Society for Education in Anaesthesia (UK)

A REFLECTION ON REFLECTION

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As doctors, we are continually involved in professional development and use reflection as an essential part of this process. Reflection provides benefit to us, our patients, and our teams. However, are medical professionals getting the most from their reflective practice, and are they aware of the guidance available to do so?

A need for guidance?

The 2010 Royal College of Anaesthetists curriculum includes several domains for reflection, requiring trainees to commit to 'regular reflection on their own standards of medical practice'. The Gold Guide 7th Edition 2018 for postgraduate training also highlights the importance of self-reflection and its involvement in professional development. Reflection is integral to continued development and, ultimately, to safer patient care. However, following recent controversial cases, including the 'Bawa Garba' case, guidance was needed regarding doctors' records of their reflective practice and the potential use of them in court proceedings.

In August 2018, the Academy of Medical Royal Colleges produced a *Reflective Practice Toolkit* with examples and templates, giving guidance on how best to write and record reflections. Subsequently, the General Medical Council collaborated with the Academy of Medical Royal Colleges, the UK Conference of Post Graduate Medical Deans, and the Medical Schools Council to produce the latest guidance, *The Reflective Practitioner,* in September 2018.

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What is the guidance?

The *Reflective Practice Toolkit* highlights techniques that encourage the reflector to think about the event and the associated feelings, and to conclude with an action plan or learning point during the evaluation phase. The toolkit includes reflective templates and examples of reflections using the following methods –

1 Schon *et al* (1983)
- a What were you thinking at the time?
- b What influenced your thinking?
- c Reflection on action.
- d What is your thinking about the event now?

2 What? Why? How?

3 Rolfe *et al* (2001)
- a What? – description of event.
- b So what?
- c Now what?

4 Gibbs cycle (1988)
- a Description – what happened.
- b Feelings – what you were thinking/feeling.
- c Evaluation – what was good and bad about the experience.
- d Analysis.
- e Conclusion.
- f Action plan.

The Schon or Rolfe templates are often used by trainees to reflect and learn from their experiences. Educational supervisors can then employ techniques like the Gibbs cycle to help trainees further develop reflections, improving the depth of thinking and the learning opportunity.

The reflective future

Reflection can be a powerful tool allowing individuals 'to examine their previous beliefs about their practice'. We can all learn that things can be done differently, and, 'by continuously evaluating previously held beliefs and assumptions, learning occurs and practice develops'.[3] Reflections will remain fundamental to continuing professional development. Having a framework helps guide the reflection, but it is important that reflections are carefully anonymised, and are not a description of events but focused on the learning gained. Importantly, all doctors should be aware that, while reflections will not be asked for in GMC investigations, they may be required in court.

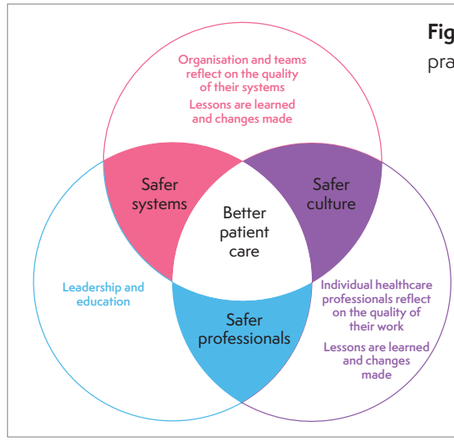

Figure 1 Reflective practice: an overview[1]

References

1 Reflective Practice Toolkit. *Academy of Medical Royal Colleges/COPMeD, 2018*; p.2 (bit.ly/34ilHAw).
2 The Reflective Practitioner. *General Medical Council*, 2018; p.3 (bit.ly/34hCZin).
3 Reflective Practice Toolkit; 2018; *ibid*.

The GMC guidance: ten key points on being a reflective practitioner[2]	
1	Reflection is personal and there is no one way to reflect. A variety of tools are available to support structured thinking that help to focus on the quality of reflections.
2	Having time to reflect on both positive and negative experiences – and being supported to reflect – is important for individual wellbeing and development.
3	Group reflection often leads to ideas or actions that can improve patient care.
4	The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.
5	A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
6	Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.
7	When keeping a note, the information should be anonymised as far as possible.
8	The GMC does not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.
9	Reflective notes can currently be required by a court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.
10	Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.