



# Prevention and Management of Falls and Fragility Fractures in Older People Training Programme

Pre-course reading on:

- ◆ Aim and background of the training
- ◆ Relevant legislation and codes of practice

Information in this handout is for staff working towards their SVQ in a healthcare or social care setting. It is important to be selective and only refer to sections relevant to your own practice setting.

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# 1 Introduction

This handout is designed to prepare learners for the **prevention and management of falls and fragility fractures in older people training programme**. The knowledge that the handout gives you will be assumed throughout the programme and should be embedded in your practice.

Completing this programme will contribute to the development of underpinning knowledge towards elements of a range of SVQ Units in Health and Social Care.

## Aim of the training

This training will prepare learners (health and social care workers in all sectors) to contribute to falls prevention and management and fragility fracture prevention, in their day to day work with older people and their carers.

**This does not include training to prepare care workers to respond to an older person who has just fallen and who requires immediate assistance. Please refer to local Manual Handling, Health and Safety and First Aid protocols for this.**

## Background

This training programme focuses on falls and fracture prevention and management in older people. With the population of older people set to rise, the prevalence of falls and fractures is expected to increase. It is recognised widely that many falls and fractures in this target population can be prevented by timely, targeted, individualised interventions.

The training programme focuses on older people because of the large number of falls experienced by people aged over 65, and the potential seriousness of the consequences of falls in this population, specifically:

- ◆ decline in quality of life
- ◆ serious injury
- ◆ growing dependence on health and social care services
- ◆ (in some cases) death

The evidence base supporting the training is related, almost exclusively, to falls prevention and management in older people. However, younger people fall too, and osteoporosis also affects those under 65 years. In addition, the most recent clinical guidelines conclude that the evidence for or against falls prevention interventions in older people with known dementia is insufficient and inconclusive. Although older people with cognitive impairment are at increased risk of falling, this group has been excluded from most of the randomised controlled trials that have demonstrated positive outcomes following interventions.

Some of the learning in this programme may be applicable to preventing falls in both these populations. It is also acknowledged that fall and fracture risk in older age can be influenced earlier in life by lifestyle and other factors, such as the presence of long-term conditions.

### **Web links for reading around falls prevention**

**Taking Positive Steps** — NHS Health Scotland publication written from the older person's perspective <http://www.healthscotland.com/uploads/documents/9366-TakingPositiveSteps2009.pdf>

**Prevention of Falls in Older People** — Scottish Government publication written from a policy perspective <http://www.scotland.gov.uk/Resource/Doc/166617/0045435.pdf>

## **2 Legislation relevant to Health and Social Care**

### **Equality and diversity legislation**

The legislative model for equality in the UK developed with a focus on the protection of individual rights. These protections began with the Equal Pay Act 1970, the Sex Discrimination Act 1975, and the Race Relations Act 1976. Legislation prohibiting discrimination on grounds of disability, gender re-assignment, religion/belief, and sexual orientation emerged from the mid-1990s onward. Protection from discrimination on grounds of age in employment also stems from this period. This framework of legislation, eventually consisting of over 100 acts and statutory instruments, developed in response to social changes and also to European law.

Following the Stephen Lawrence enquiry in 1999, where Sir William Macpherson highlighted the persistence of inequitable treatment despite 30 years of anti-discrimination legislation, a major shift in the approach to equalities legislation took place. In response to the recommendations of the Macpherson report, the Race Relations (Amendment) Act 2000 was the first piece of legislation to place a statutory duty on public bodies to take proactive steps to eliminate discrimination, promote equality of opportunity, and promote good relations between groups. This act also resulted in a range of specific duties, like monitoring the ethnic profile of staff, consulting with ethnic minority communities in the development of services, assessing the impact of policies on race equality, and other requirements, onto public bodies. The goal of these specific duties was to support organisations in meeting their general duties to tackle discrimination and promote equality. Similar duties were placed on public bodies in respect of disability by the Disability Discrimination Act 2005 and gender by the Equality Act 2006.

In 2008, the government launched a discrimination law review, with an eye toward harmonising and simplifying equalities legislation where possible and strengthening it where required. This resulted in the Equality Act 2010, which encompassed all previous acts.

