



# Reflective practice: understanding the evidence and practicalities

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## Claire Shaw

### **Nurse consultant, Nursing training development lead and Course lead: Facilitating reflective practice groups (CPD83)**

Claire Shaw (RNMH, MSc) is a Nurse Consultant. Claire undertook an MSc at the Tavistock and latterly the Multi-disciplinary psychoanalytic psychotherapy training. Claire's background is in working within the NHS, primarily working psychodynamically with patients with histories of abuse, trauma and self-harm. Claire has been engaged in developing and providing training for approx. 20 years and is interested in the application of psychoanalytic ideas to the provision of care in frontline NHS services. She is currently engaged in developing and providing training, facilitating work discussion groups, providing supervision and undertaking clinical work in the Trust.



## Plan for the session:

- What is reflective practice?
- What's the experience?
- What's the evidence?
- What gets in the way?
- How do I take this forward?
- Questions





# What is reflective practice?

“Space to discuss and reflect on experiences at work with an awareness of the inherent emotional impact. An open, honest and non-judgmental space in which to be curious, to develop understanding of our own experiences and those of others in the context of the work-place. For understanding and development to be integrated into work and life.”



# Reflective practice?

## Staff support group

Attending to the experiences of the team – issues and relationships that impact on the effectiveness of the team.

## Experiential groups

Reflecting on experience, often personal and professional and the dynamics in the room. Usually part of trainings such as psychotherapy.

## Reflective Practice

Spaces to link and simply ‘touch base’ with colleagues, sense of connection with others.

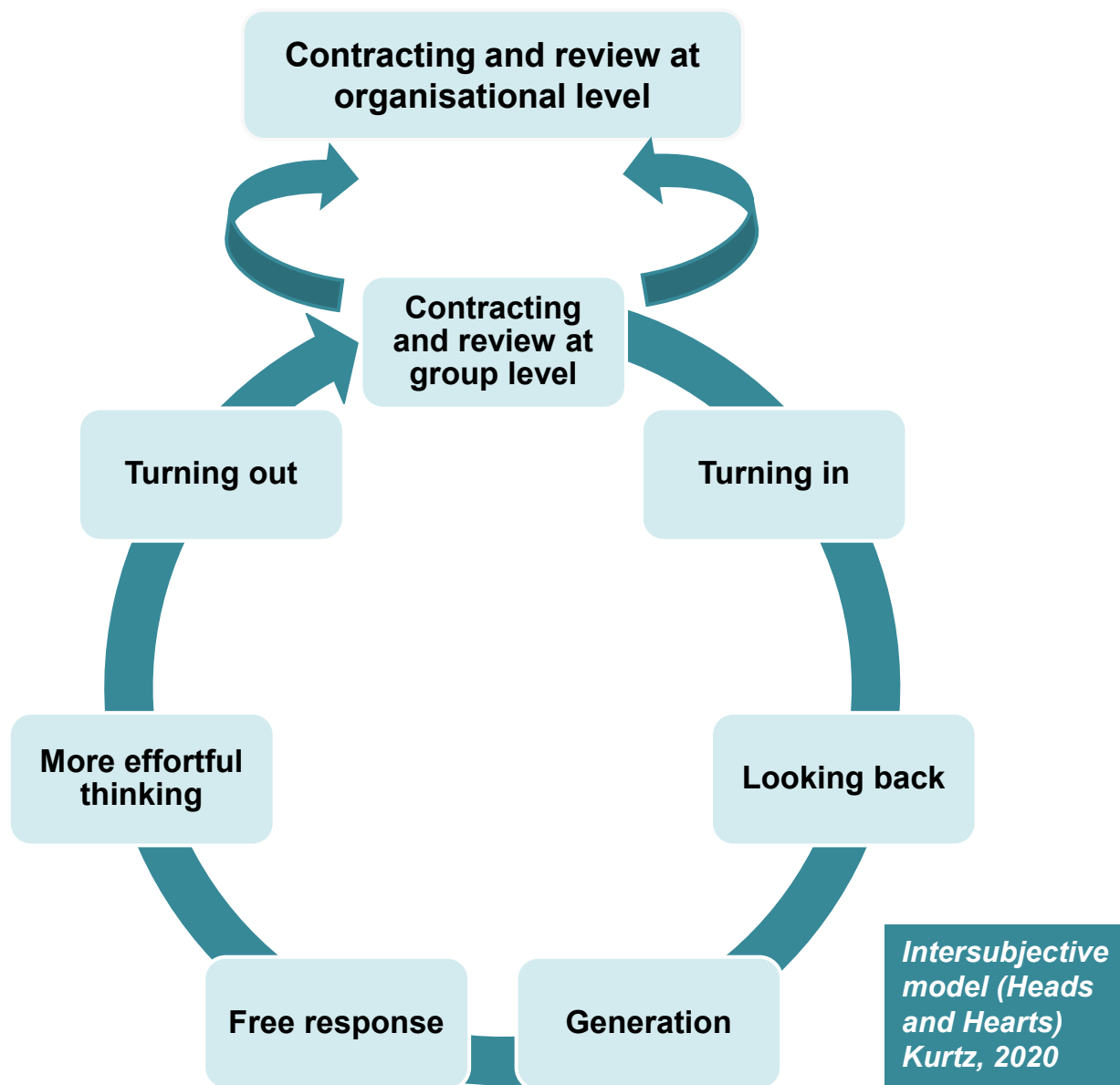
## Clinical supervision groups

To monitor and improve the quality of clinical work with patients. Case presentations. Theory-practice link developed.

## Connecting groups

Spaces to link and simply ‘touch base’ with colleagues, sense of connection with others.

Balance of recognising some overlap, but also a need for clarity of purpose



# What is the experience of being part of a group?



# What's the evidence? In brief....

Reflective practice helps to process the emotional impact of work.

*(Caldwell and Grobbel, 2013)*

Reflection can help improve nurses' mental health and wellbeing.

*(Agnew, T. 2022)*

Reflective practice is invaluable for promoting critical thinking.

*(Bowden 2003, Smith 2005)*

Encourages a holistic, individual and compliant approach to care, enhances patient care as a result and highlights poor practice.

*(Gustafsson and Fagerberg, 2004 and Cooke and Matarasso, 2005, cited by Duffy, A. 2007)*



# What gets in the way?

Anxieties re. psychological safety	Poor previous experience of reflective practice groups
A wish not to look at work, to avoid difficulties and potential distress	Misunderstanding the purpose of groups
Workplace culture	Lack of resource (money, facilitators, rooms to meet in)

# How do I take this forward?

- Training in reflective practice facilitation
- Link with strategy on staff wellbeing
- Checking in with colleagues; who wants what and why?
- Senior nurse or team leader buy in
- Find an experienced facilitator (senior nurses, psychologists, psychotherapists)



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