

This assignment will illustrate instances wherein reflection as a nursing approach has helped me in my professional and personal development. This assignment is about my nursing experiences during my first clinical placement. This assignment also relates and focuses on patient confidentiality. I have chosen Gibbs (1988) Reflective Cycle framework for reflection. I hope to demonstrate my ability to reflect on a specific incident during which I have observed and practiced. During this process of reflection, I aim to demonstrate my ability to link theory to practice. Reflection has also enabled me to have a better understanding of myself and my professional practice. During this process, I became aware of some uncomfortable feelings which have stemmed from experiences which I needed to explore to identify the root of my concerns. Having analysed these feelings and knowledge, I hope that this assignment would illustrate that as a reflective new practitioner, I have arrived at new perspectives and action plans.

According to Gibbs (1998) 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.

During my clinical placement in a surgical ward, I had the opportunity to observe and participate in pre-admission/assessment and pre-operative care of patients. I was very keen to learn and I worked very hard to assimilate all that I have observed and participated in. During my first shift I received my first report about the patients on the ward, their diagnoses and their treatments. I was privy to their confidential information. I felt so privileged that they have given me their trust about their health and their information. I fully understand that with every privilege is a responsibility and duty and as a nurse this duty is carved within our code of conduct. The NMC (2008) The code- Standard of conducts, performance and ethics, requires all nurses and healthcare practitioners to recognise duty of confidentiality owed to the patient

as part of its code of professional conduct which states, 'You must treat information about patients and clients as confidential and use it only for the purposes for which it was given. As it is impractical to obtain consent every time you need to share information with others, you should ensure that patients and clients understand that some information may be made available to other members of the team involved in the delivery of care. You must guard against breaches of confidentiality by protecting information from improper disclosures at all times'.

Throughout my placement, I have to observe and learn from my mentor as I worked alongside her. This assignment centred on a particular experience during one of my shifts. In accordance with the NMC (2008) The code, Standard of conducts, performance and ethics for nurses and midwives, confidentiality shall be maintained and all names have been changed to protect identity. I called him Ted, a 75 old man; he was admitted for total hip replacement. I was involved in his pre-admission and post operative care. I learnt about his medical history and his social background and treatment, I needed to have an understanding of all the relevant information about his care. I was also with him when the theatre staff came and collected him from the ward. During this time when the nurse came down and did his pre-operative check something concerned me about the way the nurse undertook the check. Although it was thorough I felt that she was not discreet enough and I was concerned that she could be overheard by the next patient. However, I did not say anything and thought that probably it was the way it always done until now when I was reflecting what happened.

Towards the end of a shift, as expected, a handover had to take place from the morning to afternoon shift. As what happened previously, I was waiting for my mentor to start the handover in respect of Ted. Without prior notice, my mentor informed me that she wished me to give the handover by the bedside. I was quite nervous but as I have mentioned earlier, I felt that I had to do it no matter how I felt. She also said that she was happy that I had enough time to learn about Ted's medical condition and she believed that I could do the

handover. I didn't argue, but the truth was I did not want to do the handover because I knew I was not ready. However, I felt I had no other option but to do it.

I was so nervous and I was unaware of the patient's surroundings. I failed to take into account that we were doing handover in a place where I could be overheard by other patients and visitors in the next bed to Ted's. My action might have put patient confidentiality at risk. McMahon (1990) and Johns (1989) have documented concerns over possible confidentiality breaches while handing over care at the bedside. Ward 1988 excuses the fear of confidentiality by pointing out that doctors have been known to discuss patients in the middle of the ward for all to hear. While the NMC (2008) guidance on confidentiality and accountability must also be considered, the need for patient's consent to discuss their information in an open ward may result in some patients being included in hand over and others not. Ward 1988 argues that patients can see some of nursing care being carried out and that they discuss this among themselves. Ward also argues that handover is for discussing nursing care and diagnosis. Nursing care, however, should be treated as confidentially as diagnosis, as this is personal to each individual patient.

Upon reflection, I realised that trust is at the heart of the nurse/patient relationship. Implicit within the duty of care owed to the patient is the duty to recognise the right of the patient to have personal information relating to him/her confidential. Although, taking this to the extreme, my patient, Ted could have easily seen what I did, albeit unintentionally, as a breach of his confidentiality. This could have had a negative impact on my conduct as a nurse. This was an experience that made me think deeper about my responsibility regarding patient confidentiality.

