

Using an appropriate model, critically reflect on your experiences whilst on placement. Your reflection should give a context for the placement and focus on at least three experiences in a way which demonstrates your ability to reflect effectively.

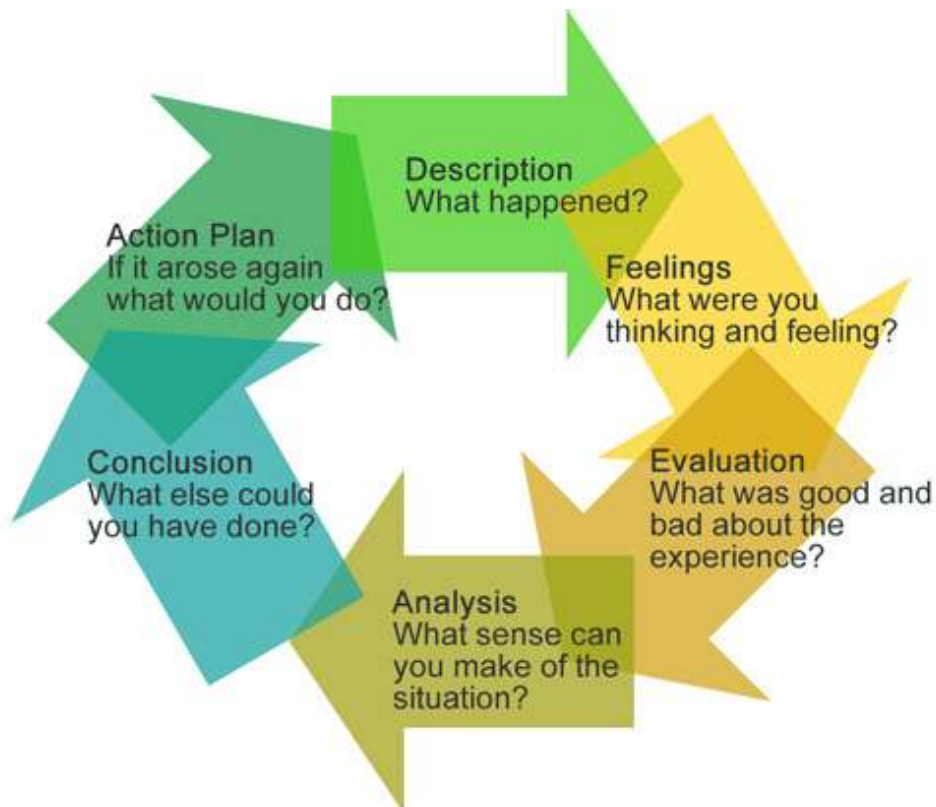
For the purpose of this assignment, thirty hours of placement were undertaken within a podiatry clinic, a small private practice consisting of a fulltime podiatrist and an administrative assistant. The scope of practice within the clinic is varied and ranges from basic nail care for low risk clients with mild mobility issues, to higher risk clients that have more serious underlying health issues, such as diabetes. There are regular referrals for diabetic foot care from local NHS Trusts; this is in part due to NHS Wales (2018) proactively raising awareness of diligent foot care for people with diabetes. Symptoms such as neuropathy (peripheral nerve damage) and ischaemia (poor circulation) can lead to ulcerations that can prove problematic to heal and in some cases may result in amputation.

Just as there is considerable variety in clientele and the range of treatments offered, the role of the administrator can be equally diverse. Duties include, but are not limited to; phone handling, appointment bookings, letter writing, customer liaison and stock control. Record keeping is an important aspect of the role, not just for client records but also logging equipment testing, in line with procedural guidelines. Alongside administrative tasks, there are essential clinical responsibilities such as the sterilisation of equipment and work surfaces, ensuring a sufficient supply of ready-to-use instrumentation. With the consent of clients, there is also the opportunity to observe podiatric assessments and treatment regimes as part of an ongoing training program to extend the remit of the administrator, to the role of a formally qualified Podiatry Assistant.

In a small practice, the need for flexibility is crucial. According to Doyle (2019), employees that have a flexible approach to taking on new responsibilities are highly valued, and generally have more to offer their employer. It should be noted however, that a study carried out by Dettmers, Kaiser and Fietze (2013), determined that for flexibility in the workplace to be successful, it needs to be afforded by the employee and the employer alike.

