

# Flying Start portfolio

## Mental Health Nurse



Flying Start NHS®



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## Title of your learning activity

Venepuncture .

### Date

09/01/2019

### Number of CPD hours (optional)

4

### Number of Participatory CPD hours (optional)

4

## Description of Learning / Professional Development Activity

Please provide a brief summary of the learning activity

I attended a local hospital for Venepuncture and cannulation training. Due to my current job role the cannulation part was not required for my role. The learning activity began by the group in attendance going through some verbal content in relation to venepuncture. A discussion was started around different aspects of the training. This discussion allowed everyone to acknowledge the competency levels within the room and exposure to venepuncture for different trained practitioners. After the discussion was completed a small amount of time was given for any appropriate questions to be asked and answered. Materials were then shown to ensure the correct materials would be used in clinical practice. After this the group was split into smaller groups to be shown the correct procedure for venepuncture. This began from correct hand washing routine, picking the correct materials and enough of the correct materials, gaining consent, securing a tourniquet, palpating a vein, cleaning the selected vein area efficiently and allowing time to dry, re apply tourniquet, attempting venepuncture. From this whether successful or unsuccessful in gaining a blood sample it was shown how to handle the blood bottles and the importance of labelling this correctly to avoid samples being mixed up. All people in attendance were then given several attempts at venepuncture using both the usual needle and butterfly needle whilst under direct supervision. When facilitator was satisfied we were allowed back to clinical practice with booklet and preceptor to monitor clinical practice and deem us safe and capable of performing venepuncture successfully on patients.

## Key Learning Points

What did you learn as a result of undertaking this activity?

Key learning points within venepuncture training were the importance of PPE for both the safety of the patient and practitioner. As without correct PPE you run the risk of BBV, infections and needle stick injuries.

The anatomy involved to allow you to choose the correct site and vein and cause the patient as little distress as possible by having increased confidence and a calming attitude towards the patient to alleviate as much distress as possible. As a good understanding of the anatomy and increased confidence, may result in better success rate for obtaining blood sample via venepuncture. Although having to keep in mind my own competency levels and recognising when to approach more senior or experienced staff to obtain the sample if I do not feel comfortable in doing so myself.

Undertaking this learning opportunity in turn increases person centred care particularly for the patients involved within our clozapine clinic as showing respect to the persons wishes, partnership working and giving choice to the patient on what arm they would prefer for venepuncture if possible to allow them to decide depending on the anatomy.

## Impact on your practice

What areas of your practice have you changed or improved?

Areas of practice changed or improved involve applying the tourniquet and the removal of this, as at the training we were exposed to different ways to apply and remove it most easily.

Overall my practice has changed as I am now able to complete venepuncture myself within the clozapine clinic instead of being the 2<sup>nd</sup> person in clinic.

Changed in my clinical practice is now thinking about the person's views as we attempt venepuncture particularly due to the client group we work with. Taking into consideration the possibility of delusional beliefs etc and assessing this as the clinical practice continues.

## Future Actions or Areas of Development

What further actions/development opportunities are needed as a result of

Further actions required are to continue exposing myself to the situation via the clinic to gain more valuable practical experience in venepuncture. In doing this it will increase my confidence in venepuncture. As confidence increases I will be able to attempt more complex patients in the hope to successfully obtain the sample. Although working within my competency knowing when I am unable to do so and required to ask for help.

Maintaining person centred care at the forefront of all clinical practice and ensuring this is always the forefront of my mind by giving accurate information around venepuncture and allowing the person to them make informed choices around it.

Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Clinical Practice. Critically reflect on your contribution to the delivery of safe

### Date:

03/12/2018

### Description

What happened?

I attended a patient's home alone to administer a routine depot injection as prescribed by consultant psychiatrist. The home visit was planned and with a patient well known to the service. The patient has a diagnosis of schizophrenia. I attended the patient's home after reviewing her recent EMIS notes, risk assessment and SSA. Reviewing these allowed me a better insight into current problems, historic problems and risks associated. I arrived at the patient's home and commenced an informal risk assessment of the environment. I engaged in conversation to fully assess mental health at appointment. I began to check prescription sheet and patient details. As details were correct i began preparing the depot injection as per instructions. Secondly i performed hand hygiene and wore a pair of gloves to administer injection. I administered the injection as per current guidance using a z-tracking technique. After the depot was administered i ensured i assessed the patient to check there was no evidence of any anaphylaxis or abnormal events for self afterwards

### Feelings

What were you thinking and feeling?

