Answer Guidance

# Chapter 10: Delivering effective care

## 1. Activity answer guidance

### Activity 10.1

Using Table 10.1 High-impact actions for nursing and midwifery, choose a category of action that you have actively been involved in and write a reflection relating to your experience.

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| --- | --- |
| Category of action | Action |
| Your skin matters | No avoidable pressure sores in the NHS |
| Staying safe, preventing falls | Demonstrate a year-on-year reduction in the number of falls sustained by older people in NHS-provided care |
| Keeping nourished, getting better | Stop inappropriate weight loss and dehydration in NHS-provided care |
| Promoting normal birth | Increase the normal birth rate and eliminate unnecessary caesarean sections through midwives taking the lead role in the care of normal pregnancy and labour, focusing on informing, educating, and providing skilled support to first-time mothers and women who have had one previous caesarean section |
| Important choices—were to die when the time comes | Avoid inappropriate admission to hospital and increase the number of people who are able to die in the place of their choice |
| Being fit and well to care | Reduce sickness absence in the nursing and midwifery workforce to no more than 3% |
| Ready to go – no delays | Increase the number of patients in NHS-provided care who have their discharge managed and led by a nurse or midwife where appropriate |
| Protection from infection | Demonstrate a dramatic reduction in the rate of UTIs for patients in NHS-provided care |

**Table 10.1** High-impact actions for nursing and midwifery

#### Answer guidance:

For example, your skin matters (no avoidable pressure sores in the NHS)

**What:** Whilst recently on placement I observed the admission of a gentleman from the community. He was frail and appeared underweight. Upon examination, he was wearing wet clothes and so we assisted him to wash and change into some clean, dry pyjamas. We explained the procedure and gained his consent, ensuring we maintained privacy and dignity throughout. Upon assisting the gentleman to wash we noticed he had a very red sacrum with a small break in the centre. I recognised that this may be the start of a pressure sore and so alerted my practice supervisor.

**So what:** Pressure sores/pressure ulcers are areas where the skin has been damaged from pressure or shearing. For example, this might be from sitting or lying in the same position for a very long time, or from sliding down the bed or chair and causing the skin to shear on the material. Sitting in wet conditions will have also exacerbated the problem. If the problem is not quickly resolved then discolouration can turn into a blister of the skin. The skin does not blanch when pressed (change colour). Damage is most likely on pressure points such as the sacrum or heels, elbows, base of the spine, bottom, shoulder blades, and the back of the head. It is important to complete a skin assessment, a Waterlow chart, and also a MUST screen to ensure the patient is not malnourished. Any marks or breaks should be recorded on the skin assessment. The Waterlow chart provides recommendations based on the patient’s score. A SSKIN assessment should also be undertaken.

**Now what:** In the future, I will undertake the SSKIN assessment: Skin—look for any signs of redness or pressure damage? If so, react to red (note that patients from minoritised groups will not have red skin). Surface –Does the patient have a special mattress in situ, or other pressure relieving aids such as an airflow cushion? Is it working properly? Keep moving—They should spend no more than 2 hours in the same position. If your patient is unable to relieve their own pressure areas then you will need to regularly assist them. Think #endPJparalysis. Incontinence—Regularly assist your patient to the toilet and if they do need a pad in situ then this must be changed often. Nutrition—Completing a MUST screen and thinking “food first” by ensuring your patient enjoys adequate oral food and drink, before considering supplements or other routes of nutrition if required. This must be done collaboratively with the doctor or dietician as appropriate.

#### **References:**

<https://www.bapen.org.uk/>

Waterlow J. *Waterlow Pressure Ulcer Prevention/Treatment Policy*. Taunton: Waterlow; 2005

[#EndPJparalysis - End PJ Paralysis](https://endpjparalysis.org/#:~:text=%23EndPJparalysis%20has%20become%20a%20global%20movement%20embraced%20by,as%20protecting%20cognitive%20function%2C%20social%20interaction%20and%20dignity.)

[Pressure ulcers: safeguarding adults protocol - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol)

### Activity 10.2

Think about your practice learning experiences so far:

 Have you observed care or a clinical skill being carried out in different ways?

 What questions might you ask your practice educator?

 How can these different experiences help your learning?

