REFLECTION ON CARE, SUMMARY OF LEARNING, AND ACTION PLAN FOR FUTURE DEVELOPMENT

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1.0. Introduction

In nursing, reflection helps in the development of necessary skills and competencies and in translating theoretical knowledge into practical experience within the clinical setting (Bulman and Schutz, 2013). Reflective nursing practice allows student nurses to make sense of specific events and examine both their own role and the behaviour and actions of others within the setting (Brandao et al., 2019). This essay uses the Gibbs (1988) reflective model to evaluate the student nurses' experience. According to Husebo et al. (2015), this reflective cycle is relevant to nursing as it provides opportunities to assess a critical event, analyse one's response to the event, and plan based on activities that went well or did not go well. A reflective analysis of the student nurse's assessment of a wound with decisions on treatment and referral was carried out. All patient details are anonymised in line with NMC (2018) guidelines.

2.0. Description

Margret, a 78-year-old woman, was brought to an elderly care ward after she slipped and fell from her bed in her residential home. As a student nurse, I observed the nursing assessment carried out by the registered nurse during handover. We noted the presence of discolouration and red coloured patches on her hip and around her shoulders. Margret complained that she had continuous pain and a feeling of itchiness around her hips. Two days later, we observed an open would near her hip on her back. We found more discolouration around her hips. Since Margret was recovering from a hip replacement, she has been using a catheter. On referral to the physician and the care team, a potential diagnosis was made of pressure ulcer (NICE, 2014). When Margret was given the information, she was very upset as her husband had suffered from stage IV pressure ulcers before he died. She was concerned about the type of pain she would face.

Margret has tachycardia (an elevated heart rate) and tachypnoea (rapid breathing), which are established signs of increased pain (Benzon et al., 2022). We used the visual analogue scale (VAS) (Shafshak and Elnemr, 2021), a pain assessment scale, to assess her pain. She indicated a score of 5 which was increasing. One of my tasks was to clean her wound. I was trained to use the aseptic non-touch technique. Extant literature has established the importance of aseptic non-touch in treating patients with wounds (Sonoiki et al., 2020). As Marie Aziz (2009) identified, this

approach is an ideal intervention as it helps reduce the introduction of any external microbes into the wound which could further complicate the recovery process. NICE (2014) guidelines on wound management strongly suggest that aseptic methods should be the standard of practice as they can improve recovery. In line with professional guidance (NICE, 2014) and evidence-based practice (Lin et al., 2019; Rowley and Clare, 2020), the wound was cleaned after adhering to hand cleaning and glove use. After aseptic non-touch debridement was carried out, a dressing was applied in line with hospital guidelines.

3.0. Feeling

I initially faced challenges following the aseptic non-touch cleaning technique. I felt overwhelmed by the steps that I had to follow. My mentor nurse gave clear instructions and helped me understand how the wound should be assessed and treated. Though I had learnt about wound management extensively, practical solutions were challenging. Additionally, I also felt anxiety in alleviating Margret's fears. She was concerned that she would never walk again and was further concerned about the pain that pressure ulcers would give her. Though she had a son, he lived in a different country. I was concerned that I would not be able to meet the needs of the patient.

4.0. Evaluation

The evaluation stage of the reflective cycle helps identify the positive and negative aspects associated with the learning episode.

I found that the mentorship that I received was instrumental in providing good quality care to the patient. As the NMC (2018) code identified, it is important for nurses to continually improve their professional development and ask for help from other professionals where needed. On the day of Margret's admission, the mentor nurse asked me to identify key risk factors or predictive factors which could be causing her pressure ulcer. I used evidence-based practice and discovered that her age and immobility were the key reasons for her pressure ulcer (Mervis and Phillips, 2019a). As Mervis and Phillips (2019b) identified, pressure ulcers are caused by pressure injuries and soft tissue compression. While the continued use of catheters can also act as a risk factor for pressure ulcer development, I was unable to identify its role in Margret's case. When my mentor nurse pointed out my oversight, I was disappointed

in my inability to contribute to Margret's diagnosis. However, my mentor was approachable, supportive and friendly. As Evans et al. (2020) posited, the role of a good mentor is to provide a supportive network for the mentee. The authors also identified that mentors can be effective in communicating the challenges that a student nurse will face in the clinical setting and show sympathy to their initial challenges.

The supervisor also helped me understand the need to grade pressure ulcers. As the NICE (2014) pathway identifies, it is important to use the EPUAP pressure ulcer classification system to classify the pressure ulcer. We performed a joint examination of the patient and made a few important observations. Margret had localised discoloration in her skin. At the same time, there were some abrasions and blisters in a few areas. There were no wounds which reached the muscle or the bone, indicating that there were no ulcers of grade III or above. I was encouraged to provide details on how the wound should be treated. For example, as Kottner et al. (2019) argued, when there is a pressure ulcer, a multitude of treatment options can be considered. These include the use of saline sprays, silver chloride, or saline spray with aloe vera (Vachhrajani and Khakhkhar, 2020). The need for antibiotics was discussed with the physician before decisions were made to evaluate the progress of the wound. Overall, the use of a demonstration-based teaching method was a positive aspect contributing to my learning.

