

Reflective practice, professional issues and self care

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Aims

- Reflective practice models
- Critical incidents and analysis to enhance practice
- Resources and opportunities

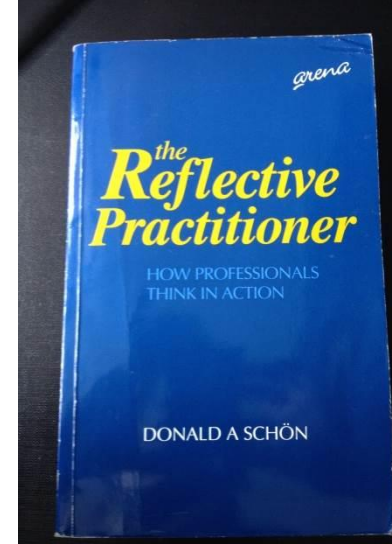


What is meant by reflection?



Donald Schon

- The reflective practitioner
- Critique of technical rationalism as dominating professional education
- Recognition of professional artistry
- Considered moments of expertise and exquisite performance
 - Baseball
 - Painter



Donald Schon

- Promoted the idea of accessing and reflecting on performance to make it less tacit and more open to the self
- Metacognition
 - Thinking about what you are thinking about as you are performing



Schön on 'Reflection-in-action'

“The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behavior...which serves to generate both a new understanding of the phenomenon and a change in the situation”

(Schön 1983)



Schön, D.A., 1983. *The Reflective Practitioner. How Professionals Think in Action.* Basic Books, USA.

“Further, as a practice becomes more repetitive and routine, and as knowing-in-practice becomes increasingly tacit and spontaneous, the practitioner may miss important opportunities to think about what he is doing....

And if he learns, as often happens, to be selectively inattentive to phenomena that do not fit the categories of his knowing-in-action, then he may suffer from boredom or “burnout” and afflict his clients with the consequences of his narrowness and rigidity.” (Schön, 1983, 61)



Complaints

- Time for process – fitness to practice panel. Adversarial system.
- Frustration, indignation and anger
 - “I didn’t train for this” “I just want to be a good osteopath”
- Reflective opportunity to enhance practice
- Participant led learning objectives
- Reflective account, opportunities for enhancement



