

Reflective practice Workbook



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Introduction

Reflective practice is a process of thinking clearly, deeply and critically about any aspect of our professional practice. It requires creating space to reflect on our work. Making a commitment to reflective practice has long been recognised as essential to processing the challenges associated with healthcare work. NSW Health's Education and Training Institute (HETI) promotes Reflective Practice as one of the most important skills a health professional can develop and integrate into clinical supervision:

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Reflective practice is an effective process to develop self awareness and facilitate changes in professional behaviour. It is used in all forms of clinical supervision. Reflection can occur before, during or after an event (Sanders, 2009). When reflection occurs in supervision, it can be in relation to reflecting on day-to-day clinical practice, triggered by a challenging clinical encounter or in anticipation of having to manage a complex situation.

There is growing evidence of the importance of reflective practice to support a health professional's mental health and wellbeing.

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Reflection is also being viewed as a way for practitioners to explore the emotional challenges of nursing and cope with escalating pressures. It is being promoted as a form of self-care – more necessary now than ever due to the unprecedented demands of the COVID-19 pandemic. Nurses are encouraged to reflect not just for their patients' benefit, but for their own mental health and wellbeing.

Reflective practice is well suited to an environment that can have high stress and high risk. It can support the achievement of high performance. The excerpt below from AHPRA, published by the Medical Indemnity Protection Society highlights this point well:

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Safety and exceptional reflection skills are two of the hallmarks of high-performing disciplines, take aviation and Formula 1 driving for example. Paradoxically, to achieve nearly error-free performance, these professions have to take into consideration that human error is not only an ever-present concern but also, an unavoidable peril of the job. The pilots and drivers have finely tuned the art of ‘learning by thinking’ and developed a reflective approach to error management. ...World-class performance is the result of the careful attention that team members place on forecasting, minimising, and learning from mistakes.

Essential to maintaining worker wellbeing and performance in a healthcare setting is the practice of deliberately engaging our reflective capacities. A good metaphor is to think of standing on a balcony and looking upon our own thoughts, behaviours, attitudes and inferences we make about what is happening. The goal of reflective practice is to gain insight and promote greater personal effectiveness. In this sense it has similar benefits to what workplace coaching offers in terms of providing space to process our experience.

Reflective practice requires a particular set of skills and a certain frame of mind or attitude. There are similarities in the approach that underpin effective coaching. For example, coaching helps us understand our responses and reactions to events. It is also a process where we: consciously unpack our experience; explore multiple perspectives; consider options for action; and find a way forward.

Reflective practice needs to be regular, ongoing and ideally become a career-long practice of taking time for self-evaluation, peer reflection and system evaluation and learning. It is not something we only do whilst being new in our career, such as during an internship or under clinical preceptorship. It is an essential process to meet the complex challenges that constantly arise in the course of our work.

The benefits of reflective practice are well researched.

They include:

- » improved insight
- » enhanced wellbeing
- » higher motivation
- » reduced job turnover
- » enriched on-the-job learning.

There has also been a growing recognition of the importance of reflective practice as an antidote to work-related trauma and stress that are common risk factors in healthcare work.

The ritual of reflective practice has traditionally been well established in allied health roles. However, the value and uptake has been steadily growing across all roles in healthcare. It is considered equally important regardless of whether a person's role interfaces directly or non-directly with patients, consumers and the public.

Having regular, scheduled, reflective practice time is particularly important in roles susceptible to vicarious trauma. Vicarious trauma is described as indirect trauma that can occur when individuals are exposed second-hand to difficult scenarios, situations and stories relating to poor patient outcomes. This makes it a highly relevant and important ritual for Patient Safety Practitioners to adopt given their exposure to serious adverse events.

The CEC provides the following supporting tools and resources to uplift reflective practice in Patient Safety teams:

Your guide to reflective practice:

learn about what it is and why it is important



How to run a reflective practice session:

access tip sheets to guide applying reflective practice



What knowledge, skills and attitudes underpin successful reflective practice:

consider what is required for an individual practitioner and/or facilitator of the process

Create a reflective practice culture:

create an enabling environment for reflective practice to thrive

Glossary of terms

Burnout: is a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterised by feelings of energy depletion or exhaustion; increased mental distance from one's job; or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (World Health Organization, 2019).

Coaching: is a collaborative, solution-focused, result-orientated and systematic process in which the coach facilitates the enhancement of work performance, life experience and self-directed learning and personal growth of individuals from non-clinical populations. (Greene & Grant, 2003).

Compassion: the positive feelings of warmth, concern and care associated with feeling for another person. Compassion has been found to be neurologically rejuvenating (Singer, 2014).

Critical Incident Debrief: a critical incident is determined and defined by the person having the experience. Being supported following an incident can result in people experiencing less trauma in the short and long-term (Coughlin et al, 2017). Debriefing is about building connection, and offering a calm presence for someone to process their experience, reactions, learnings at their own pace.

Empathy fatigue: depletion resulting from identification with the thoughts, feelings and experiences of another person (Stebnicki, 2006). This often arises from extended exposure to a patient's trauma, distress and indirectly experiencing their emotional pain and/or physical stress.

Mentoring: is an ongoing relationship of mutual trust specifically designed to build capability in a person with less experience, drawing on the experience of a mentor.

Metacognitive: is the awareness and understanding of one's own thought processes and understanding the patterns behind them. The term 'meta' originates as meaning 'beyond' or 'on top of'.

