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| In Training Assessment (ITA)  Activity - Reflection |
| April 2021 I Version 0.3 |

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# List of Abbreviations

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| Abbreviation | Term |
| APC | Australian Pharmacy Council |
| ITA | In-Training Assessment |
| ITP | Intern training program |

# Who should use this document

This document outlines the In-Training Assessment process and tool developed by the Australian Pharmacy Council (APC) for use in the assessment of pharmacy interns in Australia. The tool is intended to assist with the assessment of an intern’s achievement of one or more of the performance outcomes listed in the *Performance Outcomes Framework* which accompanies the *Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020*. It is therefore of relevance to **interns**, **preceptors**, **supervising pharmacists** and **Intern Training Program (ITP) providers**.

**Interns** will use the tool, and particularly the template, for completing a reflective statement following an incident, activity or event experienced in the workplace.

**Preceptors and supervising pharmacists** will review the intern’s reflective statement, provide feedback to the intern, and use the enclosed rubric to assess the level of reflection demonstrated by the intern.

**ITP providers** will incorporate the tool into the Intern Portfolio, which is the compiled record of the intern’s achievements during the intern year, and which is used as the basis for determining whether the intern has achieved many of the performance outcomes. ITP providers may choose to use the completion of reflective statements as part of the formal requirement of the ITP; this tool may be used to satisfy those requirements.

# Reflection

# Introduction to reflection

In order to promote learning from experience, learners need to make connections between the experience and the meaning that they derive from the experience. These connections can be created and reinforced through the process of reflection, a higher-order thinking process in which memories, thoughts, ideas and emotions are associated with each other and new interpretations generated (Denton, 2011). As a consequence, the learner is able to develop new insights and understandings which drive changes in beliefs, attitudes and behaviours (Lucas et al, 2017).

Reflection and reflective practice are critical skills and characteristics of good health care professional practice, and are considered central to making better informed decisions and clinical judgements, therefore leading to better patient outcomes (Lucas et al, 2017). At the point of general registration, pharmacists are expected to demonstrate competence in, and commitment to, “engaging in regular and systematic reflection to enhance professional learning and practice” (Performance Outcome 4.1, *Performance Outcomes Framework*).

There is no commonly agreed definition of reflection as an educational practice, however a number of elements are characteristic of the process. Denton (2011) suggests that two critical elements are time and thorough exploration: “reflection involves spending significant time on one topic in order to explore it thoroughly” (p. 840). This exploration is enhanced by metacognitive thinking, where learners explore their own thinking in order to become more self-aware (Lucas et al, 2017). Metacognitive thinking can, for example, allow learners to understand their strengths and weaknesses, consider the strategies they use, identify areas where change is necessary, and construct approaches to implement in the future.

Coulson and Harvey (2013) suggest that there are four phases in learning to engage in reflection: learning to reflect, reflection for action; reflection in action; and reflection on action. It is expected that interns will have been exposed to opportunities to engage in all four phases during their degree program, since the performance outcome at the end of the program requires graduates to demonstrate competency in undertaking structured reflection. However, as Coulson and Harvey (2013) point out, engaging in reflection in professional practice once having left university requires interns to develop and apply different skills, most notably personal agency, as they learn to negotiate a context where there is less structure, guidance, and support. Agency is described as the ability to be proactive, self-organising, self-regulating and self-reflective. Coulson and Harvey (2013) conclude that “structuring opportunities for reflection before, during and after the experience will enable learners to navigate the inherent complexities of learning through experience” (p. 403).

The development of this tool is designed to provide a form of structure and guidance for interns and their preceptors and supervising pharmacists during and after experiences, as the interns learn from these experiences in the workplace. It thus primarily addresses reflection *in action* and reflection *on action*.

As described by Hickson (2011), “Reflection *in action* is the thought that we take whilst involved in a situation, during which we become aware of what we are thinking, feeling and doing, and reflection *on action* takes place sometime later, when we consider the events that took place, and recall what we were thinking, feeling and doing” (p. 831).

# The reflection tool

### Benefits of reflection

Simply stated, reflection is a process of thinking back on experiences, exploring them from the perspective of hindsight; trying to learn something as a result; and formulating a plan to change something in the future. When done effectively, it deepens and consolidates knowledge, skills, attitudes and behaviours; enhances critical thinking and decision-making; and develops professional practice. Reflection promotes learning from experience, and is a key skill of a health care professional.

Interns are faced with a very steep learning curve as they transition into the workplace, and reflection on their own experiences, and those of others around them, can accelerate their progress towards becoming competent and confident practitioners.

