



WEBINAR

FAQ

FREQUENTLY ASKED QUESTIONS

Assessing development of reflective practice

Reflective practice is at the core of our performance as family doctors. For this reason, it is a skill/behaviour GP supervisors have a responsibility to teach and assess registrars on.

Helping your registrar understand and develop their reflective practice needs to be a consistent part of your teaching routine. The more practice the registrar gets, the more likely they are to use reflective practice during their training and future career.

What is reflective practice?

There is no single definition of reflective practice. Definitions you may find useful include:

- Active persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends.
Dewey 1933 (p 9)
- Helping students become aware of their existing knowledge and take greater responsibility for their own learning.
Schon 1987 (p 317)
- The most distinctive feature of the reflective process is the focus on hunting assumptions.
Brookfield 1995
- To process thoughts and actions and cognitive framework with a view to change
Nguyen et al 2014

What tips do I need for reflective practice discussions?

- Create a suitable environment.
- Have a plan.
- Make it routine.
- Be prepared for emotional or ethical concerns.
- Follow it up.
- Assess the reflection.
- Practice the skills using the GP registrar's reflections.
Aronson 2011

How can I recognise reflective practice in my GP registrar?

You will notice it mostly through your conversations. Sometimes you will see it on their face when they have their "ah-ha moment"

What attributes can we help our registrar develop for reflective practice?

You can help develop the three layers of attributes needed for a successful career in general practice: applied knowledge and skills; interactional skill; and personal attributes. We can help our registrar change knowledge and skills by interventions, but it is a much slower – albeit rewarding – process to address behaviours and personal attributes.

With no single definition of reflective practice, how can I explain what it is to my registrar?

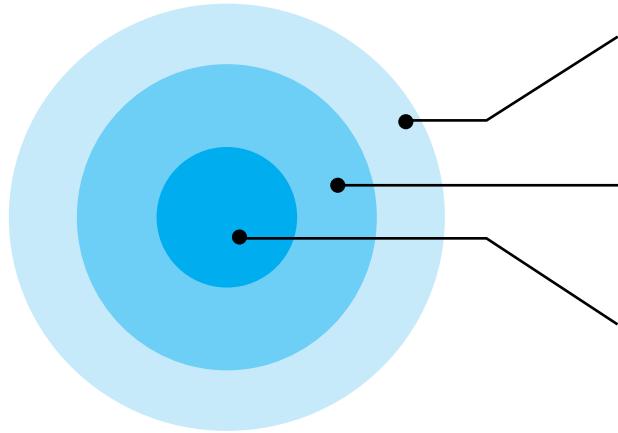
You may like to explain what it is, and is not, active reflection.

Not reflective practice: Reflective practice for family doctors is more than simply looking backwards. It requires an outcome or changed behaviour. That is, if a doctor is just considering or pondering, that doesn't specifically lead to an action or outcome. If the doctor does not examine the frameworks (knowledge and assumptions) that helped them reach a conclusion, then they are not actively reflecting.

Reflective practice: Reflective practice tests a doctor's knowledge and assumptions against the experience of day-to-day lived practice, and leads to an outcome/change clinical thinking or behaviour.

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APPLIED KNOWLEDGE AND SKILLS – The outer ring in the diagram (above) is what you and your registrar deal with on a day-to-day basis in your practice. Applied knowledge and skills is the area most likely to change with experience.

INTERACTIONAL SKILLS – The middle layer in the diagram is attributes we can also help our registrar to develop but are much more personal, such as communication, teamwork, self-direction, and ability to learn.

PERSONAL ATTRIBUTES – Developing and using reflective practice is at the core of a GP's performance. This incorporates the ethical and moral dimensions that GPs and registrars bring along to their decision-making.

Why do supervisors need to assess their registrar's reflective practice?

Doctors who "stay away" from reflection are often the ones who will most benefit from it. Unless a registrar is encouraged to practice reflection and given the techniques to do so, they are most likely to "stay away" from it.

Assessment drives behaviour. If a registrar knows they will be assessed on reflection, they are more likely to find the time to practise and develop the skill.

It is also a college criteria that your registrar develops the skill of reflection.

What approach do I need to take towards an assessment?

Your aim is to focus on reflection enhancement and shaping learning patterns. Consider a developmental approach, rather than a "pass/fail" assessment. Your aim is to help your registrar develop reflective practice as a career-long behaviour.

So, with this in mind during your teaching sessions with your registrar, you could ask yourself the following:

- How is this person reflecting?
- How mature is their reflection?
- What can I do to help them build stronger reflective-practice skills?
- Am I encouraging them to regularly practice reflection, so that it becomes a new behaviour?

Do all registrars need help developing their reflective practice?

