Recording reflective CPD

In the third article in her series on CPD, the SCoR's Louise Coleman considers models of reflection and how they can be used and adapted in order to successfully undertake CPD.

IF CPD IS THE WORD THAT FORMS the biggest barriers in radiography, then reflection is the second biggest.

I've visited countless imaging and radiotherapy departments and as soon as I say the word "reflection" practitioners at all levels grimace and students start deep sighing. It's fair to say that reflection isn't popular.

Part of the unpopularity comes from the way it's taught, especially at master's level, and certainly the way it's written about in many journal articles.

So in this article I hope to encourage you to investigate alternative reflective templates and to move beyond the most common ones.

What is reflection? I like a good definition as much as the next person, but the definitive definition eludes me as much as it eludes those who research and write about reflection. There is no single, accepted version. There are of course the seminal texts and authors everybody refers to, and I mentioned a couple of them in last month's article, but not everybody agrees on what reflection actually is or should be, or even how useful it is.

A simple internet search doesn't help much either. An internet returns 101 million results. A large, well known, online book retailer has almost 74 thousand results for reflection and 16.5 thousand for reflective practice.

Even journal databases don't narrow the scope, the Cumulative Index to Nursing and Allied Health (CINAH) returns 2165 results for reflection, though reflective practice has a more manageable 551 entries. It's hardly surprising I get met with groans and sighs when I mention the dreaded "R" word when I visit imaging and radiotherapy departments.


The Gibbs (1998) cycle.

Reid (1993, p305) suggests reflection is '…a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice'. I refer to this aged definition with good reason. About 15 years ago, when I was working clinically, I decided to find out what this "reflection" was that all the students kept talking about. The definition above comes from the article I found. It was a lightbulb moment for me, a double lightbulb in fact as the

author also included a picture of Gibbs' (1988) reflective model.

Reid refers to "a process". I don't know if their choice of words was purposeful or not but it links very nicely to continuing professional development (CPD) and the "systematic process" that appears, or is hinted at, in most CPD definitions.

Reflection, just like CPD, is a procedure, a method or formula. This is great because it means that there is a template we can all use to reflect
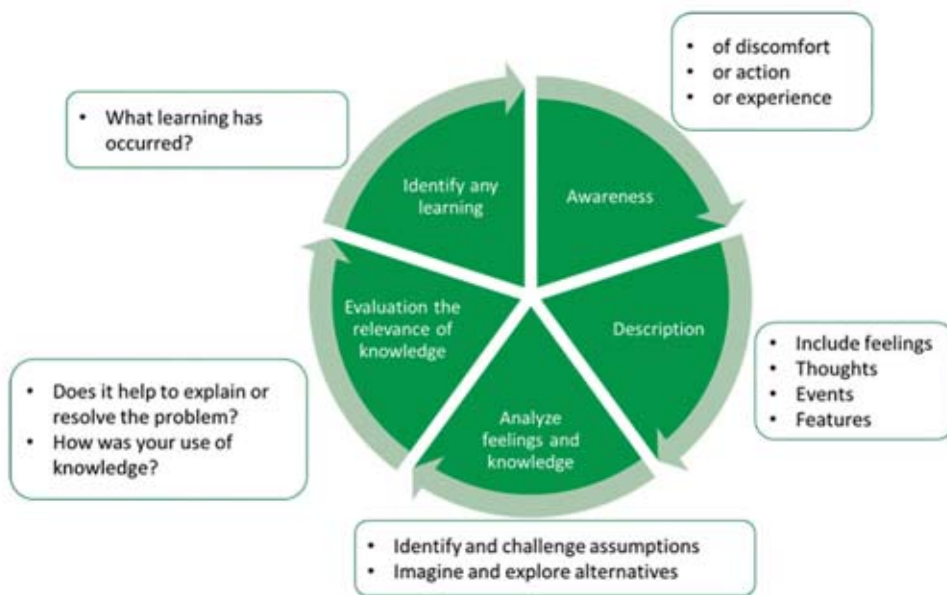
The Atkins and Murphy model (1993).

and therefore enhance our practice. In reality, there are many, many templates but this is great too; we can choose one which appeals to us. Even better, we can pick one that suits what we want to reflect on, our own individual learning style and even the mood we're in.

Reflective practice takes the concept of reflection and applies it to the roles we have and the tasks we do on a daily basis. What should happen is that we image or treat patients, reflect on the experience and possibly do something different the next time we have a similar patient.

However, there's a problem with this simplistic approach and Bolton (2010) identifies it far more clearly than I ever could, 'The term reflective practice is not a terribly useful one. The metaphor it embodies is limited. What is the reflection of shit? Shit." (Bolton 2010, p10). What Bolton is suggesting is that if practice is poor and you look at that practice only superficially then improvements won't happen. The reflective model can still be followed and so reflective practice has still taken place, but what's the benefit or impact?

The most well known of all reflective models epitomises what Reid suggests. The Gibbs (1998) cycle is used by healthcare students and professionals all over the world. The reflective prompts in CPD Now are even based on Gibbs' model. The problem arises in the last two stages and the associated questions: "What else could you have done?" and "What will you do in the future". It's all too easy to respond "Nothing" and "Exactly the same".

If the reflector doesn't realise that there are practice improvements to be made, this model, on its own, won't help.

This is the reason that advanced and consultant practitioners probably want to choose a different model. It is critical that these individuals evaluate their own practice insufficiencies and those of their colleagues and the service as a whole because practice improvement is an integral part of their role as leaders of the profession.

Atkins and Murphy's (1993) model is a more challenging and appropriate alternative for those who are looking to move on from Gibbs' or the other common alternative, John's (1994).

Practitioners can adapt this model's final stage so that as well as "what learning has occurred" the impact of that learning is also considered.

Consultant practitioners should really be moving on a stage further, beyond reflective practice. Reflexivity, the consideration and evaluation of the individual within the experience, is a natural progression from reflecting on an experience.

Reflecting on one's own actions and how those actions affect the encounter and outcome is an important part of the research process, especially when using qualitative research methodologies.

To summarise, I'm going to quote again from Bolton (2010). In the same publication they redeem any offence caused by their frank language, 'Practitioners need to take responsibility for their own actions and values, and their share of responsibility for the political, social and cultural situations within which they live and work" (Bolton, 2010, p11).

Put simply, it isn't enough to say "I don't know how to reflect", or "I do it in my head". Practitioners of all levels are more than capable of identifying where practice improvements need to be made, changing their own practice, and the practice of others for the better.

Next steps
• Sign up for a Recording Reflective CPD Evaluations online live tutorial, I'll prove you can record reflective notes in two minutes.
• Use CPD Now to create your next piece of reflective CPD.
• Use Google Images to search for reflective models and find some templates you'd like to use.
• Download the CPD Now app from Google Play Store and use it to record your reflection notes on the go, and without an internet connection. Your reflections will sync with your main CPD Now portfolio when you reconnect to the internet.

References

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