

How to reflect in appraisals
BHH GP/LUNCHTIME
EDUCATIONAL LECTURES

Jan Cooper

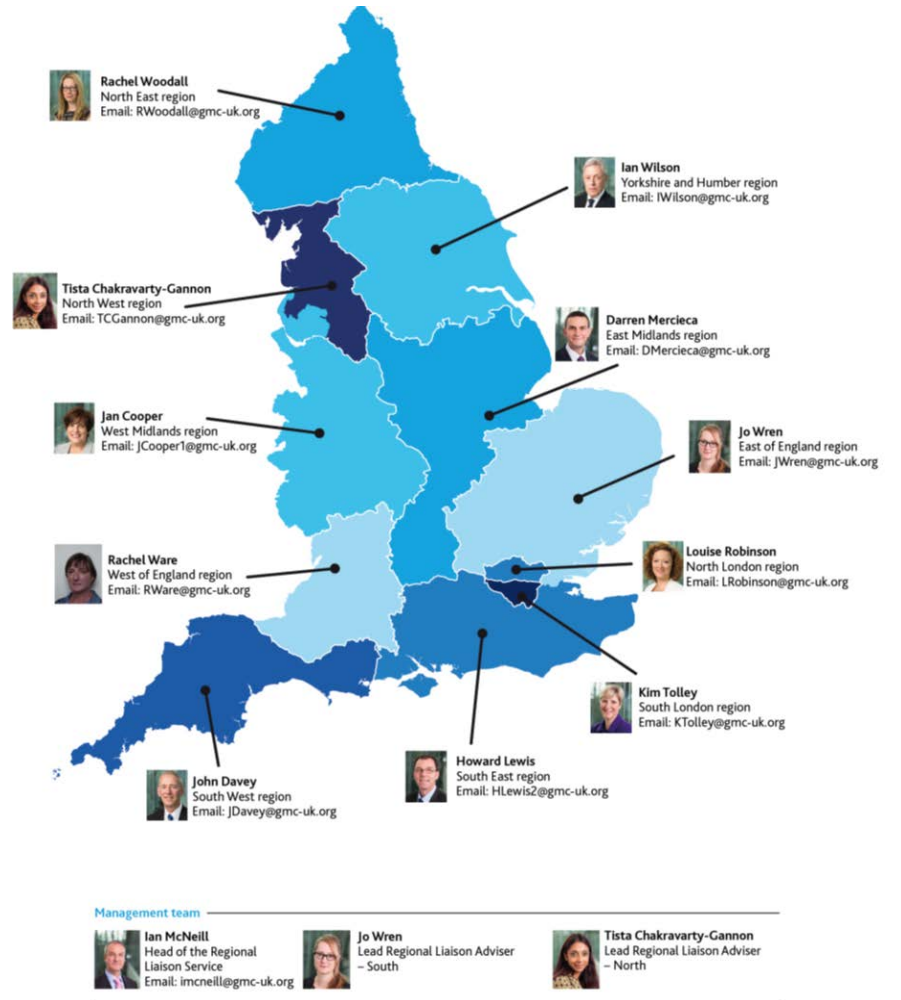
Regional Liaison Advisor, West Midlands

10th October 2016

Working with doctors Working for patients

GMC regional liaison service

Helping to promote understanding and meet the needs of our partners



Our standards

Confidentiality

Working with doctors Working for patients

General Medical Council

Consent: patients and doctors making decisions together

Working with doctors Working for patients

General Medical Council

Leadership and management for all doctors

Working with doctors Working for patients

General Medical Council

Good medical practice

Working with doctors Working for patients

General Medical Council

Raising and acting on concerns about patient safety

Working with doctors Working for patients

General Medical Council

Protecting children and young people

The responsibilities of all doctors

Working with doctors Working for patients

General Medical Council

0-18 years: guidance for all doctors

Working with doctors Working for patients

General Medical Council

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

Acting as a witness in legal proceedings

General Medical Council

- In Good medical practice we say:
 - 11 You must be familiar with guidelines and obligations that affect your work.
 - 12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
 - 14 You must recognise and work within the limits of your competence.
 - 71 You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.
- You must take reasonable steps to check the information.
- You must not deliberately leave out relevant information.

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Published 25 March 2013 | Comes into effect 22 April 2013

Ending your professional relationship with a patient

General Medical Council

- In Good medical practice we say:
 - 32 You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good care for the patient.
- You should not end a professional relationship with a patient solely because:
 - the patient has made a complaint or you or your team, or because of the negative implications of the patient's care or treatment.
- When you end a professional relationship with a patient you should:
 - 1. Give the patient a written notice of your decision to end the relationship.
 - 2. Explain the reasons for your decision to end the relationship.
 - 3. Offer the patient a chance to discuss your decision.
 - 4. Offer the patient a chance to refer to another professional.
 - 5. Offer the patient a chance to refer to another professional.