The Equality Act 2010 prohibits discrimination, harassment and victimisation on grounds of age, disability, gender, gender re-assignment, race, religion/belief and sexual orientation in employment and in access to goods, facilities and services. It continues the proactive approach to equality by placing a duty on public bodies to eliminate discrimination and harassment, to promote equality of opportunity, and to promote good relations between people who share a protected characteristic and people who do not. There are also protections for carers, on the grounds that they are associated with people who are protected under the law.

Scottish Ministers have the authority to lay specific duties (like the duties to carry out equality impact assessments, to consult and involve communities in the development of policy, etc) on Scottish public bodies. As of June 2010, they had indicated their intention to do so, and these duties came into effect in April 2011. Scottish Ministers have also indicated that they plan to lay a duty on selected

public bodies, including the NHS, to consider how they can exercise their functions in such a way as to reduce the disadvantages resulting from socioeconomic inequality when they make strategic decisions. This 'socioeconomic duty' is also expected to come into effect in April 2011. A pamphlet summarising the implications of the Equality Act is available at [http://www.equalityhumanrights.com/uploaded\\_files/starter-kit/module\\_1\\_web\\_final.pdf](http://www.equalityhumanrights.com/uploaded_files/starter-kit/module_1_web_final.pdf)

### **More information about equality, diversity and human rights**

<http://www.equalityhumanrights.com/>

The Equality and Human Rights Commission is the statutory body which promotes and enforces equality and human rights in Great Britain. Their site provides a range of publications, information about rights and legislation and equality and human rights news.

<http://www.scottishhumanrights.com/>

The Scottish Commission for Human Rights was created by the Scottish Parliament. Their website includes information on human rights, how to access support and education and training for human rights.

<http://www.healthscotland.com/about/planning-inequalities/index.aspx>

The Equalities, People and Planning Directorate at NHS Health Scotland has a role in providing information and support to NHSScotland on equalities and human rights. Their website has information resources on equalities and health, good practice and human rights.

<http://www.equalityinhealth.scot.nhs.uk/home.aspx>

The Equality in Health portal of the Knowledge Network is a gateway to a range of online resources on equality and health.

[http://www.equalities.gov.uk/pdf/401727\\_GEO\\_EqualityLaw\\_Community\\_acc3.pdf](http://www.equalities.gov.uk/pdf/401727_GEO_EqualityLaw_Community_acc3.pdf)

The Government Equalities Office provides information on what has changed in the law.

## Human Rights Act

The Human Rights Act came into force in 2000 and implemented European convention on human rights into UK law.

### What are human rights and why do they matter?<sup>1</sup>

Human rights are about our basic needs as human beings. They capture the core rights we are all entitled to so that we may develop our potential and live our lives with dignity and respect.

Human rights act as a set of minimum legal standards that need to be met if we are to build communities and a wider society based on fairness, dignity and respect.

There are many different human rights reflecting our basic needs across different areas of our lives. For example, our need for physical and mental well-being is reflected in our right to life and our right not to be tortured or degraded. Our need for social well-being in our families, communities and wider society is reflected in our right to respect for private and family life, our right to hold and express our beliefs, and our right to participate in the cultural life of the community.

### The core values

Value	Human right
Fairness	Right to fair trial
Respect	Right to respect for family and private life, home and correspondence
Equality	Right not to be discriminated against in the enjoyment of other human rights
Dignity	Right not to be tortured or treated in an inhuman or degrading way
Autonomy	Right to respect for private life

### What is the Human Rights Act trying to achieve?

- ◆ To bring most of the human rights covered by the European Convention on Human Rights into UK law.
- ◆ The Act is intended to place human rights at the heart of public service delivery, and through this to make rights a reality for all people in the UK.

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<sup>1</sup> Human Rights in Healthcare: A Framework for Local Action, 2<sup>nd</sup> Edition. Department of Health, 2008, p. 10.

## **Data Protection Act 1998**

This piece of legislation ensures that personal data is obtained fairly and lawfully, allowing for privacy and protection of the individual. 'Data' means any information recorded in manual or electronic format. Personal data includes names, dates of birth, telephone numbers, bank details, e-mail and home addresses. Data stored has to be kept up to date and accurate, and must not be kept for longer than necessary.

This means that a carer who is working with a service user can only obtain details that are necessary for the service that is to be provided. Data is recorded in assessment of needs, care planning, letters and paper or electronic files containing personal details. Data must be kept safely to prevent loss or damage or unauthorised access and use of the information.

