**Assessment Guidelines**

1. Reflective Exercise :

For this part of the assessment you will be required to critically reflect on your **experience of taking a *health history* from one patient.** Please note this does not have to be a comprehensive health history as outlined in this module. **The focus is on the data collection interaction.**

Specifically your reflections must include the following areas -

(1) What went well?

(2) What did not go well / what challenges were encountered?

(3) What have you learned / what would you do differently?

**You may find it useful to use a Reflective Cycle for this part of your assignment (for example Gibbs (1988) *Learning by Doing*).** <https://www.brookes.ac.uk/students/upgrade/study-skills/reflective-writing-gibbs/>

Or use this link

<http://www.uefap.com/writing/genre/reflect.htm>

* Your reflective exercise must be appropriately formatted as an academic assignment and referenced in accordance with **harved style** use 12-15 reference to support the main point as needed.

**Reflective writing: About Gibbs reflective cycle**

* Gibbs’ reflective cycle encourages you to think systematically about the phases of an experience or activity, and you should use all the headings to structure your reflection.
* Word Count: 7 pages plz make sure that in text reference not with word count and use the first person.
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* **Reflection Outline**
* Dear writer please follow my outline and ideas in each point and feel free to change what’s needed to meet the goal of the reflection in each section. kindly use the case senior in my introduction. I have written the outline of the essay, have a look on it and feel free to modify it as needed.
* **Introduction: WC- 200**
* The importance of interviewing and patient health history taking from a nursing point of view.
* This reflection will discuss a case senior of a 35 years old male patient whom I will call Mr. K to highlight the importance of communication and interaction with patient during taking a health history in the acute care setting. To ease the structure of this reflection, Gibbs reflective model will be used.
* **Description WC- 300**

The incident occurred during my first year of working as a registered nurse in observation room in the emergency department(ED). I was assigned to look after a group of patients and Mr. K was one of my cases. Mr. K 45 years old male who brought to the ED with a 2-day history of sever right lower abdominal pain, sweating, shaking and vomiting.

* **Feelings (challenges) WC-300**

Factors influencing/affecting quality of taking health history

|  |  |
| --- | --- |
|  | challenges |
| nursing side | stress, panic due to the lack of experience, work overlouddealing with challenging Patients: talkative ,angry or disruptive patient |
| patient side | Anxiety due to the pain, hospital environment, health condition |

* **Evaluation; WC- 400**

what was good or bad about the experience?

**Good:** put theory into practice: reflect past clinical placement

\_Enthusiastic and working independently: build self-efficiency& Professional autonomy /autonomy in nursing practice.

\_learning new things and address the gap of knowledge, area and skills to improve. Critical thinking, reflection and decision-making skills.

**Bad**: poor time management. Intervening a talkative patient, angry or disruptive patient was quite difficult for newly RN: require advanced interviewing skills.

* **Analyses: WC- 400**

Solution: advance interviewing, interpersonal, intra-professional and communication skills. Ongoing education, training and prioritise workload. Emotional stability, flexibility, excellent attention to detail and confidence.

* **Conclusion: WC- 200**

What are the key things I have learned from this incident - about me, my performance, others and their performance?

* **Action plan: 200**