**Reflection**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Foundation doctor** | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of foundation doctor | | Dr Example | | | | | | |  |  |  |  |  |
| GMC Number | | 0000000 | | | | | | |  |  |  |  |  |
| Date created | | 01/01/2024 | | | | | | |  |  |  |  |  |
| Date last updated | | 01/01/2024 | | | | | | |  |  |  |  |  |

**Title**

|  |
| --- |
| **Reflective Example: F2 in GP Managing a medical emergency during a home visit.**  ***This reflection example should be read alongside FP Curriculum 2021, HLO 1: FPCs 1-5, F2 Behaviours. You will then understand why the content in this reflection example provides additional evidence of the required capability of those FPCs (curriculum outcomes) and can be mapped to HLO1.*** |

**Higher Level Outcome (HLO)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | HLO 1: An accountable, capable and compassionate doctor | | | |  |  |
|  | HLO 2: A valuable member of healthcare workforce | | | |  |  |
|  | HLO 3: A professional, responsible for their own practice and portfolio development | | | | | |
|  |  |  |  |  |  |  |

- Which of the three higher level outcomes (HLO) does this reflection / experience most relate to?  
- At least one selection is required.  
- You can select more than one HLO if applicable but try not to select all.  
- Making a selection will not automatically map this reflection to your curriculum.

**Type of reflection:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Self | |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ | Group | |  |  |  |  |  |  |  |  |  |  |  |  |
| Badge Tick1 with solid fill | With supervisor |  | | |  |  |  |  |  |  |  |  |  |  |
| Badge Tick1 with solid fill | Other | | If Other (please specify)\*: | |  |  |  |  |  |  |  |  |  |  |
|  |  | | **With GP Supervisor** | | | | | | |  |  |  |  |  |

For examples of best practice please review the UKFPO reflective guidance (<https://foundationprogramme.nhs.uk/resources/reflection/>)

**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 patient’s 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. * I initiated the emergency services in a timely manner. * I remembered to reassure the patient and explain what was happening as the patient’s experience is important.   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 core teaching about it recently.  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. |

**Next steps: \***

How has this changed your perspective?

How will you apply what you have learnt?

What learning could you share with colleagues?

|  |
| --- |
| 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 further the BTS/SIGN guidelines on acute asthma and attend a generic skill teaching session which discussed asthma as an emergency presentation.  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.   * Guidelines are helpful when managing emergency situations. * It is important to keep one’s practice up to date by attending mandatory teaching and keeping abreast of educational/training requirements. * It is important to look after the person as well as to treat the disorder, even in emergencies. * I will aim to consolidate my knowledge of guidelines for emergencies. * I am attending ALS next month, which covers recognition of the deteriorating patient as well as management of cardiac arrest. * I will incorporate what I have learnt in theory and practice into my teaching of F1s. |

Start date of placement against which you want this form to count:\*  **(i**) *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** | o |  |  |  |
| **Shared** | Badge Tick1 with solid fill |

If you feel you would like to discuss this event further, you are encouraged to contact your ES, CS, postgraduate team, or access support mechanisms that are available in your workplace.