My feelings varied throughout procedure, before administration and afterwards. Initially I was apprehensive attending the patient's home to administer the injection. As I arrived at the house and was pleasantly greeted by the patient this quickly settled my nerves. As the visit progressed my inner apprehension left me allowing me to become more calm, relaxed and focussed at the task on hand. Throughout the administration of the injection I had some nerves and heightened anxiety but felt able to manage this efficiently. Once the depot had been administered I felt a sense of relief and achievement. Reflecting on the situation afterwards allowed me appropriate time to step back and think on the entire situation. This made me feel overall more calm and confident in home depot administration. This affecting future practice I feel in a more positive way

## Evaluation

What was good and bad about the experience?

Good about the experience was the effect this had within my future practice. I felt this allowed me to positively affect my practice as it had increased my confidence in depot administration. It also lessened any anxiety around the procedure that I once had. Another good part of the experience was the administration going to plan with no issues noted or reported.

Having a second person check the drug and dose to sign out the medication allows for less chance of any medication errors to occur, therefore increasing patient safety.

I personally felt nothing went bad with the experience although if I was initially more confident this may have improved the experience for both the patient and i. Difficult about the experience may have been the environment as the area had poor lighting and little work space. These 2 issues within the environment produced a higher chance of any issues arising as these are both issues I am unable to rectify from a personal level.

## Analysis

What sense can you make of the situation?

The situation went generally well for both myself and the patient. As this was an initial experience it has increased by own confidence as a practitioner with a view to improving future practice. Improved confidence and future practice may also result in better patient outcomes and engagement. As this injection went well for both parties it may mean in future patient is more willing for me to administer the injection again.

The injection going to plan also meant the medication was administered as per prescription sheet in the hope to keep the patient well and symptoms minimised.

## Conclusion

What else could you have done?

I could have had more confidence in my own practice therefore relieving some anxiety around administering the injection. Doing this may have alleviated some extra anxiety for the patient if they seen I was confident in administering the injection.

I could have better prepared myself for the situation by thinking through the administration and possible events that could have occurred to allow myself to plan what I would do if this was the case. Having a back up plan for these events may have also alleviated any extra anxiety.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

When this situation happens again I will be more prepared as I will have administered numerous more depots at home independently. Therefore I have increased confidence in my ability.

I will assure to get verbal feedback from the patient on how the administration went and if there was anything I could do to improve on future administration.

I would continue to have medication signed out with another person (as centre policy) to decrease any chance of error in medication administration.





Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Engage in professional development that demonstrates your commitment to career long learning and excellence in practice

### Date:

17/5/19

### Description

What happened?

To engage in professional development and career long learning specifically to my role as a registered mental health nurse. I undertake an ongoing personal development portfolio to prove that I am continuing to meet the competencies as a registered nurse through practical hours, feedback and learning activities. I commenced this professional development from the beginning of my career to ensure it is always up to date and relevant to my practice.

### Feelings

What were you thinking and feeling?

I was thinking this would be a good idea to commence this from the beginning of my career as it as a continuing record from starting my career. At this point I still feel this is a good idea as I can evidence all the continued learning I do over time and this saves me when it comes a time near revalidation that I am required to have all this information together and presented in a way that can prove I am able to revalidate as a registered mental health nurse.

Presently I am happy and content with my progress although as the time continues and it gets closer to revalidation time I feel my anxiety levels my increase and apprehension around it. Mostly because it is something I have never undertaken before therefore nerves around appropriate completion etc will be prominent. Although I feel the wider team within my clinical area are supportive and will be able to guide me towards my revalidation process to ensure it is completed correctly.



## Evaluation

What was good and bad about the experience?

