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| **Objectives** | | **ANMC Competencies** |
| **1.** | Find out the role of the nurse within a rural setting and identify skills, knowledge and attitudes which enable to work effectively in a rural area of Australia. | 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 5.1, 6.2 |
| **2.** | Discuss the importance of effective teamwork within a nursing environment | 4.1, 4.2, 4.4, 6.1, 6.2,7.5, 10.4 |
| **3.** | Learn and identify the difference in assessing a general patient and an ICU patient. | 2.2, 2.5, 2.6, 3.2, 4.1, 4.2, 5.2, 5.3, 7.4, 10.1, 10.2 |
| **4.** | Provide all patients with an effective pain relief and study how the patient controlled analgesics works. | 1.1, 1.2, 2.4, 2.5, 2.7, 4.2, 5.2, 6.1, 6.4, 7.1, 7.7, 7.8, 8.1, 9.2, 9.3, 10.4 |

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| **Objective 1** | **Find out the role of the nurse within a rural setting and identify skills, knowledge and attitudes which enables to work effectively in a rural area of Australia.** | 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 5.1, 6.2 |

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| Date | CPD Activity | Evaluation |
|  | To achieve this objective I will:  - Ask the nurses themselves about their roles and what they do every day.  - Be involved in the active nursing care being given to the patients; observe what the nurses do and how they interact with the patients, also how they educate the patients.  - I will behave in a professional manner and treat my patients with respect in and out of the hospital and also show respect to the other workers and doctors | - I feel that nurses working within a rural setting from my experience have a more laid back and welcoming personality towards their patients. That doesn’t account for all nurses but I saw a lot of nurses that engaged with their patients more than just doing their job.  - The nurses actually showed that they cared for the patient more for the person they are than just another patient that has been admitted.  - The nurses were always happy to answer questions and they made me feel comfortable to ask them about their careers as nurses and what they’ve experienced. Some nurses would share different tips and were happy to let me assist with things I hadn’t done before but some nurses were a bit reluctant and didn’t seem to enjoy having students around.  - I felt the nurses did a great job in providing extra information to educate the patients on how to care properly for a wound once they leave hospital etc. I felt that more care went into providing information after they’ve been in hospital. Maybe providing patients with a little more advice before would be beneficial to help educate the patient and have a better understanding.  - A lot of nurses I found could be a bit disrespectful towards a patient if they were being a bit difficult or would tend to refer to the patients with a stigma when at the nurses’ station etc. I find it easier to be polite to the patients whether they’re being difficult or not because usually they appreciate that extra attention. I think it would be best for nurses to keep their opinions to themselves and to remain professional |

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| **Objective 2** | **Discuss the importance of effective teamwork within a nursing environment** | 4.1, 4.2, 4.4, 6.1, 6.2,7.5, 10.4 |

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| Date | CPD Activity | Evaluation |
|  | To achieve this objective I will:  - Observe team work in action and the effect it has within the nursing environment.  - When and how team work is used/is it used?  - Knowledge and skills required to be within an effective team  - Interact with nurses and discuss their opinions of team work.  - Discuss with my preceptor, and other nurses, what key skills they think are needed. | • Whilst on placement at the day procedure unit I was involved in theatre/surgical processes.  • Staff members seemed to generally get on well. There was a slight theatre nursing staff versus surgeon and anesthetist, recovery nursing staff mentality but this didn’t seem to create fractions or impact on client care outcomes.  • Asking questions to other health professionals enabled me to know how to safely work as a team member and individual when needed and to know how to work efficiently in a busy environment.  • Whilst in theatre I observed the staff and they had great communication skills, time management skills and all had specialized nursing roles. Most of the nurses although had their main roles and duties could change roles/duties and still work effectively to support the team. All nursing staff had trained in most other areas of theatre and differing procedures.  • The nurses would communicate assigned roles for each procedure, giving each person a change of duties i.e. Nurses alternating scrubbing in and assisting in Dental extractions for each patients operation as this decreased physical strain and concentration when not staying in the same role for the whole day.  • I was able to have an understanding of the role of each professional and how important team work is in this environment. And how each specialized role effectively contributed to achieve certain outcomes.  • Nursing staff had small systemic ways alongside verbal que’s of indicating that a task was achieved or still to be completed.  • At this placement staff contributed to maintaining a friendly supportive environment, If staff were having issues they openly discussed these issues with each other, seeking knowledge or agreeance on changes to be made or gaps in duties. Not everybody got along and it was observed that socially there were some “clicks” but professionalism and respect for fellow workers was maintained not making this a working issue. |

