



REFLECTIVE PRACTICE STATEMENT

HSCP CPD Sub-Group

October 2019

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FOREWORD

Reflective Practice is long recognised as an important aspect of good practice and is seen as integral to how professionals integrate learning and experience into their development and into improved practice throughout their careers. (Dewy 1933, Argyris & Schön 1978, Kolb 1984, Gibbs 1988, Rolf 2001).

This Reflective Practice statement is indeed timely coming together with the launching of a newly developed and tailored four-day classroom based *Professional Supervision Training Programme for Health and Social Care Professional Supervisors* and accompanying Resource Pack, to meet the current and future development needs of Health and Social Care Professionals (HSCP).

The National Health and Social Care Professions Office is committed to the ongoing development of HSCP and is pleased to endorse this Reflective Practice statement in recognition of that commitment.

In gathering data for the Health and Social Care Professions **Education and Development Strategy 2016 – 2019**, Reflective Practice was referenced by many respondents:

‘The themes Supervision and Reflective Practice emerged strongly from survey submissions with HSCPS clearly focused on professional and personal development and ways to improve patient safety, quality and standards.

The development of Reflective Practice across many of the HSCPs was strongly identified in the survey as a key factor in improving the quality of care to patients and service users and its benefits to professional development were also highlighted’

It is hoped that Health and Social Care Professionals will find this Reflective Practice Statement a source of information and guidance

Finally I would like to thank all of those who have contributed to the development of this Reflective Practice statement.

Frances Conneely SEO

National HSCP Office

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1.0 BACKGROUND

The Health and Social Care Professions Education and Development Advisory Group produced its first document on Reflective Practice in 2013. This followed the identification by a sub-group from the HSCP AG focusing on Continuous Professional Development (CPD), that Reflective Practice has the potential for sharing resources and experience in order to support CPD among HSCPs.

The original 2013 document was reviewed in 2017 and the current HSCP CPD Sub-group decided to update the document in line with growing demands across diverse Health and Social Care professions to provide means and methods for HSCPs to maintain their professional registration through ongoing meaningful Continual Professional Development. Reflective Practice is a methodology which feeds directly into daily practice and promotes awareness and motivation for improvements in professional practice.

2.0 INTRODUCTION

This document focuses on Reflective Practice, models for reflection and reflective writing. Reflection and Reflective Practice are important in enabling healthcare professionals to develop professionally throughout their career, to meet the challenges of the increasingly complex and changing environment of healthcare delivery and to integrate learning in theory with experience in professional practice. Reflective Practice is very relevant to CPD, as it promotes lifelong learning by encouraging self-assessment, identification of learning and developmental needs and supports application of learning in practice.

3.0 WHAT IS REFLECTIVE PRACTICE?

To reflect is '**to think deeply or carefully about**'. (Oxford English Dictionary).

Within healthcare, Reflective Practice is a process by which you stop and think about your practice, consciously analyse your decision-making, draw on theory and relate it to what you do in practice.

Reflection can mean different things to different people it maybe a solitary introspection, or involve dialogue with other practitioners; it may be carefully structured or used more fluidly in ongoing, tacit ways. (Finlay, 2008) Approaching reflection more formally, and documenting it, can form one of the building blocks of a CPD portfolio, and for professions registered or

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registering with CORU, reflection on different learning activities is an essential element of the CPD requirement.

3.1 WHY REFLECT?

'It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be generated. And it is generalisations that allow new situations to be tackled effectively.' (Gibbs 1988)

3.2 TYPES OF REFLECTIVE PRACTICE

Schön (1987) described two types of reflection:

Reflection IN action – when professionals consider their experience, knowledge and judgement in clinical practice when presented with a problem. It takes place while you are involved in the situation, and is like 'thinking on your feet', but with a focus on gaining a new perspective rather than just solving the problem.

Reflection ON action – when professionals analyse past experiences to frame important personal learning questions, and then seek information to answer the question, followed by consideration of how to apply it. This is retrospective in nature; it involves stepping back from the situation, and happens at some time after the situation has occurred.

Other authors use the terminology '**Critical reflection**', which is seen as offering a more thorough form of reflection through the use of critical theory (Brookfield, 1995), and takes into account social context. (Finlay, 2008).

'Critical reflection entails a challenge to the hidden assumptions of both the reflector and those of the surrounding social context. Critical reflection goes beyond mere reflection...in that it requires the reflector to deconstruct long-held habits of behaviour by looking beyond the behaviour itself to their own self-image and examining why they do what they do'. (Silverman & Casazza 2000).

Another method of reflective practice is **Reflective Writing**, which is evidence of reflective thinking. It requires the individual to go deeper, to analyse the rationale and consequences of their actions, and to learn from the experience. It provides an opportunity to gain further insights through deeper reflection and through further consideration of other perspectives

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from people and theory if reflection is shared. Reflective Writing is expanded on later in the document.

3.3 BENEFITS OF REFLECTIVE PRACTICE

There are benefits of Reflective Practice for both the individual practitioner and for the patient, service user and service itself.