If an organisation holds personal information about an individual, the Act makes provision for the person to access this information. The person can make a 'subject access request' to the organisation asking for a copy of the information that they hold.

For more information about how one organisation applies this legislation you can visit the [NHS Scotland Confidentiality and Data Protection website](#).

### **Access to files**

Most information that is held in files can be accessed by the individual concerned. Legislation has been introduced to ensure that people have the right to know what has been recorded about them. There are some exceptions relating to information that could harm another person. The main legislation that covers the management, storage and accessibility of files is the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

### **Principles underpinning good practice<sup>2</sup>**

- 1 Good case recording helps to focus the work of social services staff, and supports effective partnerships with service users and carers. It ensures that there is a documented account of their involvement with individual service users, families and carers. It assists continuity when workers are unavailable (or change), and provides an essential tool for managers to monitor work. It is a major source of evidence for investigations and enquiries. Over the past 25 years, inadequate case records have often been cited as a factor in cases with tragic outcomes.
- 2 Best practice in recording is based on key principles of partnership, openness and accuracy. Effective recording is part of the total service to the user. Social services departments need to give staff clear guidance and training which promotes working in partnership with service users and carers. This

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<sup>2</sup> This information is taken from Department of Health Data Protection Act 1998, Guidance to Social services (p.14 and p.40) at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4114271.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4114271.pdf)

includes constructing and sharing written records. Gaining clearance to share information provided by another person with service users in the normal course of day-to-day work is an important way of ensuring that access to records is maximised.

- 3 Social services staff should tell service users why and when information is to be transferred or exchanged between different parts of the service and with provider agencies. They should secure their agreement to this process, and ensure that this is clearly recorded. This is an important aspect of people's rights and should mean that when service users have access to their records the contents are not a surprise.
- 4 Working in this way should promote greater accuracy in recording. Fact will need to be distinguished from opinion; the issues discussed, the action agreed and the reasons for decisions made, all should be succinctly recorded.

### **Key Data Protection Principles**

There are eight Data Protection Principles within the Act, and these form the basis of the legislation.

- 1 Personal data shall be processed fairly and lawfully.
- 2 Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or other purposes.
- 3 Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- 4 Personal data shall be accurate and, where necessary kept up to date (with every reasonable step being taken to ensure that data that are inaccurate or incomplete, having regard to the purpose(s) for which they were collected or for which they are being further processed, are erased or rectified).
- 5 Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
- 6 Personal data shall be processed in accordance with the rights of data subjects under this Act.
- 7 Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- 8 Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

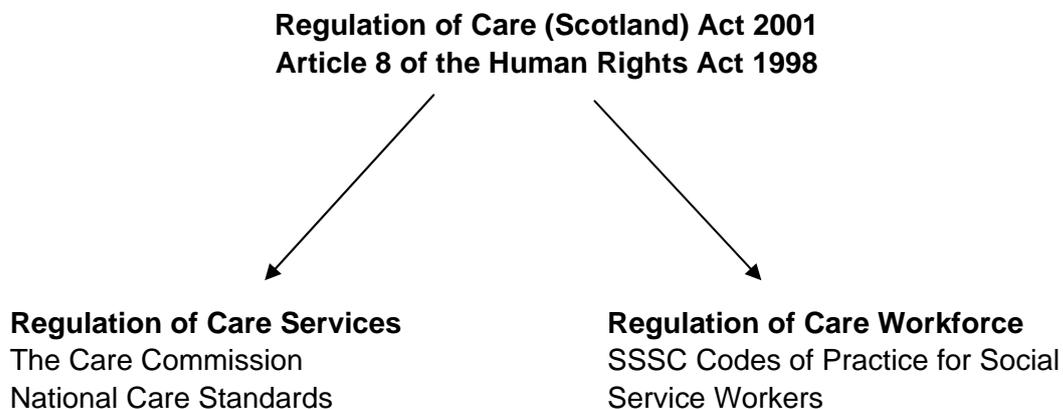
# 3 Regulations and Codes of Conduct

## Social Services

When undertaking an SVQ in Health and Social Care, social services workers need to show that they know, understand and can apply in all areas of their practice (in relation to the expectations and requirements of the job role):

- ◆ values
- ◆ legislation and organisational policy and procedure

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This handout is guiding you to the relevant legislation and codes of practice to help you meet these requirements in your work environment.



