

How do you develop as a reflective learner?

Jayne Crow

Introduction

Reflection is a method by which experience may be turned into learning, and in Chapter 4 you were introduced to this concept and some examples of models of reflection. Reflection is a skill and as such needs to be practised and developed if you are to maximize your learning. This chapter will build on reflective theory and will present a variety of strategies and tools to help you reflect effectively, whether you choose to do so alone or with others. It will focus particularly on the process of reflecting 'in action' and 'on action'. In many cases extracts of reflective writing will be used to illustrate how you might apply theory to practice. The learning styles discussed in Chapter 3 identify the importance of a 'reflective' learner as someone who likes to think about things in detail before they take action. It is the nature of this thoughtful approach and how to evidence this which will be discussed in this chapter. If you are naturally a reflective learner, you will find the activities attractive. If not, the activities may take more practice and perseverance to master. It is worth taking time to do this because learning through reflection is a key tool for life long learning (LLL).

Upon completion of this chapter, you should be able to do the following:

- 1 Apply reflective theory to practice to promote work based learning.
- 2 Develop reflection skills to promote life-long learning.
- 3 Understand how a range of evidence can be presented to demonstrate reflection in and on action in the workplace.

When is reflection 'in action' and 'on action' appropriate?

Reflection 'in action' usually takes the form of thinking something through while in the situation. It may or may not involve a brief discussion with a colleague or mentor at the time. Conversely, reflection 'on action' takes place after the event. Reflection 'in action' may be an end in itself but it can also be followed up later by further reflection ('on action'). It may be useful to employ a strategy to prompt the revisiting of a situation to enable more learning to take place. Ghaye & Lillyman (2006) recommends making notes while at work to record details of 'reflection in action' at the time of the episode. You may find it useful to carry a reflective diary or journal with you to enable you to make a note of your thoughts, feelings or key questions that arise from your practice. The following Case Study presents an excerpt from a

reflective diary and is designed to help you to think about how you could use this in your own practice.

Case Study: An example from a reflective diary

What?

Clients in a GP waiting room were upset and frightened by the aggressive behaviour of a fellow client who was queuing at reception and complaining about a late appointment.

When?

Mon, 24 August 2010, 10am

Reflection

I feel helpless. I questioned whether the aggressive behaviour of the client could have been predicted or avoided and whether the distressed behaviour of the clients in the waiting room could have been handled differently.

Action

I made time to talk to the other clients in the waiting room but I found it difficult to reassure them. I need to explore this further in terms of my own learning. I plan therefore to use this reflection diary to discuss with my mentor on Friday, 28 August 2010.

The above case study shows how you can make important notes about a situation as they occur and you can use these notes to discuss with your course tutor or mentor. In this way you can demonstrate reflection on action and explore opportunities for learning and improving practice. It allows the situation to be explored and analysed in depth using a structured reflective cycle that enables you to make sense of your practice. You may go on to look in more detail about what you did, how you felt, what information you drew on or needed to access. You may, for instance, identify that you need to find out more about the policy and procedure implemented in these situations. Does it take clients' safety and feelings into account, for example? You may make plans to instigate discussion at a team meeting on managing aggressive behaviour. Having the brief notes recorded at the time is a useful way of evidencing reflection 'in action' that can then be followed with the written account of your reflection 'on action'.

Reflecting 'on action' may take place at any time after the event such as directly at the end of a shift or after a few days. However, it may also be useful to reflect on practice that took place a while ago (as long as you can remember the details of what happened). This is often revealing, in that looking back on our thoughts and actions across time can show how our thoughts, knowledge, attitudes and/or practice have developed, or the ways in which past experiences have influenced current thinking and practice. Your FD course is likely to encourage you to use a **reflective diary** or **journal** as a structured learning process, and your assignments or portfolio may encourage you to use excerpts from your diary to demonstrate achievement of your

course learning outcomes. The following Time Out activity will enable you to reflect on your own personal and professional development during your FD course.

Time Out: Reflection on your FD course experiences

If you have been on your present FD course for some time, take a moment to reflect back on your experience of the first day of the course. Compare your thoughts and feelings then with your thoughts and feelings now. Are they different? If so, how and why? What have you learned since that time?

Fatima explains how she developed her reflection skills to moving beyond reflecting on action to reflecting in action.

