Critical analysis

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. IntroductionQuinn (2000) states that reflection is to recollect a past experience and the feelings it produced. Bolton (2005) believes that when using reflection to supplement a learning experience;??? Effective reflection and reflectivity does not allow anything to be taken for granted??? (Bolton, 2005, Pg 66)McCabe and Timmins (2006) support this view and go further to suggest that if reflection is solely the work of one person with no input from others there could be missing information and a lack of reality. Reflective practice is the application of the skills of reflection to improve professional practice through self assessment by identifying learning and development needs to modify practice or improve competence (Kottkamp 1996). Reflective practice requires critical appraisal of experiences and the understanding gained through it adds to the individuals knowledge base (Ashby 2006).

Wilding (2008) warns that the process of reflective practice within nursing may highlight a lack of skill, which may damage a nurse??™s confidence??¦??¦??¦??¦??¦??¦??¦..??¦. Models of ReflectionSiviter (2008) points out that by using a model of reflection as a guide the practitioner can find the process of reflecting easier. Johns (2004) cautions that a model could become a prison that the practitioner tries to fit into rather than a tool to make sense of a situation. The author would suggest that a model should be used as a framework by which reflection is structured, but not followed as a rigid guide

which could hamper the practitioner??™s reflective account. Bolton (2005) supports this by implying that a less structured approach instead of a restrictive framework would be more suited to helping the practitioner develop within the health care setting.

There are many models of reflection, Duffy (2007) mentions Johns??™ (1995) model (see appendix 1) as being straightforward to understand and encouraging of in-depth reflection, however the leading questions can leave little scope for the practitioner to take their own pathway. Johns (2004) feels that he has tested and made relevant changes to his model over a period of time (see appendix 2), thus making it less elaborate than some frameworks. Wilding (2008) sees Gibbs (1988) reflective cycle (see appendix 3) as less structured and easier for beginners to use. He states that it is not difficult to understand and therefore easier to engage with. McCabe and Timmins (2006) point out that Gibbs (1988) model can lead the practitioner to just reflect on the negative and search for a change of outcomes when one is not needed??¦.

??¦.. Chosen Model of ReflectionThe author has found evidence by way of statements and quotes to suggest that Gibbs??™ (1988) Reflective cycle (see appendix 3) is easy to use and therefore a good starting point for the new practitioner.

Ghaye and Lillyman (2001) point out that Gibbs model (see appendix 3) has six parts to it; each of these has a relevant question to be answered. The questions would be answered in a certain order, following on from one

another and creating a cycle of reflection. A cycle is repetitive which means that there should be an improvement in understanding of feelings and knowledge as the practitioner travels around it. McCabe and Timmins (2006) feel that the questions are too leading and can make the practitioner look for the bad elements in their experience. The Author agrees that the questions guide the practitioner but suggests that whilst the focus could be on the negative elements of their experience, this should only occur if there were such elements to be found. If there were negative elements then they would need to be addressed and that is where Gibbs (1988) reflective cycle (see appendix 3) comes in. Jasper (2003) explains the stages of Gibbs (1988) reflective cycle (see appendix 3). The cycle starts with the practitioner describing the event in a truthful, non-biased manner making sure details such as what happened, who was there and the outcome are all included.

The cycle then moves on to the practitioner??™s feelings about the event?? ¦?? ¦??¦??¦??¦.. Reflecting on a Critical IncidentUsing Gibbs (1988) Reflective CycleDescriptionI was asked by my mentor Margaret if I would administer an injection to a patient at the surgery where I was on placement??¦??¦??¦??¦?? ¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦.. ??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦?? ¦??¦. FeelingsI had never given an injection before and was nervous when first asked. Although I had practice in the skills lab I had never given a ??? real??™ person an injection and I was worried that I might make a mistake and look incompetent in front of the patient and my mentor. I was also concerned that I might hurt the patient??¦??¦??¦??¦??¦??¦??¦??¦??¦??¦.

.. ConclusionJasper (2003) states that using a framework to reflect on a critical incident helps to build up a picture of what happened and further analysis to hopefully improve practice.

The author would agree with this and adds that by further analysing ones own practice not only can there be improvements made from mistakes but also an acknowledgement of the things that went right. Sometimes these things can be overlooked or taken for granted, especially if they are just small details. The author feels that these small details on further inspection can make all the difference in the world to a patient or client so should be equally reflected on. This would mean that an overall picture and assessment has been made and can then be implemented in future practice??¦..

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