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PRINCIPALS OF CARE

DELIVERY ASSIGNMENT

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For the purpose of this assignment, the author will identify the assessment skills that are utilised to identify a clients needs by a third party, using Gibbs Reflective Cycle (1998) (appendix 1). The reflective model used is Gibbs model of reflection as the author finds it the easiest model to follow.

The author has changed the names of any clients used in this assignment, to protect their confidentiality, as referred to in the Code of Conduct Handbook. (Nursing and Midwifery Council 2004). The NMC states as a registered nurse you must guard against breaches of confidentiality by protecting information from improper disclosure at all times. The placement referred to in this assignment is an Elderly Mentally Infirm (EMI) home in the North West of England.

According to the Oxford Nursing Dictionary, assessment is the first stage of the nursing process, in which information about the patients health is collected and from which a care plan may be devised (Martin, 1998).

In this assignment, the author will reflect on the skills of assessment used by a trained member of staff in assessing a client who was very quiet and not eating her lunch. The client referred to, a sixty five year old woman who the author will call Peggy for the purpose of this assignment.

She had only been at the nursing home for a few weeks, due to her husband not being able to look after her any more, her consultant had diagnosed early onset of dementia.

There are many formal forms of assessment for example “The Roper, Logan and Tierney model of nursing (originally published in 1980, and subsequently revised in 1985, 1990 and the latest edition in 1998) is a model of nursing care based upon

activities of daily living. The model is named after the authors - Roper, Logan and Tierney. First developed in 1980, this model is based upon work by Nancy Roper in 1976. It is the most widely used nursing model in the United Kingdom and is particularly well used by nurses in medical and surgical settings.

However, for this assignment, the author will observe the assessment skills including body language, communication and tone of voice, used by a trained member of staff to assess the problem with a client.

It was lunchtime and the clients were eating their lunch when the nurse noticed by looking around the room observing the clients behaviour, that Peggy who was sitting at the dining table with several other clients was not eating hers. The nurse approached Peggy from behind and put her hand on Peggy's which made her jump and said, "What's the matter Peggy are you not hungry" the nurse had eye contact with Peggy and asked Peggy again if she was hungry? Peggy shook her head and said that she felt sick! The nurse then said in an encouraging voice "just try and eat a little, I will be back in a minute".

The nurse then came back over to me and said that Peggy looked pale and was very quiet and a bit clammy. According to Hilgard, Atkinson & Smith (1987) the social sciences have taught us that first impressions really do count in human interactions. This has two main implications when assessing a patient, the first is that we should be careful how we approach a client an offhand manner or disorganised approach (e.g. calling a client the wrong name), may upset the client. The second is we should be aware of our own first impressions of the client; which could lead them to be frightened or upset by their illness or surroundings, leading to abnormal behaviour because of this stress.

The nurse went back over to Peggy several minutes later. She pulled a chair over and sat facing her sitting quite close and took hold of her hand, I thought the nurses use of body language was appropriate at this stage, Body language is particularly important in personal communication according to Tarnow (1997). However, some people e. g. people with certain disabilities, can use and understand body language differently.

Hein (1980) also states that body language includes, facial expressions, hand and arm gestures, posture, and touch, it can also be “open or closed”. For example if a patient is asked are they feeling alright and answer yes, but they are sitting with arms folded tightly across their body, that can be interpreted as they are not.

She maintained eye contact with Peggy. Eye contact is an event when two people look at each other's eyes at the same time. It is a form of nonverbal communication and has a large influence on social behavior, Argyle (1990).

She continued to talk to Peggy in a calm clear reassuring voice; she asked Peggy if she could to stand. Peggy nodded; the nurse put her arm around her shoulder, held her other hand and helped Peggy to walk slowly to her room. Wiseman (1998) advocates that touch can refocus patients, who are distressed or self-absorbed, and it can reduce anxiety in stressful situations, it makes human connections and conveys caring.

Once in her room the nurse helped Peggy to sit on her bed, as she sat down Peggy vomited, and started to cry! Peggy said that she did not like it when she was sick and she was very sorry for the mess she had made. The nurse took hold of Peggy's hand and reassured her that she would be “alright” in a calm soft voice. And not to worry about the mess, as it could be easily cleaned up.

Peggy was getting quite distressed at this point. She had vomit on her clothes and looked a sorry sight sitting on the bed crying. The nurse proceeded to get Peggy a clean nightdress, towel and bowl of water; she then helped Peggy to remove her clothes. All the time talking to her in a calm soft voice reassuring her that she would be all right she rubbed Peggy's cheek and smiled at her, she then washed Peggy and put on her clean nightdress. She sat on the bed next to Peggy maintaining eye contact with her and asked her if she would like to "have a lie down", Peggy nodded and the nurse helped Peggy to lift her feet on to the bed.

