book when she came in for her next appointment. She said she only gets out of the house to see us at ANC because she feels like she is safe and supported here. This is a place where she can vent and feel heard. That makes me so confident in my future career because I want to be a part of a community that makes impacts like this on people. She asked if she could give me a hug before I left to get the NP and I happily embraced her. I think she needed it. When things slowed down toward the end of the day, some of our nurses were telling us so many inspiring stories about their experiences with patients. It was so interesting! 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.

(3-30) – Today was very busy at ANC. We had specialty appointments - dental cleaning appointments and Hep-C appointments on top of regular routine and initial visits. We had 6 routine appointments, 2 initial appointments, 5 hep-c appointments and 3 dental cleaning appointments. I personally did intake on 1 dental appointment, 2 hep-c appointments, 1 routine visit and 2 initial visit. I did intake on a patient I have regularly see. They said they were a little insecure about having gained 10 pounds since their last appointment. They said they are cooking for themselves again but were baking a lot rather than preparing nutritious meals. I was told by the NPs to always make light of a situation before suggesting a healthier routine. I told them that it is really awesome that they are getting back into cooking again. I highlighted that cooking is really good for mindfulness and staying present and if a couple weeks of baking is making them fall back in love with cooking then so be it as long as it isn’t a frequent thing moving forward. I told them how I prepare vegetables in the oven and how it makes all types of veggies so crunchy and delicious! They said they are very excited to go home and try it. They thanked me for the encouragement and said that our conversation made their day. I have learned that offering encouragement is more powerful than we think. I learned this especially with an initial visit I had. The patient was born and raised in Athens and had a hard life growing up and now. They have experienced the loss of a parent, poverty and an unwavering harsh perspective on life. They shared with me the notion that no one cares about them or loves them in this life. To them, the last person that did was their dad. They had a very “what’s the point” attitude. With the hand they were dealt, I don’t blame them. Even though practically I couldn’t do anything to help their situation, I did try to offer some positivity to them. I offered encouragement and said that I care about them, this clinic does and they are loved. They thanked me and said they haven’t been told that since their dad passed away. I hope in some way it made an impact on them and gave them hope to love and appreciate being alive. I have learned through my time here that spreading love and encouragement is just as

much a part of the job as providing health care is. After the patient had their labs done they made sure to find me before they left and thanked me again and said that today made them want to “do better.” 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.

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.
 - This sub-competency was filled when the NP walked me through their evaluation and treatment plan for a patient with diabetes (3-28)
- (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.

- **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.
 - We discussed a lot as a clinic how there is a limited resource for our patients to receive quality and healthy food at an affordable price. Luckily, we found out that there is a community member who is working to grow vegetables in a local garden and eventually partner with the Athens food bank and SNAP to provide affordable, quality greens to low income individuals. We will be working in the coming weeks to make flyers to put all around the ANC to advertise. Susie, our volunteer coordinator and NP put this into perspective. When you go to your local food bank, you will see a

lot of starches and filling items. This is a great short-term fix for hunger, but in the long run, this kind of diet can lead to a greater chance of developing diabetes, obesity or other debilitating health issues that can lead to a lower quality of life when you don't have the insurance or money to manage it. Having access to affordable local grown vegetables will not only help combat this vicious cycle but also improve the health of locals!

- I love seeing patients take their health seriously and I love being the one to encourage them to do so. I analyze the determinants of health and offer encouragement and sympathy to patients who are facing health issues that are exacerbated by their situation.

- I filled this sub competency on 3-29 and 3-30 – see daily descriptions

- **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.
- (7.1.4) 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.
 - I have full range to come up with handouts and create them and implement them in the clinic. I use this by evaluating the recurring needs of patients and creating handout resources for them.
- (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.