Some registrars will already have a strong reflective capacity when they start their term in your practice, however others will struggle with the skill. Whatever their starting capacity, you need to help all registrars grow their reflective-practice skills and encourage them to use it regularly.

What reflective-practice skills should I aim to help my registrar develop?

The RACGP recommends the following outcomes:

- The capacity for self-awareness, reflection and self-appraisal.
- The skills of lifelong learning.
- Basic skills in clinical audit, critical appraisal and critical incident analysis, and professional development.
- Networks for personal and clinical support.
- Time management and coping skills sufficient to maintain care of self and family.

Similarly, GMC Outcomes for Graduates – Doctor as a Professional 2016 recommends the following learning outcomes.

- Continually and systematically reflect on practice and, whenever necessary, translate that reflection into action, using improvement techniques and audit appropriately.
- Manage time and prioritise tasks, and work autonomously when necessary and appropriate.
- Recognise own personal and professional limits and seek help from colleagues and supervisors when necessary.

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How do I begin teaching the reflective process?

In your teaching session, you can discuss an 'activity' and ask questions under the categories of what, so what and what next.

Beginning the reflective process	
WHAT Example questions to ask: Describes aspects where knowledge and skills have been gained or called on. Uses examples to illustrate understanding.	<ul style="list-style-type: none"> • "What was the 'activity'?" • "What actually happened?" • "Well, what happened in that consultation/at that point of the consultation?" • Think about something that happened where you had to use your knowledge and skills and illustrate this example to your registrar.
SO WHAT? How does this relate to prior knowledge/ skills? Provides an honest self-examination of barriers or lack of clarity	<ul style="list-style-type: none"> • Turning the review of the 'What' question(s) into a reflective process begins with the next question, 'So what?' Example questions to ask: • "How does this relate to what you knew before?" • "Does it alter anything that you thought?" • "How does it add value to what you thought previously?"
WHAT NEXT? Specific plans for the future, identifying areas which you need to improve on; how you will improve; and how you will monitor your progress.	<ul style="list-style-type: none"> • 'What next' prompts action, which should be the outcome of reflective practice. Example question to ask: • "What are you going to do as a result of having had this experience/challenge, and how is it going to fit into your progress?"

What topics can I introduce when starting to teach the reflection process?

You can start the reflection process as early as your registrar's first week in your practice. This can be done subtly through casual conversation about anything they have learned. For example, a sport or musical instrument.

Keep your questioning conversational to prompt them to talk about how they learnt the 'activity'. For example,

- "What 'activity' did you learn?"
- "What did you want to learn?"
- "How did you learn that?"
- "How did you know where you were going?"
- "How did you find the experience?"
- "Was it hard/easy?"
- "How did you know when to stop, or if you needed assistance?"

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These conversational questions are a good starting point, especially for a reluctant reflector.

Also in your registrar's first week, you may choose a topic relevant to what they need to learn and improve during their GP training. For example, communication. You may ask them to think about a challenge they have experienced with communication.

What

- "What communication example was challenging?"
- "What happened?"
- "What was/was not said?"
- "What emotional response did you/the other person have?"

So what

- "So what have you discovered about the communication skills you have and the skills you need to continue to develop to enhance your learning?"

What next

- "What are you going to do as a result of having had this experience?"
- "How will you improve your communication next time you deal with this person/patient/other patients?"

What do I need to keep in mind when using patient cases as part of teaching reflective practice?

Each time you talk about a patient case, you want your registrar to be able to self-assess the quality of what they have done. For example, the quality of their interaction with the patient or their report.

In giving an assessment of their performance, your registrar should be able to establish their strengths and weaknesses.

They should be able to think about the processes they went through to understand what happened with the case. For example, how did they learn more about the case? They should then be able to articulate plans to improve that process in the future.

Example questions include:

- "How did you learn to ...?"
- "Why/what did you want to learn about his skill/topic?"
- "What did you know and think about the skill/topic before you started?"
- "Feedback/emotions?"
- "Did anything happen you that you weren't happy about?"
- "What was the outcome?"
- "How did you know when you had learnt enough?"
- "What will you do next time as a result of this particular experience?"

