Reflective Practice

Introduction

A key component of this module is to introduce you and/or reacquaint you with the concept of reflective practice. As a group your level of awareness and knowledge about reflective practice will vary. Some of you may already know quite a lot; others will know very little and some of you may not have even heard of the term. **Being at different levels of understanding is okay.**

There has been much recent attention on the process of **reflection in and on practice** (see figures 1 and 2 for descriptions of these terms). Reflection on self and practice are key components to identifying areas for personal and professional growth. The process of reflection is triggered by an awareness of feelings and thoughts that arise from the realisation that knowledge you have been applying in a particular situation somehow does not fit and/or is insufficient to explain what is happening in this unique situation (Palmer, Burns & Bulman, 1995).

Figure 1. Reflection-in-Action

This type of reflection is described as **thoughts that occur during the immediacy of clinical practice** and when you momentarily step outside a situation (mentally, emotionally or physically) to become an observer (Farrer, 1993). Reflection-in-action influences clinical decision-making and modes of care giving. **While still acting, the student recognises a new situation or problem and thinks about it** (Palmer, et al., 1995). The student may be drawing on conventional theories about practice or on past experiences with similar situations when they are reflecting in practice. Experts such as Schon (1987) and Boud & Walker (1991) believe it is possible for students to become more aware that they are reflecting in practice and therefore improve their abilities in this area.

Figure 2. Reflection-on-Action

This type of reflection **occurs when the student has thoughts that occur at a distance from the experience with a client, family member or colleague, i.e. at a later time** (Farrer, 1993). The student contemplates their practice retrospectively in order to uncover the knowledge she/he was using in a particular situation, by analysing and interpreting the information recalled (Palmer, et al., 1995). There may be speculation about how the situation could have been handled differently and what knowledge would have been helpful.

An Invitation:

This module is designed to help you better understand the concept of reflective practice and to provide you with some tools and ideas to help you gain the confidence you need to make the most of reflection in your own practice. This module invites you to reflect in and on your own practice in a more conscious and more formalised manner. The module aims to challenge, deepen and stretch the ways in which you currently view your world of professional practice, to enhance that practice and your personal growth and to foster and or support lifelong learning.

Why bother to reflect at all?

'If human beings did not possess the ability to be thoughtful about existence, about the problems of life, one could question whether man would for instance ever have harnessed the benefits of fire, or invented the wheel' (Palmer et al). Professional practice involves situations that are complex, and if we want to understand what this practice is about, we need to try to make sense of these situations. The trouble with health care is that it is dynamic, constantly changing, frustrating, challenging, exciting, all at the same time! We cannot capture it in tablets of stone and declare that we have "health care in the bag", that we know all there is to know or that we have reached a final understanding of practice.

Developing theory from practice

The processes of reflection in and on practice are far more flexible and realistic than the notion of applying theory, developed away from the practice setting, into practice. Reflection in and on action acknowledges the notion that theory arises out of the "working world" (Schon, 1987) of practice and acknowledges the accumulated knowledges already possessed by clinicians, the source of which may be experience and/or converted evidence-based theories. In the real world of practice, many "hectic variables" (Palmer, et al., 1995, p. 67) impact on a clinical situation and generic theories based on a technical rational epistemology of practice, cannot take these or the many complications that can arise, into account.

What is it like as a beginner to the process?

For those of you new to the process of actively reflecting on your clinical experiences, let me reassure you that a significant number of students of the reflective process initially find the experience confounding and frustrating as well as challenging, enlightening and confronting. The experience of examining your personal and professional beliefs and knowledge can be many things, 'humbling, disturbing, boring, even inspirational' (Palmer, et al., 1995).

Initially for those new to formal reflection (to distinguish from the informal reflection that we all do) and the documentation of that reflection, the process can be harder than anticipated.

How Does One Reflect?

The process of reflection is an individual one. Advice, hints and tips from others can help, but you will only really learn by having a go. What works for one person will not necessarily work for another and like any skill that has to be learned, is not perfected instantly (Palmer, et al., 1995). Unlike writing an essay or formal paper, there are no definitive rules on how to reflect and no one method is universally correct.