## Regulation of Care (Scotland) Act 2001

This Act establishes:

- ◆ a new independent body to regulate care services in Scotland, to be known as the **Scottish Commission for the Regulation of Care** ('The Care Commission')
- ◆ a system of care regulation, encompassing the registration and inspection of care services against a set of **national care standards** and the taking of any enforcement action
- ◆ a new independent body, to be known as the **Scottish Social Services Council** ('The Council') to regulate social service workers and to promote and regulate their education and training

Care services include care homes for adults, residential care for children, children's early education, day care and child minding, adoption and fostering services, adult placement services, agencies providing care at home (including care for children), nurse agencies, independent healthcare services, day care

services for adults, housing support services, care and welfare in boarding schools and school hostels and care and welfare in accommodation for offenders

The Act also makes sure that care service providers meet the Scottish Government's **National Care Standards** and works to improve the quality of care.

The Act provides for the regulation of the social services workforce, by establishing the Scottish Social Services Council. The Council's main functions are to publish codes of practice and conduct, establish registers of particular groups in the workforce, and to regulate their conduct, education and training. The Council began its work in 2001.

## **Article 8 of Human Rights Act: Right to Respect for Private and Family Life**

**(See also Section 2 on Human Rights Act)**

Everyone has the right to respect for their private and family life, their home and their correspondence. See **Appendix 1** for further detail.

## **Regulation of Care Services<sup>3</sup>**

### **Scottish Commission for the Regulation of Care**

**Purpose:** To regulate for the improvement of care in Scotland

**Aim:** To raise standards of care by involving people who are cared for, their families and carers and those who provide care.

#### **Principles**

- ◆ keeping people safe
- ◆ promoting dignity and choice
- ◆ supporting independence

#### **Vision**

- ◆ improve people's lives
- ◆ be easy to reach and there when needed
- ◆ be innovative
- ◆ support independence
- ◆ offer choice
- ◆ be staffed by competent, reliable and trustworthy people

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<sup>3</sup> The following information on the Regulation of Care Services is taken from National Care Standards: A Guide and can be found at <http://www.scotland.gov.uk/Resource/Doc/46737/0013960.pdf>

One of the main drivers for the creation of the Care Commission was the need to improve consistency in the application of National Care Standards and regulations across Scotland.

Effective regulation and standardisation of care services is essential if people using them and their families are to be confident that the services they receive are of high quality and are appropriate to their needs.

### **National Care Standards**

The standards are written from the user's viewpoint. They are based on a set of principles that highlight how important it is for those providing care services to recognise and accept service users as an individual. These principles are

- ◆ Dignity
- ◆ Privacy
- ◆ Choice
- ◆ Safety
- ◆ Realising potential
- ◆ Equality and diversity

These standards are taken into account when the Commission makes any decisions about registering and inspecting services and in considering whether, and at what level, enforcement action should be taken.

### **Regulation of Care Workforce<sup>4</sup>**

The Scottish Social Services Council has a duty to develop codes of practice as part of its contribution to raising standards in social services.

#### **Purpose and Principles of the Code of Practice for Social Service Workers**

The purpose of this code is to set out the conduct that is expected of social service workers and to inform service users and the public about the standards of conduct they can expect from social service workers. It forms part of the wider package of legislation, practice standards and employers' policies and procedures that social service workers must meet. Social service workers are responsible for making sure that their conduct does not fall below the standards set out in this code and that no action or omission on their part harms the well being of service users.

Employers of social service workers are required to take account of this code in making any decisions about the conduct of their staff.

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<sup>4</sup> The information in this section has been taken from the SSSC Codes of Practice Booklet and can be found at <http://www.sssc.uk.com/sssc/homepage/codes-of-practice.html>

There are six key principles within the Code of Practice.

Social service workers must:

- 1 Protect the rights and promote the interests of service users and carers.
- 2 Strive to establish and maintain the trust and confidence of service users and carers.
- 3 Promote the independence of service users while protecting them as far as possible from danger or harm.
- 4 Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.
- 5 Uphold public trust and confidence in social services.
- 6 Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

### **What are the codes?**

The Code of Practice for Social Service Workers is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. This is the first time that standards have been set in this way at national level, although many employers have similar standards in place at local level. The intention is to confirm the standards required in social services and ensure that workers know what standards of conduct employers, colleagues, service users, carers, and the public expect of them.

