

Reflection and Learning from Day 1 of Ward based Teaching

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Some good examples

- Spontaneously introduced themselves and the tutor
- Used pt initials (not names)
- Students knew X drug was used for Y indications
- Knew classes of drugs

Our feedback: Locating information

- The patient!!!
 - Ask,
 - Look at everything around the patient, bed etc,
 - think about,
 - link to:
 - PC,
 - PMH,
 - Medicines

Our feedback: Locating information

- BHT
- Patient's clinic book
- Patient's carer
- The patients medications
- The nurse
- The doctor

What Worked and what didn't ?

- Into your groups of 4 or 2
 - 2 things that worked well?
 - 2 things to change?
 - 2 things to keep?

Gaps

- Knowledge about administration of drugs?
 - IV access devices
- Monitoring
 - Blood pressure
 - Blood glucose
 - Blood saturation monitoring
- Write down the acronym list:
 - Work them out and share ?

Example of patient focused reasoning

- Patients Pancreatitis
 - Admitted N⁺ V⁺ - therefore may expect ??
 - Moaning in pain on paracetamol 1g tds _
Diclofenac 50mg BD – anything else?
 - Dehydrated from N + V and eating ?
 - Why N/Saline?? - Dehydration
- Detail of medication:
 - Preparations / forms/

Questions for patients:

- Insulin:
 - Who gave it to them at home
 - Who gave it to them in hospital
 - Which Insulin (preparation – Mixtard, actrapid)
 - Which device – syringe and vial ?
 - Monitoring – what and how
- Blood pressure medication:
 - What is normal BP,
 - Adherence ?
 - Side effects who decides to change medicines

Antibiotics:

- Appropriate
 - Meropenem
 - Ceftriaxone ?
 - Metronidazole and Augmentin
- What kind of infection to suspect if patients on?
 - Metronidazole
- What kind of antibiotics expect for indication ?
 - Ie cellulitis, UTI, RTI?
- Monitoring:
 - WCC, Temp, BP, Pulse
- Durations?
 - Osteoarthritis ?

Some examples

- Pt:
- PC:
- PMH:
- Relevant Observations;
- Medications:
- Problems:
- Questions:

WHAT IS STILL TO BE DONE?

- Identify interesting case