

Week 5: Discussion Post and Responses



Chamberlain University College of Nursing

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My practicum setting is an internal medicine office, where we predominantly serve a diverse adult population, primarily 50 years and above. Using the U.S. Preventive Services Task Force (USPSTF) recommendations, two vital preventative screenings for this population include colorectal cancer screening and hypertension screening. Colorectal cancer screening is recommended for adults aged 45-75. Screenings can be performed via stool-based tests (e.g., FIT-DNA) or direct visualization (e.g., colonoscopy) to detect precancerous polyps early (USPSTF, 2021). Hypertension screening is recommended for all adults 18 and older. Annual or more frequent blood pressure measurements are crucial for identifying hypertension early and preventing adverse cardiovascular events (USPSTF, 2021).

The providers in the office primarily rely on evidence-based recommendations from the USPSTF to determine which screenings to offer based on age, sex, and familial risk factors. The quality of care observed is highly effective. The clinic utilizes the Electronic Health Record (EHR) system to flag patients who are overdue for preventative services, ensuring screenings are systematically integrated into routine annual physicals. While all patients are theoretically screened based on clinical criteria, disparities persist. I have observed that underinsured patients face barriers to follow-up, such as scheduling specialized diagnostic testing or paying for non-covered screening tools, leading to gaps in preventative care. Screenings are presented collaboratively as shared decision-making conversations.

To address health literacy and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, providers use "teach-back" methods and provide easy-to-read educational materials to clearly understand the screenings offered. To increase preventative screening uptake among underserved and vulnerable populations in the