Sarah Ross

Trent University

NURS 3020

Due Date: February 7th, 2017

Clinical Reflection

My time so far on B4 at Peterborough Regional Health Centre (PRHC) has been very fast paced, challenging and already full of many new learning opportunities. Compared to the other placements I have had, this is my first one with acutely ill patients and is a lot more about time management and prioritizing than any the other ones I’ve had. I have had to time manage when to take my patients vitals, continually monitor them if I need to due to medication or patient changes and preform in-depth head-to-toe assessments. Within my first 3 weeks here I have personally seen an improvement with my own assessment skills as I now have a better understanding of what an accurate assessment looks like due to my instructor shadowing me on an assessment. Through doing this she provided me with constructive criticism on how to better preform my head to toe assessment. I found this to be very helpful as she was able to point out things that I was not aware I was leaving out and clarified why I needed to preform certain assessments to ensure I was getting all the information from my patient that I needed. Since then, when I go into assess my patients I am able to reflect back on that particular experience and go over a mini-checklist in my head to make sure I have included everything I need to in my assessment. To add, there is research to support how the instructor-student relationship can increase learning opportunities and understanding better. It has been shown in research that the anxiety level of student’s decreases and their performances/care are improved as student’s being to develop trust in their mentors (Williams & Palmer, 2013).

One of the challenges I have encountered so far in this placement has been not being able to provide adequate pain relief to my patients. I am able to do what I can in my scope of practice as a student nurse such as provide my patient with comfort measures such as position changes, pillows, blankets and I am able to express their pain level to their primary nurse, but I specifically cannot do any medical intervention to help my patients. It is hard to tell a patient to wait and that I will go and tell their nurse and leave them in pain without even actually doing anything for them. One patient I have had was in a lot of pain and he stated that he took Dilaudid for his pain at home but since he was a substance abuser his doctor would not allow him to have this in hospital and instead ordered one extra-strength Tylenol every 12 hours. It was clear that this pain medication was not sufficient enough for this patient as he stated to me many times that he wasn’t receiving any relief from it. I would advocate to his primary nurse throughout my shift of his level of pain and it never really got taken care of. The primary nurse seemed to have bias about the patient and his substance abuse history and saw his pain as withdrawal. She did state to the patient she would pass along his wish of changing his pain medication to something stronger to his doctor, but it did not happen while I was on shift. I found this to be very difficult, as I had to interact with my patient without being able to provide any more relief than I could for him. In research, it states that there are many misconceptions surrounding administering pain medication to patients with a history of substance abuse. Oliver et al. (2012) stated that uncontrolled pain, anxiety and other psychiatric illnesses may trigger a lapse/relapse to substance use r exacerbate an existing disorder. This statement shows that disregarding/ignoring this patient’s pain can actually make the situation way worse for them. Oliver et al. (2012) also say that treatment should be individualized and should include possible alternative treatment modalities, monitored prescriptions or other measures as needed. Reflecting back on this experience I think I could have advocated more for this patient to more nurses or my instructor to have his pain be controlled, I also could have provided my patient with more emotional support as he was very agitated and upon reflecting I realize I did not fully address that as much as I should have.

Going forward in this placement I hope to better my interpersonal skills, time management and also find ways in which I can do more in my student position as a nurse in this clinical placement for my patients.

References

Oliver, J., Coggins, C., Compton, P., Hagan, S., Matteliano, D., Stanton, M., . . . Turner, H. N. (2012). American Society for Pain Management Nursing Position Statement: Pain Management in Patients with Substance Use Disorders. *Pain Management Nursing , 13*(3), 169-183. http://dx.doi.org/10.1016/j.pmn.2012.07.001

Williams, E., & Palmer, C. (2013). Student Nurses in Critical Care: Benefits and Challenges of Critical Care as a Learning Environment for Student Nurses. British *Association of Critical Care Nurses, 19*(6), 310-315. doi: 10.1111/nicc.12053