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Clinical Placement Reflection

This journal is to reflect on the situations that have taken place during my clinical placement at Graylands Hospital - Frankland Forensic Centre, Claremont, WA, and my community placement at CATPLA – intense day care unit, Rockingham, WA. This reflection is based on the Gibbs Reflective Cycle (1988) model. The Gibbs reflection model consists of six stages to complete one cycle, which facilitates in my ability to improve my nursing practice continuously and learning from the experiences for better practices in the future. The cycle starts with a description of the situation, analysis of the feelings, an evaluation of the experience, an analysis to make sense of the experience, a conclusion of what else could I have done and final stage is an action plan to prepare if the situation arose again. Reflection is to generate practice knowledge, assist an ability to adapt new situations, develop self-esteem, adding value and professionalizing practice. However, O’Connor explain that reflection is about gaining self-confidence, identify when we need to improve, learning from our own mistakes, looking at other perspectives, and improving the future by learning from the past experiences. Using a model of reflection enables me to explore and evaluate all previous clinical experiences. The model allows me to develop the skills to evaluate and navigate myself through the reflection process and identify areas of weakness or vulnerability, and laying a platform to upgrade skills to overcome these deficiencies. Cornerstone to the reflective process is also understanding the Australian Nursing & Midwifery Council (AMNC) national competency standards for registered nurses. These core competency standards by which a nurse’s performance is accessed in obtaining and retaining a license to practice. Linked together with evidence based theory and practice, reflection will assist me in my professional development towards becoming a more competent nurse.

Reflection

From the outset, undertaking this mental health placement, I was very anxious and had very little experience in dealing with clients who had mental health illnesses or conditions. On completion of our mental heath theoretical course, I had gained insight and knowledge on range of mental health medical conditions, with respect to pathophysiology and differential diagnosis. Nevertheless, the thought of being placed in a mental health facility induced a range of anxiety producing feelings within me. Although I was theoretically trained, and able to fulfill this task in
providing mental health care, and had the experience in general medical placements and display the ability to perform the highest level of patient care, responsibly and ethically (ANMC Competency elements 1.1-3, 2.3 3.1-4, 7.1-8, 9.1-5.). I embarked on this placement with negative towards mental health due my inexperience. Students that some degree of familiarity with mental illness, having relationships with relatives, family members or colleagues with mental illness, were more prone to better coping mechanisms. I felt afraid and anxious about ability to actually help patients. A significant stigma exists regarding mental health, patients are labeled as different and stereotyped as deviants with negative behavior traits. A high level of discrimination does exist in the general population. I was entering this placement with these shared feelings and emotions and had a negative view on engaging with mental health patients.

On evaluation and analysis, it is evidenced that nursing students that enter mental health placements are faced with common myths and misconceptions regarding mental health, mentally ill patients and are subject to an array of anxieties. Most students that are vulnerable to anxieties due to their young age and inexperience. Themes that exist and are prevalent in mental health placements, are student’s anxiety related to thoughts of not been able to interact with mentally ill patients, feeling of lack of inclusion with mental health facility staff and lack of adequate debriefing and reflection. Research conducted has shown that mental health hospital staff do not effectively integrate students into their working groups, and students commonly feel left out or not part of the nursing care team. My feelings of being afraid of mental health patients and inability to feel that I could help them adequately, is consistent with many studies performed amongst student’s on clinical placement.

Thornicorf (2008) as cited by Schafer showed that the negative stigma surrounding mental health is due to a range of factors, namely ignorance and misinformation stemming from lack of knowledge is the leading cause to these negative attitudes. This induced prejudice and discrimination which results in social exclusion and mental health avoidance. Negative attitudes stem from opinions towards drug addiction, alcoholism, negative opinions on schizophrenia and bi polar disorders. Stigma contributes to delay in the treatment process and effects almost every aspect of a mentally ill patients life. These stigmas and negative attitudes greatly affect mental health patients in various ways. Patients experience exclusion from their families, lose intimate relationships with spouse and children, experience hostility, lose friends and suffer social isolation. In addition mentally ill patients face increased risk of diabetes, coronary heart disease, cancers and are found to die younger than average non mentally ill patients.
This negative stigma adversely affects the level of care administered to mental health patients, with a reduction in the quality of care. Negative attitudes towards mental ill clients has been identified as major obstacle in recovery form illness and reintegration into the community. However the ANMC competency standard instill in all nurses to deliver the most appropriate care, encompassing ethical and cultural issues, and best care practices (ANMC Competency elements 1.1-3, 2.3 3.1-4, 9.1-5). Mental health education and preparation of student is seen a vital component for student positive experience of a mensal health placement. Happel (2009) has shown that high level of nursing education can positively influence attitudes of students towards mental health. Furthermore, perceived lack of explanation and clinical placement preparedness has been shown to explain negative nursing trends towards mental health as a whole. In addition negative attitudes to metal health are having significant impact of mental health nursing workforce retention and promotion as a viable nursing career option. Reflection is in addition a vital component of coping in a mental health environment, a process were nursing student can challenge, compare and critique their value systems and embrace the process of change to a positive attitude towards mental health. Personal development and promoting collaborative care is a practice, as nurses, we are bound by, as stipulated in the professional code of conduct umbrella we practice under. (ANMC Competency elements 1.1-3, 2.3 3.1-4, 4.2-4, 3.5, 9.3, 10.4).

In future, my action plan will reflect that I have come to the realization and understanding that mental health patient care is embraces the fundamental of basic nursing care, and it is paramount that as a nurse, I acknowledge and understand the specific nursing care needs that mental health patients require and deserve, and do away with the misconceptions that I previously had regarding this element of nursing. Evidence has shown that negative attitudes of clinicians to mental health services and patients can end up being more debilitating than the illness itself. Preceptorship on mental health clinical placements has been shown to enhance positive attitudes of student’s and have the ability to manage the emotional wellbeing and challenges student face on mental health placement, and I my case, been supported by experienced practicum scholars, Denese Mackin and Jan Binsharriff, both had a significant influence and facilitated for my positive perception of mental health and critical to the relief of my anxieties experienced. Understanding and narrative reflection was offered by my practical scholars and this in itself can be seen as one of the most important resources on a confronting placement such as mental health. My newly developed positive attitude towards mental health
nursing will enable me to inspire hope, encourage patients to take control of their lives and make me a more rounded nurse, delivering truly holistic nursing care.\textsuperscript{5,7}

References
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