

# End of Life Learning Path

## Reflective Practice Guidance

**Learning Objective: Describe the importance of and act upon maintaining own and team resilience through reflective practice and clinical supervision.**

### Introduction

The 'One Chance to get it Right' document sets out the approach to caring for dying people that health and care organisations and staff caring for dying people should adopt. The approach was developed by the Leadership Alliance for the Care of Dying People (LACDP), a coalition of 21 organisations working together to ensure high quality, consistent care for people in the last few days and hours of life. The approach focuses on achieving 5 priorities for care ensuring that the dying person is the focus of care and that this care reflects the dying person's individual needs and preferences. The document supports education, training and professional development, it outlines the high level learning objectives for end of life care education, which can be adapted to suit programmes of education and the intended learners. Depending upon your role, the focus in relation to the learning objectives will vary from awareness level, to application, to complex assessment and decision-making.

'One Chance to Get it Right' recommends that end of life care teaching methods should include some element of experiential learning and reflective practice as part of continuing professional development, and life-long learning. The high level learning objective linked to reflective practice is that the individual can describe the importance of and act upon maintaining own and team resilience through reflective practice and clinical supervision.

To support you in achieving this learning objective you are required to undertake a minimum of 2 reflective accounts. This should include a reflective account in relation to your practice and a reflective account of your learning path experience. The reflection of your learning path experience will also be an opportunity for you to review your training log, the learning outcomes achieved and the types of learning that you found most valuable. This may help guide you towards further educational opportunities within your area of work / speciality.

Depending on your role and experience, reflection may already be part of your everyday practice and something that you engage with on a regular basis. The National Occupational Standards, Nursing Midwifery Council, General Medical Council, Skills for Health and Skills for Care are all supportive of the importance of reflective practice to enhance patient care and to promote self-resilience. They each have specific information, advice and guidance tools to support reflective practice.

If you don't readily use reflection, it is recommended that you introduce reflection as part of your day to day practice. The national occupational standards state that you need to know and understand models, tools and techniques of reflection. In addition to this you need to have an understanding of the importance of critically reflecting on your value, behaviours, attitudes and commitment and how they impact on your practice.

As highlighted within the end of life care core skills education and training framework it is recommended that 'staff recognise that effective work with people depends upon well-developed knowledge and skills and appropriate attitudes. Good use should be made of supervision and other learning and development opportunities to reflect on practice and identify end of life care learning needs. Individuals should recognise the limitations of their own practice and seek support when appropriate'.

## **Clinical Supervision**

Skills for Care (2007) define 'supervision' as 'an accountable process which supports, assures and develops the knowledge skills and values of an individual, group or team'.

Clinical supervision is a structured process to help individuals or groups talk through difficulties and identify problems and challenges and to work through solutions together. Reflection on practice takes place within a safe space and with the intention of improving care delivery and support. Clinical supervision is a practice based form of reflection.

Within the CQC Supporting information and guidance: supporting effective clinical supervision, it describes a number of different models of clinical supervision:

- One to one supervision between a supervisor and supervisee
- Group supervision in which two or more practitioners discuss their work with a supervisor
- Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor
- A combination of the above