- (i) For the **Individual**, benefits may include:
 - Supports deeper learning
 - Assists problem solving
 - Enables understanding of strengths and weaknesses, and helps identify suitable learning activities
 - Forms the basis of an action plan, whether as a requirement for statutory registration, or simply as part of ongoing CPD planning
 - Records and documents developments, and helps to build the CPD portfolio
 - Helps to improve job skills and achieve professional growth
 - Develops self-awareness and learning about ourselves
 - Increases the learning from other CPD activities

- (ii) For the **Patient, Service User and Service**, benefits may include:
 - Clients receive a high quality service
 - Reduction in risk
 - Improves confidence in delivery of a professional service
 - Optimises quality on a wide scale
 - Encourages planned development of capabilities at individual and service level

3.4 BARRIERS TO IMPLEMENTING REFLECTIVE PRACTICE

To encourage the implementation and continuity of Reflective Practice, it is useful to identify the barriers which commonly include:

- Lack of awareness and knowledge of the concept
- Lack of information
- Motivation
- Resistance to change
- Personal values and beliefs
- Time / resources
- Impact on current job role
- Organisation's past performance with change
- Lack of visible support and commitment from managers
- Outside responsibilities e.g. personal obligations might obstruct the learning process

4.0 REFLECTIVE PRACTICE AND SUPERVISION

Professional supervision is a partnership process of on-going reflection and feedback between a named supervisor and supervisee in order to ensure and enhance effective practice. When provided in a supportive manner 'it offers a regular, structured opportunity to discuss work, to reflect on practice and progress and to plan for future development'. (O'Neill 2004).

One message from practice is that, too often, supervision may be dominated by management processes and task completion, and not enough time is given to reflection and critical thinking. Skilled use of reflection and critical thinking within supervision will enable a focus on the quality of practice and may at times alert the supervisor to situations where the work of the supervisee is unlikely to promote the best outcome for the service user.

Critical thinking and reflective practice can allow strengths and expertise discovered in this process to be used to build on existing structures and hence, progress the service to improve the outcomes and experiences of service users.

Reflection is well recognised as being an important component that contributes to the effectiveness of supervision. Participating in supervision provides the opportunity for reflection on the detail of day-to-day practice as well as on any significant events which may have occurred. Reflecting on practice with another can lead to greater objectivity through exploration and feedback. While supervision can facilitate reflection it can also be an activity to reflect on.

5.0 MODELS FOR REFLECTION

5.0 INTRODUCTION TO MODELS FOR REFLECTION

Learning through reflection is far more effective if you have an understanding of frameworks that encourage a step-by-step process to guide the act of reflection. A number of models of reflection have been advanced in different fields of professional practice and education. They vary in their levels of prescription, explanation, criticality and reflexivity, but most share a focus on reflection as being essentially retrospective.

Quinn (1988/2000) suggests that the different models all tend to involve three fundamental processes:

- **Retrospection:** thinking back about a situation or experience
- **Self-evaluation:** critically analysing and evaluating the actions and feelings associated with the experience using theoretical perspectives
- **Reorientation:** using the results of self-evaluation to influence future approaches to similar situations or experiences

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There are many models for Reflective Practice and it is important that you choose the model that you feel most comfortable with and which helps you in learning from your experiences.

The following section gives a brief overview of the most popular models used in the education and training of health care professions.

5.1 DETAILED DESCRIPTION OF FOUR DIFFERENT MODELS OF REFLECTION

A: GIBB'S REFLECTIVE CYCLE 1988

One of the most complete models of reflection is provided by Gibbs (1988). It proposes that theory and practice enrich each other in a never ending circle.



Figure 1 Adaptation of Gibb's Reflective Cycle (Gibbs, 1988)

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The Gibb's Model includes 6 steps:

1. **Description of the event:** what happened? Don't make judgements yet or try to draw conclusions simply describe.
2. **Feelings:** What were your reactions and feelings? Again, don't move on to analysing just yet.
3. **Evaluation:** What was good or bad about the experience? What went well what could have been better?
4. **Analysis:** What sense can you make of the situation? Bring in ideas from outside the experience to help you. What was really going on? Were different people's experiences similar? How did they vary?
5. **Conclusions:** What can be concluded, in a general sense from these experiences? What can be concluded about your own specific, unique, personal situation? During this stage you should ask yourself what you could have done differently. Remember the purpose of reflection is to learn from an experience
6. **Action plan:** What are you going to do differently in this type of situation next time? What steps are you going to take to ensure you have learned from this experience? Do you need to develop any additional knowledge or skills?

B: ROLFE ET AL (2001) FRAMEWORK FOR REFLECTIVE PRACTICE

Rolfe et al.'s (2001) reflective model is a very useful framework for reflection based on three simple questions.

