

# Episode of Care 1 (Part 3)

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

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**The student will be given the opportunity to supervise and teach a junior learner/colleague in practice and provide a written reflection on this experience. This needs to be based on the delivery of direct person-centred care. 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 five platforms within the *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

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

Effective communication and relationship management skills underpin all aspects of care.

Students are required to use appropriate 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. Supervise and teach less experienced students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting reflection and providing constructive feedback.
2. Demonstrate an understanding of the factors that both facilitate and impede learning in practice.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care.
4. Apply the appropriate knowledge and skills in appraising the quality of the nursing care provided by the junior learner colleague.
5. Demonstrate effective verbal/non-verbal communication and interpersonal skills in engaging with the learner and others involved in the care and act as a positive role model.
6. Critically reflect on their own role and the role of the nurse in the supervision, facilitation and evaluation of learning for the whole team.

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

Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer in practice who delivered person-centred care.

## **Title: Detailed Reflection on Supervising and Teaching a Trainee Nursing Associate and Healthcare Assistants, Pain Management and Assessment, Including Complications and Remedies**

My current placement is in a frailty ward. It's just me and a trainee associate nursing student from a different university performing clinical placement during this placement period and also healthcare assistants were encouraged to join in the educational activities. During some interaction related to patient care, I explored their level of understanding in pain management and asked them how comfortable are they at assessing pain and managing pain issues that arises during care. Some stated that they had not really had the opportunity to integrate this into practice what they learnt in their previous classes and had done a pain assessment however, had no concrete understanding of the procedures and protocols/guidelines needed to give confidently a proper pain assessment, that is person-centered and accurate. I shared this opportunity with my practice assessor and she supported me by providing adequate technology to convey the knowledge more adequately. Also, the nursing educator and my assessor assessed the 15 slide PowerPoint presentation I made to transfer such knowledge to the TNA and HCAs (for proof purposes request if needed). I had discussions with the student specifically regarding timing and when she would like this teaching to be done and also if any need for my support while still in this placement area. She admitted that it would be lovely if I assisted her to the best of my abilities and knowledge capacity, while performing within my nursing student scope of practice.

### Introduction:

In my role as a final year nursing student, I had the opportunity to supervise and teach a trainee nursing associate (TNA) and HCAs about pain management and issues surrounding its assessment. This experience allowed me to apply research-based knowledge while also addressing the complications that can arise in pain management and their corresponding remedies.

### 1. Setting the Stage:

Our teaching session occurred within clinical practice, We started by setting clear learning objectives and fostering an environment conducive to open communication. Creating a 15 slide PowerPoint presentation on pain management was required for better understanding, after which my mentor stated that next time when giving ppt, it is best to follow it up with booklets or handout. Also, while explaining I stated how the nursing profession is an integral component in opioid management.

## 2. Knowledge Sharing:

Drawing from research-based evidence, I emphasised that pain management is not always straightforward due to various complications. I explained that complications could arise from factors like opioid tolerance, opioid-induced hyperalgesia, or chronic opioid therapy, which are well-documented in the literature.

## 3. Evidence-Based Pain Assessment:

I provided the TNA and HCAs with a standard understanding of evidence-based pain assessment tools and how subjective assessment can be used, but I also stressed the importance of assessing complications. For instance, I explained that assessing opioid tolerance may involve monitoring escalating dose requirements over time.

## 4. Practical Demonstration:

To address complications and their remedies, I conducted a practical demonstration, most especially possible pathways pain is being initiated as well as how the WHO analgesics ladders can be used to manage these pathways. We discussed the importance of differentiating between opioid tolerance, opioid-seeking behavior, and inadequate pain control. This required a basic and balanced knowledge approach to pain management, aligning with research findings.

## 5. Complications in Special Populations:

We explored complications that can arise in special populations, such as pediatric patients, the elderly and dementia patients, and patients with co-morbid conditions, like learning disabilities needs referral to specialist care. I emphasised the importance of tailoring pain management strategies based on research-informed guidelines for each group.

#### 6. Critical Thinking:

Promoting critical thinking, I presented case scenarios based on real patient experiences. We explored research on assessing pain in non-verbal patients, such as those with dementia or communication disorders. I introduced the Abbey Pain Scale and the Pain Assessment in Advanced Dementia (PAINAD) scale as research-based tools for this purpose. I pointed out using facial expressions most especially skin folding of the forehead as another sign of assessing pain in patients with high assessment needs (Elderly patients).

#### 7. Collaborative Learning:

Throughout our session, I encouraged the TNA and HCAs to actively engage in discussions, ask questions, and share insights, and if possible request for an outreach with the pain team as it will provide practical guidance for her understanding towards pain management. Collaborative learning allowed us to delve into the complexities of pain management and its complications, fostering a deeper understanding. I emphasised on the fact that when in a position of doubt ask for help most especially in cases that presents to be challenging. Also, I found this part interesting as I myself learnt a lot from the HCAs and TNA experience and with my practice assessor present in the teaching she made examples based on her experience as a practicing nurse.

