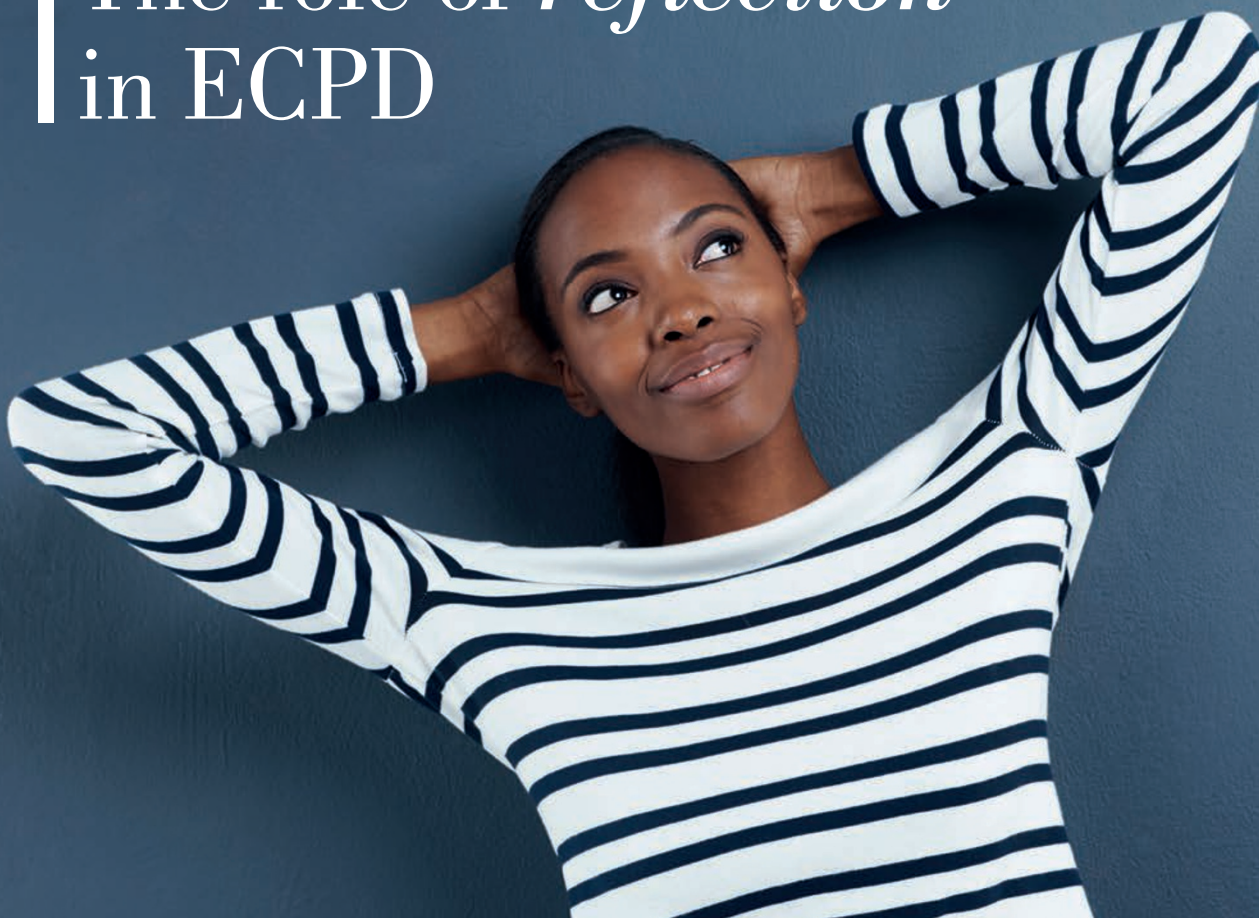


The role of *reflection* in ECPD



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As practitioners, if we are to grow and develop, we must be brave enough to have the courage to share our experiences with the dental team that surrounds us, says **Joanne Brindley**.¹

¹ Senior Lecturer in Education, University of Portsmouth: 'I have been a DCP for nearly 30 years, first as a dental nurse and then moving on to qualifying as a dental hygienist and therapist. In 2005 I became involved in the delivery of dental education, where I developed my passion for reflective practice. Following completion of my Doctoral Thesis, which explored the use and relevance of reflective practice in dental education, I was awarded a 2017 Oral and Dental Research Trust/Colgate Robin Davies Award. I have been a Quality Assurance (Education) Inspector for the GDC since 2012 and I am an invited member of the GDC's Education Reference Group'.

In January this year (for dentists) and from August (for DCPs) the General Dental Council (GDC) will require registrants to produce a personal development plan (PDP). Your PDP must be linked to GDC Learning Outcomes and include a detailed log of activity, with associated certificates. These in turn will form part of the Enhanced Continuing Professional Development (ECPD) initiative.

