Reflection in Medicine in 2018

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HEENW

2018

Objectives

- Reflect yourself for a moment then speak with your neighbour for 1 minute
- What is/are your main objective(s) for this session?

Aims and Objectives

Aims

- To discuss reflection in medical education
- To explore reflection in 2018

Objectives

- To understand the context of reflection in 2018
- To understand GMC's view of reflection
- To be able to supervise reflections
- To be able to collaborate in better reflections
- To advise on reflections in eportfolio

Context

- Doctors learn from experience
- GMC believes all Drs reflective practitioners
- Training requires reflections
- Revalidation introduced 3 December 2012
- Revalidation requires reflections

Revalidation, Training and Reflection

- Revalidation intended "to encourage quality in healthcare for patients through self-assessment, appraisal, continuing medical education and **reflective practice**" (BMA)
- Junior doctors “are required to '**reflect**' on Serious Untoward Incidents (SUIs) and Significant Event (SE) information… a significant administrative burden and [may] result in cases of double jeopardy“ (2016)

HBG - 2011

- Recent maternity leave
  - No formal induction or training for new job
- Alone i/c PED and CAU
- On-call consultant off-site
- No senior consultant in unit
- Covering work of 2 others (rota gaps)
- AM hand-over incomplete due to arrest call

JA 2011

- Down's syndrome, ASD, Ax e D & V at 1020am
- Dehydrated, pH 7.084, lactate 11.4
- Dx hypovolaemia e gastroenteritis, Rx IV fluids
- IT failure delayed test results until 4.30pm
  - CRP 97, Urea 17.1, Creatinine 252
  - CXR left upper lobe pneumonia
- Rx IV cefuroxime at 4pm
- Enalapril (by m.) at 7pm → fatal cardiac arrest

Mistakes

- Underestimated metabolic acidosis import
  - Did not repeat enough
- Did not ask on-call consultant to review JA at PM handover meeting (but gave results)
- Mistook JA for another child with DNAR order at time of cardiac arrest stopping resusc for 2/60 (no impact on outcome)

Reflective notes?

- HBG met CS in hospital canteen a week later
- HBG listed everything she could have done differently plus some items CS suggested
- CS took notes, then transferred to training encounter form (CS & trainee sections)
- HBG did not agree with form and did not sign
- Reflections and the training encounter form were uploaded to e-portfolio

Trial, GMC & MPTS

- 4/11/15 HBG guilty of manslaughter by gross negligence: 2-year suspended jail sentence
- (Continued to work)
- 12/16 Appeal against conviction denied
- 13/6/17 MPTS suspended HBG for 12 months
- 25/1/18 GMC appeal upheld: HBG struck off
- 13/818 HBG won appeal against erasure, restoring one year suspension

Healthcare Professionals Concerns

- HBG unduly punished
- Failings in the system
- Understaffing on the day
- Unexpected IT problems
- Inadequate supervision
- Behaviour of GMC
- **Role of reflective notes?**

ePortfolio, Reflections and Trial

- Dr BG's e-portfolio reflection statement was not presented as evidence
- No reference to reflections in Defence report
- Prosecution did not refer to reflections
- Trainee encounter form
  - No admission of liability or guilt
  - Trainee encounter form not referred to

And

- Decisions in Court, by GMC and/or MPTS taken
  - On the facts of the case
  - Not on eportfolio entries

