Reflective Journal

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Clinical Placement Reflections

This journal is to reflect on the situations that have taken place during my clinical placement at Sir Charles Gardiner Hospital (SCGH), ward G66 - neurosurgical. Both reflections are based on the Gibbs Reflective Cycle (1988) model.1, 2 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.1, 2 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.2 Reflection is to generate practice knowledge, assist an ability to adapt new situations, develop self-esteem, adding value and professionalizing practice.1, 2 However, Siviter (2004) as cited by O'Connor2 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.2 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.1, 3 Linked together with evidence based theory and practice, reflection will assist me in my professional development towards becoming a more competent nurse.4

Reflection One

One of the most common activities carried out by nurses is the administration of medications.5 Medications are prescribed and dispensed by doctors and pharmacists respectively, however it is the duty of the registered nurse (RN) to administer the drugs.6, 7 Armitage and Knapman (2003) as cited by Page8 suggested that nurses spend around forty percent of their time in medication administration.8 During my afternoon shift on clinical placement, I was in the process of gathering patients medications according to the medications chart in the patients file. One of the drugs charted, was prescribed at four times a day (QID) dosage, however it was written in the medication time chart as three times a day (TDS). Written prescriptions have been identified in contributing to medication errors.8 Research by Howell (1966) as cited by Page8 shows that fifteen percent of cases the dosage
was not clearly written on prescription and medication charts. My preceptor made it clear to me that she was familiar with the drug, and acknowledged that there was a typographical error, which she would get changed later by the medical officer or pharmacist. She was confident we could administer the drug, although there was a discrepancy on the medication charting. Most common medication errors occur at any point in process, namely, ordering, transcribing and dispensing. Medication errors are one of the most common types of medical errors in our health care system. Medication errors are caused by numerous elements, which include poor hand writing, inadequate documentation and working stresses. Because nursing students have limited clinical experience, there is the risk of making medication errors during clinical placements. Evidence has shown that medication errors by students occurred in the administration phase of the process and errors included improper dose quantities. Wrong time administration errors occurred around seventeen percent of the students in studies conducted by Wolf et al. However leading factors in errors were attributed to nursing students inexperience.

Initial feelings as a student nurse were to assume that my preceptor had a good sound knowledge on drugs medications, and accept her advice on that we could administer the drug safely. On evaluation, the tendency was to follow preceptors advice and proceed with which seemed the correct intended drug dosage. Time in clinical practice setting is very precious, so there is a tendency not to want to hold up proceedings to long. Workload and busy ward conditions have also been seen to contribute to medication errors. I became anxious as I was acutely aware that a delay could snowball on further delays in planned patient care set out in our care plan time chart. Findings have pointed to the fact that some medication errors occur due to preoccupation of nurse and that they feel it less necessary to explain or confirm everything related to drug administration, due to their experience in practice. The longer in the workforce some nurses are, the less they feel to confirm or explain adminstraitons. In prevention of errors, nurses should communicate smoothly and effectively and in accordance to the job on hand, and avoid interruptions in important tasks such as drug administration. Although after discussions with preceptor, we had a pretty confident that the scheduled dosage was TDS, there was still a percentage of doubt in my own mind, as I was not familiar with these drug therapies and dosage regimes.

I made my preceptor aware, that the fact that I was collecting and assisting in administration of the medication, as a part of my professional practice, it was therefore my responsibility to ensure we were dispensing the correct medications. We agreed and proceeded to utilize the online MIMS program - a leading supplier of quality, independent medical information to Australian healthcare professionals, to ascertain in more detail on the drug and the dosage. Accessing the online MIMS, we identified the drug; however it was still unclear on the exact
correct dosage. The prescribing doctor was no longer working on this ward, so we proceeded to contact the pharmacist, who duly checked and confirmed drug name and confirmed dosage to be TDS. The pharmacist went further to update medications chart.

On analysis this event proved that accuracy was paramount, and that I was to ensure that the correct procedural tasks are performed, as set out by the ANMC competency standards, standards which we are required to withhold at all times (ANMC Competency elements 1.1-3, 2.1-7, 3.1-3.5, 4, 6-1-4, 9, 10). From the MIMS online resource I gathered further information on the drug in concern and then utilized the collaborative efforts of allied health team and pharmacist to confirm the correct drug medications had been selected. It also reflected to my preceptor the level of professionalism I would want to assume in my practice, ANMC Competency elements 1.1-3, 2.1-7 are required to be adhered to and hence possibly induce a reflective process within themselves with regarding to the event that had occurred. As a registered nurse it is also a competency requirement that I prevent de-skilling, and continue to practice, refresh and update my skills knowledge regarding medication administration.

My practicum scholar also insisted that as student nurse I need to at all times know the name, type, correct dosage of drug and a fundamental understanding why we are administrating that drug to the patient. Not knowing these key elements on the pharmacology and application of drug therapy can lead to drug administration errors. Decision making and medication errors occur due to the lack of knowledge of the drug, as well as the receptor patient. evidence by O’Shea 1999 cited by Page showed lack of knowledge as a major contributor to medication errors.

