

# A shift in the life of a medical student working as a health-care assistant

## Introduction

Despite having been on the wards for over a year as a medical student, I realized that I knew very little about the work of nurses. This prompted me to work as a health-care assistant. This article describes some of my thoughts from this experience.

## Shift starts

On my first shift, I met nurses for the first time as a member of their team. The handover was done in much the same way as doctors do. I was then allocated bays to look after and with some limited help was left to my own devices. From the moment I got onto the wards, I realized that only experience would train me for this.

I started by taking my patients' observations. One in particular concerned me as he was becoming tachycardic, hypotensive and tachypnoeic. I went immediately to the registrar on the other side of the ward who said she had written the fluids and that the nurse should give them. When I approached the nurse she said she was too busy doing the food round. I went back to the registrar and told her that I was concerned about the patient and had informed the nurse, but she was not going to do this immediately. I told the registrar that I had done what I could. Fortunately, a short time later the nurse returned and gave that patient the fluids. This incident made me realize that doctors are sometimes separated physically and perhaps even emotionally from patients.

## Break time

Later, I was told to take a break, so went to the nurses' room. I met an auxiliary nurse there and asked her what she felt about nursing. She related what happened on her shift while she was helping clean a doubly incontinent patient. The higher grade nurse accompanying her said to the patient: 'You are really, really naughty'. The auxiliary nurse felt so bad for the patient – she said she would not even call

her children naughty let alone grown adults. I asked if there was anything she could do. She said she had been working for 26 years as a nurse, then pointed at her badge, and put her finger on the table below – she said: 'This is where I am'.

The nurse explained what happened when a patient needs medication for pain relief. As nurses are not allowed to prescribe this, they often have to go to a doctor who is usually too busy to sign. On returning to the patient, the nurse has to deal with the consequences. She felt that the least a doctor could do was to send a junior to get the prescription signed quickly, and to do this, the doctor needs to care.

She also said that sometimes doctors and nurses spend all day looking at numbers and observations rather than speaking to the patient. Once a patient asked: 'Is my blood pressure ok?' to which the nurse replied: 'You are talking so I am happy!'. This emphasized to me that observation is an essential skill – it helps triage those who need care and those who can wait.

## Back to work

After the break, I checked a patient who was short of breath. I helped him with his oxygen mask which was tangled and asked if he wanted a drink – he did, so I poured him some water. I took his observations because I was concerned. As I stood by him to check his respiration rate I asked him how long he had been in for and what was happening. As I was about to leave, he said to me: 'I think I would be better off just taking a pill to end me. I don't want my family to see me in this state – I don't care about myself any more'. I felt sad for him, I reassured him that we were there to help and that his family visited because they cared. He was comforted by this and agreed.

Towards the end of the shift, I revisited the old man I was concerned about at the start. He was not dressed very well, so I helped him to tidy himself up, but his observations were now much better. I still felt anxious about him and stood there looking worried. The auxiliary nurse I had met earlier walked by and said: 'Remember

what I said before – if he looks comfortable he probably is'. She was right. He did look comfortable and this reassured me.

## Handover

As I left that shift, I gathered around the nurses for the handover meeting. In a side room on the right, I could hear a woman whimpering. I left the meeting and went to see the patient. I asked what was worrying her and she said she couldn't get comfortable and she wished the nurse who had cared for her the night before was there. This shows the difference a good nurse can make. I will never forget this.

## Reflection

My work as a health-care assistant (which I have continued) has allowed me to realize that when I clerk as a medical student, I only get a snapshot of each patient's experience. It was only when I worked as a health-care assistant that I became involved in the 'lives' of the patients. I learnt about their real concerns and what happened in the hours spent between the doctor's visits. Nurses have to deal directly with this.

Experiencing the ward from the nursing perspective has helped me to understand the importance of good nursing in meeting patients' needs. I also realize that doctors and nurses have complementary roles. To be effective in one requires an appreciation of the other. But I think, above all, the single qualification that a proper nurse (and for that matter a proper doctor) needs, is to be human. **BJHM**

*Conflict of interest: none.*

## KEY POINTS

- Nurses have more exposure to the 'life' of the patient in hospital between the snapshots of medical intervention.
- Doctors and nurses often experience a conflict between taking the time to care and fulfilling their formal duties.
- By working more closely together, doctors and nurses can better meet the patient's best interests.

**Mr Ahmir Ahmad** is 4th Year Medical Student, University College London Medical School, London WC1E 6BT