

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 Learning Goals?

To set goals is to plan learning needs and address gaps in knowledge and competence.

Acquiring information does not necessarily translate into changes in knowledge or practice, particularly if it is ad-hoc and not planned.

AHPRA-registered professionals and APD's are required to reflect on how information acquired through CPD met their learning goals and 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 to address learning goals.

CPD Portfolio Reflection Process

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

How learning from their CPD activities meets their Learning Goals, describing how they have:

- a) Improved their knowledge and competence;
- b) Applied new learning to their practice;
- c) Changed their 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 reflect on their learning goals and 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.