Moral distress: is a state when one knows the ethically right way to act but feels powerless to take that action.

Psychological safety: is the belief you won't be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.

Preceptorship: is a period of practical experience and training in nursing and medicine, that is supervised by an expert or specialist.

Professional self: is the way that a person is expected to behave in a job that aligns with the duties and standards of that profession such as being objective, accountable, knowledgeable and ethical.

Protective factors: are proven practices that lower the likelihood of negative outcomes or that reduce the impact of risk factors.

Psychoeducation: a process of assisting people through the provision of providing information, facilitating understanding and encouraging personal responsibility.

Reflective practice: a continuous dynamic process that involves thoughtfully, honestly and critically considering all aspects of professional experience and applying knowledge to practice.

Safe space: a place or environment in which a person can feel confident they will not be evaluated or exposed to criticism or judgement.

Self care: the ability to engage in strategies aimed to promote one's own health and wellbeing through awareness, self-control and self-reliance.

Third Space: a process of reflection, resting and resetting as you move from one situation to another.

Vicarious trauma: the process of cognitive changes due to indirect exposure to traumatic events that results in disruptions to personal identity, worldview, and beliefs about trust and safety. It is a phenomenon of stress resulting from exposure to another's trauma rather exposure to the trauma itself (Figley, 1995).

Wellbeing: is how a person feels about themselves, and their life, that encompasses a holistic expression of physical, mental, emotional and social factors.



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**Your guide to
reflective practice**

What is reflective practice?

Reflective practice is defined by Schön (1983) as a continuous dynamic process that involves thoughtfully, honestly and critically considering all aspects of professional experience and applying knowledge to practice.

To reflect critically requires an ability to conceptualise and analyse, together with a willingness to examine the assumptions underpinning one's practice, in order to improve it (Napier 2006, p.7).

The underpinning philosophy of reflective practice is that there is a difference between mechanically doing something in a work context and thinking in greater depth about whether one's approach constituted the best course of action.

Reflection can occur before, during or after an event. It can help process something that triggered you in the course of your work. It can also help shape how you anticipate how you might approach something complex or challenging in the future. It is fundamentally about increasing our self awareness.

Reflective practice helps practitioners identify their own motivations, thoughts, feelings, and behaviours. The processing that occurs by reflecting can enhance our personal insight and grow our professional practice.

Reflective practice helps healthcare workers (in clinical and non-clinical roles) manage the complexity and uncertainty inherent in their day-to-day practice. This is important given the high rates of burnout, turnover, and trauma-related stress among healthcare workers. It is critical that reflective practice is conducted within a psychologically safe environment and a network of strong trusting relationships. These factors have been found as key to reflective practice being successful (Osofsky and Weterhson, 2016).



What does it involve?

Reflection is more than thinking and discussing. It is also about deconstructing, unpacking or pulling things apart to gain a better understanding. It is about seeing connections and appreciating different perspectives.

Reflection can help you to:

- » Recognise and continue good practices
- » Change and improve what is not working well
- » Challenge practices that are taken for granted
- » Deliver learning at the point of care
- » Monitor all aspects of practice on an ongoing basis
- » Know when you need to find more information
- » Let people know when you need support
- » Uplift a focus on safe, high quality consumer care.



Engaging in reflective practice can include the following modes:

- » An individual reflecting personally in a journal guided by key questions to record their experience; which may be later discussed with their manager or in a reflective practice session.
- » Participating in a one-on-one Reflective Practice session with a trained person; this may be an independently trained professional or a suitably trained peer or manager. Often referred to as clinical supervision.
- » Participating in a structured group process self-directed by a group of peers or a trained Reflective Practice facilitator or session host.
- » During clinical teaching where the learner is asked to think about what they did well, what they could improve and how they would do things next time.

What it isn't

Reflective practice is a highly personal process with the aim of learning from experiences in a non-judgmental and safe space. As such, it is important to distinguish Reflective Practice from the following processes which have other purposes:

- » A critical incident debriefing
- » A performance review or disciplinary procedure
- » Psychotherapy or counselling
- » Preceptorship or mentoring.

Snapshot of research on reflective practice

The benefits of reflective practice have been evaluated over many decades in areas such as health, psychology, education, childcare, social work, child protection, emergency services and sport. The below provides a snapshot of the many different studies that prove the positive impact reflective practice has on the wellbeing of the healthcare workforce.

One study by Harrison (2021) of staff in a surgical trauma centre in the UK found the inclusion of reflective practice helped staff increase their confidence, knowledge and deal constructively with the traumatic aspects of the work. The components of reflective practice that were found most impactful were:

- » Provision of a safe, structured space
- » Deepening of staff relationships
- » Sharing and learning together
- » Expression of emotions
- » Psychoeducation
- » Improvement in communication.

A study (Curry & Epley, 2022) found a positive impact of Reflective Practice on healthcare workers' self-care including:

- » being better able to care for themselves personally and professionally
- » having improved emotional health
- » having better satisfaction, sustainability and longevity on the job
- » developing high standards for their future practice.

The study suggests that embedding reflective practice into institutions may help future practitioners deliver better healthcare whilst caring for themselves.

One study found that healthcare workers were over 80% at risk of burnout, compassion fatigue and emotional exhaustion prior to COVID (Lluch, Galiana, Domenech & Sanso, 2022). This was then examined further during COVID given the challenges to healthcare worker wellbeing and resilience. An increase in moral distress was found in some units, which is a state that causes feelings of guilt, frustration, anger and a sense of injustice when a healthcare worker's moral codes are compromised. This can lead to post traumatic stress disorder and depression. Mentally distressed staff have limited capacity to work effectively. They also may be reluctant to speak openly with their managers.

