Reflective essay on referral systems in nursing

Learning Objective:- To acquire knowledge about the various referrals systems used in my placement area.

This reflective essay describes my experience in achieving my learning objective, referral system which I had taken as a part of the ONP programme. According to Dewey (1916) " Reflection is a process which perceives connections and links between the parts of an experience" (cited by Boud et al, 1985). When nurses reflect on what they do, they can make sense of their practice, and imagine and/or bring about changes (street 1991; Cox et al. 1991 cited by Taylor, B. J., 2000). Reflection helps us to transform ourselves to provide better care for the patients by enhancing our skills and knowledge. Schon, D. (1983) emphasised that reflection is a way in which professionals can bridge the theory- practice gap, based on the potential of reflection to uncover knowledge in and on action (cited by Taylor, B. J., 2000)

I have chosen Gibbs model of reflection (1988) to reflect on my experience. I chose this framework because it enables me to recapture the event step by step and thus to learn from my experience as ' experience is the best teacher of all' (Harry Callahan, H. cited online).

Referral is defined as " a person recommended to someone or for something (Dictionary. com, 2009)." Since all health care required cannot be obtained at any given level of the system, an effective referral mechanism is a key element in the delivery of care" (The Ministry of Health, Belize, 2006). So I took this objective to get familiar to the referral system used in my new placement area. As I am working in a stroke unit, most of the patients

require a multidisciplinary approach. The core multidisciplinary team includes appropriate levels of nursing, medical, physiotherapy, occupational therapy, speech and language therapy, and social services staff. Other disciplines are also regularly involved in the management of stroke patients including clinical psychologists, psychiatrists, dietitians. (SIGN, 2010).

This was different from my past working experience even though there was involvement of multidisciplinary teams and referrals to various specialities, but referrals to social services and also the policies pertaining to referrals is a new experience. I observed how my senior colleagues refer patients to various teams, asked doubts on the various teams available in the trust and how to avail them and the basis of referring a patient. Then, I was able to refer patients under guidance. My mentor has also assigned me to do referrals and has assessed me for the same. I got feedback and was able to make necessary corrections. I was able to refer patients to various teams such as Speech and Language therapist (SALT), diabetic nurse, dietitician, and OT.

Initially I had some difficulty in understanding the various teams and their roles, the different forms used to refer patients, methods to refer (by fax/calls). But as I was able to do several referrals I got familiar with the

system used in my placement area. In the beginning I observed my senior colleagues referring the patient and then I began to refer patients. I was able to clarify doubts with my mentor and colleagues thus helping me to understand the healthcare system more effectively. Now, I feel confident in referring patients to other healthcare team as needed because the holistic,

comprehensive, interactive approach of an interdisciplinary team is the hallmark of stroke rehabilitation (Miller et al, 2010)).

I feel by taking this learning outcome I was able to improve my communication skills and teamwork thus enabled me to develop professionally. My mentor has assessed me competent in referring patients. According to Dent, S. M., 2007″The ability to hear what others are saying and determine the accuracy and relevancy of their feedback is a significant source of professional and partnership development and a critical leadership competency”.

I believe I was able to achieve an important outcome essential for me to provide holistic care for the patients. As I did several referrals, I was able to build my confidence and take part in appropriate learning and practice activities that maintain and develop my competence and performance (NMC, 2008). Guidance from my mentor and colleagues helped me to understand the system and thus enabled me to deal with it at ease.

My mentor assessed me competent in referring patient effectively.

It is necessary for a patient to receive appropriate medical attention where required for a speedy progress. It is the responsibility of the staff to ensure that timely referrals are made so that patient care is not jeopardised. As a whole, I was able to gain knowledge about the referral system used in my placement which helped me to keep myself up to date with the resources available to ensure effective care. I ensured that for patients under my care referrals are made on time and if I am not sure of something I make it a point to take the valuable opinion of my seniors (NMC, 2008).

As a future action plan, I feel that I should keep my knowledge and skills up to date (NMC, 2008) and should be aware of all the trust policies in order to make effective use of the resources available. I will also actively do more referrals and be well versed with the system.