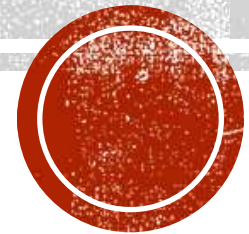


WRITING A REFLECTIVE LOG ENTRY

Iain Tebbutt GPST3



OBJECTIVES & TIMELINE

- To discuss the what's, why's & when's of reflection (10 mins)
- Discuss the implication of the Bawa-Garba case on reflection (10 mins)
- Discuss techniques for reflections (10 mins)
- Group exercise (10 mins)
- Helpful tips and close (2 mins)



WHY DO WE NEED TO REFLECT?

- Outcome of reflection = LEARNING
 - ‘Reflecting on or during some experience in the light of known theoretical concepts or previous learning should lead to new insights into different aspects of that situation’
(Meziros, 1981)
- ARCP
 - Quality and depth of reflection are assessed & commented on
 - <http://www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/>



WHAT IS REFLECTION?

Reflection IS...

- Thoughts, ideas, opinions and feelings about an experience
- Achieving a better understanding of why and how things happen
- Developing self-awareness
- Learning from an experience to improve our future practice

Reflection IS Not...

- A description of what happened
- Observing what happened without analysing it and considering change...



WHEN TO REFLECT?

Everything!!!

- When something goes well
- When something does not go as planned
- If something puzzles or confuses you
- Something happens to make you change your practice
- Reflect on anything that makes you feel something
 - But always try to think about WHY it made you feel that
 - And think about how that will influence your future practice
- Reflect on any feedback you get (Good or bad)
- Reflect on things that cover parts of the curriculum that you haven't covered yet



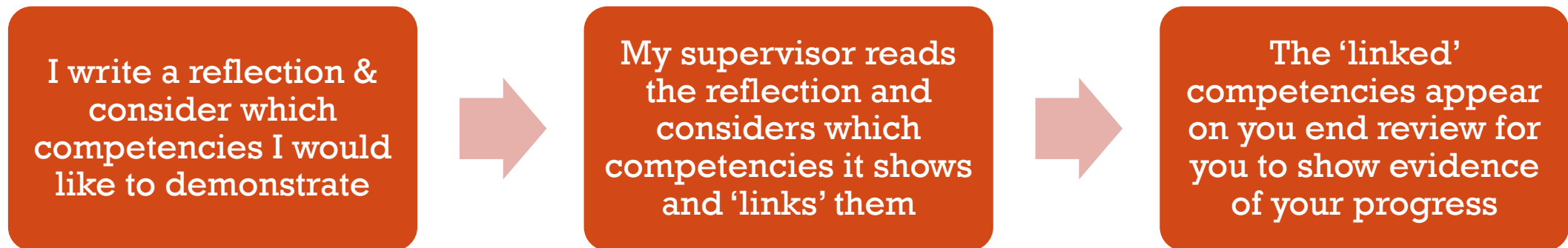
■ RGCP core competencies

1. Communication and consultation skills
2. Practising holistically
3. Data gathering and interpretation
4. Making a diagnosis and making decisions
5. Clinical management
6. Managing medical complexity and promoting health
7. Organisation, management and leadership
8. Working with colleagues and in teams
9. Community orientation
10. Maintaining performance, learning and teaching
11. Maintaining an ethical approach to practice
12. Fitness to practise
13. Clinical examination and procedural skills

Practising holistically and promoting health			
This is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions. The doctor is able to take into account patient's feelings and opinions. The doctor encourages health improvement, self-management, preventative medicine and shared care planning with patients and their carers			
Insufficient evidence	Needs Further Development	Competent	Excellent
	Enquires into physical, psychological and social aspects of the patient's problem.	Demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the patient.	Accesses information about the patient's psycho-social history in a fluent and non-judgemental manner that puts the patient at ease.
	Recognises the impact of the problem on the	Recognises the impact of the problem on the	Recognises and shows understanding of the
Offers treatment and support for the physical, psychological and social aspects of the patient's problem.		Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers.	Facilitates appropriate long term support for patients, their families and carers that is realistic and avoids doctor dependence.
	the GP in health promotion.	and assertiveness to challenge unhelpful health beliefs or behaviours, whilst maintaining a continuing and productive relationship.	tools in health promotion, such as decision aids, to improve health understanding.



