

# Personal reflexion



**ASSIGN  
BUSTER**

Personal Reflexion Q Describe a memorable experience of being taught and how this has shaped your thinking about teaching. Identify a particular situation in which you might be teaching as a doctor in the future. Describe how you might apply what you have learned to maximise the effectiveness of your teaching.

Answer: I was attending my pediatrics ward and for the first time I was assigned an individual patient to work on. I was asked to take the history and conduct the general physical examination. I did my best at it and then the teacher came and checked my work. He was much satisfied with my work but he also told me things where I had gone wrong and corrected me. He told me that laboratory findings should not be mentioned in the history which should rather focus on what the patient tells us. He guided me that dehydration in children was checked on the abdomen rather than forehead. The teacher was very helpful and encouraged me along with telling me never to hesitate. He motivated me to work on patients alone and not to hesitate. I would definitely teach as a doctor if I come across a group of students who are new and find it difficult to work alone on patients. I learned from my experience that new students should never be criticized especially in front of the patients because it makes them loose confidence and they then find it difficult to go up to patients alone and learn.

Q. 2. Describe one example from your medical training when you received feedback on an aspect of your performance. Explain how that feedback altered your subsequent practice. How will you use this experience to develop a specific aspect of your foundation training?

Answer: When our clinical training in the surgery ward started we were

taught how to perform examination on patients suffering from hernia and in the next training session I was called forward to conduct the examination on the other patient. I performed all the steps required and checked the hernia and I presented the diagnosis that it was a case of direct inguinal hernia. The teacher approved of my confidence but he told me that I had missed on a few examination points including the ring occlusion test and I had actually confused an indirect inguinal hernia with a direct one. From this experience I learned that being doctors we should be very careful while presenting our diagnosis. All tests and examinations should always be performed before reaching to a conclusion. I will always be very careful during my foundation training not to repeat any such mistake and be careful enough to perform the complete examination and carry out all the important tests before reaching to a diagnosis because this affects the line of treatment and the kind of surgeries to be performed on the patient.

Q. 3. At times, the patient and the medical team have different ideas on the management of the patient's illness, because of personal, social or cultural views held by the patient. Describe a clinical case where you have observed this. Identify the factors that contributed to these differing views. Why is it important to understand these differences in your practice as a foundation doctor?

Answer: In the pediatric ward a child was admitted with the clinical picture of protein calorie malnutrition. He belonged to a vegan family and because of his strict vegetarian diet he was lacking essential amino acids in the body. The entire medical team tried to convince the family that for quick recovery it would be advisable that the child consumed some animal derived food

sources. UK is a country where people from diverse cultural views are present and everybody has the right to practice according to their own culture. The family strictly refused from the idea of any animal derived food sources. Hence the child was put on alternate treatment. GMC states that: “ Graduates will respect patient’s rights to hold religious or other beliefs, and take these into account when relevant to treatment options”. As a foundation doctor I will need to understand these differences as the wider determinants of health in order to be able to appreciate how health behaviors and outcomes are affected by the diversity of the patient population. This is also important because it creates a good patient-doctor relationship hence enabling the patient to benefit from medical treatment or its acceptable alternative.

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