**REFLECTIVE PRACTICE**

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| Reflective Process: LEARN | Comments |
| LOOK BACK: Elaborate, Description of situation Thoughts and feelings | During my clinical session I was fortunate enough to be offered the opportunity to attend a Caesarian birth. I was very excited as It would be the first time I experienced a live birth. I jumped at the learning experience. Although I have kids of my own this experience was very different as I was able to see the full process of a baby coming into the world and taking its first breath. I actually was a little nervous at first but the staff was very welcoming. I was overcome with emotions when the baby took its first cry, it brought me to tears. |
| ELABORATE: What Happened? | The situation consisted of the mother who was having the C-section, The father who entered to give support. 3 Nurses, Myself, the anesthesiologist, and the doctor and the resident doctor. I was at LHO in the maternity ward operating room. I was very excited and the first thing I noticed was the smell of the room. I have had many operating room experiences and it is always the same smell that triggers a response in me, usually a nervous one. I got in my gown, mask, hairnet and gloves to prepare and assist one of the nurses with the baby after it was born. I recognized the mother who was having the C- section, so ethically I let her know I was in the room and if she was okay with me assisting with the birth. I didn’t want her to feel uncomfortable in any way as this was her joyous occasion. After I spoke with the mother to obtain her consent the Anesthesiologist came in to explain the procedure, he let me come close as he was giving the epidural. It took 6 tries to get it right due to a curvature in the spine as he explained to myself and the patient. When the epidural was in we got the patient ready for the c section by putting her in a lying position monitoring her blood pressure and heart rate. Waiting for the epidural to take effect. I then got to move to the bottom of the operating table and watch carefully as the doctors made their incisions and prepped the Uterus for birth. As the baby was pulled out it was a beautiful moment, the doctor announced it was a BOY, to the parents. It let out its first cry and brought tears to my eyes it was beautiful. Then we brought the baby to the incubator where we followed the instructions on the machine. It tells you when to rub the baby, stop touching the baby, and weigh the baby. We gave the baby a vitamin K shot. We then put on a diaper after the first assessment and hat and gown and wrapped him up. Let the parents see him and we proceeded with the father and the baby to the next room. We then measured the baby’s head, length, and proceeded to listen to his chest and record all the information. I was finished and returned to my own unit with the rest of my classmates. I got to share my experience at our post conference meeting. |
| ANALYZE: | The most important issues that I have targeted in this experience is that therapeutic communication is very important in this situation. The mother was very nervous and it was very important to achieve a good rapport and feeling of comfort through good relational care with not only the mother but both parents so that they are aware of what is going on throughout the whole situation from start to finish. I noticed that the nurses were holding her hand and speaking with her and reassuring her throughout the whole procedure. Talking to her on a first name basis and answering her questions with compassion. In one of the articles I researched it states that Open questions that promote and encourage patient expression are better able to enhance trust in a relationship  as it conveys the student nurses' interest and investment in The patient (Rosenberg, Gallo-Silver,2011 ). I believe that to be true and not only does it open up the communication process to get more information from the patient but allows them to provide as much information as they choose to share which may be of importance to the assessment of the patient .In my other article it touches on the importance of self-reflection to understand your values and beliefs and personal ways of knowing help to create a relationship with your patient ,as well as maintaining boundaries to also protect your feelings as a nurse and to prevent harm to yourself. \in the article is states In order to enter into a therapeutic relationship with a patient, the nurse  must first develop an understanding of her own beliefs and values and her ability to create relationships or ‘personal knowing’ (Chinn and Kramer, 1999) before  She can respond to the needs of her patients, (O’Connell, 2008). This is also very true and I believe as a student this time in clinical allows you to examine your beliefs and sometimes overcome obstacles that may prevent you from giving your best possible care such as biases so that you can learn communication techniques that are very important to maintain and establish a nurse-patient relationship. |
| REVISION: | My goals are to learn as many new things as I can from my clinical instructor and fellow nurse mentors and fellow students. I want to give my patients the best possible care I can and I find that our clinical meetings at the end of our shifts help with that. I believe that achieving my goals and achieving the best level of care that I can provide for my patients is an important skill to work on and reflect upon. |
| NEW PROSPECTIVE | I know that through this experience I got to see the importance of a Therapeutic relationship with clients as a student nurse in a clinical setting is very important, and I want to try to establish that relationship with every one of my patients. According to my Article, A trusting relationship promotes growth and healing in a patient's life and is a source of energy, gratification, and growth in the new nurse as well. The key to establishing a trusting relationship is the integration, usage,  and mastery of therapeutic Communication skills, (Rosenberg, Gallo-Silver,2011 ). This should be the prospective of every new nurse as it is an important skill to build upon. |
| REFERENCES | O’Connell, E. (2008). Therapeutic relationships in critical care nursing: A reflection on practice. *Nursing in Critical Care, 13*(3), 138-143. doi: 10.1111/j.1478-5153.2008.00273.x  Rosenberg, S., & Gallo-Silver, L. (2011). Therapeutic communication skills and student nurses in the clinical setting. *Teaching and Learning in Nursing, 6*(1), 2-8. doi: 10.1016/j.teln.2010.05.003 |