When I started my FD course I used a range of searching skills to find out more information to help me reflect on what had happened at work or in the classroom as I analysed significant learning events in my development. This reflection was always structured and took place AFTER the event. Now that I have completed the course and am working as a Band 4 Assistant Practitioner, I find that I am questioning my practice and that of others as a natural part of my daily work to ensure that we are providing the best quality of evidence-based service. Because I am more confident in my skills and abilities I find that I am reflecting action as situations occur in order to make judgements about how to solve problems or provide the best outcome for clients in my care. This is a significant shift in the way in which I think and behave.

What tools can you use to develop your reflection skills?

Chapter 4 explored models and frameworks to promote reflection. These had a common theme of action, description, reflection and on to further action. We identified that no one model is right or comprehensive, they all have their strengths. However, we presented Jasper's (2006) criteria for making an informed choice about which model of reflection is right for you (see fig.4.3). Most importantly the aim is to instill in you a habit of reflection that lasts beyond your FD course and provides a method of learning for your whole professional life.

We will now turn our attention to a range of tools and strategies that will help you to develop your reflective skills. The first of these is **critical incident analysis**.

Critical incident analysis

The term 'critical' can be applied to a variety of incidents. The most important factor here is that it is meaningful, poses questions about your practice and represents a significant learning opportunity. Examples of critical incidents might be:

- an incident that is an ordinary experience;
- an incident where the experience did not go to plan (these may be positive as well as negative experiences);
- · an incident that went well;
- an incident that reflects the values and beliefs held by the individual;
- an incident that identifies the contribution of qualified practitioners;
- an incident that allows the identification of learning.

As you can see from these examples, it is the individual who decides whether an incident is significant or not. It does not have to be extraordinary, dangerous or an emergency. In order to analyse a critical incident in a structured way, it is possible to apply both Gibb's and Driscoll's models of reflection as demonstrated in the following examples. Try the following Time Out activity to help you apply these models.

Time Out: Using Gibb's reflective cycle

 Read the worked example below. It shows how a practitioner used Gibb's reflective cycle to reflect on an experience at work.

Once you have read it, choose an experience from your own practice and

write about it using the same headings.

• Then ask yourself, has the process of writing about the experience made you think in more detail about it? Were you surprised about anything that you remembered doing or feeling? Have you learnt anything from writing your reflection down? Was Gibb's model useful in focusing your thoughts? How might it benefit your learning to share your piece of writing with someone else?

Examine the following case study which demonstrates how Gibb's reflective cycle was used to support reflection-on-action.

Case Study: Visiting Mr Khan

Description

What happened?

I visited Mr Khan who lives alone and has a terminal illness. During our conversation he told me he was frightened of dying alone. It took me by surprise so I said, 'That's natural, I suppose. Perhaps it is best not to think along those lines as it will only get you down.' I told him that I would inform the community nurse about what he had said so that she could help. I found this difficult to talk about so I changed the subject to a more upbeat one and he didn't say any more about it. I completed my visit and left as soon as possible.

Feelings

What were you thinking and feeling?

I was taken completely by surprise by the subject of dying. I felt so sorry for him and just wished I could fix the situation but knew I could not. I wanted to make things better for him but I felt embarrassed and inadequate because I did not know what to say and I did not want to make things worse so I said something that I hoped was comforting and practical. I was relieved to leave but then felt guilty and sad.

Evaluation

What was good and bad about the experience?

I suppose it was good that he felt able to talk to me about dying. He must have felt he could trust me. I think I should report this experience to my manager so that a referral to the Macmillan Nursing Services can be made. This will allow him to gain the expert support which he needs. However, it made me realize I need to improve my knowledge of how to communicate effectively with patients who are dying and to listen to their needs even if I do not have the solutions at the time.

Analysis

What sense can you make of the situation?

Mr Khan had opened up to me about his feelings about dying alone. He had bravely indicated that he wanted to talk to me about this. I panicked and felt too embarrassed to let him continue so I responded immediately to try and fix the situation by saying I would 'solve' 'the problem' by bringing in someone else to deal with it. I thereby communicated to Mr Khan both verbally and non-verbally that I did not want to have this conversation with him, and he responded by going along with the change of subject. I realized that I behaved in this manner because I do not have the experience of working with dying patients and I have not had the opportunity to develop an understanding of the sorts of questions and issues that dying patients might present. I also realize that the power of non-verbal communication is influential when dealing with difficult issues.

