



Operational Guideline

Facilitated Reflective Practice

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1.0 PURPOSE

- 1.1 To support the development, maintenance and enhancement of quality public health nursing care services.
- 1.2 To strengthen public health nurses' professional and workplace provincial [Standards of Practice](#) that are consistent with the regional Population and Public Health (PPH) [Professional Practice Model](#).

2.0 SCOPE

This guideline is intended for Public Health Nurses (PHNs) working in collaboration with a Clinical Nurse Specialist (CNS) or other practice leads such as a Public Health or Communicable Disease Coordinator familiar with both the Standards of Practice and the Professional Practice Model.

3.0 BACKGROUND

Reflective practice is the process of reflecting on one's interactions, actions and responses pertaining to individuals/families/groups/communities/colleagues, so as to engage in a process of continuous learning. This is an expectation for registered nurses as part of the of Registered Nurses of Manitoba's (CRNM) continuing competency.

Public health nursing practice requires a public health and health equity analysis, which can be fostered through reflective practice.

Facilitated reflective practice in Population and Public Health (PPH) is not a performance evaluation, rather it is accomplished in collaboration with the PHN, taking into consideration their identified learning objectives with the end goal of strengthening practice at its core.

4.0 PROCESS

Facilitated reflective practice occurs collaboratively between the PHN and a CNS, and/or a Public Health or Communicable Disease Coordinator. A plan will be developed for facilitated reflective practice that includes an element of observation of care or service delivery. This might include, but is not limited to shadowing an in-person client interaction e.g. home visit,

telephone call, group focused activities, reviewing a complex case, and will also include a review of documentation.

- 4.0.1 For PHNs new to PPH, reflective practice will take place within the first 6 months of practice.
 - 4.0.2 Reflective practice may also be indicated as a practice support when specific practice concerns or areas for growth are identified for a PHN.
 - 4.0.3 For PHNs who have had an initial reflective practice experience with a CNS or with a Public Health or Communicable Disease Coordinator and no practice concerns have been identified, a collaborative plan for facilitated reflective practice will be undertaken at least every 3 to 5 years.
 - 4.0.4 Facilitated reflective practice in this scenario (4.0.3) will also include group reflective practice with a Coordinator in conjunction with a CNS, particularly where the CNS does not have recent or relevant experience in that given area of practice.
- 4.1 In preparation for the Facilitated Reflective Practice experience, the PHN is expected to:
 - 4.1.2 Be familiar with their position description, as well as existing competencies and standards pertaining to their area of practice.
 - 4.1.3 Identify the practice area and personal objectives to share with the CNS. Objectives may be based on standards and competencies.
 - 4.2 Following the co-practice observation experience, the PHN is to:
 - 4.2.2 Reflect on the experience / practice using the Co-practice/ Reflective Practice Tool. ([see Appendix A](#))
 - 4.2.3 Complete applicable, relevant questions in steps 1-3 for each co-practice experience (i.e. use a separate copy of steps 1-3 for each co-practice experience).
 - 4.2.4 Complete steps 4-6 based on all co-practice experiences as a whole.

Note: The questions in the tool are designed to encourage description, reflection, identification of patterns, strengths and learning needs in order to assist in developing learning and/or practice goals.
 - 4.3 After the PHN has completed their independent reflection:
 - 4.3.2 The PHN and Coordinator meet to discuss and reflect upon the co-practice experience(s), review the PHN's documentation, and discuss the PHN's professional learning plan.
 - 4.3.3 The PHN will then meet with a group of their colleagues, Coordinator and CNS to participate in a Group Reflective Practice discussion ([see Appendix B](#)). During this group reflective practice session, individual learning goals, practice experiences, challenges, and opportunities for peer support can be shared within the group which will be facilitated by the Coordinator and/or

CNS. The CNS will provide further direction and support as required to address the PHN's individual learning goals and / or plans.

- Learning goals and plans should be based on developing competencies to meet Standards of Practice.
- The PHN is encouraged to document their learning goals within their CRNM Continuing Competency Workbook

4.3.4 Following the Group Reflective Practice experience, the PHN and Coordinator will connect with the Public Health Team Manager (TM) in person or by email to advise that reflective practice process has been completed, as well as to share an overview of the reflective practice experience and the PHN's learning plan. The PHN may also choose to submit a copy of his/her reflective practice learning plan to the TM to be added to their personal file (optional).

5.0 RECOMMENDED READING

Accreditation Canada (2010). *Public Health Services Standards*.
http://home.wrha.mb.ca/quality/files/PubHlthSrvcs_2010.pdf.

Community Health Nurses of Canada (2009). *Public Health Nursing Discipline Specific Competencies Version 1.0*. <http://www.chnc.ca/phn-nursing-competencies.cfm>.

Canadian Public Health Association (2010). *Public Health – Community Health Nursing Practice in Canada Roles and Activities*.
<http://www.cpha.ca/en/activities/3-1bk04214.aspx>.

Centre for Substance Abuse Treatment. *Outreach Competencies*.
http://www.nattc.org/userfiles/file/CentralEast/Counselor_competencies.pdf.

Community Health Nurses of Canada (2008). *Canadian Community Health Nursing Standards of Practice*. <http://www.chnc.ca/nursing-standards-of-practice.cfm>.