- What? Description of the activity or event
- So what? Analysis of the event
- Now what? Proposed actions following the activity

Rolfe proposed a framework that uses Borton's (1970) developmental model. The questions; 'What?', 'So what?' and 'Now what?' can stimulate reflection from novice to advanced levels. It is possible to use the model simply at the descriptive level for level 1 reflection. Firstly the practitioner reflects on the situation in order to describe it. The second phase encourages the practitioner to construct personal theory and knowledge about the situation in order to learn from it. At the third level the practitioner reflects on action and considers ways of improving the situation and reflects on the consequences of his/her actions. Rolfe et al consider this final stage as the one which can make the greatest contribution to practice.

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Figure 2 Adaptation of Rolfe's model of reflection (2001)

Like Gibbs model, this also includes description of an event with analysis which prompts the learner to apply the learning into practice; thereby the last question is the most important in terms of effecting change in practice. However, each stage needs equal time and attention to fully engage in the whole process.

C: KOLB (1984)

Kolb's Learning Cycle is a well-known theory which argues we learn from our experiences of life, even on an everyday basis. It also treats reflection as an integral part of such learning. According to Kolb (1984), the process of learning follows a pattern or cycle consisting of four stages, one of which involves what Kolb refers to as 'reflective observation'. The stages are illustrated and summarised below:

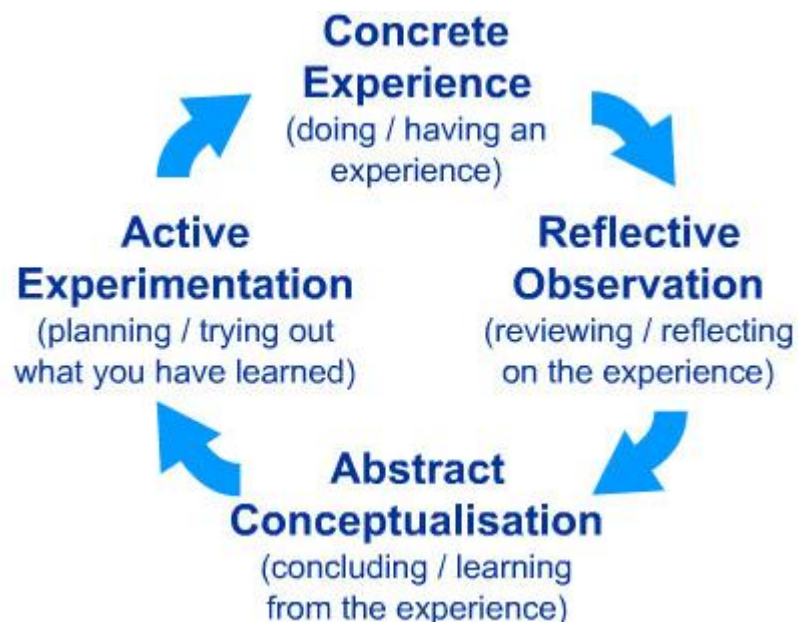


Figure 3 Kolb's Learning Cycle

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There are four stages in Kolb's Learning Cycle which can be described as follows:

Stage 1: Experience (Kolb's 'Concrete experience')

Life is full of experiences we can learn from. Whether at home or at work or out and about, there are countless opportunities for us to 'kick-start' the learning cycle.

Stage 2: Reflect (Kolb's 'Reflective observation')

Reflection involves thinking about what we have done and experienced. Some people are naturally good at this. Others train themselves to be more deliberate about reviewing their experiences and recording them.

Stage 3: Conceptualise (Kolb's 'Abstract conceptualisation')

When we pass from thinking about our experiences to interpreting them we enter into the realm of what Kolb termed 'conceptualization'. To conceptualize is to generate a hypothesis about the meaning of our experiences.

Stage 4: Plan (Kolb's 'Active experimentation')

In the active experimentation stage of the learning cycle we effectively 'test' the hypotheses we have adopted. Our new experiences will either support or challenge these hypotheses.

To learn from our experiences it is not sufficient just to have them. This will only take us into stage 1 of the cycle. Rather, any experience has the potential to yield learning, but only if we pass through all Kolb's stages by reflecting on our experiences, interpreting them and testing our interpretations.

D: SEIDEL (1996)

Seidel offers an alternative model used mainly in social work education whereby the experience is placed at the centre of the model and has four stages – practitioners may not reflect on all 4 at any one time, but recognise that doing so will widen their thinking and potentially open up new considerations. This model uses the visual cue of a compass, starting with inward and moving clockwise to forward.