What Qualities does a Reflective Practitioner Require?

Palmer et al., (1995) identify three personal attributes vital to becoming a reflecting practitioner:

(i) commitment to developing your nursing practice
(ii) energy – reflection is an ***active*** not a passive process
(iii) willingness to learn – having an attitude of open-mindedness

Is reflection an individual or a social pursuit?

Reflection does not have to be, nor should it be, an individual activity alone. Just as professional practice does not happen in social isolation, nor should reflection. Although there is much to be learned from individual reflection, many students find that their most valuable insights have been gained by including others in the reflective process. Palmer et al., (1995) contend strongly that the company of others is required for one to become a more reflective practitioner. This assumes of course, working relationships based on trust and mutual respect, where mutual reflection on practice is encouraged and supported.

"I have emphasized the benefits of self knowledge gained through reflection, and intimated that this is not always a comfortable experience. Sometimes it is downright painful and it is important to work with people who will support you through the difficult times and celebrate the good" (Palmer, et al., 1995, p. 91).

Early experience the shaper

For many of us, our previous educational experiences were characterised by a didactic, pedagogical approach to teaching and learning and basically doing what we were told to do. The basic assumption was "do as your told and don't question". Being encouraged to reflect on our clinical work is integral to a more open and sharing approach to learning, where you are encouraged to take responsibility freely and take charge of your own learning (Palmer, et al., 1995).

Reflection-in-Action

Reflection – hmm, I hear you saying, "Of course I reflect on my practice – I think about what it is I am doing all of the time." To a certain extent this is true. When we are carrying out a procedure, teaching, or simply sharing an experience with a patient, colleague or student, a million and one thoughts may be going through our minds. ***However, how many of us actually take time out to document some of these thoughts and questions and the initial more immediate reflections that arise from them?***

The ways in which we all commonly "reflect" on our practice are often superficial and fleeting processes, with reflections that are not documented, shared, debated or discussed with our colleagues. Thus the opportunities to revisit these reflections, which may have been priceless gems/insights, are lost, sometimes to both the self and others. They are not "worked on" for the purposes of perhaps challenging or transforming the ways in which we feel, act or think with our clients and their families, our colleagues or other professionals.

The notion of reflection stands to become very clichéd and overworked, unless you as the learner being introduced or reacquainted with the notion, are assisted to reflect on your clinical practice by supportive learning activities (Farrar, 1993). Each person will choose to reflect in different ways and the activities in this module aim to bring personal meaning and thus life to the concept of reflection.

Reflection-on-Action

In addition to the more immediate reflections occurring during an experience in your clinical practice, you will be aware that you may find yourself thinking about a procedure, event or activity hours, weeks or even months after. Such retrospective reflections are grist for the reflection-on-action mill. You may remember too, that how you feel and think immediately after an event, can be, more often than not quite different. For example, feelings may vary in intensity (you feel more or less angry, confused, sad or satisfied); attitudes may shift; opinions may be different. Can you think why? Well, you will have had time to distance yourself from a situation and think about it from a different perspective. You may also have had opportunities to talk with colleagues or even family members or to read an article or text that addressed the very issues that arose from the situation you experienced.

Guided Reflection

Guided reflection aims to enable practitioners, through a combination of techniques, to reflect on their professional work experiences in order to become more effective (Palmer, et al., 1995). Post-clinical or debriefing conferences and maintaining reflective journals/diaries have been identified as two ways of promoting skills in clinical reflective practice (Farrar, 1993). **Hints for keeping a reflective diary are outlined below. You are invited as part of this module to commence a reflective journal/diary the contents of which may form the basis of a number of suggested activities.** A number of helpful frameworks and models for reflection are also suggested below to help you begin the challenging task of reflection.

Suggestions

In your encounters with patients, colleagues and other students, try to be more consciously aware of the thoughts and feelings you experience during the encounter and write them down as soon as is possible.

