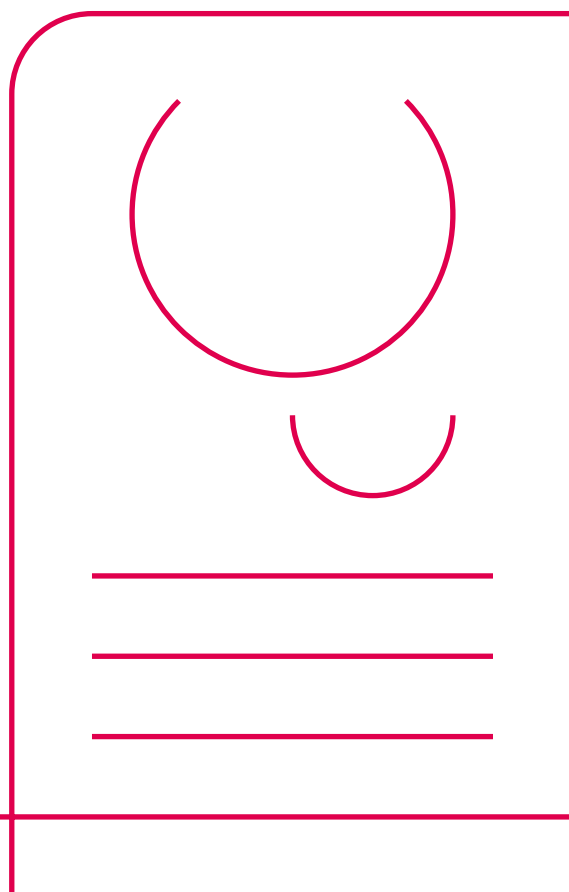


June 2019

Facilitating reflection

A guide for supervisors



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Background

Reflective practice is the foundation of learning; supervisors can actively support the development of this specific skill and associated behaviours in their supervisees.

Reflection is a key component of all learning. For the medical profession, the practice of reflecting on our work is critical to maintaining high quality patient care. Experience alone does not necessarily lead to learning; deliberate reflection on experience is essential. Objective reflection also benefits professional resilience, helping clinicians to avoid excessive self-criticism, which can impact on mental wellbeing and contribute to burn out. Providing evidence of reflective practice is a requirement for NHS appraisal and revalidation of all doctors.

The **Reflective Practitioner** guidance illustrates how to gain the necessary understanding, techniques and attitude for reflective practice. It was produced by the Academy of Medical Royal Colleges (the Academy), the UK Conference of Postgraduate Medical Deans (COPMeD), the General Medical Council (GMC) and the Medical Schools Council (MSC). The Guidance has also been developed into a **Reflective Practice Toolkit**. These and other educational and training resources are available online [Appendix A].

The toolkit defines reflective practice as:

'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'.¹

By becoming reflective practitioners, doctors can continually improve individual, service and organisational factors for the benefit of current and future patients. Supervisors are key to the development of all professional competencies, including reflective practice.

There is currently no formal guidance for medical supervisors wishing to support their supervisees in reflective practice.

This Guide provides prompts and tips to assist supervisors to become confident and comfortable in promoting appropriate discussions and records of reflective practice with their supervisees.

1. http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf

Tips to support supervisors in guiding supervisees in their reflective practice

1. Preparation:

- Take time to familiarise yourself with the available guidance, toolkit and learning resources (Appendix A) and keep these to hand for reference including during supervision meetings.
- Circulate links and documents to your supervisees before your first induction meeting, explaining that you would like to hear their thoughts on reflective practice with them as part of your discussion.
- Ask your supervisee to consider in advance their preferred method(s) for reflection, specifically in terms of thinking alone, talking to a peer or peer group, talking to a senior or other colleague or a personal contact.
- Be clear with your supervisee that reflective practice itself is not a form of assessment, rather an opportunity to explore a situation or event at greater depth. Stress the value of “true” reflection rather than a superficial or strategic exercise to satisfy appraisal and annual review requirements.