#### Answer guidance:

*Care provision or a clinical skill may have to be carried out in different ways in order to meet the specific needs of a patient. This may also be influenced by, for example, the age or mental capacity of the patient and the care setting. This should be clearly documented and informed by a thorough assessment of the individual needs of the patient. A combination of a model of care and appropriate assessment tools will have been utilised in order to make this decision.*

*For example: within a community setting the nurse will modify the technique utilised in order to carry out a dressing change. The patient may well have a supply of all the required constituents in order to have a dressing change at home. However, it is unlikely that the nurse will utilise a trolley! The nurse is more likely to utilise a table or other suitable piece of furniture within the home setting after ensuring the patient’s consent. Other modifications may include handwashing in a sink, which does not have elbow taps. You may therefore observe the nurse utilising disposable hand towels in order to switch the taps off.*

*You may ask your mentor about the specific policy or guideline relative to the procedure and discuss what you have been taught in relation to this procedure within your clinical skills lab.*

*A variation in practice will allow you to understand that adaptations are often necessary in order to meet the individual and sometimes varying needs of each patient but should not compromise the care being delivered or be detrimental to the patient.*

### Activity 10.3

Reflect on what action you would take if you observed care or a clinical skill being carried out in a substandard way:

 Who would you report this to?

 What questions might you be asked?

 What further actions might you need to take?

You may find the information contained within the student handbook provided by your university and the NMC website sections “What is fitness to practise?” and “Raising concerns: Guidance for nurses and midwives” particularly helpful in answering these questions.

#### Answer guidance:

*I would inform my practice educator, tutor, or lecturer immediately. I would seek help from an appropriately qualified practitioner immediately if I felt that someone who is being cared for has suffered harm for any reason. I would also seek help from my mentor, tutor, or lecturer if people indicate that they are unhappy about their care or treatment.*

*It is likely that I would be asked for a full verbal account of the circumstances, which may then result in a full written report.*

*You can also seek advice from your professional body or trade union who will offer confidential advice and support.*

### Activity 10.4

Use the Ten Essential Shared Capabilities to reflect on the care you have been involved in delivering in practice:

 How have you observed person-centred care being delivered?

 Now write a reflection relating to your experience.

#### Answer guidance:

*A wide variety of responses is anticipated. However, an example has been provided for illustration.*

*Example: You may have been involved in securing a place at a daycare centre for a patient (working in partnership), arranging a home visit at a time most suited to the patient’s daily routine (providing service user-centred care), etc.*

### Activity 10.5

For your first year of OSCE, you have been asked to assess, measure, and record a patient’s temperature, pulse, and respiratory rate.

Using the headings ‘Psychomotor Domain’, ‘Cognitive Domain’, and ‘Affective Domain’ identify what you will need to do in order to demonstrate effective care.

Locate an example of an assessment criterion from your university (ask one of your lecturers). This is a marking tool used by an examiner to make sure that they are focusing on the elements required during an assessment. It may provide a useful template that will help you to complete this activity.

#### Answer guidance:

• *Psychomotor Domain is a practical skill. In order to demonstrate effective care, you will be graded on how you carry out the skill. This will include how you use the thermometer, locate the radial pulse, count the respiratory rate and perform hand hygiene.*

• *Cognitive Domain is your knowledge. To demonstrate effective care you need to have the knowledge of the skill and also the theory behind this. You can demonstrate this to the marker by indicating the measurements of temperature, pulse, and respiration you have taken are within normal expected limits,* *which demonstrates your knowledge of normal ranges in relation to vital signs. This is also demonstrated through correct hand hygiene, correct use of the equipment, and correct location of pulses.*

• *Affective Domain is your attitude and professional approach. To demonstrate effective care within the affective domain your marker will be expecting you to communicate with your patient, introduce yourself, gain consent, reassure the patient and provide an explanation of your findings.*

*Measuring a patient’s temperature, pulse, and respiratory rate example:*

***Psychomotor domain:*** *I will need to demonstrate knowledge underpinning the skills such as the rationale, which is to assess the ability of the body to regulate temperature, oxygenate body tissues, and maintain blood flow. I will need to demonstrate clinical judgment to manage the patient’s condition based on the results of vital signs monitoring. I will need to inform the patient of the results and explain what this means in terms of their health status. I will need to be aware of the normal parameters and any tools, such as NEWS2, which may assist me in my decision-making. I will need to know to who to escalate any concerns and how to do this.*

***Cognitive domain:*** *I will need to demonstrate I can safely perform the skill. This will include ensuring patient safety and adhering to infection control guidelines such as washing hands, wearing appropriate PPE and cleaning the equipment, correctly identifying the patient (e.g., name, date of birth, and hospital number), ensuring there is a rationale for taking the observations, explaining the procedure to the patient and gaining consent, gathering the correct equipment, making sure I look, listen and feel for any other signs or symptoms which accompany the observation, for example, when taking a temperature I would also look at skin colour, temperature to the touch and signs of shivering or sweating. I would be sure to maintain privacy and dignity and check if the patient has any questions. I would evaluate the measurement and record it on the observation chart, making sure to verbally report any concerns to my practice supervisor.*