ECPD has a four-phased approach: Plan, Do, Reflect and Record,¹ opposed to the historical method of simply *doing* and then *recording* CPD activities under the old style Continuing Professional Development system, which is being phased out.

The implementation of ECPD requires all

registrants to use reflection as a vehicle for identifying and planning their CPD activities. The purpose of this article is twofold:

- ❑ To explore the role of reflection as part of formal CPD activities
- ❑ To consider how you can effectively use and capture reflection as part of the requirement for ECPD.

Motivation to learn

Learning is not an isolated phenomenon, but an amalgamation of practices, perspectives and values that arise from our own personal experiences. Learning is an essential part of our development, informing what we do - underpinned by the instinctive insight we have into how we feel we should act in any given situation. As such our values and beliefs form

an important part of this process. Jarvis and Watts² identify how the learning process has participation and practice 'at its heart', describing how the motivation for learning is to move away from the 'mundane sense of just getting through the day' and the desire to move towards the *value-laden* process of 'living a worthwhile life'. If we, as professionals, truly wish to fulfil this desire, there is a need to bridge the gap between doing things in a routine way. This can be achieved by taking the time to look back on our routine practice to see if there is any action we can put in place to allow our vision of practice to be improved upon and enhanced. Reflection can therefore be seen as a key to achieving this change.

Reflecting or just thinking?

Ghaye³ describes reflection as a disposition; a commitment to develop one's own professional mindset, enabling practitioners to make even wiser and more ethical judgements. However, there are some challenges to this, such as how does one know that the process of reflection is occurring? As Harvey and Knight⁴ have noted 'there is nothing to distinguish it from 'thinking', which is a quintessential activity'. In order to move away from solely *thinking* about an activity there must be an element of transformation occurring, the ability to use experience to change ideas, opposed to just looking back and adding to existing information and thoughts. It is this quality that Brockbank and McGill⁵ state is the significant turning point: a point where not just thinking occurs, but a space where reflection is used to explicitly inform and demonstrate personal development.

Reflecting with others

One way of encouraging the process of reflection is to share experiences with a trusted group or person. This facilitates an opportunity to either informally or formally air and share views and experiences with a view to gaining insight and different perspectives into our own routine practices. In order for a reflective dialogue to become effective and useful in shaping our approach and planning for future practice there is a need to consider the setting, alongside securing protected time and agreeing shared boundaries in which these discussions can occur. The skills required by workplace mentors have been defined by Brockbank and McGill⁶ as: active listening skills, questioning and provision of information, feedback, facilitation of reflective skills and empathy. Reflecting with others is not an easy task; Osterman and Kottkamp⁷ describe that the process can be 'challenging and demanding', which is why the setting must be viewed and valued by all parties as collaborative and co-operative. If managed effectively the

role of reflective dialogue, either in a group or with a mentor, can be incredibly supportive, as Bolton⁸ describes 'it is like standing in front of the mirror with someone else ... Mentors ask questions one does not, or cannot, ask oneself'. Indeed, mentors provide a helping-to-learn relationship that encompasses: role model, enabler, teacher, encourager, counsellor, befriender, facilitator, coach, confidante and supporter.

Having a bad day

Newton⁹ states that failure is inevitable in dental practice. This on the surface seems like a bold statement, but it is of course a reality. Just like learning to drive; once you have passed your test (and are in essence a *safe beginner*), you would have to be exceptional if you were able to drive your car for 20 or 30 years without once making a mistake. Yet as practitioners we often fail to view our practice and resulting actions with any self-compassion, repeatedly berating ourselves over what has gone wrong. One way of moving forward from negative events

legal case,¹⁰ leading to a recommendation, by some, for professionals to record their written reflections in an anonymous way. Furmidge¹¹ suggested that the 'fear' of reflections being used in a litigious way would undermine the written reflective process, leaving to reflections to become 'watered down' and 'non-controversial', with practitioners writing in a divisive way to ensure that there could 'be no risk of comeback'. In a move to try and address this, there has been clear guidance from the professional regulatory authorities that the need for reflective activities must continue, despite these concerns; 'fear of litigation must never diminish the value of reflecting on, and learning from, experiences ... Improving patient safety must remain at the heart'.¹² Assuming that this statement (from Perkins¹²) is read in an assured fashion, there is a continued requirement to be seen to engage with written reflective activities. Perhaps one way of effectively addressing this scenario is to verbally participate in group or mentorship activities, which in turn, results in the formation of a written action plan. The action plan can then be

'MENTORS PROVIDE A HELPING-TO-LEARN RELATIONSHIP THAT ENCOMPASSES: ROLE MODEL, ENABLER, TEACHER, ENCOURAGER, COUNSELLOR, BEFRIENDER, FACILITATOR...'

is to try and actively move away from a self (person) centred approach (when in receipt of a complaint, adverse clinical event or near miss) instead viewing this as an opportunity to learn, not individually, but also as a team, which is an essential strategy in preventing a blame culture from developing. Taking the time to allow the person(s) involved in an adverse event or near miss the opportunity to review their own role in the incident occurring, encourages the discovery of the underpinning aspects that facilitated the adverse incident to occur. Through reflection of strengths and weaknesses within our own personal professional environment, we can afford ourselves with an opportunity to ameliorate and problem solve any negative effects rising from professional actions and activities, which can, in turn, directly inform our ECPD activities.

