

## **ICMNRO Guidance: Case Based Discussion - Poor Reflection Demonstrated**

One of the cases in my portfolio is about an elderly gentleman who was admitted to the medical admissions unit with a possible pneumonia. I was the F2 doctor who admitted him and both he and his wife were extremely anxious. I really felt for them and they reminded me of my own Mum and Dad.

This gentleman had been a miner in his younger days. His chest had always been bad and he had been diagnosed with COPD 20 years ago at the age of 52. He stopped smoking at that time and tried to keep himself as fit and active as possible. His children had grown up, he was a Grandad and was to become a great grandad for the first time in a few months. He was very excited about this. He took great delight in telling me all about it and I began to look forward to seeing him each day, even though he was eventually moved to the respiratory ward. When my week on MAU finished I was able to see "Bob", as he had asked me to call him, for the first time in several days during our morning ward round. He was being discharged home the following day but he didn't look happy at all. I went back to see him at the end of the round and sat with him. He had been diagnosed with lung cancer which was inoperable. He had been given 6 months at the most and although he would probably live to see his first great grandchild he was likely to develop a lot of pain because of his bone metastases. I was so shocked I didn't know what to say so I quickly gave my apologies and left. I didn't know where to turn and was in a state of panic and so ran into the toilet. I almost ran into sister which just made the situation worse as she was always telling me off for my illegible handwriting and not filling out prescription charts correctly. I collapsed in a heap and cried and sister said we would go and talk when I had calmed down.

When I had admitted Bob he confessed that he thought he might have cancer but that he was too scared to admit it to anyone and hadn't even discussed it with his wife. I had examined him and looked at his x-ray and I reassured him that it was just a bad chest infection and he'd be fine after a course of antibiotics and some physio. I had seen patients with pneumonia many times and was confident about my diagnosis.

I still feel confident about my clinical skills and appreciate that I will continue to develop these so my diagnoses are correct all the time rather than just some of the time at present.