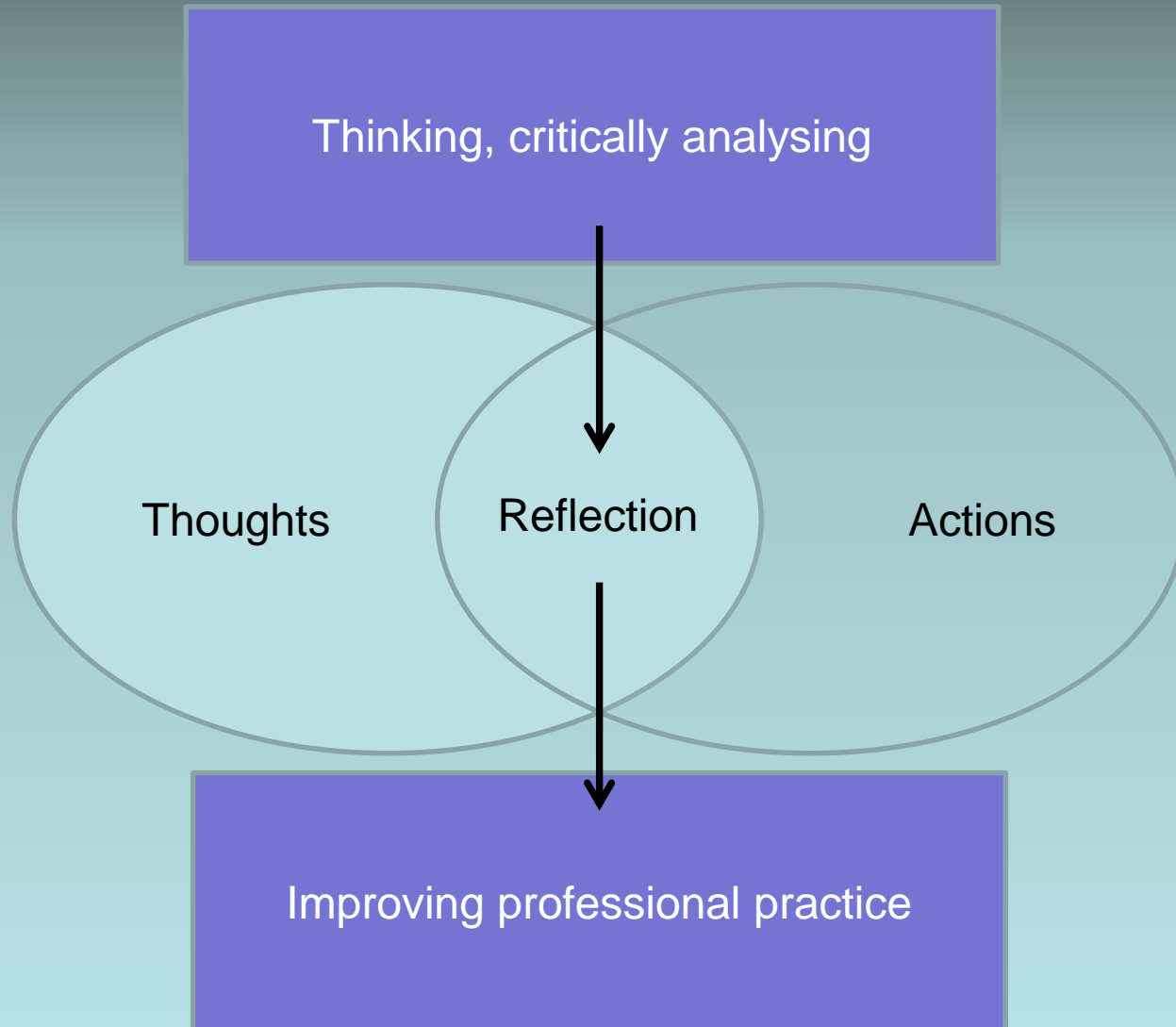
Models

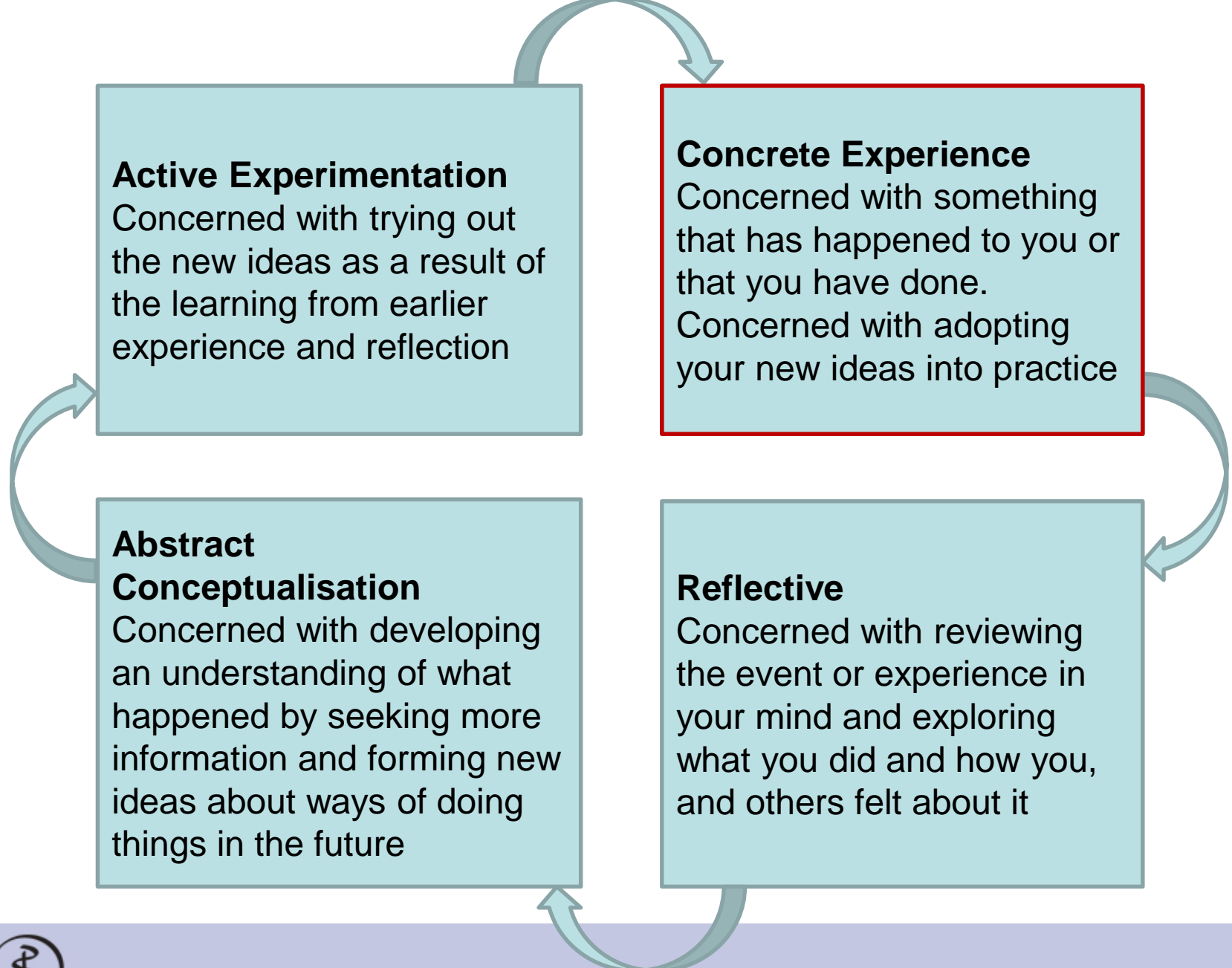
- Several models available
- Individual preference
- Variations on a theme, with ongoing developments
- Widely used in education and professional practice