At the same time, there are some areas where I feel that I need to improve. Margret wanted her son involved in her treatment decisions. My mentor wanted me to initiate a discussion with Margret's son on her current condition and treatment prognosis. Though Margret identified that she wanted her son to engage in the treatment process, I did not specifically have a discussion regarding patient confidentiality. Another area where I feel I need to improve the quality of intervention is the alleviation of Margret's fear. Since her husband died with stage IV pressure ulcers which caused significant pain, she has continued to focus on how her pain would worsen. I did not take the necessary steps to alleviate her concerns, nor did I consult with others on how we can give holistic support to the patient. Finally, though the implications of continued catheter use as a factor contributing to the risk of pressure ulcers were determined, I did not display leadership skills to identify alternative treatment solutions.

5.0. Analysis

The analysis section evaluates the actions taken during the care episode and identifies areas for improvement. In particular, this section will provide a reflective assessment of evidence-based practice, the role of multidisciplinary teams, and the importance of leadership.

Nurses have a responsibility to protect their patients' privacy by not disclosing any information about them to their loved ones unless the patient gives permission. The ability of the nurse to be a confidant in the eyes of the patient is central to the therapeutic alliance (Butts and Rich, 2022). Margret confided about the challenges she faced taking care of her dying husband and the challenges he faced due to the pressure ulcers he had. I overheard one nurse giving this information to another nurse. Since the patient had confided in the staff nurse and me, and since this information was irrelevant to medical decision-making, I viewed it as a breach of trust. Even so, no active confidentiality issues arose as no sensitive medical data were disclosed, but this may have a negative impact on patients' confidence in the healthcare system. NMC (2018) guidelines indicate that it is important for nurses to form alliances with their patient, respect their dignity and manage confidentiality. In the future, I should discuss the implications of such discussions and the passive breach of trust with my mentor to evaluate how I could proceed.

It is crucial to determine whether or not Margret’s pressure ulcers were the result of medical negligence at her residential care unit. As part of her treatment, it is important to assess if the right support mechanisms were in place to avoid future falls. As part of handover, we should also have asked for information on the frequency with which she was turned, and bandages changed (Avsar et al., 2020), in line with evidence-based practice to avoid pressure ulcers. It is the nurse's duty to avoid causing harm to the patient, as stated by the principle of non-maleficence (Butts and Rich, 2022). In practice, this means making sure that no medical decision adds unnecessary pain to the patient's life. Nurses have a responsibility to exercise care for their patients. It is the nurse's responsibility to determine whether the pressure ulcer was caused by carelessness in terms of the care given in the residential care setting.

Margret showed significant concerns regarding her pressure ulcer and displayed signs of anxiety. As part of our care provision, we should have taken a leadership role to educate the patient on the implications of skin management and ways to reduce pressure ulcer severity. The involvement of other experts in providing care to Margret with respect to managing her catheter is important. Patient education has been shown to improve skin management and reduce the incidence of pressure ulcers. To prevent pressure ulcers, it is crucial to teach patients the importance of staying hydrated (Wilson et al., 2022). Dehydrated patients may have less fat to cushion their bones, which can slow the healing of an ulcer. Margret's fears can be alleviated, and her skin, diet, and hydration will all benefit from improved self-management if she is given the information she needs to become an active participant in her care. It is possible that nurses in the twenty-first century may not have time to properly educate their patients. According to James and Abraham (2020), teaching patients who do not suffer from cognitive deficits on ways to properly manage their condition on their own is crucial. The involvement of senior nurses who can provide such education is a key part of future treatment.

The involvement of multiple specialists who can provide insights on continued catheter use and its risks in impacting future pressure ulcers is important. As extant literature acknowledges, the increased use of indwelling catheters increases the risk of pressure ulcers and wounds. This is because there are continued abrasions on the skin (Jackson et al., 2019). There can be delays in removing catheters, especially amongst the elderly, due to the patient’s inability or unwillingness to use bed pans or be guided to use the toilet. As part of Margret’s care team, we should engage with the physician, the urologist and a physiotherapist to evaluate ways to improve Margret’s mobility. It is also important to involve physicians to provide insights on how continued catheter use may cause other complications, including urinary infection. At the same time, working in conjunction with the needs of the patient is important. The NMC (2018) calls for partnership with the patient to improve care delivery. It is important to balance Margret’s fear of falling against her physical ability to move. The involvement of a psychologist to help Margret understand the treatment options and enable her to overcome her fear of pressure ulcers is important. Nurse leadership is needed to ensure that any decision regarding the

removal of catheters or the use of walkers is made after consultation with different healthcare professionals, Margret and her family.

6.0. Conclusion and Recommendations

The action plan identifies clear areas for improvement to avoid future challenges and improve nurse competency. I have identified two key areas which can help reduce the potential uncertainties that I faced as part of this research. I should improve my decision-making skills. This can be achieved by observing mentor nurses, gaining insights from evidence-based practice, and observing complex decisions taken by multidisciplinary teams. Another important area for improvement is addressing conflict resolution. I avoided asking questions, especially with my peers, to ensure that there was no conflict. I should develop my conflict resolution skills, which can help improve decision-making. As part of conflict resolution, I should also focus on effective communication skills. I intend to look for conflict resolution workshops or communication workshops that can contribute to my continued professional development. I also intend to use journaling techniques to reflect constantly on my practice to bridge the gap between evidence gathered through research and the practical challenges that I may face in implementing such evidence.

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