These immediate reflections will form the basis for further reflections, (reflection-on-action) thus deepening and enriching the dialogue you have with your practice. Palmer, et al., (1995, p. 133), suggest further:

You may wish to record experiences concerning your own patients or situations that seemed dramatic or special in practice. However, it is possible to miss out seemingly routine or mediocre events, which on reflection could prove to be useful learning experiences. Of course human nature being what it is, diary keeping requires motivation and commitment. From experience some people find it easier than others. The most important thing however is to find a method that works well for you.

GUIDELINES FOR KEEPING A REFLECTIVE DIARY

The following guidelines will help/encourage a student to maintain a structured reflective diary.

- Use an A4 notebook

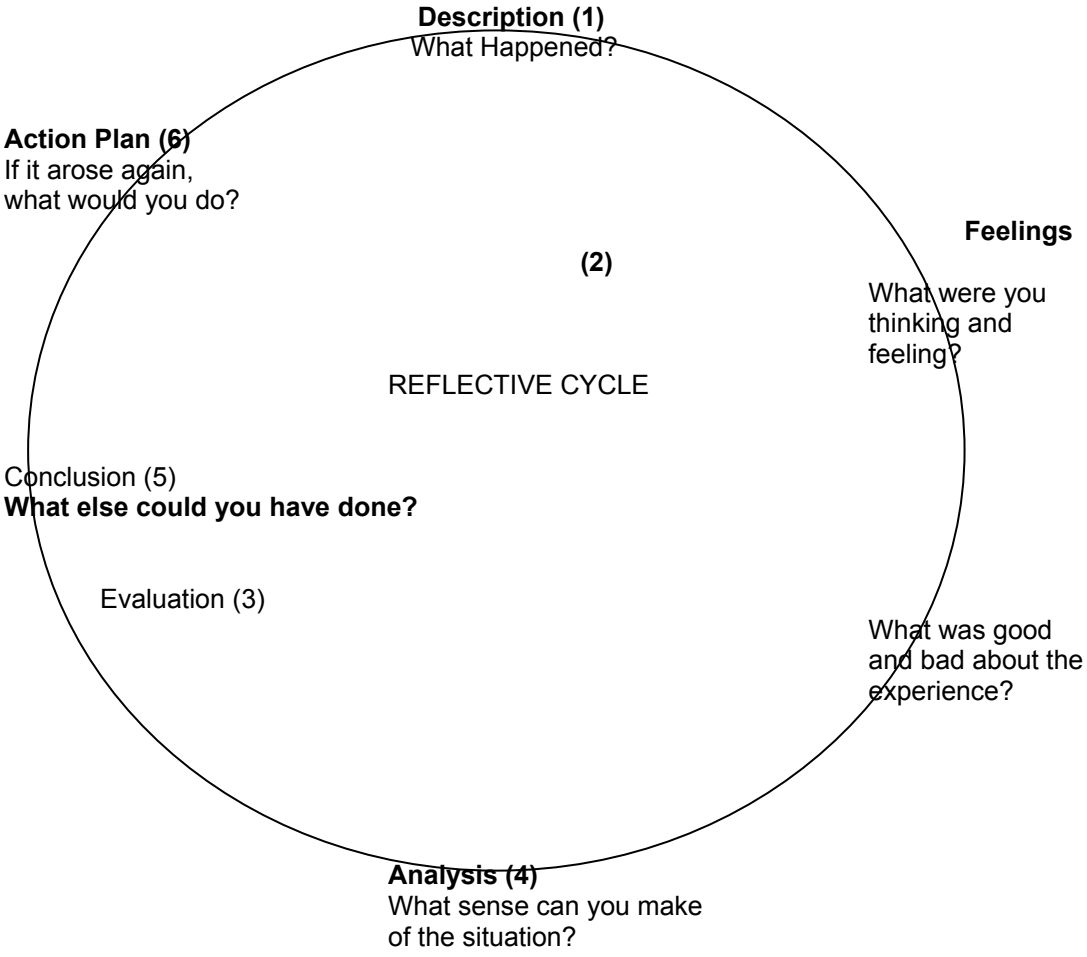
- Split each page
- Write up diary on left-hand side
- Use right hand side for further reflections/analysis notes
- Write up experience same day if possible
- Use actual dialogue wherever possible to capture the situation
- **Make a habit of writing up at least one experience per day**
- Balance problematic experiences with satisfying experiences
- Challenge yourself at least once a day about something that you normally do without thought/take for granted – ask yourself – 'why do I do that?' (i.e., make the normal problematic)
- Always endeavour to be open and honest with yourself –find the authentic 'you' to do the writing.