But: -

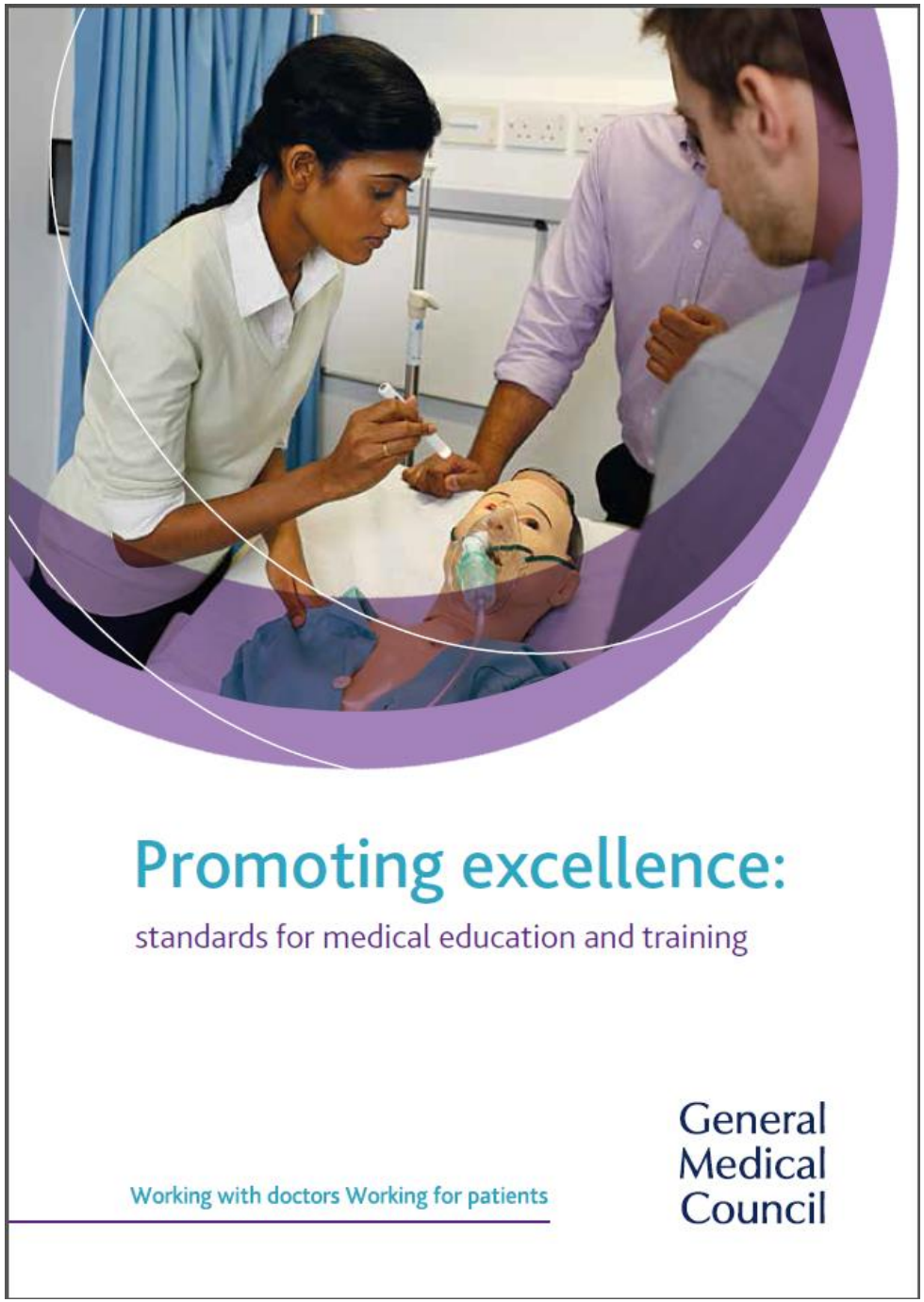
- CS trainee encounter form
  - Appears to have been available via CS
  - May have helped inform prosecution without direct reference
- GMC appealed against PSA advice

Since Then

- GMC state they will not demand reflections
- Colleges have stated they will resist requests for eportfolio

But: -

- Defence organisations have confirmed that
  - Assurances given by GMC or Colleges are not law
  - Reflections and eportfolio might be sub-poenaed from Colleges by a Court and used ‘if relevant’
- There is no ‘blame-free’ investigation system



What is the GMC's view of reflection?

Promoting Excellence

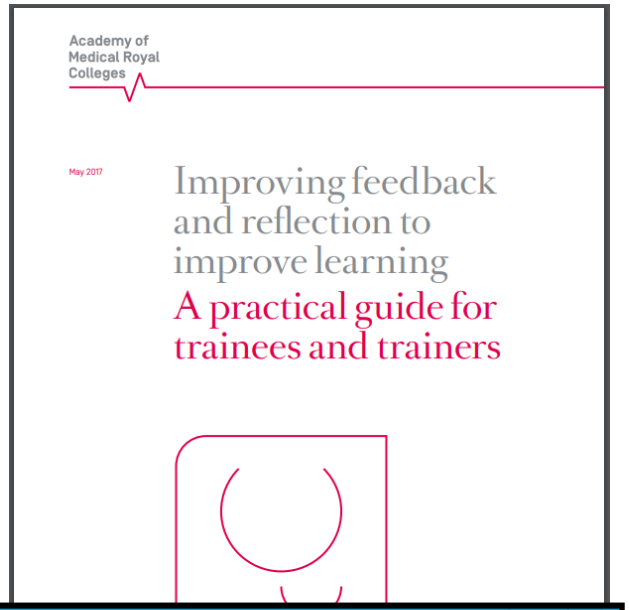
- 5 Themes
- 10 Standards
- 72 Requirements
- Source for HEE visits

