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Title	"I don't get it", - the challenge of teaching reflective practice to health and care practitioners
Type	Article
URL	https://clock.uclan.ac.uk/14396/
DOI	https://doi.org/10.1080/14623943.2016.1145582
Date	2016
Citation	Eaton, Colette orcid iconORCID: 0000-0002-5375-344X (2016) "I don't get it", - the challenge of teaching reflective practice to health and care practitioners. Reflective Practice, 17 (2). pp. 159-166. ISSN 1462-3943
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It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1080/14623943.2016.1145582>

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“I don’t get it!” - the challenge of teaching reflective practice to health and care practitioners

Reflective practice is regarded as a fundamental learning tool that encourages the synthesis of theory and skills in health care and written reflective accounts feature heavily in the assessment of skills and development in practice. It is however, a challenging method of teaching and learning for both students and educators and the reflective accounts produced are often superficial descriptions of events rather than evidence of ‘reflection in action’. Revisiting writers such as Dewey, Rogers and Schön, I present my own reflective account of teaching health care students to develop reflective thinking and writing and finding ways of using mindfulness and sensory experience to bring reflection-in-action into the classroom. I conclude by suggesting that, as an educator, I have a responsibility to encourage and value subjective experience as evidence of learning.

Keywords: reflective practice; teaching; Schon; Dewey; mindfulness; sensory experience

Introduction

Reflective practice is well established as a key element of learning in a number of professions including teaching, social work, nursing and management (Nelson, 2012) and is cited as ‘a valuable learning technique that reinforced the blending of theoretical and applied learning’ by the Willis Commission report on the education of nurses (RCN, 2012) however it is a challenging and ill-defined concept that has been subject to question recently for its educational value in producing truly reflective practitioners (Coward, 2014; Rolfe, 2002; Rolfe, 2014) I have been teaching current and prospective healthcare practitioners on a number of modules during the last year and have tried to embed reflective thinking and writing throughout my teaching and assessment

activities. With every group I have noticed that encouraging students to move from the academically preferred objective, evidence-based writing to offering a subjective and emotionally rich account of their learning has been challenging. I aim to present my observations of this experience and, drawing from Dewey, Rogers and Schön, who were influential in my own development as a novice practitioner, I offer some ideas about making reflective thinking more effective in the classroom. As a reflective practitioner myself, I am conscious that the classes I teach are my 'research events' and the knowledge I gain from them broadly follows a hierarchy of evidence proposed by Rolfe (2002), including personal knowledge, experiential knowledge and propositional knowledge rather than empirically tested domains. In the tradition of humanistic approaches to learning, this account will also reflect my belief that I work to facilitate the process of learning and enquiry rather than working to secure outcomes (Rogers, 1977 in Kirschenbaum & Henderson, 1990).

The nature of reflective practice

The agreement across the literature on reflective practice in health and care appears to be that, whilst considered essential, there are no clear definitions of 'reflection', 'reflective thinking' and 'reflective practice' (Atkins & Murphy, 1993; Mann, Gordon & McLeod, 2009; Regmi & Naidoo, 2013). There are however, a number of writers who offer descriptions of skills and qualities that make up the practice we call 'reflective' and I believe these go some way to clarify its nature. Dewey, (1933) whose work influenced a number of writers, uses 'reflection' and 'thinking' interchangeably and identifies curiosity, social stimuli and the ability to link experiences as essential components. Boud, Keogh & Walker (1985) suggest a combination of emotional and intellectual activities with a purpose of finding new understanding from experience and Rolfe (2014, p.1180) identifies the ability to perform 'on-the-spot experimentation' as a response to 'wicked problems' in practice. With these concepts in mind, I would argue that reflection has always been present in health and care work. From my own practice experience it feels rare to encounter another human being in distress and to react, without emotion or thought at some point and then forming ideas. For Dewey (1933) however, reflection is more than having an encounter then going off to think about it. Dewey's concept of knowledge is dynamic, an action not a thing (Rolfe, 2014) and it

marks the knower with a distinct shift in perception, understanding and action. This suggests an active participatory element and implies that knowledge gained from this experience does not arrive in a logical and structured fashion.