According to the University of Birmingham (2014), choosing an appropriate framework will aid the reflective process and assist you to write an effective journal. There are many recognised models that can be employed; alternatively it is possible to create a framework of your own. However, although other reflective cycles were considered, the choice of model for this assignment was perhaps somewhat of a formality, as the Gibbs' (1988) model of reflection is used by College of Podiatry (2020a) – *and by the healthcare profession in general* – throughout their training courses, and as an integral part of their continued professional development plans.

Image 1: Gibbs' (1988) Reflection Cycle



The six stages of Gibbs (1988) reflective model, as seen in the illustration, will be used as headings within each reflective account, so as to clearly demonstrate the reflective cycle process that will be utilised throughout. The assignment will feature a total of four separate reflections, followed by a short overall conclusion.

Reflective Account 1

Description

On my first day of placement I was introduced by the podiatrist to the administrative colleague whom I would be working with. I was given a verbal overview of the services that the clinic provided and as well as an insight into the range of clientele that I may be expected to meet. After establishing working hours and break times, we discussed the duties expected of me in role that I would be undertaking, and I was provided with a portfolio of procedural paperwork to assist me in my duties. It was made clear to me that anything I was not sure of, or did not feel comfortable undertaking, should be brought to attention of the other administrator or podiatrist as soon as practicable. We discussed the issue of confidentiality in respect of client records and verbally verifying clients' identities when discussing information over the phone. I was given examples of the initial client record and consent forms to keep with the GDPR (General Data Protection Regulation) forms as part of my placement portfolio. The administrator took me through the filing system and we proceeded to file the previous day's records.

Feelings

I was quite excited to be commencing my placement, but at the same time it also felt somewhat nerve-racking. I felt as though I was pulling myself in two different directions; on one hand I was trying to ensure I was performing the duties assigned to me in a professional and efficient manner, and on the other I was conscious that I needed to be considering my assignment which felt like a distraction. Despite carrying out duties that were quite familiar to me, I did feel a little flustered at times and not completely focused on tasks that I would normally consider fairly routine.

Evaluation

It was good to finally get the placement officially underway and the fact it was a fairly uneventful day was by no means a bad thing. After the last client had left, I talked through with my colleagues about how the day had gone as we prepped and sterilised the clinic ready for the next working day. It was interesting talking to the administrator, who had previously worked as a personal assistant and we were able to do some skill sharing. This according to O'Donovan (2018), should not to be unexpected, a study of third-year students on placement

reportedly experienced few barriers to learning and, in general, tended to experience bi-laterally beneficial exchanges. When I wrote up my notes and reflected on the events of the day though, there was little else of noteworthy value to reflect on. I did however; give thought to how I felt trying to manage the balance between work and placement as I do not find either working or studying stressful, individually. Ahmad and Karim (2019) suggest that sharing knowledge within the workplace is not only beneficial to the organisation, but has extends beyond the confines of work and can potentially increase life satisfaction. I think my unease at trying to work efficiently whilst also considering my placement objectives, tells me a lot about the way I like to absorb information. One I am confident in the task at hand, I am comfortable in learning something new. Until I am sure of what I am doing though I can feel a bit flustered. I think that this possibly comes down to multitasking.

Analysis

The skill sharing opportunity was a positive highlight for me. In hindsight, I realised that as much as I enjoy the process of learning and enjoy perhaps passing on knowledge and skills even more so. Green and Johnson's (2015) research in collaboration within a clinical setting, cite collaborative working as fundamental aspect of successful problem solving. The issue of multitasking and the need to feel confident in what I'm doing perhaps says more about my preferred learning style. A study by Dindar and Akbulut (2016) indicates that sequential multitasking has little effect on information retention but when multitasking occurs concurrently, there can be a significant detrimental impact on retention and subject interest. Comparable results were also obtained in similar study by Tassone *et al.* (2017), when allowing students to multitask within the classroom environment.