Good about the experience is being organised and collating the correct information required revalidating as a nurse. This reduces any increasing pressure on me as it gets closer towards the time (3 year mark) that I am expected to revalidate. Also good about the experience is allowing myself to see the ongoing progress I am making towards a more autonomous worker. It allows me to keep a hard copy of the learning and training I have been involved within which furthers my ability to decipher which areas I wish to improve within and place these in my PDP.

Bad about the experience is very little as my personal opinion on lifelong learning is vital to ensure all competencies are being met for the person. Therefore revalidation being mandatory I feel is beneficial and I am happy to be continually involved within this. Selecting one bad thing would maybe be around the exposure to the topic pre graduation as although the topic is spoke about the full process is not known so anxiety around the subject on proper completion is a norm.

## Analysis

What sense can you make of the situation?

Making sense of the situation I personally feel is about reflecting on myself as a practitioner and not seeing revalidation as a tick box exercise. Therefore as considering it more meaningful on both a personal and professional level it grants me the ability to spend more time reflecting on my day to day practice and ways I can improve my practice. Having the ongoing copies of my revalidation/ learning opportunities opens avenues to further develop specific areas which I feel need improvement or would like to improve further. Identifying these areas allows me to put these within my PDP which can be used as a target/ goal to work towards throughout the year.

## Conclusion

What else could you have done?

There is not much more I feel I could have done in regards keeping an appropriate log of training etc although being more pro active in identifying areas for within my PDP. Quickly identifying these areas for my PDP would have allowed me to attempt to action these more promptly or create an appropriate action plan to do so. Having an action plan selected would not only be easier for me to reach these goals but allows me to track my progress in doing so as well. I could have had more frequent discussions with my supervisor re PDP needs and gain valuable advice from them on how I could reach these goals or develop an action plan suitable on reaching these goals.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

If it arose again which revalidation etc continues to do as a career long learning opportunity I would be more pro active in selecting PDP goals early on and initiating an action plan on how I could best achieve these goals. I would seek ongoing advice from my clinical supervisor on how they feel I could develop towards reaching these goals and any valuable advice they could provide around reaching these goals as well.

I would speak with colleagues around their own experiences with revalidation/ PDP to get further insight into different ways I can improve my own and be a more effective, efficient and autonomous worker.

Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Demonstrate ability and confidence in developing and supporting others to learn.

### Date:

17/06/2019

### Description

What happened?

As a member of the MDT team it is essential for me to help, develop and support others in my team if I feel my knowledge on the subject is greater or they require additional support in the specific subject.

This particular event I am referring to was an official training day for PIP assessments. Attending this training gave me further insight into PIP and how I can better support my clients in applications including advice on how to appeal etc. Attending this independently also allowed me an opportunity to feedback to my team at the nurse forum on the training I attended to better inform themselves on PIP and how they can also support their patients throughout the process.

### Feelings

What were you thinking and feeling?

I was initially excited to attend this training as it gives me a starting to base to fully understand PIP and some of the reasons behind the decision making. As the training continued I was keen to remain engaged as I felt the information being shared was important information not only related to PIP but other benefits which could help my patients. After the training was completed I was motivated to inform my colleagues of the training available and the information shared to allow them the opportunity to further their knowledge. I was nervous as I was aware at the nurse forum meeting staff are invited to feedback on any training attended, the nerves stemmed from the thought of public speaking. As my feedback to the team progressed by nerves and anxiety settled quickly and I was able to enjoy this experience of helping develop my team member's knowledge.



## Evaluation

What was good and bad about the experience?

Good about the experience was the chance to further develop my skills and knowledge both through learning (attending the training) and feedback to my team. Furthering my insight into PIP has given me personal satisfaction of now better understanding this benefit but also allowed me to better understand this for my patients who may apply or wish to appeal a decision. Also good about the experience was having the opportunity to feedback to my team about this training, which also increased their knowledge on the subject. Overall attending this training was a positive experience which was beneficial to my patients, colleagues and me.

Although I am unable to identify anything I could class as bad about the experience I felt difficult was the thought of feeding back to my team. More as the time moved closer to my turn to feedback I felt my nerves and anxiety increase. Overall the opportunity to feedback was good although throughout the feedback I felt I struggled to stay calm to allow myself to feedback.

