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My position at the Whittington Hospital was described as a health improvement project intern. Being an intern at the Whittington Hospital required me to observe and understand the workings of the accident & emergency department. The accident & emergency department is split into six different sections, the urgent care center, the critical decision unit, the rapid assessment area, the emergency department, paediatrics department, and the resuscitation room. The first days of my internship were comprised entirely of observing all of the different sections to get a feel for the responsibilities of each area and the overall flow of patient care. Once I had gotten used to being in such a chaotic environment, I was responsible for performing hand hygiene audits in the paediatrics department, emergency department, and urgent care center. I surveyed whether members of staff washed their hands before and after they treated a patient or were a patient's surroundings. Hospitals within the National Health System need to have a ninety-five percent compliancy rate in order to meet the required safety standards. Hand hygiene audits are an important part of making sure that the high compliancy rate is met.

I was also required to work with the hospital's hospital safety manager to develop a survey that was sent to all personnel in the accident & emergency department. The survey was regarding the rapid assessment area that was opened a little over a year ago. The feedback received from this survey will be used to improve the overall function of the area. Finally, I was asked to create two audits that will be used to show the hospital inspector, who will be coming to inspect the hospital by the end of the year, ways that the department is monitoring the services that they provide. The first audit I created will be used to monitor ambulance handover. Ambulance handover is the process of checking in a patient when they are transported to the hospital via ambulance. The second audit I created will be used to monitor interactions between staff members and patients. The hospital has been receiving complaints of staff members being rude to patients. The audit will determine whether staff members are actually impolite to patients, and if they are, possible reasons for their behaviors (i.e. a high stress work environment, a large workload, difficult patient, or some other related problem). I was able to fine tune these audits through a trial and error process and making subsequent adjustments with some suggestions from my supervisor.

When I was not required for auditing purposes, I shadowed nurses and nurse practitioners in the emergency department, rapid assessment area, and urgent care center. I

also attended child safeguarding meetings. Child safeguarding meetings entailed the discussion of children that may be in some sort of danger be it physical abuse, neglect, gang pressure, or children that have died prematurely.

According to the Belbin Test, I am primarily a “Completer-Finisher” (Fraser & Neville, 1993). This means that I am very orderly, like to follow through with everything that I do, am able to work at with a high level of accuracy, demand high standards, and have a hard time “letting go” (Fraser & Neville, 1993). Throughout my internship, I was able to do the work that I was doing because I wanted to finish what I started. I may have found some aspects of my internship lacking, but I wanted to finish everything that I set out to do and do it well. I now realize what it would be like to do a job that I don’t like doing for an extended period of time and will avoid in the future being in the same situation that I do not find interesting. I believe that I did my job well and used my strengths as a Completer-Finisher to my advantage while developing the two healthcare improvement audits.

I have to come out of my shell a little bit. I do consider myself to be an introverted person, but when I interacted and asked for things (i.e. shadowing opportunities or sitting in on a meeting), I was able to learn more and enjoyed my internship a lot more. The description of a Completer-Finisher fits me to a T. I am often times anxious about my performance at my internship, even though I think I am doing a good job. I have found that I should trust myself a little bit more; because if I am second-guessing myself, other people are going to second-guess the things that I do. I regret not being able to speak-up when I wanted to and this is mostly because of second-guessing myself during my internship. I think that if I would have spoken up, I would have given more valuable feedback. Being more aware of my tendencies as a Completer-Finisher will allow me to move passed some of the weaker aspects of being in this category and hopefully permit me to grow in my future work. Learning from this experience will make me more conscious of how I work in group dynamics.

Navigating my internship was difficult, but it was a good experience to work in a setting where I did not always know what I was doing and communication was basically non-existent. I believe it has made me more resourceful and I have gained some confidence in asking for what I want instead of going with the flow. Communication is a large part of how I made my internship more of what I wanted it to be. In the UK, I think that openness and

directness is very much valued and every work place has its own level of these things (Sweitzer & Kind, 2013). Only at the end of my internship did I feel like communication became clearer between my supervisor and me. I now realize how important communication is (verbal and non-verbal) when an objective is not clear. I am even more mindful of how much supervisors need to communicate with the people that answer to them on a daily basis. Towards the conclusion of my time at the Whittington Hospital, I became more open and blatant that I wanted to do more and I was able to do more.

I have looked back at ways to make an internship successful. Some of the suggestions, to name a few, include: having a can-do attitude, learn the “unwritten rules,” and to take assignments seriously (Melkonian, 2010). Reflecting on these suggestions, I think that I did always try and project a can-do attitude. I tried to stay positive throughout my internship experience and even if I was not confident in what I was supposed to be doing, I was able to work through it. I was not confident that I could make the audits that I created, but I tried, and they turned out to be useful. It seems to me even if you do not have a can-do attitude, it may speak louder to act like you do.

Learning the unwritten rules of the hospital was a large part of my initial learning curve. Some of the rules include not getting in the way and not taking it personally if you are asked who you are. The nurses in the accident & emergency do not even know every other nurse that works there. It was a large cultural difference for me because in the United States, everyone that works in a department knows each other and makes a note to know everyone. Some of the time, I did feel offended because of individuals coming to me and asking if I had permission to be in the department when I was almost done with my internship, but I understand that it is just a cultural difference. Learning to let little things like this go is something that I learned pretty quickly to do. It is difficult for me to move passed silly things like this, but knowing that I have to get passed it will make it easier to actually accomplish in the future.

I took every assignment very seriously. After performing my tenth or so hand hygiene audit, it was tough to take them seriously when all of the results turned out the same. I felt like I was wasting my time; but if I had not taken the job seriously, I would be reporting false results. All of the tasks that I was given did mean something to the hospital and the department

and I think that it was appreciated that I stuck with the hand hygiene auditing. The lesson to be learned from the hand hygiene audits is that even if a job seems insignificant, it may mean a great deal to someone else.

In hindsight, the internship was a success. I did learn a lot about the National Health System, some of the problems with healthcare in general, the role of different medical professions in an emergency setting, the flow of an emergency department, and was able to observe a high stress medical environment. On top of all of that, I was able to learn more about myself in the workplace.

## References

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