The nurse asked would I to go to the sluice and get her a kidney bowl, which I proceeded to do. When I returned to Peggy's room the nurse was sponging Peggy's face with a wet cloth, reassuring her that she would be ok. She took the kidney bowl from me and knelt on the floor next to Peggy she maintained eye contact with Peggy. In a calm soft voice, she told Peggy that it was all right if she needed to vomit again as she could do it in the bowl.

The nurse then asked me if I would stay with Peggy whilst she went to get a thermometer. A few minutes later she returned, she once again knelt next to Peggy's bed and explained to her that she was going to put it in her ear to see if she was "hot", she asked Peggy if that would be ok and Peggy nodded. The NMC code of conduct (2004), states as a health care professional you must obtain consent before you give any treatment or care.

The nurse took Peggy's temperature, which was 37.5, the nurse explained to Peggy that she was "a bit hot" and that she would sit with her for a while in case she was sick again, Peggy asked if she could have a drink. The nurse explained to Peggy that she could have a few sips of cold water in case it made her sick.

The nurse pulled a chair up next to the bed and sat on it holding Peggy's hand, at this point Peggy was sick again, into the bowl, the nurse kept talking to Peggy in a calm reassuring voice whilst rubbing her back. This time Peggy was not quite as distressed as before and the nurse once again sponged Peggy's face with a cold flannel. She once again got hold of her hand and asked her in a calm low voice if Peggy had been to the toilet to open her bowels that day, Peggy said yes, the nurse then asked was it "looser" than normal? Peggy said she did not know.

The nurse turned to me and asked if I would go and get Peggy's notes from the office, I returned with the notes, which the nurse read. After reading these she turned to Peggy and said to her that "she had been put on to some new tablets for a urine infection and that it looked like they did not agree with her" she would go and ring the doctor and get some new tablets that would make her feel better. Peggy answered the nurse and said, "Oh thank god for that" the nurse knelt on the floor next to Peggy and moved her hair out of her eyes and told her "not to worry she would feel better soon".

As she spoke to Peggy the nurse was holding her hand and rubbing the top of Peggy's hand with the other one, she then turned to me and said that Peggy had seen the doctor the day before and he had given her some antibiotics for a urine infection and it looked like Peggy was having a reaction to them. She said she would not give any more of the tablets to Peggy and that once she had settled down she would contact the doctor.

The nurse sat with Peggy holding her hand and talking to her, reassuring her until she fell asleep, she then spoke to the doctor explain what the problem was, the doctor prescribed different medication for Peggy who was feeling better the next day when I came on shift.

I felt great empathy for Peggy but I felt that I was useless in that situation; as i do not think i could have anything to prevent her from vomiting. The nurse in my opinion handled the situation extremely well. Wondrak (1998), States that empathy is an important communication skill for nurses. In addition, is an integral skill in developing a therapeutic relationship with patients.

Wiseman (1996) also confirms this by stating that the basic requirement for being empathetic, are the ability to listen and imagine what it is like for that person, understand and not to judge, and the ability to communicate and understand.

The nurse maintained Peggy's autonomy and handled the situation in a very empathetic manor. **Autonomy** "Greek: Auto-Nomos - *nomos* meaning "law": one who gives oneself his own law) means freedom from external authority": Wikipedia, encyclopedia (2004).

In agreement with the patient, the nurse addresses each of the problems. For each problem a measurable goal is set, for example, taking Peggy to her room so to maintain her dignity so that if she did vomit she was not in front of the other clients (which could distress them), she reassured her that it was alright to vomit, and that the mess did not matter, she showed compassion when cleaning Peggy and her communication skills were excellent.

According to Hinchliff, Norman & Schober (2003) "There are many different areas of communication. Examples of these are, nonverbal communication, verbal communication, and symbolic communication. Nonverbal communication deals with facial expressions and body motions. "Emotional meaning" we take from other people is found in the person's facial expressions and tone of voice, Verbal communication is when we communicate our message verbally to whoever is receiving the message.

As I was an observing in the situation, I do not feel there was anything I could have done differently in this situation. The nurse in my opinion handled the situation in a professional but empathetic manor. The only thing I would do differently in this situation would be to check on Betty every half an hour, because she became very distressed when she vomited, and in case her condition worsened.

However, I now understand after observing the nurse's body language and communication skills, how important the way we present ourselves to our client is, and how it can make a great difference to the situation. If the nurse had a not been as empathetic, reassuring, or had used body language that was not appropriate, the situation could have been a lot different and the client could have become a lot more distressed.

If the situation arose again, I hope that in my nursing practice, I will be able to demonstrate good communications skills and empathy with all my patients, and that my communication skills will develop as my training progresses.

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APPENDIX 1

The Reflective Cycle

Description

What happened?

Feelings

What were you
thinking and feeling?

Evaluation

What was good and
bad about the experience?

Analysis

What sense can you
make of the situation?

Conclusion

What else could you
have done?

Action plan

If it arose, again what
would you do?

**The reflective cycle (from Gibbs,
1988)**