

Week 8: Reflection on Learning

Throughout this course, the assigned readings, I-Human cases, discussions, and clinical experiences strengthened my ability to advocate for positive health outcomes through compassionate, evidence-based, collaborative advanced nursing practice, aligning with Program Outcome 5. One example was the Week 7 I-Human case of a young woman with vulvovaginal symptoms. Using current guidelines on vaginitis, STI screening, and contraception, I developed an evidence-based management plan that included appropriate diagnostics, antifungal therapy, and person-centered education about genital self-care and safer sex. I also practiced explaining the plan in plain language and using teach-back to confirm her understanding. This experience demonstrated advocacy not only through accurate clinical decision-making but also through compassionate communication and shared decision-making.

A second example was the Week 6 bipolar disorder case. In that encounter, I had to synthesize DSM-5 criteria, assess suicide and safety risks, and differentiate bipolar mania from unipolar depression or situational stress. Constructing a safe plan of care required collaboration between primary care and psychiatric services, as well as linking the patient with crisis resources such as the 988 Suicide & Crisis Lifeline and community mental health programs. This scenario reminded me that advocacy includes recognizing when a client needs a higher level of care, coordinating referrals, and supporting both the individual and family with education about mood symptoms, triggers, and early warning signs. Together, these learning experiences helped me live out Program Outcome 5 by integrating evidence, compassion, and interprofessional collaboration for childbearing and child-rearing families.

This course also helped me meet AACN Essentials Domain 3: 3.5 Demonstrate advocacy strategies, particularly competencies 3.5f (appraise advocacy priorities for a population) and 3.5i (demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion) (American Association of Colleges of Nursing [AACN], 2021). The reproductive health content and Week 7 case highlighted that STIs and unintended pregnancy are more common in marginalized populations.

I learned to treat each visit—not just as a "yeast infection visit"—but as an opportunity to normalize STI testing, address stigma, and explore barriers such as cost, transportation, partner dynamics, and privacy concerns. Another example was how the Week 6 bipolar case pushed me to think about mental-health stigma in communities where seeking psychiatric care may be viewed negatively. In reflecting on that case, I practiced framing mental-health treatment in a respectful, culturally sensitive way and identifying realistic resources for follow-up. In both situations, I centered the care on the patient's goals and Individual needs, which are concrete advocacy strategies that support equity for vulnerable childbearing and child-rearing families.

In addition, this course supported NONPF Core Competency Domain 5: Quality and Safety, NP 5.1 – Apply quality improvement principles in care delivery, especially NP 5.1p and 5.1q. The I-Human platform required me to systematically evaluate the quality and outcomes of my care using the performance bar graphs for history-taking, physical exam, differential diagnosis, diagnostic tests, and management plans. For example, when I saw lower scores in the "key findings" section of the Week 6 bipolar case, I reviewed which critical questions I had missed