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ACADEMIC AND EMPLOYABILITY SKILLS
BSMW4001_LON
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ACADEMIC REPORT

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INTRODUCTION

(Wordy Limited, 2021) states that an academic report is a piece of writing produced for cases which use a formal style to convey information acquired through reading and experimentation. Academic reports are a required tool in many study fields including chemistry, physics, biology and even humanities like political sciences.

DESCRIPTION

This academic report will be based on an episode of care for a patient who had a high risk of falling, displayed episodes of aggressive behaviour and was resistant to mental health care. My role, responsibilities and boundaries as a nurse for the patient, maintaining their safety and raising concerns I had will also be explored in this report. Additionally, this report will be presented as a reflective log, focusing on reflection in practice while simultaneously using a Model of Reflection.

(Lucas, 1991) cited by (Basot, 2016) considers reflective practice to involve a systemic examination for enhancement and greater understanding of practice. That is to say, reflective practice is an organised and thorough analysis of an event with the aim of identifying areas for improvement, success and development. Two reflective frameworks I find particularly useful are: Learning Cycle (Kolb, 1984) and Gibbs Reflective Cycle (Gibbs, 1988). Both these modes offer me a pathway to reflect on my actions in great detail, carry out self-assessments while also enabling me to address areas I can improve such as, time management, public speaking and my presentation skills.

Time Management

(Partin, 1987) states “a valuable introduction to time usage is through setting goals, recognising the importance of setting goals and that people who succeed in whatever fields do so because they had a dream, vision or goal toward which they are willing to work.” To be able to set reachable goals I understand the importance of effectively managing time and prioritising my workload. By allocating a time period to each task, I am not only able to enjoy each task and take the time to identify my strengths and weaknesses but deadlines are also met with ease.

Public Speaking and Presentation Skills

(Parvis, 2001) highlights a three-step plan to help individuals preparing for a public presentation. "To deliver their message effectively your format should include: an introduction, the body of the message, a summary and a conclusion." Public speaking and presentation skills is an area I need to develop in personally. Taking time to plan actions, what I want to present and how I conclude a presentation will give me the ability to speak more clearly as I would have rehearsed and as a result feel more relaxed to present to an audience.

Reflective Incident

My area is a mental health setting, on a female ward, caring for a patient with a history of falling, displayed episodes of agitation and aggressive behaviour. To be in line with (NHS Code of Practice) which affirms that patient confidentiality is a legal obligation, the name of the patient - I will refer to the patient as Mrs Smith - and the organisation has been changed.

While Mrs Smith was in my care my role was to maintain her safety, her personal care and overall wellbeing. After the handover, I went to Mrs Smith and introduced myself to her, asked her how she was and what she would like for breakfast from the list of choices I provided to her. I then went on to relay her request to the hostess. A significant part of my responsibility as a Mental Health Nurse is to provide patients with choices. As Mrs Smith ate, I conversed with her in order to assess her level of communication and mental state. Her responses displayed that she was quite angry and agitated which led her to lash out and attempt to punch me. I went on to inform the nurse in charge of the shift, completed a behaviour chart and documented the incident on the patient's electronic record. I tried to calm Mrs Smith down and find out what triggered her agitation using touch techniques to comfort her - gentle pats on the back whilst talking to her - while also making sure I was aware of my surroundings and being attentive to non-verbal cues of further aggression and agitation. As a nurse, it is my responsibility to be able to recognise when a patient is distressed or anxious and respond to this in a compassionate manner. In doing so, I discovered that Mrs Smith had soiled her underwear and that her distress and anger was a result of discomfort. Once Mrs Smith was calm, I had to gain her consent before I could call for assistance in order to provide her with appropriate personal care. This is in line with the (NMC, 2015) Code of practice which states that healthcare professionals should gain informed consent and document prior to any action.

Although Mrs Smith was under Dols, I am still required to treat her with respect and dignity as indicated by the (Social Care Act, 2012), ensuring that regard is made for all relevant protected characteristics under section 149 of the (Equality Act, 2010). To honor Mrs Smith's dignity I put a 'Do Not Disturb' sign on the door of her bedroom and locked it behind me. I also made sure to ask for continual consent and explain what I was going to do at each stage I was at to engage her in the process of the care she was receiving. By this point I noticed that Mrs Smith was calmer and more willing to accept care without being aggressive. I also asked her if she was in any pain to which she answered no. Once Mrs Smith was clean, to maintain her safety, I supervised her to mobilise around the ward as per the physiotherapist's recommendation, which was handheld supervision. Mrs Smith appeared even less agitated and relaxed so I was able to engage her in conversation.

Feelings

Prior to meeting Mrs Smith, I was apprehensive and cautious as I feared that she would direct her aggression towards me. This fear was based on the handover I received prior to meeting Mrs Smith. I also feared not being able to understand her needs in order to better care for her which made me feel anxious, mainly because I did not want to keep having to call for assistance as this would distract staff from their duties. (NMC, 2015) states that I must be able to ask for help from a suitably experienced and qualified member of staff.