### Purpose

The purpose of the reflection tool is to provide interns with a structured means of learning through reflection on events, activities and incidents experienced or observed during the intern year. It is targeted towards reflection in action and reflection on action, as a means of mediating learning from experience. Interns will use the template to create a reflective statement following an event, activity or incident relating to their practice.

**Performance Outcome 4.1** specifically requires interns to be able to demonstrate that they “*are competent in and committed to engaging in regular and systematic reflection to enhance professional learning and practice*”. This tool facilitates the demonstration of achievement of this performance outcome. It also can be used as evidence of achievement of other performance outcomes since it locates reflection in specific situations encountered in professional practice.

### Components of the tool

The tool comprises the following elements:

1. the reflection template
2. guidance for interns and supervisors on use of the tool
3. exemplars of reflective statements completed by an intern
4. rubric for assessing and providing feedback on reflective statements

# Template for the reflective statement

### Purpose of the template

The template is provided for interns to record their reflections as a reflective statement. It is not intended to restrict or constrain intern reflections, but rather to provide a clear structure for the thinking that would normally be part of reflection and reflective writing.

### Format

The template is presented in a standardised form with 10 sections which are expected to be relevant in most situations where a reflective statement would be created. Interns are expected to fill out the template themselves, and to use it as the basis for a discussion with their supervisor. The first 5 sections would normally be completed before this discussion, and the remaining sections after discussion.

### Who should use it

The reflective statement forms the basis for learning from experience, and should be used collaboratively by the intern and supervisor (the supervisor could be the preceptor or a supervising pharmacist). The intern should complete the first half of the reflective statement, then discuss what they have written with the supervisor, before completing the second half of the statement.

### When it should be used

The tool has been designed to be used flexibly, and to be applicable to a wide range of situations and activities.

It should be noted that reflection, self-assessment and feedback comprise essential parts of the other workplace-based tools developed as part of the Intern Year suite. **This reflection template** is therefore designed to be used more generically, for experiences where other tools are not directly applicable. It is also capable of being used as the basis for reflection as part of any of the workplace-based assessment tools and its use is encouraged for this purpose.

Examples of situations when use of this reflective tool might be appropriate include events and activities which are unplanned or spontaneous, and/or incidents which occur during professional practice within the workplace.

Since the ultimate aim of reflection is to enhance learning and subsequent practice, interns and supervisors should remain alert for situations where this opportunity might arise. Routine tasks such as dispensing, compounding, counselling, contacting prescribers, providing primary care or preparing dose administration aids may on occasion present opportunities for learning, as might scenarios involving the use of ethical or clinical decision-making, unusual patient requests or questions, and queries from other health professionals among others. In reality, there are many situations where reflection is able to consolidate learning, and the tool is therefore designed to encompass as many as possible of these situations.

Completing the reflective statement – flowchart

The details of this flowchart are outlined in the following section.

Figure ITA Reflection steps

# Completing the reflective statement – for interns

As soon as practicable following the activity, event or incident, the intern should complete the details of the activity, event or incident and the feelings, thoughts and emotions experienced at the time. If time is limited, it is better to make some notes at the time, and then return to the report at a later time to put them into a more coherent and orderly account that is personally meaningful.

Some interns may find it useful to carry a notebook in which to record their initial recall of the activity, event or incident, together with their thoughts and feelings; alternatively, they may choose to record these thoughts on a device such as a mobile phone.

### Explanation of the sections

**Section 1** is a short descriptive summary of the facts of the activity, event or incident without reflection upon the meaning. Interns should simply describe what actually happened.

**Section 2** is the start of the reflective process where interns should identify how the activity, event or incident made them think and feel. Some key questions that might form the basis for this aspect include:

* what thoughts did I have during the activity, event or incident
* how did I feel during the activity, event or incident and did my feelings change as it proceeded – was I (for example)
  + surprised
  + upset
  + pleased
  + excited
  + confused
  + frustrated
  + intimidated
  + interested
  + confident
  + hesitant
  + worried
  + feeling any other emotion.

Once the details of the activity, event or incident and the initial response have been recorded, the intern should spend some time thinking about **Section 3**, and putting together a response to the critical issues that were identified and what the intern has learned. Some key questions that might form the basis for this aspect could include:

* what went well
* what did not go as well as it could have done
* what factors facilitated a good outcome
* what barriers were present which hindered a good outcome
* what risks were identified and addressed well
* what risks were not considered or addressed in advance
* what aspects of the process led to potential problems being avoided
* if/where the process broke down
* if/what impact a lack of knowledge had on the outcome
* how communication issues facilitated or hindered a good outcome
* what are the key things I learned.