Source: Palmer, et al., (Eds), 1995, *Reflective Practice in Nursing: The Growth of the Professional Practitioner*, Blackwell Science, Oxford, p. 23

Frameworks for Reflection

For any person new to the process of reflection having a framework will help you to get started. Having a framework is not essential, nor is there any correct or proper framework. Some practitioners do not use them at all. However, the following frameworks are suggestions only, and have been found to be useful as a starting point for many practitioners.

The Reflective Cycle
(Gibbs, 1988, in Palmer, et al., 1995, p. 134)



The Reflective Cycle, adapted from a framework for experiential learning, guides the user through a series of questions, in order to provide structure for an experience reflected on. The reflective practitioner begins at the top of the cycle, asking the question, “What happened?” You then progress around the cycle in order to explore further the practice situation you are reflecting on.

Goodman's Levels of Reflection

Goodman (1988, cited in Palmer, et al., 1995, p. 135), distinguishes three levels of reflection which the reflective practitioner may achieve. You can use these levels as a guide to assessing where the quality and depth of your own and others' reflections lie.

1st level
Reflection to reach given objectives: Criteria for reflection are limited to technocratic issues of efficiency, effectiveness and accountability.

2nd level
Reflection on the relationship between principles and practice: There is an assessment of the implications and consequences of actions and beliefs as well as the underlying rationale for practice.

3rd level
Reflection which besides the above incorporates ethical and political concerns: issues of justice and emancipation enter deliberations over the value of professional goals and practice and the practitioner makes links between the setting of everyday practice and broader social structure and forces.

Models for Structured Reflection

A model of structured reflection (Johns, 1992; Carper, 1978) is one of the elements for guided reflection. The model consists of a series of questions, which aim to tune you as a student into your experience in a structured and meaningful way.

How did I feel about this experience when it was happening? *"Awful – because I felt so guilty – I don't really know why I should have felt so guilty- because she was so upset and ……..".*

How do I know how the patient felt about it? "*Well, she was so tearful – it was easy to see she was upset. It was more difficult to tell afterwards. She appeared more relaxed, but seemed awkward……"*

Could I have dealt better with the situation? *"Hindsight is all very well - of course I could have. That sounds as if I am irritated with this – I'm not really – it's just anger at myself."*

How have I made sense of this experience – in the light of past experiences and future practice? "*It's quite frightening to read back through this reflection and realise how limited I am in my caring. This experience has really challenged who I am in relation to patients and relatives. ……The most important thing……"*

Summary of Key Points

The best way of learning to be better at reflection is by *HAVING A GO*. There is no right way and it is a skill not perfected instantly.

☻ Reflection can include thoughts that occur during the immediacy of a clinical practice situation (reflection-in-practice) and at a distance, i.e. some time after the experience with a client, family member or colleague (reflection-on-practice).

☻ The concept of reflective practice is central to supporting your desire for lifelong learning. Increased knowledge about self, as a learning outcome of reflection, may be the most frequent and important area of learning.

☻ Reflection in and on action acknowledges the notion that theory arises out of the "working world" of practice and acknowledges the accumulated knowledge already possessed by clinicians.

☻ **The experience of examining your personal and professional beliefs and knowledge can be many things – humbling, frustrating, painful and even exciting and inspirational.**

☻ A number of reflective models and structures exist to make the task of reflection more achievable, satisfying and practical.

☻ Although there is much to be learned from individual reflection (the focus of this module), many practitioners find that their most valuable insights have been gained from including others in the reflective process. Of course trust and mutual respect must exist.

☻ **Keeping a reflective diary can guide reflection in and on practice**. In your professional encounters with patients, colleagues and students, try to be more consciously aware of the thoughts and feelings you experience during the encounter and write them down as soon as possible. Immediate reflections form the basis for further reflections.

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