Sheffield Hallam University

Faculty of health and wellbeing

Advanced Diploma in Adult Nursing.

Summative Assessment Submission.

Foundations of Inter-professional Practice

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I will reflect on and explore the relevance and effectiveness of what I have learnt during the Foundation of Inter-professional practice (FIPP) module. This will include effective communication; my own communication skills, techniques and various communication skills learnt. I will also include principles of professionalism such as values, ethics, and anti-oppressive practice.

After a couple of seminars I found myself wondering what all this group work had to do with being a nurse, I knew that we would one day I work along side or with other professions but these sessions did not enlighten me to what the other professions' actually did. Reflecting on this at home, the reality hit me! Throughout the group work, we all had different views depending on our chosen vocation giving us a wider scope and understanding for our development.

Communication skills are one of the most important factors in the health care sector. The quote below indicates how important communication is as well as other skills.

"***Effective*** *health care integration requires* **effective communication**, *teamwork and the commitment to deliver integrated care."* (Atwal A 2002)

Communication is expressed in various ways;

- Verbal – this can be spoken or sound
- Non-verbal – this includes body language, facial expressions, written or sign language.

Communication is a way of passing information on, from individual to individual or even groups. By communicating with our Service Users we can reduce complaints, get to know them and understand their concerns. By using skills such as active

listening, effective questioning and eye contact helps a service user feel at ease, moreover builds a good rapport. There are several forms of questioning which help communicate these include open, closed, leading, and probing by using these we can gain answers. Non-verbal communication is used to break communication barriers such as language. Hand gestures and facial expressions can indicate pain, the severity and where it is.

When communicating with service users we should use the acronym SOLER (Crawford, Brown and Bonham 2006), this interpreted means; Sit squarely, Open posture, Lean forward, Eye contact and Relax. By applying to these terms, we can gain the trust of the individual and look like we are active listening.

After reading the Victoria Climbie case, I was appalled at the lack of communication between the health care professions. If the health care professions had communicated with each other Victoria might still be alive today. The next quote indicates how important communication is.

"In some cases nothing more than a manager reading a file, or asking a straightforward question about whether standard practi ce had been followed, may have changed the course of these terrible events" (Lord Laming 2003).

Our FIPPs communication lecture was very interesting and beneficial, it made me question my own communication styles and techniques making me wonder what my strengths and weaknesses were. I have realized that I needed to participate more in the activities. However, I felt that there was little opportunity to as others were quick to jump in and answer questions leaving little chance for the rest of the group. Reflecting on this, would I have answered the questions if I had the opportunity? Probably not.

This will definitely be a high priority on my action plan, to participate more effectively in-group discussions.

Coming from a career as a profound learning disability support worker, I have found that my non-verbal communication skills are my strengths and verbal my weakness, these I definitely need to develop for my future profession.

At the beginning of the course i participated in a Vark (Neil Fleming 2001) questionnaire, this looked at my personal learning styles. The outcome was that I learnt best by reading and writing, I scored low in the visual, aural, and kinaesthetic. In reflection, I would prefer to read and write in order to learn, this help keep my brain active therefore I concentrate more. However, I need to develop more in the other areas, as I am aware that not all of my learning at University and in the nursing profession is taught this way.

Another test I participated in was the Honey & Mumford (1986)learning styles questionnaire, the outcome suggested I was a reflector, this meant that I like to stand back, ponder and observe experiences 'look before you leap' approach. I would also agree with this but where appropriate I will adopt a different role, e.g. during our first group gathering to discuss our formative assessment the majority chatted about personal lives rather than contributing, reflecting on this later that evening I found myself annoyed, I had not spoken up in fear of offending. The next time we met, I adopted a keener role probably a pragmatist, I arrived with all of the assignment drafted out, my laptop and a determination to get everybody involved. This worked well, the assignment was completed and everybody had an input. I felt uncomfortable taking the lead however I need to adopt this role as I will hopefully, in three years, be in a position to delegate, and work along side other nurses. The reflector role

explanation seemed to make me sound lazy, but after research, I found a quote in the nursing standards that eased my fears.

'*The results are congruent with UK studies, which show that* the ***reflector*** *is the preferred* ***learning*** *style of undergraduate nursing students* . (Rassool GH 2007)

To have a Profession in the health care sector needs skills such as experience and knowledge in a specific role. Whereas, professionalism is having the attitude, to be able to maintain appropriate and effective communications with patients and professionals, making sure documentation is up to date and accurate, dealing competently and fairly with infection risks and supervise effectively jobs that have been delegated with informed feedback. Moreover professionalism means being honest, respectful, have ethical principles and follow codes of conduct. The Health Professions Council (HPC) sets standards of professional training, performance and conduct. These include, acting in the best interests of the service user, confidentiality, high standard of personal conduct and reporting any health or safety issues. The HPC is not my professional body; they are an independent health regulator that protects the health and well-being of people using services of the health professionals that are registered with them.

