 According to Fink (2003), reflective writing `focuses on the writer's learning experience itself and attempts to identify the significance and meaning of a given learning experience, primarily for the writer. In this reflective writing author is using Gibbs' Reflective Cycle as a frame work which was developed by Graham Gibbs in 1988 to give structure to learning from experiences.  It covers 6 stages, description, feelings ,evaluation, analysis, conclusion and action plan.

Description

The author works in a residential care setting where she looks after a resident who has condition called Aphasia related to head injury. Aphasia is an impairment of language affecting the production or comprehension of speech and the ability to read and write(National Aphasia Association )

One morning the author found this resident very agitated and restless. As a staff nurse I did an initial assessment on him and by using the Abbey pain scale I have identified that he has pain, .When I asked him to locate where the pain is ,he was showing his head first then leg ,abdomen etc. I couldn’t figure out where the pain is ,but I gave him paracetamol 1gm prn for pain. After two days the residents face was swollen and he was reviewed by GP , It was found that he has a nasty tooth abscess and commenced on oral antibiotic and codeine phosphate tab prn for pain.

Feeling

When I heard about this diagnosis in the morning report after few days,I was shocked and embarrassed . I was sad that I couldn’t identify the source of pain in first instance and couldn’t refer him to GP straight away . I felt guilty that I dint do a systemic examination on the resident even though it was obvious that he was no longer able to describe his pain but responded by changing his behaviour. I felt bad that I didn’t use my knowledge properly, where we emphasis more on person centred care.

Evaluation

None of the staff or GP Questioned me about this incident. It was my insight that I didn’t perform efficiently in that situation. I should have done a head to toe examination especially with his condition where he can’t locate the pain.If I approached promptly the resident shouldn’t suffer with pain and treatment should be started then and there. I have done a basic assessment and identified the problem why the resident is agitated and restless . I thought by giving paracetamol the problem was solved.

Analysis

This incident had enlightened my way of approach to residents who have cognitive impairment. I have leaned to go in depth in situation like this using our knowledge and experience. Initiativeness to learn about new things is important .We should take sensible precautions to avoid conditions that cause pain such as infections, In this situation I doubt whether his oral hygiene is attended daily or not .If he had oral care that morning ,the care assistant should have noticed and should have reported to the nurse in charge. Staff should take initiatives to read and learn about new things which will improve the quality of life of the resident.

Conclusion.

After completion of antibiotic, family organised a dental appointment for him and his tooth was extracted. As an initiative I have highlighted the Importance of oral hygiene at the staff meeting and also during the daily day and night hand over time .A print out about aphasia is put up in the notice board for all the care staff to read .

Action.

I have learned to treat person as a whole and also understood that a holistic assessment is an important aspect of providing high quality of care focused on meeting the persons individual needs . This incident made me to think that I have to expand my knowledge by ongoing learning to provide high quality of care .To deliver quality care, health professionals must be able to be clear about what they are trying to accomplish, how they will know that a change has led to improvement, and what change they can make that will result in an improvement (Berwick, 1996)

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https://www.aphasia.org/aphasia-definitions/