Assume the perspective of an external observer

– identify assumptions and feelings underlying practice: speculate on their affect





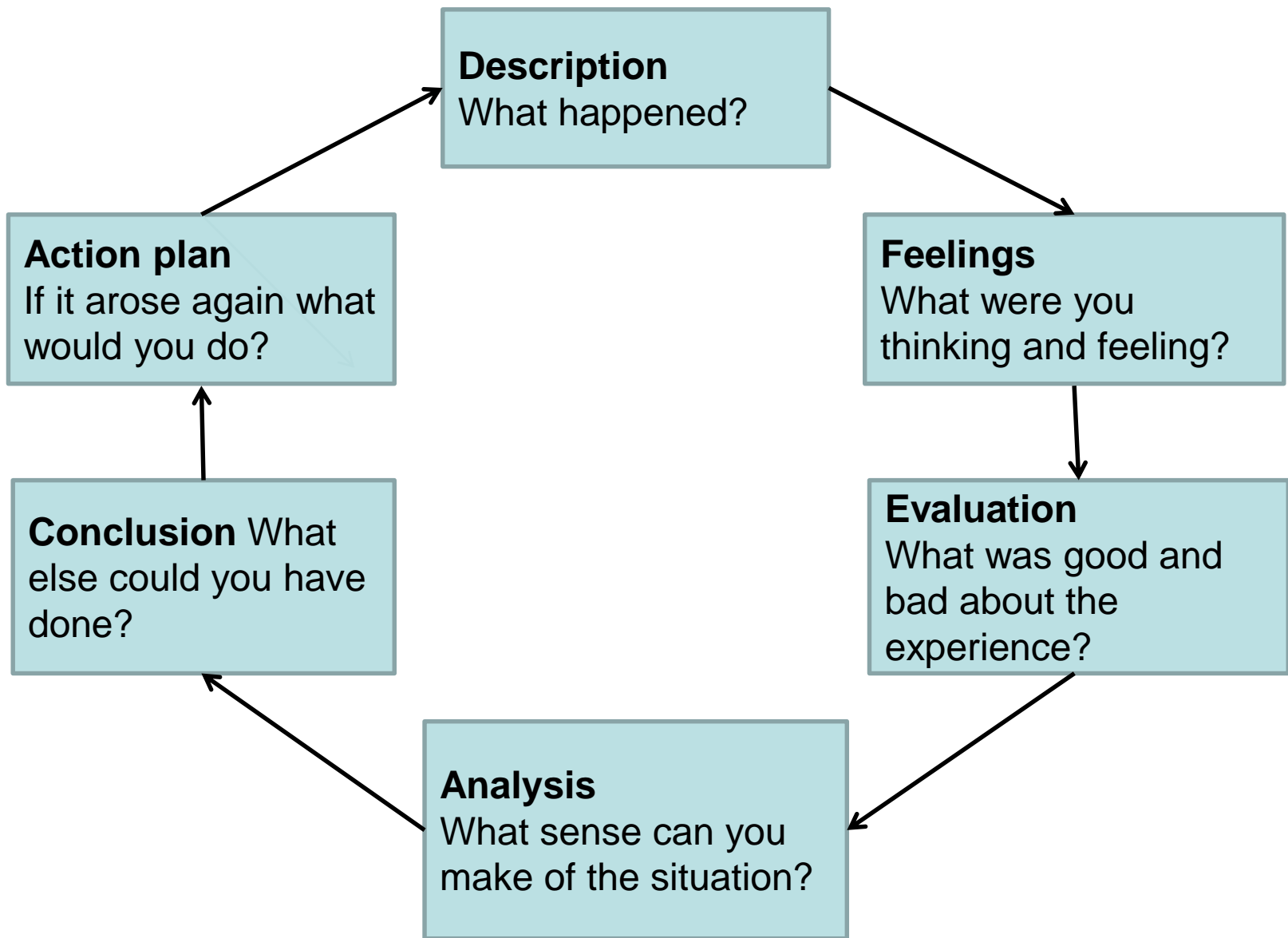
Active Experimentation
Concerned with trying out the new ideas as a result of the learning from earlier experience and reflection

