

Reflection on the importance of hand hygiene



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After collating evidence I established that, hand hygiene is regarded as the most effective way of preventing healthcare associated infections (Gould 2010). Healthcare associated infections are infections acquired in hospitals or as a result of healthcare interventions (DOH 2008). I felt that this is an important factor in contributing to the prevention and control of infection as Health care associated infections affects patients and their. I feel to provide the best possible care, it is important to within your role, assess and minimise the risks, acting to protect people in your care (NMC 2008).

During my initial meeting with my mentor, we highlighted my learning needs and personal goals I wished to achieve during the placement. The NMC (2008) states that mentor are professionally accountable for students on placement and have a duty to help students develop nursing competencies. Therefore we explored ideas for the project and following completion of my action, I produced the evidence to my mentor. After discussing my rationale for choice I was able to make the decision for the practice placement project. I explained that I didn't feel confident in speaking in groups and that I was anxious about the presentation. I felt a professional relationship had been built were I was in a position to discuss my thought and feeling and felt I was fully supported by my mentor.

Learning opportunities were provided which included a spoke placement with the infection control nurse. Pellet (2006) states that the role of the mentor in clinical teaching is to facilitate learning experiences. During my spoke placement I had the opportunity to gain information on local and government policy in relation to infection control and was advised on how I could obtain the policies and infection control bacteraemia figures used in the original

presentation which highlighted the increase. In the next action learning set I was able to share this information and create new actions to develop and increase my knowledge.

I found out that the hospice devised a policy on infection control however it linked with the local trust and followed their policy and procedure in regards to infection control. Therefore, in order to collate the policies and bacteraemia figures I was advised to contact the infection control nurse at the local trust by telephone. The information I requested was then e-mailed to me. The policy provided me with relevant evidence to use within the presentation; therefore I had developed my evidence base to support my presentation.

The evidence included government and local policy. The National Patient Safety Agency (NPSA) launched the campaign “ clean hands safe care” in 2006 which highlighted the need the effective hand hygiene and identified area for improvement. The World Health Organisation (2010) defines clean hands lead to safer health care.

I decided that in order to produce the project I needed to explore information on learning styles, learning environments and how to create a PowerPoint presentation.

I noticed how the hospices presentation incorporated the importance of hand hygiene however it did not demonstrate the hand washing procedures. Therefore, my action was to research and identify my own learning style developing an understanding of how the audience will respond and learn from the presentation.

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Kolb (1984) developed a learning theory which identifies four learning styles. The model provides individuals to understand their learning styles from experience to reflection observation. Kolb (1985) states that it is important for individuals to understand their learning styles, this then allow them to improve their effectiveness as learners. Honey and Mumford (1986, 1992) developed a variation on Kolb's model and devised their learning styles questionnaire. The four learning styles included activist, reflector, theorist and pragmatist.

The Honey and Mumford questionnaire was discussed in our action learning set and was set as a group action to complete the questionnaire. On completion of the questionnaire, I identified that was a reflection. Honey and Mumford (1992) describe a reflector as observers of experiences, who prefer to analyse them thoroughly before taking action. They are good listeners, cautious and tend to adopt a low profile. Following this description I can relate to this as my initial thoughts of the action learning sets were that I didn't feel confident talking within a group, therefore I tend to adopt a low profile.

A demographic questionnaire and Honey and Mumford's (2000) learning styles questionnaire were administered to a sample of undergraduate nursing student. The results included a trend of reflector as a preferred learning style for undergraduate nurses. This information is also highlighted in previous studies (Alonso 1992, Cavanagh et al 1994 cited in Rasool et al 2007) Analysing the evidence provided me with a knowledge base which enabled me to understand the concept of learning styles, this contributed to my learning and development as I was able to utilise the information to focus

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on the how I would present the project to meet individuals different learning styles.

After I had completed the proposed actions from the previous action learning set I was able to return and present my findings to the group. The action learning sets provided a point of contact with other and enabled us to share information we had gathered and provided an opportunity to ask questions and set actions to continue with the task. As I had previously identified, according to Honey and Mumford my preferred learning style was a reflector. This enabled me to reflect on my initial thoughts around action learning and emphasised that I do tend to adopt a low profile in situations however following observing and analysing the situation I tend to take action.

Attending a study skills session on database searching within the university was a positive learning experience. I was able to learn new skills in order to development personally, which consequently provides professional development. I decided that utilising the resources within the clinical environment and the university I would continue to practise literature searching to increase and widen my knowledge of the topic and specifically the learning environment. Therefore, this contributed to my next action.

Hand (2006) states that the learning is affected by the environment where it takes place. This article highlighted key factors in promoting effective teaching focusing on characteristics of a good learning environment, the role of the practice placement and demonstrated the awareness of the role of the teacher. This enabled me to incorporate evidence based practise into my project presentation. The NMC (2008) states you must use evidence based

practise to provide the best care, it also states the need for taking part in appropriate learning to ensure you develop your competencies. This links with the rationale of choice for my project presentation as the NMC (2008) states the need to provide a high standard and care at all times, delivering care on the best available evidence. Therefore the NPSA “ clean your hands” campaign provides clear evidence based practise between hand hygiene and infection control.

Throughout the placement I had several opportunities to discuss with my mentor the project presentation. Gray and Smith (2000) state that the mentor’s qualities provide an important part of the learning environment and I was able to be supported by being set goals and facilitate my own learning. I had developed my practise placement project using a variety of different resources such as literature searching, clinical experiences, action learning sets. The information I located enabled me to link theory to practise to develop a PowerPoint presentation which incorporated audio and visual effects, as a result ensuring a variety of the audiences learning styles were able to be met. Utilising the evidence I had obtained I was able to provide an evidence based presentation to facilitate learning and development for myself and others in the clinical area. I have learned a lot from this experience from both personal development of preparing and presenting a presentation, enabling me to personally reflect, to reviewing evidence based literature applying this and using it for educational purposes within the clinical environment. This fulfilled my aim and rationale to highlight the importance of hand hygiene and demonstrate the correct procedures. Therefore, having a direct impact on patient care.

Although I had previously expressed anxiety due to not being confident in speaking in groups, the action learning sets along with my mentor had impacted on my development in confidence. Stuart (2007) describes how placements can be stressful and Moscaritolo (2009) states how increased anxiety can reduce learning. However, the delivery of the presentation was successful.

Pellatt (2006) states the mentors are responsible for the assessment of the students learning in practice. Throughout the placement the mentor provided opportunities where constructive feedback was provided, Bennett (2003) states that assessment ensures the student is aware of strengths and weaknesses in practice, this is important so that the student is able to enhance their practice. To ensure I received feedback on my presentation I devised a short questionnaire about the presentation and was able to reflect on the feedback I received.

As I have identified throughout this learning experience, I feel I still need to build my confidence. Westwood (2010) states that people are more likely to achieve their goals if they focus on the future instead of their present problem. In order to overcome this barrier I have formulated a SMART goal. A SMART goal is an acronym for Specific, Measurable, Attainable, Realistic and Time bound. My SMART goal is specific to myself as it will provide me with the opportunity to develop my personal and professional learning and development.