Haralambos and Holborn (2004 pg 34) makes reference to Bernard Barber's functionalist view of professionalism, he argues that professionalism involves 'four essential attributes' this is the one that I feel professionalism means to me,

'Professionalism involves a concern for the interests of the community rather than self interest. Thus the primary motivation of professionals is public service

rather than professional gain: doctors are concerned primary with the health of their patients rather than with lining their pockets.'

As a group, we watched a trigger (3-minute video clip) about a teenage boy, Jack, and his first time experience at an open day for training. Jack explains how the article had all the details on that he needed to enquire further. The conversation excited him after finding out that there were to be professionals there he could meet. Everything was carried out professionally and with professionalism, e.g. Registration forms, information packs, financial funding, modern equipment and interesting relevant lectures.

Ethics is what is right or wrong. What ought to be doing, not what your interests are. Ethics involve code of conduct, a morals that means acceptable behavior, values that include principles and beliefs, being honest and many other aspects.

For many people the word ethics has different meaning to coincide with individual personality. However all duties must be carried out in an ethical manner and with the service users interest at heart.

As part of our learning, we were given scenarios. The one that sticks in my mind was about a man that was married with a baby on the way; he had just been diagnosed with HIV. He requested that the doctor did not tell his wife. What would we do in this situation if we were the doctor? This opened up a lot of debate, as health professionals we have a right to obtain patient confidentiality. However, the only exclusion to this concern occurs when disclosure is considered to be in the public or patient interest to prevent harm.

This means that there are no discriminations i.e.: stereotyping, labelling, or judging. As you can see, Anti oppressive practice is an essential part in the nursing profession. Professionals have a duty to treat people fairly and abide by The Nursing and Midwifery Councils code of Professional Conduct (2002) this states,

"You are personally accountable for ensuring that you promote and protect the interests and dignity of patients and clients, irrespective of gender, age, race, ability, sexuality, economic status, culture and religious or political beliefs."

My allocated group throughout the FIPPS modules consisted of 1 Operating Department Practitioner (ODP), 1 physio-therapist and 6 adult nurses. We named our group "the cabbage patch kids".

After hearing about other group sessions, I felt that I was quite lucky. Our entire group communicated via our discussion board, with reference to meeting up to start our assignment, I am happy to announce that everybody attended and showed willing. As I indicated earlier, the first meeting did not go to plan. On the second meeting, our communication skills came into force. A couple in our group where quite good at critically analysing therefore, contributed quite a lot, however the rest of us contributed with other skills we had. We worked really well as a team and I would happily work along side them again. I contributed fairly and delegated a little too, the entire group had an input concerning the content. Individually we read the final product before submitting to make sure that we were all satisfied.

Conclusion

FIPP has been a good experience. The need for us to work in a team of diverse health workers can be beneficial as well as refreshing. By communicating, we can improve efficiently the care of patients as well as gain extra information about our client's limitations, conditions and needs.

There is a lot about my learning and knowledge that needs improving, these I will address on my action plan (appendix A), also how to achieve positive outcomes.

Action Plan

Target	Priority	By when	What specific actions/resources are needed?	Measured by? (How I'll know when I've achieved it)
Improve on group discussion.	High	By the end of this semester, definitely before I qualify	Taking a more active part in seminars Develop my skills on reading aloud by practicing at home.	Feedback from my Tutors. Keep a note of amount of times I contribute in seminar. By asking my peers.
Improve on my verbal communication	Medium/high	Before I start my placement, (the end of march 08)	Make conversation with people I have seen but barely know, find out more about them without seeming nosey.	By assessing how many people I get know. How I engaged in conversation. Did they found me pleasant?
To time manage my assignments.	High	As soon as possible! Now!	To write all of my assignment given dates and due dates, on a white board and in my diary	By crossing them out when they are completed. Completing them with time to spare
Improve my medical and social skills knowledge.	High	During my first placement March – May 2008	Be observant. Ask questions. Actively listen and cooperate accordingly.	Feedback from my mentor, comments written in my placement book and my own competency.
Improve on my academic writing, i.e. Punctuation, spelling, formatting etc.	High	I am developing my skills all of the time,therefore have already started to improve.	Seek advice about writing and academic skills. Proof read and use spell check.	Feedback from my tutor, plus my grades. Confirmation from the writing and academic skills drop in sessions

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