

# **Critical Reflective Assignment**

Name:

ID Number:

## **Introduction**

This essay examines an essential prescription occurrence involving 80-year-old Jolly Day, who received a dog bite on her right hand. This essay critically evaluates her treatment decisions and the scientific evidence behind them. The Royal Pharmaceutical Society (RPS) guideline for all prescribers (2021) will guide my analysis of clinical expertise in this case. Moreover, the essay also examines evidence-based procedures and professional standards to show how complicated prescribing is. The dynamic connection between clinical knowledge, patient-centred treatment, and continual learning is also shown. I use the Calgary-Cambridge Model (CCM) as a guiding framework while I am doing the consultation process. The purpose of this model, is to provide an organised approach to interactions with patients, with an emphasis on effective communication and collaborative decision-making. This reflection examines my professional position, educational ambitions, and evidence-based prescription methods. These characteristics will be merged into the reflection. Moreover, I used Gibb's reflective model (Ingham-Broomfield, 2021) to reflect on my journey.

## **Description**

I recently dealt with 80-year-old Jolly Day, who suffered a dog bite to her right hand during a walk with her friend's dog. Jolly Day's distress contrasted with her cheerfulness when I initially visited her at urgent care. She presented her case to me sounding bitter pain, oedema and dread of infection and fracture. Furthermore, my primary assessment revealed bruising and pain around the fifth metacarpal which indicated an injury. It dawned on what the evident and probable hidden problems were. The patient's age and past history of a stroke made it difficult to make this decision (Owczarczak-Garstecka et al., 2021). As an Emergency Nurse Practitioner (ENP), I take medical

histories, evaluate, diagnose, and treat minor injuries and illnesses. The UTC at Gosport War Memorial Hospital and the ECC at Queen Alexandra Hospital are where I work. Therapeutic decisions and treatment plans are greatly influenced by the tools and procedures employed in these circumstances. As the time for writing prescription approached, I concentrated on scientific facts and relied heavily upon principles set down by Royal Pharmaceutical Society's prescriber guideline to provide a thorough patient-oriented approach.

In addition, to avoid infection, I washed the incision per the advice provided by the local NICE. Miniature guide Co-amoxiclav 325 mg was selected with the assistance of Adult Antimicrobial Prophylaxis, which emphasises treatment supported by evidence (Mott, 2020). A Revaxis 0.5ml tetanus booster injection was administered in addition to "The Green Book" instructions to prevent the patient from contracting tetanus and demonstrate that the patient is being cared for (McTaggart and Moore, 2022). Therefore, directions for wound care should be provided orally and in writing per the RPS framework's patient-centred care and effective communication recommendations.

However, this prescription episode, particularly in Jolly Day's challenging situation, presented the RPS framework's domains. Patient-centred care was shown in cooperatively discussing patient expectations and concerns. Following regional laws and regulations showed prescription governance by emphasising evidence-based medicine and safety (Jebara et al., 2022). Moreover, the conversation with Jolly Day highlighted the balance between professional knowledge, evidence-based practice, and patient-centred care when prescribing drugs. A multidimensional, complete strategy was needed due to the patient's distinctive circumstances and case complexity. This incident reminded me of the necessity to include the RPS framework to provide thorough, safe, and efficient patient care and prescription learning.

## Feelings

In order to fulfil my professional obligation to recognise and empathise with Jolly Day, an emotionally challenging setting was constructed. It is both a joy and a responsibility for doctors to treat the suffering and anxiety of their patients. The fact that Jolly Day needed to get treatment for the dog bite as soon as possible made the issue more complex and depressing for me. There was an initial lack of clarity on the injury and the implications it would have, which led to the expansion of my duties, thus increasing the level of my anxiety. On the other hand, the X-rays helped to ease some of the discomfort caused by the fracture. Even though the pictures did not disclose any foreign objects, teeth could still be gone. Therefore, because of this uncertainty, the need to address dog assaults carefully increased, which made the decision-making process more difficult, which in turn caused Jolly and I to experience a great deal of stress.