Written reflection as a ECPD activity: friend or foe?

Written reflection may be interpreted as a threat or used in a negative way, which was exemplified by the case of a junior doctor's written reflective log being released and used against them in a

used to inform our ECPD activities, which we can then formally record, writing our reflections or thoughts on the effectiveness of the CPD activities we have undertaken. This approach would allow registrants to avoid strategically written reflections in a *fight or flight* response way, which Davis and Kremer¹³ describe can occur when a negative or stressful event arises in professional practice. By this, Davis and Kremer describe how some professionals, who do not want to change their practice, will instigate a 'fight' response to their reflections, contradicting all criticism and attacking the person who has criticised them. Conversely, the professional that seeks 'flight' from the situation will accept unnecessary criticism and do everything they can to withdraw from the situation. Rather than using written reflection as a confessional or personal crusade we should look to the guidance of a critical and trusted colleague. If we could find the time to reflect within a supportive group or via a mentorship-mentee relationship, the written action plan from our discussion(s) and subsequent reflection on our planned improvement activities could be seen as a valid panacea which embraces ECPD.

Online mentoring

Hersh¹⁴ describes how some people rely less and less on formal mentors, instead becoming more dependent on their peers via the internet for guidance. This, although supportive, can also taint the clearly defined roles which used to occur when more experienced practitioners formally mentored *safe beginners*. Instead, a more attractive, less visible and remote way for practitioners to navigate their way through the differing phases of their chosen career can be to gather multiple sources of support and information (eg professional social networking platforms, un-calibrated discussion forums and general hearsay during conversation) as part of their professional armamentarium. Davis¹⁵ terms this information use as 'frag-

Bolton⁸ describes how practitioners should use 'through the mirror reflection', that is, reflection that does not facilitate a self-indulgent looking back at ourselves or a vehicle in which we gather evidence to support our own views and perspectives, but, instead, a step in which we 'bravely face the discomfort and uncertainty of attempting to perceive how things are'. Whatever happens as dental professionals we should not aspire to weave a web of personal and professional development that best fits our internal image of oneself. As practitioners, if we are to grow and develop, we must be brave enough to have the courage to share our experiences with the dental team that surrounds us. By taking the time to gather the influences of our formal discussion with peers, we can

'THE EVIDENCE BASE THAT UNDERPINS OUR PROFESSIONAL DEVELOPMENT IS CONTINUALLY EVOLVING AND AS SUCH OUR ABILITY TO LEARN AND DEVELOP IS AN INTRINSIC PART OF PROFESSIONAL LIFE.'

mentoring', with the downside of this type of activity being that not all of the *mentoring participants* are aware of their role. If genuine mentors had knowingly been formally recruited to nurture and support one another, they may well implement a more cautious stance than may be exercised when anecdotally providing information to one another, via online posts. The danger of using social media is that it may become all too easy for a registrant to absolve themselves from responsibility, by piecing together fragments of information that they personally prefer, into their own (and complimentary) value system, opposed to the planned approach of having a more formal professional discussion with a mentor, with a view to critically reviewing and resolving an identified issue or topic. One way of addressing this accessibility gap would be to use of a more formalised system of synchronous or asynchronous online support. There is no doubt that advancing the use of social media may well be a good way to provide the much needed assistance that is required by practitioners, but this should be set against a backdrop which has clear boundaries and expectations set. A move towards scaffolding online support in a validated way could result in the cultivation of a safe and progressive environment in which registrants can develop and hone their professional skill set.

enable ourselves to become empowered by viewing our professional world as it really is. By taking the time to determine our strengths and weaknesses, we allow ourselves the opportunity to become professionally and knowledgeably aware of what we do (reflecting in action¹⁶) and why we do it (reflecting on action¹⁶).

The requirement for professional development will never be complete. The evidence base that underpins our professional development is continually evolving and as such our ability to learn and develop is an intrinsic part of professional life. In order to identify Enhanced CPD activities, we should take time and effort to move past the basic question of 'what do I need to learn to get through the day?' and instead look to finding activities that facilitate us with opportunities to live a worthwhile professional life.

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