Promoting Excellence and Reflection

R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities

No reference to personal reflection in PE

Reflective Practice Guidance 2017-2018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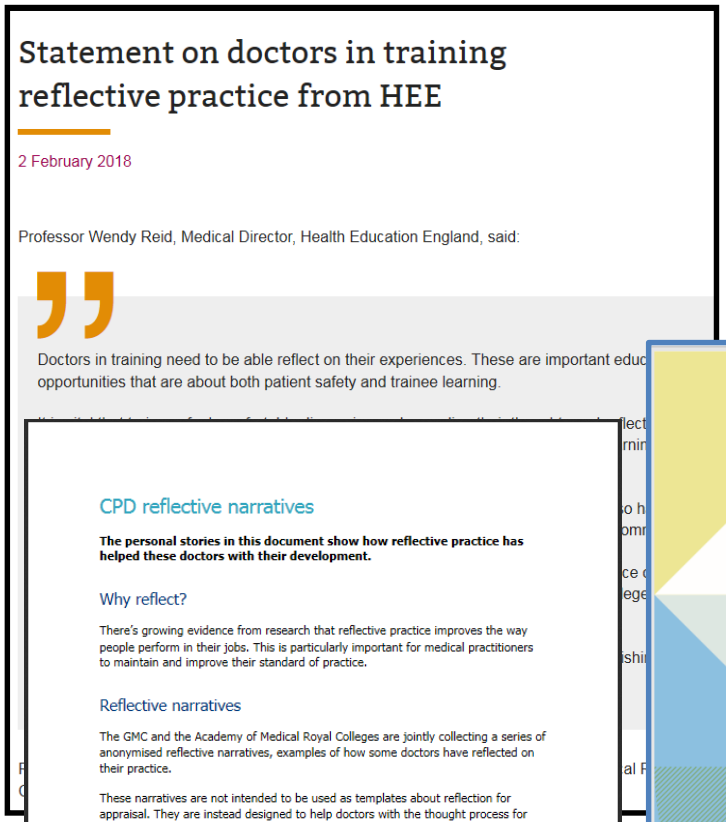
May 2017

Improving feedback and reflection to improve learning

A practical guide for trainees and trainers


Statement on doctors in training reflective practice from HEE

2 February 2018

Professor Wendy Reid, Medical Director, Health Education England, said:

Doctors in training need to be able reflect on their experiences. These are important educ
opportunities that are about both patient safety and trainee learning.


General Medical Council

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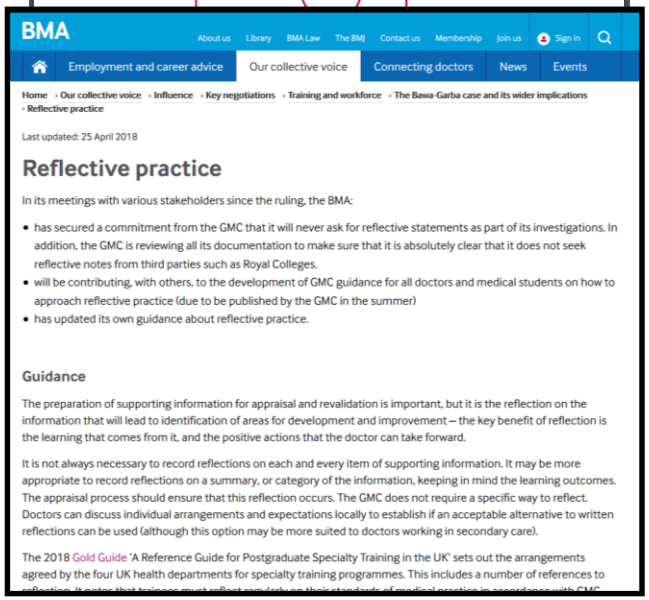
Helping doctors become reflective practitioners

New guidance for doctors and medical students on reflective practice is being produced by the Academy of Medical Royal Colleges (AoMRC), the Conference of Postgraduate Medical Deans (COPMeD)


BMA

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Last updated: 25 April 2018

Reflective practice

In its meetings with various stakeholders since the ruling, the BMA:

- has secured a commitment from the GMC that it will never ask for reflective statements as part of its investigations. In addition, the GMC is reviewing all its documentation to make sure that it is absolutely clear that it does not seek reflective notes from third parties such as Royal Colleges.
- will be contributing, with others, to the development of GMC guidance for all doctors and medical students on how to approach reflective practice (due to be published by the GMC in the summer)
- has updated its own guidance about reflective practice.

