**Reflective diary**

**Date ………………………….**

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| Questions | Your comments |
| **1 What happened?**  e.g. What did I see?  What did I hear?  What did I think? | Today I was working with ‘my’ learner in a clinical situation that I thought was relatively simplistic. My learner is in their third year of training.  We were washing an elderly patient who became agitated, demanding that we leave them alone as they had carried out a wash for themselves much earlier in the day. |
| **2 How did I feel?**  e.g. How did I react?  How did this affect me? | I felt that the situation was not going to be problematic, but needed to be handled sensitively, both for the patient and in relation to supporting my learner.  The learner was happy to leave the patient, particularly as they were in an agitated state, whereas I felt there was something else going on… it was more of an intuitive feeling, but something didn’t quite add up.  We left the patient saying that we were going to make them a cup of tea, and whilst we were doing this we took the opportunity to think about the situation. |
| **3 What are the key things to learn from this?**  e.g. What went well?  What problems arose and why? | I asked the learner their impression of the situation, to which they stated that leaving the patient – returning later to wash them when a calmer situation was evident – was the best option, they said that they were frightened and felt vulnerable. Whilst this is one course of action, and in a supportive way, I agreed with my learner that the patient was indeed displaying behaviour that could be construed as threatening, but importantly I made reference to a slight smell, which from my experience, may well have been indicative of the patient being incontinent. The patient could be agitated or embarrassed because of this, needless to say the wash, and indeed a change of bed linen is the best course of action which needs to be conducted in a timely manner. |
| **4 What could I have done differently?** | The learner agreed that there was a smell which on reflection could be due to incontinence, and whilst the patient was agitated the best immediate course of action was to do exactly as we did i.e., we inform the patient that we will make them a cup of tea, and then sit them out of bed, have a chat, and in a controlled manner, make up the bed with some fresh linen. A bath could have been offered (with help) or a shower if preferred. By not making a big issue out of the wash the situation could be managed in a successful way i.e., by taking the cup of tea to the patient and, through encouraging dialogue all agree to the ‘wash’ and a change of bed linen. The patient always needs to be reassured that we are able to manage the situation in a calm, non-threatening or non-judgemental way. |
| **5 What did I learn?** | The learner needs to think about wider issues relating to the agitated state which had manifested in the patient. Of course there are many physiological reasons which could cause agitation, but in this case the ‘senses’ enabled a quick rationale to be reached. I will encourage my learner to not react quickly to situations (non-life threatening) and to actively think about alternative courses of action which may diffuse escalating situations. I learnt to adopt a questioning approach to tease out courses of action from my learner. |
| **6 What actions do I need to take?**  e.g. Are there gaps in my knowledge? | I didn’t have any gaps in my knowledge, but I have thought about asking my learner to prepare a short presentation on causes of agitation in the elderly patient. This is one way to encourage the learner to explore the situation further and to see that on some occasions what you are actually seeing can be caused from different, non-apparent reasons. |
| **7 How can I use this knowledge in the future?**  e.g. If it happened again, what would I do? | I would use a calm, questioning approach again, I was pleased that I had removed the learner from the situation and talked to them away from the patient. I would also encourage learners to prepare short pieces of work to explore theories that may underpin clinical situations. |