One successful strategy to combat these negative impacts was the inclusion of a wellbeing champion role who guided colleagues towards individual wellbeing initiatives and reflective practice focused on positive coping skills and mechanisms to amplify positive mindsets. The champions encouraged the use of reflective diaries to record workers thoughts, feelings and priorities and take personal ownership for their wellbeing. This ensured the engagement in reflective practice sessions to process the challenges of the job. What was evident is that in times of stress, reflective practice becomes more important, despite a tendency to think there is not enough time for the practice.

Resilient workers have been found to have increased awareness of their feelings such as anxiety, fear, and grief in challenging times. This increased awareness can be facilitated through reflective practice. Staff wellbeing and resilience are strongly related to each other. A systemic review of resilience interventions identified that recognition and awareness of the positive thought process alongside reflective practice can enhance resilience (Crane, Searle & Kangas, 2022). Through professional reflective practice, healthcare workers can strengthen their wellbeing by processing lived feelings, thoughts and behaviours (positive and negative) and convert these experiences to future resources that underpin their 'professional self'.

The ability to engage in reflective practice is enhanced through the practice of mindfulness defined as being fully present in the moment, free from distraction or judgement. Mindfulness has been found to promote the reframing of negative thoughts and improve compassion for self and others. Reflective practice that promotes mindfulness practices leads to higher self care, self soothing and overall wellbeing. Reflective practice can aid workers' journey through periods of exhaustion and disillusionment (British Psychological Society, 2020).



A model of reflective practice

The process of reflective practice involves looking back into the past at a situation, making sense and learning from it. It also involves looking forward to the future. This can involve: making commitments to strengthen your abilities; uplift standards of work practice; and/or boost your wellbeing.

The reflective cycle below, adapted from Graham Gibbs Reflective Cycle model (1988), depicts a process which can guide the reflection practice process. It includes six stages of reflection:

Click on each of the button  below to know more



Why is reflective practice important?

Benefits

The overall aim of reflective practice is to help you thrive in your role by positively contributing to your wellbeing, work practices and performance. Engaging in regular reflective practices has numerous benefits for both individual healthcare practitioners and the broader health system.

For healthcare practitioners:

- » Improves self-awareness and ability to manage emotions, including reactions to situations, and greater understanding of triggers
- » Fosters higher levels of wellbeing by contributing to and reducing levels of stress, emotional exhaustion and burnout
- » Increases professional discipline, growth and identity
- » Strengthens ability to adapt and respond to situations through the accumulation of insights
- » Supports higher levels of job satisfaction
- » Enriches on-the-job learning and the development of new skills
- » Acts as an antidote to work-related trauma and stress that are common risk factors in healthcare delivery.

For the broader health system:

- » Strengthens patient safety and care
- » Contributes to reduced staff turnover, improving staff recruitment and retention
- » Improves risk management strategies
- » Promotes quality assurance and the application of best practice.



The value of reflection in patient safety work

Alignment with principles of patient safety work

Reflective practice can support the delivery of the NSW Patient Safety and Clinical Quality Program given reflective practice strongly aligns to the guiding principles that underpin Patient Safety work. For example, reflective practice directly strengthens a practitioner's ability to:

- » **Process the factors underpinning failures** – reflective practice strengthens the ability for practitioners to be open-minded and aware of their own biases in problem analysis. It also calls upon an ability to make sense of situations, draw clear conclusions and offer constructive paths forward.
- » **Identify opportunities for learning** – reflective practice can help practitioners understand the opportunities for learning at an individual healthcare worker level, team level and systems level. It can help practitioners generate options to shift failure into learning.
- » **Take an action orientation** – reflective practice is essentially about generating insights that can guide action and bring heightening awareness to distinguish areas of concern at a systems or cultural level that might be hard to shift in the short-term versus areas that are more readily able to be influenced.
- » **Distinguish accountability** – reflective practice can support identifying the limits of individual accountability and bring clarity to areas where accountability needs to be held to create change and action. Reflective practice can also help create clear delineation and perspective regarding how accountability for failures is held by practitioners.
- » **See the interplay of culture** – Reflective practice can assist patient safety practitioners to gain clarity on the interplay of culture in shaping incidents, risks and failure bringing a clearer perspective on the role individuals play versus failures of the system.
- » **Prioritise opportunities for action** – a reflective practice model is inherent toward defining what actions people can take to improve a situation in the future.
- » **Strengthen teamwork** – reflective practice, if skillfully hosted in a group setting with other patient safety practitioners or within a multi-disciplinary team, can build a culture of trusting relationships. It can also harness insight only available by looking at situations from multiple perspectives.



What might patient safety practitioners reflect on?

There are a range of topics and types of events, interactions or situations that patient safety practitioners could use for their reflective practice. The aim is to select an area that is current, relevant and has enough substance to explore in some depth. Below are three broad topics that patient safety practitioners may wish to reflect on: boosting and managing wellbeing, strengthening personal effectiveness and relational skills, and improving work flow and outputs. It's important to note that reflection areas under each topic might also have multiple benefits, e.g., those under the personal effectiveness and relational skills section can also boost wellbeing and improve work flow.