**Sections 4 and 5** are intended to prompt the intern to identify how learning from the experience will change future actions, and if any additional learning or practice is needed to help develop knowledge or skills.

Once the intern has completed the first 5 sections, a discussion should be initiated with the supervisor (see next section), and **Sections 6 to 8** provide a structure for recording the process and outcomes of this discussion. The primary purpose of reflection is to reinforce and consolidate the learning associated with an activity, event or incident, and to consider how such an activity, event or incident might be handled or approached differently in future. As a consequence, a critical component of the process involves follow-up. **Section 9** can be used to close the loop by outlining a subsequent event where the learning which arose from the reflection was put into practice.

**Section 10** is available for any additional notes. It should be noted that the experiences which lead to reflection are likely to relate to other performance outcomes. **Section 10** can be used for noting these outcomes and acting as a record of their demonstration.

# Discussing the reflective statement – for supervisors

As outlined above, interns should initially complete Sections 1 to 5 of the template and then arrange a time to discuss it with a supervisor who may be the preceptor or supervising pharmacist. The process encourages a full and frank discussion between the intern and supervisor, so this discussion should take place in a quiet area where neither person is likely to be distracted or interrupted. It may form part of the regular weekly meeting between the intern and preceptor if so desired.

# Providing feedback – for supervisors and interns

There are two types of feedback which should be provided as part of the process of using this tool.

Firstly, the supervisor should provide feedback to the intern on how they handled the activity, event or incident, the learning that they gained, and the further actions that the intern has described. This feedback will usually focus on what has been written in **sections 4 and 5**, but could also cover **sections 1 to 3**. Supervisors may well have observed how the intern acted/reacted during and after the activity/event/incident, and may be able to provide comments that confirm, challenge or correct what the intern remembers. They may also be able to reassure or affirm to the intern that the situation was one which they would handle differently in future with more experience.

Secondly, the supervisor should give feedback to the intern on the stage or level of the intern’s reflective skills as demonstrated in the reflective statement. A rubric for this type of feedback is included as part of the tool.

# References

Coulson D. and Harvey M. (2013). Scaffolding student reflection for experience-based learning: a framework. *Teaching in Higher Education*. 18(4):401-413.

Denton D. (2011). Reflection and Learning: Characteristics, obstacles, and implications*. Educational Philosophy and Theory*. 43(8):838-852.

Hickson H. (2011). Critical reflection: reflecting on learning to be reflective. *Reflective Practice*. 12(6):829-839.

Lucas C., Bosnic-Anticevich S., Schneider C., Bartimote-Aufflick K., McEntee M and Smith L. (2017). Inter-rater reliability of a reflective rubric to assess pharmacy students’ reflective thinking. *Currents in Pharmacy Teaching and Learning*. 9:989-995.

# Reflective statement template

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern name** |  | **Location of activity/event/incident** |  |
| **Date of activity/ event/incident** |  | **\* Nature of activity/event/incident** |  |
| **1** Brief description of activity/event/incident and the outcome (i.e. what happened?) | | | |
|  | | | |
| **2** How did you respond (your thoughts, feelings and emotions)? | | | |
|  | | | |
| **3** What were the key issues that led to the activity/event/incident and what did you learn? | | | |
|  | | | |
| **4** What will you do **OR** what should be done differently next time? | | | |
|  | | | |
| **5** What steps do you need to take to ensure you are able to respond this way next time? | | | |
|  | | | |
| **6** With whom and when did you discuss this reflection? | | | |
|  | | | |
| **7** What were the key points that arose? | | | |
|  | | | |
| **8** Did the discussion change any of your responses above, and if so, how? | | | |
|  | | | |
| **9** Describe any follow-up event or incident which showed changes resulting from what you learned. | | | |
|  | | | |
| **10** Any other notes or comments relating to this activity/event/incident/reflection (e.g. performance outcomes addressed) | | | |
|  | | | |

\* Some examples include error; near-miss; error detection; clinical intervention; interaction with patient/care/other HCP; observation of others; other critical incident. This is by no means a comprehensive list.

