

Outline your developmental trajectory



**ASSIGN
BUSTER**

technique mostly suited to the adults who have a wealth of past experience and an intellectual maturity to cope with autonomy, differing perspectives and shifting ideas. This reflection can be reflection-in or reflection-on action (Schon, 1987). Though the formal training I am receiving now as a student nurse is providing me with the technical knowledge needed to provide competent care to patients it has also proved to be a good start building competence and am using it for any professional and personal development.

According to Benner (1984) the novice practitioner is characterised by rigid adherence to taught rules or plans, has little situational perception and does not possess any discretionary judgement. On my first clinical placement, as is evident from the clinical assessment Page 2 of 8 tool (CAT), I was overwhelmed by the ward environment. I came on to the ward only armed with not so much developed theoretical knowledge from university lectures. I felt the gap between theory and practice on the clinical environment (Clifford, 1993).

I found myself helpless "realising my own knowledge and skills limitations I worked my mentor and adopted a questioning approach" (Mawema, 2001). My concept of "caring" as it were, was to meet any physical requirements of patients, like helping patients to the toilet, giving patients proper food, bed making. I found myself being more of a "doer" with very limited interaction with patients. I was not confident of myself and neither did I have the necessary communication skills in the to interact with patients. The nurse should have skills to give the best care and feel confident when performing them (Kapborg, 2003).

The guidance from my mentor and other resources on the ward assisted me in bridging the theory and practice gap. I was given an opportunity to gain knowledge and experience in clinical and technical skills. Under the guidelines of a mentor I collected objective data according to guidelines and rules obtained from nursing education and in orientation. Because of my limited knowledge and skills my room to manoeuvre or be involved with patient was limited and inflexible. However I benefited from working under the direct supervision of my mentor.

This enable me to grow in confidence and was able to utilise appropriate interpersonal skills to develop relationships with people, valuing hem as individuals, including establishing and maintaining effective communication with patients. The novice nurse uses this objective data and seeks assistance in making clinical decisions (Severensson, 1996). This stage of my training was beneficial in that Page3 of8 I developed the skills of observing qualified nurses relating with patients, developed the asking approaching for rationale of any actions they did and most importantly it put to b be able. y pre-placement fears. On completion of this module, students should My clinical placements at Advanced beginner level where on a coronary ward and in theatre. According to the model by Benner (1984) Advanced beginners, are guided by policies, procedures, and standards. They are building a knowledge base through practice and are most comfortable in a task-oriented environment. As is evident in my CAT I have grown in confidence and am connecting to patients by listening to their thoughts and fears and communicating concern.

Benner (1984) asserts that by caring nurses can establish a condition of trust where help can be given and received. Now I feel like the patient's advocate and make sure that the patient experiences the care positively and is treated with dignity. The benefits of observing and participating in care with my mentors I have now learnt the nursing process enabling me to be aware of emotional and psychological aspects of care and hospitalisation. By utilising a reflective approach to my nursing education I have over the years slowly become intuitive.

Experience of observing interventions of qualified nurses and also doing them under supervision now enables me decisions or give interpretations on the basis of my gut feeling. These have made me more assertive and grow in confidence in my interaction with patients and colleagues. I am now able to connect with patients on a level as fellow human beings not just as " bed number X". The patient should be treated sensitively as human beings and receive help and understanding when dealing with illness experiences.

On the coronary unit a patient who had just been reviewed by a doctor called me by his bedside and wanted me to explain what the " doctors were on about" . When the nurses show empathy and understanding and are available as fellow beings the patients will feel being cared for.. I have held patients' hands and been a shoulder to cry on when patients needed it. I have listened to patients' fears and worries -I find this aspect of nursing a privilege and part of my duties as a future nurse. The experience I gained at this stage of my training made me aware of my responsibilities towards my patients.

The competent practitioner, nurses integrate theoretical knowledge with clinical experience in the care of patients and families (Benner, 1984). At this stage I have gone quiet high on the learning curve. Even though am still supervised I can care for patients independently The theory and practice gap is no longer as pronounced as it was as a novice. Care is delivered using a deliberate, systematic approach, and practice is guided by increasing awareness in patterns of patient responses in recurrent situations (Moir, 1996).

As I come to the end of my formal nurse training but lacking in professional experience, the experience I have gained is starting to form the foundations of a framework that can guide my future decisions and actions. If the nurse is to provide safe and secure care they should know what is correct and proper when conducting their tasks, as well as being knowledgeable about different physiological aspects of nursing of nursing and how to act. I have also come to realise that it is imperative to be Page5 of8 knowledgeable about patient rights and also conduct oneself in an ethically sound manner.

This is dealt with at length in the CAT. As the patients' advocate I believe I have covered a bit of ground in health promotion. I have now developed and am still developing a repertoire of positive statements and argument, as well as my own style of communicating with patients. Now as a competent practitioner I have acquired the necessary technical knowledge as well as some experience in recognising when patients are in need of help and take the appropriate ntervention.

I have clearly illustrated on the basis of clinical placements over the three-year period that caring means incorporating involvement and interaction, rather than just being physically present as was the case at novice level. Integrating the ability to communicate, listen, being with and assisting patients has resulted from the combination of training, experience and reflection on those events I have observed during the course of my training so far. Reflection on this course has enabled me to begin to construct a personal database of knowledge, which informs and enriches my future professional practice.

The modern nurse is a life long learner. As a newly qualified nurse I shall eagerly work with my preceptor and get on board all the possible hands on experience during the transitional period from student nurse to a full fledged nurse. As a practising nurse I shall endeavour to continue with ongoing reflection of events that occur with patients. I shall also put my name forward to undergo continuing education that can further my knowledge. Carper (1978) Page 6 of 8 identified four types of knowledge : aesthetic, empirical, personal and ethical.