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Published 25 March 2013 | Comes into effect 22 April 2013

Delegation and referral

General Medical Council

- In Good medical practice we say:
 - 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
 - refer a patient to another practitioner when this serves the patient's needs.
 - 36 All relevant information with colleagues involved in your patients' care written and recorded in the notes, including when you hand over care as you go off duty, when you delegate care or refer patients to other health or social care providers.
- When you refer or delegate care to another professional you must:
 - 1. Give the patient a written notice of your decision to refer or delegate care.
 - 2. Explain the reasons for your decision to refer or delegate care.
 - 3. Offer the patient a chance to discuss your decision.
 - 4. Offer the patient a chance to refer to another professional.

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Financial and commercial arrangements and conflicts of interest

General Medical Council

- In Good medical practice we say:
 - 77 You must be honest in financial and commercial dealings with patients, employers, regulators, funders, sponsors, suppliers, and other organisations.
- If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be required to recuse yourself from decisions related to the conflict.

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

Doctors' use of social media

General Medical Council

- In Good medical practice we say:
 - 66 You must keep colleagues fairly and well-informed.
 - 68 You must make sure that your conduct justifies your patient's trust in you and the public trust in the profession.
 - 70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
 - 71 Confidentiality we say:
 - 15 You must ensure disclosures are unambiguous. You should not share identifiable information about patients when you can be watched, for example, in a public place or in an internet chat forum.
 - 75 The standards expected of doctors do not change because they are communicating through social media rather than face-to-face or through other traditional media. However, using social media creates new opportunities for communication.

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

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Maintaining a professional boundary between you and your patient

General Medical Council

- In Good medical practice we say:
 - 35 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
- In this guidance, we explain how doctors can put this principle into practice. Doctors or patients below to follow this guidance will put your registration at risk.
 - 5 If a patient pursues a sexual or improper emotional relationship with you, you should:
 - 1. Consider the patient's safety and try to establish a professional boundary. If trust has broken down and you feel it necessary to end the professional relationship, you must follow the guidance relating your professional relationship with a patient.
 - 2. You must not use your professional relationship with a patient to pursue a relationship with someone close to them. For example, you must not use home visits to pursue a relationship with a member of a patient's family.

Doctor-patient partnership

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

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Reporting criminal and regulatory proceedings within and outside the UK

General Medical Council

- In Good medical practice we say:
 - 25 You must tell us without delay if, anywhere in the world, you:
 - are charged with a criminal offence
 - are charged with a criminal offence
 - are formally asked to commit a criminal offence (for example by accepting a caution, a community resolution order, or a written warning)
 - are formally asked to commit a criminal offence (for example by accepting a caution, a community resolution order, or a written warning)
- What you must report:
 - 1. You must report any criminal offence or regulatory proceedings within and outside the UK.
 - 2. You must report any criminal offence or regulatory proceedings within and outside the UK.

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

Sexual behaviour and your duty to report colleagues

General Medical Council

- In Good medical practice we say:
 - 26 If you have concerns that a colleague may not be fit to practice and may be putting patients at risk, you must act for their safety. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.
 - 35 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
 - 66 You should respect patient confidentiality when reporting your concerns. But, the duty of patients' trust comes first. At all times, if you are satisfied that it is necessary to identify the doctor, you must do so.
- If a patient tells you about a breach of sexual boundaries, or you have other reasons to believe there's a colleague 'at risk', you must:
 - 1. Report the breach to your employer or regulator.
 - 2. Report the breach to your employer or regulator.
 - 3. Report the breach to your employer or regulator.
 - 4. Report the breach to your employer or regulator.

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Intimate examinations and chaperones

General Medical Council

- In Good medical practice we say:
 - 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
 - where necessary, examine the patient, and respect their dignity and privacy.
 - 47 You must treat patients as individuals, and respect their dignity and privacy.
- In this guidance, we explain how doctors can put this principle into practice. Doctors or patients below to follow this guidance will put your registration at risk.
 - 1. Before conducting an intimate examination, you should:
 - 1. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
 - 2. Explain that the examination will involve touching the patient in a way that is not necessary for the patient's care or treatment, and that the patient has a clear right of refusal to consent, including any prior consent.

Intimate examinations

What this session will cover...



- Definitions and purpose of reflection



- Why reflection is important



- How to improve reflection in appraisals



- New DVLA guidance and feedback on proposed changes to revalidation information

Reflection – where in the GMC guidance



Continuing professional development

Guidance for all doctors

Working with doctors Working for patients

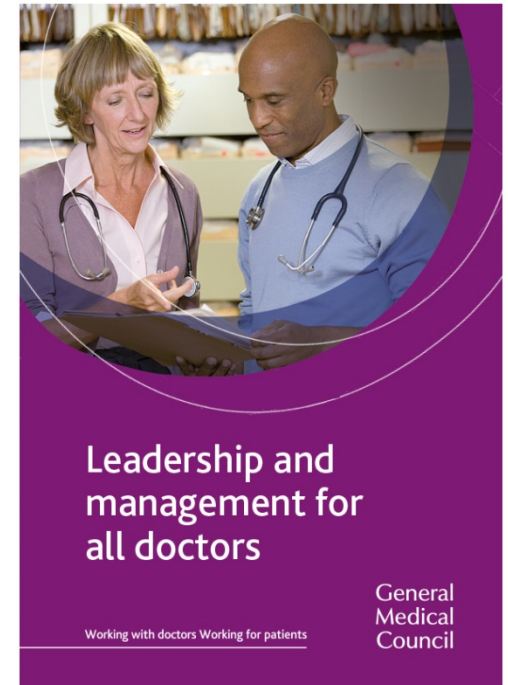
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Good medical practice