Concrete Experience
Concerned with something that has happened to you or that you have done.
Concerned with adopting your new ideas into practice

Abstract Conceptualisation
Concerned with developing an understanding of what happened by seeking more information and forming new ideas about ways of doing things in the future

Reflective
Concerned with reviewing the event or experience in your mind and exploring what you did and how you, and others felt about it







Not psychotherapy

- Values, beliefs, emotions and thoughts all in the mix, but not a proxy for psychodynamic therapy!
- Distress with insight
- Evaluate views, several vantages
- Support of self and colleagues
- Standards of practice
- Appropriate disclosure
- Appropriate confidentiality



Types of reflection

- Planning: Preparing for the event.
- Reflection-on-action: After the event. Going back over experience.
- Reflection-in-action: During the event. Awareness of thoughts feelings and actions whilst you are doing them.



Prompts for reflection

- A situation where you felt that you might not have had sufficient skills
- A situation that went well, but you are not sure why
- A complex, surprising or clinically uncertain situation
- A situation in which you felt personally or professionally challenged



Critical incident analysis

- Vary according to context, common form of controlled analysis in high risk situations – aviation industry
- Raises questions for you



In the clinical setting, a critical incident might include:

- a medical emergency
- an unusual condition
- a difficult situation
- a communication problem (eg. with a patient or colleague)
- an interaction with a patient which made an impression on you (either positive or negative)
- an incident that made you feel inadequate in some way
- a time when you felt confronted; or
- an incident which made you think differently, or caused you to question your assumptions or beliefs.

Critical incidents may relate to issues of communication, knowledge, treatment, culture, relationships, emotions or beliefs.



Critical incident reporting and learning

Table 1
Framework as proposed by Vincent and colleagues²⁴ for analysing critical incidents

Main factors	Contributory factors
Institutional	Economic pressures, regulations, NHS executive, clinical negligence schemes
Organizational	Financial priorities, structure, local policies, standards, safety culture
Work environment	Staffing, skill mix, workload, shift patterns, design, equipment availability and maintenance, support
Team factors	Communication, supervision, team culture
Individual	Knowledge, skills, competence, health
Task factors	Task design, availability and use of protocols, test results, patient notes—accuracy and availability
Patient factors	Complexity and seriousness, language, communication, personality, social factors



Things to do

- Self monitoring
- Thinking aloud
- Create and use notebooks, post its, diary
- Attend to cognitive and affective aspects of practice



Things to do

- Plan a cycle of activity
- Recognise iterative process
- Determine learning objectives or goals
- Be explicit about relevance of the topic to your practice
- Go beyond telling an anecdote
- Consider from multiple perspectives



Multiple perspectives

- Who or what could you include to enhance your reflection?
 - Peer review
 - Patient review
 - Practice visits
 - Video analysis
 - Professional literature



Things to do

- Reframe the experience
- Explicit statement of lessons learned
- Plan for the future – learning and action
- Commit to action



Other ways to enhance reflection, self assessment and practice development

- Audit
- Policy review
- Using research literature - IJOM
- SWOT analysis
- CPD
- Social learning / peer group mentoring



Reports

Search

#	Type	Nature	Keywords	Location	
12	Red	Examination\Assessment	mis-diagnosis	Treatment room	<input type="button" value="View"/>
13	Amber	Examination\Assessment	neck arm face migraine neurological	Treatment room	<input type="button" value="View"/>
14	Red	Treatment\Management	frozenshoulder symptom duration complaint	Other	<input type="button" value="View"/>
15	Red	Treatment\Management	neck mobilisation radiculopathy	Treatment room	<input type="button" value="View"/>
16	Red	Treatment\Management	neck mobilisation radiculopathy	Treatment room	<input type="button" value="View"/>
17	Red	Treatment\Management	consent, risk, reaction,	Treatment room	<input type="button" value="View"/>
18	Amber	Other	Over-familiarity; boundary; respect; discomfort	Treatment room	<input type="button" value="View"/>
19	Amber	Treatment\Management	Joint decision-making; firmness; coercion;	Treatment room	<input type="button" value="View"/>
20	Red	Treatment\Management	Communication, manipulation,	Treatment room	<input type="button" value="View"/>
21	Red	Treatment\Management	Post treatment pain & stuffness	Treatment room	<input type="button" value="View"/>

Reflective practice resource on line

- http://www.nottingham.ac.uk/nmp/sonet/rols/placs/critical_reflection/
- Thank you for listening....
- Any questions?