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| **Objective 3** | **Learn and identify the difference in assessing a general patient and an ICU patient** | 2.2, 2.5, 2.6, 3.2, 4.1, 4.2, 5.2, 5.3, 7.4, 10.1, 10.2 |

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| Date | CPD Activity | Evaluation |
|  | To achieve this objective I will:   * Observe a ICU/CCU nurses assessment * Compare with general ward assessment as I am already familiar with this * Develop skills in assessing ICU/CCU patients | From watching nurses in ICU doing their patient assessments I have learnt that they are much more in depth then the assessments on wards. They start by walking into the room and asking how the patient is, they ask if they have an pain or if patients are sedated they check for pain threshold by applying pressure to the patients sternum and/or nail beds, they check the reaction time and size of the patients pupils, if the patient is tubed they check their lips, mouth, check ETT cuff pressure and perform suctioning, they assess any wounds including cannula sites, they check the skin (is it dry, warm, pale etc), they check all peripheral pulses for strength and rhythm, they check capillary refill of the hands & feet, they listen to the lungs & heart through the stethoscope, they listen to the stomach for bowel sounds and also palpate this site, they check all the medications required are running, they flush cannulas, zero, flush & level CVC and art lines (if they have them), they check when the patient was last rotated in position (they do that if required), they complete a full set of observations and lastly do a full alarm and safety check (check alarm limits, check equipment, ensure suctioning, air and oxygen are working, ensure there is a full spare oxygen cylinder). All this information collected is documented.  All nurses executed in depth assessments; they said it was because the patients are so unwell (hence the ratio in ICU is 1:1 and in HDU 1:2) it was important to know everything about them. One of the nurses that I asked said that it best to know everything that is going on with the patients so you can plan how you are going to take care of them and also know any other possible complications, this included knowing what to look for (signs, symptoms, management etc.)  Similarly general ward and ICU/CCU nursing assessments are done using the systems approach, however, ICU/CCU nursing assessment seemed to be more comprehensive as the patients seemed to be significantly sicker. Handover from nurse to nurse in ICU/CCU consisted of:   * Patient name, Age & where they were from * What they presented with e.g. NSTEMI * Past history * Telling the story of when/how/why they came to the hospital * Systems approach from head to toe * Social- including family, friends, issues, needs etc. * The plan of care |

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| **Objective 4** | **Provide all patients with an effective pain relief and study how the patient controlled analgesics works.** | **1.1, 1.2, 2.4, 2.5, 2.7, 4.2, 5.2, 6.1, 6.4, 7.1, 7.7, 7.8, 8.1, 9.2, 9.3, 10.4** |

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| Date | CPD Activity | Evaluation |
|  | To achieve this objective I will:  Talk to patients about how their pain is, and provide effect relief, discussing with my nurse what I think will work best, as well as using MIMS to gain knowledge on analgesics. | Being proactive and going to see if a patient needs pain relief before they ask you for some is how to provide effective pain relief. If my patient needs it I would look at their drug chart and see what has been prescribed, and what has recently been given. Liaising with the nurse I was working with I would choose the appropriate analgesic.  Before I began this placement I had a moderate idea of how to effectively provide pain relief, however as I have been more independent on this placement I feel I had more control over choosing which would be most beneficial.  There were no patients on the oncology ward that required a PCAs, as they are more used for post operative patients. Pain relief used on such a ward would be syringe drivers. I did not get the chance to care for a patient who had one. However previously I have had the chance to care for a patient with PCAs. They great thing about syringe drivers and PCAs are that they provide patients with constant pain relief and there is limited time for pain to recur. I would still love to learn more about the syringe drivers, how they work, and how patients feel about having them. |