Confidentiality is a duty ingrained within the NMC (2008) The code –Standard of conduct, performance and ethics and it is also ingrained within NHS contract of employment of nurses. The Trust where I was allocated for my first placement has a Confidentiality and Disclosure of Personal Information

Protocol which I found very helpful. The protocol states that "The processing and disclosing (sharing) of personal identifiable information about patients and staff within the trust is fundamental to the care and well being of patients. Regarding sharing of information with other professionals, the trust's protocol also states, Information relating to a patient maybe shared with other professionals concerned with patient's care and treatment. These professionals must abide by the rule of confidentiality." The Trust protocol I, the NMC code (2008), and the Data Protection Act 1998 had emphasised to me the significance of protecting patient's information. Protecting patients' confidentiality is my duty and responsibility as a nurse, professionally, legally and contractually.

Further reflection allowed me to identify other areas of concern regarding lack of confidentiality. This was in relation to the use of handover proforma. This was a sheet that was being used to jot down some relevant patient details during handover. Although the proforma was useful, I felt that it could be a potential risk to breach of confidentiality if it was left hanging around on the ward. It could be dropped accidentally, or could be left anywhere and be lost. It concerned me because should it fall on the wrong hands, patient confidentiality could be breached. However, I found that the use of the proforma was very useful as it help the nurses to remember name of the patients, nursing care given and treatments needed, etc. I have discussed my concern with my mentor and I suggested that the proforma must be shredded at the end of the shift. More importantly, nurses must ensure that they write only the minimum of identifiable information on the sheet and where possible anonymise information written on it. The principles of data protection Act 1998, B. Diamond (1998) emphasised that personal data processed for any purpose or purposes shall not be kept longer than is ne cessary for that purpose.

As a nursing student and an independent practitioner I must consider my actions carefully. It is upon reflection that I realised that during my initial handover I might have breached patient confidentiality. I felt that I might have done this by giving my handover at the patient's bedside without adequate

regard to assessing the risk of being overheard. On reflection, I could not remember how loud my voice during the handover was – all I knew I was trembling and I was petrified! I was overwhelmed with 'nerves', I was not thinking clear. The NMC (2008) The Code- Standard of conduct, performance and ethics (2008) clearly states that as a nurse you must protect confidential information. Special training is needed to ensure that practice is consistent with policy in any authorized disclosures of personal health information because the risk of a breach is particularly great when information changes hands.

The handover has traditionally taken place in an office where patients do not have the opportunity to overhear what is being said. It is only in recent years that nurses have begun the practice of handing over care at the patient's bedside (Greaves 1999). The current practice has changed from the type of round where the purpose was purely to check standards of care overnight, to today's efforts to involve patients more. This shift in emphasis is a move forward in changing traditional nursing practices and has accompanied efforts by nurses to individualise patient care (Johns 1989). However Webster (1999) wrote that the bedside handover results in better nurse -patient communication and a sense of partnership. On the other hand Smith (1986) suggests that the correct location is somewhere private, away from patients and without distractions.

As a student I would somehow grow in confidence. I would like more practice doing handover in private in the office. Eventually when my confidence is stronger, I would like to gradually venture to the bedside where the patient will be personally involved. I understand that nursing is dynamic and it will continue to change to meet changing demands, for example, to facilitate better patient communication. I have to learn to accept change and to look at the positive effects of change like the practice of handover from office to bedside. I need to understand change and the risks that go with it whilst mindful of my duty to protect patient information and confidentiality at all times. I will continue to use clinical supervision to discuss anything that I feel

might affect patient confidentiality. I will continue to be vigilant and assess risks to ensure that I plan my nursing activities

Everyone who becomes a patient is vulnerable to public exposure, as details about his/her personal life, treatment or care are passed around. However how abstract it may appear, patient's medical history forms a part of who they are. Their 'story' belongs to them. To ignore or minimise the precious nature of the person's 'story' is to imperil them; exposing the person to anxieties and insecurities of which we may know little, and understand even less. Patient's medical history belongs to him/her and should be treated with utmost safeguards, respect and confidentiality.

I would still use the proforma because I have found it useful. However, I will anonymise as much as possible information that I write on it. At the end of the shift, I will shred the proforma that I wrote on and discard it safely to ensure that I protect patient confidentiality.

According to Grey et al (2000), the delivery of hand over is the key to the overall delivery of high quality nursing care. I believe that this particular nursing action should always have 'patient confidentiality' at the heart of the process.

I have gained a lot of experience from my first placement and have reflected on these and my nursing actions. I have developed professionally and personally as nurse and I have a better understanding of patient confidentiality.

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Reflective Portfolio (Word count 2000)

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