Reflective practice workshop

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Intended learning outcomes

By the end of the workshop participants will be able to:

- Understand the process and the importance of Reflective Practice (RP)
- Understand how Reflective Practice relates to Adult Learning principles and Lifelong learning
- Understand the barriers to Reflective Practice
- To be able to guide trainees to become Reflective Practitioners
Why reflect?

Educators role – developing trainees to become life long learners, making them more reflective, more able to critically appraise their practice, moving towards their future as life long learners.
Professionalism

For many Professionals survival in practice involves switching on to automatic pilot – ‘just doing’

In these circumstances, if one does not look critically at one’s practice – we may fail in looking after patients and in many cases ones own self

Once formal training is completed - on going CPD becomes our own responsibility
You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance” (Duties of a doctor, paragraph 10)
To identify & plan learning: – 
Professionals require to be: 
Self directed, 
Able to identify, 
Plan for, Address and evaluate their own learning.

*Ability to reflect is essential for this to happen successfully*
Learning from Bristol

Kennedy I., DOH response to the report of the public enquiry into childrens’ heart surgery at the Bristol Royal Infirmary 1984-95 – Recommendation 57: The development of reflective practice was highlighted as requiring greater priority in ensuring the continuing professional development of health care professionals to provide high quality care.
What is reflection?

Reflection, Reflective Practice, reflective learning, critical reflection and critical thinking terms used by educators

Exercise 1

In pairs write down as many definition as you can about what you consider to be Reflection/Reflective Practice
Definitions of Reflections

Boud, Keogh and Walker (1995) “a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciation”
Definition of reflection

Boyd and Fales 1983

“The process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective”
**Definition of reflection**


"a mode of thinking that integrates or links thought and action with reflection.

..thinking about and critically analysing one’s actions with the aim of improving/understanding one’s practice"
What do you think are barriers to reflections?

*Shout out*
Adult learning

- Dewey 1933
- Kolb & Fry 1975
- Mezirow 1978
- Schon 1983 & 1987
- **Boud, Keogh & Walker 1996 – The reflection process in context**
Kolb and Fry’s Learning Cycle (1975)

- **Experiencing**: Having an experience
- **Reflecting**: Thinking actively about the experience
- **Planning**: Planning your Next steps
- **Concluding**: Making some conclusions based upon the experience
Dewey – 5 stages of thought:

- A state of doubt, perplexity or uncertainty due to emerging difficulty in understanding an event or solving a problem
- Definition of the difficulty by thoroughly understanding the nature of the problem
- Occurrence of a suggested explanation or possible solution for the problem, through inductive reasoning
- Rational elaboration of ideas produced through abstract, deductive thought focussing on their implications
- Testing resulting hypotheses by overt or imaginative action

Mezirow 1978

“How we are caught in our history and how we are re-living it”

Active, critical reflection enables us to correct distortions in our thinking caused by our beliefs, our past experiences and the assumptions that underpin them

Critical reflection involves a critique of the presuppositions upon which our beliefs have been made and offers opportunities for future development
Reflection as a health Professional

• Reflective Practitioners should constantly challenge their own practice - without this practice becomes a habit and does not evolve with changing understanding
• Basic aim of RP – Improve the quality of patient care
• Develop Practitioners – autonomous & Knowledgeable individuals – competent, able to incorporate new ideas and experience into their prof practice
• Prevents getting stuck in repetitive rut repeating the same behaviours without much thought
Exercise -2 (Groups)

Experience of reflections in your own training
Did it happen?
What did happen?
How has this influenced you as a professional?
Supervision and reflective practice

Interaction between supervision and reflective practice

Supervision: emotionally intelligent conversation with a colleague about a case

Reflective practice: emotionally intelligent conversation with oneself about a case
The learning organisation

Reflective practice

Clinical supervision

Team discussion
R-O-A and R-I-A

- Reflection-on-action (Schon)
- Reflection-in-action
  - Tacit knowledge (knowing-in-action)
  - Action present (timescale)
  - We may not be able to describe it in words
  - Can reflect on R-I-A!
R-I-A

• Routine response leads to surprise
• Surprise leads to reflection in ‘action present’ on knowing-in-action
• Questioning of the assumptitional structure of knowing in action – thinking about thinking
• Leads to ‘on-the-spot experiment’ which may work or require further reflection
The artful use of science

To do anything well you must have the humility to bumble around a bit, to follow your nose, to get lost, to goof. Have the courage to try an undertaking and possibly do it poorly. Unremarkable lives are marked by the fear of not looking capable when trying something new.
The artful use of science

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Epictetus, Manual
Imagine what your world would be like if you were aware of physical things but were blind to the existence of mental things. I mean of course blind to things like thoughts, beliefs, knowledge, desires, and intentions, which for most of us self-evidently underlie behaviour.

Baron-Cohen
What do you need to do to be able to reflect? (mentalisation)

- An ability to ascribe intentions and meaning to human behaviour
- Make reference to emotions, feelings, thoughts, intentions and desires
- Ability to see ourselves from the outside and other from the inside
- Ability to understand misunderstanding
Exercise -3
Doing reflection

Groups of 10-15

Examples from Metis of some of the reflection

Do you think these are useful reflections?

