



This month, Haydn Dobby explores in more depth how to engage in reflective practice

# How to reflect

In the last article (*Dispensing Optics February 2019*), we examined the need for reflective learning in our practice, culminating in a brief explanation of reflective frameworks/cycles. These cycles exist to guide the novice (and experienced) reflective practitioner through the developmental process. You should be aware that many different reflective frameworks are used in modern healthcare. Finding one that feels a good fit for your own style is important, and it is well worth spending time reading up on possible options.

Here we will be focusing on Gibbs' cycle as it is accessible, easy to apply, and allows for deep and meaningful reflection on our practice. As per the last article, it is the one I encourage my students to make use of.

As a reminder, Gibbs' cycle flows through six stages (**Figure 1**) and allows for a critical event to be effectively deconstructed and explored in order to grow and develop from the experience.

The term 'critical event' implies that this cycle could only be applied to situations of great importance. As the person conducting this reflection, it is applied to what we deem to be important. This may be something as routine as an explanation of a coating option or adjustment of spectacle frame, ranging all the way up to complaint resolution or urgent referrals.

*Read on for a breakdown of each of the six reflective stages of Gibbs' cycle.*

## DESCRIPTION

As the name implies, the purpose of this stage of the cycle is to describe the event you wish to reflect on. Depending on the nature of the event you are considering, this may never be seen by anyone other than yourself, but what is important here is that you are objective and include as much detail as you can. It should be obvious that the more time that passes between the event

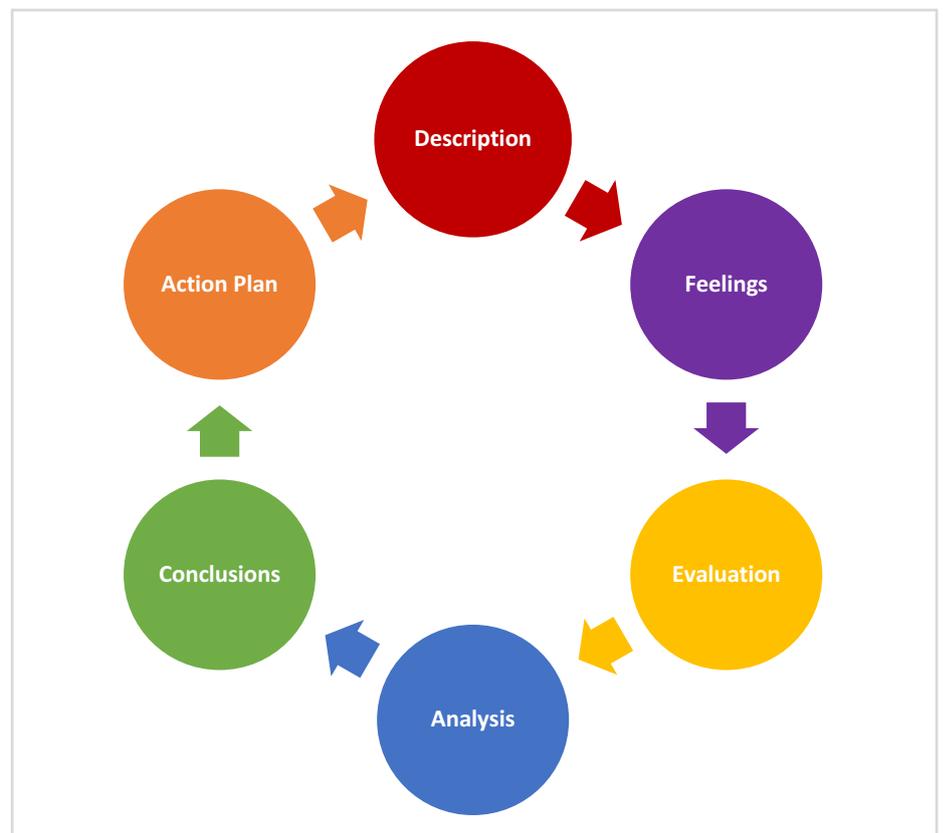


Figure 1: The six stages of Gibbs' reflective cycle

and your choosing to record it, the less likely it will be that you can recall the full events. Jasper<sup>1</sup> gives a series of prompting questions to allow for a full description:

- Where were you and why?
- What happened?
- When did it happen?
- Who else was there?
- What were you doing?
- What were other people doing?
- What was your part in this?
- What parts did other people play?
- How did you react?
- What was the result?

While it seems that some of these prompting questions may overlap, answering them will give a complete picture of the event.