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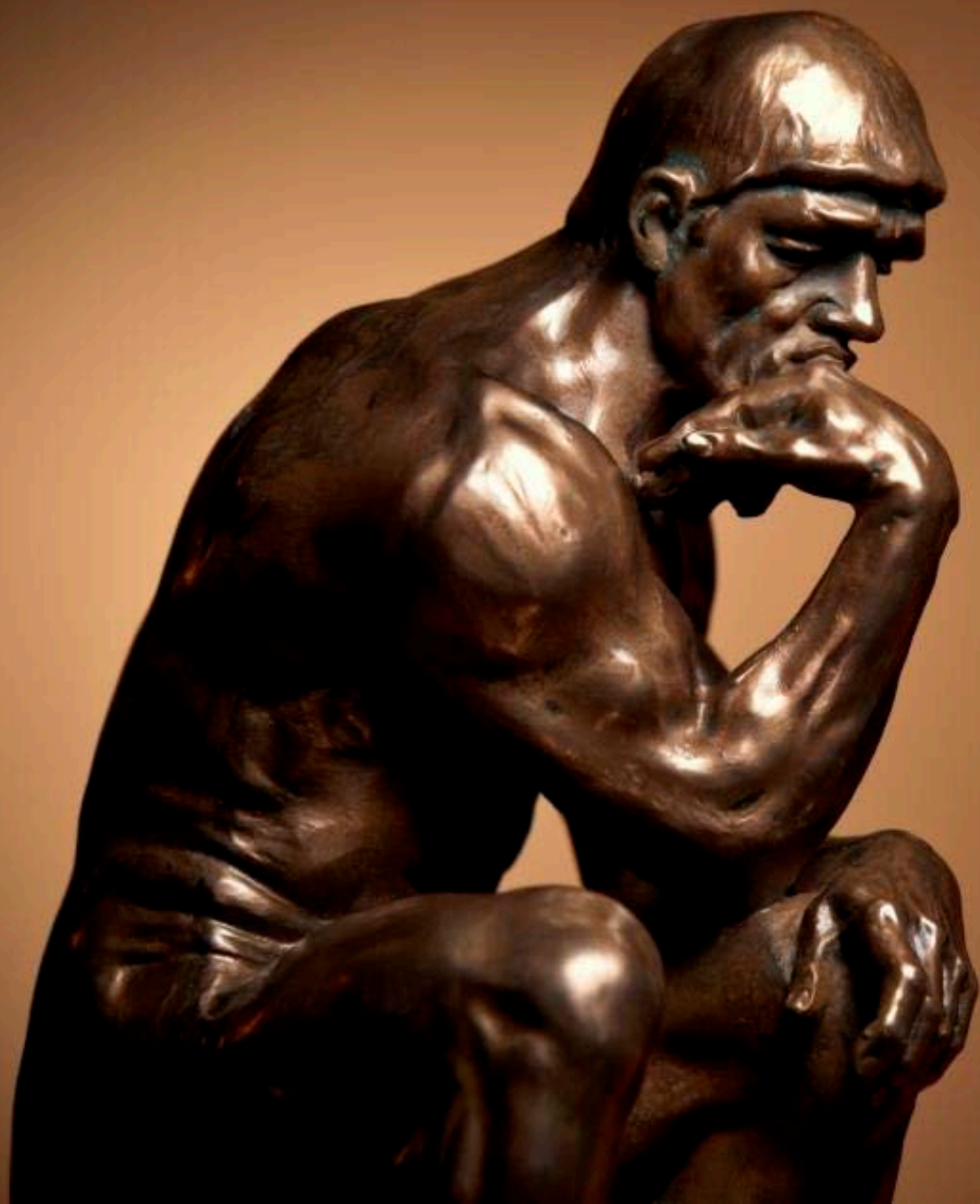
Leadership and management for all doctors

Working with doctors Working for patients

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Reflection

- Key to appraisal and revalidation process
- Related to:
 - Personal practice and approach to medicine
 - Supporting information – what does it say about your practice?
 - Identification of areas for improvement/further development
 - Demonstrate that you are up to date and fit to practise



Reflection defined

Reflection has many different definitions, but all describe a process of seeking an understanding of self or situations to inform future action.

BMJ Careers: **Reflection: tick box exercise or learning for all?** 16 Nov 2012

Reflection defined

- “Those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations” Boud, Keogh and Walker (1985)
- “Guided reflection is a process of self enquiry to enable the practitioner to realise desirable and effective practice” Johns (2010)

Why do it?