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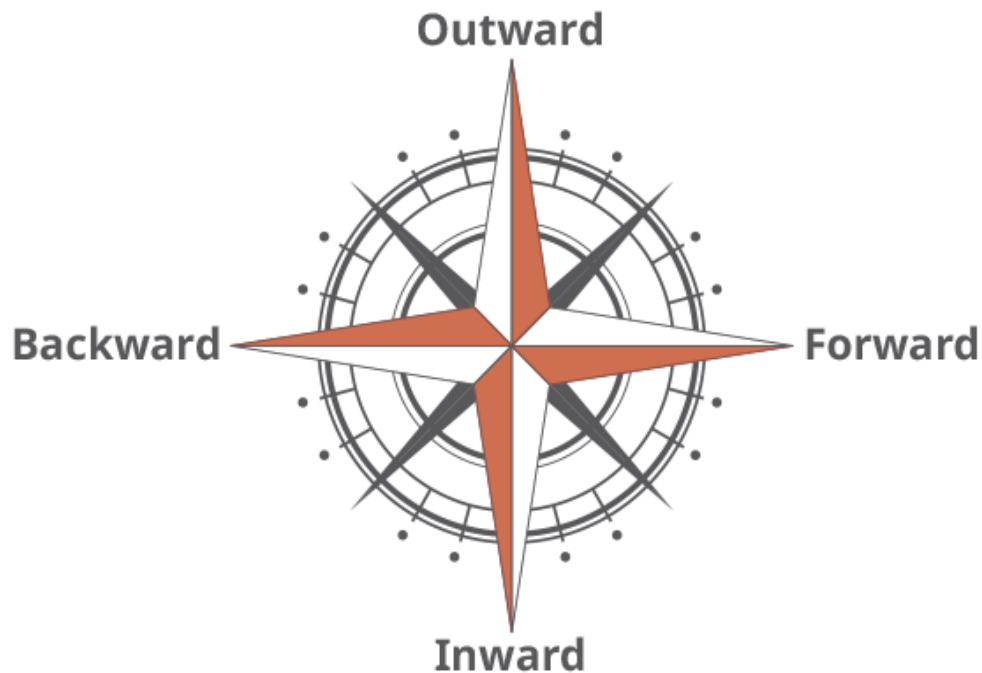


Figure 4 Seidel's Compass

Seidel's approach can be described as follows:

- In looking **INWARDS**, they reflect upon themselves, their own judgements, values and actions.
- In looking **BACKWARDS**, they reflect upon the context of the experience- its history. Where did it come from? What other influences were at work?
- In looking **OUTWARDS**, they may reflect upon the circumstances around the experience and the response of others to the experience
- In looking **FORWARDS**, they reflect upon what they have learnt and consider how this can be shared for best practice. How can a similar situation be avoided or promoted?

Of particular value in this model is the recognition that we do not work or practice in isolation, we are part of wider teams, working within specific contexts in particular times. Seidel's model invites the practitioner to scan through 360 degrees to see the experience from all angles (Hey 2014).

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5.2 SUMMARY AND OTHER MODELS OF REFLECTION

In conclusion, it seems neither possible nor desirable to fix on any one model as the definitive 'answer'. Different models are needed, at different levels, for different individuals, disciplines and organisations to use in different contexts. Models need to be applied selectively, purposefully, flexibly and judiciously.

It is important that all HSCPs have access to all the models to test them and to select the most suitable and workable model for their reflective practice requirements.

References are included at the end of this document to guide you to further information on the following additional Models of Reflection:

- Argyris and Schön 1978
- Mezirow, 1981
- Johns 1994
- Borton 1970
- Fish Twin and Purr 1991

6.0 REFLECTIVE WRITING

6.1 DESCRIBING REFLECTIVE WRITING METHODOLOGY

Reflective Writing encourages professionals to realise the potential learning in a variety of situations such as opportunities arising from professional practice and the application of knowledge, skills or attitudes learned in an education session or course. It is thought that writing down an intention to change practice can affect internal commitment (Overton, et al., 2008). We can reflect on what went wrong or right and why, what we might do to improve the situation next time or how to change the context and so on.

Reflective Writing IS:

- An individuals' response to experiences, opinions, events or new information
- A response to thoughts and feelings
- A way of thinking to explore learning in a deeper more meaningful way
- An opportunity to gain self-knowledge
- An opportunity to analyse in a structured way, your experiences, the consequences of your actions, and identify further learning/training/actions.

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Reflective Writing IS NOT:

- Just documenting information, instruction or conflict.
- Pure description (though there may be descriptive elements).
- Straightforward decision or judgement (e.g. about whether something is right or wrong, good or bad)
- Simple problem-solving
- A summary of notes

Use of Models for Reflective Writing:

There are many models of reflection which can be used to assist in this process, Gibbs, Kolb, Siedel and Rolf are referenced in this document as a guide, however there are a number of models to choose from and investigate including Schön, Johns, Dewey, and Boud. When writing it is advisable to keep a copy of your chosen model at your side as it will assist you as you formulate your thoughts, feelings and actions.

Reflection can take place in different settings, it may be a solitary introspection, or involve dialogue with others; it may be an informal discussion with a colleague, or as part of a peer group. The cycle of **DESCRIBE, REFLECT, ANALYSE, and ACTION** will become the mainstay of your work throughout your writing.

6.2 EXAMPLES OF REFLECTIVE WRITING

Examples of Reflective Writing:

A number of examples of reflective writing are presented in the Appendix. These examples use some of the models of reflective practice addressed in Section 5.0 'Models for Reflection'. The presentation of these examples in this Appendix is to **illustrate the process** of recording reflective practice with the aid of reflective practice models and to help the reader to discover the underlying principles of the reflective practice process.

It should be kept in mind that each example relates to a specific event, activity or learning opportunity identified by the individual author of each example. This does demonstrate the experiential and personal nature of reflective practice over a wide range of professional experiences.