Conclusion

What else could you have done?

I could have listened to Mr Khan and taken the time to enable him to identify and explore the issues and questions that he had. Even if I was not able to answer these questions myself, we could have formed a list of questions together that I could then use to discuss further with more appropriately qualified colleagues. By sitting with him, making good eye contact and conveying a relaxed body posture I could have indicated that I was paying full attention to what he was saying and was willing to listen.

Action Plan

If it arose again what would you do?

 Explore with my mentor and course tutor how to improve verbal and non-verbal communication skills.

- Seek guidance from the literature to enhance my knowledge and understanding of terminal illness, death and dying.
- Explore with fellow students what works well for them and what does not work so well
 and why.
- Talk to a local chaplain about how to support people with terminal illness and deal with death and dying.
- · Seek out opportunities to work a couple of shifts in a palliative care setting.

Following on from this, we present a critical incident analysis using Driscoll's model of structured reflection. Have a go at completing the following Time Out activity.

Time Out: Using Driscoll's (2007) model of structured reflection

- Read the worked example below. It shows how a practitioner has used Driscoll's model of structured reflection to reflect on an experience at work.
- Once you have read it, choose an experience from your own practice and write about it under the same headings.
- Then ask yourself, has the process of writing about the experience made you think in more detail about it? Were you surprised about anything that you remembered doing or feeling? Have you learned anything from writing your reflection down? Was Driscoll's model useful in focusing your thoughts? How might it benefit your learning to share your piece of writing with someone else?

Below is another case study example demonstrating a structured reflection using Driscoll's model of reflection.

Case Study: Grace

What?

As a FD student I was asked by one of the Sisters in my team to visit Grace in her home and to take a photograph of her wound as she 'likes to see how it is doing'.

I had not visited Grace before and when I arrived at her front door I was surprised that it was opened by a lady in a wheelchair. She had only one leg. I learned that her other leg had been amputated below the knee three years ago. She later told me that the problem was related to her diabetes and had begun with an infected toe. I read from her medical history that she had ischaemic heart disease and poor circulation.

Grace greeted me and as we had not met before, she asked if I was new. I replied that I had only been with the team for a few months and had been asked to photograph her wound. This pleased her as she said it had not been photographed for some time.

Whilst Grace proceeded to roll up her trouser leg I was reading the care plan to establish what care I was to give. The care plan listed all the dressings and care to be carried out. On inspection of Grace's leg it appeared to be heavily bandaged and demonstrated considerable seepage which concerned me. I was mildly relieved that the bandages were not compression bandages as these are not appropriate for the treatment of arterial ulcers. I quickly realized that I did not have sufficient knowledge or training in what appeared to be advanced wound care management and I informed Grace that I should call one of the qualified staff to deal with this. Grace replied that she knew exactly how the wound should be dressed and that she could talk me through it. I stated that I did not wish to exacerbate the condition of the wound through my lack of knowledge and I went to telephone my colleagues on shift but received no reply. On returning, I found that Grace had already removed her wound dressings and positioned herself for me to photograph the wound. She seemed quite intent on having the photographs taken and totally unconcerned that I was inexperienced in this type of wound care. She abbeared confident that we could successfully tend the wound. I was struck by how brave and determined she was. Following Grace's instruction I cleansed and dressed the wound. I documented what I had done and left. On my return to the office I reported what had happened to my team leader.

So what?

My immediate concern on seeing the seepage on Grace's bandage was the potential risk of infection and further injury to her if I removed them. Grace then took the decision out of my hands by taking down the dressing herself. Once she had exposed the wound I became more anxious as I realized that the ulcers were leaking considerably.

I felt angry that I had been placed in a position in providing care for a client whose needs exceeded my wound care abilities. I felt unsupported as there was no-one at the other end of the telephone whom I could ask for advice. I felt it was unfair to put both myself and Grace at risk.

Having completed the wound dressing, Grace thanked me very much for all I had done and remarked again that she had no problem with me coming to dress the wound again. However, I did not feel the same way and decided that until I gained more knowledge of wound care and improved technique I would decline to visit patients who require advanced wound care. I still feel that. Since that time I have thought about the incident a lot because I found it so disturbing and maintain my view that I should not have been put in that situation.

