

# Podiatrist essay



**ASSIGN  
BUSTER**

This essay will discuss and reflect about what I have learnt from working as a group during this module. Reflection is characterised as learning through experience toward gaining new insights of self and practice (Ref Johns 2004).

In this module, I have had the opportunity to learn about other professions in order to collaborate and recognise the importance of other professions and their contributions. I have also had the experience of working in small groups towards a goal, and to explore some common issues that have an impact on interprofessional work. To discuss my experience, I will use Gibbs' model of reflection (1988) which includes the description, feelings, evaluation, analysis, conclusion and action plan. The first stage of Gibbs' reflection model is to describe what happened. Our group consisted of a student nurse, student physiotherapist and a student podiatrist. We shared information on what each profession do, the codes of conduct, and about our professional bodies.

I found out that we share key values on the codes of conduct such as accountability and the same framework for health care ethics such as moral judgements, rules, principles and theories. As a group, we were also presented with different scenarios of issues of concern about ethical and legal frameworks for practice which we were asked to consider the possible outcomes. We were put into groups and each group was asked to do a presentation on a chosen topic where each one of us was supposed to contribute. We then exchanged our contact details so that we could discuss our topic and arrange any meetings in preparation for our presentation.

We all agreed to talk about communication for this is the start of practitioner-patient relationship (Swash 2002). One member of the team asked everyone to meet at a particular time to discuss what each of us would contribute. Unfortunately, I had a clinic and would not be able to attend unless the meeting would be held on a day when I was not in clinic, so I send my apologies. We discovered there was no day when all of us were free to meet, so eventually the meeting went ahead on the day as scheduled and I would be updated through email.

When I did receive news it was to update me that one member who was supposed to attend had failed to turn up. Because of not been able to meet, we were now communicating through emails and sending each other our contributions and then give feedback to each other. Two of us volunteered to make a contribution on a particular area. I volunteered to make my contribution on communication between health care professionals and I started working on that. Only one member failed to neither send his contribution nor give feedback on the work that had been done so far.

I will now get to into the second stage of Gibbs' model of reflection which is discussing of my thoughts and feelings. At first, I felt a bit worried about how people who were total strangers would be able to work together and do a presentation. I had a fear about what would happen if someone failed to contribute or would not respond to emails or phone calls. My other worry was working with people who have poor time management and who would try to do everything last minute and hence we would end up having a very poor presentation. Our age difference was also a concern to me as I was in a team with very young members.

I thought this might have an impact in our group work. At first, I got frustrated as two of the members seemed to engage with each other in discussions and I was left out. Sometimes, my contribution would not be taken into consideration. I did not give up, knowing that I was part of the team; I had to do something as well. This situation did not last long for I was the one who responded to emails and did my bit. The third stage of Gibbs model of reflection which is evaluation.

This requires me to discuss what was good and bad about the experience. The good thing about this experience is that I was able to know more about other professions and how we would work together as healthcare professionals in future. I also learnt that working as a team, we have one goal which is delivering patient care. I also learnt that working in a multidisciplinary team, it is important to communicate well with each other for the lack of this threatens patient care. Poor communication is the main cause behind unnecessary mistakes in clinical practice. This can lead to injury or even death (Gosbee 1998).

The bad thing was that when we tried to have a meeting, it was not possible as we all had time constraints and would not have a particular time when we were all free because of our different professions with different time tables. Having said that, two of the members arranged to meet. They were both free at a particular time. They had told me that they were going to email me the outcome of that meeting.

Unfortunately, one did not turn up and did not even send apologies for not being able to attend the meeting, so we did not know what had happened to

him. On deciding on a topic to present, we all agreed to speak about communication among health care professionals and between professionals and patients. This was one of the good things that I believe was important to have a successful presentation. There were no suggestions of other topics voiced so we did not waste time on deciding what to present.

The fourth stage of Gibbs model of reflection is the analysis of the event and requires me to make sense of the situation. When working as a team, we should be able to understand others' different views, to identify any misunderstandings and spot any hints as to why people act in a certain way. I was pleased that our presentation was successful though it started with other members not engaging the other in discussions. We finally met three days before the presentation and the other member who had not responded to emails or forwarded his contribution finally gave us his piece of work on that day.

We managed to put everything together. Everyone suggested I take the role as the first speaker which I was glad to do. Our seminar presentation was very successful, even more so than I had thought because we had not rehearsed like other groups as we thought it was unnecessary. Everyone was happy for this achievement.

We appreciated one another for each input we had contributed. It was a great feeling to see the fruition of our joint efforts. This experience has helped me to become more aware of other professions and their roles through evaluation of this experience. Having knowledge of each other's role and function becomes even more significant because our purpose is to give a

more efficient service to our patients. (Miller et al 1999). Teamwork brings together different skills and this will benefit the patient.

It was also good to learn that our professional regulatory bodies provide guidance for different professions. For professional accountability, each regulatory body set standards for the profession that it regulates. These standards that are set by each regulatory body have an impact on how relationships develop in health care. In our different professions, we must meet the standards in the Codes of Conduct for our regulatory bodies (Caulfield 2005).

I was able to appreciate the relevance of applying ethical frameworks to healthcare and that most of the time, health care professionals make ethical decisions such as sorting out what is right or wrong, bad or good and what is considered as positive behaviour. It is quite useful to know about law and ethics for my future profession. To understand that in health care the rights of people including self should be respected. A key ethical principle is respect for persons and ethics guide us in how we must respect and treat each other as individuals (Tadd 1998). Dealing with professional issues through working with other professions was very useful to me.

It really gave me an insight into my future profession. People behave differently; there will undoubtedly be positives and negatives in future, but how to solve the conflict is crucial. Connecting the present situation with the previous experience makes one reflect on the way the later influences present actions, particularly regular patterns of behaviour that are conflicting with desirable practice (Johns 2004). I have had the privilege of working with

very young members of the team and realised how age differences can impact on teamwork.

This was shown in my group when the youngest member did not show up at an arranged meeting and was quiet until the final three days before seminar presentation when he brought his contribution. This is the sort of thing one may encounter in my future practice that team members might be very busy and not able to attend meetings. However, if you have the same goal, this issue of age would not exist and the outcome can be positive. A goal is the endpoint, and we have to go through a process for it to be reached. Goals institute a common objective to which the group strives making the group's efforts become more coordinated, directed and logical (Gerrard et al 1980).

This teamwork experience has enabled me to improve my interpersonal skills. These are warmth and active listening also known as empathy. These two skills build trust in one another. Assertiveness is another skill useful for handling team conflict. It is also useful when dealing with aggressive patients. Assertiveness involves standing up for your legitimate rights without having bad feelings in the process.

If team members use these interpersonal skills, they usually work toward a solution that results in positive outcomes (Gerrard et al 1980). Within my action plan, which is the last stage of Gibbs model of reflection, I will be more positive and get rid of any obstructive feelings. Utilizing positive feelings such as responding sensitively in a given situation and removing obstructive feelings are useful in future practice. The obstructive feelings are feelings such as disappointment and destructive self-criticism or feeling that

you have not done well as you should interfere with the ability to re-examine your experience in an open manner (Sully and Dallas 2005).

In conclusion, using the Gibbs model of reflection has helped me discuss how I developed in the whole process starting from introducing one another, group work in other sessions to the time we did our seminar presentation. Reflection is a positive process which reviews, analyses and evaluates experiences and draws on previous learning. Therefore it provides an action plan for future experiences. If the process of reflection is then related into practice, it can assist the individual to gain the required knowledge which leads to an improvement in the quality of care (Ghaye and Lillyman 1997).