- To learn from experience
- To integrate personal beliefs into the context of professional culture
- To link new and existing knowledge.

Why do it?

The process of reflection is the core difference between whether a person repeats the same experience several times becoming highly proficient at one behaviour, or learns from the experience in such a way that he or she is cognitively challenged

(Boyd and Fales 1983)



Types of reflection

- Reflection in Action
‘thinking whilst doing’



- Reflection on Action
Retrospective, flexible in analysing information gained so developing skills and knowledge for future practice

Types of knowledge (Schon 1983)

- **Technical/Rational**

- emphasis on competence and certainty
- anatomy and physiology would be a good example

- **Professional Artistry**

- guides experts in their practice but is not tangible – tends to focus on dilemmas and uncertainties in practice



UPLANDS?

SWAMPS?



Specialist skills?



- 'Part of the skill of a good specialist is the ability to make good judgements at times of greatest uncertainty' Hillier and Bee Wee (2001)
- How do we 'untap' or measure this skill?

Intuitive knowledge

- Comes from past experiences
- A key aspect is salience – an awareness of something before there is a reason to know **why** (Dreyfus and Dreyfus 1988)
- Reflection provides a mean to ‘untap’ this knowledge

How to improve reflection in appraisals?



Methods of reflection



The strands of reflection

1. The Factual Strand

- Setting the scene
- Telling the story
- Pinpointing the critical incidents

2. The Retrospective Strand

- Looking back over the entire events
- Seeing patterns and meanings

The strands of reflection

3. The Sub-Stratum Strand

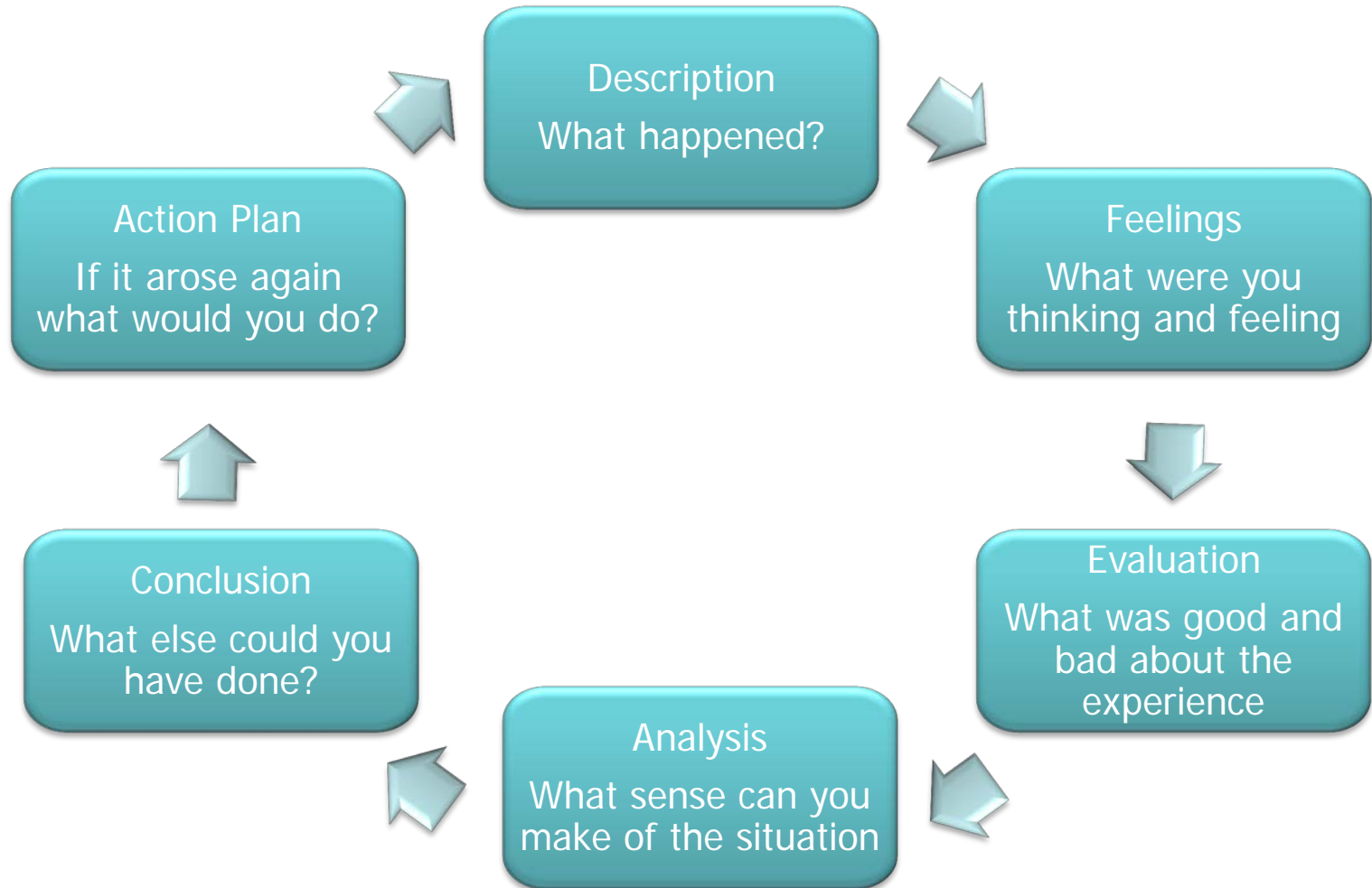
- ▶ Discovering, exploring assumptions, beliefs and value statements that underlie the event