Conclusion

With hindsight, I should have approached the first day of placement as an introduction, rather than an actual placement day. I was not limited to the amount of hours I could do, so I could have relieved the pressure of trying to take everything in all at once by setting that day aside for induction. It would probably have been prudent to take the opportunity to observe in much the same as you may if you were taking up a formal appointment, rather than a placement. On reflection, a considerable amount of my work history has been through quite lengthy tenures. I think this is probably symptomatic of my desire to feel comfortable within a role. West, Tjosvold and Smith (2008, p. 272) suggest it is quite normal to seek what they

term a 'climate of psychological safety' but warn that that comfort zone should not be allowed to lead to complacency.

Action Plan

If in future, should I undertake another placement, I will schedule in some allocated induction time in a placement diary plan. When I am organised I feel more in control and this would help me settle into a placement and feel more confident that I am meeting the expectations of not just my placement provider, but also my own expectations. I am not a particularly confident person but by being prepared, I can overcome any nerves and work in a more professional manner. I will also research other strategies for coping, or mitigating, any feelings of being daunted by an overload of information.

Reflective Account 2

Description

I had the opportunity to do some observation for an initial consultation. Client A attended with his wife who remained present for the assessment. The appointment was primarily for nail care and the treatment of corns. When the podiatrist began the assessment, she checked with Client A if it would they would mind if I sat in to observe. They were happy for me to do so, which the podiatrist was grateful for as the client had been diagnosed with chronic lipodermatosclerosis, a condition that is often referred to as 'champagne bottle legs' and thought it would make an interesting case study for me to observe. Galsinh, Singh and Smith (2019) describe the condition as not uncommon, but often mistreated. The condition is characterised by a hardening of the skin and subcutaneous tissue in the lower limbs, causing them to constrict and giving the inverted champagne bottle appearance that lends itself to the name. Keen to understand more, I asked the podiatrist/client what the underlying cause of the condition might be.

Feelings

I felt awkward afterwards, having as though I had put the client and maybe the podiatrist on the spot. The podiatrist then explained that it was usually attributed to social factors such as obesity, lack of mobility and the underlying health issues associated with these including hypertension (high blood pressure). Although the podiatrist explained it all very tactfully I

felt a bit embarrassed. I was thankful however, that the client did not appear offended by my questions. I think my over-enthusiasm was merely a reflection of my keenness to absorb as much information as I could. Exploring clients' conditions from a clinical perspective was very new to me and I was finding the observation opportunities fascinating.

Evaluation

Awkwardness aside, I enjoyed the experience of observing and hoped that my enthusiasm was seen in a positive light. Studies in student/teacher leaning by Wenström, Uusiautti and Määttä (2018), indicate that enthusiasm not only benefits student learning but also helps to improve the quality and delivery of teaching. An enthusiastic learning environment also fosters a good working atmosphere and increased productivity. Van Wingerden and Van der Stoep (2018) theorise that when employees are emotionally invested in meaningful, they are far more likely to exceed their employer's expectations and are generally considered to be more highly valued. This appears to be reflected in their performance models used in the study, alongside other positive consequential benefits, such as a reduction in 'burn-out' and improvements in well-being.

Analysis

The client had already had a diagnosis for their condition so I would assume the underlying causes of the condition would already have been explained to them. I think the awkwardness I felt was purely a reflection of my personal sense of having 'put my foot in it', so to speak. It is perhaps not unreasonable to assume that having a thirst for knowledge and an interest in the subject that you are studying, should be thought of as prerequisites for successful study, something that Rotgans and Schmidt (2014) describe as 'situational interest'. This type of learning behaviour is referred to as 'trigger-maintenance' and requires a sufficient level of interest to be maintained, to achieve a good level of learning. There is also an alternative hypothesis though, which they refer to as 'knowledge-deprivation'. In this instance the situational interest or 'epistemic curiosity' arises because of a gap in knowledge that needs to be filled and once this has been achieved, learning ceases and interest is lost. Ribeiro *et al.* (2019) say that this disinterest is something that can be overcome with deliberate reflection and those students who practiced reflective learning demonstrated improved levels of engagement, which in turn was borne out by their grades.