In retrospect and on a more positive note I did dress the wound satisfactorily and was thus able to protect it from further injury or infection. Thanks to this incident with Grace, I now have more confidence in my ability to keep outwardly calm, think on my feet and rise to the occasion in an emergency.

Now what?

There are legal issues of accountability and responsibility linked to this case as I did not want to cause Grace harm through my lack of knowledge and training in advanced wound care. I have referred to our Trust policy and literature on this subject and have pointed out to the qualified staff in the team the implications for both parties of my being placed in a situation requiring me to attempt care that I consider at the limits or beyond my abilities.

I was placed in a situation where 'doing nothing' was no longer an option as far as I was concerned because of the infection risk. I had tried to get help and advice but had failed to get a response. I felt the safest thing to do was to dress the wound as documented and advise the trained staff as soon as possible. This is one of those situations where one has to choose the action leading to least harm. I do not regret my decision but do regret finding myself in such a position.

The main things I have learnt from this experience and the first thing that I will action is to take steps to prevent myself being placed in such a position again. I intend to question my allocation of wound care patients to ascertain the extent of their wounds, and either to decline what is outside my capabilities, or preferably request that a qualified member of staff accompanies me. However, should I find myself in this position again, I would be forced to take the matter to my Matron, as the whole ethos of patient care is 'best practice' carried out' by competent staff.

I have realized that I need to gain more understanding of and skills in wound care and will try to engage the qualified staff in facilitating my development in this area as much as possible. I will volunteer to observe and assist qualified staff in dressing slightly more advanced wounds. I will also apply to undertake a wound management course. Nevertheless until I receive the appropriate training, I shall remain working within my scope of practice.

An unexpected result of this incident is that I have learnt that patients can be expert teachers and knowledgeable in their own care.

We have presented case study examples of two of the models of reflection that are available to guide you. You may wish to use some of the other models described in Chapter 4 to structure your own reflective writing. Both case studies demonstrate reflection in and on action.

What other tools are available to support your reflection?

As we have noted, critical incident analysis is a popular vehicle for reflection but it is by no means the only strategy to help you learn and improve your practice. Here we present a range of strategies you may like to use as catalysts for reflection.

Time Out: Activities

Activity I Observation exercise

Take half an hour to act as an observer in your work environment. Just sit and watch the reception desk area or a waiting area or interactions during a consultation. Try to see the environment with new eyes in the way that a newcomer sees it. Write up your reflection on the experience.

Activity 2 Reflecting on communication skills

Attend a meeting at work and rather than participate, just observe the communication that takes place. Look out particularly for non-verbal cues and responses. Reflect on how the communication skills of the participants facilitated or disrupted good communication. Write up your reflection on what you see and hear.

Activity 3 Using the media as a stimulus to reflection on your work

Watch or listen to relevant broadcasts e.g.:

- Film, TV and radio fiction/dramas relating to the experiences of service-users.
- Documentaries and news stories, e.g. about abuse in care, care rationing, health scares, etc.
- · Broadcast interviews with service users.

Consider how the item has influenced your knowledge, way of thinking or your attitudes/assumptions. How did it make you feel? Why? Has it highlighted any gap in your knowledge that you need to address? Will it influence your behaviour, your approach to your work, your motivation, and your intentions for the future? Write up your reflection.

Reflective writing

A further way of developing your ability to reflect in and on practice is through reflective writing. There is a strong argument that limiting yourself to analytical writing (trying to make sense of the situation) in reflection is counterproductive and that using your imagination and creativity can also promote learning and improve practice (Winter et al. 1999). This could take a variety of forms. For example, you could write:

- an imagined account of the experience of a service user receiving your care;
- a poem;
- a fictional letter written by an angry service user or carer.

Most people have not written in this way since their early teens but if you have a go you may surprise yourself and the process can be very enjoyable and cathartic as well as revealing and informative to practice. Below we present an example of **empathetic** writing.

An imagined account written from the perspective of a service user

I feel really uncomfortable. I felt so good when the carers settled me down in this position; all cosy and warm in my bed, just like a bird in a nest. I even drifted off into a little sleep and goodness knows I need to get some sleep. The noise in this ward is unbelievable, all

crashing and banging and buzzing and bleeping. I feel exhausted and I seem to have been awake for days on end being pulled about and 'investigated', hauled out of bed, into chairs, back into bed, poked, prodded, questioned. They have to do it, of course; I understand that.