Nevertheless, I put aside my personal thoughts and did my best to work professionally and approached Mrs Smith with an open mind. As a nurse I am expected not to discriminate towards patients and should treat them as an individual regardless of who they are

During the course of the day, there were occasions I felt frustrated and helpless because I wanted to do more for Mrs Smith, such as assisting her to use the shower instead of a strip wash and also to help her wash her hair. I thought that may help her feel relaxed as it usually has that effect on most people.

Before the end of the day, after meeting Mrs Smith and experiencing what she was like, I became protective of her, but at the same time intrigued because I wondered what was going on in her mind and how she must have been feeling. This empathy arose out of placing myself in her situation. This helped me to consider the fear she must have experienced being surrounded by unfamiliar faces in an environment she doesn't know. This prompted me to ensure she felt safe and secure in her new environment.

Evaluation

I was able to use my communication skills effectively to share information with Mrs Smith and other members of staff. I utilised empathy to support and reassure Mrs Smith when she was feeling distressed and remained calm regardless of how challenging this experience was.

As a result, I was able to maintain a safe environment for Mrs Smith and others around us by keeping Mrs Smith engaged in conversation. However if Mrs Smith had a copy of her documented care-plan which is a summary of the patient's brief history, their likes and dislikes, at her bedside table this would have provided me with insight into the method I used to engage Mrs Smith. It would also have been beneficial if Mrs Smith was able to go outside of the ward for a walk as a change of environment may have been what she needed.

Analysis

If Mrs Smith had refused to attend to her personal care, it is my duty as a nurse to document her decision and inform the nurse in charge of the day's shift. However, I would have to act in her best interest as leaving her in soiled clothing would infringe on her dignity and may cause sores.

According to the (NHS Constitution, 2015), patients have a right to refuse care and where consent cannot be gained from a legal advocate, or the patient is under a mental health section that you can forcefully treat or care must be in the patient's interest.

Furthermore, under the (Mental Capacity Act, 2005) patients who are under Dols Deprivation of Liberty [Dols] can be cared for without consent as long as the care is in their best interest and safety, such as the use of Medication to calm them. However the next kin or Independent Mental Capacity Advocate must be informed prior to any action being taken (SCIE, 2017)

Conclusion

Looking back, I could have asked Mrs Smith if she would like to go to the day area to watch the TV or play games, as she may have been bored. This could be why she wandered around the bedside or got agitated. I could have also requested for another member of staff to take over for five minutes, to allow myself time to step away from a challenging situation

and offered me the chance to reflect and re-evaluate the care I was providing.

Working with Mrs Smith has increased my interest to find out more methods to effectively and efficiently nurse a patient prone to falling that also has history of aggression and agitation. Moving forward, I will be more proactive in encouraging staff to formulate a practical care plan for Mrs Smith, which will highlight her likes, dislikes and triggers. \

Additionally, I will work with other staff members to develop a diverse range of methods to entertain patients, such as providing board games or making sure the radio is on for those who enjoy music or even having a day allocated for special treats tailored to patients. Asking family members to bring in a comforting item for patients such as pictures or favourite items of clothing would also be useful for making patients feel a little less stressed.

To conclude, I will make sure to read previous documentation about each patient regardless of receiving handover because there may be vital information that was not said during the handover. I know that ensuring that I communicate any concerns or changes in patients' needs to other staff members will enable the multidisciplinary team to provide better care for patients collectively.

REFERENCES

Bassost, B., 2016. *The Reflective Practice Guide, An interdisciplinary approach to critical reflection*. 1st ed. New York: Routledge

Health and Social Care Act, (2008), Regulation 10: Dignity and Respect.
Available at:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect#full-regulation> (Accessed 17 April 2021).

Limited, W., 2021. Writing an academic report | Wordy. [online] Wordy. Available at: <https://www.wordy.com/writers-workshop/writing-an-academic-report/> [Accessed 20 April 2021].

Nursing and Midwifery Council, (2015), pdf, *The Code: Professional standards of practice and behaviour for nurses and midwives*, prioritise people, Available at <https://www.nmc.org.uk/standards/code/> (Accessed 15 April 2021).

Partin, R., 1987. Helping Students Manage Their Time. American Secondary Education, [online] 15(4), p.13. Available at: <https://www.jstor.org/stable/41063805> [Accessed 15 April 2021].

Parvis, L., 2001. The Importance of Communication and Public Speaking Skills. Journal of Environmental Health, [online] 63(9), p. 35. Available at: <https://www.jstor.com/stable/44531703> [Accessed 15 April 2021].

Social care Institute of Excellence, (2017), Deprivation of Liberty Safeguard (DoLs). Available at: <https://www.scie.org.uk/mca/dols/at-a-glance> (Accessed 15 April 2021)

The NHS Constitution, (2015), *the NHS belongs to us all*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf (Accessed 15 April 2021).