I have decided to reflect upon the first time I did a nursing handover. In accordance with the Nursing and Midwifery Council (2004) Code of professional conduct, confidentiality shall be maintained and the patient’s name is changed to protect identity.

Reflective writing is considered a key component of portfolio assessment because it provides evidence of skills development and increasing clinical competence (Smith 2005).

What is reflection? Reflection is defined by Wilkinson (1996) as an active process whereby the professional gains an understanding of how historical, social, cultural, cognitive and personal experiences have contributed to professional knowledge and practice.

Reflective practice can take place in-action or on-action. Reflection in-action occurs when you are thinking simultaneously as practice occurs. Meanwhile, reflection on-action occurs as retrospective thinking about an experience (Newell 1994).

Why is reflective practice so important? Reflective practice is important for everyone - and nurses in particular - for a number of reasons. First, nurses are responsible for providing care to the best of their ability to patients and their families (NMC, 2002; UKCC, 1992). They need to focus on their knowledge, skills and behaviour to ensure that they are able to meet the demands made on them by this commitment. Second, reflective practice is part of the requirement for nurses constantly to update professional skills. Keeping a portfolio offers considerable opportunity for reflection on ongoing development. Annual reviews enable nurses to identify strengths and areas of opportunity for future development (Grant and Greene 2001; Revans 1998). Third, nurses should consider the ways in which they interact and communicate with their colleagues. The profession depends on culture of mutual support. Nurses should aim to become self-aware, self-directing and in touch with their environment (Grant and Greene 2001; Revans 1998). It is therefore a process by which nurses can better understand themselves in
order to be able to build on existing strengths and take appropriate future action (Grant and Greene 2001; Revans 1998).

In order to structure my reflection or guide my reflective process I have decided to use the Gibbs Model (1988). I am going to reflect on my thoughts, feelings and beliefs about this incident and what I have learned from this thereafter.

The rationale behind choosing Gibbs (1998) model of reflection is that it is structured in six different stages. This allows a thorough account of the incident to be developed and later reflected on. Gibbs model (1998) goes through six important points to aid the reflective process, including description of incident, feelings, evaluation, analysis, conclusion and finally action plan. Gibbs model was chosen for this incident as it allows anticipated action thereafter once the cycle stops. Gibbs model allows you to think about encountering the same situation again and to plan what you would do differently the next time. By going through the stages of analysis and conclusion, this allows you to learn from the experiences you have made. However, Jasper (2003) explains that although Gibbs provides a useful framework for reflecting in the abstract and usually away from the scene of practice, Gibbs does not provide the means for the cycle to be closed. Whereas, Boud et al. (1985) presented a model which is cyclical in which preparatory elements are linked to the development of skills in noticing and intervening. The disadvantages of Gibbs model may include problems of accuracy in retrospective reflection linked to limitations of memory and the effects of anxiety (Newell 1992).

The six stages of Gibbs model of reflection shall now be discussed in relation to the incident. DESCRIPTION This reflection is about doing my first handover and this was my third placement but the second placement on a ward, an assessment unit. I had
been caring for one patient during my shift. Mrs V a 62 year old lady who had presented on the ward via Accident and Emergency feeling generally unwell. Even though I had been caring for this lady for the duration of my shift I was unprepared to give the next shift a handover. I assumed my mentor would do it since she had been doing it on all my previous shifts. However, on this occasion my mentor said to do it at the end of her last handover. I listened to her giving the handover for her patients then when it was my turn, I panicked and muffled up my information. I started with basic information about the patient such as name, date of birth, age and the reason for her admission. Unfortunately, I became flustered after that and it was clear to both my mentor and the other nurse that I was out of my depth and needed help. My mentor then took over and continued the handover. I therefore decided an action plan to develop my nursing knowledge in this area. I looked at various websites and nursing journals detailing how to give effective handovers. I also used advice that I found in the nursing journals and from my mentor to plan out how I would deliver my handovers. The nursing handover was defined in 1969 by Clair and Thrussel as the oral communication of pertinent information about patients. This was supported by Thurgood in 1995 who adopted the view that patient centred care is central to any definition of handover and that it is its primary function.

