

# Example of a reflective practice tool

Fill in each column for patient encounters or issues that you come across in your work. Once completed, put this evidence in your personal portfolio (see example included in table for guidance). Remember to always code your patients' names when using any information that may go in your portfolio. This will ensure that the patient remains anonymous, as required within the Nursing and Midwifery Council *Code of Professional Conduct*.<sup>1</sup>

Date	Patient or problem	Issue/what happened?	Ideas for learning/ what have you learned?	Action plan/what are you going to do about it?
01/01/2001	Mrs Smith	<ul style="list-style-type: none"> <li>Unable to use inhaler device despite showing her once already</li> <li>Patient does not remember what was shown to her</li> </ul>	<ul style="list-style-type: none"> <li>Need to find ways of reinforcing how to use her inhaler. Learned that I can't just rely on showing a patient once and expect them to remember forever; continual reinforcement and education is necessary</li> </ul>	<ul style="list-style-type: none"> <li>Make sure that their inhaler technique is checked on every clinic visit whether with myself or with another member of the practice team. Have a prompt put up on the computer screen</li> </ul>

## Models of reflection

Reflective practice is associated with learning from experience and is viewed as an important strategy for health professionals who embrace life-long learning. The act of reflection is seen as a way of promoting the development of autonomous, qualified and self-directed professionals. Engaging in reflective practice is associated with the improvement in the quality of care, stimulating personal and professional growth, and closing the gap between theory and practice.

The following examples of models of reflection are outlined to give you a feeling of choice about the most appropriate strategies to use to encourage reflection in practice.

- **Gibbs Reflective Cycle (1988)** – this encourages a clear description of the situation, analysis of feelings, evaluation of the experience, and analysis to make sense of the experience to examine what you would do if the situation arose again.<sup>2</sup>
- **John's Model for Structured Reflection (2000)** – this can be used as a guide for analysis of a critical incident or general reflection on experience. John supports the need for the learner to work with a supervisor throughout the experience. He recommends that the student uses a structured diary. He advises to 'look in on the situation', which would include focusing on yourself and paying attention to your thoughts and emotions. He then advises to 'look out of the situation' and write a description of the situation around your thoughts and feelings, what you are trying to achieve, why you responded in the way you did, how others were feeling, did you act in the best way, ethical concepts etc. He also considers the use of internal factors, such as expectations from others, time factors, normal practice, anxiety of the situation etc.<sup>3</sup>
- **Rolfe's Framework for Reflective Practice** – he uses three simple questions to reflect on a situation: 'What, so what, and now what?' Rolfe considers the final stage as the one that can make the greatest contribution to practice.<sup>4</sup>

## References

1. Nursing and Midwifery Council. *Code of Professional Conduct*. London: NMC; 2002. Available at: <http://www.nursing-standard.co.uk/professional/code-prof-cond.doc>.
2. Gibbs G. *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Further Education Unit, Oxford Polytechnic; 1988.
3. Johns C. *Becoming a Reflective Practitioner: a Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision*. Oxford: Blackwell Science; 2000.
4. Rolfe G, Freshwater D, Jasper M. *Critical Reflection in Nursing and the Helping Professions: a User's Guide*. Basingstoke: Palgrave Macmillan; 2001.