Intern signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Exemplar 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern name** | *A. Intern* | **Location of activity/event/incident** | *Community pharmacy* |
| **Date of activity/ event/incident** | *1/04/2021* | **\* Nature of activity/event/incident** | *Error detection; near miss* |
| **1** Brief description of activity/event/incident and the outcome (i.e. what happened?) | | | |
| *The dispensary assistant handed out prescriptions to a customer without checking the full name. Although the patient was a regular, his surname was not well known and the assistant relied on the first name being unusual and therefore not likely to be the same as any other patient waiting to collect medications. However, there was such a patient with the same first name, and the wrong prescriptions were handed out. The error was only detected at the cash register when the patient questioned some of his medications.* | | | |
| **2** How did you respond (your thoughts, feelings and emotions)? | | | |
| *Fortunately, I was only observing, so it was not my error, but I was a little shocked at how easily it could happen. I felt very sorry for the assistant, who was really upset and shaken, and quite embarrassed as she knew the patient and still made the error. I thought that it was possible I could also have done the same thing and was quite relieved that it wasn’t me who did it.* | | | |
| **3** What were the key issues that led to the activity/event/incident and what did you learn? | | | |
| *A part of the problem was that we were under heavy COVID-19 restrictions, and so we were not asking patients to sign their prescriptions because of fear of transmission of the infection through pens – because of this we had taken the repeat forms out of the basket before giving the medications to the patient. Another problem was that the patient had asked for some OTC items which had been placed on top of the prescription medications so he could not see what had been dispensed. I learned that when normal processes are changed (eg by COVID) we need to work out what risks this creates, and make changes to other parts of our processes to ensure we minimise those risks. I also learned that it is important not to be embarrassed to check a patient’s name, even if they are a regular customer and we think we SHOULD know their name.* | | | |
| **4** What will you do **OR** what should be done differently next time? | | | |
| *We discussed this near miss and decided that we will leave the repeat forms in the basket until the patient collects their medications, so we have their full name and address details to check with them. We also revised our written procedures to make it clear that we must NEVER rely on our own memory of patients’ names, and always use some form of checking that they are the correct ones picking up their scripts.* | | | |
| **5** What steps do you need to take to ensure you are able to respond this way next time? | | | |
| *We have already re-written the procedures, but we need to make sure everyone knows about them and follows them. I have taken on the responsibility of training all the dispensary technicians and assistants about this. I do not think I need to do any additional study in regard to this, but just to make sure I am also very vigilant when handing out prescriptions.* | | | |
| **6** With whom and when did you discuss this reflection? | | | |
| *I discussed this with my preceptor a couple of days after the incident.* | | | |
| **7** What were the key points that arose? | | | |
| *My preceptor agreed that we need to be more proactive about assessing the risks when we change processes and remove checking points. We agreed that someone in the pharmacy should undertake some formal risk assessment training, though that would not be me as I need to concentrate on my other intern assessments. However, once the staff member has been trained, then we will all do staff training.* | | | |
| **8** Did the discussion change any of your responses above, and if so, how? | | | |
| *Not really, though I thought the idea of having someone trained in risk assessment was excellent and I am keen to be trained by this person once they have been trained.* | | | |
| **9** Describe any follow-up event or incident which showed changes resulting from what you learned. | | | |
| *It is now six months later, and we have not had another similar incident in that time. One of the pharmacists has finished their risk assessment training and has trained us all on how to think from a risk perspective. We have all been encouraged to share any thoughts we have where we think a risk might occur and I was able to suggest a slight change in how we use our communications diary to make it less likely that urgent messages slip through without someone dealing with them as soon as possible.* | | | |
| **10** Any other notes or comments relating to this event/incident/reflection (e.g. performance outcomes addressed) | | | |
| *This was a really useful learning opportunity, made even better by the fact that I could learn from someone else’s error. Performance Outcome 4.11 talks about being proactive in the identification, assessment, monitoring and management of risk, and I believe this incident and the follow-up has shown that I meet this performance outcome.* | | | |

