

Introduction.

This report will discuss an incident of accountability that the student has encountered during her nurse education. The issue of accountability will be reflected upon using the Gibbs (1988) Reflective Cycle (See Appendix 1) and discussed and the benefits of using reflective practice identified. In accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct 2004, nurses must protect the confidentiality of the patient therefore no-one will be named.

1. Accountability and responsibility.

Nurses hold a position of responsibility in which they are relied upon by others and have a range of accountability to the NMC (professional), contractual (employer) and to the law (legal) for their actions (Benbow 2008). Professional accountability - being responsible for your actions and for the outcomes of these actions - is part of the framework of clinical governance, which aims to provide good quality, cost-effective, evidence-based care (Tilley & Watson 2004).

2. Clinical governance.

Clinical Governance can be defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment to ensure that patients receive the best quality of care available (Sally & Donaldson 1998).

3. Description.

3.1 What happened?

Whilst on a busy family planning clinic placement, my mentor and I were seeing over ten clients in two hours. This young client reported of she had been called to the clinic to get treated for Chlamydia. She had a smear test a few weeks ago and some swabs were sent.

Chlamydia is Caused by a bacteria: *Chlamydia trachomatis* Chlamydia is the most common Sexually Transmitted Infection seen in clinics Chlamydia can spread silently in men and women 50% of men and 80% of women who have this infection have no symptoms,

- **Signs in women include:**
 - Post coital bleeding and/or inter – menstrual bleeding
 - Lower abdominal pain
 - A vaginal discharge
- **Signs in men include:**
 - Urethral discharge
 - Dysuria

Chlamydia can also cause infertility.

The nurse requested for the doctor to prescribe some azithromycin. The doctor prescribed the drug. The nurse explained to the patient that she had four tablets to treat her chlamydia, gave her a glass of water, four tablets and she swallowed them and then asked these are not antibiotics as I am allergic to them. The nurse did not however check the

clients allergies before she took the tablets she was in a hurry as so many clients were waiting.

in line with the NMC (2002) Guidelines for the Administration of Medicines. and proceeded to administer 1g of Azithromycin which the patient took. She reported this to her line manager to be investigated further, the error was also documented in the form of an incident form.

4. Feelings.

4.1 Of the Student.

The student sympathised with the nurse as she was evidently extremely busy and the drug itself is commonly prescribed for the treatment of Chlamydia .and this could have led to the careless approach. The student also felt a little guilty as her presence was possibly adding to the nurse's workload and stress.

4.2 Of the Nurse.

The nurse was extremely apologetic, but felt that she was blamed for an error that was in part the fault of the Doctor as she had prescribed the medication also without noticing the allergy, but as Baly (1984) identifies it is not the obeying of doctor's orders but the quality of nursing care delivered that is paramount. The nurse also remains accountable for her actions.

4.3 Of the Patient.

NMC (2004) states that the nurse must obtain consent before giving any treatment or care. Though the nurse did not do this well, learned helplessness of patients is still

prevalent in clinical situations (Lawrence-Smith & Sturgeon 2006). There is also the additional concept of not wanting to be deemed a “bad” or “difficult” patient. The patient was extremely forgiving and despite everything did not formally complain, though it possibly affected her confidence in the nursing team.

5. Evaluation

5.1 What was good about the situation?

Though the error had occurred, the nurse did make some attempts to correctly administer the drug by checking the prescription. She also gained verbal consent from the patient when giving the medication. Once the error was noticed, she acted quickly and informed the Doctor and her line manager. She also correctly documented the incident in accordance with the NMC (2002).

5.2 What was bad about the situation?

There were several factors that contributed to the drug error. The nurse was extremely busy and had not undertaken the appropriate checks. The doctor had also failed to notice the error and the patient herself did not mention it. The allergy was present on the clients notes. The NMC (2004) states that any information regarding the patient must be clearly documented to allow better communication between members of the health care team.

6. Analysis.

6.1 What sense can be made of the situation?

This experience highlighted the need to check the clients notes, and also verbally confirming with the patient whether they have any allergies. The nurse remains

professionally accountable to the NMC where it states that it is the nurse's professional duty to identify and minimise risks to patients (NMC 2004).

7. Conclusion.

7.1 What else could have been done?

This experience highlighted the importance of completing documentation. The allergy should have been noted on the care plan and handover sheet. Thorough and detailed assessments of patients should also be carried out before delivering any aspect of care. This on-going process remains the nurses' responsibility so that if any information has been overlooked or incorrectly documented the nurse can act to maximise the effectiveness of their care.

8. Action plan.

8.1 If this situation should arise again, what might be done differently?

If this or a similar situation should arise again, the student would follow first check the prescription with the nurse and inform the doctor of any allergies before she prescribed any medication. She would also use her position as a student to check with the nurse the correct procedure for giving medications. Should any discrepancies still occur, they would be brought to the nurse's attention at this point. The student would also ensure to the best of her abilities that all documentation was up to date to help to ensure that other nursing staff did not make the same mistake.

Conclusion.

From this experience the student learned that drug errors can happen for various reasons. The experience has emphasised the need for complete concentration when administering drugs. It has also emphasised the fact that the final accountability lies with nursing staff when administering drugs.

Reflective practice is an important approach to learning and is associated with learning through experience to improve the quality of care. Through reflective practice the student has learnt that the nursing staff are accountable for the welfare of the patients which will affect her future care as a qualified nurse as she will be aware of her accountability and duty towards all aspects of a patient's care despite the pressures of a busy ward. The student will also try to ensure that all care plans, handover sheets and patient identification wristbands are up to date.

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