How can they be improved?
<table>
<thead>
<tr>
<th></th>
<th>Below competency</th>
<th>Meets competency</th>
<th>Above competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Description is rambling, unclear, misses out important information or appears partisan.</td>
<td>Able to present clear and concise description of what happened including salient points in non judgemental manner.</td>
<td>Exceptionally clear and concise in description of events.</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td>Feelings are not referred to at all, are dismissed, or are discussed in very general terms eg. ‘shocked’</td>
<td>Able to clearly describe feelings and reactions aroused by the situation.</td>
<td>Excellent description that demonstrates an attunement with own feelings as distinct from thoughts and actions</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Doesn’t clearly state what was good or bad about the situation.</td>
<td>Able to clearly describe what was good or bad about the situation including making value judgements.</td>
<td></td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Unable to make sense of the situation, unable to see things from others’ perspectives or simply blames others or ‘the system’.</td>
<td>Able to make some sense of the situation bringing in ideas from outside the experience. Able to see things from others perspectives.</td>
<td>Demonstrates good empathy for others’ situations and shows sophistication in making analysis involving whole system.</td>
</tr>
<tr>
<td><strong>Conclusions (general)</strong></td>
<td>Unable to draw general conclusions or the conclusions do not appear to relate to the experience and evaluation.</td>
<td>Demonstrates an ability to draw general conclusions from the experience and the analysis.</td>
<td>Draws clear and sophisticated general conclusions from the experience and the analysis.</td>
</tr>
<tr>
<td><strong>Conclusion (specific)</strong></td>
<td>Unable to draw specific conclusions or the conclusions do not appear to relate to the experience and evaluation.</td>
<td>Demonstrates an ability to draw conclusions which are specific and unique to the personal situation or way of working.</td>
<td>Draws clear and sophisticated specific conclusions from the experience and the analysis.</td>
</tr>
<tr>
<td><strong>Personal action plans</strong></td>
<td>Unable to clearly state proposed personal action plan, may blame others or fail to consider changes for self.</td>
<td>Able to clearly state proposed personal action plans including what needs to change with self and how to appropriately influence</td>
<td></td>
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Example 2- Reflection on Critical Incidents or Difficult Situations

Describe interesting, difficult or uncomfortable experiences. Try to record both positive and not so positive elements. What made the experience memorable?

Parent contacting department complaining they had no information of future appointments and no clarity of how assessment proceeding for their child, with suspected asperger's syndrome.

How did it affect you?
I spoke with parent at length, to explain assessments already completed and referrals to other workers in place, to contribute to full assessment (psychology for psychometrics and Speech and Language therapy for assessment). I clarified reasons for no information being sent to them (administrative error) and acknowledged parent's feelings of frustration of lack of communication and organisation within department.

How did it affect the team?
We also discussed how strongly they felt and they wished their views to be logged. I discussed options of internal review and formal complaint and took steps to contact office managers to contact parents to log complaint.

What did you learn from the experience?
I learnt that what may appear a minor error (letters delayed in being distributed) can lead to significant anxiety and frustration within families. I learnt it is important to recognise concerns and facilitate and advocate for parents/families to complain, to enable alleviation of anxiety and to demonstrate acknowledgement of willingness to learn from errors.

How will you amend your PDP in the light of this experience?
To be aware of organisational systems in services, which may be vulnerable to systemic errors and take steps to address issues to enable services to develop and change to reduce errors and mistakes.
A framework for reflective practice

Would offering trainees a framework for reflection be useful?

All trainees vs those who struggle to reflect?
Reflection on a complaint

An 18 yr old patient has taken an overdose and presented to A/E. She is seen by the medics and ‘handed over’ to psychiatry.

The CT1 is informed of the patient’s arrival and says he will be coming shortly.

The trainee arrives 2 hours later by which the time the patient has absconded into the night and is found having cut herself by distraught relatives (who later complain).
2 suggested ways of reflecting on this:

- Interpersonal
- Systemic
CAT Procedure

Intrapsychic

- aim
- Belief
- Perception
- Action

Environmental

Consequences of action evaluated (including effect on other)
Bleeped to emergency in A/E

Aim to get there ASAP

But mustn’t let down staff on ward (never upset people)

Just finish on ward (and deal with other requests)

Intrapsychic

Environmental

Complaint. Feel guilty - Must try harder to please people

Pt absconded. Too tired to care too much

But get overwhelmed, put off going to A/E
Systemic perspective
(Nadler and Tushman)

Tasks

Formal organisational arrangements

Individuals

Informal culture
To assess/Mx DSH
To manage ward work
To communicate with both teams, pt, relative etc.

A/E protocols, ward protocols, supervisory arrangements, complaints procedures

Tasks

Formal organisational arrangements

Individuals

Informal culture

A/E nurse/medics, liaison nurses, ward nurses, SpR, consultant

CTs don’t tend to cover each other’s ward work if absent, some tension with liaison nurses, CTs not feeling ‘contained’ in emergency work
On reflection...

- Need to learn to prioritise
- Need to learn assertiveness skills
- Need to discuss with on call SpR if in doubt
- Need to feedback to communications meeting re balance of ward and emergency work and who does what
- Need to remember to always fill in an incident report
- Need to keep detailed notes, signed and dated
- Need to set WPBA on above with my Ed supervisor
How to become a benign, curious, interested observer of the self?
Summary

- Key elements for the developing professional
  - Professionals need to be self directed lifelong learners, develop the skills of self awareness, self assessment, critical awareness of their own practice & challenge assumptions
- Advantages: Positively affects professional growth, leads to greater self-awareness, development of new knowledge about professional practice, broader understanding of practitioners problems
- Disadvantages: Time consuming, personal risk – examination of beliefs, values and feeling about which there may be sensitivity. Problems with Reflection – can get too introspective – too much emotion
- Suggested models to aid RP
References


Fish and de Cossart: Developing the wise doctor. RSM press ltd 2011


Kennedy, I., Learning from Bristol: the department of health’s response to the report of the public enquiry into children’s heart surgery at Bristol Royal Infirmary 1984-95


Sackville, A 2003 Capturing reflection in your writing

University of Dundee, Postgraduate Certificate of Medical Education – module TL:8 Reflection & Reflection Practice