**Reflection tool**

This proforma can be used to reflect on your experience and to record this reflection. You may choose to complete a section at a time to help you work through the experience or you may reflect and record at the end of the process. It is up to you. What is most important is that you are reflecting on and learning from experience, and that this process leads to improvements in your professional practice.

The prompt questions are there to help guide your reflection, use them if they are useful. They are based on a model suggested by Rolfe, Freshwater and Jasper, 2001.

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| --- | --- |
| **Student name:** |  |
| **Placement B/B1, B2 or C:** |  |
| **Placement week number:** |  |

**Please consider the following questions as you reflect:**

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| **What?*** What knowledge and skills do you feel that you have gained?
* What would you like to develop?
* How did you identify these experiences?
* What was your role? What was the response of others?
* How did this make you feel and how did this impact on you and others?
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| **So what?*** Describe how and why you need to consider the situation
* Were there any challenges?
* What was the impact on others?
* What other knowledge or skills could I bring to the situation?
* What broader issues arise from the situation?
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| **Now what?** * Describe what you did or plan to do next
* What do you do to develop or improve your response for next time?
* How can you apply this more widely?
* What do you need to consider (barriers, constraints)?
* What other consequences may arise?
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| **Feedback** Optional feedback from practice educator.  |

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| **Learning outcome****for placement B/B1 or C**  | **LO1****Knowledge** | **LO2****Assessment** | **LO3****Communica-tion** | **LO4****Reflection and review** | **LO5****Professionalism** |
| Student demonstrates competent practice for placement learning outcomes (tick all that apply)  |  |  |  |  |  |
| **LO6****Team working** | **LO7****Care planning** | **LO8****Prioritisation** | **LO9****Group communication** | **LO10****Independent working**  |
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Signature of student dietitian: ............................................................................................

Date/week of placement: ...................................................................................................

Signature of practice educator: ............................................................................. Date: ……………………….