What is the time, I wonder? If I can just move my head enough I might be able to see that clock on the opposite wall. That can't be right, can it? Is it really only 15 minutes since they settled me down? I felt so comfortable but now my arm has gone to sleep as I am lying on it and there seems to be something digging into my shoulder – it is beginning to really hurt and now to cap it all I need to go to the toilet. Surely I don't need to go just yet; I can't bear the thought of being hoisted up again. I just want to get into a comfortable position and go off to sleep; I am so, so tired. I never thought I would give anything and everything to be able to turn over in bed on my own! How we take such precious things for granted.

I'll try to put off calling them. Maybe I can hold on for a bit longer. They are really busy and I don't want to be a bother. I heard them talking about another patient, on the ward saying how demanding she is and that she is 'heavy'. I wonder what they say about me. I wonder if they call me 'heavy'. I don't want them to think of me like that. I depend on them so much and I really don't want to make them cross. I'll wait a bit longer.

Surely it is more than 5 minutes since I looked at that clock. I seem to have been lying here in pain for ages and I'm absolutely busting to go to the toilet now. I can hardly feel my arm apart from a throbbing feeling and I wonder if this thing, whatever it is, that is digging in my shoulder is damaging my skin; Maybe I'll get a sore like the one my neighbour got in hospital. It never really healed. Oh God, I'm going to have to ring the bell and ask them to help me again. Please don't let them be angry with me and please don't let me wet the bed before they come.

Having read this example, undertake the following Time Out activity.

Time Out: Empathetic imaginative writing

- Read the imagined account in the example above. What did you learn from reading this account?
- Now choose a service user that you have encountered in your practice and try to put yourself in their shoes and write an imagined account of their experience of the service you provide. Try particularly to convey what you imagine their thoughts and feelings are rather than just describing what happens to them. Try to write using the language they would use and focus on their concerns.
- How did it feel to write this piece? What have you learned from writing empathetically? Does this writing highlight any areas of your practice that are helpful or less helpful to the service user? Is there anything that you can do to improve their experience by modifying your practice or changing a system?

Of course we can never really know how another person feels, but writing in this way will help you develop and evidence your empathetic skills as you try to put yourself in the situation of another human being, and to see the world through their eyes.

Sharing and discussing such accounts can refocus you and your team on the importance of individualizing care and prioritizing dignity and respect in your practice. Your FD course should provide you with an opportunity to engage in discussion with fellow students to explore this kind of activity and you can also share this in the workplace with your mentor or other colleagues. One of the key skills that reflective writing can help you to develop is self-awareness.

Developing self-awareness in reflective writing

An important part of reflection is learning to question yourself in order to develop your self-awareness. It involves looking at your own interpretations of events and examining how your assumptions, values and beliefs influence your reactions and actions. Subconsciouly you carry all sorts of baggage from your past experience (both personal and professional), and it is important that you recognize how this influences your behaviour, and the decisions you make. It is important for you to understand that you never go into any situation with a mind like a 'blank slate'. The act of thinking about your own values, beliefs and assumptions, and becoming aware of these is known as reflexivity. Reflexivity then, is an important part of reflection on action because as a novice you will be encouraged to explore your values and beliefs as part of your FD course, either through action learning or using structured models of reflection. Expert practitioners tend to have a high degree of self-awareness and are therefore able to suspend their values and beliefs when dealing with difficult situations. In other words they are aware of their values and beliefs while they are reflecting in action. This enables them to avoid stereotyping or prejudging situations, people or events because they are aware of their own feelings, thoughts and values and how these can influence their behaviour and actions. The following Time Out will help you consider your own values, beliefs and assumptions.

Time Out: Developing your self-awareness

- · Read the journal diary entry below.
- You can see that the practitioner's values, beliefs and personal experience influenced her practice. Through her reflective diary and the process of reflecting on her actions she has been able to explore how these have influenced her professional practice and judgements made in the care for the client concerned.
- Think about a recent care episode which was influenced by your own values, beliefs and assumptions. Make a note in your reflective diary of these values and beliefs and how they influence your practice.
- Discuss with your mentor how your values and beliefs differ from theirs, whether there are any similarities or overlaps. Then identify a recent care episode that you were both involved in that you can explore together. Reflect on your values, beliefs and assumptions and how these influenced your behaviour, actions and care outcomes.

