Reflective practice, professional issues and self care

Steven Vogel, Vice Principal (Research) BSO
Editor in Chief, International Journal of Osteopathic Medicine
s.vogel@bso.ac.uk
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
“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)
“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.

Kolb’s learning cycle (Kolb, D.A., 1984. Experiential learning: Experience as the source of learning and development. Prentice Hall, NJ.)

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

**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
Problems

• Hindsight bias
• Social desirability
  – Presenting the expected rather than the authentic self
• Time
• Evidence that it changes practice limited (Roessger 2014)
• Disposition
• Over exposure in the curriculum and desensitisation

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

Aronson L, (2010) Twelve tips for teaching reflection at all levels of medical education. Medical teacher. 1-6
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 (e.g., 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>
<thead>
<tr>
<th>Main factors</th>
<th>Contributory factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional</td>
<td>Economic pressures, regulations, NHS executive, clinical negligence schemes</td>
</tr>
<tr>
<td>Organizational</td>
<td>Financial priorities, structure, local policies, standards, safety culture</td>
</tr>
<tr>
<td>Work environment</td>
<td>Staffing, skill mix, workload, shift patterns, design, equipment availability and maintenance, support</td>
</tr>
<tr>
<td>Team factors</td>
<td>Communication, supervision, team culture</td>
</tr>
<tr>
<td>Individual</td>
<td>Knowledge, skills, competence, health</td>
</tr>
<tr>
<td>Task factors</td>
<td>Task design, availability and use of protocols, test results, patient notes—accuracy and availability</td>
</tr>
<tr>
<td>Patient factors</td>
<td>Complexity and seriousness, language, communication, personality, social factors</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>#</th>
<th>Type</th>
<th>Nature</th>
<th>Keywords</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Red</td>
<td>Examination/Assessment</td>
<td>mis-diagnosis</td>
<td>Treatment room</td>
</tr>
<tr>
<td>13</td>
<td>Amber</td>
<td>Examination/Assessment</td>
<td>neck arm face migraine neurological</td>
<td>Treatment room</td>
</tr>
<tr>
<td>14</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>frozen shoulder symptom duration complaint</td>
<td>Other</td>
</tr>
<tr>
<td>15</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>neck mobilisation radiculopathy</td>
<td>Treatment room</td>
</tr>
<tr>
<td>16</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>neck mobilisation radiculopathy</td>
<td>Treatment room</td>
</tr>
<tr>
<td>17</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>consent, risk, reaction,</td>
<td>Treatment room</td>
</tr>
<tr>
<td>18</td>
<td>Amber</td>
<td>Other</td>
<td>Over-familiarity; boundary; respect; discomfort</td>
<td>Treatment room</td>
</tr>
<tr>
<td>19</td>
<td>Amber</td>
<td>Treatment/Management</td>
<td>Joint decision-making; firmness; coercion;</td>
<td>Treatment room</td>
</tr>
<tr>
<td>20</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>Communication, manipulation,</td>
<td>Treatment room</td>
</tr>
<tr>
<td>21</td>
<td>Red</td>
<td>Treatment/Management</td>
<td>Post treatment pain &amp; stuffness</td>
<td>Treatment room</td>
</tr>
</tbody>
</table>
Reflective practice resource online

• [http://www.nottingham.ac.uk/nmp/sonet/rlos/placs/critical_reflection/](http://www.nottingham.ac.uk/nmp/sonet/rlos/placs/critical_reflection/)

• Thank you for listening….

• Any questions?