## Analysis

What sense can you make of the situation?

Before attending this training I had very little insight into PIP benefit and how the decisions etc work. After the training my knowledge and understanding of PIP is greater which benefits myself and my patients. I feel attending these training events although having to find time in my diary to facilitate these can be difficult is overall beneficial. Having this underpinning knowledge can help me to signpost my clients to apply, appeal and information share re PIP. I feel more confident in conducting my own practice around signposting clients for PIP, who to contact to appeal decisions and other benefits my patients may be entitled to with a PIP award.

Feedback to my team also empowers them in similar ways as I was attending the training as it increased their knowledge. They are also able to contact myself should they have any specific questions that I may be able to answer in regards PIP

## Conclusion

What else could you have done?

I don't personally feel there is more I could have done about attending the training. Although in regards developing and supporting my colleagues I could have offered a more formal time to discuss my training opportunity and shared my notes that I received. In sharing these notes this would have given my colleagues a place to refer back to if they had any questions about PIP before contacting me for further advice. Another thing I could have done was contacting the trainer and requesting a copy of the slides to email around the team. This would heighten their own knowledge on the subject.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

If this situation arose again, I would be more prepared for my feedback to my team and allowing them the opportunity to request a copy of the handouts I received. Becoming more formal in my feedback and providing an opportunity for handouts may have been more appealing for my colleagues therefore they could refer back to this in the future.

I can continue to develop as an autonomous practitioner furthering my knowledge in all different fields. Having a vast knowledge allows me to better understand my patients in a more holistic manner which develops to me becoming better in supporting my colleagues in learning.



## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Examine your practice in relation to how you demonstrate effective self leadership

### Date:

6/8/2019

### Description

What happened?

On beginning my career at ..... it was quickly mentioned to myself about how I come across as a practitioner regarding both my speed of speech and non verbal communication styles. Having this mentioned to me early on in my career allowed me the opportunity to become more self-aware and manage these better. From this point I began to continue my own self leadership in taking control of by non verbal communications eg facial expressions and speed of speech. I have over time began developing my resilience in managing myself better. This was done by being aware of how certain situations made me feel and identifying other avenues to vent these emotions eg supervision both case based and clinical and other informal supervision sessions if required.

### Feelings

What were you thinking and feeling?

Initially hearing this information I felt embarrassed and my lack of ability to control these identified areas. Although I was always aware that the rate of my speech had been quick but not to the level that other people had been made aware. From this point I became somewhat irritated that these were issues nobody else had ever highlighted to me on a professional level. After the initial information sank in and my first feelings began to settle I became more determined to make a change to these behaviours through self-leadership and managing my emotions better. This would be done by utilising my supervision sessions and seeking any informal sessions if required. Identifying these was positive but I was also aware I had to manage my emotions quickly on a face-to-face level as this could also disturb my rapport with patients or colleagues. This had then allowed me to begin thinking about my own self-awareness of speed of speech and facial expressions allowing me to be aware of these at all times as I was aware the effect this could have on rapport with patients, if not properly managed.



## Evaluation

What was good and bad about the experience?

Good about the experience was someone identifying this as an issue early on in my nursing career as I then had time to rectify it properly so this never continued longer in my career. The ability to have informal supervision or chats with other team members has also been helpful. This allows me to know I can seek advice or have a safe place to discuss any matters in a non-judgemental approach. Another positive about this experience is my ability to manage myself, my self awareness and develop resilience to these comments identified by others.

Bad about the experience was that this issue had never been highlighted throughout my nurse training by numerous mentors in both an educational and practical setting. Should this have been identified during my time as a student nurse I could have begun working on the issue before qualifying as a registered nurse.

## Analysis

What sense can you make of the situation?

The situation has allowed me to take ownership of my own emotions including managing facial expressions but also to be more aware of the situations which increase my anxiety or allow myself to alter my communication in particular the speed I speak in. It has also increased self-awareness about other issues I have identified in myself to allow me to work on these. This includes my motivations in some situations due to ongoing stigma related to some mental health problems which in the past has been a trigger for my change in behaviour. Eg working with a client group that I have little knowledge in I find this anxiety provoking and in the past would increase my anxiety levels. Now with being a more self-aware practitioner I am able to recognise I am out of my comfort zone and seek appropriate help.

