

## **Community Care PATIENT CASE AND REFLECTIONS ON PROFESSIONAL PRACTICE PRINCIPLES**

**“Good reflective practice is a core part of any learning programme. Being able to identify your challenges and discuss them with your supervisor will help you define future learning opportunities and apply what you’re learning in the work environment”**

***The Foundation Programme 2007***

### **What you are required to do**

Choose a patient from your community care placement. We would like this patient to be either of high risk of admission in terms of e.g. palliative care, dementia or frailty. This work will be reviewed and discussed with your tutor at the end of each of your clinical attachments and will be included in your end of placement grade.

**Aim to write a total of about 1000 words.**

### **This will include:**

- A summary of the patient in the form that would be used for handover to a colleague. You should keep this to one paragraph (about 200 words)
- A reflective discussion section addressing Principles of Good Medical Practice. Choose two from those outlined below (about 400 words each)

### **What to include in your write-up**

We want you to reflect on your own experiences as much as possible rather than observing others, as this will improve your own self-awareness. The examples you take can be either good practice or poor practice (or a mixture). The important thing is that you demonstrate ability to reflect and show what you have learnt from these experiences and can identify further learning needs.

The Foundation Programme Learning Portfolio suggests these questions to guide your reflection:

- Describe interesting, difficult or uncomfortable experiences. Try to record both positive and negative elements; What made the experience memorable?
- How did it affect you?
- How did it affect the patient?
- How did it affect the team?
- What did you learn from this experience and what (if anything) could you (or others) do differently next time?

**Confidentiality** of patients’ and colleagues names should be maintained throughout the exercise.

## **PRINCIPLES OF PROFESSIONAL PRACTICE:**

(FROM CORE COMPETENCIES FOR FOUNDATION YEARS GMC 2005)

Below is a list of the principles with some explanation of what they mean. We have also included a table below which gives further examples of things you might include.

### **1. Good Clinical Care.**

Doctors must practice good standards of clinical care, practice within the limits of their competence, and make sure that patients are not put at unnecessary risk.

Health professionals must do their best to provide best care for the patients whom they look after. Whether they are a staff nurse, junior house officer or consultant, they need to work within their own limitations and understand when they may need to seek advice from a colleague or senior member of the team.

***Did the patient you've selected receive what you believe was good clinical care? Reflect on what was good and why you think it was but also any way in which the clinical care may have been improved?***

### **2. Maintaining Good Medical Practice.**

Doctors must keep up to date with developments in their field and maintain their clinical and non-clinical skills.

Doctors are obliged to keep up to date with current medical practice and need to find opportunities to further their medical education. They can learn from audit how to change clinical practice for the better. There are a number of ways in which this can be done.

***Either in relation to yourself or someone with whom you have worked, describe how you/they achieve this responsibility. Identify your additional learning needs with regards to the patient or their medical condition. Describe how you addressed these. Is there anything you have learnt about how the system of care is organised that affects clinical practice?***

### **3. Teaching and Training.**

Doctors have teaching responsibilities to colleagues, patients and their relatives. They must develop the skills, attitudes and practices of a competent teacher.

***The training that we receive and the teaching we provide are the cornerstone of maintaining high quality patient care. Give an example of such, either as a learner in receipt of teaching, or if you have taught or given feedback to others, you can describe this.***

***This may be more difficult to relate to a specific patient. However you could reflect on how the patient helped you learn and how you might teach a colleague something relating to the patient. For example how could you plan a clinical teaching session relating to the patient.***

#### **4. Relationship with Patients.**

Doctors must be able to develop, encourage and maintain successful professional relationships with their patients and widely understand the patients' expectations and experience of care; their practice should reflect such understanding.

Good clinical care is not simply about diagnosis and treatment; our relationship with the patients that we look after is tantamount to the trust that they have in the health system and those providing their care.

***Discuss the interaction you had with your patient. If it went well what are your reasons for thinking so or if the interaction was problematic discuss why and how things might have been approached differently. Compare this to the relationship that another team member had with the patient.***

#### **5. Working with Colleagues and in Teams.**

Doctors must work effectively with colleagues in medicine, other health-care professions and allied health-care workers. They must be able to work as effective team members.

Our working environment is important and this relies heavily on the professional relationships that we have with colleagues and the communication between us. This includes not just other doctors, but the whole multi disciplinary team looking after the patient: radiographers, porters, physiotherapists, lay volunteers, consultants.

***Discuss the way the team looked after your patient. Discuss both positive aspects of the teamwork and suggestions on how it could be improved.***

Additional principles listed by the GMC which you do not need to write about are Probity\* (Doctors must be honest) and Health (Doctors must not allow their own health or condition to put patients and others at risk).

### **PRINCIPLES AND EXAMPLES: WHAT YOU MIGHT INCLUDE**

#### **1. Good Clinical Care**

Ability to diagnose patient problems

Ability to formulate appropriate management plans

Awareness of their own limitations

Ability to respond to psychological aspects of illness

Appropriate ordering of resources e.g. ordering investigations

## **2. Maintaining Good Medical Practice (Learning Skills)**

Ability to manage time effectively/priorities

Technical skills (appropriate to current practice)

Ability to be self-directed; request feedback; act on feedback

Audit

## **3. Teaching and Training**

Willingness and effectiveness when teaching/training colleagues

Giving feedback to others/ Peer review

Sharing good practice (case management discussions, grand rounds)

## **4. Relationships with Patient**

### **(Communication and Interpersonal Skills and Ethics)**

Communication with patients,

Communication with relatives and carers and/or family

Respect for patients and their right to confidentiality (e.g. Involving patient in therapeutic management decisions)

Professional relations and boundaries with patients, respect and avoiding overfamiliarity

Working with cultural, social, ethnic difference, disability

Managing own and others' emotions

Dealing with difficult and violent patients

Advocacy for patients or community/Interpreters

Handling complaints

Patients' rights (Consent, confidentiality and truth-telling)

## **5. Working with Colleagues and in Teams**

Verbal communication with colleagues

Written communication with colleagues

Ability to recognise and value with the contribution of others

Accessibility/Reliability