often invite service users to my sessions teaching children’s nursing students. After all, service users are the experts and can share the real-life ‘stuff’ that most of us can only glean from clinical practice, or theoretical journals and books. I value these sessions greatly, finding them to be a huge boost for my own personal development, and the students always evaluate them positively. In fact, they report that, in the clinical area, service users’ words often return to them when certain situations arise – and, indeed, these words can have an impact on their practice.

The sessions help to close the gap between human experiences and the theories used to explain them. Real-life stories have a truly unique quality in terms of the emotion, tone and imagery used to illustrate the patient’s experience. It is a way in which students – and, indeed, qualified practitioners – can see what is most important and meaningful to service users and what may enhance the patient experience. Hearing a service user’s perspective can be encouraging and motivating for students, and serve as a counterpoint to the often negative portrayal of nursing and healthcare in the media. Negative experiences are also useful, however, as they can challenge students’ views from a different perspective, and help them critically analyse and reflect on what may be done to improve a patient’s journey.

I asked a group of students for feedback after a recent session with a teenager who had cystic fibrosis and had had a number of recent admissions so intravenous antibiotics could be administered. The students evaluated the session very positively and a significant observation from a number of them was that what they often thought was important was not what the patient felt was important. The students identified administering the antibiotics promptly as their top priority. Of course, this is very important, but the service user put privacy and dignity above the prompt administration of medication. It all comes down to perspective. And surely we, as practitioners, can administer medication promptly while also maintaining a young person’s privacy and dignity? We simply need to ask our patients what is important to them – only then will we know what really matters to those we are caring for.

I recently experienced care from the patient perspective and, on reflection, it was refreshing to be in an observatory role, seeing staff rather than being staff. My experience was a positive one – the interaction, support and interprofessional collaboration were excellent. All the aspects I try to encompass in my teaching sessions were present during my hospital stay.

I tried to analyse what had been important to me and what actually made my experience a positive one. Staff always introduced themselves to me – the “Hello, my name is……” really does work in the clinical setting. Clinicians asked me if I was okay; if I said I had pain I was listened to and the pain was addressed – promptly. I was wide awake in the early hours and one student nurse simply came and chatted to me for a little while, brought me a drink, showed an interest in me as a person and not simply a statistic. Of course, not everything was plain sailing but small things made a big difference.

I wrote to the ward staff and identified those little things that had made a difference – I hope they will continue to enhance their current practices and ensure others also have a positive experience.

We simply need to listen to our patients and their carers – it really is that simple. NT

Fiona Cust is senior lecturer in children’s nursing, Staffordshire University

Clinical Practice

Comment

Fiona Cust

‘Listening to patients is the first step to improving care’

Helping patients to stop smoking

New research led by the University of Glasgow estimates that 7% of deaths in the first month of life and 22% in the first year are related to maternal smoking during pregnancy. Analysing data relating to children under the age of five years, researchers found that 12% of hospital admissions for bacterial meningitis, 10% for bronchiolitis and 7% for asthma were attributed to maternal smoking (Bit.ly/NTSmokingPregnancy).

Our smoking cessation clinical zone (nursingtimes.net/smoking) offers information about helping people give up smoking from different angles.

A mental health trust has a smoke-free policy and supports staff to either abstain from smoking at work or to stop smoking completely (Bit.ly/NTSmokefree). Widening out to all users is another route. Find out how good communication and careful preparation turned an entire hospital site into a smoke-free environment (Bit.ly/NTSmokefree).

Every contact is an opportunity to change behaviour. Frontline nursing staff can incorporate brief behaviour change interventions into their clinical practice (Bit.ly/NTIntervention).

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CPD activities

Journal club

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Self-assessment

Ensuring the safe use of emergency oxygen therapy. Refresh and test your knowledge with our self-assessment, p18