The following case study helps you to see how becoming aware of your values and beliefs can enable you to overcome subconscious prejudices in your practice. Through the use of a reflective diary, it is possible to analyse how your behaviours and actions might be developed and improved and how new learning can take place as a result of becoming more self-aware.

Case Study: Maria

I visit an elderly client, Maria, in her own home on a routine call and she tells me she has not seen anyone else since my colleague visited her last week. Her son lives in the next village but has not visited for six months. I show my disapproval of his behaviour by the way that I respond and suggest very strongly that the client telephones her son to tell him of her situation and ask him to visit.

Later I make a note in my reflective diary:

'I felt really angry when Maria said her son had not been "near nor by" for so long. How can he be so uncaring when she is so vulnerable? A little bit of help from him would make the world of difference to her'.

Reflexive analysis

Looking at my reaction more closely I can see that I react very protectively and am maternalistic towards Maria and thinking about this further, to elderly clients in general. I think this is because I am reminded of my own grandmother who was very dear to me and who was very frail in her last years of life.

I feel strongly that families have a 'duty' to care for their elderly relatives in need. Doing one's duty is important in my view. I felt angry with her son and I am sure this came across in my tone and she saw that I thought he should help more. On reflection I let my personal views influence my practice too much. I should try to stop myself making judgements on the basis of so little information. For example I know nothing of the history of Maria's relationship with her son, or what his situation is currently. I certainly shouldn't have let my views come across so strongly.

Using reflective writing as a tool to develop your self-awareness is an important part of your ongoing development. However, there are often challenges associated with how much information to reveal, especially when your writing may be part of a structured FD course assessment, because you have a duty to protect your client's identity and respect confidentiality.

Honesty and confidentiality in reflective writing

When you write down your reflections in a diary, log or a course assignment there will always be a question as to how honestly and comprehensively you write. You certainly need to be honest with yourself if you are to grow in self-awareness and

learn from your experience. However, you will also be aware that what is written may be seen by others. It is important therefore to be clear about who will see the written text and that you need to protect the confidentiality of those individuals and organizations that you are writing about.

Reflective writing for assignments

If you are writing reflectively for an assignment, it is likely that your course assignments will have guidelines for you to follow with regard to anonymity and confidentiality, and will make it clear who will normally have access to the script. (This will usually be the teaching and administrative team on the course and the external assessor.) It would be usual in these circumstances to anonymize names, organizations and locations and to take steps to protect the identity. If unsafe practice is identified in your assignment, then the course tutor will have a duty to act on that information. This would normally be done in collaboration with you. Your course tutors have a duty of care and responsibility to protect the general public and to report unsafe practice wherever it is identified. This might take the form of your course tutor having to contact the practice area concerned to discuss the reported unsafe practice further. The university or workplace will have policies and procedures for dealing with these circumstances when they arise.

Reflective journals and confidentiality

Your reflective journal or diary is personal to you and the notes that you keep to help you to reflect in and on action will differ from those of other students and colleagues. What you must bear in mind is that the entries you make should promote confidentiality at all times because you may choose to use extracts from your diaries in your course assignments or through action learning discussion groups. Sometimes students choose to use excerpts from their diaries in a course assignment to illustrate structured reflection on a case study. This is a good idea because it enables you to reflect on your actions and the thoughts, feelings and experiences of your clients and your colleagues who may have been involved in a critical incident with you. Another occasion where it may be appropriate to utilize extracts from your diary would be in the presentation of a course portfolio. Portfolios often enable you to demonstrate integration of your learning and reflections on your learning progress and career development and can use a range of evidence to support course learning outcomes.

Reflecting alone or with others?

You may choose to reflect with mentors/colleagues, your manager, in groups, pairs or alone. There is no single right or wrong way. It all depends on the context, feasibility, purpose and personal preference. Table 5.1 summarizes the advantages and disadvantages of reflecting alone and with others.