Conclusion

On looking back, I think it would have been more appropriate to consult the podiatrist for more details about the condition privately, once the client had left. Although the client understood their diagnosis and the podiatrist was understandably familiar with the condition, to me it was all very new. As a care worker, I had almost certainly seen people with the same complaint but I had never looked into conditions such as these in any real depth. For that reason, I think my desire to have a greater understanding, is perhaps similar to that seen in the students who participated in what Ribeiro *et al.* (2019) refer to as the ‘to-be-diagnosed’ scenario, where levels of interest were elevated by the quest for answers, rather than just reading already published results.

Action Plan

I will work on improving my communication skills, with greater consideration to tact and diplomacy in the workplace, taking advantage of any training opportunities that may arise. Ranjan, Kumari and Chakrawarty (2015) recommend formal communication skills training as part of clinical practice but believe it is often overlooked, and at times even ignored. Honing non-verbal communication skills are also, according to Riess and Kraft-Todd (2014), overlooked in the clinical environment and by using a teaching aid such as the ‘E.M.P.A.T.H.Y.’ model, which uses the non-verbal cues including eye contact, expression, tone and posture to improve communication and even overcome cultural barriers. Rebalancing the focus of knowing ‘what to say’, with ‘how to be’ is, in their opinion, crucial to emphatic patient engagement and certainly another communication skill that I will look to enhance.

Reflective Account 3

Description

Client B attended clinic today for an initial assessment. The patient had been on the waiting list for a short while was accompanied by their daughter and son-in-law. The primary reason for Client B attending clinic was for general nail care, as mobility had become an issue and as the patient had been prescribed anticoagulants, the care home policy was not assist with nail care as they are not qualified. The podiatrist confirmed that it was standard policy in most care homes, as medication that thins the blood, increases the risk patients ‘bleeding out’ if the

skin is broken. The registration and treatment consent forms were completed by the client's daughter and the podiatrist then took details of regular medication, medical history and social factors. Client B's daughter had been living local for a number of years, but patient had only recently been moved to a local care home. Prior to this she had been a resident in care home in the midlands, with her son taking care of all her personal affairs. According to patient's daughter, the previous care home raised concerns regarding issues of neglect. Patient B's daughter stated that there is now an investigation under way and that it transpires that the care home were informed by the son that she had no other family. When admitted to the original care home, the patient's nails were reported to be extremely long, thickened and deformed, causing the patient to complain of pain and discomfort. Client B appeared apprehensive prior to treatment but extremely grateful by the end of the appointment.

Feelings

Even just observing, I found this particularly heart-wrenching. Having previously worked as a domiciliary carer, the scenario was sadly not unfamiliar to me and it brought back some painful memories of clients I had cared for. I felt a mixture of sadness and anger at the thought of the neglect and suffering Client B may have endured, but it was comforting to know that she now appeared to be in a much better position with supportive, caring relatives close by. I was a little surprised at how freely and open Client B's daughter relayed the details of their situation, with perhaps more detail than was necessary for the purpose of the appointment. Although Client B was capable of speaking for herself, it did feel as though her daughter was speaking on her behalf, perhaps more than was appropriate, almost as though she was not present.

Evaluation

Treating Client B's nails required greater care than normal, healthy nails, due to the onychogryphosis – *characterised by the thickened, deformed nails* – and although it is not uncommon in elderly patients, and can be a result of nail trauma, Ko and Lipner (2018) cite neglect as one of the most common cause of this condition. Maintenance of the nails can be problematic they state, with regular debridement required to reduce the nail thickness and footwear can often become uncomfortable. According to Lashkari (2019), onychogryphosis – *or 'Ram's Horns Nails' as they are informally known* – can be a congenital condition, but agree that neglect is often the principle cause and is quite often associated with homelessness.

Lashkari (2019) intimates that patients with similar nail conditions would normally require regular appointments for podiatry, as nails with such deformities rarely return to a healthy condition.