Guidance

The preparation of supporting information for appraisal and revalidation is important, but it is the reflection on the information that will lead to identification of areas for development and improvement – the key benefit of reflection is the learning that comes from it, and the positive actions that the doctor can take forward.

It is not always necessary to record reflections on each and every item of supporting information. It may be more appropriate to record reflections on a summary, or category of the information, keeping in mind the learning outcomes. The appraisal process should ensure that this reflection occurs. The GMC does not require a specific way to reflect. Doctors can discuss individual arrangements and expectations locally to establish if an acceptable alternative to written reflections can be used (although this option may be more suited to doctors working in secondary care).

The 2018 Gold Guide 'A Reference Guide for Postgraduate Specialty Training in the UK' sets out the arrangements agreed by the four UK health departments for specialty training programmes. This includes a number of references to

CPD reflective narratives

The personal stories in this document show how reflective practice has helped these doctors with their development.

Why reflect?

There's growing evidence from research that reflective practice improves the way people perform in their jobs. This is particularly important for medical practitioners to maintain and improve their standard of practice.

Reflective narratives

The GMC and the Academy of Medical Royal Colleges are jointly collecting a series of anonymised reflective narratives, examples of how some doctors have reflected on their practice.

These narratives are not intended to be used as templates about reflection for appraisal. They are instead designed to help doctors with the thought process for reflection, which is an important part of their professional development and appraisals.

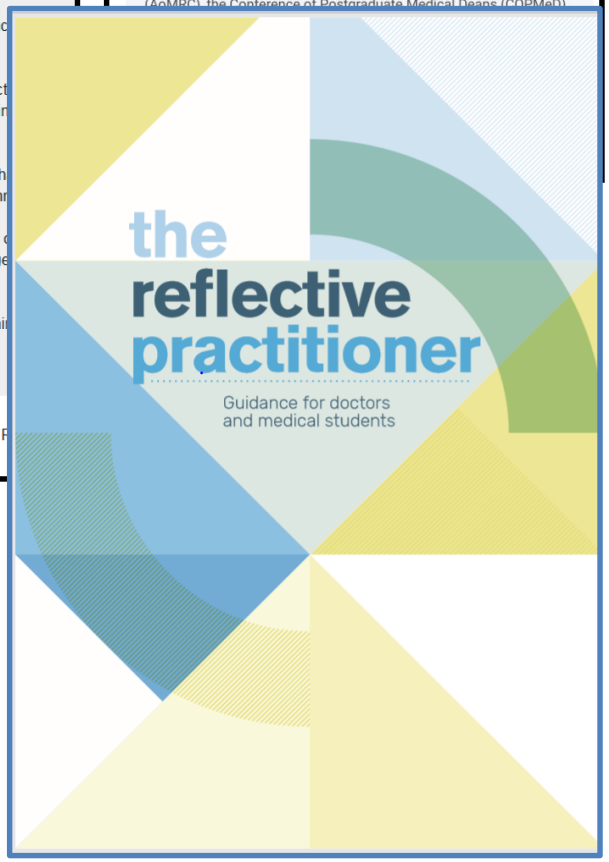
In this document

Paediatrics - better communication in emergencies
Dr A is a consultant in paediatrics, working in the emergency department of a teaching hospital. He reflects on the need for better communication in emergency situations.

General practice - self-motivation to continue clinical work
Dr D is a general practitioner reflecting on the self-motivation she needed to continue in clinical practice as a locum.

Public health medicine - developing effective and fair funding policies
Dr C is a consultant in public health medicine. Here he reflects on developing effective and fair policies with CCGs for funding.

