

# Why Chapelhow enablers are important when providing patient care

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## **Abstract**

The Chapelhow framework is based on six fundamental concepts often referred to as enablers. These enablers are the building blocks that all healthcare professionals need in order to deliver patient care. They include; assessment, communication, risk management and managing uncertainty, professional judgement and decision-making, documentation and record keeping. This article will consider two enablers assessment and communication, essential skills for delivering patient care. It was apparent that both enablers were linked and used together when caring for a patient.

## **Keywords**

Communication, Assessment, Nursing Care.

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The Chapelhow et al. (2005) framework is based on several different elements which enable nurses to reflect on their practice whilst learning new skills. Chapelhow et al. (2005) suggests that there are six fundamental concepts that are the basis of all skill delivery for all healthcare professionals. They refer to them as 'enabling skills' of nursing practice consisting of; assessment, communication, professional judgement and decision making, documentation and record keeping, risk management and managing uncertainty. This article will consider two 'enablers' assessment and communication (Chapelhow et al. 2005). It will consider why assessment and communication are important skills for nursing practice and the patient journey.

Verbal consent was obtained from the patient to use the experience as part of my learning. Additionally, gaining informed consent ensured that patients are not misled. For confidentiality reasons the name of this patient was changed to Patient X. The Nursing and Midwifery Council (2015) state that we should respect a patients' right to privacy and confidentiality, and information about them should always be shared appropriately.

Patient X was an 82-year-old lady who lived alone in her own home. She was admitted to hospital following a fall and fracture to her left femur. Her previous medical history was that she was partially sighted, with an increased Body Mass Index (BMI) which is a weight-for-height measure (Morrissey 2013). She also took warfarin for her atrial fibrillation (AF) and she had a history of congestive cardiac failure (CCF). She has also had a previous ORIF (open reduction and internal fixation) to her right ankle. According to Fawcett and Rhynas (2012) a patient's history is essential to making an accurate

diagnosis.

The first enabler to be discussed will be assessment. Patient assessment can be defined as a process of evaluating a patients physical, social, mental, cultural and personal needs (Howatson-Jones, Standing and Roberts 2012). Patient assessment was important so that appropriate care can be given and a patients' needs met. If we do not respond to a patients' care needs we could be putting the patient at risk and therefore failing to give effective care (Barret, Wilson and Woodlands 2009).

In this case Patient X was first assessed when admitted to the ward as patients need to be assessed at key points throughout their journey (Howatson-Jones, Standing and Roberts 2012). Patient X came to the ward from theatre following the insertion of an intra-medullary nail to her femur to correct the fracture.

To assess Patient X a variety of assessment tools were used to get an in depth, accurate assessment (Howatson-Jones, Standing and Roberts, 2012). These included: Waterlow pressure sore scoring system, MEWS (Modified Early Warning Score) screening charts, patient rounding tool and pain assessment charts. Firstly, baseline observations such as blood pressure, oxygen saturations, heart rate and temperature were taken on Patient X to enable nurses to monitor her condition. Observations were taken regularly so that any change in condition was identified early (Royal College of Nursing 2015). Following these observations a score was generated and recorded. This score provided a benchmark for her condition and was used to identify any deterioration/improvement. A pain

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assessment was also done by asking Patient X if she was experiencing any pain, location of the pain and the type of pain (Turk and Melzack 2011). Nurses can decide following medical advice what pain relief should be given and when to give it dependent on the prescription. Even though these assessment tools can be useful, some professionals may become over reliant on them, ignoring their own clinical judgement to assess a patient. Therefore Barret, Wilson and Woodlands (2009) says that both clinical observation and assessment tools should be used together to holistically assess a patient. The assessment was done using quantitative and qualitative techniques. According to Howatson-Jones, Standing and Roberts (2012) it was important to use both techniques to ensure an effective patient assessment in order to provide safe patient care.

To gather information about the patient, a variety of questions needed to be asked so that healthcare professionals can assess their care needs and build up an initial relationship. Egan (2009) reported that to get this information it was important that communication skills were used and the right questions were asked to ensure that the patient understood what was being said to her. On initial assessment, a variety of open and closed questions were used to obtain the information that was needed. According to Nolan and Ellis (2008) using this variety of questions allowed the nurses to get specific information and identify problems.

In relation to Patients X's care, an assessment was completed to identify any changes since admission to hospital. Nurses assessed mobility, nutritional needs, elimination needs and personal hygiene and dressing. For Patient X, mobility was an issue as she

Why Chapelhow enablers are important when providing patient care| Taylor, Heather used to walk with a zimmer frame and following her surgery she had become non-weight-bearing. It was important to find out if she took any regular medications for her health conditions. Fitzgerald (2009) stated that medication history is critical to prevent adverse effects from medications which may have negative consequences to the patient.

When assessing the patient, we identified that Patient X had an increased BMI which was over 30, classifying her as obese and therefore, we needed to order a bariatric bed and chair. This was to ensure that the patient was comfortable during her stay on the ward. Due to her reduced mobility we needed to ensure that her pressure areas were checked regularly and policies followed to reduce her susceptibility to pressure sores. Patients with an increased BMI are at higher risk of pressure sores making it important to check pressure areas regularly (Royal Children's Hospital Melbourne 2012). An example of this was when Patient X required an air mattress used to reduce the risk of pressure sores (Rubayi 2015) and also, the need to change her position regularly to relieve pressure on that may be susceptible to pressure sores.

