Research experience
This study looks at nursing students’ experience of research during clinical placements, and identifies some positive aspects and barriers to gaining experience of research during clinical placements.

Caring for a premature baby on an elective placement in Cambodia showed student Indie McDowell (pictured) the essence of being a midwife. ‘The death of this baby girl was desperately unfair, but I was able to give her a peaceful death’

REFLECTIVE ESSAY

Signalling a deeper understanding
When Mike Wallis taught basic sign language to a patient recovering from a stroke, he realised how the smallest actions can have the greatest effect on patients.

Mike Wallis
is a third-year nursing student at the University of York

On placement on a neurological rehabilitation ward, I helped care for a patient receiving rehabilitation following a stroke.

The patient, whom I will call Jim, had been in various hospitals since the stroke 16 months earlier, because of complications including pneumonia. This was the first time he had been medically fit to transfer to the rehab unit.

Jim had a tracheostomy, severely reduced mobility and left-sided weakness, but could use his right hand and arm. He was aphasic and communicated non-verbally by pointing, gestures and using an alphabet board. This made it difficult for him to communicate his needs, and staff often used a series of closed questions to which he could gesture yes or no. This could be time-consuming and frustrating for Jim and the staff.

At university I have studied communication techniques. Following a lecture on non-verbal communication, including the use of sign language, I sought some basic training in British Sign Language so I could sign simple questions and answers if I ever cared for a deaf patient.

Jim was already communicating using gestures with one hand, by putting his thumb up or down, so I asked him if he would like to learn some basic signs to aid communication, and he agreed.

Over the course of a month I taught Jim around ten interchangeable, one-handed signs, including good, bad, morning, evening and pain. By combining these signs, Jim was able to greet people or express simple wishes. Instead of just waving he could sign a ‘good morning’, and let staff know if he was in pain or needed to go to the toilet.

It was amazing to see how enabling Jim to converse in a relatively simple way had such a positive impact on his mood, even though he was still asked closed questions and made extensive use of the alphabet board.

Boost to well-being
Empowering Jim to make his needs known in this way resulted in better pain management and a reduction in faecal incontinence, improving his well-being. This was a short-term solution – the ultimate goal being to enable Jim to communicate vocally again – but I felt proud to have made a positive difference, even a small one.

Educat[ing] Jim helped to educate me. Now, I never go into similar interactions with patients with a series of closed questions, and always take the time to ask the patient what they want and find an effective way to communicate with them.

This experience made me realise how the smallest action can have the greatest impact on a patient. Everybody has a voice, which is an important part of our sense of self and identity. Jim just needed to learn a new way to express his.