

Improving Outcomes by Caring for Communities

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Bonsall, Lisa

Hello, this is Lisa Bonsall, the Senior Clinical Editor for Lippincott NursingCenter. Today, I'm speaking with Terry Berkman, MSN, RN, director of Saint Agnes Nurses Center, a community clinic founded, staffed and led by nurses. Hi, Terry. Thank you for speaking with me today.

Teresa Berkman

Hi, Lisa. Thank you for having me.

Bonsall, Lisa

Terry, can you describe your career journey?

Teresa Berkman

I am originally a Diploma Nursing graduate. I'm a proud graduate of Abington Memorial Hospital School of Nursing. I received really an excellent, very clinically based education there. I started working in the emergency room at Abington and worked there for approximately 15 years. During that time I went back to school for my bachelors at Villanova University and got a BSN. And then after that when on for a masters and I went to the University of Pennsylvania. I have a clinical specialist MSN in cardiopulmonary nursing, although once I did have my masters, I did not function in the clinical specialist role, but I went into teaching. So I've taught at a lot of different levels of nursing education. I did go back and teach in my old diploma program at Abington and then also taught at the Delaware County Community College. It's really at Delaware County Community College that I began to kind of branch off from acute care settings and move more into the community health setting. I did a community health rotation for them and then went on to move to the Chester County Intermediate Unit. I now teach part time in their LPN program. I'm also an adjunct for Villanova University in their health promotion; I do health promotion clinical for them with senior nursing students.

Bonsall, Lisa

Fantastic. I always find it so interesting to see how nurses' career journeys lead them to where they are today, because I feel like so many of us start out with one idea and where we end up is completely different. You know, maybe we had no idea we were gonna be pursuing different interests than we originally planned. So thank you for sharing that.

Teresa Berkman

And you know, Lisa, that is so very true because in school, all I wanted to do was be a neonatal intensive care nurse. And I did at some point in all of that, at one point, I did work for about six months down at

Children's Hospital in their neonatal unit and found that it was not at all what I thought it was going to be. And ended up spending really the bulk of my career in emergency nursing or then in teaching. When I've taught, I've taught in all different areas of the hospital, the acute care setting, but then kind of moved into community when I started teaching at the Community College. So you're right, you never know exactly where you're gonna end up.

Bonsall, Lisa

Right. So, Terry, can you tell us about your role at Saint Agnes Nurses Center?

Teresa Berkman

Sure. What really also led me into community nursing...we moved to West Chester and joined Saint Agnes Parish in West Chester. And they had a program called the Day Room where people would come for lunches and also some other services, people with a variety of needs in the community. And I started actually volunteering there as a nurse. We would go in and we would do blood pressures and other screenings and health teaching with the people that came to the Day Room. I me actually the founder of the Nurses Center, Marianne Leib, she was also a volunteer. She also taught at Delaware County Community College, so it was almost through a volunteer position that I ended up getting a teaching position at Delaware County. But through Marianne also, I got involved with the Saint Agnes Nurses Center. And so the Saint activist Nurses Center is a nurse-run community healthcare setting. Our only criteria to come to the Nurses Center is that you do not have insurance, so we are what you might want to think of as a low demand healthcare setting in that we don't ask for proof of income. We don't ask for proof that you live in a certain catchment area. We do ask people if they have insurance or not, but we take them at their word. We don't ask for identification of any kind. We take people as they come and with the information that they bring to us. So we are staffed by nurse practitioners. In Pennsylvania, nurse practitioners do need prescriptive authority from a physician. So we do have a physician who provides that prescriptive authority for our nurse practitioners, but he is not on site. Our nurse practitioners function independently when they're at the clinic. We have nurses, registered nurses, at times we have LPNs and we also have student nurses who come and volunteer and then we have a staff of interpreters. Many of the patients that come to us are Hispanic and Spanish speaking. So we have interpreters to help us translate. They also function as our receptionist and our secretary and just in general, do whatever is needed and I would say that of our entire staff that we don't stand on ceremony, I guess. We don't worry about our title or the letters after our name. If something needs to be done, then any number of people on staff are totally willing to do it.

Bonsall, Lisa

Thank you, Terry. And I can attest to that because I actually met Terry through my volunteer work at Saint Agnes and what an incredible place it is, really meeting such a need that I didn't even know existed right in my community. So I'm thrilled to be part of it. I feel really honored to work with our staff.

Teresa Berkman

That's a good point, Lisa, I think, in the suburbs, West Chester is a lovely community, a college town. If you travel down the couple main streets in town, there's wonderful restaurants and little boutique stores and coffee shops. It's really a fun and pretty little town. But the pockets of poverty are hidden, but they're very much there. So I guess I think in, in talking with our patients, we take care of all the people that are working in those little restaurants and coffee shops and boutiques and the landscapers who are keeping the lawns in the area beautiful and planted and the construction workers

and the women that are working in maybe the hotel as the maid. We take care of all of those people at the Nurses Center. Most of our patients, I would say, are people who are working but are working in jobs that do not provide insurance.

