# Empathy and Understanding: Critical Reflection of Incident

## Introduction

This essay aims to give a critical reflection of an incident that occurred while working on placement at a mental health care setting. The Gibbs' Reflective cycle (Gibbs, 1988) will be used as this is a popular model of reflection. Reflective practice is widely used by healthcare practioner's and is the process of learning through and from an experience or activity to gain new understandings of self-and/or practice (Jasper, 2013). The Gibbs reflective cycle which dates back to 1988 and encompasses six stages of reflection. This essay reflects on the insights I gained while assisting the medical staff at a mental health hospital and concludes with future actions to enhance my professional skills as a paramedic in the future. During my time on placement I used concepts of care skills as recognised by (NHS England, 2015) which are the 6C'S, these are, care, compassion, communication, competence, courage and commitment. As a healthcare professional gaining consent was on a voluntary basis with all relevant information given to the patient and that they have capacity. All patients individual choice and empowerment were respected in accordance to guidelines ( NHS, 2016). With an increase in the numbers of mental health cases within paramedic's caseload College of Paramedics (2014), I chose this reflective case as would be invaluable to myself as a student paramedic.

## Description

What I will be reflecting on was an incident whilst on placement at an acute mental health ward for adult males. During the course of one of the dayshifts I was present, one of the male residents in care became violent and abusive to staff. This particular person was at this unit due to mental health issues and was being retained under the Mental Health Capacity Act 2005. This patient had only been admitted recently and according to nurses had just started a course of anti-psychotic medications for the first time, one of which was Clozapine. Clozapine according to National Institute for Health and Care Excellence has side effects some of which are agitation and insomnia (NICE, 2019).

It had become clear that the medication was wearing off and this combined with other factors such as lack of sleep had caused the patient to become distressed, shrieking and striking their fists on the exit door. Seeing as this person was in distress, I felt empathy for them so went across to see if there was anything I could do to help. One of the areas covered by this essay is Communication and during this incident I used communication and compassion skills to try and calm the patient and attend to their needs. Communication is a vital skill required by Paramedics as it is the most effective way to understand the needs of a patient (Nixon, 2013). Using a soothing manner and soft tone of voice I tried to speak to the patient to try and understand what was causing them so much anguish. Standing far enough away not to be endangered but close enough to be able to communicate I prioritised the patients' needs but unfortunately was unable to calm the situation down. After the patient became more aggressive and started to damage the office window help was called for by one of the nurses who in turn with others restrained the patient to reduce any further harm or distress caused.

## Feelings

Prior to carrying out this placement my only experience of dealing with patients with mental health issues was while working for the ambulance service. There we attended many patients with Mental Health issues but never to the same degree as what is delivered on an acute ward. At the time of this incident I had no experience dealing with a case such as this but felt confident in my abilities to adapt to most situations. The ability to communicate with such diverse needs of patients experiencing mental health needs is varied and challenging. To engage with such complex needs a person must use a ‘person-centred care’ that puts patients’ needs first delivering a holistic and humanistic approach (The Health policy Partnership, 2019). During this incident I became anxious and acutely aware I was not confident or experienced enough to deal with such situations as this. When the nurse who is trained for such dealings and has many years’ experience could not manage to calm the patient down my anxiety was only increased and awareness of my limited skills in such situations was evident. I was very surprised on how quickly things escalated and once the incident had passed, I started to look at numerous things I could take both positive and negative from this which I will discuss further in my action plan.

## Evaluation

At first, I could not see any good points as to how I had managed to help this situation from not escalating. I felt that I had been unable to calm the patient and my lack of immediate assistance had caused the escalating situation that occurred. The nurses compassion skills seemed to be very much lacking as no emotion was seen during the course of this incident by staff. Looking back on the situation I do see the positive side, in as much as allowing me to examine my short fallings in relation to this incident. This incident also allowed me to speak to nurses and staff and to understand all perspectives. What was positive was that once the patient once restrained and given medication no harm was caused to themselves or others, also the swift response once the alarms had been heard from other members of staff in assisting. Once the incident had been deescalated, I was invited in to a debrief where both mine and other staff were able to give input. This was very helpful in understanding the situation.

## Analysis

When trying to calm a person it takes lots of patience, empathy, understanding and above all communication but not always can someone be calmed, and restraint sometimes is unavoidable to reduce the chance of harm to themselves or others according to Medical Journal (BMJ, 2004). Understanding prior to this incident what patient medication is on, past medical history and any previous incidents could have enabled better preparation prior to incident. To understand best what occurred and what could have been done better the medical team had a ‘hot debrief’ or ‘AAR’. After Action Review (2016), NHS England. One aspect of this debrief that was brought to my attention was that this patient had previous episodes of violent behaviour and the medical staff regretted that I had not been made aware of this, and in future any new personal must be made aware of such incidences.

## Action Plan

This reflection has made me understand the vast array of mental health conditions that affect

people from all diversities from young and old to rich and poor and many more. During AAR I was present in speaking to the families of the person involved in this incident and was acutely aware of how mental health can affect not only individuals but their family's and loved one. The importance of empathy to not only the individuals affected by health conditions directly but those indirectly affected has been known for a long time (Health.org, 2019) studies also suggest that being treated with respect and dignity matters more to the patient than even pain control. When also in new environments I will also take a full history of patient attending so as to make sure have all relevant medical information to best treat patient.

## Conclusion

From this incident I learned many new things, to learn and research more about what effects mental health has on both individuals, families and loved ones, being able to understand more what they are feeling both emotionally and physically. To look at history of patient to see what best approach in such situations is best, especially if the patient has a history of such events, then after AAR notes can be read and learned for future. Having previously worked in the Ambulance service this may have contributed to the perception of mental health prior to working directly in such areas and influencing what my thoughts and feelings were. Having had this opportunity to see first-hand what is awareness of mental health will give me the ability to communicate and assess patients better in the future. Strong working relationships and communication between healthcare staff should also be given greater emphasis within mental health facilities so to increase level of group cohesiveness. Overall, through this reflection I have learnt that history taking, and communication is an essential skill that needs as much practice as any other part of being a paramedic, and that empathy and understanding are skills required to deliver best holistic needs of patient.