The concept of reflective practice used most in people work found its place following Donald Schön's influential 1983 publication (Edwards & Thomas, 2010) which is now a standard text on most counselling, nursing, social work and teaching courses. By promoting the value of knowledge gained in practice, Schön encouraged us to acknowledge the unpredictable and often illogical nature of people work and to challenge the dominance of technical solution (Kinsella, 2010). Crucially, Schön made the distinction between 'reflection-on-action' where we look back at a piece of work and make sense of it, and 'reflection-in-action' which invites us to use our intuitive knowledge in the moment of practice; this is reflection that helps us make transformative decisions based on our immediate and very individual interpretation of the circumstances. This distinction paved the way for other writers to create models of reflection (Gibbs, 1988; Johns, 1994 in Johns, 2013) which incorporate feelings, experience and values; all crucial elements of intuitive decision-making and learning that Schön argued had been lost in the pursuit of scientific rationality (Schön, 1983). For health and care work, Schön's distinction is a gift as it can explain how some practitioners with outstanding qualifications appear unable to manage the messy, unstructured issues brought by service users (Kinsella, 2010).

The purpose of reflecting in health and care work

Education in the broad idea of 'reflective practice' is generally accepted as crucial for developing safe, equitable and ethical practice in people work however the description of its aims varies by profession and the discipline in which it sits (Kember, McKay, Sinclair & Wong, 2008; Norrie, Hammond, D'Avray, Collington & Fook, 2012). In health care practice it is seen as integral to professional learning in that it supports the analysis and evaluation of practice experience (Regmi & Naidoo, 2013) whilst Edwards & Thomas (2010) suggest that it is a way of health and care workers to become socialised into 'communities of practice' that have socially agreed rules, standards and motives. Records of critical events written using reflective models feature in most professional

portfolios and are used as evidence of competence and continuing professional development. Shaw (2013) and Börjesson, Cedersund & Bengtsson, (2015) propose that reflective practice enables learning, leading to better quality care due to the developed reflexivity of care staff whilst Harrison & Fopma-Loy (2010) suggest that reflection can be used to develop emotional competency and prepare nurses to manage emotionally fraught situations in practice. For Kinsella (2006) reflection allows practitioners to examine the friction between personal values and professional practice which, in turn, encourages critical thinking about the work we do with and for people. These aims assume an ongoing development of reflective thinking, writing and thinking again, however, from my experience it is easy to attune to what ought to be written and discussed whilst conveniently avoiding the uncomfortable thoughts that might bring true reflexivity.

What is apparent is that teaching and learning to be reflective are challenging missions. Mann et al, (2009) in their systematic review of reflective practice in health professionals' education, found that learning to be reflective required motivated effort, support and focused interventions. Fundamentally, Mann et al (2009) identified that there is no best strategy to teaching reflective practice, however, it is suggested that if the approaches to teaching reflection are superficial, the resulting thinking by students will be superficial (Smith & Trede, 2010). Norrie et al (2012) found that, particularly within nursing and midwifery, the teaching and learning of reflection is focused firmly on evaluating and evidencing clinical knowledge and skills suggesting that its value here is largely for technical-rational knowing rather than emotional or reflexive development. They also identified that writing tasks, including portfolio, journals and critical incident reports, are the key methods for recording and assessing the knowledge gained from reflective activities. These different methods of engaging in reflective practice clearly pose a problem for measuring the quality and impact of knowledge gained therefore Kember et al (2008) suggest a four category scheme to assess the depth of reflection in written tasks. Their aim is to provide guidance for educators to reduce subjectivity and be consistent in determining levels of reflection in written work. For me, this further reduces the transformative potential of reflective writing to a grade-chasing exercise by

potentially restricting genuine and emotionally vivid writing to the 'correct' words and phrases that achieve those grades.