Furthermore, managing a dog bite brings with it a range of emotions. Despite my trust in my ability to make recommendations-based judgments, I am concerned about potential consequences, especially given the patient's advanced age and stroke history. Accountability was strengthened via prescriptions and booster injections (Jebara et al., 2022). combination of clinical proficiency and interpersonal relationships highlighted the Royal Pharmaceutical Society's (RPS's) themes of patient-centred care and effective communication (Jakeman et al., 2020). However, I went through evidence-based therapy according to regional standards. Nevertheless, the interaction was emotional. Jolly Day felt heard and understood because of empathy. Emotional connection versus practical decisions such as wound cleansing, antibiotic prescription and booster delivery was a reflection of the subtle balance between art and science in healthcare.

## **Evaluation**

Local laws, "The Green Book," and NICE guidelines guided my decisions during Jolly Day's dog bite occurrence. It helped me judge that the Royal Pharmaceutical Society (RPS) "Prescribing Governance" area is acceptable. These criteria ensured methodical and evidence-based prescribing, promoting patient safety and effectiveness (Hall and Picton, 2020). More importantly, sessions with Jolly Day to clarify expectations and fears facilitated collaborative decision-making as central in the "Patient-Centered Care" domain of RPS paradigm (Gould & Bain 2023). This collaborative approach involved the patient's situation, desires, medical state of affairs and values. Luckily, Jolly Day's vital signs, neurovascular function and infection remained positive. These optimistic indicators enabled a more focused approach. As per wound care best practices and guidelines, I felt justified in following the local technique and cleaning the wound with normal saline. Moreover, after reviewing "The Green Book" and the local micro-guide, I began prophylactic antibiotics with co-amoxiclav for high-risk bites because of the evidence. Co-amoxiclav was prescribed according to NICE antimicrobial prophylaxis guidelines, demonstrating conformity with national standards (Gould and Bain, 2022). The cautious prescription stressed safe antibiotic usage and preventing sickness, in line with healthcare aims. Moreover, learning about Independent and Supplementary Prescribing is part of my work. This is crucial to my path. My education focuses on pharmacology, including drug pharmacokinetics, pharmacodynamics, adverse drug reactions, and medication interactions. The training also covers patient concordance and prescriber accountability, laying the groundwork for a safer, more informed prescribing practice.

Additionally, the delivery of a tetanus booster with informed permission safeguarded Jolly Day by "The Green Book" and the Resource Protection Strategy framework. In addition to

addressing the immediate concerns brought on by the dog attack, this demonstrated a commitment to the patient's general health and preventative therapy. Reflecting on this experience, I see that the RPS framework for all prescribers (2021) and the guidelines made by NICE helped manage dog attacks (Dunn and Pryor, 2023). Jolly Day is a pseudonym used to protect patient anonymity and meet Non-Medical Council standards while presenting case data. This secrecy reflects the ethical considerations of healthcare practice and the need of preserving patient information. This reflection examines my professional position, educational ambitions, and evidence-based prescription methods. These characteristics will be merged into the reflection. I will cover areas that need improvement to better communicate with patients and have a more forthright approach to discussing uncertainty. This reflective journey aims to demonstrate how patient participation, evidence-based practice, and ongoing education impact prescription treatment.

## **Analysis**

Reflecting on my experience, I can say that the interventions' scientific justifications complied with established standards, guaranteeing a consistent and evidence-based approach that proved my dedication to the "Effective Communication and Teamwork" area of the Royal Pharmaceutical Society (RPS) framework. Effective communication for a healthcare practitioner involves verbal interactions and acting in a way that demonstrates transparency and confidence. It is especially important when choices are made about pharmaceutical prescriptions and the start of treatments. Moreover, given the available information and the patient's clinical presentation, I chose to take a cautious approach in this instance. Conservative care was strong because there were no bone fractures, stable vital signs and no unfavourable conditions or circumstances such as the formation of pus or increase on discomfort. and the acknowledgement on possible unanticipated hurdles strikes with a balance between heaviness of facts. The "Effective Communication and

Teamwork” domain of the RPS framework significantly contributed to my decision-making process (Brindley, 2022). It emphasises how crucial communication is to fostering trust with patients as well as among members of the healthcare team.

