

This essay will reflect on my first clinical experience during my placement. I will discuss about four domains which are Professional and Ethical Practice, Care delivery, Care Management and Personal and Professional development. I will also define reflection as well as highlight my strength and weaknesses and relate theory to practice and then finally give an overall conclusion of my experience.

According to Gibbs (1988), Reflective Cycle provides a straight forward and structural framework and encourages a clear description of the situation, analysis of feelings, evaluation of the experience, analysis to make sense of the experience, conclusion where other options are considered and reflection upon experience to examine what the professional would do should the situation arise again.

The NMC (2008) standard code of conducts, performance and ethics requires all nurses and healthcare practitioners to recognise duty of confidentiality owed to patients as part of its code of professional conduct which states information about patients must be treated confidential and use it only for the purpose which it was given. As it is impractical to obtain consent every time information is shared with other multi disciplinary, you must ensure patients understand that some information may be made available to other members of the team involved in the delivery of their care. There must be guard against breaches of confidentiality by protecting information from improper disclosures at all time.

During my placement, I observed and learned from my mentor as I worked alongside with her. In order to protect patient's confidentiality, the name of the patient will be changed in accordance with the NMC (2008). Kelvin is a 7 years old boy who was admitted for sepsis (febrile neutropenia). I learnt about his medical history, his social background and treatment. I needed to have full understanding of all relevant information about his care.

My first contact with the patient was quite strained as we were both apprehensive about what to expect from each other but I was aware that time was needed to build up a trusting nurse/patient relationship. The best way to build up such relationship is through communication and also listens actively. When I arrived in the patient's room with my mentor, my mentor told him who I was and asked if Kelvin was happy for me to come in and help with the dressings as the patient's consent must be obtained before treatment can commence. The consent given was verbal and given freely by

Kelvin for my right to observe, examine, treat or provide an act of care based on information and understanding of what is proposed . Kennedy & Grubb (1994) suggest that “in order to give consent, a person must be deemed to be competent by obtaining consent previous to any clinical procedure being carried out, this requirement is both legal and ethical imperative ”.

I introduced myself to Kelvin and spoke freely to him, asked how he was feeling etc. This helped break the ice and I explained that I needed to ask him a few questions to enable the best care possible to be carried out. I observed how my mentor removed his dressing using the appropriate aseptic techniques and there was no sign of infection. My mentor then redressed the wound and told Kelvin to buzz if he's in any pain . I then did his baseline observation i.e. blood pressure, pulse, oxygen saturation, temperature and respiratory rate. I explained to Kelvin that it was important I had an idea of his normal ranges and monitor any changes.

The purpose of communication is to ensure appropriate social contact and professional interaction to meet patients' needs. According to NMC code of professional conduct (2002) all patients have the right to receive information about their condition. Nurses must be sensitive to their needs and respect their wishes of those who refuse or are unable to receive information about their condition. Information should be accurate, truthful and presented in such a way as to make it easily understood.

Throughout my contact with Kelvin I felt that because of my previous experience within the community I have improved in my communication to others i.e. patients and their health care needs. I have begun to see patients holistically and understand that they are not to be regarded as tasks. Whilst retrieving the relevant information from Kelvin I was aware that the information gathered needed to be recorded appropriately and accurately. I sought reassurance from my mentor on several occasions.

During my placement I learnt that keeping good records helps to protect the patient's continuity of care by aiding the communication between the multi disciplinary team and helping promote high standards of clinical care within the nurse/patient relationship.

Using reflective practice is an integral part of nursing as it helps with evaluating the care given and therefore we are able to learn and reassess the patients' individual needs and keep on improving upon care delivery both regarding ourselves and those within our working environment.

My opinion on the Gibbs Reflective cycle is that I am able to look back and see the work I have carried out and it enables me to reevaluate my practice whilst looking at it from an objective point of view which in turn ensures further learning and knowledge gained is constantly improved upon.

Appendix

Kelvin is a young boy of 7 years old with Sickle cell anaemia who had a bone marrow transplant in August 2010. He was born following normal pregnancy and delivery. He lives with both parents and three siblings. He has had severe admission with viral and suspected fungal infections. His current admission was due to sepsis (febrile neutropenia) due to parainfluenza 3 and treated with ribavirin. He is currently on tacrolimus as immunosuppression which is being weaned gradually over 6 weeks.

Referencing

Kennedy & Grubb (1994) *Principles of Medical Law*, Oxford University Press, Oxford

Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Brookes University, Oxford.

Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*.

Nursing Midwifery Council, (2002), *Code of Professional Conduct*, London