

The meanings and implications of receiving care essay sample

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This is a reflective essay based on a significant incident while completing the practice hours for my MSPP course. The objective of this essay is to demonstrate my insight and grasp on the art and science of mentorship practice and the issues encountered during mentoring. Moreover, this essay aims to explore the issues on creating an environment for Learning and providing constructive feedback.

I have chosen this particular incident as I spend a considerable amount of time dealing with both the students and other members of the health care team and I have to maintain healthy working relationships with members of the team while ensuring that the student is provided valuable learning opportunities. To protect the identity and maintain confidentiality of the patient, staff and the organization I have chosen to discuss, they shall have pseudonyms; this is accordance with The Code requiring all nurses to uphold the duty of confidentiality to all those who are receiving care (NMC, 2015). To provide the framework of my reflective essay I will be using the Driscoll model of reflection (2007). The use of this framework gives structure and guidance and provides opportunities to view the incident from different point of views therefore highlighting the areas of practice which could be improved in the future (Jasper, 2003).

The first stage in Driscoll reflective model is a description of the event. In this essay, I will be reflecting on an incident between the student I was mentoring and a nurse colleague. A misunderstanding occurred between the two of them when I was not on shift leading the colleague to view the student as unreceptive to learning opportunities being provided, and the student feeling that she was being ostracized during the teaching session

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and that she would be recommended for failure of the placement. From what I have gathered during my separate meeting with the two of them, the event occurred during a teaching session in the nurse's station.

It was the end of the day and the colleague viewed it as an opportune time to have a discussion with the student concerning a case that they have encountered during the day. In the course of this teaching session, other people were around (nurses and health care assistants) and they were joking around and giving their input to the teaching. According to my colleague when he was asking questions about the case, the student verbalized disinterest and indicated that she wanted the teaching session to end. However, when I talked to the student to hear her version of the story, she expressed that she was not disinterested but actually was uncomfortable and felt self-conscious having the teaching session in front of other people. She also revealed that because English was not her first language there was a miscommunication when she was verbalizing her leaning needs.

Upon analysing this event and reflecting on this experience which is the second stage in Discoll's model. I have become aware that working harmoniously with other members of the multidisciplinary team is vital in ensuring that appropriate feedback is provided to students. However, it must be noted that feedback is not a one-way street. Muir and Sherwin (2011) underscored that the giving and receiving of feedback can benefit both mentor and student. Feedback encourages the student to reflect on their capabilities, develop critical thinking and self- reflection (Gaberson and Oermann 2010) and make suggestions for future growth (Howard 2009).

During this incident the student was able to realise how body language and her tone of voice can affect people's perception of her. It also enabled her to grasp the importance of overcoming her fear of voicing out her concerns. In addition, feedback gives the mentor valuable information about the strengths and weaknesses of their own teaching strategies, enabling them to refine their future teaching (Hill 2007). This incident made me aware of the value of developing proper communication and listening skills.

Communication and interactive listening skills can be the key to successful mentoring as feedback from the student allows the mentor to clarify what information the student/learner needs from the mentor, verify that the student/learner has received that information, and reflect on the experience (Haidar 2007).

As a result of the insight gained in the course of this reflection, it is but necessary to have an action plan. Having a proposed action following an even is the third and last stage in Driscoll's model and is an opportunity to formulate strategies for future professional development. Although I still have not completed the mentorship programme it does not signify that I should take a passive role and not take part in giving constructive feedback to students on placement. According to McKimm (2009) for feedback to be useful and constructive it should be an interactive communication given in a timely manner.

As mentors, we must also keep in mind that that each student is an individual and teaching style must be adapted to their needs. At the end of each shift it would be worthwhile for me as a mentor to ask the student how

they think they have done, offering positive feedback and suggesting some areas for development (Gopee et al 2004). Making time for this end-of-the-day reflection will allow the student to raise any immediate issues or concerns that they have. As a mentor I can therefore reflect on their own experiences and encourage the student to do the same. Moreover, conflict resolution training can be advantageous as I move forward and progress in my profession. Conflicts will unavoidably arise in the workplace and such training can improve my skills in dealing with and resolving opposing views.

References:

Driscoll, J. (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. 2nd ed. Edinburgh: Bailliere Tindall Elsevier

Gaberson KB and Oermann MH (2010). *Clinical strategies in nursing*, 3rd edition, New York: Springer Publishing Company.

Gopee N, Tyrrell A, Raven S et al (2004). 'Effective clinical learning in primary care settings'. *Nursing Standard*, 18(5): 33-37

Haidar E (2007). 'Coaching and mentoring nursing students'. *Journal of Nursing Management*, 14(8): 32-35.

Hill F (2007). 'Feedback to enhance student learning: facilitating interactive feedback on clinical skills'. *International Journal of Clinical Skills*, 1(1): 21-24.

Howard S (2009). 'How to make your teaching effective'. In: Hinchliff S (ed). *The Practitioner as Teacher*, 4th edition. Edinburgh: Churchill Livingstone.

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Jasper, M. (2003). *Foundations in Nursing and Health Care: Beginning Reflective Practice*. Nelson Thornes. Oxford.

McKimm J (2009). ' Giving effective feedback'. *British Journal Hospital Medicine*, 70(3): 158-161.

Muir F and Sherwin S (2011). ' Assessing and evaluating students on placement'. *British Journal of School Nursing*, 6(5): 233-236.

Nursing and Midwifery Council. (2015). *The Code Professional standards of practice and behaviour for nurses and midwives*. NMC. London.