Boosting and managing wellbeing

Potential reflection areas:

- » The emotional impacts of reviewing and investigating serious adverse events.
- » Situations that cause frustration, irritability, anxiety and distress.
- » Something that presented as a challenge which caught you by surprise or which you were unsure how to handle.
- » Something you did that you were proud of.
- » Types of work that feel fulfilling and/or draining.

Strengthening personal effectiveness and relational skills

Potential reflection areas:

- » Interactions with team members, managers and stakeholders.
- » Interactions with individuals new to you and any dynamics, biases that emerged.
- » Handling of conflict and contentious situations.
- » Responding to emotional responses/states of others.
- » Employing collaboration practices and influencing strategies.

Improving work flow and outputs

Potential reflection areas:

- » The technical application of knowledge or skills.
- » Provision and communication of information, in particular if uncertainty was present.
- » Management and delivery of reports.
- » Organisation and spread of work-related tasks.
- » Activities which generally are avoided, despite being important to undertake.
- » Team effectiveness.
- » Participation in and/or leadership of group meetings.

Recognising the effects of vicarious trauma

Vicarious trauma is the emotional residue of working in a system that deals with pain, vulnerability, loss of life, and suffering. It can arise when a worker feels their best efforts to assist do not create an impact. Vicarious trauma can result from repeated exposure to traumatic situations and witnessing, too often, other people's pain. It can be associated with moral distress which arises when one must act in a way that contradicts his/her personal beliefs and values. Moral distress can present as suffering experienced by a health professional when they know what is the right moral decision though are unable to implement this due to a multitude of factors. These factors can relate to other healthcare providers' practice or the norms and practices of the institution. Moral distress in patient safety practitioners can present as psychological discomfort from observing serious adverse events arising as a result of low patient safety standards, dysfunctional communication among clinicians, medication errors, and/or dysfunctional work attitudes.

The effects of vicarious trauma vary from person to person. For some people, there may be a wide range of signs and symptoms, while others may experience problems in one area.

Common signs of vicarious trauma include:

- » Difficulty leaving work at the end of the day, noticing you can never leave on time
- » Taking on too great a sense of responsibility or feeling you need to overstep the boundaries of your role
- » Frustration, fear, anxiety, irritability

- » Intrusive thoughts associated with another's situation or distress
- » Disturbed sleep, nightmares, racing thoughts
- » Problems managing personal boundaries
- » Loss of connection with self and others, loss of a sense of one's own identity
- » Increased time alone, a sense of needing to withdraw from others
- » Increased need to control events, outcomes, others
- » Loss of pleasure in daily activities.

If you experience any of these signs it may not necessarily mean you are suffering the effects of vicarious trauma. It is recommended that you talk through the impact of your work with a supervisor, supportive peers, mentor, reflective practice group, GP or reach out for help through the Employee Assistance Program or other allied health professionals.

Preventing vicarious trauma

Patient safety practitioners can experience continuous exposure to traumatic cases as part of their day-to-day roles. Given that context, it is difficult to prevent traumatic exposure. However, regularly scheduling reflective practice can build coping strategies and promote protective factors, thereby preventing the manifestation of vicarious trauma in response to ongoing exposure.

Reflective practice is the commonly recommended strategy to prevent and reduce the impacts of vicarious trauma (Finklestein et al., 2015; Hazen et al., 2020). Through reflective practice, individuals are empowered to develop structured strategies to cope with risks and strengthen protective factors. Active prevention of vicarious trauma has been demonstrated to result in increased feelings of gratitude, personal awareness and resilience in individuals, as well as being linked with improvements in work attendance, productivity, job satisfaction, professional development and retention (Finklestein et al., 2015; Sansbury et al., 2015; Varwani et al., 2018). Reflective practice has also been demonstrated to disrupt the link between vicarious trauma and burnout (Hazen et al., 2020).

Reflective practice needs to be regularly scheduled into the working lives of employees to prevent vicarious trauma. In addition, employees could be further supported by providing:

- » Reflection time
- » Vicarious trauma training
- » Support to take leave or mental health days
- » Recognition
- » Appreciation.

Employees can further manage vicarious trauma outside of their day-to-day roles by:

- » Taking time for self-reflection
- » Taking part in self-awareness activities (e.g., meditation, community involvement, therapy)
- » Keeping a journal
- » Joining a support group.

Who should host a reflective session?

Reflective practice can be undertaken by an individual on their own to sharpen their internal reflection skills. There are also significant benefits to participating in one-on-one or group reflection sessions facilitated by a trained reflective practice host. To host reflective sessions effectively requires a specific set of knowledge, skills and attitudes. Training in coaching skills and experience in hosting coaching sessions provides a foundation that can build reflective practice capabilities.

The gold standard for hosting reflective practice is that the person is independent and not someone's direct line manager. The independence supports people feeling safe to share concerns and failures without the fear of being judged, evaluated and having any negative perceptions formed about their performance. If a person has built skills in reflective practice, they may be able to consciously step into a host role with one of their direct reports present, only if the direct report feels safe to do so. Both the session host and individual practitioner need to be aware of the importance of creating a safe space and managing power imbalances. A core principle of the reflective process is to ensure reflection can happen without fear of any negative consequence. This is why an independent relationship is often the recommended option.

Overall, the role of the reflective session host includes:

- » Hosting the reflection process using a structured approach

- » Building a psychologically safe space for the participant/s to share their thoughts
- » Employing empathic listening
- » Coaching the participant/s without using judgement, directing or providing counsel.

