**NURS 792**

**Reflection Log 1**

**Adolescent STI Education**

**Calhoun County Public Health Department**

**Initial Thoughts**

As I began this reflective journal, my thoughts turned to the purpose of this practicum, and what I wanted to achieve from a professional standpoint. Professionally, strong leadership, enhanced critical thinking, clear communication, and confidence were at the top of the list. Each skill contributing to becoming an effective staff nurse educator. A nurse educator who provides the best standards of practice through evidence-based education to the target audience.

Even the best laid plans can falter. After the careful preparation of a proposal, plan and timeline, detours still occur. No matter how thorough the preparation, all components cannot be within your control such as, schedules, employee input, and support. It is through conflict or challenge, you become mindful of personal practices, goals and visions (Johns, 2004). Each desired outcome provides an opportunity for a reality check. This helps to assure curriculum and teaching methods are effective, and meet current expectations of the staff and the target audience.

**Health Educator Encounter**

The health department has a health educator. Her responsibilities include both community and staff education. The realism of the fact she was not a nurse occurred during my meeting with her during the initial stages of this practicum. Although I am an employee of the health department, I have had minimal contact with her. She has done a presentation on e-cigarettes at one of the school nurse staff meetings. Why I assumed she had a nursing background I am uncertain. The meeting was a disheartening beginning to this practicum.

The health educator was professional and listened to my proposal. She felt my practicum was beneficial to the nursing clinic and the adolescent STI population. Maybe, she was just not comfortable addressing nursing issues. However, she considered my vision for providing STI education to the nursing clinic clients was best left within the nursing clinic. There was little insight provided into current educational material available to the county. The visit altered my vision of what the profession of a staff educator entailed.

Since the role of a staff educator is a new quest in my professional career, does it stand to reason I have developed a fallacy of my future pursuit? From a public health viewpoint, as a county health educator, I envisioned responsibilities to include both community, client, and staff education. The health educator should be knowledgeable regarding the current client education practices being utilized within the health department, including the nursing clinic. I was under the misconception the health educator would make it an initiative to create education material suitable for clinical nurse utilization.

Carper (1978) identifies personal knowledge as one of the most challenging patterns of knowing to understand and instruct others in. While Porter (2010) suggests the value of person knowledge in relationship to the patterns of knowing, is the ability to build valid personal relationships. My thoughts go back to the reality the health educator was not a nurse. Maybe my original assumption she was a nurse, guided my approach to our conversation. My communication reflected years of personal nursing practice in various settings. I communicated as if I was talking to a nursing colleague, using medical terminology and rationale.

Better preparation prior to my meeting may have influenced the information or lack of information shared. When a nurse knows the person, staff member, or patient a more positive relationship will be formed, along with improved outcomes (Zolnierek, (2014). In the future, preceding any meetings with unfamiliar individuals, I will become acquainted with their credentials. Realization number one; all educators in the health field do not have the same expectations and are not always nurses. Non-medical professionals approach education from different angles. Realization number 2; the nursing clinic does not have an in house education resource, and the nurses do not have the time to research best practices and provide quality patient care. The completed education pieces will be shared with the health educator in hope she will see the potential benefit it could provide to both staff and patients. Then my mind wanders to the possibility of creating a new position within the health department, Public Health Nurse Educator. That could be a win, win, the health department nurses could have a resource specific to their needs, and I would have a job in the field of my choice!

**Albion Site Visit**

One of the most meaningful encounters thus far included a site visit with the Albion clinical nurse. With her 38 years of experience as a registered nurse, and 12 years in the public health field I was appreciative of the opportunity. The site visit allowed me to see first-hand, the setting, clients, and the current way STI information was being disseminated to the clients.

The information was empirical in nature. Although empirical, the education provided did not seem to meet an adolescent‘s health literacy needs. I observed the teen’s attention wander. She did not engage in the conversation, nor did she ask any questions. I felt a 13 year old would have many questions. Perhaps, this young lady did not have a good sense of her health identity. Luhmann’s theory of observation and expectations supports adolescent identity as changing according to the setting they are being observed in (Grabowski & Rasmussen, 2014).

My critical thinking skills kicked in during this observation. The nurse’s approach was kind and caring. Good information was provided to the client. The education was done at discharge and resembled instructions versus meaningful education. There were no visual aids utilized. The education was completed in the exam room. It made me wonder if a less intimidating setting could be used, such as the nicely decorated conference room. What if the nurse sat down with the patient instead of standing? And finally, some of the information provided was not offered at a level the young teen comprehended.

The clinical nurse was very accommodating to me. She fully supported my efforts. Her suggestions were written down for further consideration. She too realized the need for improved patient education. At the Albion site there is only one nurse on duty daily. Her time is limited and devoted to clinical practice. There was barely time to provide patient education let alone to prepare an education plan.

To this point, I feel this was my most insightful productive time spent on this practicum. Finally, information had been gathered from the point of service person, a nurse! A nurse who was kind and still enjoyed her career. Her caring voice and body language reminded me nursing was still truly an art. But even with all her efforts the educational needs of the young girl were not being met. Each patient is seen under unique circumstances. This requires nurses to be creative. Not only in finding resources, but also with time and understanding to meet the multiple needs of their clients.

While doing some research I came across the book, “The Art of Communication in Nursing and Health Care: An Interdisciplinary Approach”. The author provides evidence of the value of being mindful when communicating to clients. Choosing the right words, and being present in the moment add to the value of an already time restrained patient encounter (Raphael-Grimm, 2015). The book seemed to answer some of my questions which have arisen since my Albion site visit. This publication will provide some guidelines to enhance the learning objectives I believe are essential for this age group. I feel the utilization of these communication techniques will help immensely to make the most of a nurse’s limited time spent with their clients.

**Parting Thoughts**

This complexity of this practicum grows with each objective completed. Each step leads to another. Some steps are not even a part of my original proposal. Sometimes it is difficult to determine when to quit. The scope of this practicum did not seem as overpowering in the beginning as it does now. While I continue to complete this conquest, I recall how I made it this far in my academic career. How you may wonder? One step at a time. When things begin to feel overwhelming, I look at the whole and then break it down into smaller parts, setting goals and deadlines for each segment. I will continue to do this, staying mindful of both self and others.

References

Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science,*

*1*(1), 13-24.

Grabowski, D., & Rasmussen, K. (2014). Adolescent’s health identities: A qualitative and

theoretical study of health education courses. *Social and Science Medicine, 120,* 67-75.

doi: 10.1016/j.socscimed.2014.09.011

Johns, C. (2004). *Becoming a reflective practitioner*. (2nd ed). Oxford, UK: Blackwell

Publishing. doi: 10.1097/ANS.0b013e3181c9d5eb

Porter, S. (2010). Fundamental patterns of knowing in nursing: The challenge of evidence-based

practice. *Advances in Nursing Science, 33*(1), 3-14.

Raphael-Grimms, T. (2015). *Communication in nursing and health care: An interdisciplinary*

*approach.* New York, New York: Springer Publishing Company.

Zolnierek, C. (2014). An integrative review of knowing the patient. *Journal of Nursing*

*Scholarship, 46*(1), 3-10. doi: 10.1111/nju.12049