PROCEDURE

Clinical reflective practice

Scope (Staff):	Community health
Scope (Area):	CACH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To describe requirements of clinical reflective practice for staff who undertake clinical nursing work within the scope of their employment. It is aimed at promoting safe, ethical and high quality client centred care which is aligned with organisational values, principles and priorities and facilitating a process of professional support and learning for staff.

Risk

The absence of the opportunity for staff to participate in clinical reflective practice may compromise client care.

Background

It is evident in the literature that reflective practice is an important component of continuing the development of professional nursing practice for staff and supports the provision of safe, effective and high-quality clinical care that Community Health aims to achieve.[1]

Clinical reflective practice (CRP) is defined as a structured process between a facilitator and participants that provides regular, protected time for in-depth reflection on clinical practice and therefore improved clinical engagement. This structured process facilitates the development of reflective practice, professional competence and confidence of the participant, through increased awareness and understanding of the complex human and ethical issues within their workplace.[2, 3]

In the Child and Adolescent Community Health (CACH) context, clinical supervision is referred to as Clinical Reflective Practice. Clinical reflective practice within Community Health Nursing;

- supports professional nursing practice to provide safe, effective and high-quality nursing care for the community.
- aims to support effective clinical reflective practice in an atmosphere of trust and openness among staff working together in Community Health.

CACH use the Gibbs Reflective Cycle[4] as the model that underpins clinical reflective practice. It provides a structure of reflection, allowing the opportunity for an individual to learn from reflecting on an experience and others learn from listening and contributing. The Gibbs Reflective Cycle is made up of the following six stages:

1. *Description* of the experience
2. *Feelings* and thoughts about the experience
3. *Evaluation* of the experience, both positive and challenges
4. *Analysis* to make sense of the situation
5. *Conclusion* about what you learned and what you could have done differently
6. *Action plan* for how you would deal with similar situations in the future, or general changes you might find appropriate.[4, 5]

Key points

- Community health staff will comply with relevant policies, guidelines, procedures and resources for the delivery of evidenced base clinical practice.
- CACH will offer clinical reflective practice based on operational needs and fiscal sustainability.
- Clinical reflective practice discussions are confidential.
  - If Facilitators have concerns relevant to actions required by the *Speaking Up for Safety & Professional Accountability*, these will be discussed with the relevant staff member outside of the clinical reflective practice session.
  - Concerns of client or staff safety must be escalated as per usual process.
- Clinical reflective practice does not replace existing support mechanisms such as Employee Assistance Programs.
- Clinical reflective practice is NOT a:
  - Forum for personal, professional or organisational grievances
  - Disciplinary procedure, a performance management or a performance development opportunity.
- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

Roles and Responsibilities

Refer to the Clinical Reflective Framework handbook for roles and responsibilities of:

- Facilitators
- Participants
- Learning and Development (L&D)
- Clinical Education Team (CET)

Process

Steps	Additional Information

Clinical reflective practice sessions
• Clinical reflective practice will be available for:
  ○ staff providing clinical nursing directly with clients (referred to as Participants)
• Staff who are facilitating clinical reflective practice sessions (referred to as Facilitators):
  ○ are required to attend Clinical Reflective Practice Facilitator Training
  ○ will be offered sessions to review and evaluate processes
• Clinical reflective practice will be offered in small groups via MS Teams.
• Groups will include one (1) Facilitator and 6-8 Participant group members.
• Facilitators and participants are required to familiarise themselves with the Procedure and associated resources, prior to attending clinical reflective practice sessions.
• Clinical Reflective Practice resources (Facilitator and Participant) are available
	• Clinical reflective practice groups will be dependent on the availability of staff and their contracted hours, supervisors, appropriate information technology equipment.
	• Sessions for Participants will be offered:
	  ○ every six weeks (6 sessions per year) for a maximum duration of ninety (90) minutes per session
	  ○ every twelve weeks (3 sessions per year) for a maximum duration of ninety (90) minutes, for staff with 0.5 full time equivalent (FTE) contracted hours or less, unless an alternative agreement with their manager has been approved.

