

enhance

Transformative Reflection Resource Guide





Introduction

This enhance guide is a practical resource for learners, and their supporting faculty, to cement the role of transformative reflection as a constructive tool. We recognise that learners all reflect differently and record this in different ways, so this guide presents multiple options for both the transformative reflective process and its recording.

To thrive and deliver the best healthcare we depend on our ability to self-reflect and adapt our working behaviors - a concept described by Harding as the 'permeable practitioner' ^[1]. This skill is developed through self-awareness, an openness to alternative perspectives, proactively seeking feedback, and a willingness to change our own behaviors as a result of reflecting. Many reflective models exist, and all in essence ask us to consider:

- ▶ What? (Description),
- ▶ So What? (Theory and Knowledge), and
- ▶ Now what? (Action) ^[2].

Evidence of reflective practice is routinely submitted to health professional bodies to demonstrate continued professional development. To fulfil this, experiences can be reflected on in relation to best and evidenced-based practise, seeking to develop 'professional thinking' ^[3].

However, in a changing work environment, answers and evidence may not be readily available but the ability to manage and learn from uncertainty is a critical skill. The enhance programme chooses transformative reflection specifically to explore meaning beyond an individual's usual boundaries (e.g., a body of knowledge), generating insights with explanatory possibilities, and cultivating deeper listening skills to foster a transformed understanding. By engaging in transformative reflection, we prepare ourselves for productive changes in perspective.



What is transformative reflection?

Transformative reflection is a type of reflective practice that can transform our sense of work-based identity, our sense of purpose, and how we work ultimately influencing the collective wellbeing ^[4]. This model of reflection is based on transformative learning theory, which is the concept that people's perspectives on the world around them change when faced with new experiences which may not fit with their existing world view ^[5]. This relies on being confronted with new 'disorienting dilemmas' and utilising critical reflection to make sense of these, which can lead to a change in existing belief systems. This approach fosters a questioning stance, purposeful sense making and a re-thinking and re-imagining of the ways in which care is designed and delivered, both for the individual and the collective.

It is a future focused reflection, utilising the variety of formats recognised in reflective practice, and can be engaged with either individually or as a shared experience. Conducting transformative reflections within group settings can promote a sense of community, nurture peer support, and reaffirm our own abilities ^[6-9]. It can help us to jointly navigate uncertainty or professional challenges and collectively remind us of our motivations to work in healthcare.

How do we do it?

Create a safe environment

When thinking about how we can encourage open and honest reflection in our day-to-day practice, we need to think about promoting psychological safety for learners and the faculty too. This is the concept, developed by Amy Edmondson, that all are able to share their honest thoughts and ideas within a workplace, and is particularly important in relation to transformative reflective practice ^[10-11]. You can learn more about psychological safety in this video:

- ▶ [Amy Edmondson: The importance of psychological safety](#)




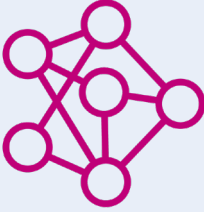
Key points

- ▶ To encourage a practice which promotes psychological safety, learners need an environment where a questioning stance and innovative suggestions are encouraged.
- ▶ enhance is not a one-size-fits-all approach and neither is transformative reflection.
- ▶ For this, all learners and educators should embrace transformative reflective practice, and its use to stimulate discussion and manage uncertainty in all situations.
- ▶ We encourage the creation of learning cultures where it is normal to share your thinking with others, including the uncertainty and messiness of everyday practice.





The enhance framework invites participants to think differently at an individual, population and system level. The [enhance handbook](#) offers information about the six domains, suggesting experiences and resources that can support the development of practice, as well as open questions and prompts that can encourage a transformative reflective stance in each domain. Highlighted below are reflective prompts underpinned by appreciative enquiry and inclusivity:


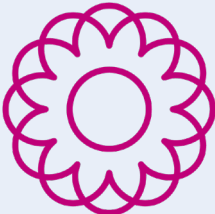
<p><u>Person-centred practice</u></p> 	<p>Recall a positive interaction with a person or family - what was it that made it go well from your perspective, and from theirs?</p> <p>Reflect on the behaviours you adopted to connect with them as an individual.</p> <p>How did the interaction align with what mattered to them beyond their clinical presentation?</p> <p>Consider who spoke for the longest, why this happened, and how it influenced the outcome?</p> <p>What else could have occurred within that interaction that would have enhanced it further?</p>
<p><u>Complex multimorbidity</u></p> 	<p>What expertise does this person bring in terms of knowing their own condition(s) and how best to manage them? How could you empower them further? How could you capture and draw upon their expertise to improve planning/management from their perspective?</p> <p>Think about the interplay of this person's presentations and what this might mean e.g., for their planned admission for X that they also have Y and Z; for the likely issues that could arise and consider who else needs to join the conversation?</p> <p>What actions could be taken to reduce the harms of over investigation, over treatment, polypharmacy? What else?</p>

