

Guide to Reflective Practice



Written by Tricia Bryant

Edited by Ren Gilmartin

Input supported by a Task & Finish Group
comprising Carol Stonham, Debbie Roots,
Sally Harris and Ren Gilmartin



Date produced: August 2015

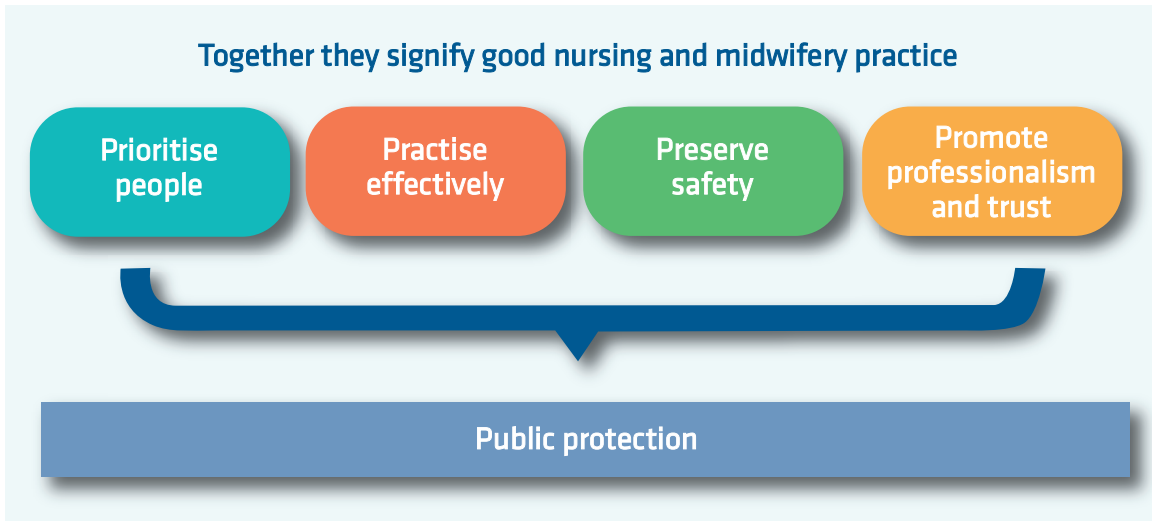
Resource Reference Number: PCRS-UK/GRP/AUG2015/V1



Introduction

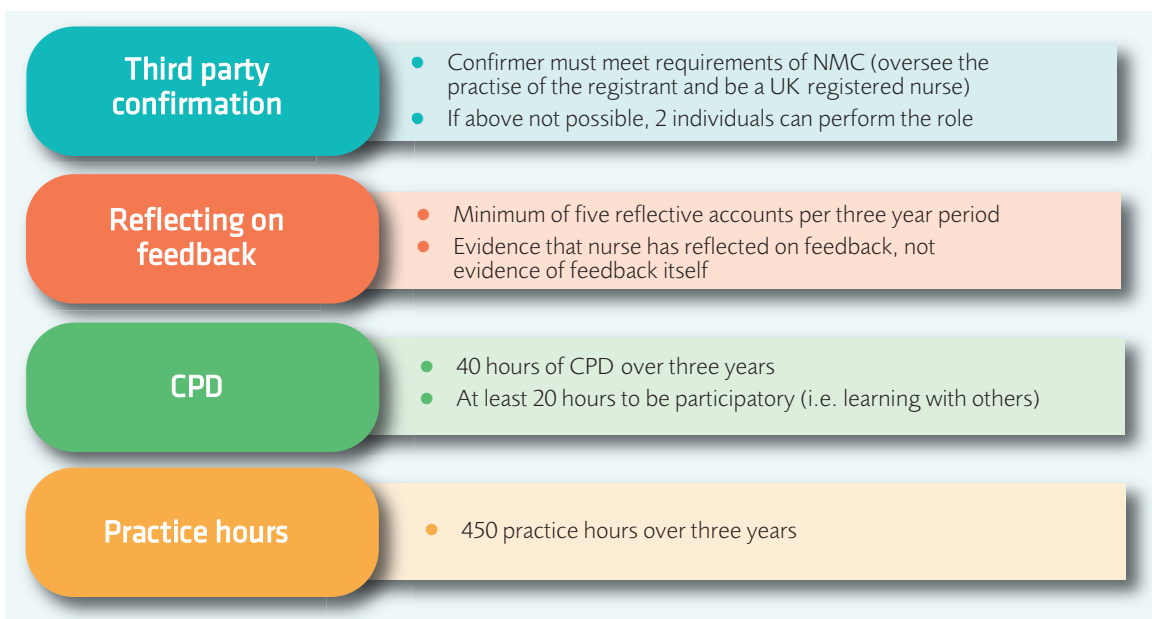
The Nursing and Midwifery Council (NMC) has recently revised the Code by which nurses and midwives are expected to work in accordance to. Published in March this year the new Code pulls together 4 primary themes that overarch the responsibility of nurses to provide public protection (figure 1).

Figure 1



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 2) designed to evidence that they are keeping up to date and are actively maintaining their fitness to practise.

Figure 2





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 practise. 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.

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 more effective ways of responding in future. The process can allow you to improve your critical thinking, change 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. Many nurses 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.

