

Reflection then and now

Reflection is dead?

Professor Derek Bell

Professor of Acute Medicine

Imperial College

President of the Royal College of Physicians

of Edinburgh

SAM – Bournemouth September 2018

- Reflection - Serious thought or consideration.
 - Curiosity - A strong desire to know or learn something.
-

Reflection

- Disclaimer
 - I am not an expert in Educational Theory
 - I am practitioner who is curious
 - Why now
 - UK Academy and other reports
 - Beyond the e-portfolio or CPD diary
 - Suggestions
-

Why now?

Jack Adcock

- 6 yrs old with Down's syndrome
- Thriving
- Enalapril – previous heart op
- Admitted unwell

2011

Dr Hadiza Bawa-Garba

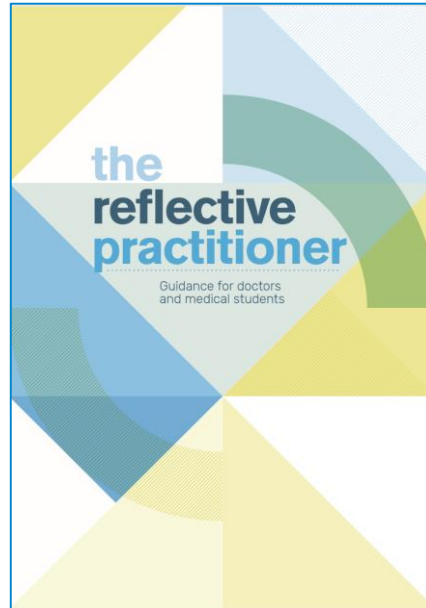
- ST6 – Good career record
- Returned from maternity leave
- Infrastructure –sub-optimal
- No Consultant review

E-portfolio, reflection and negligence

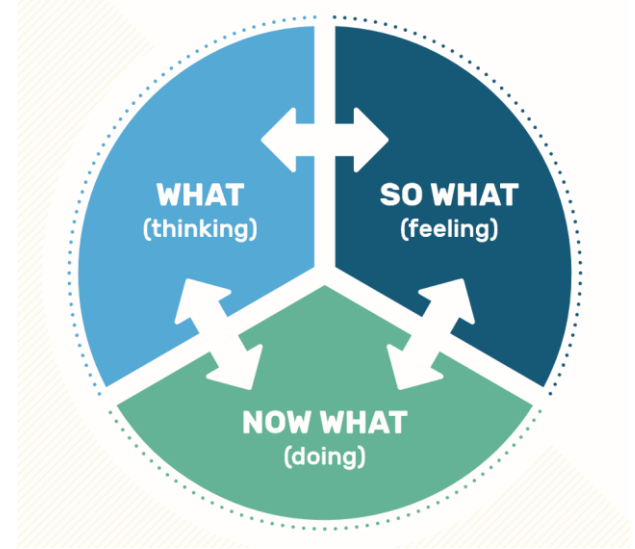
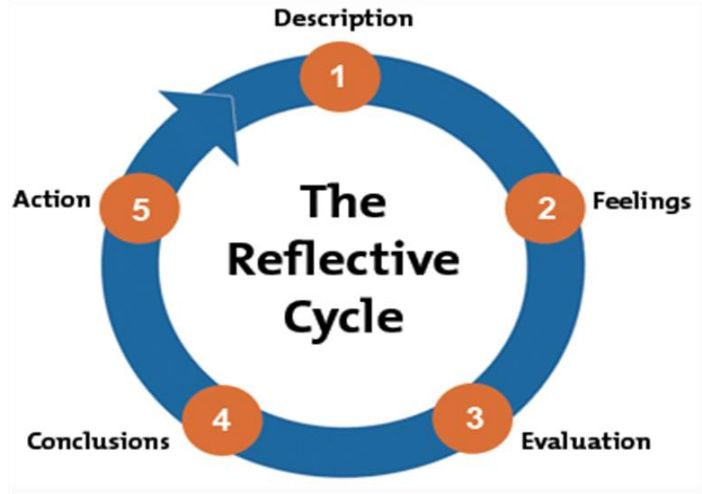
- Dr Bawa-Garba's e-portfolio **not** part of the evidence.
- Trainee encounter form part of Dr O'Riordan's evidence not used in court.
- Reflections irrelevant to the facts of the case & weight should not be given to retrospective comments **????**
- Using the contents of an e-portfolio (against a doctor would be exceptional)
 - GMC have stated will not use
- Manslaughter v Culpable homicide (England v Scotland)

Academy and COPMeD Reflective
Practice Toolkit

http://www.aomrc.org.uk/wp-content/uploads/2018/09/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf



It's a cycle



Reflective practice is not a mantra

Pros	Cons
Gives you a structure to follow	Implies that steps have to be followed in a certain way
Provides a starting point	In the real world you may not start at the 'beginning'
Allows you to assess all levels of situation	Models may not apply to every situation
You will know when the process is complete	Reflective practice is a continuous process

Schon
Gibbs
Dewey
Kolb
Schmidt
Moon

The toolkit examples ?