7.0 CONCLUSION

As with any change in practice that requires a culture shift Reflective Practice may seem a little daunting at first. Much has been written about reflection and there are differences of opinion between experts in the area regarding models for reflection; this can be seen as an opportunity to try different models to find what suits you at a given time or in a given situation.

The first important point is to try it; try to engage in Reflective Practice and Reflective Writing on a regular basis, ideally taking a few minutes each day to consider what went well/what could have been better and perhaps trying out one of the models for reflection to consider a particular point of practice or event.

Secondly try to record your reflection as this can help clarify thought, support your development and provide evidence of CPD.

This final quote summarises the benefits of reflective practice.

'Reflection can assist professionals to;

- *analyse complex and challenging situations*
- *consider the way you make decisions*
- *make connections between your non-work activities and your practice*
- *make it more likely that you will put what you have learned into practice*
- *Improve your problem solving skills.*
- *Identify future learning needs.'*

(CPD statement, Health and Social Care Professional Advisory Group, HSE 2017)

8.0 REFERENCES

8.1: REFERENCES USED IN THE TEXT

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8.2: REFERENCES FOR ADDITIONAL MODELS OF REFLECTION

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4. Mezirow, J. (1981). "A Critical Theory of Adult Learning and Education." *Adult Education* 32 (1981): 3–23.
5. Fish, D., Twinn, S and Purr, B (1991) *Promoting Reflection. The supervision of Practice in Health Visiting and Initial Teacher training*. West London Institute Press, London.

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8.3: USEFUL RESOURCES

Reflective Writing Guide | UNSW Current Students

<https://student.unsw.edu.au/reflective-writing>

<https://www.cemp.ac.uk/people/jennymoon.php>

<http://www.exeter.ac.uk/fch/work-experience/reflective-writing-guidance.pdf>

<https://www.youtube.com/watch?v=5GrvNlqCdBU> (Reflective Practice for Clinical Physiologists)

Honey, P. and Mumford, A. (1986a) *The Manual of Learning Styles*, Peter Honey Associates.

Honey, P. and Mumford, A. (1986b) *Learning Styles Questionnaire*, Peter Honey Publications Ltd.

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APPENDIX: EXAMPLES OF REFLECTIVE WRITING USING MODELS

Examples of Reflective Writing:

A number of examples of reflective writing will be presented in this appendix. There is an example of each of the models of reflective practice addressed in Section 5.0 'Models for Reflection'. The examples are related to specific events and demonstrate the experiential and personal nature of reflective practice. However, the presentation of these examples in this appendix is to **illustrate the process** and help the reader to discover the underlying principles of the reflective practice process.

The template suggested by CORU for reflective practice is used in some of the examples while alternative templates are also presented to allow the reader scope and flexibility to find the optimum method for them.

APPENDIX	Model / Template	Comments
Example 1	CORU	Reflection on activity: event management
Example 2	CORU	Reflection on self-directed learning: Literature research
Example 3	Gibbs	Reflection on activity: Conference attendance
Example 4	Kolb	Reflection on work plan: Personal Development Plan
Example 5	CORU	Reflection on activity: Developing training package

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EXAMPLE 1: ILLUSTRATES THE CORU METHODOLOGY: (EVENT MANAGEMENT)

Event Organisation

Brief description of the learning activity or learning experience

I devised a programme and organised an event for my profession. This was my first national event, I learned so much from being involved in the whole process from the ideas right through to the feedback on the event. I had met with advisory groups at various stages and had the opportunity to discuss their needs. This was my opportunity to bring everyone together to encourage interdisciplinary workshop and learning.

What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned/planned learning opportunity?

It was a planned training need from my Personal Learning Plan to develop an interdisciplinary event, to identify the variety of needs from different professions and to plan, implement and reflect on their success.

This event had a range of topics which were designed as building blocks of CPD irrespective of stages at which HSCP's had already reached in their own journey and also in their Personal Development Plan or CPD. This was an opportunity for professionals to reflect on their own management of CPD and to prepare themselves for the coming year.

My priorities were to introduce HSCP's from a variety of professions through presentations and group work to form a deeper understanding of the different roles within the health service to form stronger bonds and support team work in the workplace.

Through discussion and workshop, I wanted to identify and prioritise both the long and short term training needs in each group and ascertain which educational needs could be multidisciplinary and which could be single disciplinary requirements.

I set expectations for training over the longer term and planned how this could be realised over the next 2 years.

I aimed to encourage a positive outlook and to create enthusiasm for a commitment to Life Long Learning.

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EXAMPLE 1: ILLUSTRATES THE CORU METHODOLOGY: (EVENT MANAGEMENT) CONT'D

On reflection, what have you learned from the experience?

(Skills, knowledge, professional attitudes, other.

I have learned that I am a good organiser and planner, that I am capable of working within a tight budget, and that my enthusiasm does rub off on people.

The atmosphere on the day was energized and there were 123 attendees. The speakers and presenters added to this atmosphere with their approachable attitude and interaction with their audience.