## Conclusion

What else could you have done?

There is very little else I could have done unless the issue was identified sooner. Should this have been highlighted sooner I could have done the same work on self-awareness, managing myself and developing resilience to the highlighted issues. From this I could have taken more time in fully understanding the reason behind my actions instead of changing these.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP)?

If the situation was to arise again I would follow the same as I previously did. This would include looking at my behaviours and why I am behaving in this way and from that discovering a multitude of ways I could rectify the identified issue. With having choice in how to rectify this it develops further resilience in all aspects of my life. I from now on will try to remain more in touch with my emotions and behaviours to stop this from arising again. I would challenge any emotions in a positive way and have a more positive approach to the suggestion rather than shame or embarrassment. I would continue to seek both formal and informal supervision to overcome any issues and have suggestions from others on how to improve.

Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Critically reflect on your behaviours and actions that impact on working collaboratively with colleagues

### Date:

06/08/2019

### Description

What happened?

I was within a particular clinic within my place of work which had a student in to gain experience for the day. The other team member involved in the clinic is also a regular member of staff. The previous week an incident had been reported by the student that had made them uncomfortable due to comments made that had not been deemed as helpful. Therefore due to this previous incident I was more aware of my surroundings, the situation and my own self-leadership skills. Although leadership is an issue especially as such a junior member of staff, I was also very aware I was more senior to any student nurses and bad experiences could negatively impact their view on nursing or their own training. So within this clinic a particular member of staff had made a comment to a student which I felt inappropriate. At this moment I stepped in to intervene that this was no acceptable behaviour, checked the emotions of the student and reported this to a more senior member of the team. In doing this I felt it may have impacted on collaborative working with colleagues but my own self leadership skills had identified intervening for the students sake as a priority.

### Feelings

What were you thinking and feeling?

I was nervous and more hyper-vigilant initially, as I was looking out for any comments or anything I felt inappropriate as I had heard the information about the previous week. At first when I heard the comment I wasn't going to say anything due to fear of impacting on collaborative working with colleagues. Although as a few seconds had passed I had decided the students welfare and experience was more important, I could salvage the relationship through a good understanding of the situation and how I behaved at the time of intervening and afterwards. I was relieved when I realised the staff member had not taken my comment the wrong way as they had then apologised to both myself and the student for the comment. From this I was pleased with myself for enhancing the students experience by embracing self-leadership skills in modifying behaviours, communication etc as required. Having an understanding of how the situation impacts on me personally played a big role as if the situation had upset the student nurse and I hadn't intervened I would have felt annoyed at myself.



## Evaluation

What was good and bad about the experience?

Good about the experience was the staff member's reaction to me intervening had went well and should they not have reacted in a similar way this could have been detrimental to collaborative working with this particular person especially within the clinic setting. Another thing that had went well was the student had felt supported and comfortable.

Overall it allowed me to reflect afterwards on by self-leadership and working collaboratively with my colleagues. It allowed me to alter my communication styles and behaviours to resolve the situation quickly.

Bad about the experience was that the student was the subjected to this for me to have to intervene initially. Managing my response properly also allowed me to minimise any ramifications that may have occurred from intervening.

## Analysis

What sense can you make of the situation?

The situation itself allowed me to reflect on behaviours of my own that could have affected my ability to work collaboratively with a particular other staff member. Having my own self-awareness and effectively managing my own responses minimised the risk of any altercation or difficulties in our work relationship. I was able to respond quickly but in an empathetic manner to both the student and staff member which shows my ability to alter self-leadership skills to salvage relationships without suspending my own judgement on the reason behind the comment it allowed me to effectively de-escalate the situation.

## Conclusion

What else could you have done?

I could have entered with no misconceptions about what may occur and this would have been the best non-judgemental approach to take. If I had done this I may have not been able to quickly make a decision to intervene in the manner that I had done. I was able to intervene so quickly because I was more hyper-vigilant.

