Reflective practice is the reflection on an activity that enables you to participate in a process of continuous learning. It is a useful tool where you can learn from your own experiences, rather than from formal teaching and is an important source of personal development and improvement.

This form asks you to first identify the moving and handling activities that you are involved with. Then, to identify whether you perceive you need learning in terms of your knowledge and skills with regards how you currently perform the activity. For those activities that you perceive you need additional learning, undertake the activity(s) and reflect on your performance, using the prompts on the reflective analysis form.

This tool once completed can be used as evidence for your KSF and / or PDP review and CPD portfolio. If doing so, it should be discussed and countersigned by your local manager or KSF reviewer.

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| **Moving and handling activities**  **Do you know how to:** | | **Do you undertake this activity?**  (Yes, No , N/A) | | **Learning required?**  (Yes, No) |
| Physically assess a person prior to assisting them? | |  | |  |
| Move in balance when doing your work activities, that is, move without adopting excessive stooping or twisting postures? | |  | |  |
| Assist a person to sit down or stand up from a chair / plinth? | |  | |  |
| Assist a person to walk? | |  | |  |
| Assist a person who is starting to fall during assisted transfer or mobilisation or helping them get back up? | |  | |  |
| Assist a person to move up the podiatry chair / plinth? | |  | |  |
| **Other activities:** | |  | |  |
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| **Reflector:** | **Signature:** | | **Date:** | |
| **Local Manager:** | **Signature** | | **Date:** | |

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| **Name of Activity/Situation:** | | | |
| **Location:** | | **Date:** | |
| **Description of activity undertaken:** | | | |
| **What were the challenges you experienced during the activity?** | | | |
| **What do you feel you did well during the activity?** | | | |
| **How will the above learning influence your future practice?** | | | |
| **Have you identified any further learning needs? If yes, outline the needs below and identify how you will address them.** | | | |
| **Reflector:** | **Signature:** | | **Date:** |
| **Local Manager:** | **Signature** | | **Date:** |

This form can be used to record your thoughts after undertaking an activity you perceive you needed additional learning for. Undertake the activity and reflect on your performance, using the prompts in each section below, you may need a different sheet for each activity. This process is intended to be self-reflective; however, asking another person, for example, the patient or a colleague to comment on the activity may help inform your analysis.