



In this month's CPD article, Haydn Dobby explains the art and craft of reflective practice

What is reflective practice?

As opticians, we could be forgiven for thinking that reflective practice relates to optics and mirrors. Looking in a mirror lets us view an image of our current selves, albeit laterally inverted. Reflective practice allows us to view the image of our professional (and personal) selves. We achieve this by thinking back on our practice and actively analysing our experiences so that we may improve and develop – hence *continued professional development* (CPD).

Many of you may be thinking 'I already do this', and that is likely to be true as this is an inherent part of the learning cycle. We all learn and grow from our experiences in life. Have you ever melted a frame in a heater before? I would be willing to bet that you will have checked the temperature setting every time since. This would be seen as a more superficial form of 'reflection on action'.

Reflective practice is a concept of learning that is now a staple in many modern healthcare educational programmes and professions. It can be broken down into three relatively simple core components:

- An experience
- Reflective process
- Action

All three parts must be present to achieve full reflection, and they should occur in a continuing cycle, like a pair of parallel mirrors, the reflection never ends (**Figure 1**). An event occurs, we reflect on the experience and the outcome, and we take appropriate action as necessary. The next time the same (or a similar) event occurs, the process restarts. This creates a constant cycle of reflective practice and allows us to develop as primary healthcare professionals.

WHY DO I NEED REFLECTIVE PRACTICE?

Reflective practice is more than simply looking back on an event. Inspection is simply the first step on the path to

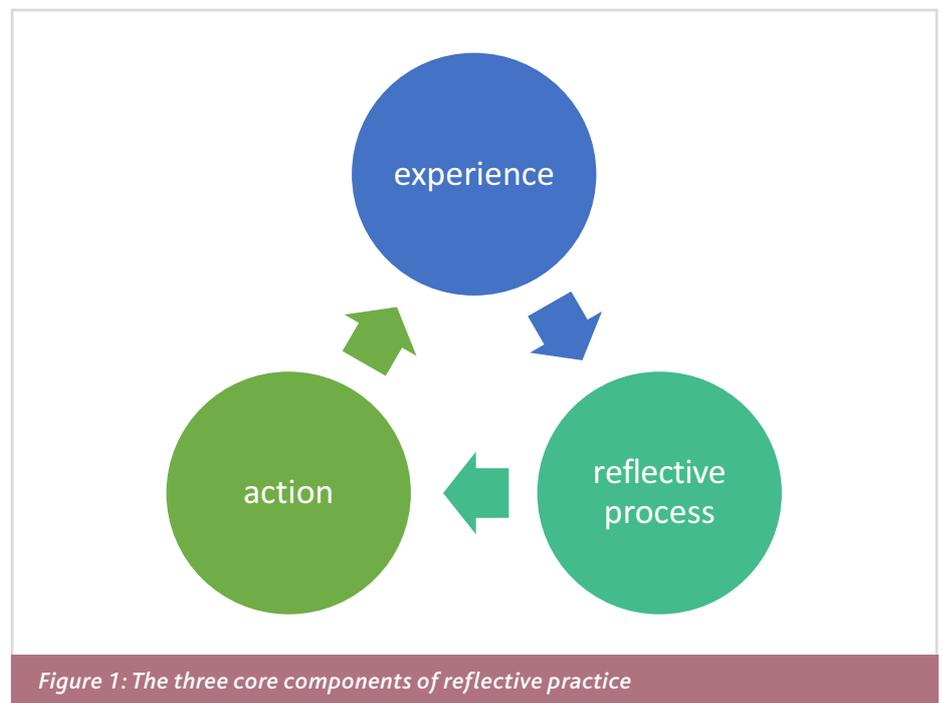


Figure 1: The three core components of reflective practice

development. It is about understanding our actions, our current levels of knowledge, and our existing skill set. It is the ability to recognise gaps or deficits therein, then identify approaches to remedy any issues and address any shortcomings.

One thing that struck a chord with me from Alex Webster's article in part one of this series (*Dispensing Optics*, January 2019) was her assertion that "qualifying isn't the finish line, it is the starting line". The General Optical Council's (GOC) Standards of Practice require that we keep our knowledge and skills up-to-date, and currently its CET programme has left plenty of room for reflection, but it is often not utilised when not a mandatory requirement. This is a shame, as active reflection is an excellent method of improving as practitioners.

Becoming comfortable with the concepts and methods of reflective learning now, before a possible GOC change to CPD, will make the transition easier for all of us. More

importantly, it will further aid you in providing the best possible outcome for each of our patients. We would hopefully all agree that patients who feel they have been looked after in a professional and comprehensive manner will keep coming back to us year on year, and will recommend you to friends and family.

HOW DO I REFLECT EFFECTIVELY?

First and foremost, the biggest mistake you can make when reflecting is to treat it as a tick box exercise and a waste of time. CET and CPD are far more than a measurement of performance, and simply treating it as such is doing your patients (and yourself) a disservice and does not adhere to the GOC standards of professional practice.

Personal growth and development should always be the goal and your intrinsic motivation. While your extrinsic motivation is the CET points gained through the activity, these should be treated as a bonus on top of your learning and development.

With a bit of thought, reflections can be a very useful tool in professional development. If a job is worth doing, it is worth doing well. Personal growth and development are some of the most worthy things I can think of.

The GOC currently requires us to create a personal development plan (PDP), from which we must relate our learning goals for the cycle and relate each of our CET activities back to it. As we are at the start of a new CET cycle, I would encourage you all to update your PDPs and learning goals on a regular basis.

In order to create a meaningful plan, we must first go through a process of self-assessment (not taxes, I know most of the locums reading this just shuddered there).

