

Reflection on assessment of asthmatic patient



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In this essay, I need to reflect on the situation that taken place during my clinical assignment to develop and utilize my experiences on the assessment and intervention of asthmatic patient in my work place. In this reflection, I am going to use Gibbs (1988) Reflective Cycle. This model is a recognised framework for my reflection. Gibbs (1988) consists of six stages to complete one cycle which is able to improve my healthcare practices continuously and learning from the experience for better practice in the future.

The cycle starts with a description of the situation, next is the analysis of the feelings, third is an evaluation of the experience, fourth stage is an analysis to make sense of the experience, fifth stage is a conclusion of what else could I have done and final stage is an action plan to prepare if the situation arose again (NHS, 2006). Baird and winter (2005, p. 156) gave some reasons why reflection is required in the reflective practice.

They state that a reflection is to generate the practice knowledge, assist an ability to adapt new situations, develop self-esteem and satisfaction as well as to value, develop and professionalizing practice. However, Siviter (2004, p. 165) explain that reflection is about gaining self-confidence, identify when to improve, learning from own mistakes and behaviour, looking at other people perspectives, being self-aware and improving the future by learning the past. In my contact with the patient, it was important for me to establish a very good rapport which is the healthcare professional - patient relationship.

There was a good mutual understanding exists between me and Mrs. A established from a sense of trust (Harkreader and Hogan, 2004, p. 243).

Ruesch (1961) mentioned the purpose of the good communication is to improve the patient's ability to function. According to Kathol (2003) healthcare provider must show up caring, sincerity, empathy and trustworthiness in order to build a warm relationship with patient. Those attitudes could be expressed by promoting the effective communication and relationships by the implementation of interpersonal skills. Thus, My reflection is about one patient whom I code her as Mrs.

A, not a real name to protect the confidentiality of patient's information (NMC, 2004). Description of the situation In this paragraph I would describe on the event that took place in assessing and provision of intervention to asthmatic patient in my work place. I was on a ward when Mrs. A was brought to the Accident & Emergency unit. She was a 76 years old been diagnosed of asthma. Mrs. A complained of shortness of breath with audible wheezing. She could not walk herself and need to be assisted if she wanted to stand or walk. Her past medical history revealed diabetic and high blood pressure.

Patient has taken her prescribed medication of ventolin at home without relief of symptom before coming to the Accident & Emergency. She was assessed and physical examination show the following: Respiratory rate 30, Heart rate 110, blood pressure 140/90, temperature 36. 2, and saturation 87. Auscultation reveals decreased breath sounds. Peak flow done before and after treatment was 125/250. Mrs. A was also coughing up small amount of sputum. Feelings In this paragraph, I would discuss on my feelings or thinking that took place in the event that happened.

Before I started the assessment, I introduced myself and approached Mrs. A. So I tried to build a good rapport with her as I do not want her to feel strange as I was not her family members or her relatives. My first approach to her was to ask whether she wanted to take her lunch. She was on soft diet as she was having a difficulty in swallowing. Then I asked her permission to feed her. She looked at me and the pain was there. In this situation, I showed up my empathy as I put myself in her shoes and assuming I was having a breathing problem.

According to Wold (2004, p73) empathy is about the willingness to understand the other person not just judging the person's fact. Then, I touched her shoulder, kept saying, and raise my tone a bit because I was afraid if she had a hearing trouble. I was reassuring her she will be fine. In the meantime, I was thinking whether the English language was not her mother tongue but I kept myself communicate verbally with her including using my body gestures and facial expression. Body gestures and facial expressions are referred as a non-verbal communication (Funnell et al, 2005, p. 443).

I thought of the language barrier that breaks our verbal communication. Castledine (2002, p. 923) mention that the language barrier arises when there are individuals comes from a different social background use their own slang or phrases in the conversations. Luckily, those particular body gestures could make her understand that I was going to assess her. During the assessment I maintained the eye contact as I do not want her to feel shy. This is supported by Caris-Verhallen et al (1999) which mentioned that the

direct of eye contact could express a sense of interest in the person to the other person involves in that communication.

As a result, she gave a good cooperation and was very happy for the assessment until finished. Evaluation Developing my skills on assessment and intervention of asthmatic patient particularly an adult has been very challenging but rewarding. My learning style was kinaesthetic where I actually carried out physical activity in my work place. I was eager to try and explore the theory into practice by assessing Mrs. A under the supervision of a registered nurse. As a busy department it was difficult to get a nurse to supervise me, but the nurses were doing everything possible to make their selves available whenever I needed their help.

The registered nurse asked me to assess Mrs A, at first I wasn't confident because that was my first patient to assess. However, the more time I spent with Mrs A, the better I become. I was anxious to put theory into action by carrying out the assessment and taken part in the intervention. I took the challenge to revise the anatomy and physiology of the respiratory system. This was very helpful in understanding the changes in anatomy and physiology of a patient with asthma. The study deepened my confidence in demonstrating competences in carrying out assessment and advising patients with asthma on the use of nebuliser. These skills have enabled me to know how to reassure patient when they come in with asthma attack. I have also developed the new skills to understand more about the trigger of asthma, symptoms, causes and intervention. It was also as my duty to feed Mrs A so that I could make sure the patient get the best care in the ward. Burnard (1990) and Stein-Parbury (1993) define attending to patient as a patient-

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centred process as well as to fulfil the basic conditions as a healthcare professional to provide the genuineness, warmth and empathy towards the patient.

I was able to improve my verbal and non-verbal communication skills in my conversation with her during the assessment as she was having a hearing problem and could not communicate in English language properly, so the non-verbal communication plays a role. Caris-Verhallen et al (1999, p. 809) state that the non-verbal communication becomes important when communicating with the elderly people who develop a hearing problem.