Steps	Additional Information
on the HealthPoint CACH Information Hub under the tab title Programs- Clinical Reflective Practice.	
Participants • Discuss your interest with your CNM • Complete the Participation MS Form prior to their first Clinical Reflection Practice session. This form is used for: ○ Initial allocation to a CRP group ○ change of group ○ cessation of involvement • Staff who have concerns with a clinical reflective practice group or who are unable to attend a session, will contact their facilitator or CNM to discuss further.	• CNM will inform staff about clinical reflective practice offered by CACH. • Participants will not be allocated to a facilitator who has operational or managerial responsibility for the group member. • Participants will need to decline calendar invites with associated reason. See calendar invite for session and instruction. • See Participant resources on the Clinical Reflective Practice page (HealthPoint) for more information. ○ Clinical Reflective Practice Handbook ○ Participation MS Form ○ Participant Process Flow Chart ○ Gibbs Reflective Cycle worksheet ○ MS Teams Tips for Participants
Facilitators • Clinical reflective practice sessions will be facilitated by experienced Clinical Nurses, who have completed the CACH *Clinical Reflective Practice* training. • Facilitators will be responsible for one clinical reflective practice group, which may include staff from different regions and from different work areas.	• When a facilitator has concerns with issues or practices raised by a participant in a group session, these are to be escalated as per usual process. • The *Clinical Nursing Manual* will be used to access relevant policy documents, to assist with

Steps	Additional Information
• Facilitators are responsible for maintaining currency of information in relation to planned or cancelled session information. See Clinical Reflective Practice Handbook.	decision making processes for clinical practice issues. • See Facilitator resources on the Clinical Reflective Practice page (HealthPoint) for more information. ○ Clinical Reflective Practice Handbook ○ Facilitator session guides ○ Facilitator Process Flow Chart ○ MS Teams Tips for Facilitators

Documentation

- Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH processes.
- Facilitators will complete documents according to *Clinical Reflective Practice Handbook* to ensure compliance with record keeping governance

Compliance

- Attendance reports to be provided to CHNLG quarterly This will be the joint responsibility of L&D who will report on administrative processes and CET who will capture key issues as discussed.
    - Power BIU will be used to capture data for reporting purposes.

References
1. Nursing and Midwifery Board of Australia. Registered Nursing Standards of Practice. 2017 2. Australian College of Nursing, Australian College of Mental Health Nursing, Australian College of Midwives. Position Statement Clinical Supervision for Nurses and Midwives. 2019 3. Grant J, Mitchell C, Cuthbertson L. National Standards of Practice for Maternal, Child and Family Health Nurses in Australia. 2017 4. Gibbs G. Learning by doing: a guide to teaching and learning methods. Oxford; 1988 5. The University of Edinburgh. Reflection Toolkit: Gibbs' Reflective Cycle. 2020. Available at: https://www.ed.ac.uk/reflection

Related internal policies, procedures and guidelines
The following documents can be accessed in the CAHS Policy Manual
Employee Assistance Program
Employee Grievance Resolution
Preventing and Responding to Workplace Stress
Speaking up for Safety & Professional Accountability

Related external legislation, policies, and guidelines
AHPRA Decision-making framework for nursing and midwifery
Statewide Telehealth Service – Videoconferencing Etiquette

Related internal resources (including related forms)
Clinical Reflective Practice resources are available via HealthPoint
Clinical Reflective Practice Handbook - Participant Roles and Responsibilities Process Flow Chart - Facilitator Roles and Responsibilities Process Flow Chart - MS Teams Tips for Facilitators - MS Teams Tips for Participants
Gibbs Reflective Cycle worksheet

Community Health Clinical Reflective Practice Facilitator session plans
Participant MS Form
Employee Assistance Program

This document can be made available in alternative formats on request.

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	March 2024	Last Reviewed:	
Amendment Dates:		Next Review Date:	13 March 2027
Approved by:	Community Health Nursing Leadership Group	Date:	13 March 2024
Endorsed by:	Executive Director – Community Health	Date:	13 March 2024
Aboriginal Impact Statement and Declaration (ISD)		Date ISD approved:	26 February 2024
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		