

Reflection based on Gibbs reflective cycle (Example 1)

Gibbs, G. (1988) *Learning by doing. A guide to teaching and learning methods*. Oxford Polytechnic: Oxford

Description – what happened?

A patient that I had been looking after for many years with cystic fibrosis finally died on my ward.

Feelings – what were you thinking and feeling?

Intellectually, I thought that she had lived longer than we would ever have thought possible at the time of her diagnosis in early childhood. Emotionally, I was shocked, even though I have seen so many CF patients die over the years. Somehow this one had got under my skin. I wasn't ready for her to die and she should not have died then, of sepsis.

Evaluation – what was good and bad about the experience? What went well and what went badly?

She had lived her life as if every moment could be her last and I am sure she had no regrets. Her last few hours were peaceful, and I am sure that she did not suffer. Her family were all able to be with her when she died as we had an appropriate side-room available. I still think she should not have ended up with an overwhelming sepsis from (I presume) an infected insect bite or scratch from the garden. Her initial symptoms were so non-specific – I thought it was another chest infection. She wanted to die at home and that was not possible.

Analysis – what sense can you make of the situation?

Any patient with long-standing CF and multiple transplants is vulnerable. The immune suppression is always a risk. I doubt that this patient had very long left to live anyway as her admissions were becoming more frequent. On reflection, this was not as unexpected as it felt.

Conclusion – what else could you have done?

I am not sure that there is anything else that we could have done that would have affected the outcome. I was upset about being upset and felt that I should not have felt shocked which is why I chose to bring this case to my appraisal.

Action plan – if it arose again, what would you do?

This will arise again. It has happened many times in my career that patients die when I think they should not. Talking this through with my appraiser, I have learned to be kinder to myself and to recognise that it is OK to grieve on those occasions and to give myself time to do so.