Analysis

Ayalon (2014) cites some alarming statistics for elderly dependant adults, with an estimated 20% suffering incidents of neglect. Although the figures quoted were from a study carried out in the US, the problem appears to be more widespread. Midgely (2016) describes elder abuse in the UK as ‘prevalent’ and suggests that an increasingly ageing population is likely to exacerbate this. They put forward the possibility that the physical frailties and cognitive impairment that lead to the vulnerability of some adults, when coupled with abusers who are, in some instances, under considerable pressure themselves as carers. This could go some way to explain why the levels of abuse and neglect are so high and worryingly, they also speculate that the figures are likely to be underreported. There could be many reasons why someone may over-share, according to D’Antonio (2017), it can be exhibitionism or narcissism but blurring the lines between public and private spheres when talking about abuse can be a way of seeking mutual disapproval or emotional support. Alternatively, Grupe and Nitschke (2013) point to over-sharing as potential reaction to anxiety in new surroundings or situations.

Conclusion

I am not sure I would have dealt with the experience vastly differently. The appointment itself went well and even though I was talking and interacting with the client and her family, my role was primarily one of observation. It was an interesting case study from a podiatry perspective, but the feelings generated on hearing about the client’s circumstances that made it an uncomfortable experience. Jirek (2015), refers to process of hearing stories of abuse as ‘soul pain’ and state that over the past three decades, there has been a considerable amount of literature examining what some describe as an ‘occupational hazard’ and how it effects a range of healthcare professionals and carers. This secondary traumatic stress can have a profound effect. Bolton (2005) says that emotion can play a vital role within an organisation, but left unmanaged, can easily lead to emotional exhaustion or ‘burn-out’. They go on to say that approaches to dealing with difficult emotions within an organisation can be at times

somewhat one-dimensional, but that this is not always helpful as individuals deal with emotions in different ways and furthermore, their client interaction is often distinctly unique.

Action Plan

I intend to extend my reading to help gain a greater understanding of emotional dynamics in the work place as I think going through the process of expanding my understanding, will possibly act as coping mechanism in itself. Keeping a reflective account will help to establish if there is a pattern to certain situations and emotional stressors that affect me more than others. I will also take the opportunity to enrol on a coping skills workshop if the opportunity arises as it would be good to get some alternative perspectives from others.

Reflective Account 4

Description

This was my last day of placement and as it transpired; it would also be the last day that the clinic would be open for routine appointments, until after the Covid-19 pandemic restrictions are lifted. The podiatrist had phoned me the previous day to ask if I would like to cancel my scheduled placement day. She had already spoken to the regular administrator, who had made the decision to self-isolate as she is of retirement age and due to underlying health issues, is considered high risk. At this time there were no enforced restrictions but there was talk in the media of a possible lockdown, as had been the case in other countries. The podiatrist regularly checked for updates from the College of Podiatry and Public Health Wales and the guidance at that time for private practice was to continue to treat clients as normal, so long as all recommended hygiene procedures could be adhered to. As many of the clients are quite elderly, the expectation was that we would have quite a high percentage of cancellations that day. As a precautionary measure, the podiatrist instructed me to remove all the literature from the waiting room such as patient information leaflets and magazines and put up a notice of explanation in the waiting area. Half of the waiting room chairs were removed so that the remainder could be spaced further apart. In addition to this, all patients were verbally screened to ascertain if they were symptomatic. All clients were instructed to use hand sanitizer on arrival, provided by the clinic, and door handles and seats were wiped down with alcohol wipes between clients. By the time the clinic closed that day, we had only had one cancellation.

Feelings

It was quite a surreal day in many ways. Before the podiatrist had phoned me, the possibility of not attending for placement that day had not crossed my mind. Regular shops, cafes and supermarkets were all still open at that time and due to the strict hygiene protocol, I felt the clinic was in fact a far safer environment than most other places on the high street, especially given the hygiene protocol and personal protective equipment. It was nice to be given the option of not attending without any pressure but was happy to have the opportunity to complete my placement. At the time, the information in the media was still linking severe symptoms to the elderly and those with underlying health issues and I was thankful that I did not consider myself to fall into either of those categories. The current NHS (2020) guidance still lists those of over 70 years of age, who are pregnant or have underlying health conditions as high risk. I was surprised that almost all the scheduled clients attended for their appointments, given their demographics, and also how many of them were intending to go about their regular activities, such as shopping or eating out for lunch. I think having a very visual hygiene regime, probably helped to reassure clients that were taking every precaution to ensure their safety.