A person's work history can mean they have behaviours and habits that are not always conducive to Reflective Practice such as:

- » Working in crisis mode and feeling impatient with deeper reflection
- » Action orientation with little time to unpack the assumptions and/or interpretations associated with one's experience
- » Lack of psychological safety and admitting mistakes
- » Feeling the need to jump quickly to solve problems
- » Taking a position of telling people what to do.

A reflective practice host should take the above considerations into account. Hosts most suited to facilitate reflective practice sessions include:

- » Independently professionally trained reflective practice supervisors (often referred to as clinical supervisors in allied health)
- » Peers who are trained in reflective practice
- » Trained coaches
- » Facilitators skilled in group process.

What does good practice look like?

The following touchstones are offered to assist with shaping a quality reflective practice session. Both participants and hosts have a joint responsibility to integrate the following touchstones into a reflective practice session.

Note: A reflective practice host has limited confidentiality and may be required to disclose information raised in a session if it falls within their mandatory reporting responsibilities or when professional misconduct is identified (as defined by APHRA or their professional body). This limit to confidentiality should be raised at the start of all reflective practice sessions by the host.

As an individual practitioner

- » Mentally prepare for a session and adopt an open and reflective mindset.
- » Show courage and vulnerability to uncover deeper insights.
- » See emotions and feelings as holding important information.
- » Challenge your own assumptions.
- » Show accountability for your own reflections.
- » Reflect on the outcomes from a session to enhance growth in future sessions.
- » Speak your truth – share and explore exactly what is on your mind.
- » Objectively observe own behaviours, feelings, thoughts, skills, attitudes and biases.
- » Suspend critical judgement or self doubt.
- » Trust the process and take your time. Pause regularly and notice what is being surfaced.
- » Follow through with action plans and commitments.
- » Make reflective practice a daily and ongoing practice.

As a reflective practice session host

- » Create a welcoming space that is physically accessible and comfortable.
- » Limit distractions (turn phones off).
- » Use open questions to surface assumptions and interpretations without judgement.
- » Recognise when a practitioner needs a level of support or psychological intervention and may require a referral.
- » Promote and keep confidentiality at all times.
- » Continually reflect and build skills to strengthen your role as a host.
- » Create a psychologically safe space making it safe to share failure.
- » Build trust through empathic listening.
- » Model curiosity and ask powerful, open questions.
- » Enter the session focused on the process without an agenda to fix anything or anyone.
- » Mirror back content using people's own language where possible.
- » Guide people through the steps in the process moving participants through sensemaking toward clarity.

02

**What skills underpin
successful reflective
practice**

Individual practitioner core capabilities for reflective practice

The following core capabilities are required of an individual to successfully engage in reflective practice:



Adopt a learning and growth mindset

Believes that one's skills and capacity can be improved over time:

- » Embraces challenges
- » Seeks and accepts feedback
- » Learns from setbacks and failures.



Demonstrate self-awareness

Ability to see oneself objectively and clearly:

- » Takes note of how one feels and acts in a situation
- » Describes the emotion or rationale behind an action.



Engage in critical thinking

Objectively evaluates a situation or action to form sound judgement:

- » Looks into the factors behind a process or action
- » Gathers evidence and proof to supplement an idea.



Consider multiple perspectives

Looks at the different angles of how one might perceive a situation:

- » Embraces challenges
- » Seeks and accepts feedback
- » Learns from setbacks and failures.



Build emotional resilience

Ability to adapt to stressful situations:

- » Acknowledges and processes one's emotions in the present
- » Able to work toward a goal despite set backs
- » Believes they have agency despite the stressors they face.



Apply insights

Able to apply insights to future situations:

- » Adopts a learning orientation
- » Considers continuous improvement options
- » Openness to experiment and prototype different actions.

Techniques to develop reflective capability

Activities that help one develop the skills required to be adept at reflective practice:

Journaling is a great exercise for individuals to record their thinking and feelings about their experiences at work. The entries can range from your interactions with people critical to performing your role, reactions to stress events or scenarios, or perspectives on the outcomes or barriers to progress associated with your work. The act of writing it out can help you make sense of your experience and help you unpack any adverse feelings. It can help you understand how to better improve your practice or shift your perceptions to ones that are more helpful. Sharing insights from your journal in a reflective practice session (if applicable) is also a great opportunity to further process information, share learning and gain different perspectives on the situation.

On-action reflection is the process of stepping back from a situation and reflecting on past scenarios, events and exploring why you and others might have responded a certain way. It is assessing how the situation unfolded, what responses were chosen and how the result came about. After consideration and discussion, a commitment is made to amend or continue the action. The Gibbs Reflection Cycle assists with this reflection.

In-action reflection is the process of being present in the moment and synthesising the current action being done, the available information and critically responding as the situation unfolds. In-Action Reflection assists you to respond with curiosity and learning on-the-job and in the flow of work. It encourages you to build your reflective muscle and develop more constructive thinking styles in response to live stressors.

Ritualised reflection at work is the process of normalising reflection while at work by preparing the environment to promote reflective practice. This can be done through:

- » Having designated spaces for reflection.
- » Designing and displaying symbols that prompt reflection (pictures, a quote, articles, a question of the day) throughout the day.
- » Designating time in team meetings for group reflection.
- » Assigning time at the start/end of each shift for individual reflection to check-in/out of work.
- » Starting a conversation about the effectiveness of processes, looking for small improvements in day-to-day activities.

