

## CPD Portfolio Reflection / Learning Outcomes

### What is reflection?

- Reflection is defined as ‘careful, purposeful re-examination and evaluation of experiences, beliefs and knowledge’.
- Reflective practice involves thinking about and reviewing past actions.

### Why reflect on CPD activities?

- Acquiring information does not necessarily translate into changes in knowledge or practice.
- AHPRA-registered professionals and APD’s are required to reflect on how information acquired through CPD was used in or applied to practice.
- During the ADEA Credentialling and Re-Credentialling Review, stakeholders strongly supported including reflective practice and requiring members to explain how they used CPD in the new process.

### CPD Portfolio Reflection Process

Since reflection is an integral aspect of learning, ADEA’s Annual CPD Portfolio encourages CDE members to reflect on:

1. How learning from their CPD activities was:
  - a. Applied to their practice;
  - b. Changed their practice;
  - c. Improved their knowledge and competence.
2. Their future learning goals and how their learning needs relate to their role and scope of practice.

### Reflection and Competency

The CPD Portfolio Points Guide links various CPD activities to the ADEA *National Core Competencies for Credentialled Diabetes Educators*.

Credentialling applicants are encouraged to consider whether learning from their CPD activities promoted:

- Safe, effective, client-centred, clinical care to people with diabetes?
- Safe, effective, client-centred diabetes self-management education?
- An organised and well-managed diabetes service?
- Professional responsibility and accountability when planning and delivering diabetes self-management education and clinical care?
- Leadership and advocacy for diabetes education and care?
- Research knowledge and competence?

### **Examples of Reflection / Learning Outcomes**

- I have maintained my knowledge of general diabetes education practice so that I am aware of the environment in which I work. I feel that I am more able to deliver services and advocate for diabetes education, management and care.
- I have extended my skills in the management and care of people with gestational diabetes. I have been more able to advise patients using best practice self management and care guidelines for GDM.
- I have extended my mentoring skills through self reflection, and discussion with colleagues. I have now taken on the role of mentor for new staff in our agency

### **Further Reading**

The following references have been provided for further information about reflective practice:

- Bennett-Levy J., Thwaites R. (2006) A conceptual map and practical strategies for the training, supervision and self-supervision of interpersonal skills; Chapter 12 in *Self and Self-reflection in the Therapeutic Relationship*.
- Dewey, J. (1933). *How we think: A restatement of the relation of reflective thinking to the educative process*. Boston: Houghton Mifflin Company.
- Jarvis P. (1992) Reflective practice and nursing. *Nurse Education Today* 12: 23-30.
- Kember D. (2001) *Reflective teaching and learning in the health professions: Action research in professional education* Oxford: Blackwell Science.
- Kember D., McKay J., Sinclair K., Wong F. (2008) A four category scheme for coding and assessing the level of reflection in written work. *Assessment and Higher Education* 33(4):369-370.
- King P, Kitchener K. (1994) *Developing Reflective Judgment: Understanding and Promoting Intellectual Growth and Critical Thinking in Adolescents and Adults*. Jossey-Bass, San Francisco.
- Schon, D (1983) *The Reflective Practitioner: how professionals think in action* Basic Books New York.