

All Reflections Cause Panic! - How to address the 'ARCP' of Reflective Practice within all Training Levels using a Shared Learning Approach

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Aim:

This qualitative study took place as part of a Trust academic teaching programme on presenting medical evidence at Mental Health Tribunal hearings. It was designed to support medical colleagues in reflective practice and assess engagement with and depth of reflections by focusing on 'in action' rather than 'on action' reflections.

Background:

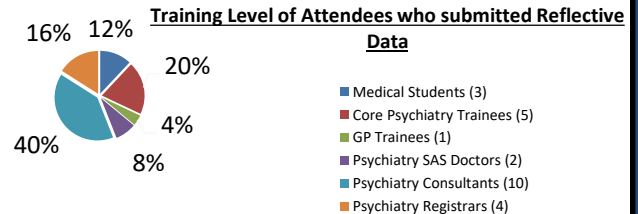
Schon defines two types of reflective practice¹: IN ACTION - reflecting on behaviour as it happens and ON ACTION - reflecting after the event to analyse the situation. Doctors have become increasingly wary of reflective practice especially after high profile cases such as Dr Bawa-Garba where the use of reflective practice in GMC hearings has been brought into debate². There is understandable anxiety surrounding reflection and its documentation³. All Doctors are subject to annual reviews of competencies (ARCP) and revalidation every 5 years to demonstrate continuing fitness to practice. This includes the use of reflective practice to demonstrate continued professional development as suggested by the Royal College of Psychiatry⁴. Individuals may have different preferences in how they reflect best however it is acknowledged that support and guidance does need to be given, especially to doctors in training⁵.

Method:

This was an observational, qualitative study focusing on reflective practice. Subjects included all levels of training (see graph to the right). Consent was gained at the start of the teaching session and confirmed by delegates signing the attendance register. Attendees were prepared for reflection and encouraged to reflect by being given:

- An explanation of reflective practice at the beginning of the presentation to strengthen understanding
- 2 identical paper hand-outs for reflective practice (One for the study review and one for the delegate) which contained the following reflective prompts:
 1. Three points I noted from the presentations and discussion with colleagues were...
 2. One example from the presentations and/or discussions that either confirm my practice or suggest I may do something differently....
 3. Something I will read or re-read...
- Attendees were encouraged to document their reflections throughout the presentation but were allocated a time slot at the end of the session
- Attendees were provided with written information on giving evidence at tribunals to support the teaching session

The reflective forms were then analyzed and sorted into themes



Secondary Benefits noted:

Reflective feedback beneficial for further education:

"Ensuring trainees have exposure to tribunals and how it is now easier for them to request to observe"

Reflective feedback beneficial for the care of service users:

"State patients' views on the treatment plan/that reports have been discussed with the patient and when. Check patient knows your opinion. Review patient even briefly on the day"

"Review patient before writing report and communicate plan to patient"

Results:

25/26 attendees (96%) submitted reflective data. However, due to this being anonymised data, further breakdown of reflection by grade was not possible. 92% of reflective prompt forms were fully completed.

Emerging themes:

- Delegates noted the benefit of the material provided during the session for learning and planned to use this for further reading (relevant case laws, online teaching resources, written hand-outs)
- Many reflected on the guidance given for written evidence and some planned to learn more about this by reviewing templates, looking at reading material provided and reflecting on their own medical reports.
- The reflections themselves were mostly well thought out and detailed sentences
- Many reflected on the importance of preparation for the tribunal with regards to risk planning, understanding their role and importance of knowing theirs and others' reports in detail.
- Delegates documented their learning points with regards to the MHA and MCA and planned to do further reading on this
- 7 (28%) delegates clearly stated that they will be renaming their ward rounds 'discharge planning rounds' - a simple and yet meaningful change

Limitations:

This was a relatively small study size however this does not negate from the depth and engagement in the reflective process and the size of the group can reflect an average academic teaching session so results can be transferable.

Future practice advice based on these findings:

- Introduce and encourage reflective practice before starting a teaching session
- Provide allocated time during the teaching session for reflective practice
- Use reflective prompts to encourage and guide reflection
- Use written material to aid learning/reflection
- Focus on a small number of manageable learning points

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