

## Episode of Care 2 (Part 3)

Approved by Kujaijah Yaffa (K.yaffa@nhs.net)

Completed at EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST - B5

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**The Practice Assessor and student will identify an appropriate episode of direct care involving the organisation and management of care for a group/caseload of people with complex care needs. Professionalism underpins all aspects of the student's performance.**

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The aim of this assessment is to demonstrate the student's progression in the following six platforms within the *Future Nurse: Standards of proficiency (including skills from annexes A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Leading and managing nursing care and working in teams
- Coordinating care

Effective communication and relationship management skills underpin all aspects of care (Annexe A).

Students are required to use appropriate therapeutic approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

### **Learning outcomes**

#### **The student is able to:**

1. Demonstrate the knowledge, skills and ability to coordinate the care for a group of people with complex and multiple care needs and act as a role model in managing the person-centred, evidence-based approach to care.
2. Evaluate a team based approach to the quality of care delivery and demonstrates understanding of the roles, responsibilities and scope of practice of all team members.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care within the practice setting through effective interaction and engagement with people, services and communities.
4. Critically appraise the quality and effectiveness of nursing care, demonstrate how to use service delivery evaluation in practice and how to bring about service improvement and audit findings to improve care.

### **Student reflection on an episode of care**

Briefly outline how you have delivered high quality, complex care and give the rationale for the decisions you made.

Caring for a clinically unwell patient under minimal supervision was a challenging and eye-opening experience. The patient's condition deteriorated rapidly, and it required a focused approach to organise the priorities of care effectively, escalate the situation to the appropriate healthcare professionals, and communicate with the patient's family.

1. **\*\*Assessment and Recognition of Critical Condition\*\***: The first and most crucial priority was to assess the patient's condition comprehensively.

**VITAL SIGNS:**

A- Airway patent and clear.

B- RR 24 bpm, saturation 80%

C- BP 80/44, HR 87 bpm

D- Drowsy but rousable.

E- Temp 36.8.

NEWS SCORE - 9

I promptly recognised that the patient was desaturating, tachypneic and hypotensive with EWS of 9. The patient's unresponsiveness and general deterioration were alarming signs, indicating a severe crisis. Although, this presents to be straightforward, an A to E assessment was required, however it was easier to go straight to the point as the patient has been known to the doctors as she has been in the ward for quite some time, this not only made escalating the situation quicker but also allowing her to attain a quicker treatment.

2. **\*\*Communication and Escalation\*\***: Recognizing the gravity of the situation, I promptly escalated the case to my supervisor then the ward manager and the consultant. I provided them with a detailed report of the patient's condition, vital signs, and the interventions initiated. I emphasized my concerns towards the situation, ensuring that they were fully aware of the patient's critical status.

3. **\*\*Immediate Intervention\*\***: The second priority was to initiate immediate interventions to stabilize the patient. I ensured that the patient's airway was clear and administered 5L of oxygen via nasal cannula which improved her oxygen saturation levels from 80% to 92%. Doctors were informed, and requested IV access as well as NAACL prescription. intravenous access through cannulation was done by the nurse to administer fluids normal saline 500ml, which raised the blood pressure to 115/62 and GCS score was 15/15 PEARL, CBG-5.4 mmol. An

arterial blood gas (ABG) was performed by the doctors to assess her respiratory status and acid-base balance accurately. This ABG result confirmed respiratory acidosis, guiding further interventions. Bloods for septic screening (urea and electrolytes, lactate, full blood count, creatinine blood cultures) were taken for further investigation.

4. **\*\*Medication Administration and Doctor's Orders\*\***: In consultation with the doctor. Patient was immediately started on antibiotics as prescribed by doctors, chest X-ray done and report confirmed fluid overload, IV furosemide was administered to offload her. However, she was not responding to treatment and later deteriorated. Her families were called in and were updated about her prognosis that she was approaching end of life and palliative referral was done and was put on anticipatory medications, as she was very chesty, glycoporonium was administered by the nurse. Sedatives and pain relief were given as required.