WHAT HAPPENS WITH CORE COMPETENCIES



- Dashboard
- Personal Details
- Messages (0)
- Enquiries
- Home
- Summary
- Learning Log
- PDP
- Review Preparation
- Evidence
- Posts
- Declarations
- Skills Log
- Educators' Notes
- Personal Library
- Progress to Certification
- Downloads

Competence Areas

Competence	Linked Learning Logs In Current Review	Linked Learning Logs In Current ST Year	Linked Learning Logs Total	Linked Forms In Current Review	Linked Forms In Current ST Year	Linked Forms Total
1 Communication and consultation skills	8	16	55	8	14	32
2 Practising holistically	6	11	39	12	19	41
3 Data gathering and interpretation	4	12	43	11	19	51
4 Making a diagnosis/decisions	7	15	42	10	18	49
5 Clinical management	6	13	42	10	17	49
6 Managing medical complexity	7	13	29	5	7	20
7 Organisation, management and leadership	12	23	43	5	6	19
8 Working with colleagues and in teams	6	12	46	5	6	22
9 Community orientation	5	13	30	5	6	17
10 Maintaining performance, learning and teaching	14	27	74	0	0	15
11 Maintaining an ethical approach	7	11	32	3	5	32



IMPLICATIONS OF BAWA-GARBA CASE ON REFLECTION

- What happened?
 - Dr Bawa-Garba was a paediatrician whose reflections were used against her in the criminal courts.
- GMC has said that it will not ask for trainee reflections when considering fitness to practice cases.
 - BUT It is still possible that trainee reflections etc. may fall into the hands of prosecution barristers should cases come to court.
- What does this mean for me?
 - It may be something which comes to mind every time you write a reflection on a significant event and may deter some trainees from reflecting on significant events.
 - HOWEVER Trying to avoid the issue by not recording any clinical encounters is not an option.

"Not disclosing an incident or reflection during appraisal may lead to a greater risk of allegations of probity and referral to the GMC" MPS



RECOMMENDATIONS FOR TRAINEES FOLLOWING BAWA-GARBA CASE

1. All e-portfolio entries should be **anonymised**.
 - Could anyone reading the account be able to identify the patient (for example if they had a particularly rare condition)?
2. Record clinical encounters **truthfully**. So they should relate to actual events and not be fabricated, but some details (exact age, for example) should be changed.
3. Reflect on **the learning** that has taken place, rather than on what has gone wrong.
4. Keep the account of the encounter fairly **brief**. Aim to write more about the learning and the changes made, than about the actual events.
5. It is not always wise to make an e-portfolio entry immediately after a medical mishap when feelings are very raw, and you are upset, because you might write things that you later regret.
6. Try to **avoid self-incrimination**. Never write an entry in which you say you were negligent, or failed to do a particular act. Do not take personal responsibility for system failures.
7. Do always make a **note of external factors**.
8. Remember the **Duty of Candour**. The GMC advises that nothing you write in a reflective account should come as a surprise to the patient/relatives should it later come into their possession—so make sure that you only include information that they already know.



GROUP EXERCISE

In your groups you have 5 minutes to make 5 paper aeroplanes.