I realised that not everyone reads the pre-information that is sent to them, and as a result are not fully aware of what is involved in the day which can create certain vulnerability for attendees. For the next event I am not going to distribute pre-course material I'm going to extend the time of the introduction, the outline of the day, the learning outcomes and the expectations which I think will make a difference – (further reflection).

As the 4 workshops were filling up and eventually were booked out, it was encouraging to see that the planning and consultations that had taken place with each advisory group prior to the event had correctly identified those learning needs:

1. Research – Where to Start
2. Time Management – It's all in the Planning
3. My CPD journey – 2 HSCP's presentations
4. Introduction to Reflective Practice

Not everyone was aware that this was a multidisciplinary event, and some were surprised that discipline specific training was not covered. The next event will have a clearer poster and programme highlighting the multidisciplinary aspect.

The day ran to schedule time wise. I'm not sure if this was because the Chair was from outside the Health Service and therefore speakers found it easier to be informed if they were going over time or if the chair was just a fabulous chair!

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EXAMPLE 1: ILLUSTRATES THE CORU METHODOLOGY: (EVENT MANAGEMENT) CONT'D

How can this learning impact on my professional practice and the delivery of service to my service users?

Now that I have my first organised event under my belt it has given me the confidence to examine my own participation in this event, how I impacted on others and how I can change how I approach challenging situations. Listening is key to understanding where others are coming from. Taking a little more time at the beginning of a conference to outline the day would have a different and more positive impact.

The feedback sheets and comments have helped me focus on what can be changed, what worked and what needs rethinking. Organising an event outside the Dublin was mentioned often and this can be put in place alternating between different accessible counties.

Having a confident Chair is key to the day running smoothly, and for the next event I will be more specific with speakers about respecting the next speaker and completing their presenting in a timely fashion.

Has this learning activity highlighted any areas for development and new learning needs for me?

Personal Development: I need to be aware that not everyone reads information prior to attending events. As a result I will include more information in my introduction and take more time with my opening presentation.

Skill: Update my proficiency with PowerPoint, Excel and outlook

Initiate: CPD clinics

My action plan resulting from this experience is:

Goal	Timescale
CPD Clinics	Galway – March 23 rd , Cork: June 8 th , Athlone: Aug 13 th , Waterford: Sept 18 th , Midlands Nov 11 th
PowerPoint, Excel, Outlook	When place is available
Revise Presentations to include longer introduction at the beginning of Events.	Immediate and review continuously

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EXAMPLE 2: ILLUSTRATES THE CORU METHODOLOGY: (LITERATURE RESEARCH) CONT'D

Heading	Question
CATEGORY	What type of learning did you do? Self- directed learning, formal training, conference attendance, group activity, incident analysis, case studies etc
LEARNING ACTIVITY	How was the learning acquired?
RELEVANCE	How was this activity relevant to your work
LEARNING OUTCOMES	What have you learnt?
APPLICATION TO PRACTICE	How have you integrated this into your practice?

CATEGORY

Self-Directed Learning

LEARNING ACTIVITY

I read the book 'Staff Supervision in Social Care' by Tony Morrison (2001).

RELEVANCE

I am shortly due to provide Dysphagia Supervision to two Basic Grade SLTs and wanted to carry out some research in relation to models and functions of supervision in preparation for this.

LEARNING OUTCOMES

I have learned about the four functions/objectives of supervision: Accountability, Support, Development and Mediation. I have learned more about the theory related to the four stages of the Kolb Cycle (Experience, Reflection, Analysis and Action) and how to relate this practically within supervision sessions.

I feel I have increased confidence in effectively carrying out supervision sessions.

APPLICATION TO PRACTICE

Since commencing supervision sessions, I have been able to put the relevant theory into practice, and support reflective practice during supervision sessions.

This preparation process has given me increased confidence and skills as a supervisor and has prompted me to continually reflect on my own supervision style, and how I can be further developing/honing these skills as a clinician.

I provided a 20-minute presentation to SLT colleagues summarising key elements from Tony Morrison's book 'Staff Supervision in Social Care.'

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EXAMPLE 3: ILLUSTRATES GIBB'S METHODOLOGY: (CONFERENCE ATTENDANCE)

DESCRIPTION: What Happened?

In November I attended our professions Autumn/Winter Conference. The speakers were varied and there was a wide range of discussions taking place. We had a quick quiz from one of our suppliers on their products, which really showed us what we knew and what we thought we knew. It was very informative, good fun, and a discussion started immediately about the different answers we were giving. We heard about Our lady's Children's hospital and the work that is being done there. Great overview with details of how they approach the daily challenges of working with very ill children. There was also a workshop on what constitutes CPD and a general introduction to Personal Development Planning.

FEELINGS: What were you feeling?

