

Reflective writing for learning disability nurse



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Summary reflection -Modules 5 - 9

Working as a learning disability nurse, poses a career fraught with many interesting and often frustrating challenges. However, this is a population that cannot be ignored or slighted medically just because they present with special needs (DOH 2001). Emerson et al. (2001) state that 2.5 - 3% of the population in the UK are among the learning disabled, with 30% of these individuals presenting with categorically severe or profound learning disabilities. Emerson et al. (2001) also tell us that frequently multiple learning disabilities present in the same individual, including physical and/or sensory impairments, physical or sensory disability and/or behavioural difficulties.

The five modules presented an opportunity to explore various aspects of this specialty area and reflect on the experience on a module by module basis. The act of revisiting the individual reflection pieces to present the current summary essay allowed for not only intellectually experiencing what I wrote, but it also allowed me to re-experience each situation and gain a new appreciation for the patients I worked with, the teams I took part in, the pros and cons of each situation and what I have learned that will be immediately applicable to a real world work environment.

Importance of reflection

Driscoll and Teh (2001) tell us that practitioners can gain a stronger understanding about various interventions and protocols used, as well as reviewing the situation specifics of each incident, through the process of reflection. In particular, Foster (1985) stressed the importance of using a <https://assignbuster.com/reflective-writing-for-learning-disability-nurse/>

journal for purposes of written reflection on nursing practices and procedures in order to help clarify issues and make them more real and visual. Gardiner and Lawley (1995) believe that self awareness, one of the outcomes of nursing reflection, can enable staff to recognise the skills they employ and add meaning to their interactions with peers, team members and clients/patients.

There were many positives and negatives I experienced on a module by module basis, but in summary, these will be presented thematically.

Achievements

Module Five offered the opportunity to gain insight into the lifestyle experienced by those with learning disabilities. Similarly, Module Seven provided much needed and interesting information on the role of special health needs observed in those with special needs. This enabled me to make a difference for a client with diabetes through the development of a health care action plan that included the client's smoking cessation; something the social worker assigned to the case was no knowledgeable of.

It was quite exciting to improve my communication skills throughout the five modules. For example, I was able to improve my rapport with other colleagues and various multidisciplinary healthcare professionals as well as clients as I achieved Module Nine communication based learning objectives. Godsell and Scarbrough (2006) comment communication skills are essential for healthcare practitioners. I believe they are even more critical for those working with the learning disabled. Another example was the ability to communicate effectively myself and help others, such as residential home

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management, communicate with a specific autistic client experiencing difficulty in choosing daily activities based on his disability. I was able to include this client in the decisions made which is critical to empowering the client with a sense of self. Similarly, during Module Five, I worked with a cerebral palsy client who was screaming due to discomfort; that was her mode of communication, which at the time I failed to recognise, but upon reflection now know actions as well as words are important modes of communication for those with learning disabilities.

Shortcomings

In general, a major negative I encountered was feeling I was used as “ the help” rather than as a student nurse during my placement. This limited my ability to contribute and to grow personally and professionally. This was particularly evident during Module Five. Similarly, during Module Eight I was faced with a situation creating a significant amount of stress with no stress management advice or training opportunities from which to learn how to effectively cope. Contrary to Davidson’s (2001) research, there were no in-house stress management training opportunities to take advantage of.

There was a sharp discrepancy in Module Nine when reviewing the Valuing People (2001) discourse in relation to people with learning disabilities (PWLD) between what was written in the document and what I experienced at work; whereas the document stresses the rights inherent for all people be extended to PWLD, it was my experience that daily patients and clients were denied access to services due to budgetary measures rather than expressing interest in people’s rights to quality healthcare and a quality standard of life.

Gates (2003) tells us those with learning disabilities have rights and should be encouraged to attain respect and reach their potential.

Challenges/Learning opportunities

One of the main challenges I experienced in the module series, particularly with Module Five, was relating theory to practice. However, through additional research and self motivated learning I was able to bridge the gap.

I also experienced a number of personal and professional challenges that I believe helped me become a stronger person and future professional. For example, at the beginning of Module Six, my mentor informed me he would not be available to me. This was very frustrating and upsetting as I knew without the help of a mentor, it would be very difficult to achieve the specific learning objectives outlined. However, I was able to turn this situation into a positive by becoming an active contributor to my own educational process by learning, understanding and solving real life problems (Kaufman, Mann & Jennet 2000). Similarly, in Module Nine, I found several of the teaching styles challenging, but that helped to develop my research skills and allow me to make contributions in the group and EBL sessions. This also helped to develop my learning and presentation skills.

An additional challenge in Module Nine was situation I encountered when viewing a medication administration concern at work. While I informed my manager of the situation, the team had a negative reaction rather than positive which would have been consistent with concern over patient/client care. Thomas, Mason and Ford (2003) tell us it is difficult for workers to become whistleblowers, especially in situations related to patient/client care

or maintaining standards of care. This was an even more difficult challenge for me as I was only a student with limited status in the work environment. This was similar to the situation I found myself in during Module Seven when the community care social worker appeared to be neglecting the client's diabetes, which is inconsistent with the General Social Care Council (2002) code of practices. I felt I was caught in the middle being a student making suggestions and pointing out care inconsistencies. Through the increased communication skills I developed, I was able to participate with the social worker in the role Gates (2003) identified as a learning disability nurse educator and facilitate changes.

In conclusion, through the combined effects of achieving the modules' learning objectives, reflection on the positive and negative events as well as challenges I encountered throughout modules 5 - 9 have enhanced my skill development of working with the learning disabled, improved my problem solving skills, allowed for improved communicative ability both on interdisciplinary teams as well as working with learning or developmentally challenged persons. The added use of written reflection as a tool will further my ability to transfer these skills into practice in my future placement and allow me to be effective in my nursing capacity on day one of my engagement.

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