WRITING A REFLECTIVE LOG ENTRY: HOW TO BE REFLECTIVE

PIPPA MORRIS ST3
CONTENTS

• WHY DO WE NEED TO REFLECT
• HOW CAN WE MAKE IT EASY FOR OURSELVES
  • EXAMPLES
• WRITE YOUR OWN REFLECTIVE LOG ENTRY
WHY DO WE NEED TO REFLECT?

• MAINTAINING PROFESSIONAL DEVELOPMENT IS A MAJOR PART OF GOOD MEDICAL PRACTICE
  • DEMONSTRATING IT IS PART OF CERTIFICATION AND REVALIDATION.

Talking with colleagues
Clinical audit
Seminars and courses
Quality improvement
Significant event analysis
Self-directed learning
Peer Teaching
Shows how

Knows how (Understands)

Knows (Knowledge)

Does

Integrated into practice
WBA, log entries

Demonstration CSA

Interpretation/Application e.g. AKT

Novice

Expert
WHAT IS REFLECTIVE LEARNING?
WHAT IS REFLECTION?

**REFLECTION IS...**

- Thoughts, ideas, opinions and feelings about an experience
- Achieving a better understanding of why and how things happen
- Developing self-awareness
- Learning from an experience to improve our future practice

**REFLECTION IS NOT...**

- A description of what happened
- Observing what happened without analysing it and considering change...
WHEN SHOULD YOU REFLECT?
WHEN TO REFLECT?

• WHEN SOMETHING GOES WELL
  • WHEN SOMETHING DOES NOT GO AS PLANNED
  • IF SOMETHING PUZZLES, CONFUSES OR DISTURBS YOU
• SOMETHING HAPPENS TO MAKE YOU CHANGE YOUR PRACTICE
  • SOMETHING THAT YOU ENGAGE WITH EMOTIONALLY
    • REFLECT ON ANY FEEDBACK YOU GET
RCGP CORE COMPETENCIES

1. COMMUNICATION AND CONSULTATION SKILLS
2. PRACTISING HOLISTICALLY
3. DATA GATHERING AND INTERPRETATION
4. MAKING A DIAGNOSIS AND MAKING DECISIONS
5. CLINICAL MANAGEMENT
6. MANAGING MEDICAL COMPLEXITY AND PROMOTING HEALTH
7. ORGANISATION, MANAGEMENT AND LEADERSHIP
8. WORKING WITH COLLEAGUES AND IN TEAMS
9. COMMUNITY ORIENTATION
10. MAINTAINING PERFORMANCE, LEARNING AND TEACHING
11. MAINTAINING AN ETHICAL APPROACH TO PRACTICE
12. FITNESS TO PRACTISE
13. CLINICAL EXAMINATION AND PROCEDURAL SKILLS

<table>
<thead>
<tr>
<th>Practising holistically and promoting health</th>
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<td>This is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions. The doctor is able to take into account patient’s feelings and opinions. The doctor encourages health improvement, self-management, preventative medicine and shared care planning with patients and their carers.</td>
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<tr>
<th>Insufficient evidence</th>
<th>Needs Further Development</th>
<th>Competent</th>
<th>Excellent</th>
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<tr>
<td>Enquires into physical, psychological and social aspects of the patient’s problem.</td>
<td>Demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the problem.</td>
<td>Accesses information about the patient’s psycho-social history in a fluent and non-judgemental manner that puts the patient at ease.</td>
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Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers.
No patient identifiers

Write in the first person

Tip: Start at the bottom and work upwards

Tip: Keep the description short. Bullet points are fine.

Point to the competencies and keep it focused

Make it SMART:
- Simple
- Measurable
- Achievable
- Relevant
- Time-based

### EPORTFOLIO

<table>
<thead>
<tr>
<th>Subject title: *</th>
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<td>What happened?: *</td>
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<td>What, if anything, happened subsequently?: *</td>
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<td>What did you learn?:</td>
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<td>What will you do differently in future?:</td>
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<td>What further learning needs did you identify?:</td>
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<tr>
<td>How and when will you address these?:</td>
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What happened?
I saw a 38 year old single mother, during morning surgery. She is new to the practice and works as a legal secretary. She presented with a 4 week history of headache and visual disturbance. She had a past medical history recorded of a moderate depression 10 years ago and a past history and family history of classical migraine. There were no ‘red flag’ symptoms or signs at the time of initial presentation. As she had not tried any painkillers, I asked her to take simple analgesia and asked her to return if she became worse. My working diagnosis was of tension headache or possibly a variation of migraine.

What, if anything, happened subsequently?
She next presented 3 weeks later, tearful and stating she had to give up her job because of the pains in her head and neck, also symptoms of photophobia. On examination she looked unwell, and fundoscopy revealed papilloedema. I referred her urgently as a medical emergency, a CT scan revealed the presence of a frontal lobe tumour, and she was transferred to Southmead. She is now waiting for a follow-up with the neurosurgeon.