I was feeling a little nervous and somewhat resigned - I had been putting off being really involved in my own learning, I suppose I was hoping it would all go away, I wasn't recording my CPD and in the back of my mind I was afraid that there would be consequence. My manager is not too bad at encouraging people to continue to learn and develop skills, but as I had not really being engaging I think I wasn't being pushed to up-skill either. I could see that others were having the opportunities I wanted, getting to attend events, or getting time away to study, having lunchtime talks about complex/interesting cases which seemed to bring a renewed focus and new knowledge into the department. Seeing new graduates coming in and being motivated also encouraged me to get involved and I felt like I was being left behind a little. At various stages I had started to record my learning but then didn't follow it through, then felt guilty, started again and didn't follow through. I want to change that pattern.

EVALUATION: What was good and bad about the experience?

Attending this conference gave me the opportunity to meet with my colleagues from other hospitals and I also got to meet up with a few former students I had studies with, this social side of a conference never crossed my mind – this time I had the opportunity to re kindle friendships and widen my network of professionals. Those informal conversations around coffee were surprisingly informative and I couldn't believe how I ended up getting good advice from a former lecturer, an introduction to someone who was interested in being a mentor, and a colleague in my own department who was looking for a CPD and reflective practice 'buddy'.

During the formal talks we were given great handouts and references which I'm going to follow up when I get back to work. The talks were pitched well, the clinical experiences of more experienced HSCP's were insightful and I could identify with their case load and the challenges they are faced with. I preferred the change of a workshop based programme in the afternoon, rather than the full day of lectures and presentations. It was a lot to take in at one sitting and it harder to retain all of this information. The whole programme was relevant to me, but I did find that there was no time to digest or process what was being communicated.

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EXAMPLE 3: ILLUSTRATES GIBB'S METHODOLOGY: (CONFERENCE ATTENDANCE) CONT'D

ANALYSIS: What else can you make of the situation?

From the perspective of my own CPD, I have never been involved in a formal CPD programme, there have been times that I've started and faltered a few times, but taking this first step has helped me, now that myself and my colleague are going to set up our 'buddy' system – it will be of benefit to both of us. I am keen to start learning new activities and had felt that attending this event would motivate me and encourage me to record my learnings. It definitely has. We all work in very busy environments, time is precious, and I know that adding something new to an already stressed workload will not be easy for me, but I definitely learned that I need to plan, especially when I am busy or nothing will happen. We are a small team and I don't know if this is a helpful situation or if it makes any difference but I will try.

CONCLUSIONS: What else could you have done?

Before coming to this event, I could have read more about the content, and got a general overview of the speakers and their topics, having made the decision to change and to become more involved I'll follow through.

I realized that I am not afraid of change, and although it seems quite daunting to start looking at how to gain credits and develop my learning capacity, I do believe that now that I have more knowledge of the type of activities that are considered CPD - , formal, information, internal and external it will be easier, I want to see what I could learn about personal development planning – but in a workshop format, even though it was covered at the conference I felt it was a general workshop and I need more specific learning/training in this area. Developing my basic computer skills would be helpful, perhaps time management training would help with planning from now on.

ACTION PLAN: if it happened again what would you do?

By being part of a buddy system will help myself and my colleague to keep on track and help each other with motivation – we could even grow our buddy group.

Any new learning and exposure to knowledge can only be a good thing. I know it will impact on my role in a positive way – I don't want to change that.

- *Immediately:* Commit to my buddy system with my colleague and meet once a month to discuss CPD, events, opportunities and challenges and help each other. See if we can widen the group to other professions within our hospital setting.
- *Immediately and ongoing:* Build a professional relationship with my new mentor and discuss what I might need to work on to develop a Personal Development Plan, where my gaps are and what I might have to offer to my own group or a wider network
- *Beginning of the year:* Find out about possible CPD events
- *When opportunity arises:* Attend a reflective practice workshop
- *Ongoing:* Commit to recording my CPD and my learning

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EXAMPLE 4: ILLUSTRATES KOLB'S METHODOLOGY: (PERSONAL DEVELOPMENT)

Concrete Experience:

(What am I doing/what happened, what was my learning need, describe)

When I started in this position as CPD Officer I drew up a Personal Development Plan for my first year. I felt that if I could reach as many HSCPs as possible bringing CPD into the everyday setting, it would have a positive effect in assisting a change of thought processes and a realisation that Continuous Professional Development is something everyone is already participating in – whether they have chosen to or not, whether statutory registration is in place or not, whether their practice setting encourages or facilitates learning.....or not.

Reflective Observation:

(Reviewing/reflecting on the experience/ what was observed/was it new learning?)

The installation of a new electronic CPD system for our members was new to everyone including me. I attended training on how to assist with IT queries, facilitate new learning, train our members then write articles supporting that training. As a CPD officer I participate in CPD and learned how to use the system, record my learning, develop my personal learning plan and upload supporting documentation. Like everything, the more I used the system the more familiar I became with it. I've found that some IT solutions are not what you expect and may not necessarily support your needs.

All new things are a challenge, glitches were found in the system, which gave me the opportunity to highlight those challenges to the supplier and progress them during the test phase. Having utilised the system for six months I feel that there are changes needed in order to make it less cumbersome and a little more user friendly.

Whilst training was taking place I found that I was learning and the attendees were learning at the same time which was beneficial to us both. Most questions were predictable and answerable, any new questions could be addressed at the time or with a follow through email after training.