In conclusion, caring for a critically unwell patient requires a systematic approach, clear communication, and the ability to recognise when to seek help. Prioritizing care, escalating to MDT and patient's family are key aspects of delivering optimal care in such challenging situations. This experience highlighted the importance of continuous learning and emotional resilience in the field of healthcare.

Reflect on how you used leadership skills to supervise and manage others.

As a third-year nursing student in the frailty unit, I had the opportunity to not only provide direct patient care but also to exercise leadership skills in the supervision and management of other healthcare professionals, including student nurses and support staff.

#### **\*\*Delegation and Task Assignment:\*\***

One of the primary leadership roles I undertook was delegating duties ensuring that the skill mix is appropriate for the shift, ensuring staffing in the next shift is covered and if not escalating as per requirement. As the establishment is frailty and most of the patients are dementia, those patients requiring enhanced care were allocated 1:1 or cohort in a bay with tag nursing. recognized that effective delegation is vital in ensuring that the workload is distributed efficiently, and it allows each team member to work to their strengths. Behavioral chart are done as well to provide documented observations for continuation of care.

#### **\*\*Clear Communication:\*\***

Effective communication was key to my leadership approach. This was achieved through handover, safety huddles, and documentation, for instance during the MDT meeting I was asked to request for an LPA (Long-Lasting Power of attorney) documents from a patient's NOK which was attained and photocopied by ward clerk and added to medical notes to show evidence and the original was given back to the patient, I ensured that expectations were communicated clearly, and I encouraged open lines of communication among team members. This created an environment where questions and concerns could be addressed promptly, ultimately enhancing the quality of patient care. For a better understanding please refer to my previous discussion towards breaking bad news and my reflection on care for a palliative patient.

### **\*\*Support and Guidance:\*\***

In my role as a leader within the student nursing scope of practice, I provided support and guidance to my peers (HCAs and TNA). I drew upon my experiences and knowledge to help them navigate challenging situations for instance encouraging staff HCA to adequately support patients who are falls risk and make informed clinical decisions with knowledge from my mentor. This collaborative approach not only fostered a sense of team work but also improved the overall quality of care we delivered.

In conclusion, my experience in the frailty unit as a third-year nursing student provided me with opportunities to exercise leadership skills in supervising and managing others. These leadership qualities were not just about directing tasks but about fostering collaboration, clear communication, and a supportive team dynamic. By leveraging these skills, I aimed to ensure that every member of the healthcare team was empowered to contribute their best to the care of our patients, ultimately leading to the delivery of high-quality care in a complex clinical setting.

Reflect on how you delivered verbal information at handover in relation to person-centred care.

Handover in the healthcare setting is a crucial moment where patient information is transferred from one shift to another, ensuring continuity of care. During my time in the frailty unit as a third-year nursing student, I recognized the paramount importance of delivering verbal information at handover in a manner that prioritized person-centered care.

### **\*\*1. Patient-Centered Approach:\*\***

Every patient is unique, with their own set of needs, preferences, and medical histories. Recognizing this, I tried to approach handover discussions with a patient-centric mindset. Instead of simply listing diagnoses and medications, I took the time to provide a more comprehensive picture of each patient's individual needs and aspirations. This provides a person-centered care.

### **\*\*2. Comprehensive Communication:\*\***

To ensure a complete understanding of the patient's condition and care requirements, I ensured that when giving handover discussions included not only the clinical aspects but also relevant psychosocial and social information. This encompassed factors such as the patient's preferred communication style (language barrier or learning disability), their support system, and any personal goals or concerns they had expressed (palliative care patients/end of life care). For instance, a patient under my care, was presenting to be medically fit, however, on observation and blood request patient K+ was high and performing an ECG and escalating to the doctor was put in place, 50% glucose and 10 units of actrapid and calcium gluconate this was handed over to the next team for continuous care and blood monitoring.

### **\*\*3. Active Listening:\*\***

Effective handover requires not only the delivery of information but also active listening. I made sure to listen attentively to the information provided by the outgoing shift and ask clarifying questions when necessary. This helped to avoid miscommunication and ensure a smooth transition of care.

