

Reflecting on the  
incident and making  
necessary application  
of theory



## **Introduction**

The aim of this assignment is to identify and reflect on a critical incident that happened at my work place and making an analysis for learning experience.

The following will be identified and defined: critical reflection, the value of critical reflection and health and social care theories to support my personal and professional development. The full description of the incident is available in Appendix. 1.

White et al (2006) defines critical reflection as a process which incorporates individuals' analyses of thinking with regard to the influence of socially dominant thinking. The material reflected upon in critical reflection is screened through the analysis based on critical theory. Fook, (2002) in Pranee Limputtong (2008 p. 266) points out that ' critical reflection is a process of identifying the ways in which we might unwittingly affirm discourses that work against us, and shape people we are working with through examining our implicit assumptions'.

The value of reflection is to generate evidence to confirm or contest the link between reflection and improvement in social care work practice and also has a potential to enhance the quality of care delivery (Burns and Bulman 2000). Reflection stems out of particular experiences of professionals, including their experiences of critical reflection in some of health subjects such as social care and social work. Critical reflection seeks out to engage professionals into their studies making them aware of situations that may have noticed and taken for granted in practice. The method of critical

reflection is also interrogating and debating the aspects of a particular practice in order to generate an understandable study (White et al 2006).

According to Palmer et al. (1994) reflection has been proven to be a key tool for practice learning, practitioners need more than experience knowledge for competence. Professional development is a way of equipping practitioners to be competent and be in a better position to respond well to changing needs in the world of practice. Pranee Limputtong (2008 p. 266) states that the reasons or aims of critical reflection is to dig how we participate in communicating our ideas which shape the existing power in relations. Johns and Freshwater (1998) cited in based learning. org (2008) points out that, the value of reflection is a way in which professionals can enhance their learning as it involves questions about self, actions beliefs and values.

There are several models of critical reflection, only a few have been identified in this assignment. Kim's (1999) model is a three phase of reflection which helps the practitioner to continue the journey of reflection as he or she gradually develops the abilities to reflect. This model is used to develop a novice reflective practitioner to begin with simple descriptive reflection and gradually progress to the more complex levels under close supervision and guidance (Rolfe et al 2001).

John's (2000) model for reflection is a cue of questions built into a very comprehensive framework for structuring reflection-on-action furthermore Rolfe et. al (2001) states that some consideration should be made, whether his fifth way of knowing of reflexivity is really reflective. His model does not make any provisions for making changes to an on-going experience.

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Gibbs (1988) model of reflection a cyclical cue of questions arranged in the similar way with

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John's (2000) learning cycle. This framework is centred in learning from experience rather

than attempting to change the experience. The model does not encourage any reflexive path back to the action from which learning is derived (Rolfe et al 2001)

I have chosen this framework as it gives the foundation of reflection and has three cues of questions that are designed to be open and can be revised to meet specific needs for different practitioners in different situations. It pays particular attention to Borton's (1997) model as its macro structure. The three set of questions completes a cycle which enables the practitioner to continually improve on learning from experience for better practice. The first set of questions is the description level of the situation. The second level is the building level of reflection where the practitioner is encouraged to make a personal theory and knowledge out of the situation. The third level is for the practitioner to reflect on the consequences of their actions and considers how to improve on practice. This final stage is considered as the stage which can contribute more to practice (Rolfe et al 2001).

Mr. B. was not offered his cup of tea and toast in the morning as he was incontinent of urine and faeces and needed to attend to his personal hygiene before being offered a cup of tea. This interrupted with his normal routine in

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the care plan which made him unhappy. As Mr. B was coming downstairs my colleague shouted from upstairs that I should ask Mr. B to go back to his bedroom. ( See Appendix) I used my voice and hand gestures to tell him to go back upstairs (Mr. B has learning difficulties), but he did not respond and continued coming down towards me. I felt intimidated and scared as I could not get through to Mr. B. I was concerned and I thought of my responsibility of duty of care, personal hygiene, respect,

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privacy and dignity as he was not appropriately dressed to come downstairs.

I could tell that Mr. B was not listening to what I was saying as he seemed to be furious then hit the fish pond with his fist out of anger. Nazarko (2004) suggests that one should not repeat if the person does not understand what is being said but try to rephrase and speak a little more slowly when communicating with the service users.

The way I raised my voice trying to be assertive and the way I used my hand gestures was wrongly interpreted by Mr B. In the process I have learnt that as a bank staff every time I get to a particular residential/care home, I need to first read the service user care plans before giving any nursing intervention to avoid putting myself and others to any risks as there might be changes in the service users care needs. As a social care worker, according to the GSCC (2002) I am accountable for the task delegated to me as well as my actions of carrying out the task. I should also identify my training needs as stated by Palmer et al (2000) that many practitioners

suggested that reflection had encouraged them to identify their learning  
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needs, assess their level of competence examine their accountability and articulate their concerns before undertaking a new task. When I saw that there was communication breakdown between myself and Mr. B, I should have called my senior, the manager or one of my colleagues before Mr. B hits the fish pond and gets hurt. According to the GSCC (2000) as a social care worker I have to work with others to protect the health and wellbeing of those in my care, seeking assistance from the employer or appropriate authorities if one feels not adequately able to carry out any task or not sure how to proceed.

If this ever happened again I will call for assistance immediately when I realise that I am not

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competent to deal with the situation. As a practitioner I should recognise the limits of my professional competence and only undertake a task and accept accountability of those activities that I am competent in doing. In future I will make sure that I undertake necessary training to build my competence. To practice competently one needs the knowledge, skills and the required ability to lawfully, safely and effectively carry on a task without direct supervision. The senior came after hearing the noise and she spoke to Mr B using both verbal and non-verbal communication de-escalation technique. Through this incident I have learnt to continue developing my knowledge and skills as it is a requirement for every practitioner to take fresher courses to keep their knowledge and skills up-to-date.

In conclusion critical reflection is quite important as it seeks out to engage professionals into their studies making them aware of situations that they may have noticed and taken for granted in their practice. Also the value of reflection is vital to generate evidence to confirm or contest the link between reflection and improvement in nursing practice and also has a potential to enhance the quality of care delivery (Burns and Bulman 2000). Reflecting to the incident one has learnt the importance of engagement and communication skills in that I could have used the de-escalation techniques situations before the situation got out of hand, and build my confidence and be more competent.

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