

Individual continuous practiced development nursing essay

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The term ' Reflection' from my own point of view could be defined as the ability to learn from past experiences . It is about reflecting on what you have been doing, learning, dialogues one have had , really everything. It is not just about regretful situations that transpire. Schön (1983) says that the further you reflect on the optimistic points, the less basic there is to reflect on the regretful points, as less will go erroneous if we comprehend good practice recovering. The most important to reflection is knowledge of how to viewpoint on one's own activities and understanding. That is , to scrutinize that knowledge rather than just living it. Reflection is essential to the service-learning practice in the following manners: The reflection changes knowledge in honest education about individual standards and objectives and about superior community subjects. Reflection tasks learners to attach facility actions to course points and to acquire higher-level intelligent and problem answering. Reflection toils against the continuation of labels by educating students' consciousness of the community buildings round service surroundings. Through development a sense of joining in the public and a profounder knowledge of the public wants, reflection enlarges the prospect that learners will continue dedicated to service outside the period of the lesson (Mamede, et al., 2012). The question about reflective practice is how does it delivery and improve quality care when change is introduced with a service or management or how can one understand if these changes benefit the service users. Everyday group and monitoring of client information can be a good practice for this. The procedure of measuring and evaluating the benefit can be signified to as the performance pointers subject to what is about to be measured. Some of the tools used to measure the results of

therapy can support organization to see the importance of incoming information if this data are exercised to recover client care. This information needs to be interpreted into significant evidence that could notify choice creation at home and organization level if they are going to implement good practice. Performance pointers are goals set by a team, sector or service, at time it may be detailed to success of standards, lessening the time of waiting or client release. The performance pointers can be amended over time and reflect the development of correction in a team and this has been witnessed in the change of models used in different sectors. Being reflective in a team, it will help to prove that health worker, professionals are vigorously worried around the goals and penalties of the labour they are responsible for, allows all individuals to screen, assess and study their own training constantly. It makes them to be observed sensibly at training, instruction to acquire new competencies and empathetic and the needs for unbiased approach. It also improves professional knowledge and individual satisfaction throughout teamwork and conversation between practitioners (Frankel, et al, 2011). Another question to ask here is how reflective practice can be used in professional body to ensure continuing professional development. When the concept of reflective practice was initiated by Donald Schön (1983), schools, colleges and every education area started planning educator teaching and professional development plans centered on this idea. The significance of reflective in educational module is to ensure more planning and it will expose a choice of styles. It will identify different way in which team partners select to reflect on specific actions. Action study is an instrument of program training containing of continuous response that aims particular problems in a

specific group setting (Hopkins & Antes, 1990). By means of this, it develops a standard idea in teacher learning curriculums. The trainer mentor as academic and role example inspires students to place philosophies they've studied into practice in their schoolrooms. The reflective medical health method has been introduced in some occupation area and it has developed into the work series in one way to the other, all the way through appraisals or assessment (HCPC 2012). Normally, it's a ways of accepting personal accountability for issues like: Individual continuous practiced development (CPD). Creating a reasonable and sensible assessment of their personal work. Distinguishing their personal powers and anywhere they want to make a values influence to a team or workforce. Knowing their personal limits and recognizing the education they want to advance their working. Be aware of their own performance with others and accepting accountability for my activities. The ability to know when they should make a valuable impacts to a group dialogs and when not and seeing ways of educating individual also team functioning. In conjunction with HCPC , continuing professional development is a vital aspects of memberships continuing registering and maintain that all professionals enlisted with them renew their knowledge and skills in order to maintain a practice efficiently and lawfully. To apply one of the models of reflection to the current practice, I decide to choose the (Gibbs 1988) simply because it has six organize process-description, feelings, evaluation, analysis, conclusion and final action plan. The Gibbs model is well-defined and detailed accepting for accounting, evaluation and assessment of the knowledge aiding the reflective health worker to create a common sense of familiarities and test one's training. Because of all what I

have learned, I will need to put everything into practice both my old and new knowledge I have achieved so as to allow reflective development to update in my practice. Studying act is the basic thing, Gibbs encourages health worker to develop an actionable strategy. This allows someone like me to look at all what I have done within my work practice and what needs to be changed as time goes on in the future. Prior to the Gibbs reflective cycle to explain my recent experience with one of the service user where I had my placement. In a precise case of the nursing professions in a care home setting (Appendices 1.), it is advised that the professional to recognize, respect and perform actions that will protect the person's right to make a decision about their health, cure, and well-being, turning them excused from any kind of unfairness (Gardiner, 2003). It also compels them to execute or contribute to health care without the approval of the patient, apart from in cases of looming risk of death (Volbrecht, 2002). Hence, any nursing intervention is required to be voted on the bioethics principles of malfeasance, non-malfeasance, beneficence, and autonomy and it can only be conducted with the permission of involving person, based on sufficient information (American Nurses Association, 2001). In Conclusion , The need for bathing in this case certainly has created an ethical dilemma to the care giver, because this procedure involves the collision of two fundamental rights: the basic right to health and the right of denial due to personal values or past experience. Caregivers know that force bathing is basically acting against the patients' rights according to nursing guidelines and realization of the fact is also imperative that experience of force bathing will create even more complexities in the future care management of Mr. James. Although,

bathing him very important for his health yet this situation requires health care giver professional to make a decision in favor of the pervasiveness of the dignity as the boundary and bottom for her other rights these dilemmas in the case of Mr. James can be solved by means of alternative counseling. Caregivers in such a situation require to make deepening understanding of Mr. James mental block and difficult behavior. As a caregiver first task was to collect complete information about this difficult behavior of Mr. James from him and his family members, Mr. James was encouraged to speak of his previous bad experience; it requires patients to bear harshness and indecent language. After gathering the fact related to his behavior next step was to evaluate the situation which required the identification of problem, solution and alternative option. The caregiver decides to convince Mr. James to have a bath continuously. The strategy adopted was instead of making him bath care givers started to ask him on routine would he like to have a bath, the advantages of having a bath and disadvantages of not having were lightly and repeatedly presented to him. Being a care givers professional I decided that an ongoing attempt to persuade Mr. James to have a bath will keep going till he himself agree to have a bath but he will not be forced bath and his personal dignity will be kept supreme.