

EoE Public Health Training programme

Reflection for KA10 – some tips and examples

The 12 learning outcomes for KA10 are grouped into three competency areas: PH expert, personal effectiveness and impact, and commitment to public health values. The groups of learning outcomes and the descriptors for full achievement are below.

Public Health Expert

10.1 Full achievement	Demonstrates consistent application of a range of advanced knowledge and skills appropriate to the public health problem, and shows flexibility of approach so that the way in which the work is undertaken is appropriate to its context.
10.2 Full achievement	Appraises, integrates and interprets complex evidence from three or more sources to draw balanced conclusions and shows how these are based on the evidence used.
10.3 Full achievement	Evidence describes how an evidence based and evaluative approach has been used in scoping a public health issue and has been championed with others.
10.4 Full achievement	Has shown academic rigour in producing advice given as an independent voice.

Personal Effectiveness and Impact

10.5 Full achievement	Can show the impact of their public health expertise and advice on policy or action at a senior organisational level of own organisation and with partner organisations.
10.6 Full achievement	Uses their expertise in literacy and communication skills, to explain their work clearly and concisely, selecting communication methods appropriately for the purpose.
10.7 Full achievement	Acknowledged within organisation, and more widely, as a credible and reliable source of public health advice at senior organisational levels and can show the outcomes of their negotiation.
10.8 Full achievement	Is able to reflect upon the impact of the leadership role that they have undertaken in a substantial piece of work, and demonstrate supportive working with others on substantial pieces of work.

Commitment to Public Health Values

10.9 Full achievement	Has shown personal initiative in identifying such an opportunity and in advocating for actions that should be included in corporate work programmes to address a substantial public health issue.
10.10 Full achievement	Public health principles and values are integral to a range of the registrar's work.
10.11 Full achievement	Is able to make progress, and is flexible in ways of working; in spite of these adverse circumstances arising, has strategies to deal with them, and can reflect on reasons why such strategies have been successful or not.
10.12 Full achievement	Shows commitment to progressing elements of professional development raised by reflection and of being proactive in shaping and taking forward their own development.

There is no set way in which the reflection on your achievement of these learning outcomes has to be presented. Some StRs structure reflections using the LO as subheadings, but many do not. It is generally a sensible idea to use some structure however – this may be a general reflective structure (such as strengths, areas for development and plan). It is good practice to ensure that you include concrete examples to evidence your statements.

Your ES will produce a report based on your reflections (reporting on both your demonstration of KA10 competencies and your ability to reflect). Work drawn on for KA10 will usually be that completed recently, within a senior placement. KA10 assessments are formative and intended to be undertaken with at least 12 months' training remaining (wte). Different approaches are demonstrated in the following three example reflective pieces, but we recommend you choose one approach and use this consistently across the three pieces of writing.

Bear in mind the point of reflection – it is for your own development and learning. Think about the following:

- Avoid the temptation to “sell” your achievement of these competencies, ignoring areas of development. KA10 is a formative assessment, meaning that feedback should be helpful in further development of your skills. You are still in training – if you could do all of this perfectly already there would be no need for you to be in a training post... (and you're not expected to be able to do it all – let alone perfectly – even after CCT!)
- This process of making explicit your learning from work-based experiences does not end with CCT. As a consultant you will have to complete CPD reflections to demonstrate that you are continuing to develop yourself both personally and professionally. This reiterates the point above: even when qualified there is still plenty to learn. “Lifelong learning” is the name of the game.
- Bearing the above in mind, try to be honest and open with your reflections. The benefit of reflecting on experiences comes not so much from the superficial observations (an example: “I need to develop my time management and will look at different models for this”) but from the insights into your own developing “know how”. It's akin to learning how to “read the road” when driving, or effectively manage a toddler who is about to go into meltdown, or develop a sense of how to handle clashes in a meeting. These are not possible to *really* learn from a book – you can read about techniques to try, but skills in observing and interpreting the situation and then utilising knowledge of what has worked or not worked before in similar situations are examples of the kind of knowledge that is only available from experience. It's this kind of knowledge – sometimes called “tacit” knowledge - that you are aiming to uncover and extend through reflection.

