

Supporting Patients

As part of the Institute of Medical Illustrators' (IMI) scheme for continuing professional development, worksheets will be published at regular intervals in this Journal. These are designed to provide the members of IMI with a structured CPD activity that offers one way to earn credits. It is recognized that this worksheet requires some time spent undertaking the exercises. The answers to the questions, along with any notes and reflections you make or other publications you find, should be kept in your CPD portfolio.

This activity is designed to support any work that involves contact with patients, and more specifically, with the photography of patients in a clinical setting. This is an everyday activity for clinical photographers, but *not* for the patient, so how we support patients through the process of clinical photography is an important part of professional practice. The key aspect is to think reflectively and critically about situations. Bourner makes a very useful connection between critical thinking and reflective thinking:

'When a person interrogates some past experience by asking searching questions of that experience, they are thinking about it reflectively. Simply reviewing what happened does not constitute reflective thinking; it is as possible to review an experience unreflectively as it is to read a book uncritically.

Just as the process of critical thinking implies asking searching questions, so the process of reflective thinking implies asking searching questions. What distinguishes reflective thinking about an experience from unreflective thinking is the process of interrogating the experience with searching questions.¹

Bourner also provides a list of questions that can be used as tools for reflective thinking in order to think about what you do in your clinical practice (*Table 1*).²

Because part of this reflective activity examines working with patients, please make sure you are aware of the ethical dimensions when writing reflectively; do not include patient names or details, as your understanding of consent and confidentiality should be equally visible in the anonymity of patients in your CPD. Hargreaves has researched the ethical issues surrounding reflective practice in nurse education, and this is a useful resource for clinical photographers.³

Considering what you do in your clinical practice, describe the ways in which you support patients.

- What is it you actually do?
- What is your approach to the photographic process?
- Can you write out the sequence or stages that occur as you photograph a patient?

TASK 1 – PERSONAL REFLECTION

Questions as tools for reflective thinking

1. What happened that most surprised you?
2. What patterns can you recognise in your experience?
3. What was the most fulfilling part of it? And the least fulfilling part of it? What does that suggest to you about your values?
4. What happened that contradicted your prior beliefs? What happened to confirm your prior beliefs?
5. How do you feel about that experience now compared with how you felt about it at the time?
6. What does the experience suggest to you about your strengths?
7. What does the experience suggest to you about your weaknesses and opportunities for development?
8. How else could you view that experience?
9. What did you learn from that experience about how you react?
10. What other options did you have at the time?
11. Is there anything about the experience that was familiar to you?
12. What might you do differently as a result of that experience and your reflections on it? What actions did your reflection lead you to?

Table 1. From Bourner's 'Assessing reflective learning'.

Reflect by taking a step back from yourself.

- Are there ways you could improve the support you give to patients?
- Has your approach become a mechanical matter of fact process?

Try using the reflective questions in *Table 1* to help you reflect on your experience.

Reflection can take place at different depths and learning is more likely to occur if the reflection is 'deep' as opposed to 'surface'. Hatton and Smith have described the various levels of reflection as:

- Standing back from oneself, e.g. reflecting on your own actions.
- Reflecting on the same subject matter from different viewpoints of people, social institutions etc.
- Reflecting on the same subject matter from different disciplines.⁴

TASK 2 – THE PATIENT'S PERSPECTIVE

To develop a deeper reflection it is important to start to think like the patient. Reflect on how what you do appears to the patient. What types of photography will they normally have been involved with? How is what you do different?

Aspects of this may lead you on to reading more papers and undertaking research to support your reflection, but the reflection should be deep, not surface.⁵

How would you feel being photographed? Photographers often hate being photographed, so think how a patient might feel. Reflect on how you could make the experience better. How supported would the patient feel in the environment you photograph in? Is it very clean and clinical, cluttered, dirty, or warm and inviting?

TASK 3 – THE RELATIVE OR CARER'S PERSPECTIVE

From a different viewpoint, imagine you are the patient's carer entering the studio to support the patient. Reflect on how they would view the process and your interaction with their relative or friend. What would they feel whilst observing?

TASK 4 – THE HEALTHCARE PROFESSIONAL

From another viewpoint, imagine you are from a different discipline within the hospital, one which has contact with patients. How would they view your practice? What would they see that was different from their own working environment and their interaction with patients? Have you seen how they work as a patient or observer? What do they do that is different or the same? This could be part of shared observation and reflection; they, with the patient's permission, watch what you do and you watch what they do.

TASK 5 – WHAT HAVE YOU LEARNT FROM YOUR REFLECTIONS?

The previous tasks will take time; they require thought and deep reflection, personally examining what you do, and critically evaluating and reflecting on aspects of your professional practice and environment. What can you do to improve your support for patients? What improvements could be made to your working practice or environment to support patients? This thinking directly relates to standards from the Health Professions Council that registrants should:

- seek to ensure that their CPD has contributed to the quality of their practice and service delivery,
- seek to ensure that their CPD benefits the service user.⁶

A useful resource to support deeper reflection and writing can be found in 'A handbook of reflective and experiential learning: Theory and practice'.⁷

REFERENCES

1. Bourner T. Assessing reflective learning. *Education & Training* 2003; 45(5): 267-72. [www.brighton.ac.uk/cupp/pdf%20files/assessment2.pdf Accessed February 2007].
2. *ibid* p270.
3. Hargreaves J. Using patients: exploring the ethical dimension of reflective practice in nurse education. *J Adv Nursing* 1997; 25: 223-28.
4. Hatton N, Smith D. Reflection in teacher education – towards definition and implementation. *Teaching and Teacher Education* 1995; 11(1): 33-49.
5. Beloff H. Social implications of photography – even medical photography. *J Audiovisual Media in Medicine* 1984; 7(1): 44-7.
6. Health Professions Council. Your guide to our standards for continuing professional development. London: HMSO, 2006:5. [www.hpc-uk.org/assets/documents/1000119FShort_guide_to_CPD.pdf Accessed February 2007]
7. Moon JA. A handbook of reflective and experiential learning: Theory and practice. London: RoutledgeFalmer, 2004 (chapters 6, 7 and 10).