Patient X explained that she had recently been constipated. From this information, a stool chart was put in her file so that we could monitor her current bowel habits and if the problem persisted, consideration could be given about the most appropriate management (Scully and Wilson 2014).

The second enabler that will be discussed will be communication. Communication enables information to be exchanged between individuals (Berry 2007). The Nursing and

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Midwifery Council (NMC 2015, p.7-8) state that nurses must “communicate effectively” in order to practice effectively. According to Bach and Grant (2015) the effectiveness of communication was dependent on the quality of communication. Therefore, if the quality of communication was poor, this may impact on the quality of care provided.

Communication with the patient was important as Patient X was partially blind. This meant that we needed to explain everything clearly. Moonie (2005) reports that if individual differences are not understood, communication can be affected suggesting that information cannot be transmitted as well as it should which may lead to errors when providing care.

One example was when we were dressing her wound. We explained that we were cleaning it first using sterile water and gauze, following this applied the dressing. Doing this involved the patient in her care and reduced potential feelings of vulnerability. Webb (2011) stated that communication in nursing was essential as the skills that nurses developed throughout training were supported by effective communication. Within the healthcare environment communication is a vital part of patient care. This was supported by Bach and Grant (2002 cited in Norcross 2015) suggesting that practice of communication skills made a difference to patients as they felt supported and involved in their own care.

During this placement, there were many communication issues that came to my attention. According to Berry (2007) ineffective communication can lead to a variety of negative

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outcomes, including poor patient care. Primarily, Patient X had reduced mobility, consequently was in bed for 14 days following surgery on her femur (EDIO healthcare 2013). The physiotherapists on the ward came to assess Patient X to help her to sit in the bariatric chair provided (Long, Kneafsey and Ryan 2003). On assessment, it was made clear that Patient X would need to be hoisted using the 'Viking' hoist. This specific piece of equipment was used to transfer patients, who had a greater body mass index of 25 from their bed to a chair or commode. As this hoist differed from others regularly used on the ward, it was important that the nurses were shown how to use it.

It was apparent that there were issues with communication between the physiotherapists and nurses because they had not been told which specific straps to use for this hoist. The time taken to resolve this made Patient X feel anxious as she thought the staff did not know how to use the hoist as they needed to seek reassurance from the physiotherapists. O'Daniel and Rostenstein (2008) state that effective teamwork is best when healthcare professionals work collaboratively. Also, they found patients preferred communicating with a cohesive team, rather than talking to individuals who did not fully understand their care.

Additionally, the physiotherapists had communicated with the nurses and decided that a bariatric commode would be useful for Patient X. However, due to how busy the ward was this was only ordered two weeks after the initial assessment. This impacted on nursing care as it meant that the nurses needed to provide a bed pan for Patient X and help her with personal hygiene each time she required the toilet. This impacted on her

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care (O'Daniel and Rostenstein 2008) making her feel she was a burden on staff and  
she had no dignity as she was unable to undertake personal hygiene or use a toilet.

Webb (2011) pointed out that the nature of healthcare had changed focusing on the  
patient rather than the illness. This meant that when we treat a patient we look at them  
holistically, assessing all their individual needs. In this case the healthcare professionals  
that were involved in Patient Xs' care assessed each need separately such as mobility,  
elimination needs, her sight and how she was most comfortable etc. It was important that  
communication was effective due to Patient X's partial blindness; so, this meant that she  
did not always know what was happening and potentially could make her feel isolated  
(Bramhall 2014).

This article has set out to examine the Chapelhow et al. (2005) framework and in  
particular the two enablers (assessment and communication) and how they were used in  
practice to influence patient care. I chose a patient and looked at how her care was  
influenced and how assessment and communication were used in relation to her care. It  
has shown that both assessment and communication were both vital parts of nursing and  
played an important part when providing patient care. It was evident that the care provided  
to patient X was effective and the assessment tools used were appropriate and using  
effective communication meant her needs were met.

It was clear that assessment and communication both linked together when caring for a  
patient. The assessment tools were reliant on effective communication. This was because

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many of the assessment tools required the use of verbal communication. There were strengths and weaknesses to using the assessment tools and it was important that as well as this, nurses own clinical judgement was also used to assess the patient. A patient may appear asymptomatic when looking at observations alone, however, when looking at the patient the nurse may identify different issues.

The strengths of healthcare professionals using assessment tools enabled them to identify the patients' individual needs and plan how they were going to manage them. They also gave an indication about what needed to be put in place when she was discharged as her independence level may have changed. A weakness of using assessment tools are that patients need to be reassessed within an agreed timeframe and sometimes this may be difficult to achieve if the ward is busy. Therefore, some re-assessments may be delayed.

Communication was vital when caring for Patient X. It was important that the assessment was done as there was a barrier to communication (partial blindness). Doing this initial assessment allowed us to adapt our communication strategies to meet Patient X's needs. Communication played a huge part in patient care and therefore understanding how to communicate effectively was essential when providing care (Van Servellen 2009). If communication was not effective then errors may occur directly affecting the patient.

During this study, I learnt about the different assessment tools used when assessing patients and how to use these effectively. Additionally, I could see how important

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communication was in a healthcare setting and how it is essential to communicate effectively to avoid errors in care and ensure patient needs are met. Overall, communication with patients, parents and other nurses was good and information was passed on appropriately. However, it was recognized that communication between the multi-disciplinary team could be improved.

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