Example 1 - strengths, areas for development and plan: Public Health expert

1. Summary of work used as evidence *[not essential but sets the scene for the panel]*

During my most recent 8 month placement at PHE, I have been involved in key projects within several workstreams and led on a further workstream. These were:

- Development of a multiagency strategy for prevention within secondary education (regional, working across PHE and LA) (workstream lead)
- Scoping of the role of Allied Health Professionals within local NHS preventative activity
- Data collection and interpretation around e-cigarette use at national and regional levels
- Mixed methods evaluation of a peer drug education programme

Other relevant work and achievements

MPhil Public Health – Merit

Teaching and supervision in epidemiology and statistics (medical students) and FY2 public health teaching

2. My development as a public health expert

I feel some reticence in describing myself as an “expert” in anything. I recognise that this is probably “normal” – frequently encountered and not worrying – but it is also challenging when asked to reflect on development of my expertise, and it highlights a recurring comment from supervisors and peers which is that I underestimate my abilities and my knowledge.

External validation of my knowledge has been helpful in reminding myself that I do have significant knowledge and experience in public health. Achieving a Merit in the MPhil, passing Part A and Part B examinations and being able to explain concepts while teaching have demonstrated my ability to myself, but these feel remote when applying “public health expertise” to real work situations. Through thinking about my mental processes when faced with a work challenge, I have started to realise that although I still feel as if I’m making things up as I go along, I am able to do so with more confidence. For example, being asked to lead the Schools Prevention Strategy workstream filled me with terror as the concept of a “strategy” (despite the exam passes etc) still felt elusive. Despite this, I started by thinking through using a simple model (Situation, Target, Plan) and I found that a “vision” of what could be achieved was starting to form. I discussed this with my clinical supervisor and developed the ideas into a more easily expressed statement so that this could be communicated with the stakeholder group. In a way, it felt like I was making up this “strategy development” process, but I realised that I was drawing on bits of theory and knowledge from my previous study, incorporating ideas from colleagues, and using my knowledge and experience of public health approaches to problem solving. I maybe was therefore “making it up” in a way, but using a body of professional knowledge and skills to inform the process that I was undertaking for the first time, comparing it with other work I had been involved in that was similar but not quite the same (such as sitting on stakeholder groups for other strategic projects) and developing my own approach to problem solving.

I have taken these insights forward through the project and into other work, to remind myself that although I may feel unsure at times, I have a strong base of what could be termed “public health common sense” to draw on. Even if this previous learning is not consciously in my mind when considering a new problem, I know that it is there and that I am using it. In some ways this feels analogous to driving a car once one has become confident in the task as a global activity – you just get on and do it without having to think about how you are doing it. I do remain aware that I have by no means mastered all the skills and knowledge that I will need, and that ongoing learning and development will be increasingly important as I take on more senior roles.

As defined by the learning outcomes for this competency area, public health expertise includes

- The flexible use of a range of advanced knowledge and skills
- Integration and interpretation of multiple, complex sources of evidence to provide independent and robust recommendations, and
- Promoting the use of rigorous, evidence-based evaluative approaches to public health problems

3. Public Health expert: current strengths

The key piece of work demonstrating my skills in this area is the leadership of the development of a strategy for schools interventions. Here, I had to draw on core public health knowledge and skills such as finding, appraising and interpreting data, finding and integrating evidence from the literature, understanding the wider determinants of health and behaviour change, and basing proposals on theory and evidence. I also used the knowledge and skills from wider disciplines that we rely on in public health, such as leadership skills, knowledge of teams and teamworking, project management and developing networks of relationships with key stakeholders.

Although I had developed and used many of these skills and areas of knowledge in previous work, this was both an opportunity and a challenge to integrate these. I found that I needed to develop different ways of working as it was not feasible to concentrate on solely one area at a time; I asked for support with this from my Educational Supervisor, and I adopted a system using notebooks and work categories to ensure that I was able to be flexible in my response to queries and requests for information. This has improved my agility in working across multiple areas but is not perfect and I am continuing to look at ways to refine and adapt the system to meet my needs (including moving to online notebooks for ease of access).

