**Making the most of CPD: A reflective approach**

**A PERSONAL REFLECTION ON LEARNING**

As a younger student, I had an ineffective and time-wasting approach to studying. Bad learning habits that had been instigated at school (e.g. memorising lots of information for exams) persisted throughout my undergraduate veterinary studies and out into practice. I racked up the CPD hours, but was not an effective learner. What a waste of time and money!

I changed my approach to CPD about 15 years ago. Having completed a questionnaire about different ways of learning, I discovered that my preference was for aural learning (listening, and discussing). Having realised this, I threw out my ingrained methods of learning, tried something new during my next CPD event (listening instead of frantic note-taking), and set aside some time shortly after the event to “do something” with this new learning. I replayed key concepts with a colleague, worked out where I needed to find out more through further research, and planned how I was going to use this new knowledge in my day-to-day work. Recently, I have started to plan properly for CPD events too. Learning is now much more meaningful, but also enjoyable and cost-effective.

**Introduction**

There is an increasing emphasis on the importance of reflection in practice, demonstrated, for example, by its inclusion as a Day One Competence:

“*recording and reflecting on professional experience and taking measures to improve performance and competence*.”

(RCVS, 2014)

Reflection has been described as the “art” of practice (Schon 1983), and is something that we can probably assume that all vets do (whatever name they give it) whenever they think about or discuss cases or situations that they have encountered. The aim of reflection is to improve our understanding of our experiences, both good and bad, and, ultimately, improve outcomes for our patients and practice. An essential part of achieving successful outcomes from engaging in reflection is to adopt a reflective approach to our CPD. To encourage this, the RCVS is piloting an outcomes-based approach to Continuing Professional Development (CPD), which

*“concentrate(s) less on hours logged and more on interactive, reflective learning and measuring the impact …(….)… on the individual’s practice and patient health outcomes.”*

(RCVS, 2016)

In this article, the authors will give an overview of different approaches to learning, and explain what is meant by a reflective approach to CPD. We will then suggest ways in which a reflective approach can be used to maximise the benefit and enjoyment of learning opportunities.

**Approaches to learning**

**Surface learning (or the “tick box” approach)**

We’ve all done it. We go along to a major conference, we identify the lectures we’d like to attend, and we sit down to listen with our notepad or tablet, ready to capture any golden nuggets of information. We may even take copious notes, and we proudly close our notebook, or switch off our tablet, with a smug glow that says, “*That was interesting; and it’s another hour of CPD ticked off*”. If someone asks us what we learned the next day, we can often quote the main points of the lecture. “Fast forward” one month, or six months, and we can’t remember any of it.

*Why has this happened?*

The lecture content has probably gone into our short-term memory, and no further. We have memorised enough facts to recount the main points to a colleague the next day, or to pass an examination. We have not revisited the information in a meaningful way, which would transfer it to our working memory (Bell and others, 2014). Surface learning approaches are still commonly found amongst veterinary professionals and may predict 1) whether we can be self-directed learners and 2) whether we are easily demotivated by perceived barriers to undertaking CPD, such as time, cost and distance (Dale and others, 2010). If this sounds familiar, maybe it’s time to do something about it?

**Deep learning – learning that persists**

Planning our learning carefully and ensuring that we enjoy the mode of delivery is likely to help us retain information and gain the most from learning opportunities. People have different preferences for the ways in which they learn, and reflecting on the approach that suits us can be helpful. Most people have a preference for one or more of the following:

[Insert Figure 1 here]

There is no need to only attend events that match our preferred learning style; the jury is out on whether matching learning preferences to learning delivery leads to improved learning (O’Mahony and others, 2016). However, trying to maximise learning from an audio lecture for, say, a visual learner, may involve thinking about transforming the spoken content into some sort of “mind map” or diagram, a process which is likely to intensify the learning (Bell and others, 2014). We then need to do something with this learning, and that’s where reflection comes in.

**Reflective approach to CPD**

When considering reflective learning and CPD, the authors find it helpful to use a 3 stage approach (see Table 1). This table combines a simple model for reflection “What?-So what?-Now what?” (Rolfe and others 2001) with a cycle which will be familiar to many vets applying principles of clinical governance: “Plan, Do, Review”, which has been recommended as a framework for reflection for medical practitioners (Sandars 2009).

