

EnCOP Reflective Grid – Planned Experiential Activity for Learning

This tool is designed to enable you, as a staff member to undertake planned and structured reflective experiential learning within your workplace. This will allow you to use reflection before, during and after practice and after practice. Think about:

Before

What are you planning to do?

How does this meet your EnCOP learning outcomes?

What are you hoping to learn?

During

What actually happened?

How did you feel about this at the time?

What do you think others felt? e.g., service user or colleague

After

Reflect on whether the event went as planned to include both negative and positive comments

Did you receive any feedback at the time? From whom? (anonymised) What was the feedback and how did you feel about it?

What did you learn from this experience?



Next time



What will you do differently next time ? / How will you apply your learning in your practice?

What changes will you need to make?

What are the implications for others you may work with?

Literature, standards, frameworks of good practice What do the frameworks and guidance say? How did the reality compare with them?

What can you do to improve the process or procedure?

What changes if any could you recommend?

EnCOP Competency Achievement What EnCOP Domains or Performance Indicators does this link to?

Have any additional learning or development needs been identified? Details:

Name:	Date:





EnCOP Reflection on a Work Product Template

This tool has been designed to enable you, as a staff member to reflect on a work product that you have used, developed, or contributed to. Consider how you have or will use this experience to inform care or support for older people, their family, or friends. Think about:

Туре	e of work product (circle)	Audience / Recipients:
•	Anonymised care records e.g., notes, letters,	
1	referrals	
•	Care standards, protocols, guidelines etc.	
•	Learning & development materials	
•	Conference presentations	
•	Service user resources	
•	Audit and research products	
•	Meeting minutes, reports, business cases	
•	Other:	

Background to the work product?

Give a brief outline of the key points of the work product – e.g., Why was it used or developed? Purpose? Did you refer to any guidelines or research to support its use or development?

Application to practice?

e.g., How have you or do you intend to apply it to your work or the work of others? Have you encountered barriers? Has it been evaluated? Do you have good or bad feedback? What were the outcomes?

EnCOP Reflection on a Work Product Template Continued

Application to EnCOP?

Which EnCOP domains or performance indicators do you think this links to?

Have you identified or actioned any changes or additional learning or development activity?

Name of staff member:

Date:



Reflection of Experience in Practice Template					
	a staff member to describe what an older persons' health or social care journey was like from your ler person that you have been involved with within your job. Consider a specific aspect of their care and or support. Think about:				
What aspect of care are you thinking about? Describe the situation / pathway					
How did you feel as you were delivering care or providing support? What made you feel like this?					
What worked well and what did not work so well?					
Without giving away any confidential information, can you describe it from the older					

person's perspective e.g., feelings, experience, involvement					
Reflection on experience in practice template continued					
What 3 key points can be learned from this experience?	1.				
	2.				
	3.				
How will you apply this learning in practice?					
If appropriate, how will you share this learning with others?					
EnCOP Competency Achievement: Which domains / PI's do you think that this evidence supports?					
Name:	Date:				



This tool is designed to enable you, as a staff member to acknowledge and reflect on feedback you may receive from older people, family or friends or colleagues related to your job. This feedback may be written, verbal or in the form of a witness testimony						
Staff Name:	Witness' Name (if appropriate e.g., colleague):					
	Witness' Position (e.g., patient/client, colleague, manager):					
Work Location:						
	Type of Feedback:					
Date of Feedback:	Examples of feedback: Letter, e-mail, written and verbal compliments, complaint, appraisal feedback					
Location of Experience:						

Description of feedback received:

Self-reflection				
What did you do? How d	id you feel? Can you use this t	to improve your practice?		
EnCOP Competen	y Achievement: Whic	ch Domains/ Pl's do you	I feel this supports?	
Name:			Date:	