

Guide to Reflective Practice



Written by Tricia Bryant

Edited by Ren Lawlor

Contributors Carol Stonham, Laura Rush,
Ren Lawlor, Sally King and Steve Holmes



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Introduction

The governing bodies of most healthcare professional groups require healthcare professionals to record continuing professional development (CPD) and be able to provide detailed records to submit as part of the revalidation/accreditation process for the relevant profession.

Many of the governing bodies include the need to demonstrate different types of development and learning including reflective practice. Each governing body describes reflective practice differently but the principles of reflection are the same; for healthcare professionals to be self-aware and critically evaluate their own responses to practice situations. The aim is to critically review one's own responses to the way things are done and the care that is delivered in order to gain new understanding and so improve future practice. This is part of the process of lifelong learning.

The Nursing and Midwifery Council (NMC)¹, the General Pharmaceutical Council (GPC)², the Healthcare Professionals Council (HCPC)^{3,4,5} the General Medical Council (GMC)⁶ and Royal College of General Practitioners (RCGP)⁷ have all released guidance on how continuing professional development portfolios and revalidation should be undertaken. Each profession provides general information on reflective practice and how this might be achieved and the NMC provides specific guidance on its revalidation requirements in respect of reflective accounts.

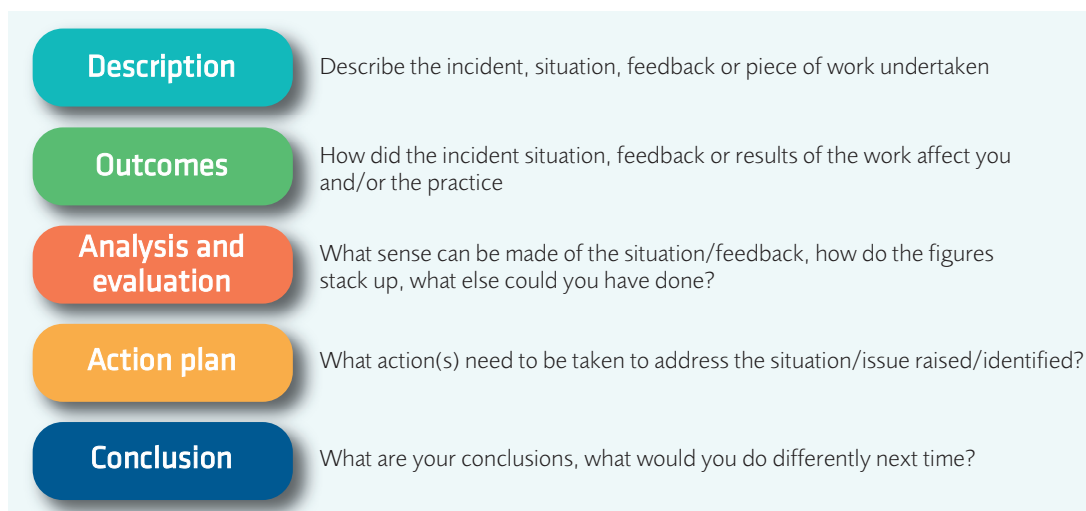
The RCGP provides detailed information on its requirements for revalidation in its document, RCGP Guide to supporting information for appraisal and revalidation (2016)^{7,8} and also provides further information from the WPBA Standards Group on what is considered acceptable/not acceptable in terms of reflection in its document on the *Hallmarks of Good Practice in Information Recording in the ePortfolio*.⁹ Whilst this information is designed for doctors in training it provides useful advice for all GPs who are preparing reflective feedback – see Appendix 1. The NMC provides detailed guidance and specific requirements for reflection with regard to revalidation – see Appendix 2 and 3 for detailed information on the number of reflective accounts required and the format of reflective accounts.

What is reflective practice?