4. The Connective Strand

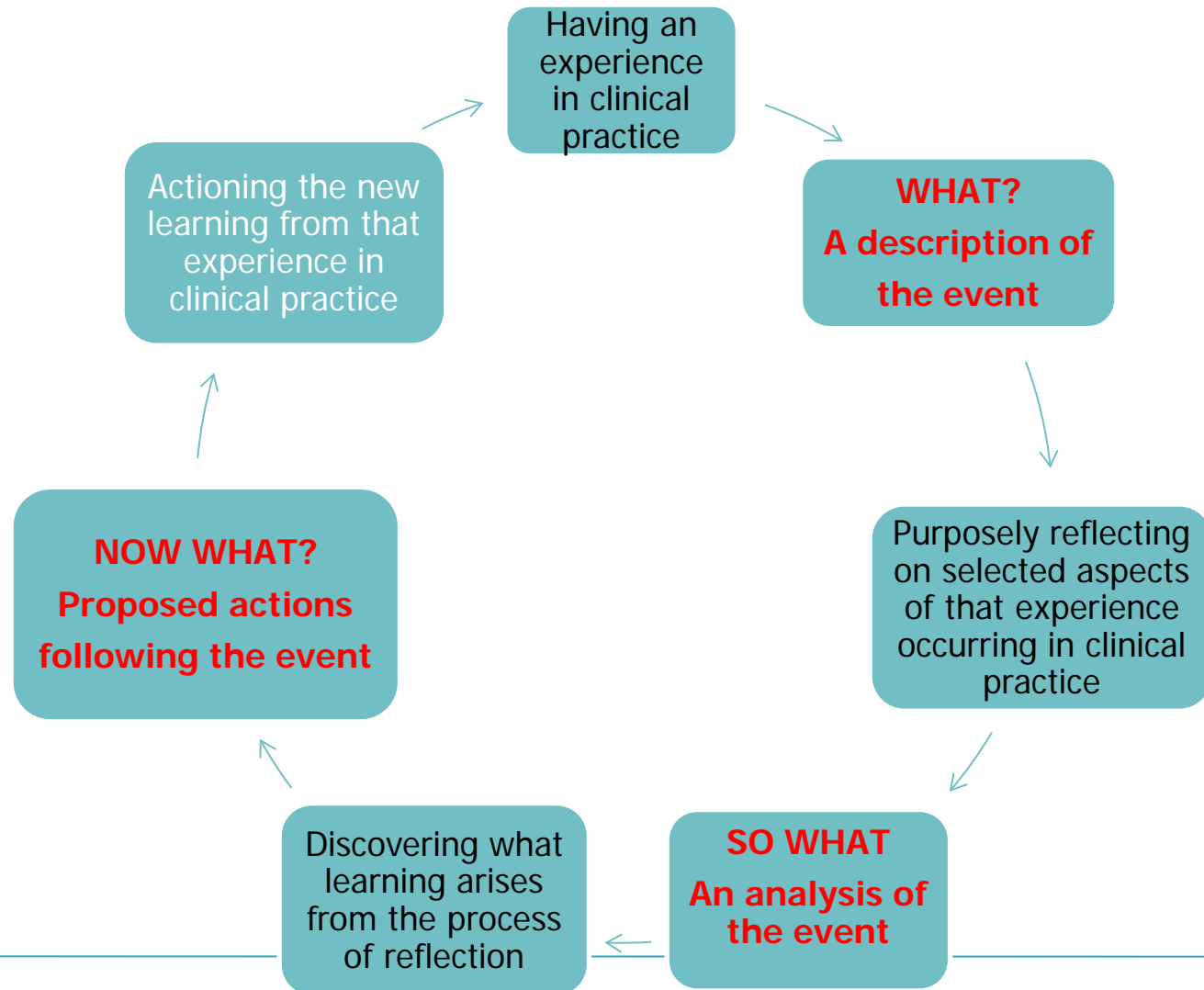
- ▶ Considering how present theory and practice might relate to future theory and practice

Fish (1990)

