

Osteopathic Council of New Zealand,  
virtual conference 2020  
Continuing Professional  
Development

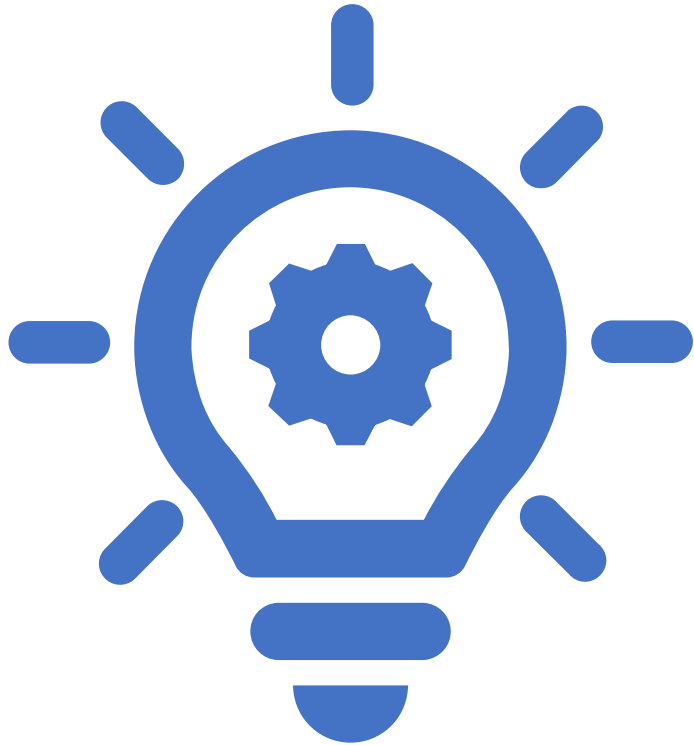


# Introduction – reflective practice and learning needs analysis – creating a framework to capture your CPD activities

**Reflective practice** - Reflective practice has been identified as one of the keyways in which we can learn from our experiences. Reflective practice means taking our experiences as a starting point for our learning and developing our knowledge, skills and attitudes (KSA's) from this starting point. The process is completely individual and as such is responsive to practitioner specific learning needs and developmental goals.

There are three components to reflective practice;

- Experiences that happened to the person
- The reflective processes that enable the to person to learn to learn from those experiences
- The actions that result from the new perspectives that are taken



# Reflective practice

Reflection is a process of reasoned thought. It enables the practitioner to critically self assess their actions and approach to practice. Reflective practice is a skill that develops over time.

There are two types of reflection

Reflection in action - coming across situations and problems which may require thought and problem solving in the midst of practice.

Reflection on action - revisiting experiences and further analysing them to improve skills and enhance to future practice.

## Pros and cons for reflective practice

- Helps recognise practitioner's strength and weakness so KSA's can be enhanced.
  - Enables practitioners to apply the skill of reflection to CPD cycles, this then informing the choice of CPD activities.
  - Reflective practice can develop greater levels of self-awareness, leading to opportunities for professional development and personal growth.
  - A commitment to reflective practice can improve practice and transform healthcare.
- Time
  - Motivation
  - Lacking expertise and poor of peer support
  - Culture of the workplace
  - Preconception that it is too difficult or not worth it

# Models for reflective

There are many models for reflective practice, some of the key elements are;

**What, where, and who** – the situation

**How did it make you feel** – your emotional state

**Why did it happen**—making sense of the situation

**Could you have done anything differently**—critical review and development of insight

**What will you do differently in the future**—how will this change your practice

**Re-enforcement**—what happens when you put this into practice

# Learning Needs Analysis (LNA)

Learning needs analyses are undertaken to determine the gap between the existing KSA's and those desired by the practitioner. Once this gap is identified, decisions can be taken as to the type of training required to assist in closing the gap. There are a wide range of tools designed to create structure to the process of developing a LNA. These tools can ensure each of the steps for the development of an LNA are followed.

For example, a practitioner may decide to embark on further tertiary study (to fill some gaps) resulting over a number of years in the award of a post graduate degree, conversely a practitioner may decide they would like to refresh their understanding of osteopathic principles (to fill some gaps) and so schedule some self-directed study time to complete this task. For both of these situations the practitioner has decided there is a gap, or the desire to further their KSA's and has planned an approach to fill these gaps/further develop.



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**Identification of task to learn**

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**Expectation of required skills**

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**Previous training in this area?**

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**Identification of gaps in knowledge and skills and attitudes (KSA's)**

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**How will you fill the gaps**

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**Doing the task. How will this be assessed?**

# Learning Needs Analysis (LNA)

The Learning Needs Analysis can assist practitioners to:

- Tailor your learning experiences and build on your KSA's
- Provide information regarding your learning needs and your progress to further develop those, it provides a map of the journey where you start, things you do on the way and your destination
- Reflect on your strengths, limitations and future learning strategies
- Demonstrate reflective practice through your engagement with the LNA process
- Provide documentation detailing your CPD activities





The missing  
link – but  
something for  
another  
time...

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The next step in this process of engagement with reflection and LNA's is to determine how patient outcomes are improved following on from your increase/change in KSA's.

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For practitioners we tend to be very focused on our learning and CPD, but we spend very little time assessing how this is positively impacting our patient's experience. If undertaking CPD is ultimately to improve practice/patient outcomes, then should we not spend some time thinking about how this might be measured??

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Time for some breakout group fun.