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Gibbs model of reflection (1988), focuses on self-reflection capacity on Onea S actions with the need to engage in the continuous learning process (Wilding, 2008). This is a reference framework for examining experiences, and using such as the basis for understanding specific areas that may require improvement. The cyclical nature of the means of the model that is particularly well suited to repeated experiences and potentially repetitive activities, which is why the model therefore becomes useful to examine experiences within nursing practice, such as repetitive activities and interactions With other workers and patients (Johns, 2017). Below is a visual of the model: Source: Edinburgh University (2019: 1) Gibbs originally supported the use of this model for repeated situations, but the phases and principles apply equally well for single experiences too. For a repeated situation the model allows self-reflection and therefore the recommendations that could be used in the future to improve the situation. Although it can also be useful for stand-alone experiences, given that the action plan could be more generalized and suggest improvements to a specific behavior or a sudden that can be applied in other future situations (Davies, 2012). Gibbs (1988) said: "It is not enough simply to have an experience to learn. Without reflecting on this experience you can quickly be forgotten, or its learning potential. It is from feelings and thoughts that emerge from this reflection that generalizations or concepts can be generated and its generalizations that allow new situations to deal with effectively" It is a long quote, but helps showcase for this model of reflection Gibbs is By now common use in many professions. It is an easy to understand framework with generalized steps that can be applied in all situations (Howatson-Jones, 2016). It can also be used by the person involved in their situation as self-reflection, without the need for someone to instigate the analysis. Gibbs model of reflection in nursing practice there are more situations within care where Gibbs becomes useful. Think of repetitive tasks such as the patient check-up or consultations or more specialized, and the less frequent events, as in front of a patient under the influence of alcohol, or suffering from mental illness. Gibbs s will allow the nurse to reflect on how the situation managed and highlight the positive and negative aspects. This could be operational with Gibbs used to understand how the situation has been managed with regard to productivity, documents, processes. Or it could also be considered with personal characteristics and behaviors such as the nurse addressed with pressure, or empathy among others. Howatson-Jones (2016) affirms the importance of Gibbs to the nursing given the attention to feelings (or emotions) and recognizes their importance in the process of reflection with respect to other reflective processes that emphasizes exclusively on processes and systems in force and how these could be improved. When reflection in the practiced nursing is discussed, it is important to distinguish between the two types, being reflection-on-action and reflection-in-action (Bulman & Schutz, 2013). On action focuses on the user to revive a past experience, while in action is more interactive it focuses on observations. Reflection allows medical professionals to challenge and develop their existing knowledge, maximizing the opportunity for learning and helping them avoid errors that may have been made in the past (Royal College of Nursing, 2012). Bulman & Schutz (2013) Cita Gibbs of the cycle as the best model to use, since there is no emphasis on a balanced reflection; Focusing on both good and evil. This is given rare that most reflective models concentrate exclusively on failures, or the negative aspects of the situation and with such creates a focus on negativity. Why use the Gibbs reflective model? The main reason to use Gibbs is that it is a one Template, and then the idea is that the person will determine the recommendations that can then be established within an action plan and implemented in the future. As shown in the figure above, there are more phases with each phase by placing a number of questions. For example, the 1st stadium is the description in which the user has the possibility to describe the situation addressed. Gibbs noted the useful questions that will help to focus solely on the description as: (See Bulman & Schutz, 2013). Gibbs is a process step that makes it easier to understand and follow by people who are not professionals in self-reflection. After the description, the focus is then on the feelings to the person who focuses on those who have felt during the experience, and how these feelings may have affected the situation. The model is bitesize as each phase Roffey-BARENTENSEN & Malthouse (2013) says that the model is divided into two main sections, the first request to the user to collect their experience, while the second section helps the user to understand the options available to improve. © Because Gibbs is a good reflective model? The main advantage of Gibbs is the emphasis to talk about feelings and understand how