### **\*\*4. Addressing Patient Preferences:\*\***

When discussing patient care, I made it a point to emphasize any specific preferences or requests that the patient had expressed. Whether it was related to dietary choices, daily routines, or specific comfort measures, I ensured that these details were communicated clearly to the incoming shift to honor the patient's wishes.

### **\*\*5. Updates on Progress:\*\***

In line with person-centered care, I provided updates on the patient's progress and any notable changes in their condition. This included both positive and negative developments, allowing the incoming shift to have a well-rounded understanding of the patient's journey. Continuously indulging in reading medical notes improves this area as I was aware of the next step of care, be it medication increase, or input from PT/OT or report from referrals made from other clinical professionals.

### **\*\*6. Collaborative Approach:\*\***

Person-centered care is not the responsibility of a single healthcare provider; it requires a collaborative effort. During whiteboard handover, I observed and made input in discussions that involved input from all team members, including registered nurses, support staff, and other healthcare professionals. This collaborative approach ensured that the patient's care plan was a collective effort aimed at meeting their unique needs, and making them medically fit for discharge (MFFD)

### **\*\*7. Empathetic Communication:\*\***

Lastly, I recognised that verbal information delivery should be infused with empathy. This was especially important when conveying challenging or sensitive information, for instance, I was actively involved in breaking bad news to a patient relative who lost their loved one, the SPIKE protocol was used, this was done over the phone, however, I asked empathetically where they were and if they were open to discussion concerning their mother care, then, I tried to navigate their understanding of the presenting issues, explored their emotions and stated the presenting issue, which after few minutes I asked if they would like to be left alone, which they stated that they will be fine, furthermore, providing support towards bereavement and giving them pamphlets discussing bereavement discussions were established, then further discussion that were placed to clarify understanding were made. I endeavored to communicate in a way that was respectful, compassionate, and supportive, fostering an environment where patient and family concerns were heard and acknowledged.

In conclusion, delivering verbal information at handover in relation to person-centered care was a cornerstone of my practice during my time in the frailty unit. By recognizing the individuality of each patient, providing comprehensive information, actively listening, addressing preferences, sharing progress updates, collaborating with the team, and communicating empathetically, I aimed to ensure that the patient's well-being and preferences remained at the forefront of care transitions. This person-centered approach not only honored the dignity of the patient but also contributed to the provision of holistic and compassionate care in a clinical setting.

Reflect on how you have worked in partnership with health and social care professionals, service users, carers and families ensuring that decision-making about care is shared.

Reflecting on how I worked in partnership with health and social care professionals, service users, carers, and families to ensure that decision-making about care was a shared process during your time in the frailty unit:

### **\*\*Collaboration with Health and Social Care Professionals:\*\***

In the frailty unit, collaboration with a diverse team of health and social care professionals was the foundation of our patient-centered care approach. I actively engaged in interdisciplinary discussions and meetings to ensure that decisions about patient care were made collaboratively.

- **\*\*Team Meetings/Multidisciplinary meetings:\*\*** Regular team meetings provided a platform for discussing patient progress, treatment plans, and any adjustments needed. These meetings allowed for input from physicians, registered nurses, physical therapists, and other specialists. I actively contributed by sharing observations from my direct patient care experiences and learning from the expertise of others.

- **\*\*Consulting Specialists:\*\*** When patients had complex medical conditions that required specialized care, I actively sought input from relevant specialists. This collaborative approach ensured that decisions about treatment were based on the best available expertise, promoting the highest quality of care. I had a patient who while under my care supervised his audiology appointment and followed up required care regard his hearing as it was found out that he had ear wax and was request to have the ear wax removed and prescription of ear drops. This referral was done prior as it was thought that he had mild hearing loss.

### **\*\*Involvement of Service Users, Carers, and Families:\*\***

Person-centered care also involves the active participation of service users, their families, and carers in the decision-making process. I recognized the significance of their input and involvement in planning and executing care.

- **\*\*Family Meetings:\*\*** In cases where the patient's family was involved in their care, I facilitated family meetings to discuss the patient's condition, treatment options, and care preferences. These discussions ensured that family members were informed and empowered to make decisions that aligned with the patient's wishes.



