

## A guide to writing your reflective report

Please include the following details when submitting your typed reflective report as a word document:

### PITstop reflective report

Student PITstop ref number:

Day 1 date of PITstop diabetes course:

Submission date:

Submit to [anne.goodchild@pitstopdiabetes.co.uk](mailto:anne.goodchild@pitstopdiabetes.co.uk) as a word document

### Tips

You are expected to write a reflective report based on one of your insulin or GLP-1 starts. Aim for 1500 words +/- 10%. This does not include your references or appendices.

**Tip:** pick a patient you have supported during your practice-based learning and have 3-month (or even better 6-month) outcome data. This enables you to discuss their progress referring to baseline and 3-month (+/- 6-month) outcome data. It's important to state treatment at 3/6-months (i.e. insulin dose).

**Tip:** put details about the patient's medical history in an appendix. Specific details about their diabetes medication and baseline HbA1c and weight **must** remain in the body of the report.

**Tip:** provide an introductory paragraph explaining to the reader what you plan to cover.

**Tip:** The components of assessment, listed below, are used to mark your report. Read through them before you start and use them to help structure your report. **Components of assessment:**

1. using a structured care pathway, the student has described the support provided during the assessment, initiation and minimum of 3-months follow-up to one of their patients started on insulin or GLP-1 therapy during the practice-based learning period
2. the student has reflected on the clinical decisions made and the service they provided
3. the student has reflected on examples of individualised patient care.

**Tip:** aim for approximately 50% of your word count to be taken up for no. 1 and 50% for 2 & 3.

**Tip:** when referring to the PITstop insulin or GLP-1 care pathway please reference the student folder in the following way: Goodchild, A. (2022) PITstop: Programme for Injectable Therapies (student folder), 13th edition, Dime Square Ltd.

**Tip:** headings *PITstop 1: assessment, PITstop 2: initiation, PITstop 3: initial review* etc. may help structure your report

**Tip:** You are being asked to reflect on the service you provided and clinical decisions made. You can use a reflective model, or you can just reflect on the care you provided, patient participation and clinical decisions made. Bring in evidence and guidelines to evaluating and analyse clinical decisions and patient support, as you progress. If you want to include an action plan about future service provision you can add it to your appendix (this is optional).

**Examples of key clinical decisions:** treatment choice and medication changes, individual HbA1c and blood glucose targets, starting dose (insulin), injection technique education, criteria for continuing or escalating treatment.

**Examples of service provision:** providing an enhanced service within your practice, providing a structured care pathway with appropriate literature for patients, having equipment to hand to demonstrate and

practice with patients, allowing time for the patient to make informed decisions, offering practical assistance to ensure the patient can self-manage and maintain safety, collecting audit data and patient satisfaction data to help measure service provision.

**Tip:** reflect on how you involved the patient in decisions, how you agreed individual targets and to what degree did the patient self-manage their injectable therapy.

**Tip:** you have been asked to write a report using a structured insulin or GLP-1 pathway. It is worth considering if the patient fitted neatly into the structured pathway or did you have to adapt it to meet their individual needs?

**Tip:** any direct feedback from the patient, relatives or carers is great. Some students have included excerpts of letters from patients in their appendix.

**The University provide the national PITstop marking team with a marking guide. The guide covers the following domains of assessment:**

1. coverage: how well have you covered the components of assessment?
2. knowledge: how accurate is your knowledge and level of understand of the subject?
3. evidence: has the content been informed with an appropriate range of evidence that has been interpreted and evaluated in context?
4. analysis: have you written your report coherently, offering a balanced approach demonstrating analysis and signs of critical thinking?
5. judgement: to what degree have you shown evidence of judgment in accordance with evidence from basic theories, research, practice and concepts of the subject matter that informs conclusions?
6. communication (academic style and skills): is your report fluent, appropriately structured, systematic and logical? Is it presented according to the school presentation guidelines; is there evidence of proof reading? Have you referenced correctly using the recommended University Harvard format?

**Tip:** please refer to the Harvard referencing guide to ensure all references are correct, including references to websites. All work referenced in the body of the report must be included on the reference list. You can request a copy of the University's Harvard referencing guide by emailing [admin@pitstopdiabetes.co.uk](mailto:admin@pitstopdiabetes.co.uk).

### Potential references

#### PITstop resources

Any resources from the student folder quote: Goodchild, A. (2022) *PITstop: Programme for Injectable Therapies (student folder)*, 13th edition, Dime Square Ltd. Please access the original references for non-PITstop resources

The PITstop patient handbook quote: Goodchild, A. (2022) *Programme for insulin therapy for people with type 2 diabetes*, 10<sup>th</sup> edition, DIME square Ltd.

**During the assessment for an injectable therapy consider:** the latest NICE NG28 guidance, the ADA/EASD guidelines (Davies et al. 2018, Buse et al 2020) and how local guidelines affect your decision-making, the UKPDS landmark study: improved glycaemic control reduced the risk of microvascular outcomes, psychological insulin resistance and therapeutic inertia, care planning and patient-centered goals, choices of GLP-1 and insulin available and how you reached a decision, DVLA requirements, hypoglycaemia.

**During the initiation stage: consider articles or guidelines relating to:** Injection technique and storage of insulin or GLP-1 therapy, how you chose a starting dose, insulin safety, setting individual targets.

**During the follow-up 3-6-months: consider articles or guidelines relating to:** self-titration of insulin, when to intensify an insulin regimen and choices available, when to continue or discontinue GLP-1 therapy, key education topics.