emotions can influence the situation. Breastfeeding can often be an emotionally charged career, especially for nurses who work in areas such as mental health. The success / failure of the situation could not only be the actual processes in place, but the nurse's mentality and how to influence the situation. Gandi et al (2011) and Tajvar et al (2015) are just two researchers who have focused on mental health in nursing air, concluding that nurses are more likely to suffer with mental health conditions given the pressures placed on them by their profession. The problems such as insomnia and depression were cited by Perry et al (2015) as common in some nursing community. Results like this means that it is imperative to think about situations not only from the systems, regulations and policies in place, but also by the emotions considered by the nurse at the time. Benefits of the reflection pattern Gibbs The model is not complicated to understand. The self-reflection may be made orally as a quick reflection on its own or with the team immediately after the situation. It would be recommended that the notes so that the situation, feelings and recommendations are remembered, but the facility of the model allows it to be performed quickly all day. The Gibbs framework could be used more times a day to reflect on anything from a team meeting to an interaction with a patient. Another advantage is that it is a standardized model with a set process that can be easily understood by new ones to self-reflection. It can also be used both in professional and personal settings which means it has universal acceptance. Another advantage is that the model is unique since it includes knowledge, actions, emotions and suggests that the experiences are repeated (Jasper, 2013). This differs from the reflective model of Kolb (see Kolb, 1984) that focuses on transforming information into knowledge. What fields are the reflective Gibbs cycle? As shown in the figure above, the Gibbs model is not specific to a sector with passages capable of being used for any situation, both in education, health, office environments, production among others. Gibbs can be used for personal situations that professional. A great percentage of academic research made in the Gibbs model but is focused on the healthcare or education. Stonehouse (2011) loise Gibbs as an effective tool for self-reflection in the care sector, given that it can be performed by staff members themselves in a relatively short time, better after the situation has occurred. Gibbs model Reflection template The figure above provides a visual for the cyclic model. At each stage the user must work through several questions. STEP 1 "Description (focusing on the pure facts of the situation) situation) The first step is to describe what you know. This will be done by focusing on questions such as what happened? Who was involved, what did you / or others? He is setting the scene and stating the facts. Step 2 "Description - (feelings) In this step the user will take into consideration their emotions at that time asking questions like - how will you feel at that time? The main purpose here is to understand if there were influences Within the situation that influenced behavior and with these actions. The user can consider whether there was difficulties or perceived with the activity, whether with information provided, access to resources, position or timing. The problems all " Interior of any of these areas may have influenced the feelings of the nurse (ie stressed / angry) which can therefore affect the feelings of the patient. Step 3 - Evaluation The main question in this section will be to determine if this was a situation Good and negative, in detail of good / bad aspects on experience. In a crucial way it is necessary to consider how facts and feelings could (from the Stad 1 and 2 above) they influenced your actions / behavior. Step 4 "Analysis The passage of analysis is where the user will now look at to make sense of the situation and because it happened the way it did it. The previous steps focused on the details around That's what happened in the situation. At this stage the focus is to extract the meaning from the situation (Howatson-Jones, 2016). It is here that the user can also consider academic theory to understand relations between behaviors and results. key questions to ask include: 1. Which way you do with it? It makes sense given the previous three phases? 2. What is the main area of concern or focus on the future? Step 5 "Conclusions summarize Learning from the situation and highlight which changes will be necessary in the future. It should be a natural response to previous steps. Questions to ask: 1. What was discovered in this situation? 2. What did you learn from this situation and circumstances? 