Interviewer: So the first question. What is your interview number?

Interviewee: Fourteen.

Interviewer: Fourteen, thank you. All right, let's get started. So now I'm gonna ask you about your experience—

Interviewee: Mm-hmm.

Interviewer: - in the health—in the health fair setting. And do you think it's conducive to, uh, teaching nurse practitioner students?

Interviewee: Yes, I do think it's conducive mainly because most of the time, it's a good way to start because the people who come in are overall well. Um, they aren't comin' in because they're sick. And so it's a good way for students to learn normal findings. But then when they do have an expected normal population, they have an outlier. They have to learn what to do. And it won't be so many that is overwhelming. But having that, like we had a child today with a murmur.

Interviewer: Hmm.

Interviewee: Um, so just having that outlier gives them a chance to see something abnormal, but also find—figure out what to do with that in-in a setting in which is high pace sometimes and slows down at other times. But then has that one moment where they can also learn something abnormal and really focus on that one particular aspect that may be common throughout that population.

Interviewer: Now, what are-what are some things that you liked about the setting that, uh, you think are—

Interviewee: I like—

Interviewer: - are good for learning?

Interviewee: I think the community is a good place just in general, um, because when you go to a doctor's office, you always get a-a chief complaint from them. So you know exactly what to—

Interviewer: Mm-hmm.

Interviewee: - kind of expect. But I also think the other part is, um, having people see, um, nurse practitioners in general working outside of facilities, so as a part of their communities.

Interviewer: Mm-hmm.

Interviewee: I like that aspect of it. And it teaches the, um, students that they don't need to just-just do their w—their job. That our role is bigger than just what we do and what we get paid for. But beyond that, it's—it goes into, you know, how we are perceived in our communities, how we contribute to our communities, um, and also, um, how we connect to a network within our communities.

Interviewer: So now, you know, you teach in the institution—

Interviewee: Mm-hmm.

Interviewer: - in a classroom setting and maybe a clinical setting? Do you think you are using those strategies that you use in that setting here with students, or could you use them with students?

Interviewee: I feel like most of them I-I can use with them, not everything. And I think it's because when you work in the clinical setting, there's more structure than when you work in your community. You hope you have everything you need, but sometimes you don't. And so sometimes, to do a height, I may have to teach them to take a piece of tape and put it on the wall. Uh, once the kid stands up, then move out, and then measure from the wall down. You know, so when you don't work in a setting that you can't have everything at your fingertips when it's not so controlled, then you have to kinda come up with innovative solutions to manage some of the same things you would in a clinic where you have access to all kinds of, you know, medical, uh, equipment and supplies.

Interviewer: So do you think the health, uh, sorry, health fair setting is an appropriate setting for teaching students—

Interviewee: Yes, I do.

Interviewer: - or actually nurse practitioner students?

Interviewee: Absolutely. Another reason why are the, um, clients or patients or whatever you want to call them, they generally are in a relaxed setting, more relaxed than a clinic. So they're happy. Like, here they have food. They have—you know, what a great way to get your shots when you're happy. Um, and-and then you have, um, people who are not stressed. And they have a bouncy house. So it's a very relaxed, um, calm, laid-back setting, which I think is helpful on both sides. So while I'm teaching the students, they're not

frustrated because they're also not there for a long. I'm not charting in a huge document. I'm not trying to, you know, write medicines. So it is actually a great setting to teach physical exams, in my opinion, um, as well as just in general, uh, wellness. So we had one young lady, um, uh, talkin' to—talkin' about weight. How do we manage weight in kids?

Interviewer: Hmm.

Interviewee: You know, and so that—I think there's a perfect thing for the student to actually take the knowledge that they've learned and actually apply it in a setting where, again, you can talk to them a little longer. You may be able to address more specifics about their eating. You know that sort of thing.

Interviewer: Okay, v-very nice. So, do you think that this setting could increase critical thinking skills in nurse practitioners?

Interviewee: Absolutely. Um, again, trying to figure out innovative ways or solutions. Also, one of the things is like when we had a child with a murmur, um, okay, do we clear that person, or do we not clear that person? So the student needs to think through, okay, what would they clear if they found an abnormal?

Interviewer: Mm-hmm.

Interviewee: What wouldn't they clear? And then so, if you have restrictions, what restrictions would you apply?

Interviewer: Mm-hmm.

Interviewee: So I actually think there is a lot of critical thinking that goes on in-in that, you know. And it's not just centered around m-medicines, but wellness in general.

Interviewer: Mm-hmm. So what would—what are some things you didn't like about the setting that, you know, may not be conducive?

Interviewee: I think privacy may be a concern for some people. So I don't, you know, kinda love that idea because we are—yes, we're in rooms, and the rooms are draped, but you can hear across the drape. And, um, I think the other, um, setting is just—I, um, I had to go find some parents. You know, I tend to not like to do physicals for kids unless their parent is present. Uh, so, you know, and then the forms being completely gone through. I think, also, well, probably for me, one of the drawbacks is-is that because everything is spread

out to make it fast, and people to be able to, uh, go to the things they need, when they get to me if I need more history, or I feel like I should go through some of it, especially they're positive ones. So I—that may cause them to have to repeat what they've said, or, you know, something like that. But for me, that I think is very important to know when I have a positive asthma or when I have a positive heart murmur or when I have a, you know, so-so. I think those-those are some drawbacks. But I just ask them again most of the time. But you can tell that they've answered the question.

Interviewer: Yeah. What-what's, uh, what's something that I didn't ask you about that stood out in this experience for you that you wanted me to know?

Interviewee: Um, I think that, um, the sheer volume and number of, um, people who came through was a lot.

Interviewer: Mm-hmm.

Interviewee: You know, and so I think that—uh, well, we had multiple immigrants. We have multiple foster kids.

Interviewer: Mm-hmm.

Interviewee: Um, and, um, just in general, I think some, um, low-income families. And it was surprising at the number of them who aren't regularly seen or even seen at all by a clinician or health care provider. So, again, that good wellness check or to say, "Hey, this does need to get checked out." I think I told someone they really need to go to the dentist. Um, they had, um, rotten—and we had a dentist here. So that was even-even better. But they had, you know, needed some definite—if they don't do something now, they're gonna have, um, um, periodontal disease significantly. So I think I was able to tell them that and maybe catch some of it early.

Interviewer: Mm-hmm.

Interviewee: So just some-some of those things. But the sheer number of immigrants and foster kids, in particular foster kids, I get shocked by because you would have thought they would have access to some good care.

Interviewer: Mm-hmm.

Interviewee: But, uh, I do-I do quite a few foster children. Well, um, and I did last year as well when I came through here. So those I was surprised to find in some of these.

Interviewer: Okay, yeah, I think that's it.

[End of Audio]