You may wish to make a comment highlighting your supervisee’s competence in reflective practice within an educational supervisor report and/or workplace-based assessment such as a case-based discussion, including advice regarding further development in this area of professional practice. Make this clear to your supervisee before you meet so that they have an opportunity to discuss this with you.

- Your experience as a clinician is a valuable learning opportunity for your supervisees. As part of modelling best practice, supervisors should openly reflect on aspects of their own clinical practice with the supervisee. This will create a rapport and allow you to champion reflective practice as essential professional behaviour. A supportive supervisory relationship enables mutual understanding and opportunity for collaborative learning.

2. During your first meeting:

- Open a discussion on reflective practice with your supervisee, in which you explore your supervisee’s understanding, prior knowledge and experience of using reflection as a learning tool.
- Be mindful that supervisees’ opinions and perspectives on the process of reflection are variable and are likely to be influenced by their personal or wider (peer group, organisational, system) experience (both positive and negative) or learning regarding the process and impact of reflective practice.
- Listen with your full attention and without judgement – there is no “right” way to reflect, but all of us can improve and refine our practice. Reflection should not be used as a tool for assessment of clinical competence.

3. Ask the supervisee to:

- Place the patient at the centre of their reflective practice, as with clinical care. Remind supervisees that active participation in these types of meetings will also support their development in clinical leadership and management and help to increase engagement with their organisation, reducing feelings of disempowerment and frustration with an unresponsive system.
- Reflect on positive as well as negative experiences – acknowledgements, compliments and outcomes of good care are powerful learning events.
- Take time to reflect by themselves, and if and as appropriate, with others – either one to one

with a supervisor, coach or mentor (or another consultant acting in this role) or within a “group” (this could be with peers, a clinical team, or a larger organisational group such as in a Schwartz round) as well as within both informal and formal settings.

- Supervisory discussions need sufficient time to allow in-depth reflective discussions to occur, particularly to ensure supervisee development and wellbeing are supported. Establishing and maintaining peer group reflective practice also requires time and may need facilitation by a supervisor or other senior clinician. Regular opportunities to reflect build trust and help to break down any perceived barriers.
- Ensure any written reflective accounts of clinical cases are anonymised. Focus on the learning from an event rather than root cause analysis or clinical detail. These details are likely to (but don't have to) be covered in the reflective discussion but do not need to be documented.

4. You should make the supervisee aware of their responsibility to:

- Report near misses, potential risks or incidents via organisational systems
Emphasise that there may be more than one “right time” to reflect, especially after specific incidents. Guide supervisees in ensuring that an appropriate amount of time has lapsed to objectively reflect – separate to the need to debrief, which will generally occur soon after an event.
- Participate in any debriefing or other group or team discussions that create actions to improve patient care on an individual or wider level.
- Take an active part in identifying, agreeing and undertaking actions within this process
- Be involved with any plans by the clinical team to feed back to a patient, next of kin and care providers

5. Taking it further: personal development and supervisory practice

You may identify a need to receive some formal training to develop the skill of supporting reflection; aside from further reading (see below), attending coaching and/or mentoring training or workshops can help educators to more confidently support developmental, reflective conversations.

You may experience difficulties with supervising the reflective practice of a trainee – in these circumstances, discuss this with your educational lead through existing governance structures.

Appraisal is based on examining the whole scope of your practice including teaching and training. Supervisors will also need time to reflect on their own training and teaching interactions (including assisting the development of reflective practice in others) and ensure that appropriate opportunities are available to support them with this.

Appendix A

UK Guidance on Reflective Practice relevant to post-graduate medical education

The Reflective Practitioner. Guidance for doctors and medical students (2018) Academy of Medical Royal Colleges, UK Conference of Postgraduate Medical Deans, General Medical Council, Medical Schools Council.

Reflective practice. Guidance for doctors and medical students. Summary (2018) Academy of Medical Royal Colleges, UK Conference of Postgraduate Medical Deans, General Medical Council, Medical Schools Council.

