**Communication Issues from N95s**

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**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back**  **(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. * Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred. * Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. * Does not provide own feelings related to the clinical experience. * Identified event, experience, or learning opportunity is not relevant to clinical practice. | On February 2, I cared for a patient who was on enhanced COVID precautions; this required me to wear a N95 mask when providing care to the patient. At first, I found the N95 more enjoyable than my usual surgical mask because I felt like it gave me more room to breathe since it wasn’t pressed up on my face and it didn’t make my glasses fog up. However, I quickly realized that while there are benefits to the mask, it also comes with its disadvantages.  The major issue I ran into was getting my patient to hear me well. Although my patient already had some hearing impairments, I found that the N95 made my voice even more muffled. It made me frustrated when I had to repeat what I said multiple times to no avail. When my voice finally got through to my patient, it felt like I was screaming. I didn’t want my patient to also feel like I was yelling at her, but that was the only way for me to speak to get my voice heard through the mask. |
| **Examine Experience**  **(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). * Briefly summarizes key ideas/findings of the article. * Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation. | * Does not incorporate a scholarly article. * Summary of the key ideas/findings of the article are not included.      * No explanation of the author’s ideas/thoughts compared/contrasted with own. | The article outlines some of the communication issues that are associated with various PPE: auditory/visual, tactile, and structural barriers. Schlosser et al. (2021) explain that the components of PPE like the fan in PAPR helmets can distract workers’ hearing capabilities. Layers of material from full body PPE, such as gloves and gowns can impair the touch sensation, while the layout of patients under stricter isolation can also inhibit communication loops of workers and patients (Schlosser et al., 2021). After trialing various tools to aid communication, Schlosser et al. (2021) conclude that techniques such as keeping patient whiteboards up-to-date and using current audiovisual technology can help eliminate some of the issues of communication caused by PPE. They recommend using multiple methods as not one technique was found to be perfect.  I agree with the statements made by the authors as it matched my own experience. To aid my communication with my older patient, I found using hand gestures to indicate numbers or body parts helped communicate what I tried to say. When discussing with my patient’s primary nurse, we did so outside the room and away from busy areas so that it would be quieter. The authors explored high-tech ideas that involved cameras and mics in each patient’s room and while it helped communication, I feel that it is not a good idea. Not only is it an expensive proposal for any facility, but it also infringes on the patient’s privacy as they can be watched from the nursing desk constantly. I think alternative solutions should be researched, |
| **Appraise**  **and**  **Analyse**  **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).   **\*\***A reflection graded as ***excellent would also include the following:***   * Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). * Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things). * Poses questions that should be considered due to their significance to nursing practice. | * No other perspectives are discussed. * Only one other perspective is discussed | I am not the only person who felt frustrated by not being able to communicate effectively using PPE. When I had to transfer my patient to her bed, I had help from one of the other students. When she tried to give the patient instructions, she faced the same problem. Even after moving closer to my patient’s ear to speak, the patient still couldn’t make her words through the N95. Similar to me, my peer used gestures such as pointing to the bed and demonstrating herself bending her knees so that my patient would understand what she meant.  Schlosser et al. (2021) discuss the important of communication in nursing. With the pandemic, many departments and hospitals expressed concern about the issue of communication; many exchanges were made and committees formed to tackle the issue. One important perspective that was brought up in these discussions was the family’s perspective. While safe were worried about patient privacy, families expressed relief at being able to videocall and communicate with the patient via the technology being used. Patient outcomes were said to have improved as a result (Schlosser et al., 2021). Therefore, the healthcare community still has concerns about privacy issues associated with these changes, while family and patients and openly accepting the opportunities to communicate with their loved ones.  At first it surprised me to hear that patients and families were accepting of these efforts but the more I thought about it, the more it made sense. A lot of the patients are lonely since no visitors are allowed with the current conditions and families are worried about the patient’s condition constantly. This new technology solves their problems, even if it isn’t perfect. The current focus now that it is being implemented in certain facilities should be figuring out how to implement these changes everywhere and what alternatives may work equally as well as this one. |
| **Research**  **and**  **Revision**  **®** | * Provides summary of learning from this clinical experience and from the article findings. * Identifies what they could have done differently in this clinical experience. | * Summary not provided * Does not identify what they could have changed about their own role/actions/performance in this clinical experience. | In conclusion, communication issues sparked by PPE has caused healthcare facilities to look for new ways to improve communication in their environments. Technological approaches including camera and audio recording systems in every room are appearing to be a promising solution to the issue but still come with concerns of privacy. While I could not have used one of these new systems in my clinical experience, next time I can try alternative methods like writing messages for them to read. |
| **New Perspective**  **(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. * Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). | * No specific examples for implementation into future practice are incorporated. * Does not identify a nursing resource to assist with learning | I will specifically remember the importance of the whiteboards like the article mentioned and will ensure I keep mine updated in my future practice. One resource I can look into to help me with communication issues is RNAO and their Best Practice Guidelines. I can also talk to other nurses and get their advice. Another option is to look into team training and initiatives such as TeamSTEPPS. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)   (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection. | The main concept of this journal was communication, specifically the barriers to communication caused by PPE and various methods to help improve communication. Another concept related to this experience was person family centered care. When looking into alternatives like technology, we had to consider whether privacy issues and value conflicts would interfere. Since families and patients both enjoyed the systems, it seems as though it has lots of potential. |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. * Title page in correct APA format * Reference in correct APA format | * Incorrect APA format throughout reflection * Incorrect APA format on title page * Incorrect APA format for article(s) and/or other sources. | **Student Reference(s) in APA Format:**  Schlosser, M., Adao, K., Derkyi, A., Fitzgerald-Monroe, A, Ebenezer, L. & Eckes, E. (2021). Communication challenges in high-containment clinical environments. *American Journal of Nursing, 121*(2), 40-45. doi:10.1097/01.NAJ.0000733424.64237.42 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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