FEELINGS

Whilst performing my handover, I was more concerned with trying to remember all the information about Mrs V that I wanted to report. Honestly, I was not feeling confident, I became quite nervous and felt this quite obvious and I also felt that I had let down my mentor too. I was really grateful even though felt embarrass that my mentor had to take over from me and continued. I was even worried that the other nurses was probably thinking that I wasn’t getting adequate training or I am not paying attention to the serveral hand outs I witnessed and maybe comparing me with other students who may have done better in my year. Jowwett (1990) found that generally, student nurses anxieties are due to lack of knowledge and good preparation. Indeed, this was most certainly the case in
my situation. I believe that my university should have prepared us with some background knowledge in hand overs whilst the only knowledge of handovers that I had gained from was observing other staff nurses. I also felt worried about giving another handover. However, I had decided that when I have to do another one I would write out the whole hand over beforehand. Writing the whole handover in advance has also been proposed by Donaghue and Riley (1989). I gave the handover as best as I could and was relieved when it was over. My mentor told me that what I had said was fine and that she was worried about doing hand overs when she was a student, which made me feel better as I thought that I was the only student nurse who was unable to give handover correctly. On the other hand though, this incompetency has made me reflect on my own performance and made me more aware of doing a thorough preparation on my handover beforehand and concentrate on the patient care providing the oncoming nurses with pertinent information to begin work immediately. The nursing handover process is considered to be a crucial part of providing quality care in a modern healthcare environment (Pothier et al. 2005) and the quality of a report given may delay an individual nurses ability to provide care for up to 1 to 2 hours (Hansten, 2003).

EVALUATION

I feel that reflecting on and learning from experiences, including your incompetence, inability and lack of knowledge can help you to avoid repeated mistakes and at the same time, identify successful aspects of an experience and principles which might usefully be applied to other situations. I felt that I have learned from my inability as it has made me more aware of how easy it is to get muddled and to ensure that I am fully organised on what I am doing so that I do not get confused. At the time when it happened, it was embarrassing for me as I took it really personally and to heart. This then had a knock-on effect to my confidence. Through use of my own reflective diary, this allowed me to assess the performance and take a step back and
evaluate why my feelings had been surrounding with this situation. This then allowed me to analyse what had been good for me as a person, to take away from what had happened that day and for me to learn from this experience in a positive way for my future practice. Throughout the whole time, my mentor was extremely supportive. She also reiterated the importance of reflective practice and how I would come to reflect on this incident and learn from it. Jarvis (1992) explains that students are less experienced and therefore nurses should always be encouraging them to reflect more in any given situation.

Analysis what sense can you make of the situation
The sense that I made of the situation at the time was that I was not putting enough effort in my work. This worried me and made me realise that I need to have a positive attitude towards my training; have a strong sense of responsibility and strive hard to develop my potential for future practice outcomes. This has led me also to wonder about how am I getting on, and whether I am doing things correctly. Although sometimes I find it hard to accept praise for my actions I also welcome it as it gives me more confidence and lets me know that I am doing things correctly.

Action Plan If it arose again what would you do?
Upon reflection, I feel that I should have been better prepared for the handover and the fact that my mentor had pre warned be that I would be doing it. A report by Malestic (2003) stated that if done poorly a verbal report is a waste time and can jeopardise patient safety. The article goes on to provide a useful guide to verbal reports and I found the article extremely helpful and allowed me to see where I had gone wrong and to prepare properly for my next handover. I have constructed pattern for my
handover as follows: I would start off with basic information about my patient such as his or her full name, age, date of birth, date of admission, consultant looking after my patient and the reason for his or her hospitalisation. I would then go on to describe my patients diet and any restrictions and any allergies that he or she may have. I would then describe any treatment my patient has had including intravenous solutions (IV) and followed this by accurately describing any medications that had been prescribed. I would then finish by describing the family circumstances and whether a parent or family member is resident and including family visits.

Conclusion what else could I have done

From my experiences of the incident, I have learnt a valuable lesson. I will no longer allow myself to be complacent or be in-proficient. Although the initial handover did not go to plan this in turn has prepared me for future handovers.

In conclusion, I realize the seriousness of my performance and I have since read literature to educate myself, the important of not repeating the same mistake again. Through this reflective practice I have been able to learn from my mistake. My incompetence has become learning curve and I now feel that I have improved my practice and became a better nurse, thus improving patient care.

As I am currently a third year student, I have since gained more experience in the administration of medicines, thus my confidence has increased when carrying out this task. Enhanced with my gained knowledge regarding drug administration and the importance of concentrating whilst administering medication, I aspire to rebuild my confidence and hopefully never be put in the same situation again.

By implementing the five rights of drug administration, as previously described by Griffith (2003), this will always ensure best practice and enhance my nursing care.

Through the stages of clinical competence, I feel as though I am now developing my nursing skills and am progressing through the five stages of
clinical competence from novice to expert Benner (1982). I now have a holistic understanding of safe drug administration and feel competent in my nursing duties.

On the whole I found this to be a valuable learning experience. Although the initial handover did not go to plan this in turn has prepared me for future handovers. I feel that my confidence has increased in this area and will continue to increase once I am qualified and gaining experience on a daily basis. I also feel that this experience has helped me become more aware of other aspects of my nursing care that does not always go to plan. I now realise that it is possible to turn an unpleasant experience into a positive one. I feel more secure in the knowledge that it is acceptable for me to get things wrong and to use reflection as a tool in order to turn an unpleasant experience into a positive one.