***Affective domain:*** *My attitude and professional approach are also very important and I must ensure I adhere to the NMC Code of Conduct, such as gaining consent, acting in a professional manner, maintaining privacy and dignity, and taking a person-centred approach. My communication would also be key, so I would ensure I spoke clearly without using jargon, closing the feedback loop by checking the patient understood what I had explained and that they were happy to proceed. My written documentation of the skill performed would also need to be clear, objective, and professionally written.*

## Case study answer guidance

### Case study 10.1: Katie

Katie is 10 years old and attends her local primary school. She was sent home from school because she was complaining of a sore tummy. Her mum took her to her GP and he advised that Katie should be admitted to the hospital. Katie has been diagnosed with appendicitis and you have been asked to help prepare her for theatre.

• Using the information within the patient and student voices at the start of this chapter, what do you think it is important to consider in delivering effective care while you prepare Katie for theatre?

#### Answer guidance:

*After reviewing the patient and student voices, and reflecting on my experiences, I believe the following would be important to consider whilst helping Katie to prepare for theatre:*

 *I would need to adhere to the NMC code of conduct, ensuring professionalism, but also working within legal and ethical frameworks. I would ensure I followed the correct policies.*

 *I would ensure Katie had all the information she needed to prepare for theatre but also the post-operative plan, such as diet and fluids, exercise, and discharge.*

 *I would explain which members of the interprofessional team would be involved in Katie’s care.*

 *I would maintain privacy and dignity.*

 *I would ensure any questions Katie or her parents had were answered.*

 *I would need the right knowledge, skills, and attitude to competently plan for Katie’s surgical journey.*

 *I would need to provide Katie and her family with written information about her surgery, in a format that is accessible and easy to understand (e.g., for a child there might be pictures).*

 *I would need to ensure Katie is involved in the decision-making process where possible, as she is 10 years old.*

 *I would need to demonstrate the 6 C’s of nursing, for example, caring, compassion, competence…*

 *I would need to communicate effectively and most importantly listen to Katie and her parents.*

 *I would need to provide holistic, person-centred care at all times.*

## Case study 10.2: Julie

Julie is 50 years old and is receiving support from a community psychiatric nurse (CPN). You have been accompanying the CPN to visit Julie and her family at their home and have been involved in the ongoing assessment and review of her care and treatment.

What questions would you ask Julie and her family to ensure that they are happy with the care that you have provided?

#### Answer guidance:

*You may wish to consider the six dimensions suggested by the Institute of Medicine or the main headings in Tables 1.2 and 1.3 in order to focus your answer. The six dimensions of quality care provision are person-centred care, safe, effective, efficient, equitable, and timely.*

*The Healthcare Quality Strategy for NHS Scotland (Table 1.2): caring and compassionate staff and services, clear communication and explanation about conditions and treatment, effective collaboration between clinicians, patients, and others, a clean and safe care environment, continuity of care, clinical excellence.*

*The Compassion in Practice, Nursing, Midwifery and Care Staff, Our Vision and Strategy: the 6Cs (Table 1.3): care, compassion, confidence, communication, courage, commitment.*

***Example:*** *Do you feel that you received a clear explanation in relation to the care and treatment provided? Do you feel that you have been treated with dignity and respect? Are you happy with the care that you have received? Are you able to contact the staff providing your care in order to discuss any concerns that you may have? etc.*

### Case Study 10.3: Bruno and Anna

Bruno and Anna moved from Italy to the United Kingdom (UK) five years ago. Bruno works as a senior manager in a large international finance corporation. Anna gave up her job as a teacher when she moved to the UK. Bruno and Anna speak English fluently. They have a six-year-old son, Luca, who attends the local primary school. Luca is bilingual and is a very happy boy who has made friends with several of his classmates. He enjoys sports and attends after-school activities several times a week. Luca has recently been diagnosed with asthma. Anna has discovered that she is pregnant but is anxious as she has just celebrated her 41st birthday and is concerned that she has a higher risk of giving birth to a child with Down’s Syndrome. Bruno’s mother, who is 70 years old, also lives with the family and she is becoming increasingly forgetful and argumentative. Bruno has made an appointment with the general practitioner in order to discuss his concerns in relation to his mother’s health. Bruno and Anna have no other family members living in the UK but have established a network of close friends.

• Reflect on the above scenario and identify what you think are the main issues from your field of practice. You may choose to utilise a model of care in order to focus your reflection.

• Discuss these issues with your mentor/peers and decide how you would ensure the delivery of effective care.

#### Answer guidance:

*No specific response has been provided as a variety of field-specific responses is anticipated.*