3. What questions do they remain what may need further jobs to respond? (Wilding, 2008) Step 6 "Action Plan At this end point Attention on what would have been done differently in a similar or related situation presented in the future (Bulman & Schutz, 2013). Within the nursing profession it would be useful to consider what is necessary to act differently. For example if the reflexive cycle has identified that stress was one of the main causes of failure in the situation the question would be on what resources could be necessary in the future to reduce stress. it's here that the nursing profession could benefit from workable recommendations. sometimes only the realization is sufficient but other periods of reminders and recommendations are useful to develop a practical - " " Practice "For a specific situation. How is the Gibbs reflexive cycle created? The Gibbs reflective cycle could be classified as seminal theory given that the citation originates The for the cycle was Gibbs (1988) although the theory is now mentioned in more sources such as Jasper (2013) and Bulman & Schutz (2013) expanding the reflexive cycle. The most important quote for the Gibbs reflective cycle is still below; Gibbs, G. (1988). Learning by: a guide to teachings and learning methods. Further education unit. Polytechnic of Oxford, Oxford. Gibbs reflection model - Example of reflection - Dementia 1. Description 2. Driving a health assessment on a patient who not only suffered from dementia but limited mobility and many other underlying health conditions. The patient was a lady That had only been recently diagnosed with dementia even if whose illness was quite advanced. As with some patients there is a delay in finding aid given the stigma associated with dementia. The lady becomes aggravated during evaluation and vocal with myself - nothing physical but it was clear that the lady didn't want to be here, even if it was vital that we evaluated evaluated 2. Feeling initially feel confident given that I had an understanding of the patient and their health background. However, what I was sick prepared for the patient's behavior that was agitated through evaluation and sometimes could have been described as aggressive. Unfortunately this could happen with someone suffering from dementia since the patient here was confused and aggressive because they were not sure where they were. My mood has changed. Under pressure to keep the patient calm my attention on the bad evaluation and I heard the pressure that puts me that he led my knowledge. I felt uncomfortable in this situation and believed that this has shown in my body language, potentially coming from me does not take care of the patient, or that I is a, - "to face this patient. 3. Evaluation well - I was knowledgeable and sure you can create a patient assistance plan. Bad " "I have allowed feelings to take care of my mind and in turn the impact on the quality of care I could provide at the moment. While I was ready to face the patient's health care needs that I was not completely ready to face their behavior during the evaluation and since I was unprepared for their attitude, this had an impact on my behavior. 4. DINĂȘ & Gastmans Analysis (2013) Identify that empathy is a vital stretch of nursing to build this patient " "Nursing report. The patient needs to feel that the healthcare team It has their best interests at the forefront of any assessment and assistance plan, also understanding their personal circumstances. It is a counterbalance between behavior in a way that sports your authority and the state of the health provider while it is Even empathic to create a personal, friendly and friendly relationship with the patient. You want the patient to know that you have their best interests in mind 5. Conclusion - from this experience they are more aware of how my behavior and my body language during An evaluation or other interaction with a patient can directly influence their behavior. Now they are more aware how easily for a patient perceive im IEI feelings from my body language, how I speak. I need to be more empathetic in situations and even more courage so that it is not affected by the patient's behavior. I need to stay calm in these situations and maintain a professional way. 6. Action plan In the future I need to be more proactive to talk to me colleagues and colleagues over their past experiences so that I can build a better understanding of what behavior I could try from dementia patients. Millard (2008) discussed how the behavior of two patients suffering from dementia can vary very differently; One potentially be submissive while the other aggressive. I need to accept it and become more confident when it comes to dealing with the unexpected. I understand that he will become more confident over time with this as they are exposed to more situations, and while I get more advice from my peers on how they deal with it. To summarize the following essay presented a critical review of the Gibbs reflective model, which shows the reason why the model is widely used throughout the health profession. After describing the process to the self-reflex noted by Gibbs, an example was presented focused on dementia that ends with a practicable action plan that can be implemented. Bulman references, C., & Schutz, S. (Eds.). (2013). Reflective practical in nursing. London, John Wiley & Sons. Davies, S. (2012). Embrace reflective practice. Education for primary care, 23 (1), DINĂȘ, L., & Gastmans, C. (2013). Trust in nurse - patient relationships: a review of literature. Nursing ethics, 20 (5), 501-516. Gandi, J. C., Wai, P. S., Karick, H., & Dagona, Z. 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