## FEELINGS

This is a fairly personal stage of the reflective process as you are examining what was going through your mind at the time. Were you ashamed, frustrated, angry? Were you proud, or satisfied? It is often these feelings that make us aware of the importance of the event.

- How were you feeling when the event started?
- What were you thinking at the time?
- What did other people's actions/words make you think?
- What did these make you feel?
- What do you think about it now?
- List the emotions you felt in this event and identify the most important to you

## EVALUATION

- The main two questions here are:
  - What was good about the experience?
  - What was bad about the experience?
- Evaluation measures the event against a standard and gives it value.

## ANALYSIS

Here we go deeper than simple evaluation. We need to examine the separate parts of the incident as opposed to the whole.

- What specifically went well?
- What did I do well?
- What did others do well?
- What went wrong, or did not go as expected?
- How did I contribute to this?
- What knowledge/skills did I use?
- What knowledge/skills am I lacking?
- What other options were available to me?
- Why might these things have happened?

## CONCLUSION

While the earlier evaluation may have felt like drawing conclusions about the event, that was before any detailed analysis. Now that we have more information, we can draw meaningful insights into our practice and behaviour, and clearly identify any potential shortcomings. This can be uncomfortable as we may find that we did not perform to the best of our abilities, however, you should remember that is the purpose of this reflective practice: to learn from an experience and to continually improve.

It should also be remembered that identifying and maintaining good practice is just as important as improving. If the earlier stages of the cycle are not fully applied, then key aspects of the event can be missed, or glossed over. This can produce a shallow and distorted reflection which defeats the purpose of the exercise. Be honest, but don't beat yourself up.

## ACTION PLAN

This is where we plan to apply the changes we have identified as beneficial. This could be something along the lines of attending CET events on a specific topic, or conducting independent learning. It may be to change your approach to a dispense or product. It may be that you are satisfied with your practice but have identified a need for training in your support staff? The key question for this section is simply, 'What will you do better next time?'

The following example is a basic application of Gibbs' cycle in a practice



*What could you do better next time?*

situation. Deeper levels of reflection are possible with practice but for now, I would advise you to try reflecting on some simple occurrences from your own professional practice. You may want to keep a portfolio of your reflections to evidence your CPD and to monitor your progress.

## APPLIED EXAMPLE OF GIBBS' CYCLE

Description: what happened?

While locuming in a High Street practice, one of the optical assistants (OAs) approached me to ask for a paediatric dispense to be checked off. It was late afternoon and the clinics had been running behind time since lunchtime, due to some complex cases. I told them I would be right over once I had finished with my current patient, which shouldn't be long.

A few minutes later after I was free, I went over to the dispensing desk where the OA was waiting with the patient and their father. I could see that the patient was very nervous, so I knelt down on his level to introduce myself, and told him I was just going to check his spectacles over before we ordered them. At this point, the patient's father cut in asking how much longer this would all take. I apologised for the waiting time and explained that it was important that we check everything about the specs now.

Reviewing the child's prescription, he was quite hyperopic and had an accommodative esotropia in his right eye. The OA had chosen the same frames as the patient's previous dispense, however, it was clear that these were no longer appropriate as the patient had grown (as young children do) and they no longer fit. When I tried to explain this to the child, they grew quite upset, insisting that they 'wanted those ones'.

Upon hearing this, the patient's father started complaining loudly that they had already had a long enough wait and that I should just let it go. Not wanting to escalate the situation, I calmly tried to explain the importance of a correct fitting pair of spectacles to the father. I used the analogy of wearing clothes a size too small that are tight and uncomfortable. This seemed to get through to him and he calmed down.

I then asked the child to come take a look at new frames with me, and while reluctant at first, he came after his father encouraged him. After a few minutes, we found a frame very similar in shape; large enough to suit his current head and temple widths, but not so large as to result in overly thick and heavy lenses.

We returned to the dispensing desk where I adjusted the frames to fit, including shortening the sides, which were slightly long, and rechecked the measurements with covered monos. Once the dispense was concluded, I made them a collection appointment with myself in a week's time so that I could ensure they were fully fitted once glazed.

After they had left, the OA said to me that they didn't want to say no to the dad about the frame choice as he was quite upset about the delay before his son's sight test, and wanted to get out as soon as possible.

## FEELINGS: WHAT WERE YOU THINKING AND FEELING?

Initially, I was feeling mildly stressed, though this is normal for me when clinics run behind. When I went over to see the patient, I had no strong emotions, however, when the father questioned the time taken I was mildly annoyed as it was clearly busy