Session host core capabilities to support reflective practice

The following core capabilities are foundational for successfully hosting a reflective practice session:



Demonstrate self-awareness

Demonstrates an ability to see oneself objectively and clearly:

- » Takes note of how one feels and acts in a situation
- » Describes the emotion or rationale behind an action.



Act as a role model

Shows the qualities of reflective practice rather than talks about it:

- » Demonstrates deep listening and clearly reflects back what is heard
- » Shares openly and appropriately the impacts of other's difficulties on them.



Deliver powerful questioning

Asks questions that surface assumptions, beliefs and biases:

- » Asks questions that help practitioners process their inner experience and move through the reflective practice cycle
- » Evokes discovery, insights, commitment and action through the questioning.



Create a safe space

Creates a hospitable environment conducive to reflection:

- » Builds psychological safety so people can share their fears, failures, vulnerabilities
- » Holds space for whatever comes up (without shame or avoidance) without trying to fix or judge.



Surface underlying patterns

Notifies and brings to the surface underlying feelings, thoughts and unconscious patterns

- » Be curious about taken for granted experiences
- » Unearths unseen patterns to support growth and learning.



Identify vicarious trauma signs

Recognises the symptoms of vicarious trauma as the brain's way of coping:

- » Gently surfaces intrusive reactions (e.g., feeling irritable, hopeless, doubting one's abilities)
- » Probes for avoidant reactions (e.g., numbing, cutting off) or hyper-arousal reactions (e.g., difficulty concentrating, retaining information).

Techniques to develop reflective practice hosting capability

Activities that help one develop the capabilities required to be adept at hosting reflective practice sessions:

Grow your self awareness

1. Ask for feedback

Then you can adjust the perceptions you have about the impact of your approach on others to align with other's experience of you.

2. Self reflect

Keep a journal to develop your own reflective skills and gain confidence in reflecting. Ask yourself a series of questions about your motivation to host reflective practice sessions and the strengths and weaknesses you might bring to that role.

3. Complete assessments

Psychometric tests (such as strengths or personality assessments) can give you insight into your patterns of thinking and behaving that define your characteristics and traits. Knowing your style of approaching situations, and realising there are individual differences can support your hosting capability.

4. Cultivate mindfulness

When mindfulness is practised, behaviour becomes more intentional, and increased self-awareness develops. Mindfulness practice can include meditation, walking in nature, breath work, physical movement.

Read, listen, watch

- » We live in an age where we have an enormous amount of quality information at our disposal to support our learning and growth. You can continue to grow your capabilities by reading on the topic, regularly listening to podcasts or watching talks by leaders in the field. This learning can include topics such exploring resources put out on trauma by [Phoenix Australia](#).

Be a participant in reflective practice sessions

- » One of the most powerful ways to grow your skills to host is to regularly be a participant in reflective practice sessions with a trained reflective practice host. The more experience you have reflecting upon and making sense of experiences and processes behind them, the more you will grow your confidence to host sessions for others.
- » Participation can include engaging in professional clinical supervision with a training person who holds 1:1 or group sessions that are founded on reflective practice principles.

Grow your coaching skills

- » The core capability of hosting is the ability to ask quality questions that facilitate reflection. Growing this capability can be facilitated by growing your coaching skills.
- » There are various resources and courses available to facilitate you growing your coaching skills. You could speak to a Learning and Development specialist to assist you.

Learn the art of holding space

There are various methodologies that are well documented to support what is referred to as the art of hosting or the art of holding space. For example Heather Plett has written on the [Art of Holding Space](#) and defines it as a “*practice of compassionately witnessing, accepting and supporting someone without judgement while retaining your boundaries and sense of self.*”