'Doctors in training should discuss the experiences they are planning to reflect on, or have already reflected on, with their clinical and educational supervisors, and Supervisors should confirm in the learning portfolio that the experience has been discussed, and agree appropriate learning outcomes and what actions are planned'

These documents are also available on the Academy and COPMeD websites.

Reflective Practice Toolkit. (2018) Academy of Medical Royal Colleges, UK Conference of Postgraduate Medical Deans.

Reflective practice learning materials. Available on the GMC website [accessed 13 June 2019]

The learning materials also include training resources (for groups and individuals) made in partnership with DoctorsTraining to show how doctors can effectively put the Reflective practitioner guidance into practice.

For groups - the workshop resources are for a facilitator to deliver to a group, exploring how and why to reflect effectively. There are two slide packs with different case study videos to choose from, designed to cater for different audiences: Doctor in training and supervisor in acute setting; and GP and appraiser in community setting

For individuals – based on the workshop slide packs above, this self-learning movie shows individuals how and why to reflect effectively.

The Gold Guide. Seventh Edition (2018) UK Conference of Postgraduate Medical Deans. The guide mentions the role of educational supervisors in supporting reflection as follows:

- Educational supervisors should assist in developing the skills of self-reflection and self-appraisal that will be needed throughout a professional career [4.24]
- Trainees should maintain reflective notes relating to [patient safety issues] in an educational portfolio [4.26]
- Trainees should reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation [4.47]
- Reflective notes around completed investigations should ... [be] included in the educational portfolio [4.54].

Appendix B

Further reading

General Medical Council (2016) Achieving good medical practice (paras 16-19). www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/achieving-good-medical-practice [accessed 13 June 2019]

General Medical Council. Confidentiality: good practice in handling patient information. Ethical and legal duties of confidentiality. www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/ethical-and-legal-duties-of-confidentiality [accessed 13 June 2019]

General Medical Council (2017) Generic professional capabilities framework. www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework [accessed 13 June 2019]

General Medical Council. Guidance on supporting information for appraisal and revalidation. www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/meeting-our-revalidation-requirements---overarching-principles [accessed 13 June 2019]

General Medical Council (2015) Openness and honesty when things go wrong: the professional duty of candour www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/candour---openness-and-honesty-when-things-go-wrong [accessed 13 June 2019]

General Medical Council (2019) Benefits of becoming a reflective practitioner. www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/benefits-of-becoming-a-reflective-practitioner [accessed 24 June 2019]

Royal College of General Practitioners. Reflective Group Learning. www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/daffodil-standards/reflective-group-learning.aspx [accessed 13 June 2019]

Royal College of Obstetricians and Gynaecologists. Reflect on a difficult communications episode. www.rcog.org.uk/en/careers-training/workplace-workforce-issues/improving-workplace-behaviours-dealing-with-undermining/undermining-toolkit/individual-interventions/reflection-on-a-difficult-communication-episode [accessed 13 June 2019]

'When a feedback episode goes wrong, there is a tendency to ignore it as the trainer may fear being reported for bullying, and the trainee may feel they have shown weakness. However, reflection could improve resilience, awareness and insight.'

Royal College of Physicians (2018) Never too busy to learn: how the modern team can learn together in a busy workplace. www.rcplondon.ac.uk/projects/outputs/never-too-busy-learn-how-modern-team-can-learn-together-busy-workplace [accessed 13 June 2019]

Royal College of Paediatrics and Child Health (2019) Looking after yourself – good practice for trainee paediatricians. www.rcpch.ac.uk/resources/looking-after-yourself-good-practice-trainee-paediatricians#_reflection [accessed 13 June 2019]

Royal College of Psychiatrists. Mythbusters: addressing common misunderstandings about appraisal and revalidation – Reflection. www.rcpsych.ac.uk/members/supporting-you/revalidation/revalidation-mythbusters/reflection [accessed 13 June 2019]

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