Moreover, during my conversation with Jolly Day, I stressed the need for self-monitoring for infection indicators to close the gap between my confidence in the selected course of action and the possibility of unanticipated problems. Giving her detailed instructions for wound care gave her the confidence to participate actively in her treatment. Setting up a follow-up visit also guaranteed continuous evaluation and communication, consistent with the RPS framework's tenets. This instance demonstrated the RPS framework's critical function for all prescribers, especially in domains 1 and 3. Domain 1, "Maintaining competence and professional development," taught me to keep local protocols and evidence-based standards up-to-date. This dedication to lifelong learning helped me make judgments, especially when there was a change in the clinical evidence. Domain 3, which pertains to "Promoting and protecting the interests of service users," functioned as a consistent prompt to prioritise Jolly Day's welfare. It extended beyond her physical well-being and required open communication, attending to her worries, and ensuring she had emotional support at every procedure stage.

## **Conclusion**

Jolly Day showed a complicated series of clinical issues and provided a prescription practice guide for handling uncertainty. I used scientific data to make decisions, but evidence-based practice, a patient-centred approach, and open communication helped me negotiate unclear areas. Healthcare decisions are fluid. Therefore, the approach stresses learning and adaptability. Moreover, my compliance with local laws, "The Green Book," and NICE guidelines showed

evidence-based practice and rights in the Royal Pharmaceutical Society (RPS) framework's "Prescribing Governance" category. This thorough and homogeneous approach ensured therapy safety and effectiveness. The complexities of Jolly Day's case provide ways to improve.

Although the chosen treatments were recommended, a more complicated discussion of potential issues was needed, as demonstrated by the patient's age and comorbidities, particularly the stroke history. In similar situations, a more extended recording method and a more in-depth discussion of therapy pros and cons will improve knowledge and case management. However, the episode demonstrated the need to be honest and straightforward when making decisions, including those for the patient. The discussion of expectations and concerns showed the patient-centered care approach. However, more could be done to include the patient in decision-making and offer specific information about potential issues. Finally, Jolly Day's example shows that healthcare decisions are fluid and must be updated. Patient-centred care, evidence-based practice, and open communication underpin effective prescribing. This thoughtful journey will inform my future work, supporting lifelong learning, patient participation, and prescription skills.

### **Action Plan**

Jolly Day made me understand how evolving healthcare is and inspired me to improve my prescription writing skills. First, I will work hard to enhance my X-ray reading skills and research additional assessment options for cases like Jolly Day's dog attack. The Royal Pharmaceutical Society (RPS) framework for all prescribers emphasises competency and professional progress, which supports this commitment to ongoing learning. Moreover, I am also committed to honest patient interaction. Acknowledging my doubts and justifying my decisions will become routine. This strategy fosters patient-centred care and collaborative decision-making, matching the RPS



framework's emphasis on communication. Additionally, Jolly Day highlighted healthcare cooperation. I planned to contact professionals in circumstances like Jolly Day's in the future, knowing my limits. The RPS framework's emphasis on effective collaboration competitions this collaborative mentality, ensuring comprehensive patient care. Jolly Day's example showed that healthcare has no clear solutions. It involves handling uncertainty, using data, and prioritising patient needs. As a healthcare professional, every contact, punctured wound, and dislodged worry sharpens my judgment and reminds us of my immense responsibilities.

Furthermore, in future, I plan to improve patient communication by discussing risks and advantages to increase "Effective Communication and Teamwork". Involving patients in decision-making and giving information fosters a collaborative therapeutic approach. Moreover, Understanding the necessity for continual monitoring, I will emphasise the need for regular reporting and infection detection. This commitment promotes "Patient-Centered Care" by ensuring that patient welfare is the main focus of therapy. I will also work with other healthcare practitioners, especially wound care specialists. This multidisciplinary approach meets RPS's "Effective Communication and Teamwork" criterion. Establishing frequent case reviews and team conversations will help learning and growth and reinforce the team's "Prescribing Governance" and "Pharmacy Professionalism." However, the journey with Jolly Day highlighted the complexity of prescription practice and stressed the need for continual education, clear communication, and partnership. The action plan details a methodical effort to enhance these qualities for more reliable and patient-centred prescriptions.

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