#### 8. Remedies and Strategies:

In addition to discussing complications, we explored research-based remedies and strategies. For opioid tolerance, we discussed the importance of opioid rotation or the use of adjuvant medications like NMDA (N-methyl-D-aspartate) receptor antagonists such as ketamine and methadone. For opioid-induced hyperalgesia, we highlighted the potential benefits of opioid dose reduction and multimodal analgesia, aligning with current research. I made emphasis on the use of naloxone as an immediate antidote to analgesia overdose. Also, the use of multimodal pain management strategies such as therapies, TENS and mindfulness activities can be used in managing pain.

## 9. Feedback and Evaluation:

After the teaching session, I requested detailed feedback from the TNA and HCAs on their understanding of pain management complications and remedies. We discussed the significance of continually reassessing patients and adapting pain management plans as needed and as emphasized by research. Also, I searched for constructive feedback from my mentor regarding teaching skills and how to improve them.

## 10. Reflective Practice:

Reflecting on this experience, I recognised the critical role of evidence-based practices in addressing pain management complications. It reinforced my commitment to staying informed about the latest research findings and passing on this knowledge to future healthcare professionals. Also, I realized that there is a lot in teaching and more work is needed in my improving as not only a nurse but a teacher and a supervisor to care and those giving the care.

## Conclusion:

Supervising and teaching a trainee nursing associate as well as HCAs about pain management and its complications was a comprehensive experience that integrated research-based knowledge with possible real-world challenges. It highlighted the importance of evidence-based practice in managing pain effectively, particularly when complications arise. I am eager to continue mentoring future nursing professionals in navigating the complexities of pain management while staying abreast of the latest research and best practices.

## What did you do well?

While transferring such knowledge I tried to follow some rules in teaching ...

- Empathy: Including the TNA and HCAs in their learning was achieved by allowing a collaborative learning environment.
- Support: I provided support by using evidence-based resources to give an accurate knowledge that is ethical and safe.
- Learning objective: Lessons were structured to the best of my abilities around clear learning objectives and mild assessment of pre and post teaching knowledge was used to assess knowledge gain.
- Clear Communication: I tried to instruct effectively using diagrams and pointed out subject matter on why pain management is important in nursing.
- Engagement: I tried to give an open environment to encourage student and healthcare assistants engagement by fostering active participation and interest.
- Self-study: Provided evidence based literature to pain management.

## What would you have done differently?

While transferring such knowledge I observed the following areas that could have improve such method in teaching ...

- Real-world application: Due to my present scope of practice (3rd year student nurse) i was not able to perform the teaching in real life situations.
- Assessment Methods: I would have loved to explore more alternative assessment methods.
- Inclusive Practices: Due to time and limited teaching facilities I was not able to foster inclusivity by accommodating diverse learning styles, backgrounds and abilities.
- Environment for Teaching: This should be considered when educating colleagues as it might not be conducive for learning

Describe how you have begun to work more independently in the provision of care and the decision making process.

For better understanding of my performance towards working under minimal supervision in the provision of care and the decision-making process, please refer to the above written reflection.

What learning from this episode of care will support your professional development going forward in your teaching and learning role?

**Continuous Professional Development**, will aid in my seeking different strategies to manage pain as well as teaching it to other healthcare professionals.

## 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, planning, providing and evaluating care

Chooses an appropriate care activity for the junior learner/peer to engage in and considers the learner's needs and their current level of knowledge and skills.

- Yes - Achieved
- No - Not achieved

1/1 Mark(s)



## Comments

Admission and Discharge as they are more complex.

This involves providing package of care for patient with high care needs (Pain management)

### **Leading nursing care and working in teams**

Effectively prepares the junior learner/peer and provides them with clear instructions and explanations about the care activity they are to engage in.

- Yes - Achieved
- No - Not achieved

1/1 Mark(s)

## Comments

- Initial discussion on learning objectives were made.
- Reflecting on the learning objective during progress was made consistent.

### **Improving safety and quality of care**

Undertakes a risk assessment to ensure that the person(s) receiving care is not at risk from the learner/care activity. Continuous supervision and support is provided to the junior learner/peer throughout the care activity.

- Yes - Achieved
- No - Not achieved

1/1 Mark(s)

## Comments

Risk assessment as well as use of evidence-based pain management tool were discussed and emphasized on. Also, tasks was done with supervision.

### Coordinating care

Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner/peer with constructive verbal and written feedback.

- Yes - Achieved
- No - Not achieved

1/1 Mark(s)

### Comments

Evaluation and assessment was done and improvement strategies were set in place.