Public health medicine - giving an effective TV interview
Dr B is a consultant in public health medicine. Here she reflects on how to give an effective TV interview.


the reflective practitioner

Guidance for doctors and medical students

GMC Examples of Reflection

- "…growing evidence from research that reflective practice improves [performance]"
- "particularly important for medical practitioners"
- Anonymised reflective narratives (with AoMRC)
- Not intended as templates about reflection for appraisal... instead designed to help doctors with the thought process for reflection

GMC, 11 March 2018

AoMRC and COPMeD Reflective Practice Toolkit

Academy of Medical Royal Colleges

COPMeD

Academy and COPMeD Reflective Practice Toolkit

Guidance Note

Background
The Academy of Medical Royal Colleges (AoMRC), the Conference of Post-Graduate Medical Deans (COPMeD), the General Medical Council and the Medical Schools Council have jointly produced guidance on reflection which should be read in conjunction with this toolkit. These supersede the interim Academy guidance produced in April 2018.

Purpose
This toolkit, which contains templates and examples of reflective styles, aims to facilitate best practice in the documentation of reflection on a variety of activities and events. It aligns with our joint guidance and previous AoMRC guidance. The templates are suitable for adaptation by Colleges/Faculties. who typically have their own formats.

The toolkit provides different template options that can be used, depending on the aspect of learning to be captured and individual personal preference. Some tools lend themselves to immediate personal reflection whereas others are more useful when some additional perspective has been gained, either through the passage of time or discussion with others.

Individuals will have different preferences based on how they learn best. Doctors may wish to provide documentation of their reflection on a single event or a summary of their reflective approach based on several different types of experience. Doctors in training are likely to need support to develop the skills to complete reflections, with action points and documented evidence of how learning has been translated into practice. The process is not a solitary event but one that accumulates the learning, support, advice and teaching into good practice.

Reflective practice
Reflection should be part of a doctor's everyday practice.

Reflective practice is '*the process whereby an individual thinks analytically 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*'.

This may be a situation the doctor observed, or was directly involved with, or may be part of formal learning which has been particularly poignant or effective. Reflection happens with both positive and negative events – learning from activities, either to reinforce behaviour or to change it. As this implies, it can take place during and after the situation.

As professionals, doctors should engage in a continuous process of self-assessment as part of personal and professional development. Reflective practice is part of this process and results in a better understanding of different healthcare situations. The aim of this toolkit is to aid individual development and to support enhanced performance when similar situations are encountered in the future.

1

need to examine their previous beliefs about
d, and individuals needs to learn to accept that
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practice. Reflections may accurately document
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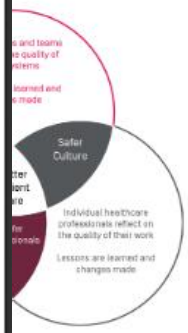

discussions about clinical events and should be
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or an attribution of blame, but should focus on
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reflection should thus demonstrate analytical
including discussion with peers and
tation of reflection should, therefore, focus on
not be a full discussion of the case or situation.

2

ter a significant event as these have a different
events necessary in the reporting or investigation of

cument those reflections. The GMC does not require
hat it is being carried out effectively.
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ken as part of a dialogue with trainers, this can be
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t any time. All details of those involved in a
ves etc – must be fully anonymised to comply with
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demonstrate the ability to be a responsible self-
from positive and successful situations as from

3

e through these links:

ve you learnt, what next

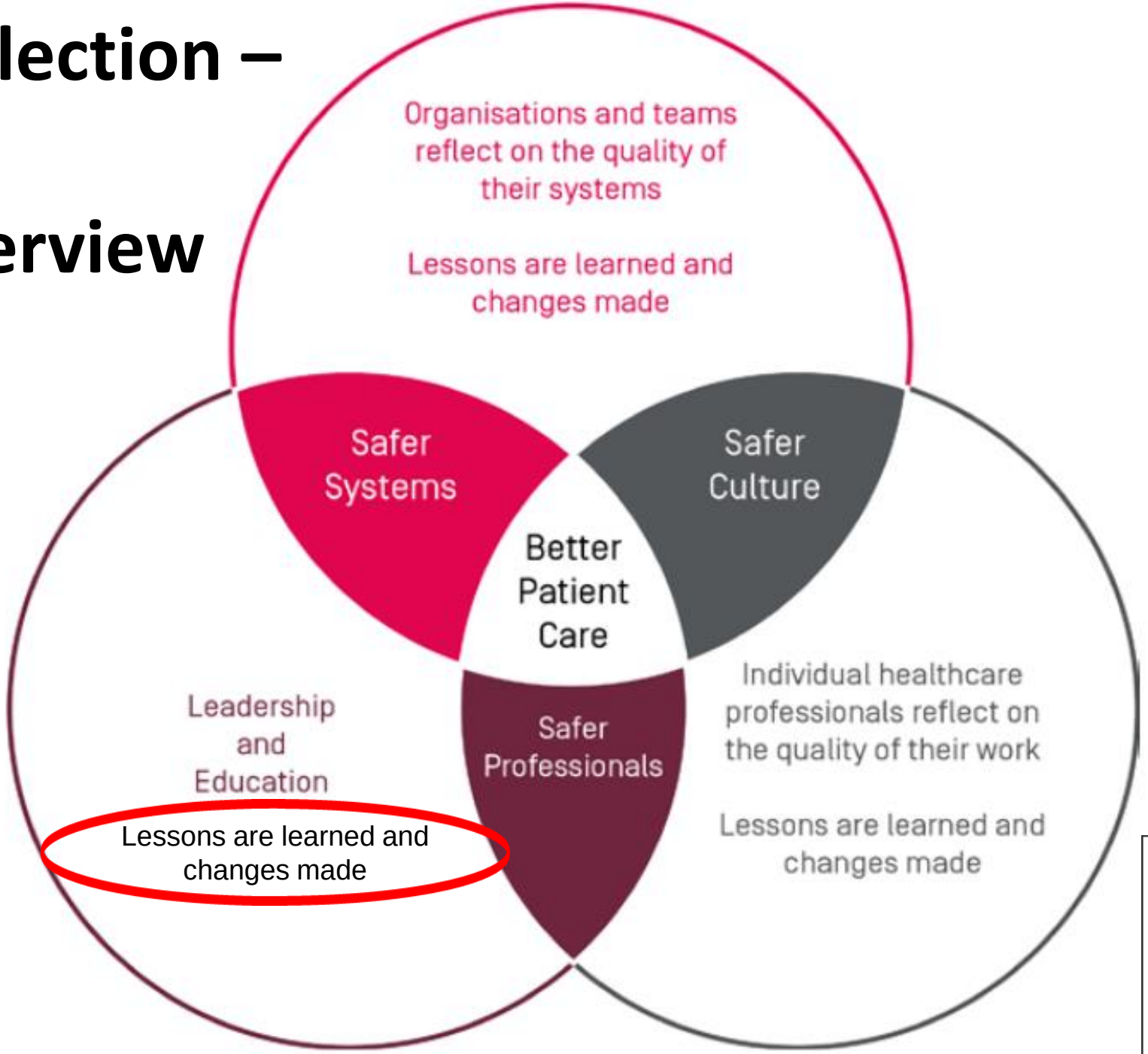
ffering templates above

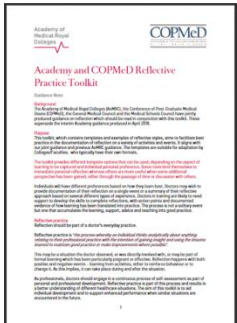
s in personal style, in purpose and complexity of the

individuals and in different settings, and our examples
isal portfolios and reflective notes.

4

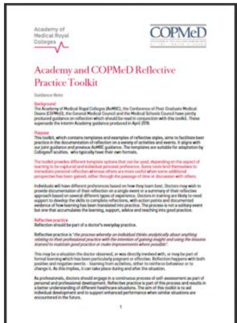
Reflection – An Overview




Academy and COPMeD Reflective Practice Toolkit

Reflective Practice

- Reflection should be part of a doctor's everyday practice
- Reflective practice is
  - 'the process whereby an individual thinks analytically 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'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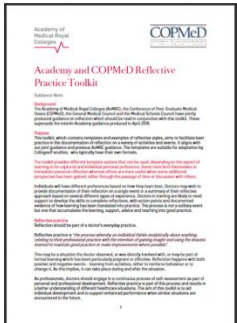
Requirements

- Doctors must feel able to have honest and open discussions about clinical events and should be confident that engaging in reflection provides them
  - Improved opportunities to learn
  - Evidence of professional approach to self-development
  - Changes leading to improved patient care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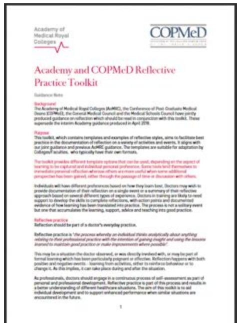
Reflection

