Encouraging reflective practice

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Summary

As busy practitioners it becomes commonplace to look back over the day's professional activities. All too often, and despite a preponderance of positive interactions, the reflective eye reviews the negative aspects of daily activity and interrupts the intended social relaxation. Hence reflection in medical care is often seen as a negative act, without purpose and rarely connected to any true educational outcome. In this article, the authors' present a positive picture of reflective practice and open the discussion of how it can become standard professional practice, leading to high quality care and encourage future learning.

"For they see in the eyes of others only a reflection of themselves" **Eric Hoffer** [1]

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The majority of medical practitioners continually reflect on their daily professional life and clinical practice, critically analysing and evaluating their own decision-making, their interactions with their patients and those with their colleagues. This constant reflection should allow learning to occur from every opportunity offered and, as a result, medical practice becoming fine-tuned. So natural a part is this of the clinician's way of working that there is a danger that this essential tool for life-long learning and the improvement of clinical practice, may be taken for granted. Too often, practitioners reflect only on that perceived as negative or requiring remedial action, rather than recognise that positive observations are just as effective for quality learning and practice. This negative approach can only lead to a reduction in the impact of reflective practice.

Used by many in the nursing profession to develop their undergraduate students [2 3], evidence suggests that reflective practice is closely allied to critical thinking and evidence-based practice [4]. Other authors suggest that the process of reflection is an integral part of the assessment of a competent physician [5], whilst some link reflection to key concepts such as leadership and practitioner - empowerment [6]. So if reflective practice develops such important qualities, that eventually develop competency, how is reflective practice developed?

Much of the influential work on reflective practice was described by Donald Schon in two seminal books: *The Reflective Practitioner* [7] and *Educating the Reflective Practitioner* [8]; so that his ideas are now vital to our thinking about self-directed and learner-centred education and practice. As Schon describes the concepts of professionalism and the attainment of professional knowledge,

Figure 1: Gibbs'modification of Kolb' s experiential leaning cycle.

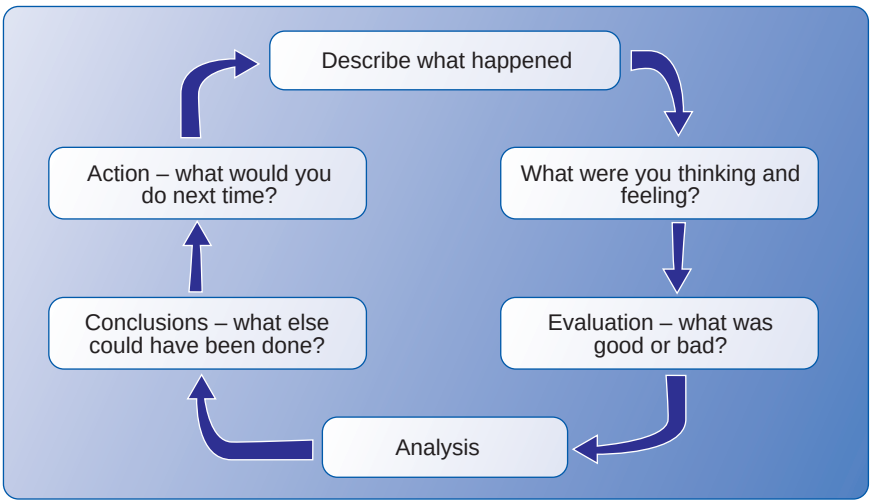
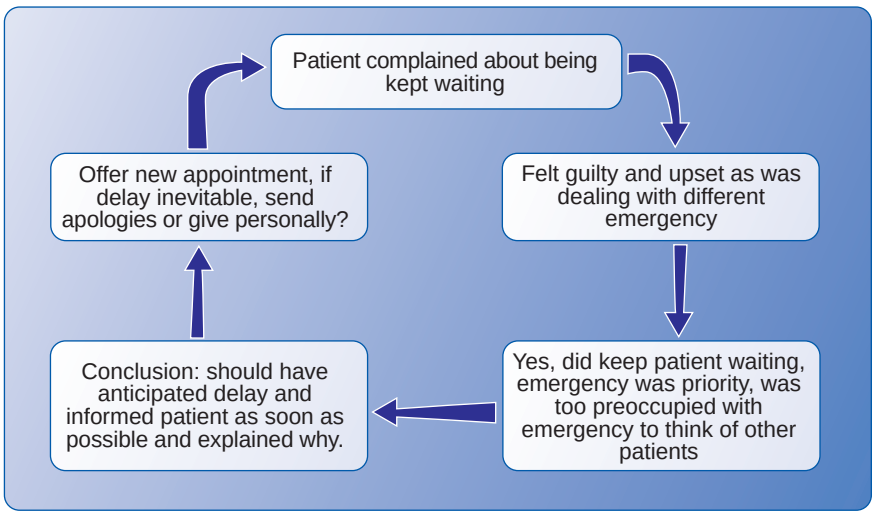