You will be assessed on

- How identical they are to each other
- How far they fly

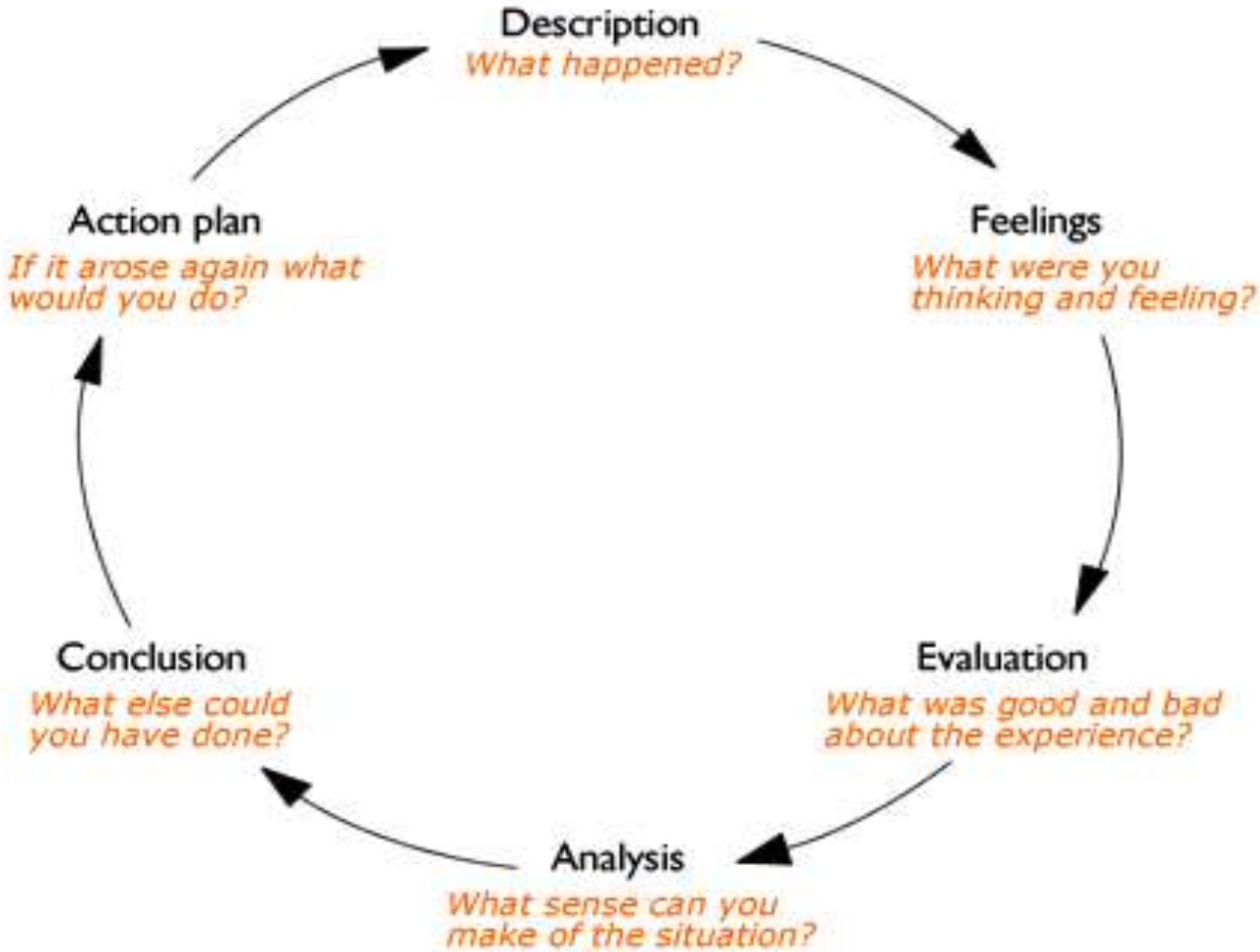


GROUP EXERCISE

- Individually reflect on what you did in 1 minute



HOW CAN WE REFLECT?