The Code of Practice for Employers of Social Service Workers sets down the responsibilities of employers in the regulation of social service workers. The code requires that employers adhere to the standards set out in their code, support social service workers in meeting their code and take appropriate action when workers do not meet expected standards of conduct.

The codes are intended to reflect existing good practice and it is anticipated that workers and employers will recognise in the codes the shared standards to which they already aspire.

### **How will the codes be used?**

The codes are a key step in the introduction of a system of regulation for social services in the four countries of the UK. The Councils are responsible for the registration of those working in social services. The register will be a public record that those registered have met the requirements for entry onto the register and have agreed to abide by the standards set out in the Code of Practice for Social Service Workers.

The Councils will take account of the standards set in the Code of Practice for Social Service Workers in considering issues of misconduct and decisions as to whether a registered worker should remain on the register.

## What will the codes mean?

As a **social service worker** you will have criteria to guide your practice and be clear about what standards of conduct you are expected to meet. You are encouraged to use the codes to examine your own practice and to look for areas in which you can improve.

As a **social service employer** you will know what part you are expected to play in the regulation of the workforce and the support of high quality social services. You are encouraged to review your own standards of practice and policies in the light of the standards set in the code.

As a **user of services** or a **member of the public** the codes will help you understand how a social service worker should behave towards you and how employers should support social service workers to do their jobs well.

## Useful links

SSSC Induction Materials:

<http://www.sssc.uk.com/preparingforpractice/index.html>

Further information on National Care Standards and Regulating Care:

<http://www.scotland.gov.uk/Topics/Health/care/17652>

SSSC Codes of Practice: <http://www.sssc.uk.com/sssc/homepage/codes-of-practice.html>

## Healthcare

When undertaking an SVQ in Health and Social Care, health workers need to show that they know, understand and can apply in all areas of their practice (in relation to the expectations and requirements of the job role):

- ◆ values
- ◆ legislation and organisational policy and procedure

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This handout is guiding you to the relevant legislation and codes of practice to help you meet these requirements in your work environment.

## Mandatory Induction Standards and Codes for Healthcare Support Workers

From 31 December 2010, all new healthcare support workers (HCSW) employed both permanently and temporarily by NHSScotland will be required to commit to achieve a set of mandatory induction standards and to sign up and comply with a mandatory code of practice.

Employers of healthcare support workers will also be required to comply with a code of practice.

These requirements are laid out in a Direction from Scottish Ministers (the equivalent of secondary legislation) which was issued on 15 June 2010 under cover of CEL23 (2010) [http://www.sehd.scot.nhs.uk/mels/CEL2010\\_23.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_23.pdf)  
For HCSWs recruited before 31 December 2010, compliance with the code of conduct is not immediately mandatory but should be commended by Boards and implemented within a timescale defined by each Board.

### **Mandatory Induction Standards**

New HCSWs must achieve induction standards, normally within three months of full time employment (or part time equivalent).

These standards ensure patient safety and public protection, and provide HCSWs with the tools they need to be able to deal safely and effectively with patients and members of the public.

This link provides information on **induction standards**, and the criteria for achieving these standards:

<http://www.hcswtoolkit.nes.scot.nhs.uk/media/905543/learning%20assessment%20framework%20-%20revised.pdf>

### **Code of Conduct**

This document: <http://www.scotland.gov.uk/Resource/Doc/288853/0088360.pdf> provides statements that set the standard for how HCSW should work on a day-to-day basis. They are based on the basic principle of protecting the public and ensuring national consistency of high quality, safe and effective service from HCSWs.

### **Frequently Asked Questions (FAQ)**

This is a link to FAQ about both the standards and codes:

<http://www.healthworkerstandards.scot.nhs.uk/Documents/FAQs%20-%20HEALTHCARE%20SUPPORT%20WORKERS%20-%20UPDATED%202014%20JULY%202010.pdf>

## 4 Reflective practice

Reflective practice is a skill you will be using throughout your training. Developing your knowledge and your skills in reflective practice will support development of your practice and generate evidence for SVQ assessment.