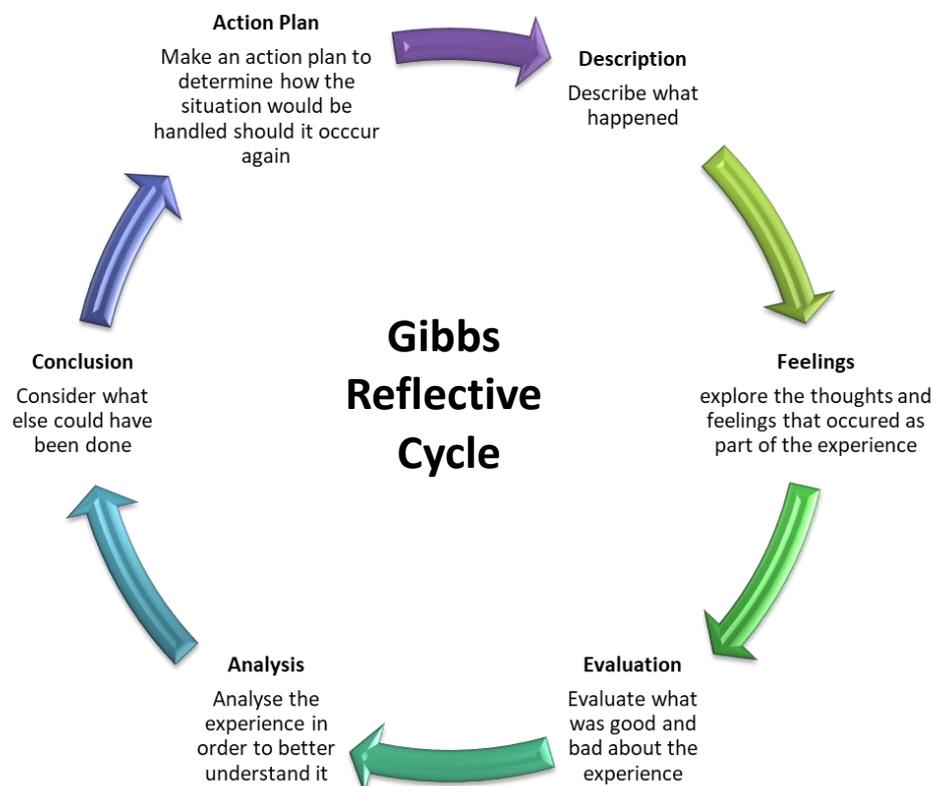
Within your workplace it is important that you seek clinical supervision it has benefits to the individual in addition to ensuring people you care for receive high quality care.

## **Reflection**

Reflective practice can help increase self-awareness and can also help to develop creative thinking skills and increase individuals knowledge and understanding. It is a positive approach to exploring whether there is a better way of doing something. The Nursing and Midwifery Council suggests that considering the following questions can help guide your thinking when you are undertaking a reflective activity:

- What key things did you take away or learn from this experience/feedback?
- How did you address any issues or problems that arose?
- What would you do differently, if anything, next time around?
- How has it impacted on your practice?
- Are there any changes you can quickly apply to your practice?
- Are you able to support yourself and other colleagues better?
- What can you do to meet any gaps in your knowledge, skills and understanding?

When we reflect we think back over situations. We examine the positive aspects and also identify any negative areas or areas that we feel could be improved upon for next time. We may ask ourselves, what went well and why did it go well? We can establish what we learnt from it and also whether there was anything that didn't go well. At this point actions may be established / set to build on strengths and overcome weaknesses. We can structure the way we reflect by using a reflection cycle. The Gibbs Reflective Cycle was developed by Graham Gibbs in 1988; it is an effective model that is still readily used today. Its cyclic framework allows you to learn from things that went well but also from things that didn't go so well. It provides a structure to support learning from experience.



Reflection is very beneficial in healthcare as it can inform future practice, think for a minute of a patient that you have recently looked after and reflect on an aspect of their care. You may wish to use Gibbs reflective cycle or your preference may be to

use a different model, there are many tools and resources available to support reflective practice. The benefits of reflective practice increase self-awareness; it is also a great way to learn. Reflecting is different to casually thinking about something, it is conscious effort. Sometimes reflection is private, at other times it is shared with colleagues or may even form part of a team meeting.

### Looking after yourself and building resilience

End of life care can be complex and challenging at times, so it is important to look after yourself and build resilience. A supportive workplace, peer to peer support, reflective practice, clinical supervision and debriefing can all help when dealing with emotional situations. The Royal College of Nursing suggests the following points:

- know what your role is and the boundaries of this role
- understand your coping strategies, the good and bad ones. Recognise that the good ones are the best approach
- recognise your own signs of stress
- ensure you have the right knowledge and skills, so you don't feel out of depth
- develop skills in assertiveness and managing challenging emotional situations
- be mindful of not allowing your own beliefs and values to influence the care you deliver
- know your support network
- if clinical supervision is offered then accept it, otherwise see if you can find a 'buddy'
- talk about it.

