

## Tyler Dobson: Week 8

### Day 22 (2-28) – OUT SICK

**Day 23- (3-1)** – Today was slow but busy at ANC. There is a little sinus infection illness going around the office so one of our interns are out sick today. So, the normally easy going Tuesday at ANC was a little busier today and all hands-on deck. We had a total of 7 routine visits and 3 diabetes clinic visits today as well. I personally did intake on 3 routine visits and 2 diabetes visits. One of the patients I had last week returned. While I was doing intake, they said they took my advice and tried out some journaling, going on walks and resorting to flavored water rather than soda beverages. I talked with them for longer than usual because I know they don't have that many people to talk to often so I wanted to be that point of communication for them. They seemed much less worried and sad this visit. I encouraged them, saying that if they stay consistent with their positive lifestyle changes they will see the benefits in the long term. They are advocating for their health and prioritizing managing their weight, blood pressure, and meal choices. I love seeing patients take their health seriously and I love being the one to encourage them to do so. I can't wait to follow along this patient's journey and see how much they improve their health. I did intake on two Spanish speaking patients so I practiced my Spanish intake questions with assistance from our translator to document the patient's chief complaints. 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.

**Day 24 (3-2)** – Today was shockingly slow at ANC. Even though the mornings were full and astir, the afternoon quickly slowed down leaving only 3 patients in the afternoon. There were a few missed visits. There was a total of 6 routine visits, 3 Hep-C visits, 4 dental cleaning visits, and 1 initial visit. I spent the beginning of my day copying new hep-c intake packets and assembling them. I personally did intake on 2 hep-c visits, and 1 dental cleaning visit. 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.
  - (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 advocate for my patients physical and mental wellbeing: I specifically met this sub competency this week when I met with a patient who quickly opened up to me that they struggled with anxiety and depression. They find themselves worrying about their hypertension, diabetes, and older age. The patient went on further to say he is lonely and has been needing to talk to someone, however because of COVID policies, he hasn't been able to attend their regular AA meetings in person (sober since 2003), which is where they usually find comfort and companionship. The AA meetings are held on zoom, yet they don't have a computer. Not having a computer has made it further problematic for them to find a job. They further went on to say that they have been unsuccessful in their attempts to get a job, saying they have faced ageism and discrimination. I felt so bad for them. I wanted to do anything I could for them because they were trying. I offered encouragement, telling him that all their little wins have to count for something, mounds make mountains and that they have done a great job. I also gave them a referral for free counseling from Advantage Behavioral Services. In addition, I told them I could be a person they talk to every appointment. I advised them to start journaling when things get lonely or overwhelming. I wrote down some tips in what to include in the journal, such as thoughts/emotions, goals for the week, what you are grateful for, and affirmations. They seemed to appreciate it and I told them if they are comfortable we can talk about their journal entries next appointment.
    - → This patient returned this week ^^^ While I was doing intake, they said they took my advice and tried out some journaling, going on walks and resorting to flavored water rather than soda beverages. I talked with them for longer than usual because I know they don't have that many people to talk to often so I wanted to be that point of communication for them. They seemed much less worried and sad this visit. I encouraged them, saying that if they stay consistent with their positive lifestyle changes they will see the benefits in the long term. They are advocating for their health and prioritizing managing their weight, blood pressure, and meal choices. 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.

- 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.
- (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.