



Reflective practice prompts you to face any assumptions, biases and perspectives you may hold that may unintentionally influence patient outcomes. Think of this as the lens you see the world through, everyone uses a different lens. Reflect to Care is a checklist to initiate a habit of reflective practice.

Everyone’s health is influenced by the choices they make as well as broader social factors. There is a close relationship between living and working conditions and health outcomes (Social Determinants of Health). As healthcare staff, there is a need to acknowledge and understand our patients’ lives, their social and cultural interactions and how that affects their life experience and health outcomes.

Focusing on the patient’s world, without bias, opens up how their circumstances and background may influence the care you provide. Acknowledging a view from the patient’s perspective will help you to understand their behaviours and choices.

Reflect to Care is a prompt that can help you to recognise the assumptions and biases you may hold. The Reflect to Care checklist can be used by anyone who is interacting with patients.

## Examples When Reflect to Care is needed

*“They are not compliant”*

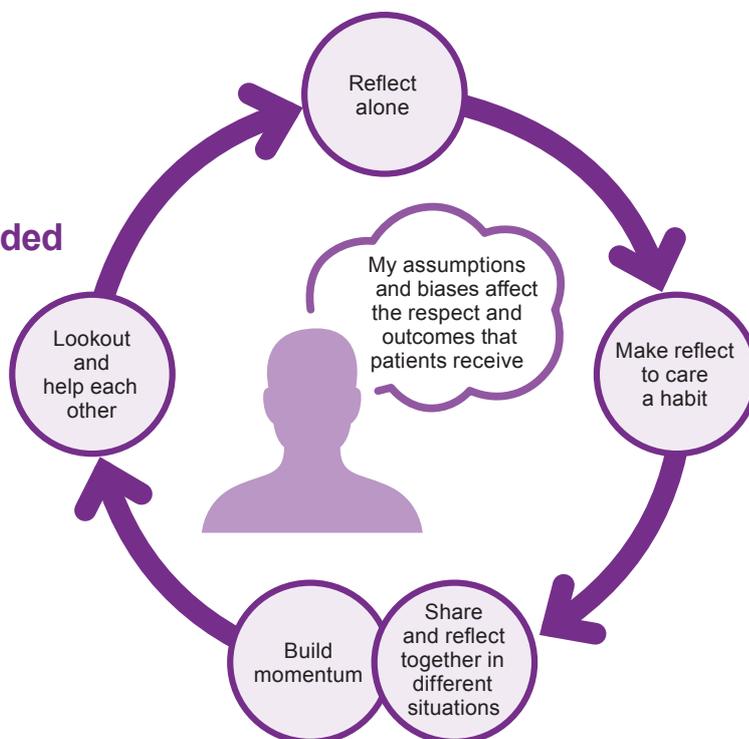
*“They didn’t make the right decisions”*

*“They didn’t do what they were told to do”*

*“They didn’t listen”*

*“She is a difficult patient”*

These statements do not show empathy or respect for the patient and their situation. When you observe yourself having these thoughts or you hear others say similar things, pause and reflect to make sense of the situation from the patient’s world view and readjust your interactions.



### Acknowledgement and source

The CEC consumer partners for their input and support

[IHI, “Do No Harm” Checklist Makes Care Safer by Design, Ebony Marcelle | Thursday, February 27, 2020](#)

[Final report on the Commission of Social determinants of Health: Geneva WHO](#)

[Australia’s Health 2018. Section 4: Determinants of Health](#)

[Koshy et al, 2017. Reflective practice in health care and how to reflect effectively](#)

### Go Deeper

Update your understanding of the possible effect of assumptions and biases by watching the three short videos:

- [Bias \(2:30mins\)](#)
- [Situational Awareness \(2:12\)](#)
- [Social Determinants of Health \(4:06\)](#)



## Develop Reflective Practice and use it Everyday

### 1. Reflect by yourself:

Allocate time and space to reflect on your interactions with patients and their lived experiences. Think about the assumptions and bias you may be holding that could be affecting your patient relationships, interactions and outcomes.

Reflect upon the situation and your reactions in the moment. Acknowledge how you were feeling at the time. This will help you to recognise similar situations in the future and adjust.

If you are new to reflective practice use the Reflective Practice guide provided separately.

### 2. Make it a habit – apply everyday:

a) **Reflect regularly** – allocate a regular time to think about your day and patient interactions. What went well, what did not go so well? What assumptions and biases may be present?

b) **Increase your situation awareness**

Look wider and around the task at hand. Deliberately notice things that might influence or 'interfere' with your planned care. Observe how patients are navigating the system when they interact with you. What is their wider world? Think of ways that you could make it easier and more supportive for them. E.g. direct referral, transport. Ask yourself, 'is anything else going on here'?

c) **Listen to understand & build empathy**

Be an active listener and believe what patients are telling you even though it may not be logical for you. Observe their behaviour and body language as they talk.

d) **Use other PCC fundamentals** – use Teach Back and CHAT to highlight the patient's history, values and everyday experiences that may influence how you perceive, plan and deliver their care.

### 3. Share:

a) **Informal opportunities** – provide feedback, highlight assumptions and biases in everyday situations

e.g. clinical handovers, safety huddles, informal conversations with your co-workers.

b) **Formal and scheduled opportunities** – use reflective practice to explore assumptions and biases in scheduled team meetings. You could try watching the brief videos [here](#) to set the scene e.g. during in-services and multidisciplinary team meetings.

c) **Encourage everyone** to reflect regularly. Use the checklist to help.

4. **Lookout & provide Feedback** – if you notice interactions that are not respectful of patients or others – speak up. Highlight different perspectives and support each other.

### Safety Fundamentals and Accreditation

Implementing this Safety Fundamental for Person Centred Communication will support healthcare organisations to demonstrate they are meeting actions in *National Standard 2: Partnering with Consumers*.