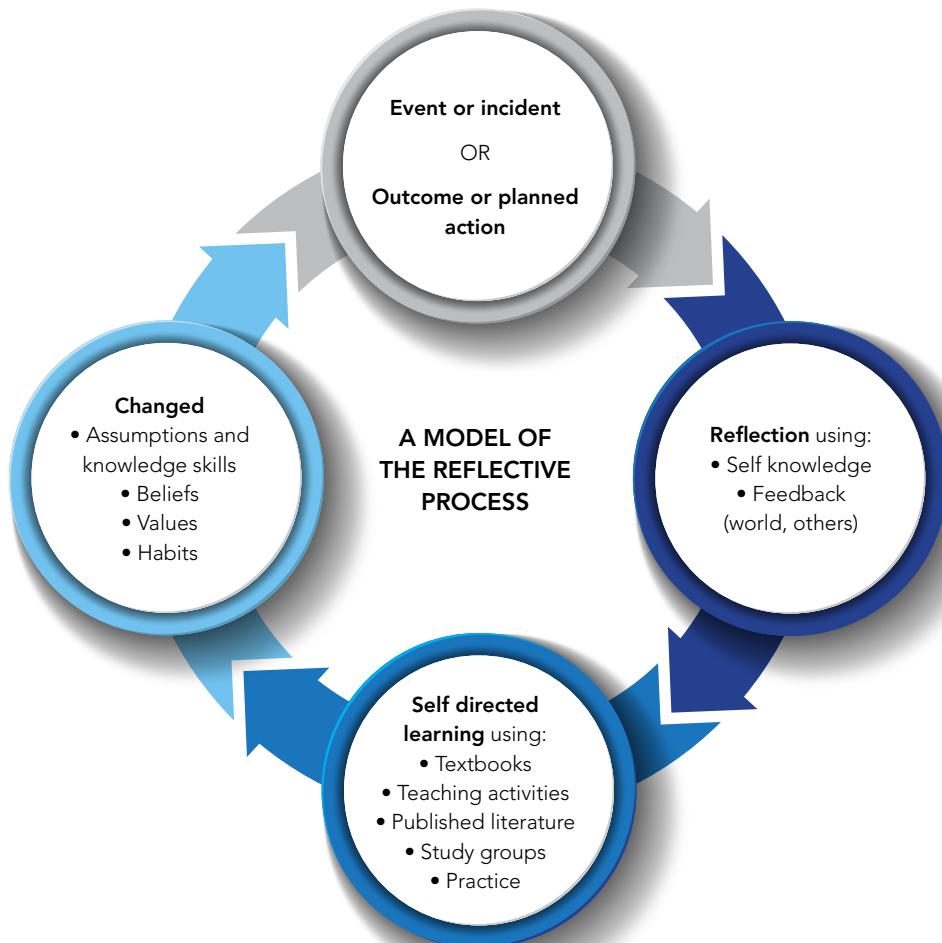
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What model can I refer to when formulating my questions to teach and assess my registrar's reflective practice?

Reflective practice builds on feedback and needs to be practised to improve. However, reflection is not something we naturally do effectively ourselves because often we will only 'see' what we want to 'see'. So, unless we can teach our registrar some external points of reference, there is a strong possibility they will miss things in their self-reflection.

Keep the following model in mind when teaching and assessing your registrar's reflective practice – and build your questioning around this process. Routine practice of this questioning process should over time become a learned skill/behaviour for your registrar.



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What else do I need to consider when teaching self-reflection?

You should consider the following when teaching and assessing reflective practice:

Modelling – A lot of what your registrar will do is not what you tell them to do, but what they observe you doing.

Learning trajectories – Registrars will have different strengths and weaknesses and progress along their learning trajectory at different paces in different areas. There will be some areas in clinical practice where your registrar will display sophisticated behaviours, but other areas where they struggle. For example, they may struggle with the underlying science or management of a case, or lack the experience or communication skills for a particular case, and these challenges may make reflective practice more difficult in some areas.

Safety – Your registrar needs to feel safe to disclose uncertainties or weaknesses, and they will need to know what will happen with the information they give you. You need to make it clear this information is for development only, it is not a formative or summative assessment.

Respect – With safety, comes respect. Have conversations with your registrar which show you acknowledge their limitations, and assure them these limitations will decrease with experience.

How do I help my registrar progress their reflective practice from simple routine cases to complex, non-routine cases?

It's important your registrar practises self-reflection on the simple cases as a foundation to reflection of non-routine cases.

Through your discussions and modelling you can help your registrar learn, practise and adopt as a behaviour the following steps:

- Respond to difficult problems by seeking alternate explanations.
- Test new explanations or predictions against new data.
- Test predication against the problem.
- Display an attitude of openness to reflection as problem solving.
- Ability to examine thinking processes. This is a high-order area of reflection. For example, thinking about the encounter with a patient as it is happening and identifying areas of weakness during the encounter. Having the ability to think, for example, "*This is not going well, or there is something I am not quite getting here.*" This is reflection in action and is a more complex level of reflective practice you should aim to help your registrar grow into

What are the key behaviours registrars should employ to show the development of their reflective practice?

Feedback – Actively seeking feedback and acting on that feedback.

Emotional awareness – Responding to strong emotional responses from learning, clinical or other experiences/interactions.

