

Synthesis of Clinical Learning Experience Hours

By Crystal S. Graening

University of Mary

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As part of completing the requirements for NUR 553 Advanced Clinical Practice Concepts, 15 hours were spent following a nurse practitioner at a family medicine clinic. The NP I followed was Natalie Aughinbaugh, who sees patients at Essentia Health's 52<sup>nd</sup> Avenue Family Medicine Clinic. This synthesis will include various reflections on my time and experiences there. Areas of focus will be knowledge gained from the learning experience that enhanced my depth and breadth of nursing knowledge as a Master's prepared nurse in nursing practice as well as for nursing education.

#### **Application to Nursing Practice**

My clinical nursing skills were enhanced through various encounters with patients from across the lifespan during my clinical hours. It is important for the Master's prepared nurse to enhance knowledge within clinical application, especially within the areas of physical assessment, pathophysiology, and pharmacology.

#### **Sinus Infection Verses Chronic Allergies**

During my time with Natalie, I was able to gain a better understanding of the importance of health assessment findings in nursing practice. One particular patient seen presented with symptoms of sinus pressure and concerns about having a sinus infection. Based on examination of the patient, we were able to determine that it was not a sinus infection. Support of the findings from the assessment included that the patient did not have any pressure when Natalie asked her to lean forward in the sitting position. Natalie explained to the patient and me that if it was a sinus infection, leaning forward with the head down will immediately cause pressure in the sinuses. The patient did not experience this. Second, we examined the inside of the patient's nasal mucosa and found it to be pale in color and boggy, which is a sign of chronic allergies.

Being able to determine this helped select the best course of action, which was controlling the patient's allergy symptoms and not prescribing an antibiotic for an infection that was not present.

### **Headaches and Migraines**

My knowledge was also enhanced in various disease processes and the pathophysiology of several disorders. An example of this was the various types of headaches versus a migraine. A woman presented to the clinic with a complaint about what she felt were ongoing migraines for the past several weeks. She was currently in her mid-20s and stated that as a teenager, around the age of 16 specifically, that she frequently got migraines. They resolved, and then returned in her early 20s. One physician felt that it was the birth control pill she was using and had taken her off of it several months prior to her presenting to Natalie at the clinic. She stated that she still felt she had headaches after coming off the birth control, but not migraines, which had returned again in the last few weeks. Natalie began her physical assessment by testing the 12 cranial nerves, determining that she did not feel there was an issue with any of the nerves and that the headaches the patient was describing were migraines. If abnormalities were discovered while testing those nerves, this would warrant the need for imaging to rule out any intracranial contributors (Clinch, 2001). Natalie and I discussed determining whether a headache is a migraine or which type of headache it may be based on the phases of migraine attacks and pathophysiology along with presenting symptoms that would classify it as a migraine or other type of headache. Like with the sinus issues, identifying the correct type of headache helps guide the care and treatment necessary to help the patient.

While typically neither sinus issues nor headaches are a primary cause for a patient needing hospitalization, these concerns can arise while a patient is being cared for in the inpatient setting. Having a better understanding of how to identify a sinus infection or even a

migraine can help assist the Master's prepared nurse in reporting the concerns and recommending options to a provider. This enhances interdisciplinary care and teamwork and is reassuring to providers as to the knowledge a Master's prepared nurse possesses.

### **Expanding Pharmacological Knowledge**

We also covered a lot of pharmacology in the various diagnoses we saw throughout the hours I spent with Natalie, which is valuable in clinical practice and caring for patients as a Master's prepared nurse. I was able to refresh my knowledge about pneumonia vaccine guidelines, what leads to choosing one hypertensive medication over another in an initial hypertension diagnosis, and the different classes and uses for antidepressants. I also expanded my knowledge about the medication BuSpar, as I was unaware that it is the only drug in its class and is the only drug that works in the way that it does. I knew that it was different from a benzodiazepine. Natalie explained how it can be beneficial to help control anxiety over time instead of the need for relying on a benzodiazepine when needed. There is also little to no risk for abuse potential with it, which is important in safe patient care. Having both a refresher of knowledge and learning new knowledge about current practices will be valuable in my current nursing practice as well as in educating others as a Master's prepared nurse.

Guidelines change over time, so revisiting when certain vaccines should be administered is always valuable to keep one's current nursing practice up to date. There are also many medications, and like with vaccines, the guidelines for usage change over time. In the past years working as a nurse caring for cardiac patients, I have seen multiple changes to what should be done when patients present with cardiac issues, such as giving magnesium replacements or ensuring the patient receives isosorbide mononitrate.