EPORTFOLIO

No patient identifiers

Write in the first person

Subject title: *

What happened?: *

What, if anything, happened subsequently?: *

What did you learn?:

What will you do differently in future?:

What further learning needs did you identify?:

How and when will you address these?:

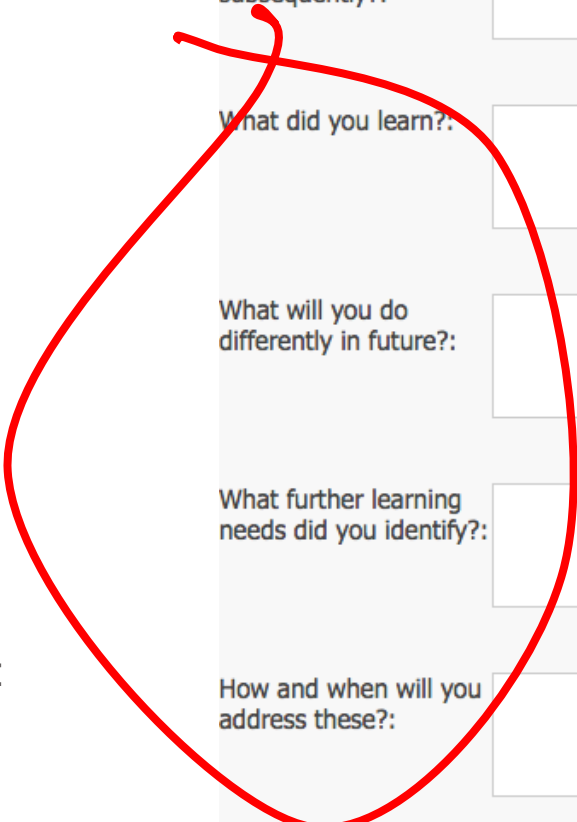
Tip: Keep the description short. Bullet points are fine.

Point to the competencies and keep it focused

Make it SMART:

- Simple
- Measurable
- Achievable
- Relevant
- Time-based

Tip: Start at the bottom and work upwards



GROUP EXERCISE

- Reflect again on the exercise – what more can you think of now....



What happened?

A consultation with anxious single mother, who felt her boy was ill all the time, on examination there was a bruise on the back, mother reluctant to show me, she is in a new relationship. I referred to the health visitor.

What, if anything, happened subsequently?

I spoke with the health visitor, she has arranged a home visit, when she has done this I will speak with her and we will do a joint visit. I also spoke with my educational supervisor.

What did you learn?

Lectures don't prepare you for the impact of reality. I felt uncomfortable and didn't know how to broach my concerns with the mother. I used time and a referral to find out some more, but afterwards I felt that my discomfort with the situation meant I shied away from directly confronting the mother about the bruise.

What will you do differently in future?

Next time, I would broach the safeguarding issue with the mother during the consultation. This might have helped me to assess the severity of the situation and the urgency of further action. I was worried about coming across as confrontational and that she would assume I was accusing her, but by being open, I might have been able to reassure her and offer her support. I will work on recognising patient's cues and exploring their ideas about the problem and their concerns during the consultation. I will make sure I am familiar with the practicalities of how to manage child safeguarding concerns.

What further learning needs did you identify?

I will find out about the local referral process for child safeguarding.

I will think about communication techniques for addressing possible safeguarding concerns during a consultation.

How and when will you address these?

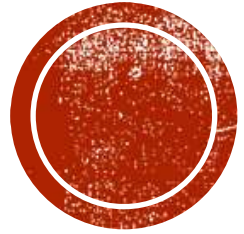
I will attend the next practice safeguarding meeting.

I will suggest that we have a discussion on safeguarding in my small groups session on a half day release session in the next few weeks.

STUCK? TRY SOME REFLECTIVE QUESTIONS :

- What could I have done better? What did I do well?
- What was I trying to achieve? Why did I act as I did? What were the consequences of my action for myself / patient / team / organisation?
- How did I feel at the time? Why did I feel that way? What did that feeling tell me?
- How did the patient feel? Why might they have acted like that? Did I say something that might have prompted that reaction?
- What other choices did I have? What would be the consequences of these choices?
- What do I think about the procedures, processes and resources involved? Were there any obstacles? Could any changes be made?
- How do I feel about the experience now? How have I made sense of this experience in the light of past experience and future practice? Has this experience changed my ways of knowing, thinking, doing or me personally?
- What have I learnt? What have I been made aware of? How can I improve?
- How will I put these changes into practice? How will I know that I am developing?





ANY QUESTIONS