Table 5.1 The advantages and disadvantages of reflecting alone or with others

Method of reflection	Possible advantages	Possible disadvantages
Alone	Easy to action – you can do it at any time as there is no need to arrange a meeting, etc.	Your attention may wander
		New perspectives are less likely to emerge. Individuals often get stuck in a rut and habitually go over the same patterns of thought or visit the same dead ends
	It can be lonely	
	You have to be self-motivated to do it	
	It can remain private and this may encourage honesty in the reflection	The effectiveness of the reflection depends on your own level of self-awareness
		There is no opportunity for discussion, collaborative or shared learning
With a peer	The power differential between yourself and your peer is likely to be minimal and if it is a reciprocal arrangement this can help it to feel safe rather than exposed to 'judgement'	The time and place may need to be prearranged and the logistics of this may be difficult
		If it is not reciprocal, it may feel exposing to share your reflections with someone else
	A peer may be able to empathize with your situation most effectively	A peer who empathizes too closely with your situation may be reluctant to challenge your assumptions and preconceptions
	It may be possible to reflect together on an experience that was shared by both parties	
		A peer may not have the experience or knowledge required to maximize learning from the reflective discussion
	People see things from different perspectives so this provides another perspective on the situation being discussed	
	The fact that the process involves another person may be a motivation to reflect	
of your peers	Provides plenty of alternative perspectives on the situation	The logistics of getting a group of people together to reflect may be
	Can provoke learning through discussion and sharing	problematic
		A group setting may feel less safe
		(Continued)

Table 5.1 continued

Possible advantages	Possible disadvantages
Provides another perspective on the situation being discussed	There is likely to be a power imbalance between you and the facilitator and this may lead to lack of trust and defensiveness in the nature of the reflection The facilitator may not be available or willing to meet with you when it would be most useful to reflect
The facilitator should be focused on helping you to reflect in a way that is most beneficial to your	
learning The facilitator may be in a position to facilitate you in taking your reflection forward, e.g. through appropriate reading or experience	
The manager may be in a position to facilitate you in taking your reflection and learning forward, particularly through providing appropriate experience and environment	There is likely to be a power imbalance between yourself and the manager and this may lead to lack of trust and defensiveness in the nature of the reflection
	There may be some blurring of boundaries between the reflective discussions and formal appraisal mechanisms and this is unhelpful in encouraging the reflective process
	It may be difficult to get your manager to commit sufficient dedicated time to this activity
	Your manager may not fully understand the role for which you are being prepared and therefore may not be willing or able to facilitate your learning
Your Clinical Supervisor should be trained to have the expertise to maximize your learning from the reflective discussion Regular Clinical Supervision provides time dedicated to your professional development and should provide continuity in the relationship with your supervisor	Not everyone has access to formal Clinical Supervision
	Your Clinical Supervisor may not fully understand the role for which you are being prepared and therefore may not be able to facilitate your learning
	Clinical Supervision sessions may be infrequent and may not be timed to occur when it would be most useful for you to reflect
	Provides another perspective on the situation being discussed The facilitator should be focused on helping you to reflect in a way that is most beneficial to your learning The facilitator may be in a position to facilitate you in taking your reflection forward, e.g. through appropriate reading or experience The manager may be in a position to facilitate you in taking your reflection and learning forward, particularly through providing appropriate experience and environment Your Clinical Supervisor should be trained to have the expertise to maximize your learning from the reflective discussion Regular Clinical Supervision provides time dedicated to your professional development and should provide continuity in the

Your role in facilitating reflection with others

Eliciting reflection or facilitating reflecting from another practitioner requires particular skills. It is amazing what can be learnt by helping others to reflect on their practice.

Some models of reflection are detailed enough to provide specific questions that colleagues can use to help each other deepen their reflection (Rolfe et al. 2001). However, beyond asking such questions there are a variety of ways in which reflective partners can operate, and below are suggestions of helpful roles that the 'other person' can play when reflecting in pairs (Allin and Turnock 2007).

- *Listener*: just listens giving the 'reflector' the opportunity to think aloud.
- Sounding board: listens and responds to any questions the reflector may ask.
- Summarizer: repeats key phrases, summarizes, asks for clarification.
- Buddy: notices, empathizes, supports, and possibly advises.
- Coach: agrees objectives, provides feedback, and asks questions that assist reflection.
- *Interviewer (with a script)*: asks set questions or follows a certain review sequence.
- Child: just keeps asking 'why?' The reflector can stop the process at any point.
- *Devil's advocate*: tests and challenges what the reflector says. This needs careful briefing to ensure that the challenges are perceived as being part of a helpful process.