### **Application to Nursing Education**

In addition to assessing patients within the clinic setting, a lot of what healthcare professionals do revolves around education. Described as part of the objectives within Healthy People 2020, education is very important in helping to prevent disease and injury, improving health outcomes, and enhancing the quality of life overall (HHS, 2019). It is crucial that healthcare providers understand how to educate others and that various techniques need to be applied as individuals learn and process information differently. As a nurse educator at the Master's prepared level, in-depth knowledge of both nursing knowledge and education and how to educate others is a necessity.

### **The New Mom, An Infant, and Influenza**

During my experience with Natalie, I was able to obtain a deeper understanding of how important it is to fit the education to the person as well as the situation. The education should also not overwhelm the person receiving it. As a future nurse educator, this applies to educating patients in the clinical setting as well as students in the educational one. Considering examples from my clinical experiences, I am brought to the mother who brought her infant to the clinic with concerns of him having influenza. Natalie was patient with the new mom and took the time to explain and re-explain the signs and symptoms of influenza and what to look for in an infant. She used different times in the conversation to teach the signs so that they were applicable to what the mom was already focused on to enhance the mom's ability to remember. Natalie also showed support of the new mom bringing in her baby when she was concerned with him having influenza. When teaching others, this example shows the importance of being patient, reiterating the information at appropriate times, and not being judgmental about the mom not knowing or understanding how influenza will present in a child. These same principles should

be applied to every person educated on their health, healthcare providers who learn new knowledge, and students as they learn the art of nursing.

### **Early Education**

One of the biggest drivers in preventative care is early education. Even early education in childhood is encouraged as evidence has shown it to be beneficial. This same approach can be used by the Master's prepared nurse in healthcare and in educating others.

The example I experienced with Natalie was perhaps some of the earliest education, which was for an infant and mom. Natalie discussed the importance of tummy time for the infant with the mom to help prevent the infant from getting a flat head if he is always on his back. Natalie explained to me that she starts to encourage that as soon as she can with well-baby check-ups 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 will also encourage and educate nurses and students in nursing to begin education as soon as possible with every patient encounter as a Master's prepared nurse. This is especially important and beneficial in the discharge process so that patients are prepared to leave the hospital as soon as possible to have a better understanding of what to expect and what they will need to do.

### **Identifying an Understanding of Education**

In the role of a nurse in clinical practice or as a nurse educator of students, ensuring that the education we provide is understood is a necessity to promote patient safety and well-being. During my experience in clinical with Natalie, we had a patient who had previously been on hydrochlorothiazide for her hypertension. However, on her last two blood pressure checks, her blood pressure was not controlled, indicating a need for a change to a different medication. Natalie explained the reason for the change and instructed the patient to stop taking the HCTZ.

Natalie interjected this change into the conversation three times while we were with the patient, and also told the patient that it would be written on her after summary visit paperwork. While wrapping up the appointment, Natalie quizzed the patient, asking her which medication she would stop and which she would start the next day. The patient was able to identify the information correctly, demonstrating an understanding of the education Natalie had provided during the appointment as Natalie used the teach-back method to do so.

Similarly, with teaching other nurses and future nurses, we as Master's prepared nurse need to ensure that the education we are providing is understood. Some may not want to admit that they do not understand to avoid being embarrassed in front of others. Papers and tests can be assigned to assess for an understanding, but educators also need to spend time with the students to assess it as well. In teaching a clinical rotation this spring, I have learned to ask students to tell me what something means in their own words. If I have concerns with specific students, I ask the student to do so away from their peers. I also use a similar tactic in post-clinical, calling on students to explain certain concepts so that the students can hear it and understand it from a peer level. Education needs to be consistent and repetitive but also checked for an understanding. The teach-back method is a useful tool to do so that may be used in various settings, including the clinical setting and educational one, by the Master's prepared nurse.

### **Conclusion**

Throughout my hours with Natalie, I was able to enhance my knowledge as a Master's prepared nurse in the areas of physical assessment, pathophysiology, and pharmacology. My knowledge has been refreshed on vaccinations, physical assessment areas such as cranial nerves, guidelines on recommendations during well-baby checks, and various pharmacological classes

and uses. Additionally, I was able to observe and identify techniques Natalie demonstrated that I can use to strengthen my own methods of teaching and educating clients, nurses, and students in the role of a nurse educator. This included ensuring that the education fits the situation and the needs of the learner, early education for prevention, and utilizing the teach-back method. Just as we teach and educate others, it is necessary to continue our own education, renewing the knowledge we have and also learning new concepts in the role of the Master's prepared nurse.

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