**Local Appraiser Training November 2018 : Reflective practice : short notes**

**Definition :**

Reflective practice is the process whereby an individual **thinks deeply** about anything relating to their professional practice with the intention of **gaining insight** and **using the lessons learned** to maintain good practice, or make improvements where possible

**Ten key points on being a reflective practitioner [ adapted from the joint AoMRC, UK Conf of Postgrad Medical Deans, Medical Schools Council and the GMC guidance Sept 2018**]

1. Reflection is personal and there is **no one way to reflect**. A variety of tools are available to support structured thinking.
2. Having time to reflect on both positive and negative experiences – is important for individual wellbeing and development
3. **Group reflection often leads to ideas or actions that can improve patient care**
4. Health care teams should have opportunities to discuss openly and honestly – and reflect - when things go wrong
5. **A reflective note does not need to capture full details of an experience – it should capture learning and future plans**
6. Reflective notes should not substitute other processes to record, escalate or discuss serious critical events
7. **Reflective notes should be anonymised**
8. The GMC does not ask doctors to provide their reflective notes in Fitness to Practise cases – but doctors may choose to provide them, as evidence of insight
9. Reflective notes are not privileged and could be required by a court – the reflective notes should focus on learning. Factual details should be recorded elsewhere.
10. Individual and group reflection should be supported with time, and space to do it. Appraisers can encourage this.

Reflection should be part of a doctor’s everyday practice.

Evaluating previously held beliefs and assumptions allows learning to occur

Reflection can thus lead to development and improvement in practice and patient care

**Analysis : Tools to support structured thinking : eg :**

1. *Rolfe* : What ? So What? Now What?
2. What happened? What did you do? What have you learnt? What next ?
3. What ? Why? How ?

**Written or verbal reflections ?**

**Verbal :** More honest ? Could change with time ?

**Written :** More concrete. Could be incomplete?

* Documenting reflections is not the same as reporting serious incidents. Factual details are best recorded elsewhere, not in the appraisal forms
* Reflection should not be a detailed description nor an attribution of blame. They are anonymised notes focussed on learning from an event
* “*GMC does not require any specific documentation, only evidence that is being carried out effectively*”. Could be personal notes in appraisal. Could reflect on individual events, or a number of events that have occurred over time.
* Documenting reflection demonstrates professionalism and the ability to be a responsible self-directed learner.

**Disclosure of reflections?**

We know they are not legally privileged – but should be focussing on learning not factual details.

Seek advice from medical defence organisation and only disclose information relevant to the legal request.

A doctor **could choose** to offer reflective notes as evidence of insight and learning.