

Health Care Meeting Reflections

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Reflection is the process of making sense of an experience in order to learn and improve as a practitioner. 1 Often, we reflect as part of our everyday practice without being aware that we are doing it – for example, on the way home from work. Using reflection within health and social care has benefits for patients and the profession. In order to do this effectively, reflection involves describing, analysing and evaluating experiences from practice in a way that helps you make sense of it.

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Schön (1987) identifies two types of reflection that can be applied in healthcare, ' Reflection-in-action ' and ' Reflection-on-action ' . Reflection-in-action can be termed as coming across situations and problems which may require thought and problem solving in the midst of practice. It can also be described as thinking whilst doing.

Why is Reflective Practice Important in Healthcare?

There is growing evidence from research that reflective practice improves the way people perform in their jobs. This is particularly important for medical practitioners to maintain and improve their standard of practice. Together with the Academy of Medical Royal Colleges, we're collecting a series of anonymised reflective narratives, examples of how some doctors have reflected on their practice.

Examples of reflection - GMC

Unfortunately, the skills that made healthcare leaders successful in the past may not be enough to be successful in the future. Managing change requires a very special set of skills and abilities. "Prescribing Leadership in Healthcare" is based on the proprietary 5-step Professional Leadership Process which is a personalized, leadership development program based on an individual ' s innate ...

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Reflections provides live-in home care to dependent adults. This is achieved by, carefully by identifying and matching our carer ' s skills, experience and personalities to our service users assessed needs and requirements. This process enables Reflections to provide a person centre service, establish and build a team of compatible carers.

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Meetings - Catholic Health Association of the United States

reflections that vividly describe good teamwork as well as problems in creating, leading, and working on genuine teams. What we believe is too often lacking in the literature is a clear and compelling picture of what teamwork looks like on the ground, in the institutions where health care work is delivered and where

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Read more about Healthcare Provision and the Discipline of Listening or click through directly to the four vocational reflections from healthcare professionals: On the Auscultation of the Heart by Dr. Ryan Buchholz; Are You Listening by Dr. Curt Thompson; Listening Is Not Hearing by Eden Garber; Listening in Medicine by Dr. Larry Bergstrom

Serving God in the Healthcare Profession: Four Reflections ...

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Teamwork is essential to improving the quality of patient care and reducing medical errors and injuries. But how does teamwork really function? And what are the barriers that sometimes prevent smart, well-intentioned people from building and sustaining effective teams? Collaborative Caring takes an unusual approach to the topic of teamwork. Editors Suzanne Gordon, David L. Feldman, MD, and Michael Leonard, MD, have gathered fifty

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engaging first-person narratives provided by people from various health care professions. Each story vividly portrays a different dimension of teamwork, capturing the complexity—and sometimes messiness—of moving from theory to practice when it comes to creating genuine teams in health care. The stories help us understand what it means to be a team leader and an assertive team member. They vividly depict how patients are left out of or included on the team and what it means to bring teamwork training into a particular workplace. Exploring issues like psychological safety, patient advocacy, barriers to teamwork, and the kinds of institutional and organizational efforts that remove such barriers, the health care professionals who speak in this book ultimately have one consistent message: teamwork makes patient care safer and health care careers more satisfying. These stories are an invaluable tool for those moving toward genuine interprofessional and intraprofessional teamwork.

Taking an unusual approach to the topic of medical teamwork, this book gathers fifty engaging first-person narratives provided by people from various health care professions.

Designing Healthcare That Works: A Sociotechnical Approach takes up the pragmatic, messy problems of designing and implementing sociotechnical solutions which integrate organizational and technical systems for the benefit of human health. The book helps practitioners apply principles of sociotechnical design in healthcare and consider the adoption of new theories of change. As practitioners need new processes and tools to create a more systematic alignment between technical mechanisms and social structures in healthcare, the book helps readers recognize the requirements of this alignment. The systematic understanding developed within the book's case studies includes new ways of designing and adopting sociotechnical systems in healthcare. For example, helping practitioners examine the role of exogenous factors, like CMS Systems in the U.S. Or, more globally, helping practitioners consider systems external to the boundaries drawn around a particular healthcare IT system is one key to understand the design challenge. Written by scholars in the realm of sociotechnical systems research, the book is a valuable source for medical informatics professionals, software designers and any healthcare providers who are interested in making changes in the design of the systems. Encompasses case studies focusing on specific projects and covering an entire lifecycle of sociotechnical design in healthcare Provides an in-depth view from established scholars in the realm of sociotechnical systems research and related domains Brings a systematic understanding that includes ways of designing and adopting sociotechnical systems in healthcare

This is a scholarly exploration of the subject of spirituality and health and is relevant to all health care practitioners and those who support them. Drawing on the author's rich personal experience in the field, his previously published material on the subject in professional journals and a wide range of research and other relevant literature, the book explores a diverse range of themes relevant to the everyday work of the health care practitioner. Is spirituality of any relevance to the work of carers? How is it best integrated? How do we address the spiritual needs of health care staff? What are the implications for leadership, professional boundaries, education, health care knowledge and practices? These and many other subjects and perspectives are debated and discussed in a lively and imaginative way that is accessible and authoritative, challenging and thought provoking.