[Insert Table 1 here]

There are more complex frameworks described for reflection, but we find simple ones easier to remember, and therefore more likely to be used; for further information, see the helpful guide by Surgenor (2011).

Rather than a reflective cycle, it may be appropriate to consider reflective learning as more of a helix. Learning doesn’t just keep going around within the same dimension; it takes us into new areas, and keeps requiring more input.For example, during the planning phase we would identify our learning needs (perhaps based on a recent clinical experience, or a growing clinical interest), consider why this is a current priority, and plan a learning activity. Following the CPD event, we might reflect on some specific learning points and where these fit into our current practice, and work out how to implement changes and build further on our learning.

**How to “do” reflective learning**

There are various options for reflection, and different people have different preferences. For some, reflection may be an individual, more solitary activity. We might find it helpful to write down our thoughts and feelings about why and how we have acquired this new knowledge, our plans for implementing it, any potential barriers and how we will overcome these, and how we will evaluate the resulting new practice or approach. We could audio-record our reflection (on a smartphone, for example). We could make a video recording, perhaps with diagrams and mind-maps included. We could reflect creatively, through art or composition.

However, many people find social learning and reflection more useful than an individual approach. We could choose one trusted colleague with whom to share our thoughts and ideas, or we could present to a group of people (e.g. the practice team). One key advantage of “social” reflection is the ability to get instant feedback, and new inputs, from others. Some learning styles questionnaires include the items “social” and “individual” as items, in recognition of the preference for learning with others, or not! Irrespective of our personal preference, we will probably find it helpful to have some sort of record (usually written) to clarify our thoughts, act as a reminder and reference, and give us something to look back on as we reflect on our progress over time.

It helps to be aware of the wider context of reflection. We may be motivated to reflect on our learning by a combination of intrinsic (e.g. desire to keep up to date, enjoyment of learning) or extrinsic (promotion, gaining additional qualification) factors. Being aware of our thoughts and emotions will help us gain the most from reflection, whatever process we use. Understanding any limitations imposed by circumstances (e.g. how easy it is to discuss our learning with our colleagues) can also help us identify ways to gain the most from a reflective approach to learning and CPD.

**Conclusion**

By combining a reflective approach to CPD with an awareness of what sort of learning works best for us, CPD is more likely to be meaningful, productive, and enjoyable.

**Sample scenario**

A veterinary assistant wishes to improve knowledge about nutritional approaches to chronic disease in older cats. She feels that she has sufficient knowledge about the diseases themselves. Using the table format outlined above, this is what her approach to accessing CPD might look like:

[Insert Table 2 here]

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***Figure 1:***

*Fig 1: the most common types of learning preference, adapted from the VARK learning styles questionnaire (Fleming and Mills, 1992)*

***Table 1***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Plan | Do | Review |
| What | What do I need/want to learn (i.e. identify some specific learning outcomes)? This might be triggered e.g. by a particular event, or a growing curiosity about a particular aspect of practice. | During the CPD event, think about your learning objectives and try to ensure these are achieved. | What have I learnt? |
| So What | What is my motivation for this? How much time should I prioritise for it? How will it benefit me/the practice/my patients? What events are available to me? | Where does this fit into my current practice/knowledge? |
| Now What | What do I need to do to make this happen? Identify and plan time for a suitable CPD event (e.g. course, webinar, journal article) | How am I going to put this into practice/build further on this learning? |

***Table 1: A strategy for reflective learning (adapted from Sandars, 2009 and Rolfe and others, 2001)***

***Table 2:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Plan | Do | Review |
| What | Desire to improve knowledge to nutrition for management of disease (e.g. CKD) in older cats, following a few challenging cases. | During event, cross reference to learning outcomes, ask specific questions for any not covered | Review notes; prepare and present findings to practice team |
| So What? | It’s frustrating not having the knowledge to discuss this confidently with owners, and nobody else in the practice seems confident with it either. I’ve still got some CPD allowance left which would cover a day course – I like learning with other people. I’ll share what I learn with the team which will improve our management of these patients. | It builds nicely with my current understanding of the common medical diseases of geriatric cats. I’m still curious to understand the role of nutrition in hyperthyroidism better, so will do some further reading on this (e.g. journal articles) |
| Now What? | Identify a one-day clinical nutrition event, book the time off, and compile a list of personal learning outcomes from this event | Offer nutritional advice as part of tailored feline geriatric consultations |

***Table 2: Reflective learning in context***