Intern signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Exemplar 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern name** | *A. Intern* | **Location of activity/event/incident** | *Community pharmacy* |
| **Date of activity/ event/incident** | *1/04/2021* | **\* Nature of activity/event/incident** | *Communication with prescriber* |
| **1** Brief description of activity/event/incident and the outcome (i.e. what happened?) | | | |
| *I received a prescription for a Schedule 8 medication which was missing some of the legally required details. It did not have the quantity written in words and figures which made it invalid and I was not allowed to dispense it. I called the prescriber to let him know and to ask for a new prescription. He was very rude to me, and told me he had been writing prescriptions for years without anyone ever challenging him about this before. He refused to send a new prescription and said he would tell his patients to go to another pharmacy in future.* | | | |
| **2** How did you respond (your thoughts, feelings and emotions)? | | | |
| *This was the first time a doctor had responded to me like this and I was shocked and very upset. I didn’t know what to say, so I wasn’t as assertive as I should have been. I thought I was right, but the doctor made me doubt myself. I felt like the doctor was disrespectful of my knowledge and competence. It left me really worried and intimidated about having to contact a prescriber again, especially him. However, I went and checked the legislation straight away, and also checked with my preceptor, and I was reassured that I was right from a legal point of view.* | | | |
| **3** What were the key issues that led to the activity/event/incident and what did you learn? | | | |
| *The key issue was that I was not as prepared as I thought I was to speak to the prescriber, and when I was challenged, I panicked, which only made things worse. I learned that I needed to be better at getting my points across to the doctor, and to be more aware of how I say things as well as what I say, as I may have come across as a little aggressive. I also learned that it would be good for me to be absolutely confident that I am right and on top of my facts before calling the doctor so I can stand my ground if they argue with me.* | | | |
| **4** What will you do **OR** what should be done differently next time? | | | |
| *I will definitely be better prepared next time. I will practice what I want to say before I actually make the call, and I will be 100% sure of my facts.* | | | |
| **5** What steps do you need to take to ensure you are able to respond this way next time? | | | |
| *I would like to do some role plays with my preceptor or other pharmacists where the other person is being difficult or disagreeing with me. That way I can build my confidence to handle real situations where the other person is difficult.* | | | |
| **6** With whom and when did you discuss this reflection? | | | |
| *I was very shaken by the incident so I told my preceptor straight away. She suggested I take a break to compose myself, and then write up the incident as a reflection. Once I had written the reflection, I discussed it again with my preceptor in our next weekly meeting.* | | | |
| **7** What were the key points that arose? | | | |
| *We agreed that I needed some more practice at handling difficult conversations. We went through some strategies that my preceptor had found useful in the past for defusing situations, and some words I could use which were less likely to be inflammatory.* | | | |
| **8** Did the discussion change any of your responses above, and if so, how? | | | |
| *Not so much change as add to what I thought previously. My preceptor was really helpful as she was able to share her own experiences and how she had learned from them also.* | | | |
| **9** Describe any follow-up event or incident which showed changes resulting from what you learned. | | | |
| *I discovered a webinar recording called “How to manage difficult conversations in pharmacy”, which I found very helpful. Although it was mostly about difficult conversations with patients, the speakers were excellent and I was able to see how I could adapt their ideas to conversations with prescribers, especially about how to de-escalate a situation. I also learned that I should keep a record of the incident as soon as I can, in case the doctor wants to complain about me.*  *A few weeks later I had to contact another prescriber about a similar sort of issue with a Schedule 8 script. I was much better prepared, stayed calm and was able to communicate much more confidently. The prescriber was initially reluctant to do what I asked but I eventually persuaded her to send me the new script.* | | | |
| **10** Any other notes or comments relating to this event/incident/reflection (e.g. performance outcomes addressed) | | | |
| *Performance Outcome 1.4 requires me to act legally, and 2.1 covers appropriate communication. I believe my skills in both of these have improved as a result of this incident.* | | | |

Intern signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Assessment and feedback rubric

For assessment of the level of the intern’s demonstration of reflective practice, the following rubric should be used to guide both assessment of performance and the feedback that is appropriate. This rubric is adapted from Lucas et al. (2017) and The University of Otago.

There is no numerical grade associated with this assessment. Supervisors should identity the descriptor in each row which best describes the intern’s reflective statement, and tick the corresponding box. When complete, the supervisor should use the rubric as the basis for discussion with the intern of their reflective skills by explaining why they chose each descriptor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section of Reflective Statement** | **Non-Reflector** | **Incomplete Reflector** | **Reflector** |
| **Description of activity, incident or event**  *What happened?* | * No description of the activity, incident or event | * Incomplete description of activity, incident or event | * Description of the activity, incident or event is clear and chronological |
| **Description of thoughts and feelings**  *What did I think?*  *How did I feel?* | * No evidence of personal thoughts or feelings | * Personal thoughts or feelings implied, but not expressed | * Personal thoughts or feelings are expressed and described or explained |
| **Interpretation of incident or event; description of learnings**  *Why did this go the way it did?*  *What have I learned?* | * No evidence of understanding of key underlying factors or issues * No evidence of new knowledge, feelings, or attitudes | * Connection to key underlying issues/factors and outcomes made but incomplete * Evidence of change in knowledge, feelings, or attitudes implied, but not clearly expressed | * Causative connection suggested to key underlying issues/factors and outcomes * Clear evidence of change in knowledge, feelings, or attitudes |
| **Change needed**  *What needs to be done differently next time?* | * No change in approach suggested | * Change implied, but not expressed | * Relevant and adequate change suggested |
| **Learning plans**  *What is there to learn now and how will I learn it?* | * No plan for learning given | * Plan for future learning is incomplete | * Reasonable and relevant plan given for future learning |