As bloody wars raged in Central America during the last third of the twentieth century, hundreds of North American groups “adopted” villages in war-torn Guatemala, Nicaragua, and El Salvador. Unlike government-based cold war-era Sister City programs, these pairings

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were formed by ordinary people, often inspired by individuals displaced by US-supported counterinsurgency operations. Drawing on two decades of work with former refugees from El Salvador as well as unprecedented access to private archives and oral histories, Molly Todd ' s compelling history provides the first in-depth look at " grassroots sistering. " This model of citizen diplomacy emerged in the mid-1980s out of relationships between a few repopulated villages in Chalatenango, El Salvador, and US cities. Todd shows how the leadership of Salvadorans and left-leaning activists in the US concerned with the expansion of empire as well as the evolution of human rights–related discourses and practices created a complex dynamic of cross-border activism that continues today.

This is a creative, comprehensive and user-friendly manual comprising a curriculum for residencies and medical schools looking to implement new, or enhance existing, curricula in culturally responsive care. It meticulously describes teaching strategies that will prove engaging to learners and faculty alike, challenging them to grow in their attitudes, awareness, desire, knowledge and skills to effectively practice culturally responsive medicine. It demonstrates commitment to teaching culturally responsive medicine towards the elimination of health disparities, be they related to gender, race/ethnicity, income, sexual orientation, religious background or world view. The manual includes a step-by-step guide for each year of the curriculum, with detailed session descriptions, and sections on teaching techniques, evaluation tools, cultural competence exercises, together with information on further resources. The curriculum provides a solid foundation upon which educational programs can build as they evolve to meet the needs of patients and their communities toward preventing and treating illness, and improving access to excellence in medical care.

Philosophers have warned of the perils of a life spent without reflection, but what constitutes reflective inquiry - and why it ' s necessary in our lives - can be an elusive concept. Synthesizing ideas from minds as diverse as John Dewey and Paulo Freire, the Handbook of Reflection and Reflective Inquiry presents reflective thought in its most vital aspects, not as a fanciful or nostalgic exercise, but as a powerful means of seeing familiar events anew, encouraging critical thinking and crucial insight, teaching and learning. In its opening pages, two seasoned educators, Maxine Greene and Lee Shulman, discuss reflective inquiry as a form of active attention (Thoreau ' s "wide-awakeness"), an act of consciousness, and a process by which people can understand themselves, their work (particularly in the form of life projects), and others. Building on this foundation, the Handbook analyzes through the work of 40 internationally oriented authors: - Definitional issues concerning reflection, what it is and is not; - Worldwide social and moral conditions contributing to the growing interest in reflective inquiry in professional education; - Reflection as promoted across professional educational domains, including K-12 education, teacher education, occupational therapy, and the law; - Methods of facilitating and scaffolding reflective engagement; - Current pedagogical and research practices in reflection; - Approaches to assessing reflective inquiry. Educators across the professions as well as adult educators, counselors and psychologists, and curriculum developers concerned with adult learning will find the Handbook of Reflection and Reflective Inquiry an invaluable teaching tool for challenging times.

Settings, such as patient-centered medical homes, can serve as ideal places to promote interprofessional collaboration among healthcare providers (Fjortoft et al., 2016). Furthermore, work together by teams of interprofessional healthcare students (Van Winkle, 2015) and even practitioners (Stringer et al., 2013) can help to foster interdisciplinary

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collaboration. This result occurs, in part, by mitigating negative biases toward other healthcare professions (Stringer et al., 2013; Van Winkle 2016). Such changes undoubtedly require increased empathy for other professions and patients themselves (Tamayo et al., 2016). Nevertheless, there is still much work to be done to foster efforts to promote interprofessional collaboration (Wang and Zorek, 2016). This work should begin with undergraduate education and continue throughout the careers of all healthcare professionals.

COVID-19 is clearly creating significant change in how daily lives are pursued. The impacts on healthcare as an industry are profound and how physicians continue to provide patient care is being challenged. Those in group practices, as well as those within institutional environments, are all now faced with the prospect for how to develop new approaches in their professional pursuits. The changing environment in healthcare provides all physicians with a unique opportunity to develop and implement larger scales of change for the industry, as a result. Dr. Peter Angood is president and CEO of the American Association for Physician Leadership, the only association solely focused on providing professional development, leadership education, and management training exclusively for physicians since its founding in 1975. In that role since 2012, he has continuously promoted the charge that "at some level, all physicians are leaders." The book is a frank dialogue and call to action on how all physicians can reach their fullest potential by becoming and remaining more engaged while inspiring engagement in others. It is also a clear-eyed look at the positive and trusted role physicians exercise in every sector of the healthcare industry. Including chapters on wellness and burnout, patient safety, lifelong learning and the necessary personal and professional competencies for physicians, Dr. Angood's commentaries are uniquely astute and bold. He asserts that physicians remain the most trusted and dominant conduit for care and decision-making within the multidisciplinary sphere of healthcare and, further, with increasing demands for quality care and patient satisfaction, the physician leader is well-positioned and deserves an equitable say in shaping the future of the healthcare industry. "The research shows that the benefit of a physician-led organization is improved patient outcomes and decreased costs," says Dr. Angood. "While academia and basic science research continue to expand the scientific knowledge of medicine at rapid rates, technology, pharmaceuticals, device innovation and digital communication all are redefining their value equation with physicians as leaders in their organizations." This book of personal reflections on healthcare and the state of the industry is precisely that: personal. Dr. Angood's goal is for the various chapters to spur personal reflection among physicians while instilling in them a renewed sense of privilege and commitment to the profession.

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