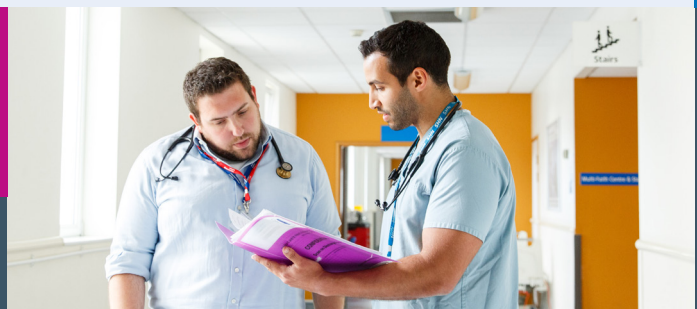


<p><u>System working</u></p> 	<p>What stories could you share about collaborations across systems that are generating positive health outcomes?</p> <p>What factors do you consider enabled this to succeed?</p> <p>What have you learnt from your own experiences of collaborative working that align with these? In your opinion, could any of these aspects be improved upon further?</p> <p>What awareness of local council, community groups, or third sector engagement do you have that align with your own working practise? Where could you find out more?</p> <p>How collaborative do you believe your team/department is perceived by those external to it? What factors could be positively influenced?</p>
<p><u>Population health</u></p> 	<p>Where have you seen community resources used successfully to address local population health issues?</p> <p>What successful services do you know of that have been co-produced to serve the needs of the local community? What factors do you think enabled the co-production?</p> <p>What do you consider are the wider determinants of health that impact most frequently on the services you deliver? What local community assets do you know of that address these factors?</p>





<p><u>Social justice and health equity</u></p> 	<p>Considering the experiences of people with particular characteristics (e.g., those living in poverty, those who are neurodivergent, those without access to the internet, or those who are homeless) where have you seen the potential barriers to care overcome?</p> <p>Where have you found inclusive language – verbal and written? What could you do to embed this wider?</p> <p>Where you have found inclusive or diverse practise that directly improved health outcomes? What factors do you believe enabled this to occur? How could you embed and sustain this?</p> <p>What strategies are you equipped with to address discriminatory behaviours in the workplace? How confident are you to implement them? How have you recognised your own cognitive biases and if so, what ways could you address them?</p>
<p><u>Environmental sustainability</u></p> 	<p>What waste reduction success stories do you know? What do you think made them successful? What environmental sustainability changes are you aware of within your workplace?</p> <p>What was your most recent work based ‘why do we still do this’ moment? For example, how is the service you deliver organised to reduce the environmental impact of repeat attendance? How might waste be reduced within this team or department? Who could you share this with?</p>





Share a diversity of formats for stimulating and capturing practise

There are many ways to capture aspects of transformative reflective practice and all should align with individual preferences.

Audio diaries

Longitudinal audio diaries have been used in a range of ways within health professionals' education and research. They can be used to trace shifts in thinking over time and to encourage critical reflection. An Association for Medical Education in Europe guide to their use can be found [here](#) ^[13].

Journal writing

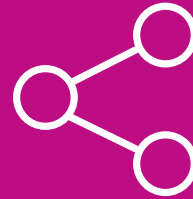
Journal writing can be used in a range of ways including as a personal reflective approach or one we share with others. It is one way to make sense of experiences and emotions and can take many forms e.g., it can allow forms of expressive writing with use of images, sketches and poems ^[14].

Creative and expressive writing

Creative and expressive writing has been successfully used as a strategy to allow the exploration of potentially challenging experiences or emotions and responses to these ^[15-16]. Creative writing in clinical settings has also been shown to enhance communication skills, empathy and compassion – as well as maintaining clinician wellbeing ^[17]. McLean and colleagues share their structured creative writing approach used with medical students to promote reflective practice. You can find more information [here](#).

Prompts for expressive writing can come in many forms e.g., responses to images, poetry, blogs and memoirs. Writing may be free form, in prose, dramatic and poetic forms. One might choose to write from one's own position or from the imagined position of others such as patients or carers.

The Conference of Postgraduate Medical Deans reflective practice toolkit provides access to other possible reflective models and frameworks which may be of interest when structuring your own transformative reflection. It can be accessed [here](#) ^[18].



Multi-media prompts

Using a range of stimuli beyond individual experiences can foster reflective thought and discussion. Book clubs and film clubs can foster empathy and offer multiple perspectives on what it means to suffer and to experience care ^[19-20].

- ▶ [Patient Voices](#) uses first person reflective storytelling to explore aspects of care. Short, digital stories have been made by patients, carers, healthcare professionals and those in training.

Facilitating reflection for groups

Some group strategies for fostering reflective practice are introduced here, with links to resources offering more detail. Facilitated group reflective practice should be led by faculty who are experienced in the field.