What did you learn?
I learnt the importance of re-examining the patient when they re-present. I also learnt the referral pathway for patients with suspected raised intracranial pressure.

What will you differently in future?
I will make sure I adequately ‘safety-net’ patients with headaches by informing them about red flag symptoms.

What further learning needs did you identify?
Need to learnt about diagnosis and prognosis of neurological tumours.

How and when will you address these?
During my GP training
What happened?
A consultation with anxious single mother, who felt her boy was ill all the time, on examination there was a bruise on the back, mother reluctant to show me, she is in a new relationship. I referred to the health visitor.

What, if anything, happened subsequently?
I spoke with the health visitor, she has arranged a home visit, when she has done this I will speak with her and we will do a joint visit. I also spoke with my educational supervisor.

What did you learn?
Lectures don't prepare you for the impact of reality. I felt uncomfortable and didn't know how to broach my concerns with the mother. I used time and a referral to find out some more, but I afterwards I felt that my discomfort with the situation meant I shied away from directly confronting the mother about the bruise.

What will you differently in future?
Next time, I would broach the safeguarding issue with the mother during the consultation. This might have helped me to assess the severity of the situation and the urgency of further action. I was worried about coming across as confrontational and that she would assume I was accusing her, but by being open, I might have been able to reassure her and offer her support. I will work on recognising patient's cues and exploring their ideas about the problem and their concerns during the consultation. I will make sure I am familiar with the practicalities of how to manage child safeguarding concerns.

What further learning needs did you identify?
I will find out about the local referral process for child safeguarding.
I will think about communication techniques for addressing possible safeguarding concerns during a consultation.

How and when will you address these?
I will attend the next practice safeguarding meeting.
I will suggest that we have a discussion on safeguarding in my small groups session on a half day release session in the next few weeks.
What happened?
2 week old baby, a few days of coryzal symptoms, lethargy and poor feeding. Looked unwell, raised HR and RR. I discussed with the paeds registrar on call, who said it sounded like bronchiolitis and suggested conservative management. However I stressed that I felt this baby needed to be assessed as she was not well and eventually the paeds registrar agreed to see the child.

What, if anything, happened subsequently?
While in the children's emergency department, the baby had a cardiorespiratory arrest, was resuscitated and transferred to a hospital in London. She had coarctation of the aorta. She was subsequently operated on, now progressing well in intensive care.

What did you learn?
To be aware that accurate assessment of a baby is vital as they can be seriously unwell and only display non-specific symptoms. I am very glad that I insisted on sending the baby to hospital despite the objections of the paediatric registrar. It felt very awkward at the time, but it has taught me to trust my judgment and I will find it easier to be more assertive next time.

What will you differently in future?
On reflection, the baby arrested while she was in the ED. The parents took her there by car. I could have arranged a blue light ambulance to take her to hospital. However, although I thought she was unwell, I did not expect such a serious underlying problem and she was certainly not looking like a baby that was about to arrest.

What further learning needs did you identify?
Need to refresh my memory re: congenital heart disease & its presentation in neonates.

How and when will you address these?
GP notebook & paediatric textbook, in the next couple of weeks
STUCK? TRY SOME REFLECTIVE QUESTIONS:

• WHAT COULD I HAVE DONE BETTER? WHAT DID I DO WELL?
• WHAT WAS I TRYING TO ACHIEVE? WHY DID I ACT AS I DID? WHAT WERE THE CONSEQUENCES OF MY ACTION FOR MYSELF / PATIENT / TEAM / ORGANISATION?
• HOW DID I FEEL AT THE TIME? WHY DID I FEEL THAT WAY? WHAT DID THAT FEELING TELL ME?
• HOW DID THE PATIENT FEEL? WHY MIGHT THEY HAVE ACTED LIKE THAT? DID I SAY SOMETHING THAT MIGHT HAVE PROMPTED THAT REACTION?
• WHAT OTHER CHOICES DID I HAVE? WHAT WOULD BE THE CONSEQUENCES OF THESE CHOICES?
• WHAT DO I THINK ABOUT THE PROCEDURES, PROCESSES AND RESOURCES INVOLVED? WERE THERE ANY OBSTACLES? COULD ANY CHANGES BE MADE?
• HOW DO I FEEL ABOUT THE EXPERIENCE NOW? HOW HAVE I MADE SENSE OF THIS EXPERIENCE IN THE LIGHT OF PAST EXPERIENCE AND FUTURE PRACTICE? HAS THIS EXPERIENCE CHANGED MY WAYS OF KNOWING, THINKING, DOING OR ME PERSONALLY?
• WHAT HAVE I LEARNT? WHAT HAVE I BEEN MADE AWARE OF? HOW CAN I IMPROVE?
• HOW WILL I PUT THESE CHANGES INTO PRACTICE? HOW WILL I KNOW THAT I AM DEVELOPING?