Evaluation

I think it was quite difficult to understand the gravity of situation as it felt very different to certainly anything I had experienced before. Detailed analysis by the Lancet (2020), concluded that although the fatality ratio for the latest coronavirus outbreak appears to be lower than both the SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) outbreaks, it appears to be substantially higher than the influenza pandemic in 2009. I cannot remember anything like the same level discussion throughout everyday life that this latest pandemic appeared to be generating though. All the clients were speculating over the possible implications of the situation escalating but very few seemed overly concerned. I got the impression that there was maybe a general feeling was that the virus was something that was happening 'somewhere else'.

Analysis

It proved difficult to find a UK-based study regarding attitudes across communities towards pandemic outbreaks, but Seale *et al.* (2009), explored how people responded to threat of

severe influenza during 2009 (H1N1) pandemic across Australia. The study concluded that there were low levels of anxiety reported amongst respondents and that they generally regarded the risk-perception as low. The results, according to the study, were due to a high level of confidence in the government, with the guidance they offered and the strategies employed. The sense that the clients appeared somewhat disconnected from what was going on with the pandemic was echoed by Palacz (2020) in an article for *The Independent*. Describing their initial reaction to the Covid-19 outbreak as feeling ‘reassuringly distant’, but going to say that perception gradually changed after a constant bombardment of social and mainstream media coverage. At a time when people are understandably turning to the media for updates, they say many outlets are being accused of scaremongering to increase circulation at the expense of subscribers’ wellbeing. NHS England (2020) was alarmed at the amount of fake news stories and misleading guidance appearing in the media, particularly on social media. They responded by introducing a number of counter-measures in conjunction with social media platforms and search engines. The initiative had the backing of the government health secretary, Matt Hancock, who welcomed the move to ensure the public had easy access to accurate and up-to-date guidance.

Conclusion

I think the response of the clinic was proportionate to the information and guidance that was available, though shortly after, the College of Podiatry (2020b) updated their guidance to include pre-screening of patients prior to appointments, before finally recommending that all routine appointments should be cancelled following a government announcement. Knowing how serious some of the conditions of clientele are, it is concerning that their routine appointments may not be available for some considerable time. What at present may be relatively minor ailments could eventually become more serious without regular treatment. Emergency appointments will still be available but I fear many clients may well suffer in the long-term, as a result of self-isolation. The concern for clients’ well-being in the absence of regular clinic attendance extends beyond just physical health. With the threat of pandemics never far away, the psychological implications during potential periods of isolation have been the basis of in-depth research. Perrin *et al.* (2009) suggest the use of quarantine restrictions should be implemented with caution, as data from the SARS outbreak indicated increased symptoms of PTSD and depression as high as 31.2%.

Action Plan

Having now experienced a pandemic situation through the context of work, I would undertake documenting the procedures that were involved, such as the patient pre-screening initiative, to ensure a level of preparedness should similar events occur in future. This, I would hope, might go some way as to mitigate disruption. The guidance may not of course be the same but the experience has given me an insight into how events may potentially unfold. I would initiate creating a peer network of fellow professionals for information and update sharing to try and promote joined-up working. Green and Johnson (2015) describe professional collaboration towards common goals as ‘fertile grounds for innovation and learning’ and in the healthcare sector in particular, lead to improved outcomes for patients. To combat the misinformation, I would create database of trusted sources to get concise, relative information and to prevent from being bombarded with an overloaded newsfeed. Kanekar and Thombre (2019) illustrate the growing problem of fake medical news with examples of supposed ‘miracle cures’ for serious conditions, without any supporting clinical evidence. They recommend multiple checks should always be applied, but believe more needs to be done in respect of search engine filters so as to refine untrustworthy content. As part of my employment training, Finally, I have started an ongoing reflective journal, including case studies, for personal and professional development.

Assignment conclusion

I found my placement rewarding, educational and feel it has given new perspective to my student experience. For me, the key aspect of this assignment is to explore employment prospects and according to Avramenko (2012), workplace experience for students is an invaluable tool for enhancing traditional teaching methods and despite it being a somewhat artificial environment, business simulation is an ideal opportunity to apply theory to practice. Practical placements help students to grow in confidence and increase their employability. The reflective process has been enlightening and is definitely something I will carry forward with me in the future.

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