Examples of four incidents that use the differing templates above

Incident 1 – A near miss

Incident 2 – Prescribing error

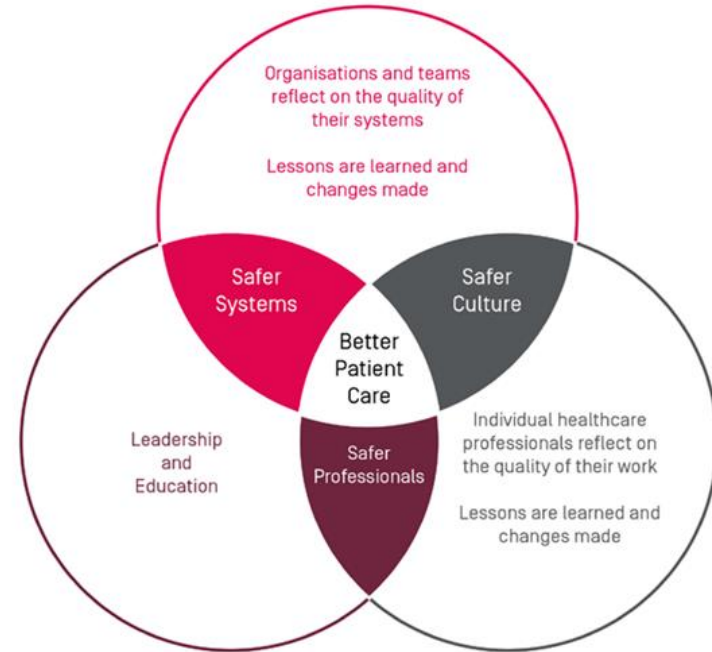
Incident 3 – WHO checklist incident

Incident 4 – A communication error

Meaningful Reflection? Reflective toolkit

Also about quality

Reflective Practice: an overview



Leicester Royal Infirmary Serious Incident Inquiry

- No single root cause for the death
 - Multiple recommendations
 - 79 actions
 - Have they been re-checked ?
 - Could this happen tonight ?
-

GMC and Medico-legal context

- A doctor can choose to provide reflective statements
 - demonstrate that they have insight and remediation efforts.
 - Failure to disclose an incident or reflection during appraisal
 - greater risk of allegations of probity and referral to the GMC.
 - Scotland - Lord Advocate would encourage
-

Williams Recommendations

1. **An agreed and clear position on the law on gross negligence manslaughter**
2. Improving assurance and consistency in the use of experts in gross negligence manslaughter cases
3. Consolidating expertise of gross negligence manslaughter in healthcare settings in support of investigations
4. **Improving the quality of local investigations**
5. **Improve reflective material guidance**
6. **Right of appeal against fitness to practise decisions** PSA should retain its right to appeal a decision **The duplicate power provided to the General Medical Council (GMC) to appeal decisions to the High Court should be removed.**
7. Consistency of fitness to practise decisions across professional regulators
8. Diversity in fitness to practise proceedings – **introduce equality and diversity standards**
9. Legal representation in fitness to practise proceedings - review whether the outcome of fitness to practise procedures is affected by the availability of legal representation..
10. **Support for patients and families** during fitness to practise proceedings

GMC Review

"I am looking forward to identifying priority areas where the GMC and other key health organisations can work together to reduce workplace stresses on medical students and doctors. We know there's already a wealth of established services that are effective and assisting doctors' needs and we will be also be working to support these valuable projects."

Dame Denise Coia

Chair of Healthcare Improvement Scotland

Some thoughts

- Mandating reflection ?
 - Valuing written reflection over other forms
 - Only rewarding the “right” type of reflection
 - Facilitation ?
-

Written reflection in assessment and appraisal: GP and GP trainee views

Pamela Curtis , Gordon Taylor, Ruth Riley, Tom Pelly & Michael Harris

540 GPs and 460 GPSTs

- 83% prefer verbal reflection to written reflection
- 70% - time consuming, box ticking, distracts from learning
- 75% not useful for identifying poorly performing GPs

23/10/2018

Imperial College
London

**GMC review – independent review of gross negligence
manslaughter and culpable homicide on-going
Feed in if you can
Hamilton Review (Marx)**

Summary

- To evolve medicine as a profession requires curiosity
- Clinicians require to be reflective practitioners
- Reflect and review how you reflect
 - team v individual
 - Single event – system – organization
- Talk before you document
- e-portfolio - do not need to document everything
- All reflection should not be about 'bad things' or 'good things'
- Feed into Hamilton Review (Marx) for GMC

Health care is complex

Reflective Practice: an overview