Reflection is a way of considering and examining your own thoughts, actions and reactions, and sometimes those of others, to a given situation or event in order to gain a better understanding of yourself and to identify different ways of responding in future. The process can allow you to improve your critical thinking, challenge your approaches to patient care, promote self-awareness and improve your communication skills. However, to be an effective reflector one must be prepared to uncover one's own perceptions and to be objective about how these perceptions and subsequent judgements may have affected one's chosen actions. Some healthcare professionals find this level of personal insight unnerving but reflection should be looked at in a positive way, as a process by which we can learn about ourselves, our colleagues and our environments in such a way that the result is an improvement in future care. And remember, reflection is not just used to analyse when something went wrong: it is equally important to reflect on things that went well.



Figure 1



Suggested reflective work

There are many theorists and models on reflective practice and a quick Google search will provide both simple tools and more complex ones. However, there is little information and practical advice available for healthcare professionals on how to undertake 'critical' reflection.

The following information offers some simple tips on how to undertake critical reflection in practice, giving suggested areas for reflection and specific examples of reflective practice you can undertake.

Example 1 - Reflection on the patient experience

- Look back at the list of patients that were seen by you today. Think about the first consultation of the day.
- How were you feeling at the start of the clinic?
- Did your state of mind have any effect on the consultations with the patients?
- Did you give adequate time to the first patient you saw?
- If you were the first patient seen, would you have been happy with the consultation, how would you have felt it went?
- Do you think the computer was a barrier as far as the patient was concerned? Were you facing the computer or the patient?
- Was there anything that you could have done differently to improve the patient experience?
- Given the same situation, what actions would you have done that could have improved the patient experience or allowed the consultation to be more efficient/effective?



Example 2 - Reflection on patient feedback of a clinic environment

- Why not consider developing a questionnaire for a specific clinic that you run and ask all the patients attending the clinic to provide anonymous feedback?
- Before reviewing the feedback consider each consultation and think about your thoughts and actions.
- Think also about the clinic as a whole, is it effective and efficient, is it run at the right time for the patients, how could it be improved?
- Review the feedback from the patients and see if there are any common themes, what do the patients like about the clinic, what don't they like about the clinic, is there anything that you can do within your power to change and improve things. Are there any organisational changes that could help improve the efficiency of the clinic?
- What actions could you implement to improve the patient experience at this clinic?
- What plans could you put in place to improve the efficiency and effectiveness of the clinic in future?

Example 3 - Reflect on peer feedback

- Provide an update to your practice team on an area of new respiratory guidance launched for respiratory care e.g. BTS/SIGN Guideline update, Spirometry Assessment Certification and Registration document, NICE Quality Standard for asthma or COPD.
- Develop a short structured feedback form and ask your colleagues to provide structured feedback on your training session.

Reflect on the above using the questions below:

- How did you feel about doing the training?
- In your own opinion, how did the training session go, what went well, what was not so good?
- What was the feedback from your colleagues? Are there any common themes?
- What have you learned about your own training style and knowledge of the respiratory field as a result of doing the training?
- Did the preparation of the training help improve your own knowledge, what can you learn from doing training sessions with other colleagues?
- How can you put the training you have undertaken for the team to good use, is there anyone else you can share the knowledge with, disseminate more widely?
- If you are asked to repeat the training what can you do to make it more effective?



Example 4 - Reflection on learning and sharing knowledge with your team

- With the support of your practice attend/participate in a relevant educational event e.g. Primary Care Respiratory Society UK national conference

Reflect on the above using the questions below:

- What did you think about attending the event (before you attended)?
- What was your experience of the event?
- What did you learn?
- How can you share the knowledge you have learned with the practice team?
- How will your patients benefit as a result of your attendance at the event?
- Give some specific examples of changes you will implement as a result of attending the event?
- How do you feel about the event (after you have attended, was it valuable)?
- How can you extend your learning and professional development beyond the learning from the event?

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10. Nursing and Midwifery Council (NMC). The Code – Professional standards of practice and behaviour for nurses and midwives. 31 March 2015. www.nmc-uk.org/code. Last accessed 13/09/2016

Further reading

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Appendix 1

Reflection - Hallmarks of good practice in information recording in the ePortfolio

(courtesy of the RCGP WPBA Standards Group)

A log entry should ideally show:

- Some evidence of critical thinking and analysis, describing the trainee's own thought processes
- Some self-awareness demonstrating openness and honesty about performance and some consideration of feelings generated
- Some evidence of learning, appropriately describing what needs to be learned, why and how appropriate linkage to the curriculum
- Demonstration of **behaviour** that allows linkage to one or more competence areas.

