

## **Tyler Dobson: Week 14**

**(4-11)** – Today was an especially busy Monday at ANC. We had 7 dental extraction appointments, 10 routine visits, 1 initial visit and 1 women's health visit. One of our other interns was out with a stomach bug and our translator was out on vacation so we were running around busy by the second. I personally did intake on 4 dental visits, 4 routine visits. We received a donation of several vitamins and supplements from the local food bank; these included daily multivitamins, and traditional over the counter cold and flu medicine. These will be useful to give to patients for free on an as needed basis. Overall, there wasn't much time to ask questions or learn anything new today due to being understaffed. We were just running around performing our usual duties without much break. 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.

**(4-12)** – Today was a busy Tuesday at ANC. We had 10 routine appointments, 2 women's health appointments, 2 initial visits and 1 acute visit. Our third intern was out today with the stomach bug again so it was an action-packed day full of every day responsibilities. The remaining intern and I were basically funneling in and out of intake rooms with little breaks in between. So, again today there isn't many new things to note. A lot of our NPs and staff are out on vacation so this week isn't the best week to ask specific questions but I am learning and gaining experiencing interacting with patients, which is something I always enjoy. As a clinic, we are trying to get more people boosted and vaccinated, so our grant allows us to offer \$50 Walmart gift cards as incentives. As long as people come in showing proof of vaccination, they can receive these Walmart gift cards. Now that our clinic requires proof of vaccination to be seen as a patient, we don't want to lose potential future patients due to their vaccination status. This incentive allows us to retain patients and make it easier to recruit new patients. I personally did intake on 4 routine visits. We ended up having 4 no-shows. Tomorrow I am expecting to observe and learn a lot! Everyone should be back and there will be a greater opportunity to learn new things and ask questions. 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.

**(4-13)** – Today was a usual busy Wednesday at ANC. We had 6 hep-c appointments, 3 dental cleaning appointments, 3 initial visits, 2 women's health visit, 8 routine visits. I personally did intake on 2 hep-c appointments, 2 routine visits and 1 initial visit. I was able to talk with our hep-c specialist and ask her what are the big no-no's for patients when undergoing hep-c treatment; what guidelines must they adhere to besides consistently taking their medication? She responded by explaining that quitting drug and alcohol abuse completely and maintaining a nutritional diet is essential for curing their hep-c diagnosis. She said that the only people who are not successfully cured within 12 weeks are those that are still on drugs because they are very hard on the liver alone. I had a few patients that stood out to me today. One patient was here for an initial visit. They came in a little agitated and anxious, claiming that the people at the shelter downstairs weren't treating them like a human. They currently live in a tent off of the highway. This individual was coming to the clinic for contact dermatitis. I learned that contact dermatitis is a red, itchy rash caused by direct contact with a substance or an allergic reaction to it. It is unknown what is causing the contact dermatitis for him specifically but it is likely being exacerbated by his meth use and scratching himself. I learned it can be treated with steroids. They seemed very anxious. I got him some water and tried to provide some words of comfort before I left the room. I'm sure it's easy to let yourself get frustrated at society since it feels like, for them, that the world is against them. Another patient I had was a recurring patient that I did intake on as an initial visit 2 weeks ago. They have experienced the loss of a parent, poverty and an unwavering harsh perspective on life. Last appointment, 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 last appointment. They had a much more positive mindset than when I first met them. They actually seemed happy and motivated and they were very happy that they had someone to talk to. I'm glad they are beginning to alter their attitude toward life. What I'm learning is that I really enjoy seeing recurring patients and seeing their progress whether it be physical or mental. It really

makes me want to go into family medicine! Lastly, we had another recurring patient who I had done intake on 3 weeks ago. They were the one experiencing domestic abuse. She cannot leave him since he is their financial support and roof over her head. She used to be the breadwinner of the family but after their husband slipped into an opioid addiction, he brought her down with him, and soon after, became controlling over her. He tracks her millage, monitors her search history, phone activity; he has taken down all of her old social media and even has cameras all over the house to monitor her. During her last appointment, we discussed a plan for her in the future and the steps that are available for her to take. 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. Project Safe is a nonprofit organization working to end domestic violence through crisis intervention, ongoing supportive services, and education. This appointment, she was ready to take this step. We sat with her while she contacted project safe using our office phone. As a clinic, this is part of our job – we provide a safe and confidential place for patients to deal with serious issues like these. She has a follow-up phone call with project safe next week here at the clinic. To her husband, she is having weekly appointments for “lab follow ups.” This will be an ongoing, gradual process but everyone here at the clinic is aware of her and her situation so we will make the clinic a safe place for her during this transition. She said she has been wanting to do this for 10 years but this is the first time where she has seen it as feasible. During her last appointment, 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, so I brought her the book today to have and keep. Maybe it will give her strength. 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 hep-c specialist doctor walked me through their evaluation and treatment plan for a patient with hep-c. I now have a greater understanding of the causes, impact and treatment of hep-c.
- (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.
- This sub-competency was also filled when, as a clinic, we advocated for one of our patients experiencing domestic violence (4-13)

- **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.
  - This sub competency was met when I was training the upcoming new interns.
- (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.
  - This sub competency was filled when I answer patient questions regarding basic education on hypertension, diabetes, smoking cessation etc.
- (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.