

Personal effectiveness and reflection on the past



**ASSIGN
BUSTER**

To maintain anonymity and protect confidentiality, all identifiable information pertaining to people or places has been made anonymous throughout the reflective portion of this assignment. (done)

Introduction

Reflection is recap of previous experience and reflective practice is to look back on an consequence and make it more meaning full and to identify what to do in the future to practice better (Burnard 2002). It is further supported that all definitions of reflection emphasise that there is no learning without reflection and further add to this, not all emphasis is centre on people's emotions and feelings (Sugerman et al 2000). (done)

It also pointed out that reflective practice can add knowledge in individuals practice and improve the knowledge and competent (Bulman et al 2004).

John (2000) believes that reflection can be describe differently, or example, reflecting in action can be defined as a involvement in an event and what happened during event. On action is when rewinding the memory to turn the information into knowledge. Davis (2003) stressed that under taking educational programs may help to practice effectively. And also, he warns that some people without being aware, recurring the positive experience and avoids the negative experience and this can be due to de-motivation and the barriers of reflective practice. Jasper (2003) further suggests that additional education is needed to improve individuals thought and ability to overcome stressful situations. (done)

Model of Reflection

For one to benefit from effective reflection, one should follow a model to be sensible and easy to understand (Brooker et al 2003). Bulman et al (2004) quotes Johns' (2000) cautioning that models are designed to assist in reflecting but, not set to prescribe what reflection is. There are many models to reflect on and, Platzer et al (1997, cited in peate 2006) that no model is better than others.

Chosen Model

After gathering information and evidence from different sources, the author has chosen Gibb's(see appendix 1) reflection model as it seems straight forward and easy to follow. Bulman et al (2004) confirmed that Gibb's reflection model is well favoured by practitioners and according Jasper (2004), Gibb's model follows six stages and at each stage, questions are asked. The stages are easy for practitioners to follow and can be analysed critically. (cronin et al 2004) believes that the stages are in certain order and following one another creating a cycle.

Kolb's reflective cycle considers events in a cyclical way as in Gibbs model.

Jarvis (1987) cited in Moon (2004) criticised the model for its simplicity and missing other factors like transfer of learning.

“ I find it too ordered, too regular, too predictable. It seems to imply that we must move through the cycle and move on to the next stage, rather than letting experiences enter into our souls to rest there”, (Newman 1999, cited in Moon 2004, p 115).

Description

I had just gained my qualification as dental implant nurse and dental implant co-ordinator, when this patient was referred to me by dentist to instruct and inform her about financial agreement and appointment times. Because I was newly qualified dental implant nurse, my experience was quite minimal. The patient was a middle age female, living with her husband and children, Asian background, housewife and spoke very little English. The dentist offered her an implant placement treatment plan. Patient's lower right first molar was missing and she wanted to replace the missing tooth with dental implant.

It was a one to one session in a quiet room and during this session I realised that the patient is not interested in knowing about financial agreement as she was on, income support, benefit and she was confident about having dental implant free of charge. During the conversation, I realised that patient's English understanding level was minimal and she was not fully aware about her dental treatment. Therefore, I tried to avoid using dental jargon and illustrated the instruction and information, which I have been asked to provide for patient, in a simple term. I used simple term, spoke slowly, used pictures and models and confirmed patient's understanding. With the little communication we had, I managed to find out that the patient was not able to pay for her dental implant treatment as she was unemployed. I asked the patient to bring along one of the member of her family, who speaks and understands English well, on her next appointment to visit the dentist. (done)

Feelings

When patient walked to room I started to panic as I never been involved in such a situation. I also stereotyped her as ignorant and not interested to listen to my instruction, because she was looking quite and confused.

However, I tried not to panic and be patient. I didn't want to disappoint and embarrass the patient by asking her some question that she may not be able to answer. (done)

Evaluation

I have learnt how to handle different patient with different backgrounds. I believe the good thing about this experience was that I managed to overcome most of communication barriers that exist. I wasn't able to completely extinguish dental jargons and deal with unexpected situation, but my biggest worry was that through my communication. I might have conveyed poor message. As a result, the patient might have not understood why she should have paid for her dental implant treatment. I judged the patient's approach as social exclusion, lack of knowledge and understanding language had made her look confused. However, I misjudged her as someone ignorant. (done)

Analysis

When the patient was referred to me, by the dentist, the paper work should state that the patient is having difficulty communicating in English.

Miscommunication between dentist, receptionist and nurses could cause difficulty for the patient to trust them and return back to the surgery for treatment, because the patient may lose trust or feel ignored. During the

conversation, it was difficult to assume if patient apprehended why she had to see me. The patient was smiling, looking confused and saying “ yes” almost for everything I was saying. And this made me concerned whether the patient understood why she had to see me. My prejudgment toward the patient could have negative impact on the patient due to being unemployed and not being able to pay for dental treatment could have cause an embarrassing or even disappointment situation for the patient. Because the patient couldn't communicate English adequately, I felt that I might have overloaded her with too much information and have created communication barrier.

Conclusion

John (2009) state that reflecting on critical incidence aids to construct picture of what happened and how to practice better in the future. But he also warns that the practitioners should avoid altering their practice to suit a particular framework. The author agrees with this statement and further ads to this that practitioners can adopt reflection as a habit in order to practice efficiently in the future. The author also adds that previous practice can be overlooked or taken into grand to improve and work effectively at present and in the future.