Recognition of own limits – Recognising personal limits to capabilities and planning for addressing these deficits.

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EXPERIENCE CYCLE & EXPLANATION CYCLE

How can I assess my registrar's development of reflective practice development?

Example questions you can ask to explore the development of your registrar's reflective practice are:

- "Provide an example of a diagnostic dilemma that you have encountered and which was resolved."
- "How were investigations used to resolve this dilemma?"
- "How does this experience assist you in your clinical practice?"
- "Name an interaction where you were not happy with your own performance.
- "Please tell me about this episode and why you were not happy with the way you handled it?"
- "Describe a situation that you found difficult or stressful."
- "How did you manage this situation?"
- "What did you learn from it?"
- "What are you going to do next time as a result of this particular experience?"

Narrative data provides clues and flags – You can find clues or red flags about your registrar's development and understanding of reflective practice by taking regular notes of your conversations.

You don't need to record a lot – perhaps just a paragraph, or just keywords or patterns in how things occur. You may do this after teaching interactions, or perhaps once a week. Reading these notes later will give an indication of how your registrar's reflective practice is developing. The narrative data may also give you a starting point for future discussions. That is, you can talk about what has been happening since the last reflective practice discussion and what level of reflection you need to be dealing with today.

Consider the registrar "growth charts" – You can liken your registrar's learning trajectory to a paediatric growth chart. That is, there will be times where there is steady or steep growth and times when it plateaus, or when certain areas are developing at different rates for different skills. So, considering that reflective practice is a process of growth, it is a reminder that not everything has to be learned at once.

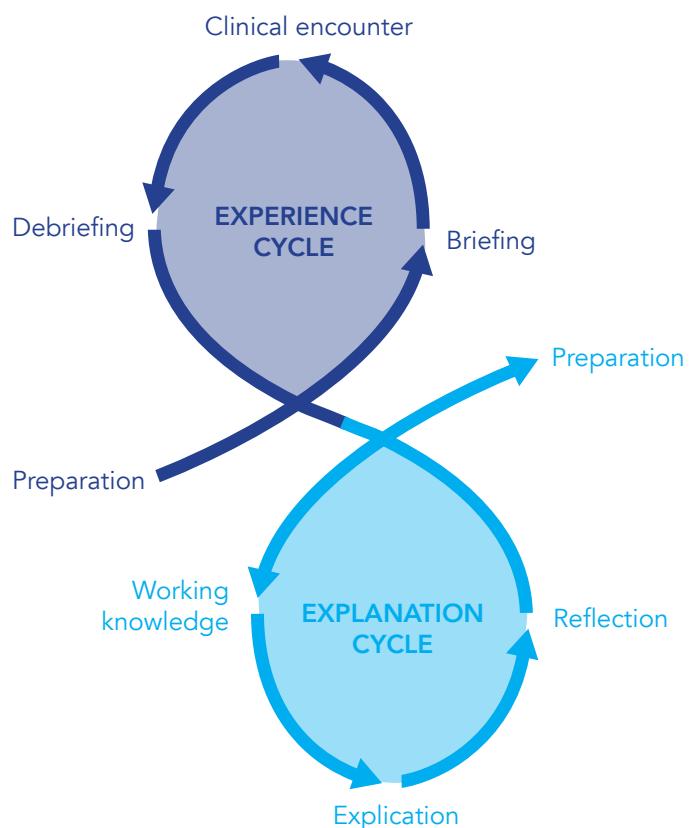
Insight – Frequently a supervisor will say their registrar lacked insight and regard this as an all-or-nothing phenomenon. With this attitude, the supervisor can wrongly think there is nowhere they can intervene to help their registrar's growth. But if you 'unpack' the term 'insight' in a clinical setting, a lot of it is about reflective behaviour and self-direction.

With this attitude, the supervisor can ask themselves "*What am I observing that tells me the registrar doesn't have any insight, and what are the levels of intervention that might be required?*" "*Is the issue back at my briefing to the registrar before their clinical encounter, or in their questioning of the patient during the encounter?*" By breaking it down like this, the supervisor can work out at which (see diagram) point the reflective practice needs intervention.

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EXPERIENCE CYCLE & EXPLANATION CYCLE



Are there possible problems with reflective practice?

There are some potential pitfalls with reflective practice. These include:

- **Conceptual clarity** – There is little conceptual clarity over reflective practice. There are a lot of definitions and it therefore means different things to different people. You should look at the different definitions, decide which works best for you and work with that.
- **Connection between reflection and action** – You need to reinforce the connection between reflection and action. To do this effectively you need to vary the amount of activities with your registrar. In the beginning, you may need to continuously initiate self-reflection conversations with your registrar, but the aim over time is that they will routinely do it themselves and seek your feedback.