

EXAMPLE: COMPLETED FORM FOR ASSESSMENT AND FEEDBACK FORM – ITA REFLECTIVE PRACTICE – WRONG CUSTOMER SCENARIO

Intern name	Intern	Ahpra registration	PHA0000XY234DR		
Intern training program	XYZ-ITP	Stage of internship	□ 0-3 months □ 3-6 months □ 6-9 months ☑ 9-12 months		

About this form

This form is to be used by the supervisor to assess and provide feedback on the intern's demonstration of reflective practice, and to facilitate the creation of a development plan to enhance the intern's reflective skills where appropriate.

Instructions for interns

Once you have prepared your reflective statement on an appropriate incident or event, share and discuss it with your supervisor. The supervisor should use this form for assessment and feedback on your reflection, and then prepare a Development Plan together with you.

Instructions for supervisors

There is no numerical grade associated with this assessment and feedback process. Identity the descriptor in each row which best describes the intern's reflective statement and tick the corresponding box. Use this as the basis for your discussion with the intern on their reflective skills and explain your rationale. Discuss if there are any actions that can be taken to assist the intern to improve skills in reflection.

Section 1: Intern reflection assessment rubric1:

Section of reflective statement	A Non-Reflector includes		An <i>Incomplete Reflector</i> includes		A <i>Reflector</i> includes	
Description of WHAT: activity, incident, or event (Section 1) What happened?		No description of the activity, incident, or event		Incomplete description of activity, incident, or event	×	Description of the activity, incident or event which is clear and chronological
Description of HOW: thoughts and feelings (Section 2) How did I respond? How did I feel?		No evidence of personal thoughts or feelings		Personal thoughts or feelings which may be implied, but not expressed	×	Personal thoughts or feelings which are expressed and described or explained
Interpretation of incident or event; description of learnings (Section 3) Why did this happen the way it did? What have I learned?		No evidence of understanding of key underlying factors or issues No evidence of new knowledge, feelings, or attitudes		Connection to key underlying issues/factors and outcomes which is incomplete Evidence of change in knowledge, feelings, or attitudes which may be implied, but not clearly expressed	×	Causative connections to key underlying issues/factors and outcomes Clear evidence of change in knowledge, feelings, or attitudes

¹ adapted from Lucas et. Al (2017) and The University of Otago



Section of reflective statement	A Non-Reflector includes		An <i>Incomplete Reflector</i> includes		A Reflector includes	
Goal (Section 4) What needs to be done differently next time?		No change in approach suggested		Change, which is implied, but not expressed	X	Relevant and adequate change suggestions
Development plan (Section 5) What do I need to learn and how will I learn it?		No plan for future learning		Plan for future learning which is incomplete	X	Reasonable and relevant plans for future learning

Section 2: Discussion and development plan on intern reflection

Discussion between supervisor and intern

What were the important points raised and discussed about the intern's reflection?

Intern ability to make the connections between what happened and the likely contributing factors. Empathy with the staff and understanding that the intern could have easily been in the staff shoes.

Development plan was really good. Intern initiative and responsibility shows they are well prepared to be an independent pharmacist, as they considered how to support pharmacy assistants as well.

Development plan for reflection (SMART plan)

What should the intern do to improve skills in reflection?

A SMART plan is Specific, Measurable, Attainable, Relevant, and Time-bound

Should include all pharmacists and interns as well in the plan. Did not identify that pharmacist locums are particularly at risk especially since they work solely or with fewer staff. Requested intern to develop a plan to support locum pharmacists.

Supervising pharmacist: Supervisor Date: DD/MM/YYYY