My future action plan should this event re-occur, will be the ability to at once know the competency standards that are required of my practice, and consult pharmacist or consulting doctor on hand for immediate clarification and correction. As part of my professional practice development, I will get to educate myself with all the respect common drugs that are used in different wards like neurosurgery, cardio vascular surgery by way of example, and having a sound knowledge of the drug therapies used in different medical disciplines. Study by Guy et al (2003) as cited by Page showed that adequate understanding of pharmacology assisted in identifying prescription errors, and study demonstrated that nurses were a key tool in picking up errors on documentation and prescriptions, and were also most instrumental in creating documented interventions were medication doses were incorrect. A multi disciplinary approach and communication is essential in reducing the incidence of medication errors. Thus prevention of medication errors requires collaboration amongst all health team members, which is a core competency element requirement as a registered nurse. Nurses play a key role in the process of medication administration and therefore cornerstone to able to prevent medication errors in practice. Critical thinking and
experience are core themes to medication errors, and care competency standards all nurses need to uphold constantly.\textsuperscript{3, 4, 14}

**Reflection Two**

Worldwide, heath care services are experiencing serious shortages of nurses.\textsuperscript{15} Relatively few men compared to women enter the nursing profession. Men only make up 10% of the workforce in the UK, USA and Canada.\textsuperscript{15} On the commencement of my first clinical placement, I was acutely aware of the significance of been a male nurse, and how this would translate into real clinical practice, as the nursing profession is largely female dominated.\textsuperscript{16, 17} Studies have pointed out that men are reluctant to enter nursing due to role stereotyping and gender biases.\textsuperscript{17} Although history shows that males have worked as nurses for hundreds of years, very few males are actually aware of contributions made to the nursing profession.\textsuperscript{16} Negative perceptions of male nurses been feminine or even gay exist, because they possess the element of care. Caring is a more perceived female trait.\textsuperscript{16, 17} According to Kelly (1994) as cited by Grady\textsuperscript{17}, obstacles that face male nurses, are the limited opportunities to work with male nurses in clinical practice.\textsuperscript{17} In addition, the sense of “being thrown into the deep end”\textsuperscript{18} in over whelming, as you are now confronted with an array of situations and unfamiliar tasks.\textsuperscript{18}

I was in the process of caring for a fifty seven year old lady, who was post operation for a C3/C4 laminectomy spinal procedure. This patient was of Maori decent, very proud women, and had an indwelling urinary catheter (IDC) inserted following her surgery. My preceptor advised me that due to the fact that the patient was passing acceptable volumes of clear urine, the IDC had been scheduled to be removed. I began to become very anxious in the possible event of me – a male nurse having to remove a female IDC, as I knew she was very proud woman and got embarrassed easily. Maori view health as holistic care, including wellbeing and the importance of the mind, body, spirit, family and land.\textsuperscript{19} Evidence has shown that there exist negative attitudes by health care clinicians towards Maori women, and that the needs not been met. Maori women have been exposed to problem focused care, rather than holistic care, and with nursing care been judgmental and not been listened to or acknowledged.\textsuperscript{20}

My anxiety level was high, and I did not want to have to place her into an embarrassing situation, as I assumed her preference would be, to have this procedure performed by female nurses. Been only my second clinical placement, I was feeling very anxious
regarding the appropriate use of touch, or lack of guidance in this area. In addition I had never in real clinicians practice removed as IDC. Students often do not have many opportunities to practice with catheter products, so although I relished the opportunity, I was very anxious. There is evidence to show that causes for student errors involving catheters were mainly when protocol or procedures were not correctly followed or not enough knowledge was known about the skill to be preformed. But I realized that this was part of my scope of practice, and that I had been trained on this procedure and could perform this procedure adhering to all the professional codes of practice required for me to achieve a successful health outcome. I reflected on my own feelings of anxiety and then confronted the patient and in an honest, caring manner, advised her that it was my profession, and that I was skills trained in been able to fulfill this task, and that even as a male, had 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.). After a brief discussion, we dually agreed, she consented and I undertook task of me assisting my preceptor in removal of her IDC.

On evaluation and analysis, this event turned out to be very successful, and the patient was extremely pleased and satisfied with care provided. A therapeutic bond of trust was formed, and we both had a good laugh and discussion during the intervention. I realized that my own emotions had probably clouded my judgment, and automatically assumed that she would prefer the care of a female nurse. However, after coming to terms with my own feelings, I realized that she was not really concerned if the nurse was male or female, but as long as she received the highest level of caring service. 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.). Cultural safety in regards to the patient's Maori culture should also strictly be adhered to and respected. Cultural safety provides an effective way of developing relationships based on the understanding that the patient may have a different worldview from that of the nurse. It requires the nurse to explore their own culture and be aware of any negative impacts of their beliefs and practices may have of the care they deliver to patients. Caring for individuals from diverse background is a daily reality for nurses, and are required to provide both safe and culturally sensitive care at all times. Evidence has shown that “nurse knows best” approach with patients have not recognized or respected Maori women rights. Nurses in providing care to other cultures have a professional and ethical responsibility to recognize the need of patients in providing nursing care. Disparities exist in vulnerable and marginalized population groups like the Maori, and nurses play an important role in delivering cultural sensitive nursing care and making a positive difference in developing meaningful health experience for the patient.
In future, my action plan will reflect that I have come to the realization and understanding that patient care is paramount and it is not gender specific. After this event and reflection, I became more confident, and trusted myself in delivering appropriate care to the opposite gender. Nurses also play a vital role in delivering health care to marginalized populations and cultures like the Maori, and as nursed we can make a positive experience to their health experience, respecting all their culture values and beliefs. I addition also respecting the knowledge of Maori patients and family and their understanding of health practices, and incorporate their views and expectations into planned nursing interventions. However males in nursing are still faced with barriers such as the accusations of sexual appropriate by female patients, lack of male nursing professors and clinical instructors, however a study conducted by Fotter (1976) as cited by Roth showed that large majority of nurses and patients had positive experiences with male nurses. Males are capable of as much emotional richness and interest as women are. Promoting mentorship programs, and the history of men in nursing should be discussed more often, and with these elements reduce mis-conceptions and perceptions on males in nursing.

References
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