

Reflective Practice entry

Title

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Key skill

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Event date

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Area leading to reflection (please tick one of the options below)

[ ] Clinical

[ ] Governance, managerial, administrative [ ] Human factors

[ ] Other Training

What happened?

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Important points

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* Outline important points from the event you wish to reflect upon, without using any judgement.

Reflection

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Record of discussion with trainer/action plan

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Assessor name (please print in full) (optional)

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Assessor role (optional)

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Assessor sign-off and date (please provide hard copy or electronic signature and date of sign-off) (optional)

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