### Guidelines for reflective writing

Reflective practice is thinking about what you are doing or what you have done. This is known as reflection **in** action (in the present) or reflection **on** action (reflecting on a past event).

A care worker will reflect on their actions and the actions of others, to learn from their experiences. Reflective practice lets the care worker think about what they do and why they do it. This enables them to gain a deeper understanding of the service user–carer relationship and to act on what is learned to improve care practice.

Reflection is not just thinking about your practice, but turning thoughtful practice into a potential learning situation so that future practice can be enhanced. It is recommended that you use a reflective model to help you process your learning. This will help you think logically, rationally and objectively. A reflective framework such as Gibb (1998) will help crystallise your thinking. See Appendix 2.

## **Appendix 1: Article 8 of Human Rights Act: Right to Respect for Private and Family Life**

Everyone has the right to respect for their private life, their family life, their home and their correspondence.

More detail in each of these areas can be found on [Liberty's Guide to Human Rights](#), available on their website.

## **Appendix 2: Gibbs reflective cycle**

Gibb's cycle is made up of six stages that can help guide the care worker through the reflective process by asking a series of prompt questions.

Having identified a particular event/situation in practice the following extended prompt questions may help the process of reflective writing (Jasper 2003).

You may find the following template a useful tool to use when writing your reflective account using the guidance given for each stage.

### **Stage 1: Description (What happened?)**

Write down as much about the event/situation as possible. Try to be as objective as you can. Some of the items you might want to consider are:

- ◆ Where were you?
- ◆ Who else was there?
- ◆ Why were you there?
- ◆ What were you doing?
- ◆ What were other people doing?
- ◆ What was the context of the event?
- ◆ What happened?
- ◆ What was your part in this?
- ◆ What parts did the other people play?
- ◆ What was the result?

### **Stage 2: Feelings (What were you thinking and feeling?)**

You should try to identify what you were feeling at the time of the event/situation. You may find this difficult to share with others. You may find the following questions useful:

- ◆ How were you feeling when the event started?
- ◆ What were you thinking at the time?
- ◆ What were you thinking about when it happened?
- ◆ How did it make you feel then?
- ◆ What did other people's actions/words make you think?
- ◆ What did these make you feel?
- ◆ How did you feel about the outcome of the event?
- ◆ What do you think about it now?
- ◆ List the emotions that you have gone through from the start to the finish of the event.
- ◆ Which of these is most significant or important to you?

### **Stage 3: Evaluation (What was good and bad about the experience?)**

Evaluation is a process where we measure something against a standard. We are trying to make a judgement about the event/situation so we can consider all its components. You may want to ask:

- ◆ What was good about the experience?
- ◆ What was not so good about the experience, what didn't go so well?

### **Stage 4: Analysis (What sense can you make of the situation?)**

Analysis is to 'break things down into their component parts' so that they can be explored separately. You need to ask yourself more detailed questions such as:

- ◆ What went well?
- ◆ What did I do well?
- ◆ What did others do well?
- ◆ What went wrong, or did not turn out the way I thought it should?
- ◆ In what ways did I contribute to this?
- ◆ In what ways did others contribute to this?
- ◆ Why might these things have happened?

### **Stage 5: Conclusion (What else could you have done?)**

Different from the evaluation stage in that you have explored the event/situation from different angles and have more information on which to base your judgements/conclusions. You are likely to have insight into your own and others behaviour in relation to how they participated in the event. This can be difficult because you may realise that how you went about something was perhaps not the most competent way. You should remember, however, that the purpose of reflecting is to learn from your experience! Without the detailed analysis and honest exploration that occurs by working through these stages, it is likely that opportunities for learning will be missed. You may want to ask yourself:

- ◆ What could I have done differently as part of this stage?

### **Stage 6: Action plan (If it arose again what would you do?)**

What would you do if you encountered this event/situation again? Would you act differently or would you act the same way again? This is an important stage as it demonstrates that you have learned from your experience.

The next time the event occurs it will be the focus of another reflective cycle, perhaps more of a reflective 'spiral'.

## References

Jasper M (2003), *Beginning Reflective Practice*. Foundations in Nursing and Health Care, Nelson Thornes Ltd, Cheltenham

Gibbs G (1998) *Learning by Doing. A Guide to Teaching and Learning Methods*. Further Education Unit, Oxford polytechnic, Oxford.