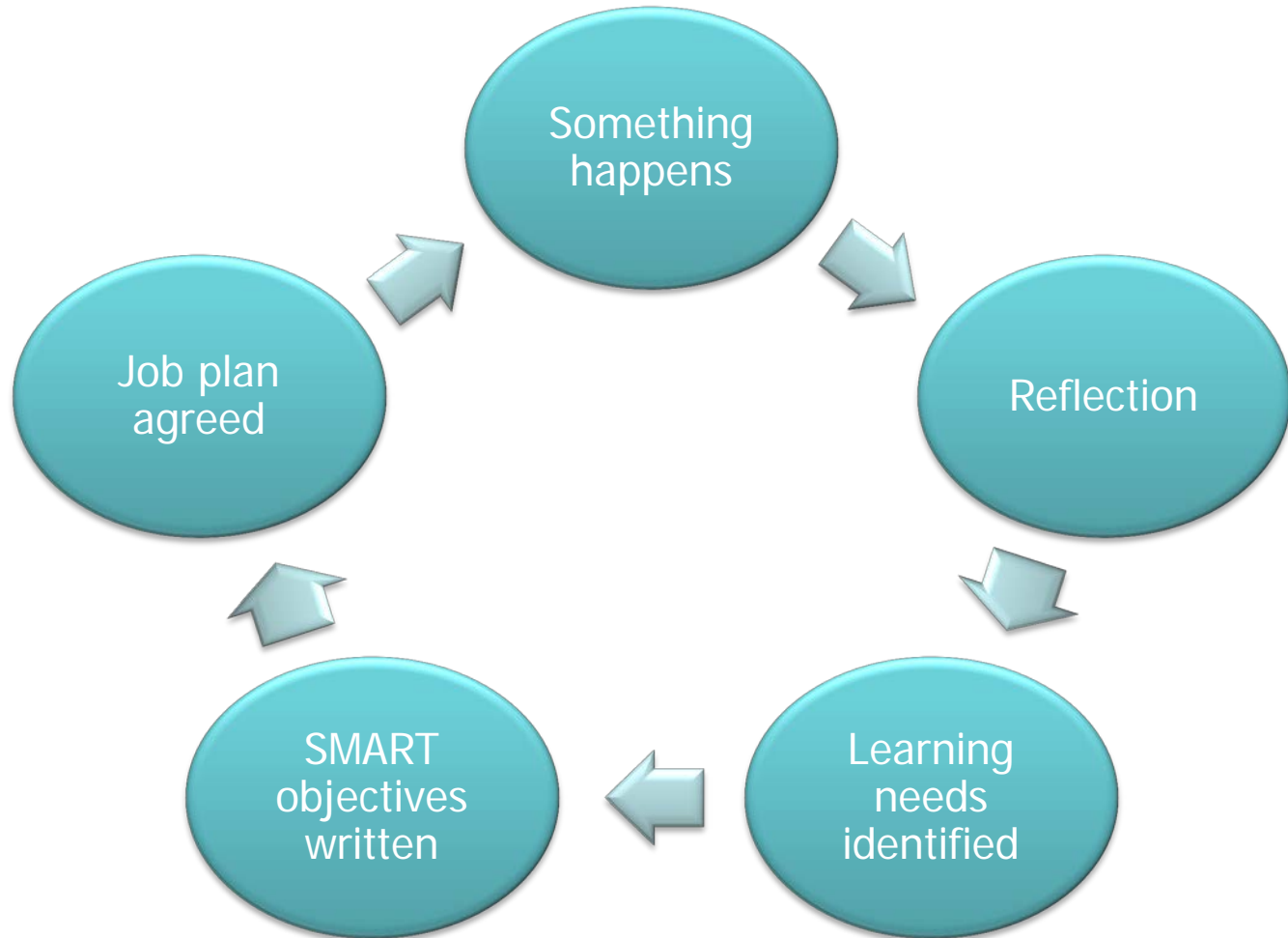
Gibbs Reflective Cycle



The what? model (Driscoll 2000)



