

Reflection is a theme throughout CPD, appraisal and revalidation. **Rosemary Howell**, Chair of the RCOG Professional Development Committee, explains why

CCORDING TO THE General Medical Council, reflection 'drives change in performance and is the key to effective CPD'. Good medical practice requires doctors to reflect regularly on their standards of medical practice. Doctors should reflect on all aspects of professional work, as well as on what they've learnt from continuing professional development.

This is easier said than done. It can take time to find a way that works for you to incorporate reflection into your day. So here we explore what reflection is, why it's important and ways of making it just another aspect of your daily practice.

What is reflection?

One of the first definitions was by the educational philosopher John Dewey in 1933, who called it "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 conclusion to which it tends".

A more commonly quoted, user-friendly definition is: "The process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective."

In reality, reflection is an everyday, unconscious activity. Sharing stories about experiences to fellow clinicians, recounting a case over coffee, mind wandering back to the day's experiences while in the bath, explaining a challenging day at work to your partner – all of these are examples of informal reflection.

However, reflection in the context of professional development is a deliberate and structured activity, which requires a conscious effort to think about events and develop insights. This formal reflection is a skill that can be learned and honed. And last but not least, reflection is recorded to demonstrate engagement with learning, and contributes to appraisal and revalidation.

Why is it important?

Reflection is an essential element of learning. However, the benefits of reflection are wider. It can:

- Validate your existing knowledge and skills – reflecting that you haven't actually learned anything new from attending an educational meeting is a valid conclusion
- Enable you to build on your prior knowledge and skills – good reflection is cyclical and iterative and will help you challenge your habits
- Support you to take control of your own learning agenda
- Help you to better understand your perspective, attitudes and beliefs which may influence your practice
- Make sense of uncertainty and conflict in the workplace
- Assist in identifying and solving problems
- Encourage you to consider alternatives and options and so promote flexibility
- Acknowledge your emotions and their impact on yourself, others and your work
- Build your resilience

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How is it done?

The essence of reflection for CPD is the question "what did I learn?" This might lead to further questions such as:

- What prompted this learning?
- Did I achieve what I expected to achieve?
- How does it relate to previous learning?
- Will this change my practice?
- · Can I share the learning with others?

Reflection may be triggered by some sort of discord, for example following a serious incident. Documentation of this reflection should focus on the learning. Only a brief account of the triggering event is required. However, this is only one aspect of reflection for CPD. Reflection will add to learning for most, if not all, CPD activities. You can reflect on meetings, audit, guidelines, teaching others and learning new skills.

Documented reflection requires writing, which can be hard to begin with. However, it doesn't need to be complicated. A good starting place is sentences starting with "I". You could also get started by saying it out loud first. It doesn't have to be long - two or three sentences for each aspect of your reflection is sufficient. Reflection is usually best completed immediately after the event while thoughts are fresh, although sometimes it's better to return to the reflection after some time, particularly if the event invoked a strong emotional reaction.

There are a number of templates available for reflective logs. For example, the RCOG CPD reflective template uses four headings:

- · Title and description of the event
- · What did you learn?

- Describe ways in which your own behaviour will change as a result of reflecting on this event and give a timescale for your action
- Have any other issues come out of the experience/event?

Or you could use the DEBRIEF method:

Events as factually **Describe** and dispassionately as possible What went well/you were pleased with? **Evaluate** What you would like to change next time? Emotions/values/ beliefs/assumptions **Bring out** that underpinned the actions you took In light of previous similar experience: Review How would someone else have done this? Identify Learning points

Establish

Follow-up actions to bring about change

Feedback

Seek feedback on actions, changes and developments



Top tips

- Make it a habit reflect regularly and soon
- Use "I" and be yourself
- Be honest and self-aware
- Put time aside
- Use a model that suits you (it doesn't have to be a structured template)
- Be open to other ways of thinking - critically analyse, challenge your assumptions, consider other perspectives
- Return to earlier reflections
- Have a reflective dialogue with a trusted friend
- Think forward sharing, implementation and follow-up learning

FURTHER READING AND RESOURCES

- The GMC's CPD app: www.gmc-uk.org/ education/continuing_professional_ development/29829.asp
- · The Academy of Medical Royal Colleges' Core Principles for CPD 2016: tinyurl.com/ **AMRCCorePrinciples**
- The London Deanery's Reflective Writing Skills: tinyurl.com/reflectivewritingskills
- · Sandars J. The use of reflection in medical education, AMEE Guide No.44 Med Teach 2009;31(8):685-95
- Johns C. Becoming a Reflective Practitioner (5th Edition). Wiley & Sons, Chichester UK; 2017

HOW I FIT REFLECTION INTO MY DAY: ANDY WATSON



I'M A CONSULTANT **OBSTETRICIAN** and gynaecologist at Tameside Hospital and Associate Dean for Northwest Deanery. I write reflections when

I have had a complication, a near miss, even a letter of compliment, so it's not just bad things. I reflect on all activity which is not mundane, so anything I've learnt from. Even if you are the best doctor in the world, you can always improve the way you behave and undertake activities.

Doctors have always undertaken reflection, but now the emphasis is on writing it down. I jot things down in my diary, then later type it into my hospital revalidation site. I don't write loads, just my considered learning points and how I feel about them. It should be something you can do if you've got 15 minutes between activities. I don't spend more than an hour over a week on it but for me it's important that it's spaced out. If I say "this is my reflective hour" I might not be in a reflective mood.

I've always reflected and talked to colleagues in quiet moments, but it's only in the past five years I started writing things down. I found that quite difficult at first but I found a way that works for me, and it pays off. Doctors who reflect learn from mistakes. A lot of things that go wrong at work are due to attitude, and this helps with attitude because writing reflections down helps you to get your thoughts together. It makes me a better doctor, undoubtedly.

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