- Should not be
  - A detailed description
  - An attribution of blame,
- Should focus on
  - Feedback
  - Descriptions of increased understanding gained which has led to an affirmation of, or change of, practice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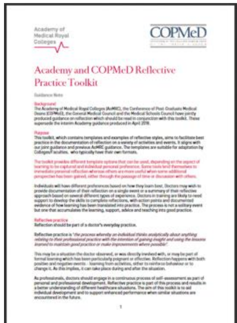
Notes on Reflection

- Should demonstrate
  - Analytical thinking
  - Learning accrued from various sources, including discussion with peers and supervisors
  - Action planning
- Documentation
  - Should focus on learning from an event
  - Should not be a full discussion of the case or situation (i.e. differs from SUI, etc)



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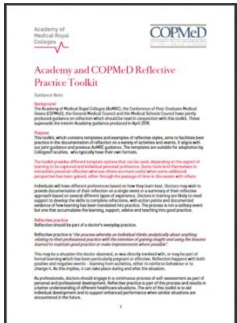
Documentation

- GMC does not require any specific documentation, only evidence that it is being carried out effectively
- Documentation of reflection
  - Notes in CPD / appraisal or training portfolios, or
  - SLE/WPBA after dialogue with trainers
- A written record of reflection may be made at any time



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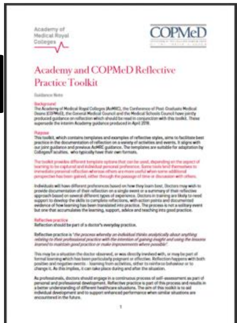
Anonymise

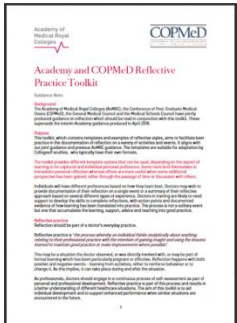
- All details of those involved
  - Patients, colleagues, relatives, etc
- Precise locations, dates and times should not be specified
- Separating the timing of reflective note event and its occurrence may help

Principle is to comply with confidentiality and information governance requirements



