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Teaching, not telling

I have had many great clinical supervisors and mentors during my nursing degree. Nearly all of the RNs I have worked with were supportive and encouraging, telling me lots of great information and providing many opportunities to practice my skills. However, it was on one of the last clinical placements of my degree that I found a truly great clinical teacher, someone who not only told me the information, but challenged me to apply my theory to my practice.

Kirsty is a senior nurse in one of the busiest emergency departments in NSW and I was lucky enough to be partnered with her for a fortnight. In the hectic environment of the ED, where nurses are often very time-poor and in critical situations, Kirsty never once missed an opportunity to teach. She could have easily turned around and said she was too busy or just given me basic tasks to complete. Instead, she got me involved at every chance and made the effort to help me become a real part of the team.

Kirsty and I worked in a number of different areas. When working as the Clinical Initiatives Nurse in triage, under Kirsty’s supervision, I assessed patients and decided what investigations should be conducted. I was then asked why these tests would be beneficial, what I would be looking for the results and what these results might indicate. Suddenly all those assignments where I had to give my ‘rationale’ for my actions were making much more sense!

Working in the ambulance bay, I was given the opportunity to triage patients and work with some wonderful members of the NSW Ambulance service. The ambos were brilliant, offering to repeat the patient story for me, and jumping in with a second pair of hands when needed for other patients. Kirsty again pushed me to develop a plan for each patient and prioritise my workload – a crucial skill in ED. She guided me and asked me questions, rather than just telling me to do X, Y and Z.

We also worked within the resuscitation bay. Each time a call came in, Kirsty again asked me – what was MY plan, what did I want to have set up ready to go. Based on the (sometimes brief) information provided, she would ask me if should we have intubation equipment ready, did we need the cannulation trolley set up, what drugs might be required, should we have some warmed fluids ready? Suddenly I was putting all the ABCDEFG theory into practice and seeing just how important systems are in these situations.

I thought being in resus that the hands-on aspect would be less, with my role reduced to an observer. Again, I was surprised when I was allowed to be part of the team. The support from all the nurses in these situations was incredible, with each encouraging me to take an active role and not to hesitate in letting them know when I was uncertain of anything. The doctors also surprised me, pushing me to get involved while providing some great tips and, at times, some much needed reassurance. After each patient was stabilised, Kirsty would then ask me what did I think, did anything happen I didn’t expect, was there anything I didn’t understand, and most importantly, what was MY plan for the patient now.


**The Little Things**

Time and time again this year, I have realised it is the small things we do for our patients that can make the biggest difference in how they are feeling. I’m not talking about improving clinical outcomes, but those little actions that reassure the patient and reduce the stress of a hospital visit.

This week, I looked after an elderly patient who had dementia. Let’s call her Mary. Mary had been admitted to the ED after a fall and had fractured her ribs. I received handover from the night shift, and went to introduce myself. Mary was very agitated, telling me that she was naked. I tried to reassure her that she was dressed in a hospital gown as well as her own jacket, but she insisted she was.

Soon, I realised that Mary had no underwear on, and this was making her feel ‘naked’. She told me it was ok and she would be alright, but I could tell she was still anxious. I could imagine how vulnerable she must feel being in a strange environment without this everyday comfort. I told Mary I would see what I could do and I managed to track down some very basic disposable pants for her.

Well Mary was thrilled and couldn’t stop thanking me. It took me five minutes to find these pants but it meant the world to Mary and I could see her physically relax once she had them on.

During the day, every time I checked on Mary, she kept telling me how lovely the last nurse was, and how she was so friendly and wonderful. I thought she was talking about the night shift, until she told me how this great nurse had found her some undies. Then it clicked - she was talking about me! It was just with her dementia, Mary didn’t realise I was the same person. Such a simple thing, that I really didn’t think about again, had made all the difference to Mary.

As a nursing student, at times I questioned whether I actually made a difference to my patients. It was only in this final year of my degree that I realised just how many patients I may have helped. From the stroke patient who cried as I brushed her hair, to the burn victim who I shared a joke with, to the two year old I sang the Barney theme song to while his cannula was inserted, I believe I helped these patients. Granted it was in a very small way and had little to no impact on their final outcomes, but it did make their experience a little easier to bear.

Nursing students are often in the unique position to give our patients this little bit of extra time and attention. Holding a patient’s hand while they receive their sutures, making a cup of tea for a scared patient’s wife or simply bringing a grieving family a box of tissues, these gestures help our patients through what are often traumatic situations.