Choosing a medium for joint reflection

If you are going to reflect with others, then it is worth considering how this will be accomplished. In Chapter 1 we explored the role of formalized action learning in structuring group reflection and problem solving. Here we consider the practicalities of a range of different mediums. Often the logistics of arranging face-to-face meetings when location and full diaries are against you means that it may be preferable to use e-technology as a vehicle for discussions. These can take place on-line using written dialogue, online discussion boards or by telephone or Skype technology.

Each medium has advantages and disadvantages. Some lend themselves to sharing written reflections with others to promote discussion. Some may use a combination of both as written reflections may be shared and then become the subject of on-line discussion or phone conversations. Plack, Dunfee, Rindflesch and Driscoll (2008) recommend the use of virtual learning groups as a strategy for collaboratively solving problems using reflection via asynchronous discussion online. They recommend that for maximum benefit these are facilitated by mentors, but if this is not possible, then you may wish to consider setting up more informal online collaborative reflection groups within your own peer networks on your FD course or in the workplace.

Simon, a first year FD student, shares his experiences of using a discussion board to support his learning

When I was undertaking the induction to my Foundation Degree I discovered how learning technologies can support group discussion and decision-making and assist with the process of reflection. I used a discussion board with my fellow students to develop my skills of discussion and by sharing my queries with other students on the discussion board I was able to understand the requirements of my Foundation Degree. It was a little daunting to begin with as the technology was new and I was not sure how to get the most out of using it. However, the course tutors provided structured events in which students were encouraged to discuss key questions related to practice, wider reading, political issues impacting on our practice, and core learning for each module. In one module we were formatively assessed on a discussion board issue related to a learning outcome for that module. As we grew in confidence, it became an integral part of our own individual learning and that of the entire group. It enabled us to debate and critique key issues which helped us to engage with deeper forms of learning.

This chapter has introduced a range of tools which could aid your reflection and the choice of whether to reflect alone or with others. In Chapter 6, we will discuss how you can use learning contracts and action plans to evidence your learning in the workplace.

Key learning points

- Reflection is a skill for lifelong learning which enables learning from experience.
- Developing your skills as a reflective learner takes time and practice but is time well spent.
- Both reflection 'in action' and 'on action' are important and may both be evidenced in writing activities on your FD course.
- Critical incident analysis is a useful vehicle for reflection and any incident can potentially be a critical incident you can learn from.
- There are a variety of models of reflective practice that may be used to guide and structure your reflection. Try them out and choose what suits you best.
- A wide variety of experiences may provide a catalyst for your reflection. Seek them out and make use of them.
- Your creative and imaginative powers can be harnessed to stimulate reflection and learning.
- Reflexivity enhances learning from reflection, increases self-awareness and thereby improves practice.
- Reflection may take place alone or with others and in a variety of ways. They each have advantages and disadvantages so try as many forms as you can.

- You have a role to play in helping others to reflect. Hone the skills you need to do this and both you and your learning partner(s) will learn more.
- Take steps to maintain confidentiality and anonymity within any reflective writing.

Critical review questions

- How can you use reflective writing to enhance your practice?
- Are your aware of your own values and beliefs and how these may impact on your practice?
- How could you promote reflective practice within your workplace?

Reading for interest

Driscoll, J. (ed.) (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*, 2nd edn. Edinburgh: Baillière Tindall.

References

- Allin, L. and Turnock, C. (2007) *Reflection on and in the Workplace*. Reflection Students. Driscoll, J. (ed.) (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*, 2nd edn. Edinburgh: Baillière Tindall.
- Ghaye, T. and Lillyman, S. (2006) *Learning Journals and Critical Incidents: Reflective Practice for Health Care Professionals*, 2nd edn. London: Quay Books.
- Jasper, M. (2006) *Professional Development, Reflection, and Decision Making*. Oxford: Blackwell.
- Plack, M.M., Dunfee, H., Rindflesch, A. and Driscoll, M. (2008) Virtual action learning sets: a model for facilitating reflection in the clinical setting. *Journal of Physical Therapy Education*, 22(3): 33–41.
- Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical Reflection for Nursing and the Helping Professions: A User's Guide*. Basingstoke: Palgrave.
- Schön, D. (1991) *The Reflective Practitioner: How Professionals Think in Action*. Aldershot: Arena Ashgate Publishing Ltd.
- Winter, R., Buck, A. and Sobiechowska, P. (1999) *Professional Experience and the Investigative Imagination*. London: Routledge.