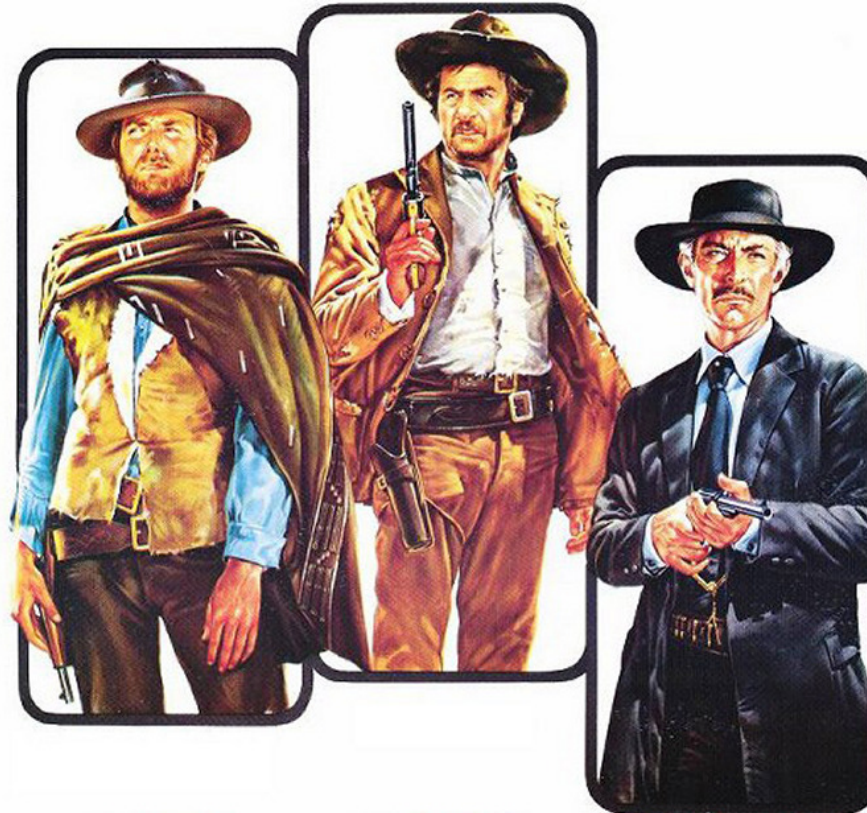
Reflection and job planning



Practising reflection



Some examples



**THE
GOOD** **THE
BAD** **AND THE
UGLY**

Methods of Reflection

PUNs - Patient's
Unmet
Needs

DENs - Doctor's
Educational
Needs

Identify how the DENs can be met

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My CPD app

Working with doctors Working for patients

My CPD app homepage



Click on '+' to add a new activity

iPad 11:54 99%

GMC

Cancel New activity Done

Activity name
e.g Read diabetes article

Date
29 May 2015 edit

Add tags to categorise this activity:

Type of activity + Add tag

GMP domain + Add tag

CPD credit edit

My PDP objectives + Add tag

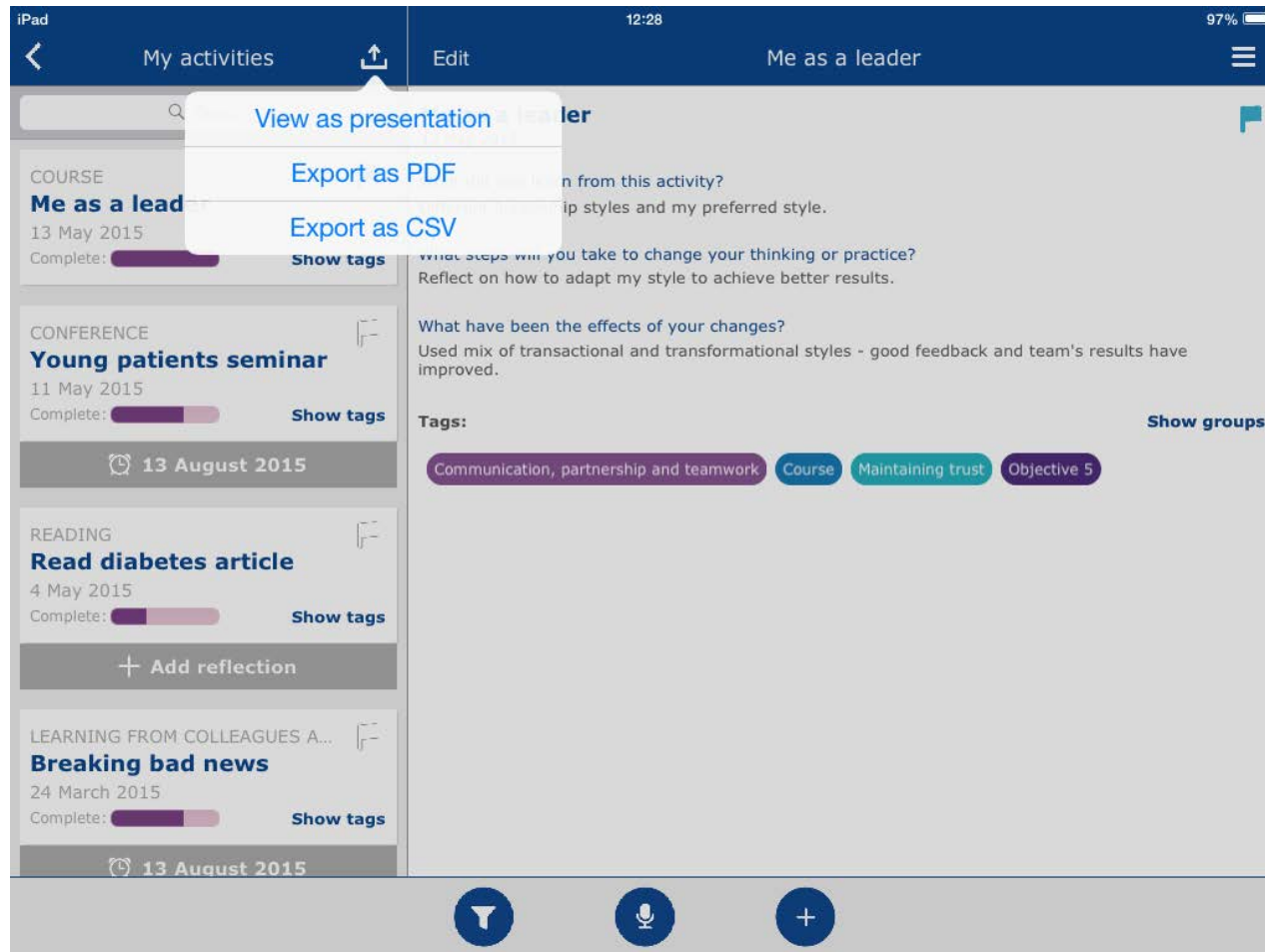
My tags + Add tag

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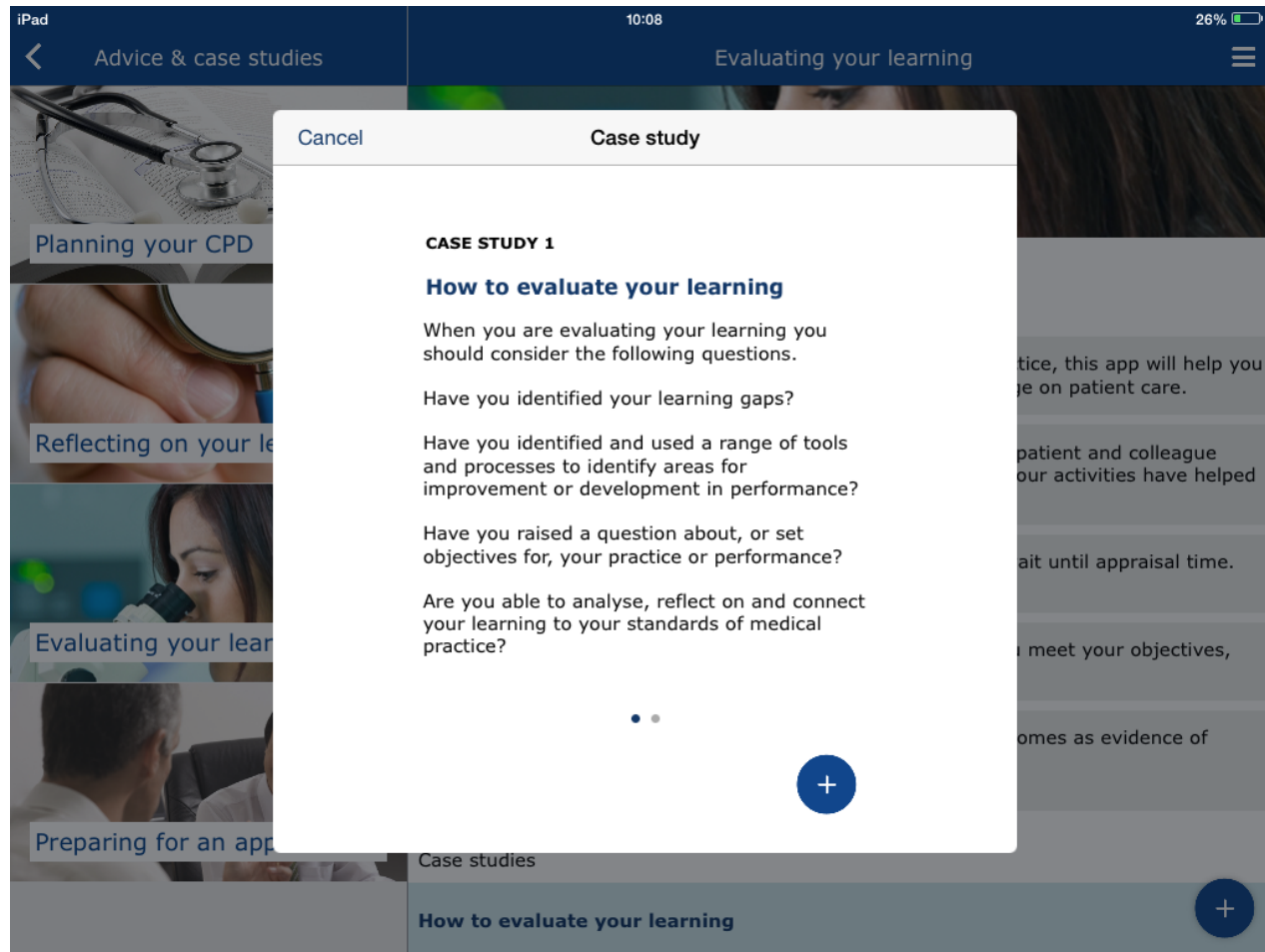
TYPE OF ACTIVITY

- Academic activities
- Conference
- Course
- E-learning
- Learning from colleagues and peers
- Management and quality processes
- Meeting
- Mentoring
- Other
- Patient feedback
- Personal reflection
- Reading
- +

Exporting as a pdf/excel



Example of a case study



Questions



Key take away messages





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Regulating doctors
Ensuring good medical practice