- **\*\*Patient and Family Education:\*\*** Education was a crucial aspect of involving service users, carers, and families in decision-making. I provided clear and understandable explanations of medical conditions, treatment options, and potential outcomes. This empowered them to actively participate in discussions and make informed choices.

**\*\*Shared Decision-Making:\*\***

Shared decision-making was a core principle of our approach to care. It was important to me that patients and their families felt involved in decisions about their care plans and understood the potential risks and benefits of different options.

- **\*\*Informed Consent:\*\*** I ensured that patients and their families had the opportunity to provide informed consent for treatments and procedures. This involved explaining the nature of the intervention, potential alternatives, and the expected outcomes, allowing them to make choices that were aligned with their values and preferences. With the assistance of the chest physio I was able to observe and practically demonstrate chest exercise for patient with phlegm and high fluid in the chest so as to reduce fluid in the chest, we had to take informed consent from patient prior to activities.

- **\*\*Respecting Autonomy:\*\*** Respecting the autonomy of service users was paramount. I actively listened to their concerns and respected their choices. This approach upheld the principles of patient-centered care and empowered individuals to have a say in their own care journey.

In conclusion, working in partnership with health and social care professionals, service users, carers, and families to ensure shared decision-making about care was a central aspect of my practice in the frailty unit. This collaborative approach aimed to honor the unique needs, preferences, and values of each individual and their support network, ultimately leading to more personalized and patient-centered care. It reinforced the principle that the best care decisions are those made collectively, with all stakeholders actively engaged in the process.

What did you do well?

In reflecting on my experiences in the frailty unit, several aspects of my nursing practice stood out as areas where I believe I performed well:

**1. \*\*Patient-Centered Care:\*\*** I consistently prioritized patient-centered care by considering each patient's unique needs, preferences, and goals. Whether it was addressing their individual dietary choices, explaining procedures in a way they could understand, or actively involving them in shared decision-making, I strived to make each patient's experience as personalized and meaningful as possible, also considering my scope of practice as a student nurse.

**2. \*\*Effective Communication:\*\*** Communication was a cornerstone of my practice. I actively listened to patients, their families, and the healthcare team. I communicated clearly, empathetically, and respectfully, ensuring that information was conveyed accurately and that concerns were addressed promptly.

**3. \*\*Collaboration:\*\*** Collaborating with healthcare professionals from various disciplines was a strength. I actively engaged in interdisciplinary team meetings and discussions, contributing insights from my experiences while learning from the expertise of others. This collaboration enhanced the quality of care provided to patients.

**4. \*\*Supervision and Leadership:\*\*** I took a leadership role as an assistant charge nurse, this is due to the fact that my clinical assessor was most of the times charge nurse, effectively I assisted in delegating tasks, providing guidance, and fostering a supportive team environment. This leadership helped ensure efficient and coordinated patient care.

**5. \*\*Empathy and Compassion:\*\*** My ability to connect with patients and their families on an emotional level was a key strength. I strived to understand their fears, concerns, and emotional needs, offering empathy and support during challenging moments.

**6. \*\*Shared Decision-Making:\*\*** I actively involved service users, carers, and families in the decision-making process, ensuring that they had a voice in their care. This approach respected their autonomy and values, fostering a sense of ownership in the care plan.

**7. \*\*Adaptability and Flexibility:\*\*** In the dynamic healthcare environment, I demonstrated adaptability and flexibility. I was able to adjust to changing circumstances, reassign tasks as needed, and maintain composure in high-pressure situations.

**8. \*\*Patient Safety:\*\*** In areas such as blood transfusion and falls risk management, I adhered rigorously to safety protocols, ensuring patient safety was not compromised. This was achieved by cross-checking with another nurse and following the enhanced care bundle procedures for falls risk patient. DOLS and MCA was attained and adequate amount of staff was attained as per patients needing 1:1 care.