Don’t underestimate your ability to make a true impact on your patients. The public often only hear the negative stories about healthcare, but you might be the one nurse your patient raves about for the next 10 minutes or the next 10 years and helps show the public the truly caring nature of nurses.
Working with Kirsty was the first time I had been asked what I wanted to do for the patient, rather than just being told what the plan was. She pushed me to develop my critical thinking and take all the knowledge I had learnt over the past 3 years and put it into practice. I saw my skills grow in leaps and bounds, and I knew by the end of that fortnight, I was providing a higher level of care to my patients and able to contribute more to the nursing team.

Reflecting on this clinical placement, I realised just how much time Kirsty spent actually teaching me, not just telling me what to do. Yet, by spending this extra time with me during those first two weeks, in the following fortnight I was more confident in handling my own patient load, was able to work much more independently and received numerous compliments from other nurses. And for this, I owe my gratitude to Kirsty.

Not every student would have liked this style of teaching, but I loved it and I truly believe Kirsty helped me become more prepared for practice as an RN. I enjoyed the challenge of it and felt confident that Kirsty would happily provide me with answers to anything I didn’t know. I think this is one of the tricks to being a truly great teacher – learning to push your students to extend their learning and skills without pushing them away. It is a skill I hope to develop through the ENL program and use when I supervise my own nursing students as an RN. I can see how this method could be used with students from every year of the nursing degree, but is especially beneficial to third years who are about to take that giant step into practice.

So to Kirsty and all the other great clinical teachers out there – thank you!
Today was the day. It was the day to tackle possibly the most nerve-wracking and scariest event of my nursing degree. It was the day to face the event that has had all the 3rd year nursing students stressing out since the start of the semester. It was the day of my final clinical assessment.

Within one of the final subjects of the University of Newcastle nursing degree, there is a major clinical assessment. For 2 hours, a trained competency assessor from UoN follows you around on clinical placement and simply observes everything you do. For the 3rd hour, the assessor sits you down and asks you questions regarding the rationale behind your interventions, the pathophysiology of your patients’ disease processes, the pharmacology of medications administered and other general questions relating to your nursing actions.

Your actions and responses during the full three hours are recorded and scored against the ANMC competency standards for a registered nurse. There are no marks awarded, simply a pass or a fail. Pass and you can rest a little easier knowing yet another task has been accomplished on your way to finishing your degree. Fail and you are allowed one second chance. Fail your second attempt and you have to repeat the subject, delaying your graduation by six months. Hence, the nerves and stress which often surrounds this assessment.

The assessors are looking to see if we can practice in a safe, ethical and legal manner. We are expected to have a full patient load and demonstrate that we are thinking and practicing at the level of a transitioning student.

Some students feel it is unfair for 3 years of study to rest on one 3 hour assessment. Yet, I feel this is an invaluable assessment within the UoN nursing program. If we are unable to practice safely, ethically and within the legal scope of our role for 2 hours, why should we be trusted to do so for the rest of our careers? If we don’t know why we are performing certain tasks, how do we know we are providing the correct treatment? If we can’t answer our assessor’s questions on medications and disease processes, how will we be able to educate and inform our future patients? Is it stressful? Definitely. Does it help ensure we are ready for practice? Absolutely.

I have always done fairly well academically during my degree. Assignments and exams may have worried me but I was always confident I would pass. However, I have often heard students say those who do well academically are not very good clinically. So even though I had received compliments from my supervising RNs on other placements, I still doubted my clinical abilities.

Adding to my anxiety was the knowledge of who would be conducting my assessment – Sharon Hilgendorf. I have been lucky enough to have Sharon as a tutor every semester of my nursing program. She has been one of my favourite teachers, continually helping me to extend my learning, and always willing to go above and beyond for her students. I have an immense amount of respect for Sharon and the thought of letting her down worried me more than actually failing the assessment!
Then came the time for my assessment. My stomach was in knots and my stress level was through the roof. Being in a busy ED for the assessment made it a little harder to plan and prepare, but I figured that’s what the real world of nursing was like anyway. All the nurses were fantastic during my assessment, giving me quick words of encouragement whenever they passed by and letting me know they were supporting me 100%.

The 2 hour follow-round passed in a blur. The 1 hour of questions was challenging but fair. And (drum roll please) – I passed! On top of that, I received some lovely feedback from Sharon which really made my day. The ED nurses all celebrated with me and made me feel like I was a real part of their team.

So while it was a stressful day, I know I will be a better nurse because of it. Passing this assessment has boosted my confidence in my clinical abilities and helped me realise that maybe, just maybe, one day I will be a great nurse.