

Reflection based on Schon (please see a completed example below)

Reflection-in-action – thinking ahead, analysing, experiencing, critically responding (in the moment)

What were you thinking at the time? What was influencing that thinking?

A young child was brought into the surgery in respiratory distress. As soon as the parent carried the child in I could see evidence of increased respiratory rate, and that the child was ill. Exposing the chest showed indrawing intercostals and respiratory tug.

While I was getting my stethoscope and making my preliminary assessment, I was thinking through my differential diagnoses in no particular order: acute asthma, anaphylaxis, inhaled foreign body, bronchiolitis, sepsis etc. I was also thinking about the equipment I might need for immediately necessary treatment: nebuliser, salbutamol, adrenaline, oxygen, delivery set etc.

My thinking was influenced by recent training in peri-arrest emergencies where a GP and A&E consultant came to the surgery and set up scenarios for us to work through as if for real (including giving injections and setting up the oxygen cylinder) so I had the confidence that I knew what I was doing. I felt the adrenaline rush that brings everything into clear focus when you know you are dealing with a really ill patient.

The child had a history of asthma and examination revealed wheezes on one side, but no breath sounds on the other. Suddenly I felt a little scared – this really was already very serious. I knew this was the right moment to ask for help so that we could call the ambulance, set up the oxygen and salbutamol, keep talking to the child and the parent all at the same time – so I pressed the ‘panic’ button and the team arrived.

Reflection-on-action – thinking through subsequent to the situation, discussing, reflective journal

What is your thinking about the event now? Having time to think, discuss, review information etc

Hot debrief

Immediately after the event, once the child was safely in the ambulance and on the way to hospital, I felt slightly sick. The result of all the adrenaline draining away, I guess! My first real emergency since qualifying in general practice and taking up my salaried post and I think it went OK.

I felt I really needed to sit down and have a cup of tea before I could shift back and see the next patient. ‘Housekeeping’ is so important – we are all human, after all – but I hope that when I have a bit more experience I will be less affected by doing my job. Fortunately, the practice nurse and receptionist who had helped me noticed that I looked a bit pale and so I didn’t go straight back to work and I did get that tea. I was chuffed that one of the partners took the time to find me and say a “well done” too.

Cold debrief

After the event we had a review in the surgery to look back and try to capture why it went well.

The parent was well informed about asthma and brought the child in as an emergency patient – we were reminded about the importance of providing good education for parents and carers as well as patients.

The reception team recognised the emergency and put a message out for a clinician and so the child was brought straight in – our systems were tested, and they worked.

The emergency equipment was all up to date and in place; we had enough salbutamol for repeated doses – we thanked the staff involved, some of whom were not there at the time.

We had had recent update training in how to use it effectively – I shall continue to seek out opportunities for experiential learning with simulation as it is very effective for me.

The ambulance service responded promptly to the 999 call and so we were able to admit the child quickly and the outcome was a full recovery.

I was particularly proud that the parent commented that the way we communicated with her throughout had given her confidence that we knew what we were doing, and we recognised how worried she was. She felt we had done everything we could.

I was very relieved because I had never dealt with a real asthmatic emergency outside hospital and I knew that child had been very vulnerable. When I read up on status asthmaticus afterwards I was shocked at how many children still die every year from asthma.

Schon, D.A. (1983) *The Reflective Practitioner: How professionals think in action* New York: Basic books.