Community Health Nurses of Canada. *Canadian Community Health Nursing Standards of Practice Learning Needs Assessment*. pp 44-48.
http://www.chnc.ca/documents/Standards%20Toolkit/Published_Toolkit_Binder.pdf

Public Health Agency of Canada (2007). *Core Competencies for Public Health in Canada: Release 1.0*. <http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.php>.

6.0 VALIDATION

College of Registered Nurses of Nova Scotia (2004). Building your profile: tools for reflective practice and lifelong learning.
<http://www.crnns.ca/default.asp?id=190&sfield=Content.Id&mn=414.70.81.413&se arch=1161>.

College of Registered Nurses of Manitoba (2010). Continuing competence program. <http://www.crnmb.ca/memberinfo-continuingcompetence.php>.

College of Registered Nurses of Manitoba (2010). Nursing Practice Expectations. Standards of Practice and Code of Ethics. <http://www.crnmb.ca/publications-standardscodedocs.php>

WRHA (2010). Mission, Vision and Values. <http://www.wrha.mb.ca/about/mission.php>.

Reflective Practice in Nursing: Fifth Edition (2013): Chris Bulman & Sue Schutz, Wiley-Blackwell, pp 93-115.

Appendix A: Facilitated Reflective Practice/Co-Practice Tool

Staff Name: Click or tap here to enter text.	<input type="checkbox"/> Public Health Nurse: <input type="checkbox"/> New Hire <input type="checkbox"/> Existing Staff <input type="checkbox"/> Other Click or tap here to enter text.
Facilitator Name and position: Click or tap here to enter text.	Community area or Team Click or tap here to enter text.
Facilitator complete below	
Planned Co-Practice Experience: Click or tap here to enter text.	
Planned Date for Co-Practice Click or tap to enter a date.	
Learning Objectives Discussed: Click or tap here to enter text.	
Staff completing reflective practice complete below	
Description of Co-Practice Experience: (Describe co-practice preparation, relevant practice standards and regional policies, documentation, strength-based and client-centered, population health and health equity focus) Click or tap here to enter text.	
How is the WRHA Public Health Nurse Professional Practice Model reflected in your practice experience? Please select two <i>strategic approaches</i> below and briefly reflect on how they shaped your practice. <input type="checkbox"/> Public health clinical practice <input type="checkbox"/> Collaboration and partnership <input type="checkbox"/> Outreach <input type="checkbox"/> Community development <input type="checkbox"/> Healthy public policy <input type="checkbox"/> Surveillance <input type="checkbox"/> Health Assessment <input type="checkbox"/> Health Communication <input type="checkbox"/> Healthy equity promotion <input type="checkbox"/> Healthy Built and social environment <input type="checkbox"/> Closing the gaps in Indigenous health <input type="checkbox"/> Applied public health research Click or tap here to enter text.	
Reflect on your practice using this and other experiences as examples. E.g. What are your feelings about the experience? What was good/not so good about it?? Were the results what you expected? What would you continue to do? What do these experiences show that you know and/or can do? Please describe anything you would like to have done differently? How do you envision your practice developing? Strengths/learning needs? Click or tap here to enter text.	
Staff: What are your learning goals and plans? How do you envision your practice developing? Click or tap here to enter text.	
Completed post-facilitated reflective practice conversation with CNS and TM Click or tap to enter a date.	

[Appendix A: Group Reflective Practice](#)

Reflection is often undertaken individually, but this can also take place in groups or teams, depending on the situation. This can be done informally or more formally, which includes reflection for revalidation purposes. Group reflection can: encourage a democratic sharing of ideas, encourage more ideas to develop and flourish, open up new ways of thinking and suggest new solutions, offer benefits to nurses at all stages of their careers, promote a sense of professional identity, promotes peer support which can provide mutual facilitation, generate greater insights into organizational culture and practice, may be perceived as less threatening for individuals than one-to-one reflection sessions, result in greater cohesion within the team's work setting, may more effectively promote a sense of shared professional identity /professional competence than can be achieved in one-to-one reflective sessions, as well as creates increased opportunities for participants to listen attentively and learn from other group members.

There are many opportunities that may prompt reflection, for instance:

- Team meetings: may choose to focus on a particular subject / do a “table top” exercise.
- Reading a journal or article about a topic and then applying the learning to your practice.
- Discussion with other [clinical staff](#) about critical incidents or near misses including lessons learned and good practice.
- Compliments and complaints from clients or other service delivery organizations, which may involve changing practice or policies and procedures.
- Group case conferences where complex clients / families are discussed.
- Continued professional development sessions that relate to your role.

Using these opportunities, you can choose to reflect informally or formally as part of the revalidation process.

Ground Rules for Group Practice Reflection: Every group or team will develop its own ground rules based on what is important to participants. It is important for participants to feel safe and participate in a positive environment in which they can work and share their ideas. Some rules are fairly fundamental and seen in most reflective practice groups and include: confidentiality, listening, being non-judgmental, having the right to stay silent, and starting and ending the group on time.

Group Discussion Time: Participants can contribute events or topics they wish to discuss, depending on which focus is selected for the group practice reflection. PHNs may choose to share both practice experiences they are most proud of as well as practice challenges they have encountered including where they feel their practice could be strengthened or situations where they feel practice direction may not be clearly defined and they require more direction. The questions in the reflective practice tool can be used to explore theory-practice links, professional practice model standards, health equity, and lessons learned from the incidents discussed.