

EXAMPLE OF PORTFOLIO EVIDENCE – LETTER/REFLECTION – Participant Level

What/Who?

Letter from family member + reflective piece. I have used the Driscoll (2000) model to structure my reflection.

When?

I wrote the reflective piece on 20/10/05, as a Participant level student which is six weeks after the lady wrote the letter.

N.B. I have anonymised the letter (in order to maintain confidentiality) but my mentor has signed it to say that it is authentic (she has seen the original).

What it shows?

I have submitted this as part of my evidence for achieving competency/proficiency 2.1 "Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills".

I will also be keeping this reflection in my portfolio, as it may be useful to look back on when I get to the later part of my course when we will be looking at management issues.

Letter: What?

Dear Sister James

My mother [Mrs X; name removed] was recently a patient on your ward following a rather severe stroke. I felt I had to write to you to thank you and the rest of your team for the excellent care both she and the family received. We were devastated when Mum had her stroke and obviously extremely anxious. The doctors and Nurses kept us informed throughout mum's stay and we always felt comfortable leaving her because we were so confident about the care she was receiving. Everyone was excellent, however I must mention one nurse who, I imagine was able to spend a lot of time with Mum because she is so junior, and that is Jenny the student nurse. For someone who is learning she showed remarkable insight into how mum was feeling. I watched her spend a long time trying to communicate with mum when her speech was so poor. She sat down at her level, often holding her hand, and patiently tried to work out what mum wanted. She was never impatient or patronizing and gave the impression she had all the time in the world for mum, though I know she had a lot to do. She could even make mum laugh, no mean feat in those early days. Jenny became really good at working out what mum was saying and that gave mum a lot of confidence. Please pass on our thanks to her.

I am pleased to say that mum is making good progress. Thank you once again to you and your staff for all the care given.

Best wishes,

[Name removed] and family

I confirm that this is an anonymised version of an original letter sent to the ward manager.

Signed: *Jo Jones* (mentor) 01/10/05

Analysis: So what?

It felt great that someone had actually singled me out for praise and that the ward manager got to know how hard I am trying to give good care. Always good for the street cred! It isn't often that someone says something good about you but this has really bucked me up. It made me realise how sometimes the little things have such an impact on patients and families as (Burnard 2000) reports. But then good communication isn't a 'little' thing is it? I remember feeling quite helpless when Mrs X was admitted, because whilst I knew the basics of good communication, I didn't think I knew how best to communicate with people who have had a stroke. I think I am probably a good communicator because I am always aware of whom I am talking to and what they may need from me, and how I might come across to them. I particularly remember the power of non-verbal communication (appropriate reference) and I was able to use it to good effect with Mrs X.

It has also highlighted that perhaps my colleagues don't always approach patients like Mrs X in the same way as I tried to do, or else why would her daughter single me out?

Now what?

So what have I learned from this experience?

- The pleasure you feel when someone praises you really gives you a lift and makes you feel a bit more confident. I will try to hang on to this feeling and try harder to praise my colleagues when they have done something that has impressed me.
- I hadn't really thought about my knowledge until I reflected on this experience and I recognise I need to know much more about communicating with someone who has had a stroke so that I can become even more effective (at least I will be one step ahead when we cover the topic in school!).
- Next time I look after someone whose speech is affected by stroke, I will ask my mentor to observe how I interact with him or her to see if my practice has improved beyond the 'basics' of communication.
- It might be a bit unfair of me to conclude that some of my colleagues might not have cared for Mrs X in the same way as I did because I don't have any hard evidence. Maybe I made an impression on the family because I am a **student** nurse and not there as a qualified member of staff. I will leave this thought where it is but will try to be more aware of how my colleagues interact with people and reflect on this in the future.

Jenny Smith

20/10/05

References

Driscoll J (2000) Practising Clinical Supervision. Balliere-Tindall, Edinburgh.

Burnard P (2000) Learning Human Skills: An Experiential and Reflective Guide for Nurses, 3rd edn. Butterworth-Heinemann, Oxford.