AoMRC – Possible Templates

- Reflection based on Schon
- What, Why, How
- Reflection based on Rolfe et al
- Reflection based on Gibbs cycle
- Academy reflective template
- What happened, what did you do, what have you learnt, what next
- Reflective diaries / Logs
- Team reflection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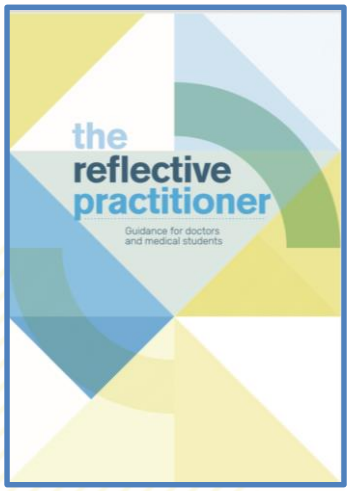
WHAT
(thinking)
SO WHAT
(feeling)
NOW WHAT
(doing)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reflective
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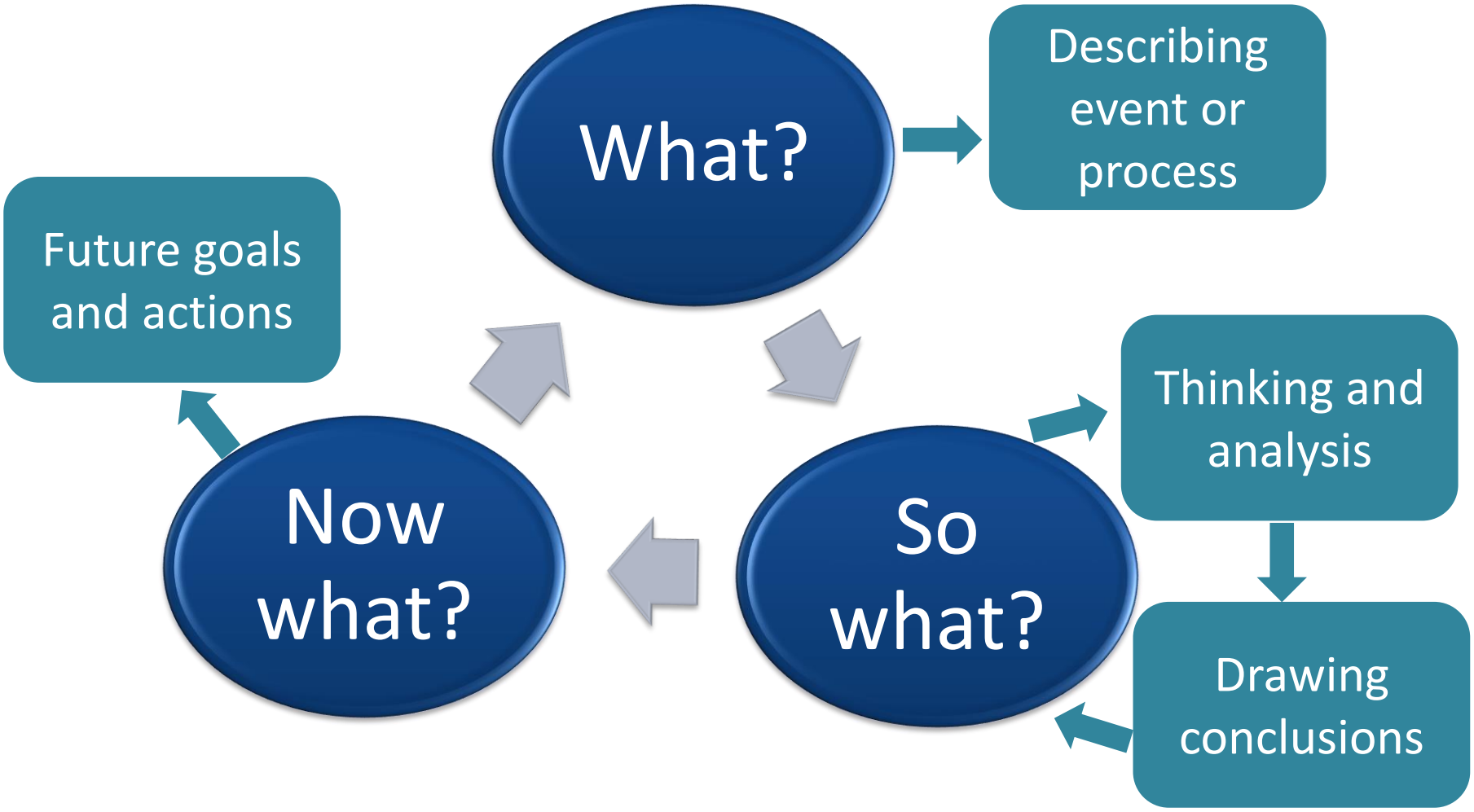
Guidance for doctors
and medical students

What Does That Mean?



The Three “Whats" of Reflection for GPs

- What happened?
  - I read an article
  - I went on a course
- What's important?
  - The guidelines have changed
  - Never prescribe X with Y
- What next?
  - I'll audit patients taking X and Y
  - I'll update my colleagues at our next meeting

Common Errors

- Detailed description on case
  - Aim for 3 sentences
- Stating a list of errors
  - Better phrased as what could have been improved
- Incomplete description of what has been learnt
- Leaving out what will happen next

Potential Confusion

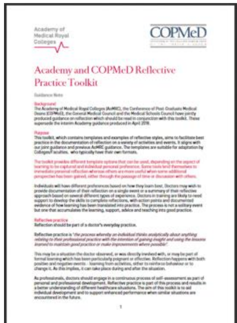
- Reflection on a case is not the same as
  - Response to a complaint
  - Contribution to a SUI enquiry
  - Contribution to a RCA
  - Report for a coroner
  - Response to litigation
- Separate templates, toolkits and advice/ supervision should be used for all these

Strategies to help with Reflective Writing

- Write diary entries immediately after the activity, reflect and comment a few days later
- Explain feelings in relation to strengths, capacities, fears, weaknesses and biases
- Suggest alternative actions which might have taken to improve the activity and make it a better learning experience
- Summarise what to do next time

Summary

- Documented evidence of reflection shows
  - A professional attitude to maintaining GMP by
  - Ability to learn from and develop one's own and system wide practice;
  - Take up learning opportunities; and
  - Demonstrate ability to be a responsible self-directed learner
- As useful to learn from positive and successful situations as from incidents where care could have been better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