Another thing I could have done is afterwards when the student had left had a conversation with the staff member like I did with the student about why I had intervened and given opportunity for any discussion around this.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

If this arose again I would not alter any of the practice that I had done although would have spoken individually to the staff member afterwards to explain my reason behind what I had done and allow them the opportunity to discuss any of their own concerns from the situation.

Development needs may have been not to enter with any pre-conceived ideas in future but in this case having that idea before I went in allowed me to quickly react in an appropriate manner.

Doing this allowed me to critically effect on my behaviours and actions that impact working collaboratively including my effective self-leadership, understanding all aspects of the situation and how this effects me long term, managing the response I made appropriately, being empathetic to all parties involved and taking this situation as a learning curve in continuing life long learning developing my leadership skills initially through self-leadership as a junior staff member.



Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

### Title:

Evidence Research and development. Source evidence relevant to an area of practice

### Date:

12/3/2019

### Description

What happened?

I was referred in a patient for a nursing assessment with a diagnosis of OCD. My role was to formally assess her mental health jointly with another team member. As this referral was internal, my role was to assess the most appropriate needs and jointly create an effective care plan to fully meet these needs.

The assessment was completed successfully and all areas of need quickly identified. It was apparent from the assessment that alongside the marked OCD traits other evidence of mental health issues were debilitating the patient on a daily basis. Although I have a good knowledge of most mental health issues and appropriate treatment options OCD is one I have very little experience in. Having little experience in this meant I was required to do some extensive research to better understand the condition, how it effects my patient specifically and what interventions would be most appropriate. I therefore began researching the condition both formally and informally this involved speaking to members of the team who have more experience in this area and referring to my nursing books which I always felt beneficial throughout my nursing training.

### Feelings

What were you thinking and feeling?

My initial feeling was apprehension due to my lack of experience within OCD. Although I also had an excitement within me to further develop my knowledge as a practitioner to better help my patients.

I was thinking doubtful at the commencement of my time working with the specific patient as felt I was doing the person a disservice although as I continued to research the condition it allowed me to realise that completing this research would have allowed me to possibly have the most up to date insight into OCD.

As my knowledge of the subject continued it allowed me to feel better equipped and more confident in my practice in providing effective and efficient patient care to someone who may have a diagnosis or traits of OCD.



## Evaluation

What was good and bad about the experience?

Good about the experience was allowing me the time to grow as a practitioner as well as continue my time as a life long learner. It allowed me to better understand the condition and how it affects my patient. In learning this it has allowed me to develop a better rapport with the patient as I am more equipped to help my patient in the road to recovery.

Another good thing about the experience was the increase in confidence it gave myself as a practitioner being able to continually develop and grow my knowledge base.

Bad about the experience was my initial lack of knowledge in regards the subject as this instantly affected the care and treatment I could provide to my patient.

## Analysis

What sense can you make of the situation?

Making sense of the situation has led me to believe that even if you are not already knowledgeable in a specific subject etc it shouldn't affect your confidence as I always have the ability to further research the subject for a better understanding. Therefore due to this I know any situations I come across I am able to effectively manage either through ongoing discussion with other team members or my own personal knowledge and development of the topic at hand.



## Conclusion

What else could you have done?

Alternatively I could strive to have a basic/ good understanding of the major psychiatric disorders and evidence based treatment options for each. Knowing this would allow me a starting point to better understanding each person's current needs and issues and basic treatment plans that may be effective in helping to treat these issues. Having even a basic understanding of the treatment options for each disorder allows a starting base to work from and can then add in other treatments or techniques to help better manage symptoms; these can be discussed at LI supervision, clinical supervision or even caseload supervision. Having an MDT approach allows a more holistic view point for the patient's needs and may provide a vast background of appropriate techniques etc to use with patients that I may have not thought of myself.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

If this situation arose again I would ensure to keep calm and attempt to remember my confidence as a practitioner. In doing this it would allow me to better manage the situation as I would believe in my own ability to meet the needs of the patient. I would continue to develop my knowledge in the diagnosis/ disorder that I am working with as this allows me to give the patient the most effective and efficient care possible.

