

Reflection Form

Name of foundation doctor: **HEE Northern Foundation School Example Reflection**
GMC Number:

Title: **Managing a medical emergency during a home visit.**

Syllabus Domain:

- Section 1: Professional behaviour and trust
- Section 2: Communication, team-working and leadership
- Section 3: Clinical Care
- Section 4: Safety & quality

- Which of the four syllabus domains does this reflection / experience most relate to?
- At least one selection is required.
- You can select more than one domain if applicable, but try not to select all.
- Making a selection will not automatically link this reflection to your curriculum.

Type of reflection:

- Self
- Group
- With supervisor
- Other (if other please specify):

For examples of best practice please review the UKFPO reflective guidance

Reasons for writing the reflection:

What were the most important things that happened/did not happen?
Did anything go differently than expected?
What have you learnt about yourself, knowledge or skills?

Do not include any details that might make a specific event recognisable.

Whilst working as an F2 in GP practice I was asked as routine to see an asthmatic patient at home. On arrival at the patients home the patient was unexpectedly having an acute severe asthma attack.

I commenced initial treatment (using nebulisers that the patient had in her own home) and called an emergency ambulance to arrange rapid admission.

- I started treatment very promptly as delay may have been fatal. (FPC 9, 10, 11, 19)
- I initiated the emergency services in a timely manner (FPC 7, 18)
- I remembered to reassure the patient and explain what was happening as the patient's experience is important. (FPC 2, 6)

As treatment was started promptly the patient outcome was as good as it could be. I was familiar with the relevant guidance having been to mandatory teaching about it recently. (FPC 1, 4, 9, 10, 19)

The patient said after I had started treatment that they felt they were "in good hands". This suggests my efforts to reassure them were successful. (FPC 2, 6)

Having dealt with this situation it reaffirmed to me I could apply my knowledge and skill gained previously managing an acute asthma attack in the hospital setting. This instigated me to read the BTS/SIGN guidelines on acute asthma and attend a generic skill teaching session which discussed asthma as an emergency presentation.

Next Steps:

How has this changed your perspective?
How will you apply what you have learnt?
What learning could you share with colleagues?

I realised that treating emergencies in the community is very different than in the hospital and calling the emergency services in the first instance is often the right thing to do as opportunities for initial treatment will be limited and senior support is not as easily accessible as in hospital. (FPC 7, 18)

Guidelines are helpful when managing emergency situations. (FPC 1, 9, 10,19)

It is important to keep one's practice up to date by attending mandatory teaching and keeping abreast of educational/training requirements (FPC 1, 4, 9,10)

It is important to look after the person as well as to treat the disorder, even in emergencies. (FPC 2, 6)

I will aim to consolidate my knowledge of guidelines for emergencies and I am attending ALS next month, which covers recognition of the deteriorating patient as well as management of cardiac arrest. (FPC 1, 4, 9)

I will incorporate what I have learnt in theory and practice into my teaching of F1's.

Start date of placement against which you want this form to count:

Reflections are recorded against a whole rotation. To give an easy overview, on your Portfolio Overview page we split them into placements using this date.

In order for a supervisor to see this entry, it must be shared.

NOTE: Shared reflections cannot be made private again. However, reflections can always be edited.

Private or Shared?

Private

Shared

Signed:

Date:

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