Figure 2: Application of the Reflective Learning Cycle



it is through reflection that he further describes the attainment of a true learning environment. He describes several stages of reflective practice:

- The "reflective practicum"; the environment in which learning occurs, the practice or the teaching environment.
- The development of "tacit knowledge"; that knowledge which we cannot verbalise but occurs through events simply happening.
- "Knowing in action"; the knowledge that is personal to the practitioner in how *he* carries out tasks, the knowing is *in* the action of which *we* perform. This is the very personal part of reflection.
- Reflection in action; the way the practitioner uses knowledge, experience and judgement to guide decisions in real life clinical situations as they are happening.
- Reflection on action; this reflection occurs after the event, consciously taken, often documented and for most the main component of reflective practice
- Operative attention; the practitioner is in a state of readiness to learn, to apply and experiment with new information.

A framework for reflective learning and practice

There have been many frameworks developed to help the learner adopt the discipline of reflection and so capture learning opportunities. Kolb's [9] initial framework was modified by Gibbs [10] to assist practitioners to analyse key events. However, rather than the process being a cycle, we perceive it as a continuous spiral because of the reflection occurring and developments following. Examples are given in Figures 1 and 2.

In their work describing the promotion of learning through reflection, Smith and Irby [11] recommended a four-stage approach, based on experimental learning theory. They described the following stages that occur between trainer and trainee:

- Plan specific learning experience in particular settings
- Facilitate reflective observation by asking the learner questions and identifying learning points after each clinical situation
- Encourage conceptual thinking and enquiry by questioning, sharing experiences, developing rationales for all clinical actions; suggesting further reading; exploring different points of view
- Promote feedback and testing of insights – the learner needs to know how he / she is doing and to share understandings of clinical situations

Smith and Irby also highlighted the need for the role of the educator to move from that of purveyor of information to that of facilitator of learning. In order to achieve such reflection in everyday practice, the practitioner needs to accept both the role of trainee and trainer. To develop this, the practitioner may wish to adopt some of the following:

- Personally develop and self-encourage the use of a reflective portfolio or diary, in which events can be described and reflected upon.
- Set aside personal learning time to revisit the reflective portfolio and encourage personal thought.
- Allocate formal learning time to "research" educational need, based upon reflection.
- Use the educational needs to formulate a personal continuing professional development programme.
- Consider a similar action by peers, encouraging the development of peer learning and peer evaluation of learning, by sharing observations and thoughts, finding support and providing guidance.

Reflective practitioner, reflective teacher

In order to promote reflective practice, practitioners need an understanding of what reflective practice means and of course, to be a reflective practitioner themselves. It follows that practising doctors who are also teachers/trainers,

should be reflecting not only on their clinical role, but also their role as an educator.

Feins et al [12] designed a teaching matrix to encourage clinicians to reflect on their teaching before, during and after educational sessions. This matrix enables teachers to focus on five central questions:

1. Who am I teaching?
2. What am I teaching?
3. How will I teach it?
4. How will I know if my "audience" has understood it?
5. How will I improve my teaching next time?

As practitioners and practices develop and some develop into teaching organisations, the concept of reflective practice and reflective teaching become more commonplace and efficient [13].

In the words of the Johnson and Bird "*.. the reflective teaching matrix may help clinicians grow both as individual practitioners and teachers alike*" [14].

"There is an art of which every man should be a master- the art of reflection. If you are not a thinking man, to what purpose are you a man at all?"

William Hart Coleridge [15]

Points to Ponder

- Reflection is commonplace in daily practice.
- Reflection needs to be defined before it becomes effective.
- Reflective Learning and Reflective Teaching are interchangeable terms.
- Reflective Learning can provide quality of service.
- Reflective learning provides credibility to Continuing Professional Development.

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