Lisa Bonsall

Right. So this leads me to my next question of why is Community health so important and why are nurses and NPs so well positioned to provide care in this setting?

Teresa Berkman

I think if anything, the pandemic has taught, hopefully taught us the value of community nursing. We saw with the rollout of first the testing, the COVID testing, before we had the home kits, most of that those testing stations run by the health departments were staffed by nurses. A lot of them were volunteer nurses. In Chester County, and also in Delaware County, there's a Medical Service Corps that you can volunteer to be part of, run through the health department, and we were often deployed to those settings where they were doing either the screenings or where they were doing the vaccinations. I

n terms of education, nurses are very important in providing the public health education and I think particularly in a clinic like ours, and there are several other clinics in our area that are larger than Saint Agnes, like Community Volunteers in Medicine and La Comunidad down in Kennett. For primary care, nurse practitioners are excellent providers and have very good patient outcomes. And I think one of the reasons for that is as nurses, in our education, it's very ingrained in us to listen to the patient. For one, communication skills, I know in my own educational programs and also the programs that I now teach in, communication is very important. Nurses are good listeners and good communicators and that's a very important skill to have when working in public health.

Bonsall, Lisa

I think you make some really good points, Terry. My background is also in acute care and I think back to how many times we would discharge somebody and just send them back into their community and then we were surprised when they came back and their diabetes was out of control again or we thought they weren't compliant with their medications. Now being on the other side and seeing patients in the community, you know, sometimes people are having to choose between food and medicine. I've really gotten a glimpse into how important it is seeing the whole picture and making a difference at that community level.

Teresa Berkman

Right. And I think we tried to do that at the clinic, our patient intakes, we do ask all the medical questions about personal medical history and family medical history and what medications they're on. But we also ask questions about how they live, and what level of education they've had, and where they work, looking at maybe workplace hazards. We screen for intimate partner violence, for depression and anxiety and also for food insecurity and one really nice thing that I think we do is that if someone screens positive for food insecurity, we don't just give them a list of food pantries in the area but send them away hungry. We actually have a very small stock of staples - pantry staples - in that we have at the Nurses Center and before that patient leaves, we send them home with a bag of some nonperishable grocery items. So because how could they possibly follow whatever healthcare instructions we're giving them if they're going home hungry and they don't have enough food? I think that is one of the things that we do well at the Nurses Center and also I think in general nurses are

geared towards a holistic care where we look not just at the patient's medical diagnosis and then provide a pill or order a test, but we look at what other needs the patient has, would those needs be a barrier to them following through on whatever instructions we're giving them for their care and how can we best...how could we meet those needs so that they could be more successful in following through on the instructions that were giving them or taking that medication? I really hate the term noncompliance because there are so many reasons why patients don't follow through on what instructions we're giving and a lot of times it's not because they don't care about their health or don't want to get better. But there are so many barriers that our patients face in being able to get medication or have healthy food or have a place to exercise or have time to care for themselves because of job demands or childcare demands.

Bonsall, Lisa

Yeah, and that's something I love about Saint Agnes. Like you said, we're not just like, OK, here's what you need to be doing. It's this what you need to be doing but can you do it? How can we help you do it? You know, if it's getting a vaccine, can we let let's get it scheduled. How are you going to get there? Like, figuring out all the pieces of the puzzle to help patients be successful.

Teresa Berkman

Right.

Bonsall, Lisa

Wonderful. Is there anything else you'd like to add, Terry?

Teresa Berkman

I feel that I have been very blessed by finding Saint Agnes Nurses Center and the really amazing and wonderful volunteers that we have there are our nurse practitioners, our nurses, our interpreters. It's an amazing place to be and I don't use the term lightly at all, but it's an incredible privilege to be part of it. Umm, there are bigger clinics, but I feel that we fill a niche in people that are for whatever reason not comfortable going to the larger centers, feel comfortable coming for us. We have been seeing... the clinic that was started in 1999 and we've been there ever since. And we have had some patients that have been coming honestly don't know if anyone's been coming since 1999, but I know we have some patients that have been coming to us for 10 years. They're kind of like family and it's amazing their feelings towards the clinic as well. We don't charge a fee, but we do have a donation jar on the desk. To me, it's amazing the generosity of our patients, of what they put in that donation jar or even the other things they bring to us. We once had a patient who brought all of us cooked a meal for us and brought it to the Nurses Center. We have another patient who, whenever he comes in since COVID, he has brought us some N 95 masks. And I think he gets them at his job site but he always brings some to us because he knows that we use them. We have another patient who actually every time he comes in, he brings the nurse practitioner a bouquet of flowers. And the last time he did this, she said to him, you know, you shouldn't be doing this for me all the time. Give these to your wife. And he said no. You people saved my life. If not for you, I wouldn't be alive. So I guess I can't say enough about what a wonderful, wonderful place and how lucky I feel to have found it and to have been able to be involved with it for so many years.

Bonsall, Lisa

Well, you certainly do a good job there and it's much appreciated by all of us who volunteer there and all of us in the community. So thank you so much for your time today, Terry.

Teresa Berkman

OK. Thank you, Lisa.

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