

Facilitating Reflection on Practice

Leading clinical learning

Reflection is an essential element of learning. Learning experiences are as much about students' *construction of what has happened*, as they are about their engagement in them. Thinking back on experience, and carefully re-evaluating it, is an essential part of ongoing personal and professional development.



Reflective practice is a process of reconstructing one's experiences and identifying possibilities for action within a context of professional practice. Donald Schön, an influential thinker in the area of reflective practice, has described his own reflective practice as 'a dialogue of thinking and doing through which I become more skilled' (1987, p.31).

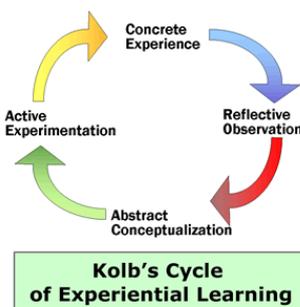
Thus learning to be a reflective practitioner includes not only acquiring technical expertise, but also the ability to establish meaningful connections between theory and practice, providing a rationale for action. In this sense, reflective practice can be likened to a **'bridge' between theory and practice** and a powerful means of using theory to inform practice.

Reflective practice and critical thinking (Price 2004)

'Reflective practice is an approach to learning and practice development which is patient-centred and which acknowledges the untidiness and confusion of the practice environment (Burns & Bulman 2000; Johns 2000). That which seems straightforward in the science laboratory or textbook is not so clear at the bedside (Benner *et al* 1996). Practitioners deal with illness rather than disease – they work with the perceptions of others and the ways in which they ascribe meanings to signs, symptoms, treatment and health promotion. Even normal events such as childbirth offer a range of different definitions of the situation that might prompt practitioners to recommend different actions (Cioffi 1997).

Critical thinking is the ability to deconstruct events and to reason the origins of situations (Brookfield 1987). Like reflection it involves considering what has gone before and what may yet happen (Clark & Holt 2001). There is a retrospective and a prospective or creative dimension to it (Daly 1998). Critical thinking involves considering the relationship between events – whether this is cause and effect or whether there is a more general process under way.

What is difficult about encouraging reflection and critical thinking, and especially helping learners to combine them practically, is that reflecting or thinking critically both involve investigating and imagining alternative scenarios. The individual is an explorer and there are few constraints on the possible discoveries to be made'. However, in the case of students, the guidance of clinical facilitators is essential to the success of the journey (Lucas & Tan 2007).



Reflection involves a dialogue between students and their peers, students and teachers and students and work placement tutors, all of whom can provide useful feedback necessary for reflection. To begin to reflect on their learning students need to be encouraged to make sense of new knowledge in relation to their existing understanding. The learning cycle developed by Kolb (1984) is a useful and simple tool for illustrating to students the connection between reflection and improved learning.

The 5Rs

In order to 'move from' a reflective trigger to a meaningful reflection on practice it is important to have a systematic method for thinking through the situation, experience etc. A good way to do that is to use a framework that prompts deep and purposeful thinking about what happened. The *5Rs of Reflection* is one such framework. The 5Rs are modified from a body of work that has been undertaken in Queensland by Bain et al. (2002). The 5Rs are Reporting, Responding, Relating, Reasoning and Reconstructing. More about each of the Rs is shown below.

What are the 5Rs?



Questions to prompt students' thinking

Reporting	<ul style="list-style-type: none"> What happened, what did the situation / issue involve? What was I doing/involved? Where? When? Who was involved? how was I involved? What seems significant to pay attention to?
Responding	<ul style="list-style-type: none"> How well did it go (or not)? How well did I perform? How do I know it worked (or didn't work)? What specifically worked well? How do I know it worked well? What specifically worked least well? Why do I think that? How did I feel, and what made me feel that way? How were others feeling, and what made them feel that way? How did you respond emotionally / personally / behaviourally to the situation / issue etc.?
Relating	<ul style="list-style-type: none"> Which theories / bodies of knowledge are relevant to the situation / issue – and in what ways? How does it connect with other personal / professional experiences you have had - and in what way/s?
Reasoning	<ul style="list-style-type: none"> What is your explanation for what happened? How does the relevant theory and/or research inform your thinking about this? What is the impact of different perspectives, eg. a personal perspective? patients' perspectives? peers / colleagues' perspectives?
Reconstructing	<ul style="list-style-type: none"> In summary, what do you think about this situation / issue? What conclusions can you draw? How do you justify these? With hindsight, would you do something differently next time and why? What has this taught you about professional practice? about yourself? How will you use this experience to further improve your practice in the future?

A sample reflection

The following is an adapted version of a written reflection from a **second year** student.

While I was working on a busy surgical ward during my final prac one of the RNs handed the keys of the DD cupboard to me and asked me to look after them until she returned from tea break. I tried to explain that it is not legal for me (as an unauthorised person) to carry the keys, but she continued saying 'you're a few months off being an RN - get used to it'. She then walked away leaving me with the keys. I felt very uneasy about this and inadequate in terms of the response that I had made. I immediately went and found another RN and handed over the keys to her. Perhaps the RN was not familiar with the legal requirements for storage of drugs? Sometimes there is confusion about organizational guidelines and procedures with what is required according to relevant legislation. However, I felt that I should do something to prevent this kind of event happening to another student. To this end I reviewed current information on the legal aspects of drug storage as per the Health (Drugs & Poisons) Regulations (1996). In collaboration with the CN of the ward, my facilitator encouraged me to present a short 10 minute in-service on the topic following handover a week later. I also prepared simple handouts for the staff which were well received. This experience taught me about the importance of 'knowing the law' related to nursing and applying it to practice. I also think it is important to have the courage to be assertive about resolving conflicts that arise in the practice context, and this is something that I'm going to work further on in the future.

Reporting

Responding

Reasoning

Relating

Reconstructing

In light of your own thinking about reflection, and the 5Rs, what are your comments on this example?

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