

Reflection on experience with surgical wound care



“ Reflective Practice is something more than thoughtful practice. It is that form of practice which seeks to problematise many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow & develop in and through practice” (Jarvis 1992). Moon (2004) defines reflection as part of learning and thinking. We reflect in order to learn something, or we learn as a result of reflecting, and the term ‘ reflective learning’ emphasizes the intention to learn from current or prior experience.

Using the Gibbs (1988) reflective model for analysis, I will be relaying my thoughts and feelings through this essay which talks about my experience in achieving my learning outcome on surgical wound care.

DESCRIPTION

As I started my adaptation program in the surgical ward, I am expected to be dealing so much with surgical wound care. To reinforce my knowledge & skills on the management of surgical wounds, I studied on the similarities & differences that I have observed from our practices back home and from what is practiced here. I noted the different types of dressings & cleansing solutions used and the different practices & protocols regarding management of wounds. I observed how my mentors changed the dressings, how they removed stitches and staples and how they cleaned the surgical wound. I also observed how complications are prevented by providing patient education and observing the principles of proper hand washing and infection control.

During my whole adaptation stay, I was able to develop my skills in the management of surgical wounds. During my previous training back home, we were not given the chance to perform procedures such as changing dressings, cleansing surgical wounds, and removing stitches since it was the surgical resident doctors' responsibility to do that. Although I know how to do it due to the numerous times I've seen them perform these procedures, it still feels different when you do these procedures yourself because you will be able to enhance the skill and gain more confidence when you do it more often.

FEELINGS

The whole training program gave me the opportunity to apply what I know when performing procedures of managing surgical wounds. Every time I finish performing any procedure, I feel really relieved knowing that I am enhancing my skills in this aspect more & more and knowing that I am more self-assured with the experiences I've had.

I also became more confident with providing patient education and focused on principles on wound care & hygiene, bathing, and prevention of complications. Aseptic technique was always observed whenever I touched the patients' wound to prevent infection. Every time I come in contact with the patient's skin, I always kept these principles in mind.

EVALUATION

The whole experience gave a lot of positive outcomes for me. I understood more about topics such as tissue viability & wound healing and I was more familiar with the different dressings commonly used.

Another new experience for me was when I was able to witness how to change vacuum dressings for a patient who had a chronic wound in his foot. As defined by Thomas (2001), Vacuum assisted closure (also called vacuum therapy, vacuum sealing or topical negative pressure therapy) is a sophisticated development of a standard surgical procedure, the use of vacuum assisted drainage to remove blood or serous fluid from a wound or operation site. I was amazed with how vacuum could help in wound healing.

ANALYSIS

According to NHS report, 1998, ' Wound care has, in the past, not been well managed because of the limited understanding of the healing process and the inadequate range of dressing materials available. Wound management has now come full circle, back to Hippocrates' principle and dressings are being developed to provide the ideal environment for nature to do its work'.

Most surgical wounds are categorised as acute wounds, healing without complication in an expected time frame (Bale and Jones, 1997). However, like all wounds, healing is affected by intrinsic and extrinsic factors that may result in complications (Baxter 2003). Surgical complications include infection, dehiscence, evisceration or bleeding at the surgical site.

During the whole of my training, preventing complications was another priority in taking care of surgical patients. The whole experience made me

alert at watching out for any sign of complications by making sure that frequent assessment is done, principles of infection control are observed at all times and patient education is being delivered.

Looking at the whole experience made me conscious about the great deal of learning I have achieved. I have witnessed how much I have improved with my skills with the help and guidance of my mentor.

CONCLUSION

Through this experience, I have utilized reflection to aid me in attaining an optimum level of learning by not only focusing on my knowledge but most especially on the positive changes that I've achieved with my skills. Due to this learning experience, my clinical skill on surgical wound management was further enhanced.

If I were to make any changes during my whole learning experience, what I could have done was to grab any opportunity that would come my way.

When we had a patient with a vacuum dressing, I was hesitant to change the dressings because I was afraid to make any errors especially that it was quite a complicated procedure. Now I've realized how much opportunity I've lost knowing that we did not have many patients who had that type of dressing. This realization makes it clearer to me that I should be more assertive when opportunities on new procedures arise.

ACTION PLAN

This experience made me promise to myself that whenever I would be faced with more opportunities for learning, I would not hesitate to grab them. I

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should learn to be more assertive the next time and try my best to find more ways of achieving professional development.

In the future, I would want to continue my learning about surgical wound management by keeping myself up-to-date about this topic & regularly reading new literature. I would also want to know more about other types of dressings that I am not familiar with and find more avenues of learning through seminars, trainings and knowledge updates.

Moon, J.

(2004) Reflection and Employability, LTSN

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NHS report on wound care www.nhsdirect.nhs.uk