At most training sessions someone would make this statement.

"I'm not going to do CPD until statutory registration becomes compulsory for our profession"

I did wonder at first what part of CPD was being held off until statutory registration came into effect, was it the learning, the attending or the recording. After much discussion it became apparent that everyone is 'doing' CPD to a greater or lesser extent by attending, presenting and organising events, they are facilitating journal clubs, grand rounds, discussing interesting cases, implementing new SOP's and participating and initiating audits for their department, they are also finding time to submit posters and become involved in research.

Substantiating and recording learning outcomes are not high on the list for some- although the facility is there either on Professional Body online CPD system, Qpulse system, HSELand or updating their training manuals. For me this means that everyone is participation in CPD irrespective of the CORU timeline but are not grasping the importance of recording that information.

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EXAMPLE 4: ILLUSTRATES KOLB'S METHODOLOGY: (PERSONAL DEVELOPMENT) CONT'D

Abstract Conceptualisation

(Concluding/learning from the experience/does anything need to be changed/ what does this mean professionally)

This leads me to think that participation in Continuous Professional Development and lifelong learning is alive and well – but not necessarily documented by each individual. It seems a shame to give time and effort to new learning and have no record to support it. What if there was a fitness to practice enquiry? How would you support your learning and personal development plan? How you record your learning is up to you and whatever suits you be it online or manual. The priority is to record.

An aside advantage is that this very same information can be transferred to your Curriculum Vitae, support your Management Review and Personal Learning Plan, enhance your supervision or prepare for a CORU Audit. A great resource really.

Changing minds, fixed processes and habits will be the challenge.

Active Experimentation

(Planning/trying out what you have learned/action/development/ goals)

Continue to visit HSCP's in their practice setting

Action: next year Personal Learning Plan

Implement CPD road-show quarterly:

Action: March, June, Sept, and December

Submit articles to relevant publications for each profession

Action: twice a year

Implement Reflective Practice workshops as part and parcel of CPD.

Action: Ongoing

Extend training session to include longer section on recording your CPD:

Action: Ongoing

Revisit my own Personal Learning Plan for next two years

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EXAMPLE 5: ILLUSTRATES CORU METHODOLOGY: (DEVELOP TRAINING PACKAGE)

Heading	Question
CATEGORY	What type of learning did you do? Self- directed learning, formal training, conference attendance, group activity, incident analysis, case studies etc
LEARNING ACTIVITY	How was the learning acquired?
RELEVANCE	How was this activity relevant to your work
LEARNING OUTCOMES	What have you learnt?
APPLICATION TO PRACTICE	How have you integrated this into your practice?

CATEGORY

Self-Directed Learning

LEARNING ACTIVITY

Created a dysphagia training package in conjunction with Dieticians to be rolled out to social care staff, nurses, SNA's and teachers within the organisation over eight training sessions lasting 2 hours each.

RELEVANCE

Since the beginning of 2016, I established a database to record the number/type of incidents occurring within the organisation in relation to feeding, such as choking, hospitalisation, incorrect consistencies of food/fluids and incorrect positioning. This information highlighted a significant number of incidents throughout the year, and also identified particular units who may benefit from training. I felt that in order to promote safe feeding strategies and reduce the risk of possible choking episodes/aspiration, it was vital to implement training to ensure the staff are informed/aware of the risks. It was also hoped that by providing training, increased compliance with SLT feeding guidelines might occur.

LEARNING OUTCOMES

This process has increased my skills and confidence in preparing for and delivering presentations to large audiences.

I have learned the importance of incorporating practical elements within dysphagia training packages such as feeding workshops/thickening drinks workshops to support understanding of the theory, and to help staff relate to a service user who may present with dysphagia.

The process has also reinforced the importance of working closely alongside other disciplines to support staff understanding of and adherence to clinical guidelines.

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EXAMPLE 5: ILLUSTRATES CORU METHODOLOGY: (DEVELOP TRAINING PACKAGE) CONT'D

APPLICATION TO PRACTICE

I have been able to use this training package to implement 6 further training sessions throughout the year in day services, residential units and special schools.

The number of incidents recorded in units who have been provided with training has reduced. In follow-up discussions with staff, there appears to be an increased awareness regarding the necessity of ensuring food/fluids are the correct consistency, and in risk management strategies such as positioning, feeding techniques etc. It is hoped that this increase in compliance will be sustained, however it is planned to implement more regular training throughout the year of 2013 to promote carryover.

The SLT Department are also currently negotiating with the organisation's training department to make Dysphagia Training mandatory for all new staff joining the organisation.

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AUTHORS OF THE REFLECTIVE PRACTICE STATEMENT 2018

This document was written by the members of the CPD sub-group of the Health and Social Care Professions Education and Development Advisory Group. The HSCP CPD sub-group includes representatives from the CPD Officers Network as well as representatives from HSCP professional bodies.

The CPD sub-group revised the previous HSCP Reflective Practice Statement of 2013 to bring it up to date with current CPD expectations and standards of professional practice.

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