

Academic patient communication for nursing students



The Patient Care (Feel-Link) Project (PCP(FL)) is to help students to develop a patient-centered approach to the practice of medicine. To achieve this, I and a medical student, Nicole need to follow and interview a patient in an effort to discover the patient lived experience regarding issues of health and illness. In this essay, the first PCP(FL) visit, my thoughts and feelings will be described and evaluated based on evidence from the literature sources.

Griffiths and Crookes (2006, p. 186) suggest that multidisciplinary teams are needed in the health care system to provide holistic care to patients with optimal use of existing resources, and limited cost. This project is the first step in enhancing interdisciplinary co-operation and understanding between nursing and medical students. Both I and Nicole are required to fill in a problem-oriented patient record (POPR) after each visit. We have to co-operate with each other to recruit and interview one patient with the help of nurse specialist (diabetes), Ms. Shimen Au at the Ruttonjee and Tang Shiu Kin Hospitals.

The patient that we had recruited called Mrs. Leung who is a 52-year-old housewife. She is currently married and lives with her husband. Her husband was unemployed and they had financial support offered from the government. She was suffered from diabetes mellitus, hypertension, and rheumatoid arthritis about ten years ago and first diagnosed to have bipolar affective disorder at age of 22.

After we had explained the aims of this project to Mrs. Leung, she signed two identical consent forms, one copy to be kept by the patient whilst the other to be returned to the tutor. Then, Nicole asked some basic demographic data

based on the personal particular form. Mrs. Leung answered one by one accordingly. The POPR also requires us to gather very specific information, such as the past medical history and family backgrounds. When I had asked Mrs. Leung whether she had any children, suddenly the atmosphere in the room became silence. Mrs. Leung was not saying anything for a few seconds, and then she stated she did not have any children. I felt surprised that a married woman at her age should have more than one child already. She explained that doctors had recommended her not to be pregnant in the past. So she was currently living with her husband only but she claimed that the relationship between she and her husband was poor. She had a conflict with her husband just before taking taxi to the hospital. She honestly knew that the reasons why her husband always grumbled about her because of her laziness to cook and buy the necessities. There were quarrels with her husband almost every day. She felt guilty about it. I thought this might be caused by her mental illness and chronic diseases.

According to Friedman (2002, p. 193), social isolation is a major problem that chronically ill patients experience. Social relationships are often disrupted and jeopardized because of the patient's decreased energy, limitations in mobility, communication impairment, or time required for symptom control. Mrs. Leung usually slept for 13-14 hours per day but she graded the quality of sleep was poor. Even she rated her current level of health as very poor. She described her mobility in daily life had been affected by rheumatoid arthritis causing the swelling the knee joints and interphalangeal joints of hands. Therefore she never did any exercise. I was worried that she would become obese and thus increase the risks of falling and having

cardiovascular diseases. I felt regret I had not encouraged Mrs. Leung to do some simple exercise regularly so as to keeping active and not staying in bed for all days. I needed to find some suitable exercise for her and advise her to do exercise in the next visit.

Friedman (2002) points out “ illness is especially likely to be subject to the influence of other people since it usually has important implications for a person’s friends and associates” (p. 64); Mrs. Leung was concerned that her first love with a Japanese man at the tender age of 19. She was still thinking about him and she had tried to commit suicide in the past. When her husband heard about she was talking about that Japanese man, they would have quarrels for a long period of time. The negative emotions could really influence people around the patient. I was speechless at that time and I could only say to Mrs. Leung that her husband was care about her and tell her not to think about the past anymore. I thought I would perform better in the next visit as I had known some basic information of Mrs. Leung already.

In conclusion, I think it is right that a nurse must be able to express opinions clearly and confidently. Good communication skills are essential for nurses, and are important in nearly all aspects of medicine. I feel that I will be more confident in dealing with patients and more effective in taking a patient medical history, for example. Developing greater confidence in how I communicate can lead to patients having greater trust in me as their nurse. Improving my skills in this area will also make me more effective in discussing cases with colleagues, and in participating in teams when necessary.

This visit made me realized that I can talk confidently once I overcome my initial fears. It demonstrated to me that in order to make progress or create positive change you must first acknowledge that a problem exists. This is a lesson which may be useful in better understanding patient behaviour and attitudes. Often the first step to improving a situation, or dealing with a problem, is accepting that some change is necessary; and I might be more able to impart this information to patients having experienced this visit. Overall, this visit has had a positive impact on both my studies and on the development of skills needed in my future career.

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