

Application of the Active Engagement Model for Reflection

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Objective of session

- Explain the Active Engagement Model of Reflection
- Summarise main ethical principles underpinning healthcare practice in UK
- Explore Active Engagement Model in the context of complex healthcare practice by a personal written activity
- Discuss examples in pairs
- Feedback to larger group

Delaney et al, 2010

- Three stages which build upon the therapeutic relationship
 - Active listening
 - Reflective thinking
 - Critical reasoning
- 'Moral distress'
- Complex cases with emotive aspects

Ethical principles of Healthcare practice

- Beneficence (Do good)
- Non Maleficence (Do no harm)
- Autonomy (personal decision making)
- Justice (Fairness)
- Health and Care Professional Council / Chartered Society of Physiotherapy

Context

- Children's Physiotherapy
- Reflection upon private practice of Selective Dorsal Rhizotomy

Facilitating Questions Steps Step 1: Active How has the patient and healthcare Listening professional cast their story? Why are they telling the story in this "to enable the way? patient, their history, Whose voice in the story is dominant their context to be What is ethically at stake in this heard" story?

Context -Selective Dorzal Rhizotmy for Spasticity Management in Cerebral Palsy

- Stage 1:
- How has the child and family cast their story?
- Why are they telling the story in this way?
- Whose voice in the story is dominant?
- What is my previous experience of this?
- What is ethically at stake in this story?

Facilitating Questions Steps What goals and values do I, Step 2:Reflexive personally bring to a given thinking treatment? "to be aware of What influence do my language and one's own my treatment approach have on the perspective and voice patient and others? in a clinical situation" How do others (patients, colleagues, managers) know what they know? What shapes and has shaped their world view? How do they perceive me and why? How do I perceive them?

Stage 2

- What goals and values do I, personally bring to SDR?
- What influence do my language and my treatment Methods have on the child and family?
- How do others (patients, colleagues, managers) know what they know?
- What shapes and has shaped their world view?
- How do they perceive me and why?
- How do I perceive them?

Step 3: Critical reasoning

"analyse ethical theories, sociocultural influences and theories influencing contexts and patients"

Realm of patient and therapist relationship:

- What values and goals do I bring to the therapeutic relationship?
- How do my professional and personal values and goals differ from the patient's?
 Organizational realm:
- What is my relationship with the health care organization?
- How does this relationship influence the clinical encounter?
- How do institutional systems and structures affect the patient's ability to receive treatment?

Societal realm:

 What are the health care structures, resources, and economic policies that influence the goals and provision of therapy?

Stage 3

- What values and goals do I bring to the therapeutic relationship?
- How do my professional and personal values and goals differ from the child's and family?
- What is my relationship with the health care organization?
- How does this relationship influence the clinical encounter?
- How do institutional systems and structures affect the child and family's ability to receive treatment?
- What are the health care structures, resources, and economic policies that influence the goals and provision of physiotherapy in the UK?

Bigger picture

- Have I gained a deeper understanding of the complexities of these issues upon my clinical practice?
- Understand more about perceived needs of parents of children with CP
- Understand more about pressures on NHS Physiotherapists
- Remaining questions: Where is the voice of the child? What about autonomy and empowerment? These are important to me.
- Will we get the evidence about the clinical effectiveness of SDR? Need more Research
- Will Welsh Government change it's policy about funding SDR in England? Only if good evidence provided – Research.

Activity

- Hand-out with exercise
- Work on own for 15 minutes
- Pair up and share stories 10 minutes
- Analyse each others stories 10 minutes
- Feedback 20 minutes
- Evaluation

Reference

Delaney, C, Edwards, I., Jensen, G., & Skinner, E. 2010. Closing the gap between ethics knowledge and practice through active engagement: An applied model of physical therapy ethics *Physical Therapy*, 90(7), pp. 1068-1078