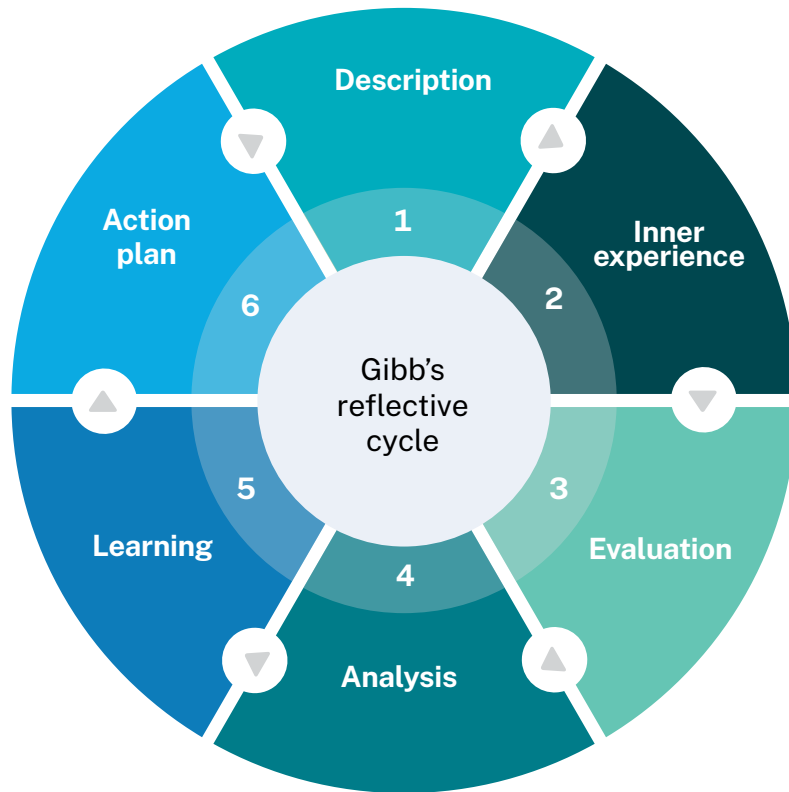
03

How to run a reflective practice session

Step-by-step guide #1: Applying the 6 stages of reflective practice

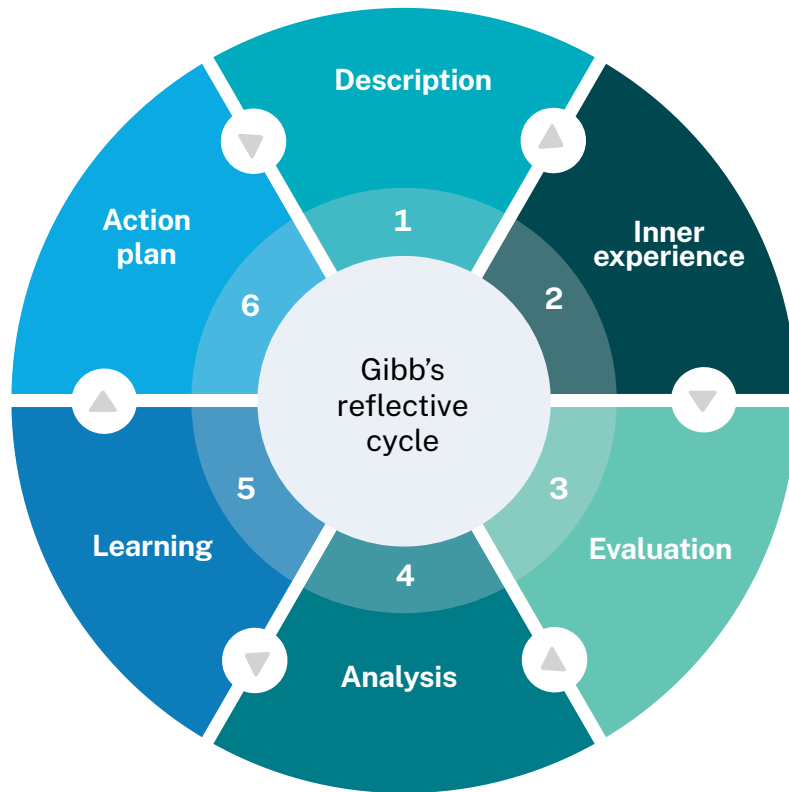
A guide to host patient safety practitioners through the six stages of reflective practice. It should be noted that not all sessions will result in going through all the six steps. The steps should not be treated as a check list to work through. It may be enough for a person to do the first three steps in one session.

Click on each of the button  below to know more



Step-by-step guide #1: Applying the 6 stages of reflective practice

Click on each of the button  below to know more



Step-by-step guide #2: Hosting 1:1 sessions



Click the buttons on the left to reveal more

Step-by-step guide #2: Hosting 1:1 sessions



Your intention

How you will build a shared understanding

How you will wrap up with intent

Your approach to ensuring a safe space, balancing power and multiple perspective taking

How you will create a way forward

Other notes:

Step-by-step guide #3: Hosting group/peer sessions



Click the buttons to
reveal more

Step-by-step guide #3: Hosting group/peer sessions

Opening the session



- » Set expectations
- » Emphasise the power of confidentiality in building safety
- » No “right” or “wrong” reflections
- » All voices are valuable
- » Explain your role.

How will you set up the session for success?

During the session



- » Be flexible
- » Share your own experience
- » Don't over plan
- » Prioritise new questions.

What might you share from your experience? What personal strengths might you look at leveraging to facilitate discussion?

Closing the session



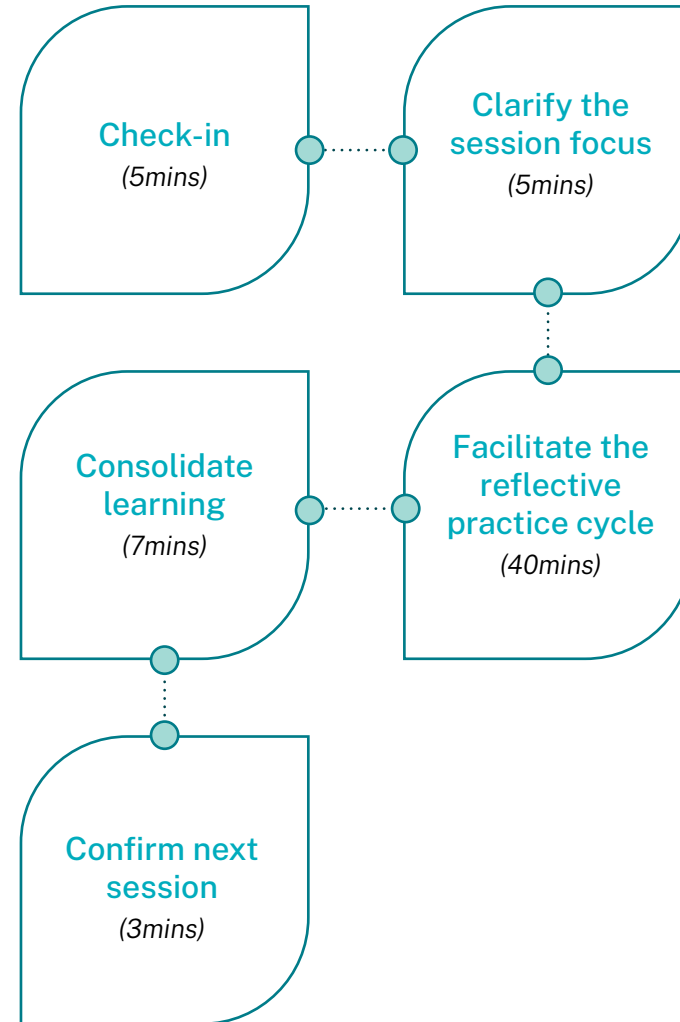
- » Summarise what the group has discovered:
- » Offer your own narrative
- » Reiterate confidentiality.

