VOMPTI Residency Program

Reflective Posts

Monthly each resident will post 1-2 times on the general discussion board related to patient encounter reflections. Below are explanations of the framework and an example of reflective writing.

The framework being used will be the Gibbs Reflective Cycle:

Description:

Give an account of something that happened during a patient interaction.

Give relevant background and details

Be to the point, do not include unnecessary information

Feelings:

Discuss your thoughts and feelings about the interaction
Consider questions like:
-How did you feel, what did you think, at the time?
-What was affecting your thoughts or feelings?
-How did you feel after the interaction?
-Did your thoughts and feelings affect your response or actions at the time?
-In retrospect have your thoughts or feelings changed?

Evaluation:

What was good or bad in the interaction?
-What went well during the interaction?
-What could have gone better?

Analysis:

What sense can you make of it all?
Write about what might have helped or hindered the interaction and how this interaction and scenario compare with the published literature.
-Use the literature to support your thoughts, actions

Conclusion:

What else could you have done?
-What have you learned from the interaction?
-Is there anything you could have done differently during the interaction?
-Is there anything you should have/will discuss with your mentor?
-Is there literature you need to review?
-If a similar interaction occurs, will you respond the same way?

Action Plan:

Summary of interaction
-How has the interaction helped you?
-What strengths or weaknesses have come to light?
-Is there anything you can do to be better equipped for the future?
-What advice would you give other PT's in the same situation?

Example of Reflective Writing:

Subject A presented with a five week history of left knee pain. After assessment this was diagnosed as a hamstring tear with secondary trigger points and muscle dysfunction of the semintendinous.

She was reluctant to rest and reported that this was essential for her 'mental well being' so we discussed removing impact exercises and aggravating factors instead (which included spinning and running). She agreed to complete a program of knee stretches and strengthening exercises alongside clinical soft tissue massage of the hamstrings and trigger point release. After two sessions she reported an improvement in symptoms however was still experiencing VAS 6/10 pain on the left semitendinous insertion.

I suggested acupuncture with the aim of increasing circulation to the area and to stimulate the four gates to provide supraspinal effects and therefore analgesia (Longbottom,2006). As she was filling out the form the patient became anxious and said that there was some information that's he needed to tell me which was highly confidential. She explained that she was HIV positive.

With 3/12 experience of acupuncture I felt I was at more risk of a needle stick injury compared to those with more experience. I discussed other treatment modalities with her and we made a decision together that we could use an alternate such as ultrasound, which would pose less risk but still increase circulation to the area. She later reported she was already receiving acupuncture to help with her immune system and reduce pain.

Although I feel I managed to control my surprise externally I was very shocked. Despite knowing HIV's prevalence in the UK it made me feel uncomfortable to acknowledge that I was about to treat someone with HIV and increase my risk of contracted the disease should I be subjected to a needle stick injury.

I was proud of how I reacted to the situation. This was an extremely stressful situation for the patient and I feel I reassured her and acted professionally throughout. I feel I worked within my scope of practice and problem solved alternatives, which achieved the same goals. This experience reinforced that every patient I treat has a possibility of being HIV positive and that they have no obligation to inform me therefore other treatment modalities should be consider and if they pose less risk perhaps should be a first options. At some level there was some discrimination her which is a negative of this situation. After reflecting I was careful to be objective in other treatments and treat/talk to the patient as I would any other.

An alternative could have been to perform the acupuncture. I would have been nervous and this may have increased the risk of a needle stick injury. Wearing gloves was also an option but with little experience in needling whilst wearing gloves I wondered if this would affect my technique without practice.

If this situation happened again I would look at alternative modalities to see if the aims could be achieved through these. With more experience I would also consider needling with gloves in situ for further protection.