My areas of strength as a PH expert were highlighted through my 360 and through feedback from colleagues and supervisors in this work. These are:

- **Ability to quickly and accurately draw conclusions from multiple sources of data and evidence, explaining these well to mixed audiences with a balanced approach.**
 - o An example of this was the need to write a briefing paper at short notice in response to a press query about recently released statistics on child obesity and our school-based interventions. This was received well by supervisors and by the press team, who complimented me on my thorough approach and appropriate writing style. This was a challenging piece of work to a very tight deadline, and there were significant issues with the data which made me question my own interpretation. I discussed this with a colleague and together we were able to determine that my initial thoughts were correct. This helped my confidence with writing the rest of the piece.
- **Understanding of research methods, in particular qualitative methods**
 - o This has been highlighted by several people in feedback and has proven valuable in exploring multiple sources of data as well as developing evaluation methods across several projects. I do feel a level of “expertise” here as I feel secure in my knowledge base and ability to explain various research methods clearly.
- **Clarity of leadership and communication regarding integration of evaluation and the choice of evaluation methods**
 - o Some stakeholders were keen to progress the work without significant consideration of evaluation from the beginning, seeing it as a separate stage in the process. I was able to develop a suggested evaluation strategy using robust methods, engaging academic partners, and communicate the importance of this to reach agreement about its place in the overall project.

4. Current areas for development

I am still lacking some confidence in my ability to draw conclusions from numerical data. Although my interpretations have usually been correct, I find that unless I really am required to take the leap and express an opinion quickly I will take much longer than is really needed to interpret the data. I think that this is rooted in a basic discomfort with maths, which feels difficult to shift although I have noticed a change in my confidence recently following completion of some data-heavy projects. I took far too long with the initial data interpretation for the e-cigarette project, for example, and was reticent about discussing this with my supervisor as I felt like I should have been more able and confident in this basic public health skill.

5. Personal Development Plan to address learning needs:

For my final placement in ST5 I will continue to seek data-heavy projects (rather than avoiding them as I'm aware I have in the past) and brief my clinical supervisor on this development need to provide external accountability. I will also seek opportunities to present work reliant on data at senior level to improve my confidence in defending and explaining interpretations.

[1298 words – word count is not necessary to include, but you should aim for around 1000 words per reflection]

Example 2 – structured by learning outcomes: Personal Effectiveness

Personal Effectiveness and Impact: reflection

10.5: Can show the impact of their public health expertise and advice on policy or action at a senior organisational level of own organisation and with partner organisations.

10.8: Is able to reflect upon the impact of the leadership role that they have undertaken in a substantial piece of work, and demonstrate supportive working with others on substantial pieces of work.

The use of public health expertise has been integral to my work in leading health improvement strategy development within PHE. Many of the elements of this expertise have been described in the “Public Health expert” reflection, and here I will consider how the use and demonstration of these skills have influenced how I am perceived within the organisation, and on my leadership of this piece of work.

Positioning myself as a specialist in public health from the outset was important for gaining trust and buy-in from stakeholders. I was working within another sector (education), with colleagues from the NHS as well as public health, and representatives of various interest groups. All of these stakeholders were experts in their own areas, and it was important to respect that while establishing public health as a professional area of practice and expertise in itself. I achieved this through prioritising the development of relationships at the outset, exploring values and priorities through small discussion groups in the first meeting which fed back into the main group. I facilitated this process, commenting on the feedback and drawing links between ideas. This approach drew on facilitation techniques, team-building awareness, health improvement knowledge, wider determinants knowledge (etc) and was intended to demonstrate an understanding of the various positions in the room, establish myself as a knowledgeable leader, an approachable listener and someone able to take the broad view of a piece of work. Building on this initial work, the project went fairly smoothly and we were able to resolve conflict through drawing on the shared values we had established at the outset. This was not always an easy process, however and despite efforts I still felt undermined at times by claims that expertise in this area was located only within the education sector. I had to draw on techniques for stress reduction, and discussing the project with trusted colleagues to manage the criticism of some of my decision making. However this experience has developed my resilience and demonstrated to me that although my decisions may not always be seen as the right ones by everyone, ultimately there is scope for some wrong turns within a large complex project and still achieve a good result.

Reflecting on leadership models and theory that I drew on, I can see in retrospect that I adapted my leadership style to the situation. My default style is a collaborative, democratic style but at times it was necessary to move things along by adopting a more authoritarian style and making a decision even though there was not a consensus. I was less confident in that approach but once I had made a decision I felt more able to defend my thinking and move forwards if challenged. I also delegated some aspects of the work to public health colleagues and supported them with this. Delegation is something I am becoming increasingly comfortable with (through necessity) but I may be too hands-off at times as I prefer to leave others to get on with their work as they prefer, asking for help if they need it. This did lead to a problem with one area where milestones were missed but I wasn't aware. I have therefore identified that I will need to be more flexible in my approach to individuals and offer external structure and accountability if needed (and I need to assess the need for this early on).