Balint Groups

- ▶ Focused on exploration of the doctor-patient relationship ^[21-22].
- ▶ A group member will offer to talk, uninterrupted, about a patient who has been 'on their mind' while others listen.
- ▶ The group facilitator(s) will then invite responses from other group members;

"There may be questions, advice to the doctor, emotional reactions induced by the patient's story and speculations about what else might be going on." Salinsky: 2009 ^[22]

- ▶ The presenter is then invited to sit back for the next 20-30 minutes whilst the group discuss the case.
- ▶ More information can be found on [The Balint Society website](#).



Schwartz Rounds ©

“Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles.” The Point of Care Foundation ^[23].

- ▶ [The Point of Care Foundation](#) provides a range of information about the approach and how to access trained facilitators.
- ▶ Watch the Health and Care Professions Council ^[24] commissioned film [here](#) evidencing the benefits and process of Schwartz rounds.

Action Learning Sets

- ▶ Provide a space where people can work through workplace issues in a safe and structured way.
- ▶ Participants meet on a regular basis and tend to be facilitated (although as they mature the group can move towards self-regulation).
- ▶ Group members typically ‘book time’ to present the issue they are facing or the problem they wish to think through with others.
- ▶ They present their issue without interruption, concluding with one or more questions they would like the group to help them think through.
- ▶ The facilitator will typically invite the group to respond with their own questions, to encourage the presenter to generate their own possible responses to the issue they face, rather than giving advice.
- ▶ The goal is to enable the person presenting to formulate a plan for action.
- ▶ More information about Action Learning Sets in Healthcare can be found [here](#).



Creative enquiry

Creative enquiry is an approach that utilises the arts and creative forms of expression to explore lived experience.

“Creative enquiry allows us to engage with the complexity and messiness of what it is to be human, to have viewing points, to learn from each other and share different ways of seeing and interpreting our lived experiences. Creative enquiry extends engagement beyond the biomedical disease-based realm to the biographical realm of fear, grief, loss and heartache experienced by the patient or the health care practitioner as they care for patients in their suffering.” Younie, 2019 ^[25]

You can learn more about the approach on the [Med Ed Flourishing website](#).

How do we support or supervise reflection?

Here are practical suggestions for fostering a productive environment to support transformative reflections:

- ▶ Provide access to spaces where it is possible to take time out to think about the work we do (both on and off site), ideally whilst also tending to basic needs.
- ▶ When working in groups, encourage co-production of group ground rules which create safe spaces to explore the challenges and complexities of practice.
- ▶ Think about how learners come to a collective understanding of transformative reflective practice, one that recognises and values disciplinary differences, within your trailblazer context.
- ▶ Recognise the value of facilitated reflection, with access to a range of trained facilitators from a variety of different professional backgrounds. Options for facilitated reflection are covered later in this guide.
- ▶ Ensure faculty are trained to facilitate reflective practice.
- ▶ Consider assessing the psychological safety of your specific reflective environment.



The General Medical Council have developed a comprehensive range of recognisable and transferable resources that can be used by faculties supporting a diversity of multi-professional learners, including a workshop and independent learning materials ^[26]. You can find them [here](#).

Think Aloud and Self-Explanation approaches

“As a trainee it is really powerful when trainers share their experiences of reflection with us.” Wellbeing working group member

- ▶ The thinking aloud method is a way of sharing how you would approach situations of uncertainty or complexity and how you deal with the unexpected, and has been shown to improve the reasoning skills of those who experience them ^[27-28].
- ▶ The method is simple: share your inner dialogue e.g., “The immediate thoughts I have here is that this is X, but there is something about their presentation that is leading me to wonder if it could be Y. I am going to check some things out on their history or do a further investigation before proceeding.”
- ▶ Self-explanation is a similar approach where the learner is encouraged to think aloud. You should avoid premature closure (for example with an early diagnosis or management plan) and encourage a wider exploration of possibilities using prompts or questions e.g., What else might you consider? What have you discounted? What other options can you think of here? How is this similar or different to something you have seen before? What information do you need to be more certain?

Coaching style approaches

“Central to the philosophy of coaching is a belief in the potential of the person being coached to improve their performance and develop their own solutions.” NHS London Leadership Academy 2014 ^[29].

- ▶ Coaching style approaches can be used to foster a reflective and reflexive approach to practice.
- ▶ Further information about the approach and a range of toolkits are offered by the NHS London Leadership Academy and can be found [here](#).



Summary

Transformative reflection is a type of reflective practice that can transform:

- ▶ Our sense of work-based identity,
- ▶ Our sense of purpose,
- ▶ How we work
- ▶ And ultimately influence the collective wellbeing ^[4].

It requires psychological safe spaces to nurture open and honest reflection in day-to-day practice ^[10-11].

It can use the same resources and formats as reflective practice, but requires:

- ▶ Future focused prompts or new 'disorienting dilemmas' to structure it;
- ▶ The use of critical reflection to make sense when there are no readily available answers.

It can result in:

- ▶ Development of a questioning stance,
- ▶ Purposeful sense making
- ▶ An evolving ability to re-think and re-imagining the ways in which care is designed and delivered, both for the individual and the collective.





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