REFLECTIVE PRACTICE FOR DOCTORS

REFLECTIVE PRACTICE

A GUIDE FOR DOCTORS

DEVELOPED BY

the Academy of Medical Royal Colleges (UK), the UK Conference of Postgraduate Medical Deans, the General Medical Council (UK) and the Medical Schools Council (UK)

ADAPTED BY

Royal College of Physicians of Ireland



JANUARY 2019

ABOUT

Medicine is a lifelong journey, immensely rich, scientifically complex and constantly developing. It is characterised by positive, fulfilling experiences and feedback, but also involves uncertainty and the emotional intensity of supporting colleagues and patients. Reflecting on these experiences is vital to personal wellbeing and development and to improving the quality of patient care. Experiences, good and bad, have learning for the individuals involved and for the wider system.

This short guide supports doctors at all levels on how to reflect as part of their practice. This guidance has been produced jointly by the Academy of Medical Royal Colleges (UK), UK Conference of Postgraduate Medical Deans (COPMED), the General Medical Council (GMC) and the Medical Schools Council (MSC) in the UK and adapted for the Irish medical system by the Royal College of Physicians of Ireland.



REFLECTIVE PRACTICE
IS A DIALOGUE OF
THINKING AND DOING
THROUGH WHICH I
BECOME MORE SKILFUL
- DONALD SCHON

THE REFLECTIVE DOCTOR

Reflection can help doctors to:

- Demonstrate insight by identifying actions to help learning, development or improvement of practice
- Develop greater insight and self-awareness
- Identify opportunities to improve quality and patient safety in organisations.



APPROACHES TO REFLECTION

There are no hard and fast rules on how to reflect – it is personal. Both positive and negative experiences can generate meaningful reflections. The approach taken to reflective practice may be influenced by the nature and scope of individual practice and personal style of learning.

Thinking should be structured to capture, analyse and learn from the experience. A range of different experiences can be reflected on, including clinical events or interactions, complaints or compliments and feedback, reading a research article, attending a meeting, having a conversation with a colleague or patient, team debriefs, or exploring a feeling or emotional reaction.

Teams and groups improve patient care and service delivery when they are given opportunities to explore and reflect on their work together. These interactions often lead to ideas or actions that improve care across organisations. Group reflection activities should be encouraged by employers and training bodies as they provide mechanisms to identify complex issues and effect change across systems.

Time should be made available, both for self-reflection, and to reflect in groups.

Key points on reflecting...

Reflective practice is a way of studying your own experiences to improve the way you work. By reflecting you will develop your skills in self-directed learning, improve insight of strengths and weakness, and ultimately improve the quality of care you are able to provide

- Write openly and honestly
- Anonymise reflections adequately don't identify patients, colleagues, locations or dates
- Keep reflections succinct reflect on the learning, not the event itself
- Reflect as soon as possible after the event
- Reflect on both positive and negative events
- Take action: Reflection is often an on-going cycle

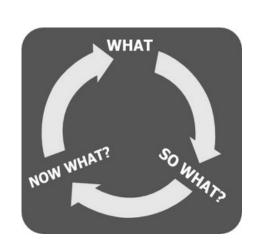
What to reflect on...

Anything! Most reflections are on things that go wrong. These situations stay in one's head and force us to begin to think about whether they could have done anything differently. However, reflecting on things that went well can often be more rewarding and be just as useful. It can build confidence and help you to repeat it again on another occasion.

- Missed diagnosis
- A dissatisfied patient
- Failed procedure
- A well-managed cardiac arrest
- An interesting seminar or conference
- A patient thank you letter
- · A difficult but well performed procedure

WHAT? SO WHAT? NOW WHAT?

There are many approaches to reflection. The What? So what? Now what? framework is one example of a simple way to structure reflections - whether it be of a single event or of a period of time. It could include personal experience, interaction or observation of others and formal/informal learning events.



What?

...focuses on thoughts at the time of an experience. It explores thought processes when a particular action or decision was taken and how those may have impacted on actions and feelings.

eg 'What was I thinking when I took the actions or made the decision I did'

So what?

...involves considering the significance of what happened as well as the values and feelings at the time of and prompted by the experience and why these may influence future learning or actions.

eg 'How did I feel at the time of and after the experience, why was it important?'

Now what?

...looks at the processes and opportunities that can help learning from the experience and identifying future actions, reflection on those actions and how to use these to develop further.

eg 'What can I learn from or do differently next time'

DOCUMENTING REFLECTIVE THINKING



Anonymising data

Anonymised information is sufficient for most purposes other than the direct care of the patient and should always be used in reflection.

Data is deemed anonymised if it does not itself identify any individual and if it is unlikely to allow any individual to be identified through its combination with other data. Simply removing the patient's name, age, address or other personal identifiers is unlikely to be enough to anonymise information to this standard.

Documenting reflections is not the same as reporting serious incidents

Reflecting on the learning resulting from a significant event or serious incident is an important part of continuous improvement and a requirement of medical education.

Reflection cannot, however, substitute or override other processes that are necessary to discuss, record and escalate significant events and serious incidents. Factual details should not be recorded in reflective discussions but elsewhere, in accordance with each organisation's relevant policies.

Disclosure

Recorded reflections such as in ePortfolios or for continuing professional development purposes are not subject to legal privilege. Disclosure of these documents might be requested by a court if they are considered relevant. If disclosure of confidential patient information is required by law, you should:

- satisfy yourself that personal information is needed and the disclosure is required by law
- only disclose information relevant to the request, and only in the way required by the law

Where a disclosure request is received the owner of the learning portfolio or other reflective note should seek advice from their employer, professional indemnifier or professional training body.

ALL CAREER STAGES

Reflecting helps an individual to challenge assumptions and consider opportunities for improvement. Developing the capacity to reflect should focus on the reflective process and how to use it productively rather than on a specific number or type of reflective notes. Engagement in reflection can be demonstrated in different ways, depending on career stage.

Trainees

Trainees are encouraged to demonstrate an ability to learn from and reflect on your professional practice and clinical outcomes through reflection.

Trainees should discuss the experiences they are planning to reflect on, or have already reflected on, with their Trainer. Discussion assists with the learning aspect of the reflective process to make it more meaningful. It also helps to demonstrate engagement in reflective thinking as an educational and professional tool.

Trainees should include insights gained and any changes made to practice in their ePortfolio. Trainers should confirm in the ePortfolio that the experience has been discussed, and agree appropriate learning outcomes and what actions are planned.

Sharing original non-anonymised information with Trainers is important, but factual identifiable details should not be recorded in an ePortfolio.

Continuing Professional Development

Developing insight into professional practice is important to improve standards of care. Reflective practice includes formal reviews through audit and outcome data. It also includes informal reflection on how personal values may affect communication with patients, colleagues or others, and ultimately the care provided to patients.

According to the Medical Councils Guide to Professional Conduct and Ethics, Competent doctors review and reflect on their activity levels and outcomes so they can identify and fix any problem areas within their practice, and engage with quality improvement initiatives to help improve health services and care for all patients.



REFLECTIVE PRACTICE FOR DOCTORS



CONTACT US

COLLEGE@RCPI.IE

JANUARY 2019