If things are getting too much, ensure you access support; this can be sought from a number of places (depending on your place of work) e.g. your occupational health department, your pastoral and spiritual care team or your line manager.

Some care settings have introduced Schwartz Rounds, they provide a space for staff to come together regularly to discuss the emotional and social aspects of working in healthcare. During the Schwartz Round the experience is shared from 'your' perspective, with the emphasis on the emotional impact of the situation. The focus is not on the clinical aspects of patient care but instead the learning is geared towards understanding your experience from a social and emotional point of view. The Point of Care Foundation states that 'staff who regularly attend Schwartz Rounds feel less stressed and isolated at work. Listening to colleagues describe the challenges of their work helps normalise emotions, which are part and parcel of working in healthcare but are often kept under the surface. This shared understanding manifests in improved communication between colleagues and a greater sense of teamwork.'

The ability to cope well following an emotional situation relies on developing behaviours, thoughts and actions. The RCN provides some suggestions for developing habits and creating strategies to help increase resilience and coping mechanisms.

These are listed below:

- do not spend time worrying about something over which you have no control
- try to maintain a really good work life balance
- look after yourself physically, take enough rest and regular time with family and friends to maintain good out of work support
- be optimistic, being a glass half empty person can wear you and colleagues down
- develop self-confidence and make sure you give yourself credit and praise when you do something well
- be honest with yourself and others, if things are not going well address them, allowing problems to fester makes them worse
- do not try and solve everything alone, seek help and support from family and colleagues
- develop outside interests so that not everything in your life revolves round one thing
- as a team celebrate success, reflect on what is going well and learn from things that don't go well

Building resilience helps to enhance mental and physical health and wellbeing. Click on the link to access further information: <http://rcnendoflife.org.uk/my-role/looking-after-yourself/>

On the following pages you will find the templates that can be used to complete your reflective accounts. These templates are available to download from the Cornwall Hospice Care website for your hand held education passport. We recommend that when you have completed your reflective accounts that you meet with your learning 'buddy' to discuss your learning path experience.

A learning buddy promotes learning and helps others to enhance their learning. Your learning buddy may be the learning path link within your organisation, your palliative and end of life care link nurse, a member of your local specialist palliative care team, or a colleague who has previously completed the learning path.

### References and further reading

- End of Life Care Skills Education and Training Framework (Health Education England, Skills for Health and Skills for care 2017).
- Leadership Alliance for Care of Dying People (2014) One Chance to Get it Right: peoples experience of care in the last few days and hours of life.
- CQC Guidance supporting effective clinical supervision (July 2013)
- Nursing and Midwifery Council: Reflective practice guidance sheet.
- RCN Fundamentals of Nursing Care in End of Life Care: Looking after yourself
- Joint Statement (Regulators unite to support reflective practice across health and care) <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/benefits-of-becoming-a-reflective-practitioner---joint-statement-2019.pdf>

# Learning Log

*Please use this sheet to evidence all your learning.*

<b>Learning Type</b>	<b>Code</b>	<b>Evidence</b>
elearning	EL	Any relevant e-learning session
Informal learning	IL	Practice based teaching, reading a journal article or watching relevant video content
Reflective practice	RP	Written reflection upon clinical practice or learning activity. This can be personal or shared
Face to face education session	FF	Attendance at a formal education session or study event

<b>Topic</b>	<b>Type</b>	<b>Details</b>	<b>Date</b>	<b>Signature</b>

# Evidence Sheet

*Please use this sheet to evidence learning.*

Name:

Subject covered:

Summary:

Learning outcomes:

# Reflection Sheet

*Please use this sheet to evidence learning through reflection.*

Name:

Subject covered:

Summary of activity:

Reflection on activity:

Learning from activity