What might you do during the session to ensure you can close the session well?

Step-by-step guide #4: Hosting group/peer sessions

This tip sheet is used to guide the structure of a reflective practice session.

- » Keep your session simple and focused on the practice of reflection.
- » If the session is too complicated or layered people lose the primary focus which is to reflect together.
- » The sessions ideally should include a positive tone in the check and in the consolidation of learning.
- » Think about using a timer that has a nice sound (e.g., calming music or sound bowls) to indicate it is time to move along the process. Of course, use judgement as to when to move through the process depending on the pacing of the group. However, people will feel more held if the person hosting the session is conscious of time.
- » Encourage people to keep their own notes. Given the nature of reflection it is the responsibility of the person deciding to take actions to keep track of their own accountabilities. However, it is recommended that the person hosting the session record high level commitments.



Step-by-step guide #4: Reflective practice template example

This tip sheet is used to guide the structure of a reflective practice session.

Description

Describe as a matter of fact what happened during your critical incident or chosen episode for reflection.

Feelings



What were you thinking and feeling at the time?

Evaluation



List the points or tell the story about what was good and what was bad about the experience.

Analysis



What sense can you make out of the situation? What does it mean?

Conclusion



What else would you have done? What should you perhaps not have done?

Action plan



If it arose again, what would you do differently? How will you adapt your practice in light of this new understanding?

List of tip sheets

Each button below redirects to a tip sheet. They will open in a separate PDF file.



04

Creating a reflective practice culture

Building a reflective practice learning community

Below are some strategies for building a learning community with a culture of reflective practice.



Signposts of a reflective culture

- » Reflective supervision is included in **role descriptions**.
- » Capacity to host reflective practice sessions is considered **essential in leadership roles**.
- » Individuals and teams are allowed to **dedicate work time to learning**; moreover, this is celebrated.
- » Reflective practice is integrated into **supervision sessions**.
- » Reflective practice sessions are valued, supported and **well-resourced**.
- » All staff members, including the **most senior**, participate in reflective practice sessions and professional development.
- » **Reflective questioning** is included in regular meetings and discussions on the job.
- » The **emotional impact of work is recognised** and effective processes are in place to mitigate this.
- » **Reviews of mistakes**, particularly after trying new things, are seen as an opportunity for learning, not a way of finding scapegoats.
- » There are opportunities for **ongoing feedback**, including immediate feedback close to an event and between the levels of the organisation.
- » There is room for professional **autonomy and discretion** in practice.
- » There are **metrics in** place to assess that reflective practice sessions are conducted regularly.
- » There is **vision** for the role of reflective practice in promoting wellbeing that is formally captured in a plan.
- » **Professional development** strengthens the capabilities that enable successful reflective practice.

Building a reflective practice organisation culture

Culture building happens in phases and needs sustained focus and effort, led by key champions with the influence and authority to promote new ways of doing things.

Phase 1

1. Conduct an education campaign to raise awareness of the value of reflective practice (and what's in it for me)
2. Create a burning platform of the importance of conducting regular reflective practice e.g. align to new Safework legislation
3. Gain senior leader commitment to champion the value of investing in reflective practice
4. Deliver capacity building training and coaching sessions to build reflective practice capabilities.

Phase 2

- » Develop a register of endorsed reflective practice hosts to facilitate peer group reflective practice sessions
- » Build reflective practice touch points within the employee lifecycle to uplift normalising the inclusion of reflective practice into “the way we do things around here”. Example:
 - Build Reflective Practice education component into employee induction
 - Develop minimum standards for the number of reflective practice sessions per annum
 - Include capability building into learning development cycle.

Phase 3

- » Reinforce the commitment to reflective practice through accountability mechanisms that track level of reflective practice sessions hosted
- » Grow workforce's capacity to engage with self-directed reflective practice
- » Celebrate examples of successful practice.

05

Extra resources

Self care grid

During reflective practice, if you recognise signs of burnout (e.g., exhaustion, cynicism and reduced personal efficacy), or vicarious trauma (e.g., frustration, fear, irritability, loss of connection with self and others), consider using the self care grid to identify factors that energise the individual, and those that demotivate them. Use this tool to inform conversations around strategies to help increase motivating behaviours, whilst minimising energy depleting behaviours.

Physically

Emotionally

Mentally

Spiritually

What currently energises me?

What saps my energy?

What would help to energise me more?

What holds me back from doing things that would help to energise me more?

Some examples of what you might enter into each column:

Physical: Eating Drinking, Sleeping, Exercise, Breaks, Relaxation

Emotional: Relationships, Intimacy, Empathy, Processing emotions, Balance, Safety

Mental: Time management, Creativity, Thinking skills, Challenge, Mental preparation, Reflection

Spiritual: Commitment, Values, A deeper purpose, Prayer/ meditation, Giving to others, Nature, Stillness



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