**9. \*\*Continuous Learning:\*\*** Throughout my time in the unit, I actively sought opportunities for learning and improvement. I was open to feedback and actively engaged in ongoing education to enhance my nursing skills and knowledge.

**10. \*\*Documentation:\*\*** Accurate and timely documentation is essential for patient care and legal reasons. Although, there were moments when I could have improved my documentation practices to ensure all patient information was recorded comprehensively and promptly. I provided accurate information concerning any discussions had with other professionals and patients families. Issues causing some of the set back was mostly around meeting up with tasks that were considered as priority.

Overall, my ability to provide patient-centered care, communicate effectively, collaborate with the healthcare team, show empathy and compassion, and actively involve patients and their families in decision-making were strengths that I believe contributed to the delivery of high-quality care in the frailty unit.

What would you have done differently?

Reflecting on my experiences in the frailty unit, there are areas where I believe I could have approached things differently to enhance my nursing practice and patient care:

**1. \*\*Time Management:\*\*** In a fast-paced healthcare environment, effective time management is crucial. There were instances where I could have improved my time management skills to ensure that I allocated sufficient time to each patient while also addressing administrative tasks and documentation promptly.

**2. \*\*Delegation:\*\*** While I embraced leadership roles and delegated tasks effectively, there were moments when I could have been more proactive in delegating tasks to fellow staff members and support staff to distribute workload more evenly.

**3. \*\*Self-Care:\*\*** As a nursing student, it's essential to prioritize self-care to maintain physical and emotional well-being. There were times when I could have been better at recognizing signs of burnout or stress and taking appropriate measures to address them.

**4. \*\*Feedback Seeking:\*\*** Although I was open to feedback, I could have actively sought more feedback from both registered nurses and peers to continuously improve my practice. Constructive criticism is a valuable tool for growth.

**5. \*\*Cultural Competence:\*\*** In the diverse healthcare landscape, cultural competence is crucial. I could have invested more time in learning about the diverse cultural backgrounds of patients and tailoring care accordingly to ensure cultural sensitivity.

**6. \*\*Stress Management:\*\*** Healthcare settings can be highly stressful. While I generally maintained composure, I could have developed more robust stress management strategies to handle high-pressure situations even more effectively.

**7. \*\*Interpersonal Conflict Resolution:\*\*** In any team, occasional conflicts can arise. I could have further honed my skills in resolving interpersonal conflicts to maintain a harmonious and productive team environment, however, due to my mentor being the charge nurse during shift I observed the protocols she followed in resolution of conflict.

**8. \*\*Advanced Clinical Skills:\*\*** In complex clinical scenarios, there were opportunities to enhance my proficiency in advanced clinical skills. I could have been more proactive in seeking out learning opportunities or seeking mentorship in these areas, however I prioritised working within my scope of practice but reading up the theoretical framework of the knowledge.

**9. \*\*Patient Education Resources:\*\*** While I provided patient education effectively, I could have created or utilised more patient-friendly educational resources to enhance understanding further, however, handbooks and pamphlets were provided to patients to assist them understand the steps needed to improve their health and safety while either on admission or discharge, in most cases Bereavement booklet in end of life care.

Overall, these areas for improvement represent opportunities for growth and development as a nursing student. Acknowledging areas where I could have done things differently is a crucial step in the continuous journey of becoming a more skilled and compassionate nurse.

What learning from this episode of care could be transferred to other areas of practice?

The learning from my experiences in the frailty unit can be valuable in transferring knowledge and skills to various other areas of nursing practice:

- 1. \*\*Patient-Centered Care:\*\*** The emphasis on patient-centered care, which involves considering each patient's unique needs, preferences, and goals, can be applied universally. Whether in pediatrics, cardiology, or any other specialty, tailoring care to the individual is essential for achieving positive outcomes.
- 2. \*\*Effective Communication:\*\*** Effective communication skills are foundational in nursing. The ability to listen attentively, explain complex medical information clearly, and collaborate with interdisciplinary teams is essential in any healthcare setting.
- 3. \*\*Collaboration:\*\*** Collaboration with healthcare professionals from diverse backgrounds is essential across all areas of nursing practice. Teamwork enhances patient safety, optimizes care delivery, and promotes the exchange of expertise.
- 4. \*\*Leadership and Delegation:\*\*** Leadership skills, including delegation, are transferable skills. In different clinical settings, nurses may find themselves in leadership roles, whether they are leading a team of colleagues, student nurses, or support staff. In my case, my mentor allowed me to be in charge of the shift, this allowed me to actively participate in planning for the safety of the patient and also for the staff members. This included infection control measures and staff number management measures during shift hours.
- 5. \*\*Empathy and Compassion:\*\*** Compassion and empathy are universal qualities that benefit patients in all areas of nursing. These qualities are particularly important in areas where patients may be dealing with serious illnesses or difficult diagnoses.

**6. \*\*Shared Decision-Making:\*\*** Involving patients, their families, and carers in decision-making is a principle that applies across the healthcare spectrum. Empowering patients to be active participants in their care is crucial for achieving patient satisfaction and improved outcomes.

**7. \*\*Safety Protocols:\*\*** Vigilant adherence to safety protocols, as demonstrated in the management of blood transfusions and falls risk is essential in all clinical areas to ensure patient safety and minimize risks and also patients requiring safeguarding.

**8. \*\*Continuous Learning:\*\*** The commitment to continuous learning and self-improvement is a mindset that benefits nurses in any field. Healthcare is dynamic, and nurses must adapt to new research, technologies, and practices to provide the best care possible.

**9. \*\*Stress Management:\*\*** Managing stress and maintaining mental well-being is a universal skill. In any area of nursing, stress can be a challenge, and effective stress management techniques are invaluable.

**10. \*\*Cultural Competence:\*\*** Understanding and respecting diverse cultural backgrounds is important in nursing practice everywhere. Cultural competence helps nurses provide care that is respectful and sensitive to the beliefs and values of patients from different cultures.

In essence, the core principles of nursing, including patient-centered care, communication, collaboration, leadership, empathy, safety, and continuous learning, are highly transferable and applicable in various clinical settings. The experiences and lessons learned in the frailty unit serve as a strong foundation for nursing practice in diverse healthcare environments.

## Practice Assessor feedback

Based on the student's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

### (Refer to Criteria for Assessment in Practice)

*If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed.*

## Standard of proficiency

### Assessing needs and planning care

Demonstrates the ability to assess the needs to develop and deliver person-centred, evidence-based care with agreed goals.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

The student has demonstrated the ability to provide evidence-based care appropriate to the setting, he uses reflection to competences and professional values.

### Providing and evaluating care

Safely and effectively leads and manages care demonstrating appropriate decision-making, prioritisation and delegation to others involved in giving care. Evaluates and reassesses effectiveness of planned care and readjusts agreed goals.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

The student within his scope of practice have provided and evaluated care to patients based on his decision-making and prioritization and delegating to other in ensuring that patient safety is maintained.

### Communication and interpersonal skills

Demonstrates effective communication and interpersonal skills with patients/service users/carers. Communicates with the multi-disciplinary team and staff when delegating care, giving clear instructions and providing accurate and comprehensive written and verbal reports.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

Student has escalated appropriately concerns that warrants immediate interventions and documented appropriately in their medical notes

### Leading nursing care and working in teams

Exhibits leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team. Uses effective management skills to organise work efficiently.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

Student exhibits leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team. Uses effective management skills to organise work efficiently.



### Improving safety and quality of care

Identifies the risks to patient safety and can articulate processes to escalate concerns appropriately.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

Student can Identify the risks to patient safety and can articulate processes to escalate concerns appropriately for instance being in a frailty environment where most of the patients are high risks of falls, I always ensured that no patient was left unattended, most especially those on DOLS and Safeguarding. .

### Coordinating care

Monitors and evaluates the quality of person-centred care being delivered. Develops ability to be proactive to improve quality of care when required.

- Yes - Achieved  
 No - Not achieved

1/1 Mark(s)

#### Comments

Student monitors and evaluates the quality of person-centred care being delivered. Develops ability to be proactive to improve quality of care when required