Hollman et al (2005, p31) suggests some effective ways to maximize the communication with hearing impairment people such as always to gain the person's attention before speaking, make yourself visible to prevent them feel frightened and try to use some sensitive touch. I feel this is a good experience to me because I learn to develop my verbal and non-verbal communication particularly. Furthermore, I also used my facial expressions to advise her when I finish. During meal time, she withdraws the meal after few seconds but I smiled and assured Mrs. A that it was good for her health to finish her meal.

Therefore my facial expression worked out to encourage her to finish the meal. Although I could not explain detail to her about the important nutrition diet that she should take, but I could advocate her to finish the meal served because the meal was prepared according to her condition. I am also particularly impressed because I am now more experienced and confident in reassuring my patient and hence achieving my goal. Analysis In order to

analyse the situation, I would add that my communication skills were very important to provide the best care to Mrs. A. My communication with Mrs. A was the interpersonal communication. This is because the interpersonal communication is a communication which involved of two persons (Funnell et al 2005, p. 438).

I realized that my nonverbal communication did also help me a lot in my duty to provide the care to Mrs. A. Even though she could understand few simple English words when I was asking her some questions but I noticed that one of the problems occurs within the communication was the language barrier. Another was I could not get consent to assess and recommend treatment from Mrs A at first because she was on pain and did not want to speak. White (2005, p. 12) recommended that a healthcare professional should learn a few words or phrases in the predominant second language to put a patient at ease for better understanding. Moreover, though the registered nurses were able to help but due to the high demand of the nurses, it was not very easy to get nurse to supervise me initially because the department was very busy. Although, it was quite difficult because I am not allowed to assess patient without supervision but this really encouraged me to work very hard. She nodded her head to assign that she agreed with me or she was given me consent. In addition, Mrs.

A also gave me a feedback that she understood my message by transmitting the message via her body gestures and eye behaviour. Delaune and Ladner (2002, p. 191) state a feedback is that the sender receives the information after the receiver react to the message. In a nutshell, my reflection explores my experiences in asthmatic patient intervention and assessment especially

the adult. I was concern about my feeling and thoughts during the assessment so that I could improve more skills in my communication and confident. I successfully communicated with her effectively as she cooperated till the end of the assessment.

So it was vital to build good rapport with her to encourage her ability to speak up verbally and non-verbal. Moreover, this ability could help her to communicate effectively with other staff nurses. She would not be neglected because of her age or her disability to understand the information given about her treatment. Hyland and Donaldson (1989), mention that communication expresses what the patients think and feel. In order to communicate with Mrs A, it was important to assess her common communication language and her ability to interact in the other languages.

In my opinion, I evaluated that it does not matter whether it was a patient-centred communication or task-centred communication because both communication mentioned by McCabe (2004) actually does involves communication to the patients. So it was not a problem to argue which type of communication involves in my conversation with my patient. After I analysed the situation, I could conclude that I was able to know the skills for effective communication with the patient such as Mrs A, for example, active listening, concentration, empathy and support the patient emotions (Walsh, 2005, p. 34).

Action Plan My action plan for the clinical practice in the future, if there were asthmatic patients that I need to help to assess and provide any medical intervention, I would prepare myself better to handle with the patients who

would have some difficulty in communication. This is because, as one of the health care worker, I want the best care for my patients. So in related to deliver the best care to my patients, I need to understand them very well. I have to communicate effectively as this is important to know what they need most under my supervision as a Clinical assistant practitioner.

According to my experience, I knew that communication was the fundamental part to develop a good relationship. Wood (2006, p. 13) express that a communication is the key foundation of relationship. Therefore a good communication is essential to get know the patient's individual health status (Walsh, 2005, p. 30). Active listening could distinguish the existence of barrier communication when interacting with the patients. This is because, active listening means listening without making judgement to listen to the patients' opinions or complaints which give me chances to be in the patients' perspective (Arnold, 2007, p. 01). On the other hand, it is also crucial to avoid the barriers occurred in the communication with Mrs A. However, I would remind myself to be confident when dealing with the patient. I would make sure I remind myself not to assume or guess what my patient may have in mind. Walsh (2005) argued that making stereotyping and making assumptions about patients, perceptions and having first impression of patients and lack of awareness of communication skills are the main barriers in providing better care to patient.

I must not judge the patients by making my first impression and assumption about the patients but I have to make patients feel valued as an individual. I should be capable to respect their fundamental values, beliefs, culture (Heath, 2000). I would be able to know on how to build rapport with the patients.

There are eleven ways suggest by Crellin (1998, p. 49) which are becomes visible, anticipate needs, be reliable, listening, stay in control, self-disclosure, care for each patient as an individual, use humour when appropriate, educate the patient, give the patient some control, and use gestures to show some supports.

This ways could help and give me some guidelines to improve my medical practice with patients. Another important thing to add on my action plan list is to know which the disabilities of the patients have such as hearing disability, visual impairment and mental disability. Once I could know the disability that a patient has, I could well-prepared my method of providing health care more effectively. To summarize for my action plan, I would start a communication with a good rapport to know what affects the patients' ability to communicate well and to avoid barriers in effective communication in future.

Conclusion In conclusion of my reflective essay, I mentioned the model that I chose, Gibbs (1988) Reflective Cycle as my framework of my reflective. The reason for choosing the model as well as some discussion on the important of doing reflection in medical practice. I am able to discuss every stage in the Gibbs (1988) Reflective Cycle about my ability to develop my experience in the assessment and intervention of asthmatic patient.