

Introduction

Reflective practice will be of most use to you if it is kept regularly, at a time that fits in easily to your life and is in a format that makes sense to you.

Reflective practice is simply analysing something you have done or have been involved with. This may be a single task or one gained over a period of time. The purpose of reflective practice is to look back at an experience after a little time has elapsed, to analyse it, evaluate it, and to see if the experience could be made better. It may be the experience cannot be improved, in which case you are confirming best practice through reflective practice.

Reflective practice could be applied to every task that is performed, and on some occasions this may be the right thing to do, however; repeatedly documenting the same thing over and over again without any changes in outcome is of little benefit or purpose. Reflecting on minor changes or potential changes in practice may prove useful e.g. lady for bone scan was particularly nervous, so it may have been beneficial to give an explanation of what was going to happen before entering the treatment room.

Reflective practice is a personal document so there is no right or wrong way to keep it. The reflective practice documentation should be cross-referenced within the portfolio to the competency, the 'log of experience' (logbook) entry and any other appropriate documentation. A form has been provided and guidelines to use the form are set out below. The response to the questions on the form should be focussed and to the point, and may range from a one word answer to a more detailed explanation requiring extra paper.

Detail of a Recent Experience in your professional life

This is just asking what you are going to be reflecting on.

For example, it may be based on one or more of the following

- **a practical or hands on task**
e.g. a bone scan, making an appointment, constructing a circuit board, measuring an output etc.
- **a learning experience**
e.g. attending a lecture/meeting, reading an article, paper or lecture notes, searching the internet etc.
- **communications and professional relationships**
this may be with a work colleague, a patient, a manufacturer etc.

What did you do?

It is a description of your role in the in the actual experience and could be very specific

Examples.

- attended a meeting.
- performed the QA check on an RA33 blood analyser following departmental protocol 33.
- gave the initial explanation of the process to the patient, and assisted in the scan
- observed the EMC measurements being taken.
- assisted in the maintenance of the bone densitometer.
- modified patient immobilisation mask.
- set the bias level voltage on circuit board B of the RM impedance analyser, by adjusting components VR33 and VR34.

and why?

This could be very specific.

Examples

- my specific area of interest and work is in the measurement of vital signs within the trauma environment.
- as part of my induction and training programme.
- to ensure the equipment works within the specification.
- to provide the scanning images required for clinical diagnosis.
- Performing PPM part of my day-to-day equipment management duties.

What went well?

Don't be modest, be realistic. Analyse and evaluate what you did.

- The knowledge, skills and qualities you used?
- The problems you tackled successfully.
- Quality of the results obtained.
- Ability to adapt and use the resources available.

What could have been done better and how?

Don't be afraid to admit difficulties and shortcomings you encountered or felt, as this is the only way you can truly plan to improve. Be realistic and analyse and evaluate the decisions you took and the actions taken.

Examples

- I could have explained the procedure more clearly in order to put the patient at ease.
- I did not understand well enough what I was supposed to be doing, and therefore felt under pressure and unable to be sure I was carrying out the task correctly. Require updating/training.
- PCB tracks so close it proved difficult to etch. Increase distances between tracks, and renew the chemicals used more often to improve outcome.
- Unable to access all the equipment needed, better forward planning required.
- Patient was difficult to manage due to their condition. An extra pair of hands is needed in similar situations and a modification to the referral form is required to ensure all the relevant information is included.

Has anything been changed or improved as a result of the experience

Examples

- No
- A simple procedure explanation card has been produced. Patients are given the card to read in the waiting area prior to being called for their scan. The Technologist explains the procedure to the patient when they enter the scanning room and any queries are answered.
- Training seminar was held.
- Standard recommended distances for distances between tracks has now been circulated to all staff involved in the production of PCB's.
- Equipment availability is now checked 2 days prior to the maintenance and calibration procedures.
- Modified referral form has been created and is now in use.

Further guidance on Reflective Practice can be found on the IPEM website, Members' area in the Training Resources section.