

# [My interview to my very first patient as a nursing student](https://assignbuster.com/my-interview-to-my-very-first-patient-as-a-nursing-student/)

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## My reflection for 1st PCP visit Recently

I have completed the very first visit for the Patient Care (Feel Link) Project (PCP). The story of Mr Yung, the patient whom I visited, does reveal a less familiar side of the lives of chronichealthpatients. Giving is receiving. The visit not only provides me with a precious opportunity to care for the people in need, but it is also very enlightening and deepens my understanding about the profession. I am assigned to work with a MBBS year 1 student for the whole project. We visited Mr. Yung at Ruttonjee Hospital on 23rd February, 2011.

He is a patient who suffers from chronic asthma, GI impairment and allergic rhinitis. He has also undergone several major operations and these operations bring him numerous long-term defects, ranging from failing to have normal solidfoodintake to receiving long-term drug treatments. Not difficult is it to imagine he leads an inconvenient life because of his chronic illness. I do feel greatly compassionated and empathetic towards his pain. This visit is a precious experience that I can have never come across during lectures, so I cherish this visit much. Throughout the whole visit, Mr.

Yung emphasized that he was extremely impoverished and begged us to help him seek help from social workers to ease hisfinancial difficulties. I believehe does not receive sufficient help form the health care professionals, and so he has no choice but to ask us to refer his financial need to the social workers. He told us he was extremely depressed because his senior allowance was not enough to support his vast medical expenses. It is expectable that Mr. Yung could have received more effective treatments and medications with a considerable financial ability. Melancholy anddepressionachieve nothing but only contribute to deteriorating Mr.

## Yung’s chronic illness

Social workers shall spare no endeavors to take care of chronic patients like Mr. Yung as they ‘ assist people to adjust to the changes brought by the illness’ (Daly, Speedy & Jackson, 2006, p. 188). It is believed that social workers are of paramount importance to promote social well-being of the patients. As a result, rehabilitation of patients can be facilitated and boosted. The shortage of social workers may be the core problem behind Mr. Yung’s story, and this requires government long-term strategic planning to solve it ultimately.

It is expected that an increased number of social workers can provide a more holistic counseling for patients, so their needs are better looked after and catered. Mr. Yung also once expressed his reluctance of transferring to Tung Wah East Hospital because he was deeply disappointed with the terrible service quality of the doctors there. On the one hand, it is understandable that the frontline health care professionals are facing much pressure because of heavy workload and exceedingly long working hours. On the other hand, it is inappropriate and undesirable for them to displace their negative emotions on their patients.

It succeeds in nothing but only threatens patients’ trust and obedience to health care professionals. An article suggests ameliorating the quality of health care by adopting the healthypsychologyapproach, which encourages ‘ doctor-patientcommunicationand patient cooperation with treatment’ (Friedman, 2002, p. 72). It is foreseeable that adopting the healthy psychology approach can cultivate the relationship between the health care professionals and patients, so they would be able to develop a better understanding of each other. Eventually, Mr.

Yung’s story and the stories of many other suffering patients would cease to exist. I treasure this invaluable patient-visiting opportunity a lot because I know little about hospital setting and patients’ need. This visit does guide me understand the psychological need of patients. As discussed by Friedman (2002), health care should never be limited to medical aspect, but widened to psychological and social aspects because these three aspects are closely related. The Biopsychosocial Health Psychology Model of Health takes more comprehensive and all-rounded care of patients.

In the case of my first visit, better services shall be provided by doctors and social workers under this model. In short, unconditional positive regard is the best means to bring patients love and warmth and it also enhances patients’ rehabilitation and restoration from illness. Health care professionals shall put much heeds on psychosocial aspect, instead of medical only, when delivering their cares to patients. This first visit also gives me a chance to learn collaborating and cooperating with others in work.

I am deeply pleased to work with my MBBS partner. Interdisciplinary cooperation between us is trained, sharpened and polished through the visit. I was able to have effective division of labour with my partner, and so productivity and efficiency can be enhanced. The visit allows me to apply the cooperation skills that I have acquired in lectures. Therefore, I now have a better understanding for my future role as a nurse. Indeed, nurses and doctors are very significant members in the multidisciplinary health care teams.

This visit gives me a rough idea that multidisciplinary parties achieve much more than single teams in terms of health care. My partner takes the initiative to provide comprehensive medical knowledge and contribute a lot to the quality of the visit. I come to realize how important collaboration and multidisciplinary are after the visit. All in all, I enjoy every moment of the first PCP visit. It widens my horizons and presents me a more complete picture of my futurecareerrole as a nurse. This visit redefines my conception of health care provision.

After the visit, I come to understand, apart from medical services, psychological and social elements are crucial integral parts of an all-rounded heath care system. Also, I find the visit extremely inspirational as I become more aware of collaborating with counterparts when administering health care to patients. Well cooperation can bring better health care services and satisfaction to patients. With concerted effort, it is expected that an inclusive health care provision system would be maturely developed in the foreseeable future.

## References:

1. Friedman, H. S. (2002). The Social and Cultural Basis of Health and Illness. In H. S. Friedman (Ed. ), Health Psychology (2nd Ed). (pp. 50-74).
2. NJ: Prentice Hall. Friedman, H. S. (2002).
3. Adaptation to Chronic Illness. In H. S. Friedman (Ed. ), Health Psychology (2nd Ed). (pp. 183-213).
4. NJ: Prentice Hall. Griffiths, R. , & Crookers, P. (2006)
5. Multidusciplinary teams. In J. Daly, S. Speedy & D. Jackson (Eds. ), Contexts ofnursingan introduction (2nd Ed). (pp. 184-198).
6. Australia: Elsevier