

# Experience in giving oral care



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Reflection is the process of reviewing an experience in order to describe analyse, evaluate and so inform learning about practice (Reid 1993). This essay will reflect on the importance of; and the experience I gained whilst giving oral care on a student placement simulation using a reflective model. Jamieson et al (2002) believe mouth care is the use of a toothbrush and paste to help patients recover and reduce risk of infections, communicate better, eat more easily and maintain dignity. Yet, it is also a role which too often delegated to health care assistants.

I chose this area to highlight its need and the scope of opportunities in learning it has provided in improving my skills in practice. There are different models of reflection one of which is Gibbs (1988). On this occasion, Gibbs model will be used as a framework in guiding me, because it focuses on different aspects of an experience and feelings, and exploiting it fully will be more appreciated.

### Description

I was part of a placement simulation group which went to the multi-skills laboratory to practice mouth wash. I was assigned a colleague to brush his teeth using a toothbrush and paste. I put on gloves so as to prevent contamination with body fluid. Seeking his consent, I undertook a brief visual assessment of the health status of his mouth. I then put him in a comfortable position so as to tolerate the wash. Thereafter, I cleaned all-round the mouth, gums and tongue. I finished off with mouthwash. I treated my partner as though he was physically unable to hold the brush himself to scrub his

own teeth, but he was able to communicate with me and was able to assist me in terms of spitting and gargling with water at the end of the procedure.

### Feelings

My immediate concern was I had not brushed anyone's teeth outside of my family before and hence, how my partner will behave (Dowling, 2006).

Although alert and dignified, I felt in giving mouth care, both the carer and patient are put into a state of uncertainty, embarrassment, inadequacy and a sense of intrusiveness to their privacy (Lewis, 2006; Sturdy, 2007). I

became helpless with his facial expression shown no trust in me.

Rungapadiachy (1999) defines trust as being honest, open, sincere, supporting and dependable, genuine, warm and accepting. Our reaction put us on the high score scale of Millon (1994), Hesitating (Reticent) pattern of behaviour. In spite of my concerns, I felt comfortable in completing the task.

### Evaluation

Reflecting on or in action is becoming a great learning tool This experience taught me that, oral care provides any nurse with an ideal opportunity to undertake a thorough physical, emotional and cognitive assessment of a patient (DOH, 2001). I was pleased to find that, no injuries were sustained as I checked mouth prior and after. Also, I was pleased my communication skills improved and the therapeutic relationship built up; and with the knowledge I got from supporting literature formed the foundation of my learning and practice. Burnard (2002) suggests that a learner is a passive recipient of received knowledge, and that learning through activity engages all of our senses.

From his feedback, I understood feedback is an important learning tool. One crucial point to come from some recent research (Burke, 2009) is that many students do not know how to use feedback as many have never been taught how to do so. However, the experience highlights the complex problems I have to solve in practice and the provision of care needs to patients for whom I may not have had contact with before. Although this task caused me discomfort and added pressure in the short term, I realise that it was a very significant event in my studies.

### Analysis

WHO (2010) describes a healthy mouth as being free of chronic mouth and facial pain; and helping patients/service users to meet their hygiene needs is a fundamental component of nursing care (Essence of Care, 2003). In 2007, 50% UK adults attended an NHS dentist. Older people in residential homes were at risk of infection, with infection identified in 80% of one study population (Holman et al, 2005). The care of a patient's mouth forms an important component of assisting hygiene needs and yet is an aspect of practice which is not always afforded the attention it fully deserves (Evans, 2001). It is now clear that, mouth care is important and that, nurses have a role in assessing and maintaining it (Malkin, 2009).

The task identified encouraging people to acknowledge their intuitive capacity helps them to appreciate their strengths and weaknesses (SWOT). Jasper (2003) regards SWOT analysis as getting to know one's self. The understanding of our skills and abilities and the awareness of where our limits lie is seen as crucial to being able to act as a professional practitioner.

My confidence grew and got more interested, encouraging him to do as much as he could. Jackson and Mannix (2001) note that amount of interest the nurse shows in the learning needs of the student and the key role he or she plays in their achievement are essential to the student's development.

### Conclusion

I feel that the whole process went on smoothly. Caring for a patient requires a relationship and empathy. By developing collaborative relationship with patients, I can provide prompt and focused interventions which can limit illness. Nonetheless, it has raised awareness the effects of others on my practice.

### Action Plan

At the moment, I read more books a day than practice. My aim is to be proactive in the future by promptly opening up through total participation and doing more practices on regular basis. I aim to develop the skill of emotional resilience to be able to deliver and receive any care or learning activity by keeping diaries of events and reflecting on them.

### Conclusion

My belief now is brushing teeth loosens and removes debris trapped in the spaces and prevents the growth of plaque which harbours bacteria and that; nurses have a role to play in mouth care. Due to my lack of experience in care and the job title of student nurse, I perceived that most sessions would run in a lecture format. I now believe practical skills development using reflection is as important as lecture tuition although, Quinn (2000) believes <https://assignbuster.com/experience-in-giving-oral-care/>

most students and many professionals note that learning acquired from placement experience is much more meaningful and relevant than that acquired in the lecture room.

The process of learning I went through is more complex than Gibbs suggests. It is not as cyclical as this model implies and I found myself jumping or combining some stages, before coming back. However, it has taken me out of my comfort zone, challenging my thinking.