

Evaluation of Clinical Learning Experience Hours Objectives

Objective one – I will incorporate the new knowledge I have learned as a Master’s prepared nurse about the graduate QSEN competency of teamwork and collaboration and work with my preceptor to deliver quality care that is safe and purposeful for the patients I encounter during my 15 hours with my preceptor.

Met. During several appointments with patients, I was able to see how Natalie reached out to others on her team to collaborate about the plan of care for a patient when an unusual circumstance arose. This showed me how a graduate prepared nurse knows their own strengths as well as limitations and reached out to the team for guidance. One example was a pregnant woman who had experienced a charley horse like cramp in her abdomen for over 12 hours but then resolved after taking Tylenol. Natalie shared that she had not heard of this before and assured the patient that she would check with her colleagues to make sure and call her if there was any concern, which she told the patient she did not believe there was. Immediately following the patient’s appointment, Natalie discussed the case with one of her colleagues, and it was determined that while unusual, it was nothing to be concerning at this time and that the patient should report it if it occurred again, which Natalie had instructed the patient to do during the appointment.

Objective two – I will acknowledge the various cultures and other beliefs and values of individuals I encounter during the time with my preceptor and integrate that refreshed knowledge as a Master’s prepared nurse into two holistic care plans of two different patients I am in contact with during my 15 hour rotation.

Met. During my time with Natalie, we interacted with individuals from different cultures and who had various beliefs as well as values that the person wanted to incorporate into their care. The first was an Indian woman who came to her appointment to recheck her asthma with her husband. Her husband was very involved in helping her with decisions and providing additional input to help Natalie manage the patient’s concerns about her asthma. Additionally, Natalie diagnosed the patient with hypertension and went over options and education regarding that new diagnosis. Again, the husband was involved with helping his wife decide a course of action and participated in all of the education that was given to his wife by Natalie. This helped me identify the first of a holistic care plan to meet my second objective.

On my second day, I was able to watch how Natalie worked with those with varying spiritual beliefs and ensured that the words and actions she chose did not reflect or put her own beliefs onto a patient. This is so important as we each have our own belief systems and ways of addressing spirituality, so if we want to fully center care on a patient, it is necessary to respect all beliefs and values of different individuals. I personally know that Natalie is Christian, but during her interactions with patients, she did not identify with that so that her patients knew that if they had different beliefs, it was not an issue and that she was open to it. It is certainly fine to share varying beliefs and values as long as it is presented in a manner of respect of differences.

Additionally, some of the patients we saw the second day wanted to approach concerns in a natural manner. One particular patient has had bladder issues for many years. Natalie discussed going to a urologist with the patient, but the patient felt she was not ready for that and asked if there were any other options. Natalie stated that there were and that many people had excellent results with physical therapy for bladder strengthening and referred her to Apex for the therapy. Both of these examples allowed for holistic care plans to be developed, meeting my second objective.

Objective three – I will develop two methods based on refreshed knowledge as a Master’s prepared nurse to improve the delivery of education that is meaningful and purposeful for patients and apply those during my 15 hour rotation with Natalie.

Met. I met this objective multiple times! Natalie is such a wonderful educator and helped me identify many different methods to improve the delivery of education to patients. One way is to ensure that you do not overwhelm the patient, especially if it is a parent of a young child or infant. The education should be balanced, concise as to not overwhelm the patient, but also enough so that the current concerns are addressed. A good example of this was a mother who had brought in her child with concerns of him having influenza. Natalie was patient with the mother and reiterated signs and symptoms to look for within an infant multiple times during the appointment, emphasizing them at different points in the conversation to help the mom apply the concepts to the situation. Another method Natalie demonstrated to me that I will incorporate is to ensure early education occurs. An example I saw Natalie educate on was the importance of ensuring that a two month infant gets his tummy time and to not always be on his back to avoid a flat head. Natalie explained to me that she starts to encourage that as soon as she can with well-baby checkups as oftentimes parents overlook the importance of it. I will be able to apply this method in my current practice, starting education sooner than the day of discharge. I was able to already incorporate this into my teaching as this past Friday, one of my students had a patient who suffered a hemothorax. While he still had his chest tube, I educated my student on the importance of teaching him what to expect after the chest tube comes out and what to expect for the few weeks following at home. While I feel as nurses we do a good job educating on new medications and procedures, we oftentimes may forget to make the patient think ahead and be educated on how their hospitalization is going to change their home life sometimes once they return there. I am a strong supporter of discharge preparation and education beginning with admission.