The entry should be anonymous and should not refer to specific identifiable people and should be written in a way which respects professional behaviour.

Information Provided – Where possible the information provided should use a range of sources to clarify thoughts and feelings. It should demonstrate well developed analysis and critical thinking e.g. using the evidence base to justify or change behaviour.

Critical Analysis – The critical analysis should show insight, demonstrating performance in relation to what might be expected of general practitioners.

Self-awareness – There should be evidence of self-awareness with consideration of the thoughts and feelings of others as well as him/herself.

Evidence of Learning – There should be good evidence of learning, with critical assessment, prioritisation and planning of learning.

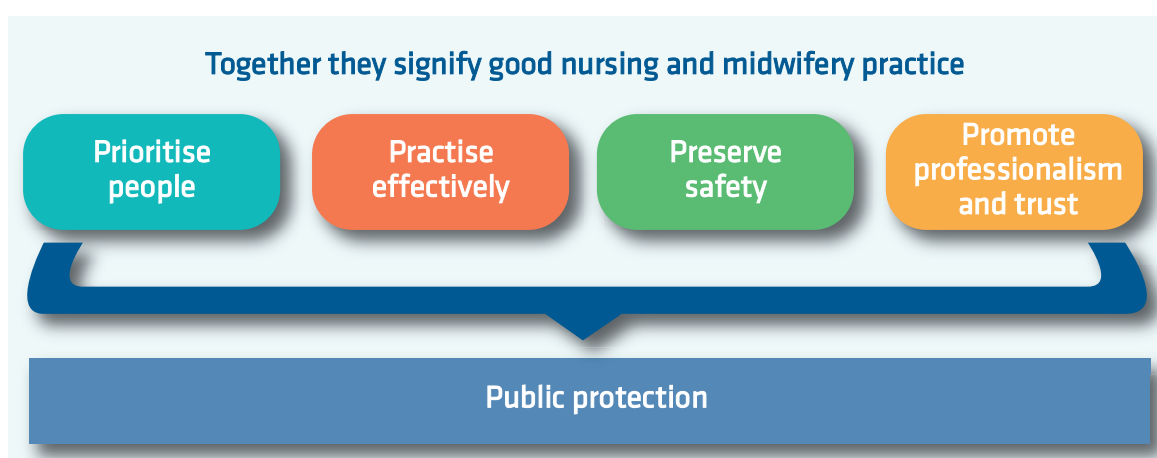


Appendix 2

Specific Information for Nurses following NMC guidance on reflection

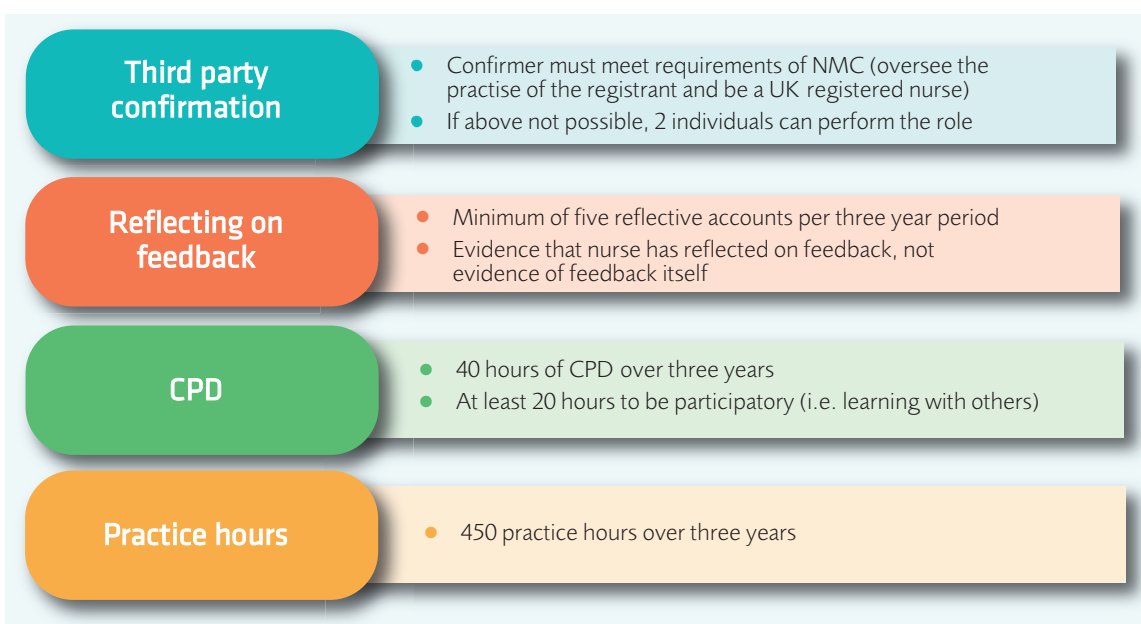
The NMC has recently revised the Code¹⁰ by which nurses and midwives are expected to work in accordance to. Published in 2015, the new Code pulls together 4 primary themes that overarch the responsibility of nurses to provide public protection (figure 2).

Figure 2



One of the aims of the Code is to acknowledge and regulate the changing, and wider role, of nurses within the UK. The NMC has a responsibility to ensure that those working as registered nurses are up to date and practising safely within their scope of competence within each of the 4 areas highlighted. This responsibility has led to the development of a revalidation process for all registered nurses every 3 years. Nurses will be expected to meet a range of requirements (figure 3) designed to evidence that they are keeping up to date and are actively maintaining their fitness to practise.

Figure 3





The overall aims of revalidation are multifactorial but there is a significant active encouragement for nurses to utilise the method of written reflection to evidence learning and improvement in practice. However many nurses are unfamiliar with the formal process of reflection. This short guide aims to demystify reflective practice and provide some simple tips on how you can undertake reflective practice.

Keeping a record