This work has resulted in a regional strategy for working across the secondary education sector, with input from multiple disciplines, on reducing child obesity and improving wellbeing through school-based interventions. I presented this at Board level within PHE and the local authority and received positive feedback on both the content and the process of strategy development. The strategy is now at the point of implementation planning.

Other senior level impact has been demonstrated through the presentation of work on e-cigarettes, leading to conclusions and recommendations being included within a national report. I have also been asked to contribute to national work on the role of Allied Health Professionals in hospital-based health improvement work; this came about through networking and using influencing skills at a conference. Although networking is a concept I dislike, I have recognised that I am increasingly able to make connections with colleagues in areas about which I am passionate – this is because I feel able to speak with knowledge and authority on the topic and this overcomes my natural shyness. I have noticed a similar phenomenon in leadership situations. My ongoing development in this area therefore focuses on ensuring that I am well-prepared for meetings and potential “networking” conversations (so I

can feel informed and confident), as well as working on being more conscious about flexibly adopting different leadership styles for different situations.

To achieve these, I will continue with a strategy (successful so far) of scheduling internal deadlines for preparatory work to ensure that I have enough time to read and think about the topic. I am also seeking funding to attend a senior leadership course to further develop my repertoire of leadership styles.

10.6: Uses their expertise in literacy and communication skills, to explain their work clearly and concisely, selecting communication methods appropriately for the purpose.

10.7: Acknowledged within organisation, and more widely, as a credible and reliable source of public health advice at senior organisational levels and can show the outcomes of their negotiation.

[Similar reflections here to illustrate achievement of the above learning outcomes, as above]

Example 3 - Using the FPH CPD framework: Commitment to PH Values

Leading the development and delivery of a PH train the trainer course

Why did I choose this activity for my KA10 reflection?

This was the first time I had delivered the PH evidence international train the trainer course since before becoming a registrar and I needed to update the training material with more recent examples. I was also "volunteered" to lead the course with two co-teachers who are both much more experienced than me and more familiar with the course material. Therefore I also needed to lead the discussion of the process and delivery style with my co-teachers and agree a joint approach to this session and to taking learning from the evaluation into the next delivery.

This relates to demonstrating my commitment to PH values in

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10.12 Full achievement	Shows commitment to progressing elements of professional development raised by reflection and of being proactive in shaping and taking forward their own development.

What did I learn from this activity or event?

Three of us took part in the actual content delivery and I found working with one colleague much easier than working with the other due to very different styles of working. I had anticipated this so had strategies in place to manage my frustrations and take advantage of the differences to get the best for the participants but it was extra draining to have to do this on top of actively teach. Had I not been anticipating it I would have found focussing on the teaching problematic.

However, in doing this, I was able to monitor the participants' learning and modify my delivery from session to session to meet what I perceived as gaps arising from our clashing styles.

How am I going to apply this learning in my work?

I have recognised two key things in this project. 1. Working with this variation in style adds an element of perceived conflict to the work (due to personal frustrations and being in a situation with an audience where they cannot easily be immediately addressed) which is stressful and potentially impacts on the quality of delivery. 2. The individual that I find challenging is extremely talented and has a significant level of experience which is hugely valuable.

I have considered with my coach whether a direct conversation with this person would improve the working environment and come to the conclusion that there is unlikely to be a positive outcome to this. I have the option to volunteer for this again or not.

I will therefore choose not to work with this colleague directly again if I have an option but their input is extremely valuable in preparation and in evaluation. They also effectively teach with a very different style to me so I will hope to work alongside them again.

The reflections I made on the learning environment were able to feed into the post course debrief and inform future course delivery.

What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will continue to utilise the opportunities to observe this colleague and record the wide range of examples and techniques they use which I do not naturally employ.

I will also use the learning to discuss the future of the course with the senior members of organisations who may take it on in the future.

Note: the above example uses a structure similar to the FPH CPD online diary, which you will be required to use as a consultant to record your reflections on CPD activities and submit to the FPH every year. It may therefore be helpful to start to use this format towards the end of training so that you are familiar with it. This format

necessarily focuses on one activity at a time so you may need to complete several and map to the KA10 competencies for KA10 purposes, rather than using the overall structure of the three KA10 competency areas.

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