Before we can develop, we need to have a clear and honest assessment of our current abilities and professional practice. This is often the hardest part of the process as some of the realisations we may come to might make us uncomfortable. This is to be expected and will highlight areas we feel are in need of attention within ourselves. Honesty is key in this process; no-one needs to see this assessment so there is no need to over inflate yourself. Doing so defeats the object of the exercise.

Many of us will probably have conducted a SWOT (strengths, weaknesses, opportunities, threats) assessment at some point in our lives or careers. This is essentially what we are doing here, but I would encourage you to work more holistically than the narrow view of the SWOT analysis. Hold different lenses up to your practice and really analyse yourself. How do you view yourself? How do patients view you? How do your colleagues in practice view you?

Consider the qualities that you believe make an ideal practitioner, and those that make for an optician with room for improvement. By all means have this discussion with a colleague and see how your opinions may overlap, differ or align. This collaboration and discussion are important in expanding our horizons.

Once you have your criteria, compare yourself to them. I say again, honesty is key here. This will let you see where you feel you excel, and where you feel you need further development. Feeding this back into your PDP will allow you to create meaningful learning objectives for the future that go beyond ticking boxes for the GOC, and into the realms of CPD.

Calling back to an earlier analogy, this is the first hurdle following the 'starting line' of qualification. Now you can pick out truly relevant CET opportunities for points in the coming cycle and carry out your own CPD for professional growth. Interacting with

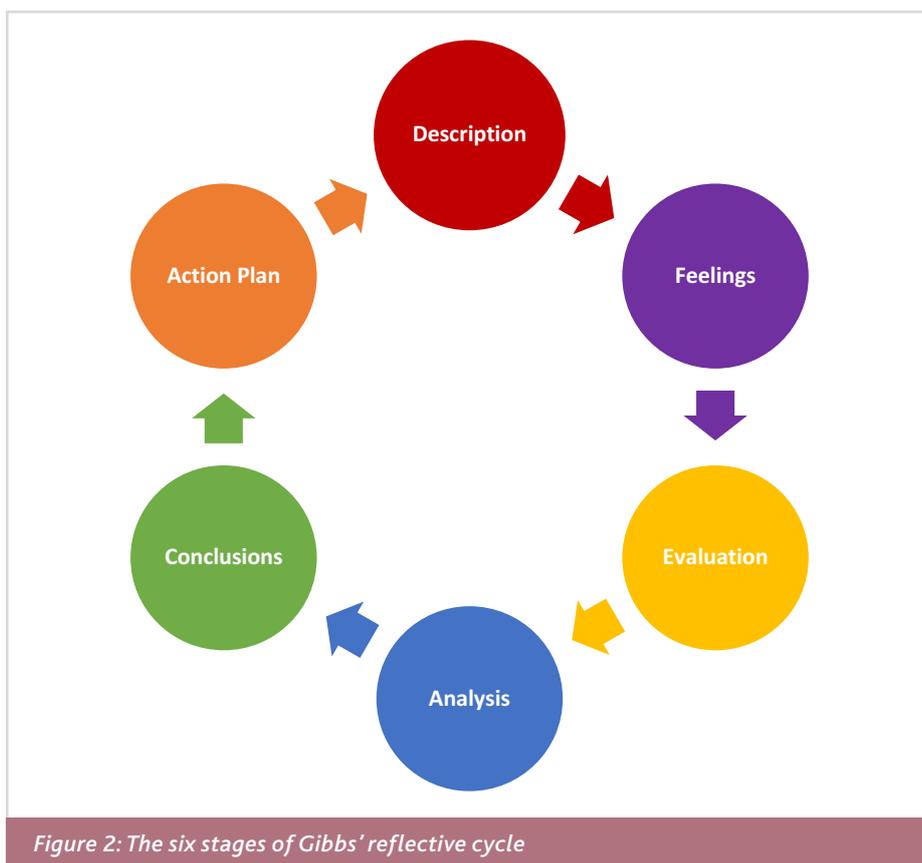


Figure 2: The six stages of Gibbs' reflective cycle

these opportunities is necessary to begin the development, but reflecting on them after the fact is essential, and is where your development truly happens. This development leads to changes in our practice, feeding back into the continual cycle of reflective development.

USING REFLECTIVE CYCLES

Learning to reflect effectively is a continual process in, and of, itself. Many new practitioners (and a fair number of experienced ones) make use of reflective cycles or frameworks to aid them. A quick Google search for reflective cycles will bring up a daunting number of options, so my recommendation for an early reflective practitioner is Gibbs' reflective cycle¹.

While suggesting a cycle from more than 30 years ago may seem at odds with the notion of updating our practice, Gibbs' cycle is still widely used in many modern healthcare professions. It is the cycle I direct my undergraduate students towards as it is accessible, structured, and effective.

Gibbs breaks the cycle of reflection down into six stages for us to consider (Figure 2):

1. Description (what happened?)
2. Feelings (what were you thinking and feeling at the time, and immediately after the event?)
3. Evaluation (what was good and bad about the experience?)

4. Analysis (what sense can you make of the situation?)
5. Conclusions (what else could you have done?)
6. Action plan (if the same, or a similar, situation arose again, what would you do?)

Completing the six stages of this framework allows you to really examine an experience, and to draw meaningful insight from it. This may be as simple as a routine consultation with a patient, or something more complex such as a pathological referral. This insight allows us to clearly identify areas for improvement within ourselves, and equally importantly, areas of good practice to continue to demonstrate in our future practice.

In the next article we will look at how we can engage with the six stages of Gibbs' cycle in more detail, and present a case record of Gibbs' cycle applied to a critical incident from the practice environment.

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REFERENCE

1. Gibbs, G. *Learning by doing: A guide to teaching and learning methods*. Further Education Unit. Oxford Polytechnic: Oxford, 1988.