Development needs would be for me to continue to grow and develop as an independent practitioner. As a newly qualified staff nurse the amount of therapies/ techniques etc I have been able to execute independently is limited therefore attending any appropriate training and conversations with more senior staff nurses would allow me to continue to grow and develop myself as a practitioner.

Record of reflective account

## Reflective Account (Adapted from Gibbs, 1998, Model)

**Title:**

Evidence, research and development. Review service user participation in your workplace.

**Date:**

9/4/19

### Description

What happened?

Reviewing service user participation within the workplace in particular by looking at the physical health annual reviews we use both within clozapine and depot clinic. Looking at this allows me to see how engaged and involved the client is within their own care and physical health care within mental health services. Within the clozapine clinic in particular I am involved in undertaking annual and 6 monthly physical health checks to monitor physical health needs of patient due to significant co morbidities well known around patients with severe and enduring mental illness and poor physical health.

### Feelings

What were you thinking and feeling?

My initial feelings were keen to get involved in this part of the clozapine clinic as it would give me a more holistic approach towards patient care. I was also excited as with previously being a student my placement area had not yet fully included physical health monitoring into clinics as robust as the physical health monitoring within my place of work. I was thinking about the difference I could make to my patients in monitoring any pre-existing conditions or preventing/ spotting any potential conditions that may occur e.g. Diabetes. As the monitoring continued I started to feel more comfortable with how the monitoring was completed therefore was able to independently monitor patient's physical health. Doing this allowed me a new avenue of the ability to complete these checks with a variety of patients on my own case load who met the criteria. Completing these checks with my own patients opened further avenues including health promotion techniques.

### Evaluation

What was good and bad about the experience?

Good about the experience was the ability to incorporate prevention of further harm to my patients by using the physical health monitoring. It opened a further avenue to health promotion techniques such as healthy eating advice, physical activity pathway and reducing smoking. Therefore having the chance to further explore these types of topics was also an educational competent for my patients. Also good about the experience was the continued exposure to physical health monitoring increasing my own confidence and knowledge in completing these for not only patients within the previously mentioned clinics but my further caseload.

Bad about the experience was the realisation of the lack of physical health monitoring and education on these topics I was previously providing for patients. This could have resulted in me neglecting the physical health needs of my patients and not maintaining a person centred/ holistic approach to care.



## Analysis

What sense can you make of the situation?

Making sense of the situation it has allowed me to see the importance of physical health monitoring even as a mental health nurse. It showed me the vast amount of patients who would not receive satisfactory physical health care monitoring due to non attendance, insight, refusal to attend or not being followed up appropriately other services.

It brings most physical health complaints to the forefront of my mind meaning I am constantly considering the possibility of my patients having these physical health complaints therefore thinking ahead at prevention through health promotion or continued monitoring to ensure the stability of the complaint e.g. diabetes.

Overall it has been prominent that without effective monitoring within the community mental health team some patients could go unnoticed or not properly managed with physical health complaints as co-morbidity to their mental state.

## Conclusion

What else could you have done?

I could have included physical health care monitoring more promptly into my practice and/ or ensured my relevant knowledge on completing physical health monitoring was up to date. This would include the reason behind the monitoring, how to effectively continue with physical health monitoring in a mental health team and this information I could find in the physical health care policy for mental health.

I could take a more proactive role in my patients' physical health monitoring by encouraging them to attend their GP as a first instance and if not try to follow up by myself for my own case load.

## Action plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP) ?

It continues to rise again in everyday practice. I am more confident in executing physical health checks regularly and with all patient groups on my caseload. I will have a more active role in exploring physical health needs of my patients and providing health promotion techniques to remain well or avoid any problems if possible. I will continue to use the physical activity pathway with my patients to assess the level of physical activity they are undertaking regularly.

I will strive to have my patient's physical health assessed regular by myself, Springpark or the GP. This will be done on an individual basis and care planned effectively dependant on the patient.

**This certificate is presented to:**



**For successfully completing:**

**Flying Start NHS Programme**

**Date: 06/08/2019**

EXAMPLE PORTFOLIO