

Case study – nursing

Business



Reflection is a method used in clinical practice, where one expresses the experiences from a given situation, thus helping to learn and improve skills by applying the knowledge gained for future practice (Cottrell, 2011 and Chon, 1984). It is my intention to use Drills (2007) model of reflection to present my understanding of the issues I faced during a recent presentation to the medical centre. This case study involves a reflective account of a patient that I provided care for following blunt trauma, eye injury, sustained during exercise.

Description of events A 23 year old male soldier presented to the medical centre complaining that he could not see out of his right eye, following being hit in the face with a blunt object. He was clearly agitated and distressed, as he was repeatedly asking if he would be permanently blind. Therefore prior to commencement of any physical examination I felt it was important to create a good rapport with the patient, in order to gain his trust in my ability (Plant et al, 2001 Good communication skills are vital in building a therapeutic relationship with the patient.

Hence I offered reassurance and advised the patient what examination and tests I was going to perform, in order to effectively assess his condition. Through the physical examination I was able to detect minor fractures in his axiomatic bone that were causing him pain.

As the patient was concerned about losing his sight, I had to maintain a supportive environment while explaining the need for an X-ray and further hospital input, without causing him undue stress. I assured him that he

would regain sight in his eye and that the trauma had caused temporary blindness only due to the impact. Analysis of events

It is important to take time to listen to the patient and understand how they are feeling following such injury (Barnes, 2003). However, due to the patient's distress I was unable to begin a physical examination until I had calmed him down and reassured him that he was in good hands.

Consequently, I found it difficult to deal with the patients' behavior initially as I was more concerned in ascertaining the extent of his injury. Although I soon realized that in order to gain his cooperation with the physical assessment I first needed to encourage the patient to relax and address his concerns.

I feel I communicated well with the patient through the application of a well-structured consultation and was able to gain an adequate history, to assist with the diagnosis of the patient's injury (Sidle et al, 2010). Action following events: Maintaining a therapeutic relationship with good rapport can be difficult in situations where the patient is uncooperative and/or aggressive. In order to find solutions for patients I treat it is imperative to learn many problem-solving techniques, including effective communication skills (Egan, 1998).