

ROYAL PHARMACEUTICAL SOCIETY

Reflective Account for Patient-Facing Roles. Making the most from your reflective practice

Why reflect?

We have all been subconsciously reflecting most of our life. Reflective practice can improve our knowledge, skills, attitudes and behaviours as a practitioner. Here, we show how you can get more from reflective practice and an examples of a good and a not so good reflective account. The reflective account is a new requirement from the General Pharmaceutical Council (GPhC) as part of our revalidation submission (refer to reflective account section of website).

Reflection is personal and there are different ways you can reflect. It is important to reflect on both positive and negative experiences so you can develop as a professional. Reflection helps learning, development or improvement of practice for the benefit of your service-users.

What is reflective practice?

Reflective practice is undertaken by all health professionals. In pharmacy it is defined as 'the critical evaluation of practice and learning to find ways to benefit further the people using your services'. It's not a tick-box exercise, it's about recognising our strengths and weaknesses and using this to guide your life-long learning. Experiences that could be reflected upon include:

- Clinical interventions
- Compliments or complaints
- Feedback
- Reading articles
- Attending meetings
- Conversations with colleagues or other people
- Exploring feelings or emotional reactions
- Participation in workshops, seminars or conferences
- Understanding near misses or errors

How do I reflect?

There are several stages to reflection. It is useful to be able to describe the **what, where and who** – this helps you to think about the subject/situation in detail and helps clarify events, actions, feelings, thoughts or beliefs. It is an opportunity to recapture an event or an example of an area of practice for the purposes which serves as a springboard for you to explore your practice i.e. what happened exactly and in what order, where were you at the time and who else was involved? What part did you have to play? What was the final outcome?

Describe **why** things happened as they did. Consider intended and unintended consequences of the situation/area of practice – this assists with cause and effect – the why aspect of practice or ‘so what?’

It is good practice to think about whether you could have **done anything differently**. With the benefit of hindsight how would you have managed the situation/area of practice differently? For instance: is there anything you could have tried that may have improved the situation, or was there anything you did that was particularly important in the situation? It is easy to remember the things that you did not do and it is often the things that you did well that are not remembered.

What will you do differently in the future - how will this change your practice?

This is probably the most important stage in reflecting. You need to list everything you have thought of before to learn and improve your practice for the benefit of your service-users. As well as thinking about what you would do differently in that specific situation, also think whether you have thought of any transferable knowledge or skills that you can use in similar situations.

Here is a bad and a good example of a reflective account based on how a professional might meet the **Effective Communication** standard in the GPhC Standards for Pharmacy Professionals.

A bad example of a Reflective Account

1. Provide a reflective account of how you met one (or more) of the GPhC’s standards for pharmacy professionals. The GPhC will tell you which standard(s) to choose from each year.

Describe briefly about your area of work (the setting of your practice and your main roles).

Describe briefly who the typical users of your service(s) are.

Describe how you meet the standards for pharmacy professionals we have selected.

Give a real example(s) taken from your practice to illustrate how you meet the standards we have selected.

I was involved in a patient confrontation; the patient was unhappy with her hospital stay and wanted to be discharged home. Unfortunately she required a medicine where there was a delay in supplying and she could not be discharged because it required her to be counselled and trained in self-injecting (once-a-week). I explained this and she returned to her bed. I was happy I had explained everything to her and continued with my other jobs.

A good example of a reflective account

1. Provide a reflective account of how you met one (or more) of the GPhC’s standards for pharmacy professionals. The GPhC will tell you which standard(s) to choose from each year.

I am a pharmacist working in a hospital setting. I am the lead pharmacist for medicine providing a clinical pharmacy service to the medical wards.

My service users are patients and other professions working on the wards.

(What, where and who)

I was involved in a patient confrontation; an elderly patient was unhappy with hospital stay and wanted to be discharged home. She was under the care of the multidisciplinary team for medicine. She had been seen on the MDT ward round and told that she was medically fit for discharge but still awaiting a medicine that she needed to be counselled on and trained to self-inject. The issue was raised with me by the discharge team. I explained that the medicine had to be sourced from abroad and apologised for the delay. Although she remained annoyed I was able to make her understand what the delay was and she returned to her bedside. She did not seek further clarification that day.

At the time I felt rushed and frustrated. I had a lot of other work to be done and this was distracting from that. She had already been told that she would need to have the dosing, side effects and how to self-inject explained to her in the morning. I understood why this was difficult for her but did not think I would be able to do anything to help to speed up the process.

(Why did it happen?)

The morning ward round was quite rushed and so our explanation was limited to telling her about the medicine. I can understand from her point of view this may have meant very little, and so my explanation of what exactly what was happening may have relieved some frustration. Having been waiting up to this point, it is no surprise she continued to be angry but may have been accepting of this plan.

(Could you have done anything differently?)

I think my explanation was very good, and the patient seemed happy with this, although I did not give a rough idea of how long this would take. Also I did not ask her whether she was happy with this explanation: I may have been able to satisfy her frustration further by answering a few more questions. Although the information given in the ward round was correct, it was not understandable to the patient. If this had all been quickly clarified in the morning, the patient would have been happy throughout the day and not caused a problem later on.

(What will you do differently in the future?)

I think that the cause of the problem in this situation was our explanation on the morning ward round. To avoid a similar situation in the future I will speak to the other health care professionals on the ward and advise them of any anticipated supply issues with medicines for patients so we can make everyone aware as early as possible.

Now what?

You have a structure for reflection that will help you write your reflective account.