As part of a your revalidation you must provide evidence that not only have you reflected on your practice regularly but that you have also discussed these reflective accounts with another NMC registered nurse and received feedback. To help you do this it is wise to keep an ongoing personal record. It doesn't have to be anything fancy and can simply be a record of what reflections you have undertaken during a period of time and why. The NMC provides a template for nurses to record reflective accounts – see Appendix 3.

Reflective accounts requirements for NMC revalidation

You must have prepared five written reflective accounts in the three year period since your registration was last renewed or you joined the register. Each reflective account must be recorded on the approved form and must refer to:-

- An instance of your CPD and/or
- A piece of practice-related feedback you have received and/or
- An event or experience in your own professional practice and how this relates to the code
- Practice related feedback

The reflective account. Record what questions you asked yourself and what outcomes you considered (figure 3). Some people find it helpful to spend just a few minutes at the end of the day writing down their thoughts on what went well, what didn't go well and any questions that you think you need to ask yourself. This will help you to put together the documented evidence that you need for your feedback and revalidation.

Description: Describe the incident, situation, feedback or piece of work undertaken

Outcomes: How did the incident, situation, feedback or results of the work affect you and/or the practice?

Analysis and evaluation: What sense can be made of the situation/feedback, how do the figures stack up, what else could you have done?

Action plan: What action(s) need to be taken to address the situation/issue raised/identified?

Conclusion: What are your conclusions, what would you do differently next time?



Appendix 3

NMC Template for Reflective accounts

available at <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-accounts-form.doc>



REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust



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Registered Offices and Address for Correspondence: PCRS-UK, Unit 2, Warwick House,
Kingsbury Road, Curdworth, Warwickshire, B76 9EE
Telephone: +44 (0)1675 477600 Facsimile: +44 (0)121 336 1914 Email: info@pcrs-uk.org

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