



National Association of Massage and Manipulative Therapists

Name Member No.

Annual period from to

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| Reflective Practice – Critical Incidents |
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| Incident : |
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| Description of what happened: |
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| What did you think/feel at the time? |
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| What was good about the experience? |
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| What was not good about the experience? |
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| If you were in the same situation again, what would you do differently? |
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| What have you gained from reflecting on this incident? |
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