Keeping a record

As part of your revalidation you must provide evidence that not only have you reflected on your practice regularly but that you have also discussed these reflections 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. 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.

Figure 3

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?



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 nurses on how to undertake 'critical' reflection.

The following information offers some simple tips on how to undertake critical reflection in practice.

Reflection on the patient experience

- Look back at today's list of patients that you saw. 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.

Reflection on the 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?
- Did you support your colleagues in the clinic, did you feel supported by your colleagues? Are there appropriate mechanisms in place for you to be empowered to run/manage the clinic?



- Do you have appropriate equipment, training and experience in order to run 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?

Reflect on an area of practice

- Download the practice improvement worksheet 'Post-acute care bundle in COPD' (<https://www.pcrs-uk.org/resource/Improvement-tools/post-acute-copd-care-bundle-improvement-worksheet>) and read through the document and review the resources provided as links in the document.
- Seek the support of the practice team to identify any patient attending for an unscheduled COPD visit.
- Arrange to review the patient within 48 hours of being seen as an unscheduled attendance for COPD.
- Follow the guidance in the worksheet and assess the patient as described.

Reflect on the above using the questions below:

- How did you feel / what were your thoughts about providing a care bundle for the patient?
- Did you learn anything new from the worksheet or its associated resources?
- What did you discover when you reviewed the patient?
- Were the outcomes of the visit as you would expect or did you discover anything new about your own knowledge, the process for reviewing people with COPD, any organisation of care issues or anything new about the patient's own knowledge and management of their condition?
- What have you learned by implementing this care bundle?
- How will what you have learned influence your practice in future?

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, NICE Guideline update, 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?
- Did the preparation of the training help improve your own knowledge, what can you learn from doing training sessions with other colleagues?
- 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 did you do well? What could you have done better?
- What have you learned about your own training style and knowledge of the respiratory field as a result of doing the training?
- 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?

Reflection on learning and sharing knowledge with your team

- With the support of your practice see if you can attend the PCRS-UK national conference <https://www.pcrs-uk.org/pcrs-uk-annual-conference> .

Reflect on the above using the questions below:

- What did you think about attending the conference (before you attended)?
- What was your experience of the conference?
- 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 conference?
- Give some specific examples of changes you will implement as a result of attending the conference?
- How do you feel about the conference (after you have attended, was it valuable)?
- How can you extend your learning and professional development beyond the learning from the conference?



References

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 1 June 2015

Further reading

Using reflection on reading for revalidation. *Nursing Times* June 2015

Realising the benefits of reflective practice. *Nursing Times* June 2015

Using reflective practice in frontline nursing. *Nursing Times* June 2012

Is it possible to reflect on your practice on a daily basis? *Nursing Times* June 2014

Do nurses have time for reflective practice? *Nursing Times* June 2012

Reflective practice in Nursing. *Nursing Times* February 2014

Somerville D, Keeling J. A practical approach to promote reflective practice in nursing. March 2004. *Nursing Times* 2004;100(12):42

Vaughan P. Reflective practice and the 6cs of nursing
http://www.rcn.org.uk/__data/assets/pdf_file/0007/586654/ReflectivePractice.pdf

RCNi – Reflective Practice <http://journals.rcni.com/page/ns/students/reflective-practice>

Atkins, S & Murphy, K (1994) Reflective Practice Nursing Standard 8(39):49-54

Borton, T (1970) Reach, Teach and Touch. Mc Graw Hill, London.

Boud D, Keogh R & Walker D (1985): Promoting reflection in learning: A model. IN Reflection: Turning Experience into Learning (Eds: Boud D, Keogh R & Walker D). Kogan Page, London.

Boyd E & Fales A (1983): Reflective Learning: the key to learning from experience. *Journal of Humanistic Psychology* 23(2):99-117

Carper B (1978) Fundamental ways of knowing in nursing. *Advances in Nursing Science* 1(1):13-23

Gibbs G (1988) Learning by doing: A guide to teaching and learning methods. Oxford Further Education Unit, Oxford.

Fitzgerald M (1994): Theories of Reflection for learning IN Reflective Practice in nursing, A Palmer and S Burns (eds). Blackwell Scientific, Oxford.

Kim HS (1999): Critical Reflective inquiry for Knowledge Development of nursing practice. *Journal of Advanced Nursing* 29(5):1205-12

Greenwood J (1993): Reflective practice a critique of the work of Argyris & Schon. *Journal of Advanced Nursing* 19:1183-1187

Johns C (1995) Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing* 22:226-234

Schon DA (1983): The Reflective Practitioner. Basic Books, New York.

Smyth J (1989): Developing and sustaining critical reflection in teacher education. *Journal of Teacher Education* 40(2):2-9



The Primary Care Respiratory Society is a registered charity (Charity No: 1098117) and a company limited by guarantee registered in England (Company No: 4298947) VAT Registration Number: 866 1543 09.

Registered Offices: 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

The Primary Care Respiratory Society UK is grateful to its corporate supporters including AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd, GlaxoSmithKline, Napp Pharmaceuticals, Novartis UK, Pfizer Ltd and TEVA UK Ltd for their financial support which supports the core activities of the Charity and allows PCRS-UK to make its services either freely available or at greatly reduced rates to its members.

See http://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/PI_funding.pdf for PCRS-UK statement on pharmaceutical funding.