What I'm learning in the classroom

Supporting trainee practitioners to view reflection-on-action as a developmental tool is not under question here however teaching students to do it clearly manifests different challenges and what follows here is a personal account of my experience over the last year. I have worked with several groups of healthcare students with practice experience ranging from novice to skilled and it appears that as soon as I say 'reflection', students lose their innate ability to think. In class, I hear vivid and emotionally charged discussions about practice and people, and there is a real sense of curious inquiry yet the reflective records produced by the same students are all too frequently the **"...superficial discussion of having paused for thought from time to time..."** (Thompson & Pascal, 2012, p.311). I read long lists of tasks described uncomfortably using first person 'I', rather than the passion, fears and exhilarations of real people doing people work. Coward (2011) suggests this is due to 'reflection fatigue' and points to the over-use of reflective models in nurse education requiring students to perform 'reflection' in order to meet assessments. A good example of this is the number of students asking me to indicate a figure for the minimum of references to be included in their reflective accounts, suggesting that they view it simply as a slightly awkward academic job.

As an educator however, I am required to impose academic standards on the writing by insisting on correctly completed and referenced models of reflection (Coward, 2011) which fundamentally restricts the imaginative exploration of what students know. I would suggest that the formal presentation of 'Reflection' is similar to thinking about driving while we are driving; all of a sudden, we grind a gear or forget to dip the clutch. Reflective thinking, by its very nature is a subjective and dynamic activity and cannot be reduced to a mechanical set of skills to acquire (Edwards & Thomas, 2010) yet we insist on using it to quantify the development of evidence-based practice skills which is almost the antithesis of Schön's concept (Rolfe, 2002). Furthermore, it emphasises the power differentials in the classroom where I, the lecturer, am the holder of knowledge and the student is the receiver (Rogers, 1977 in Kirschenbaum & Henderson,

1990) to the point of me being allowed to view a student's subjective record of her experience as an objective measure of her competence in practice. I ask students to think yet grade them by academic standards of evidence-based discussion. To use my driving analogy again, I feel I am giving people a licence, a map, and then penalising them if they go beyond the end of the drive.

The most worrying aspect in my experience is that trainee practitioners begin to follow the rote of models of reflection solely for assignment outcomes and portfolio filling, rather than using reflection-on-action as practice for reflection-in-action (Schön, 1983). There is generally limited preparation for trainee practitioners in the ideas behind and value of reflection (Coward, 2011) and students are simply expected to produce writing using a reflective style which offers limited scope for a true knowledge shift. Reflecting in and of the moment allows us to check in constantly and measure our thoughts, feelings and actions whilst using all of the resources at our disposal to move toward reflexive practice (Rolfe, 2002). After the event, writing a reflective account only truly allows students to rationalise actions and to apply theory and ideas in retrospect; we cannot make changes that might alter the course of learning in practice at that moment and we can stifle practitioners by insisting on a correct way of writing. I value true reflective narrative as it enables students to explore and inhabit experiences and by using frameworks and models appropriately we can help students new to writing to acquire the skill (Regmi & Naidoo, 2013). However, we need to guard against the technical-rationalising of that writing which can strip it of its transformative emotional content. My challenge then is to have trainee practitioners reflect-on-action in a way which allows them to access the intuitive, expressive meaning-making that stimulates the knowledge shifts characterising reflection-in-action. (Schön, 1983)

These shifts, to be effective, require me, as a teacher, to trust in each students' capacity to think for themselves and to develop in their experience (Rogers, 1977 in Kirschenbaum & Land Henderson, 1989) and I cannot expect to easily measure this. One of the fundamental problems in using established writing structures to assess students' ability to reflect is I am expecting students to translate a multi-faceted experience into structured text. This feels like an immediate disjoint as human beings rarely 'experience'

in text. We see, hear, smell, taste and feel events and the information is encoded in memory using any and all of these modalities (Baddeley, 2014). Research in teaching and learning strategies specifically using these sensory modalities has shown that students respond well to sensory preferences for learning (Lujan & DiCarlo, 2006; Meehan-Andrews, 2009) and suggest that if I am to encourage students to reflect meaningfully, I should be encouraging them to try doing reflection using modalities through which they originally experienced, and will continue to experience, practice events.

Using the senses

I would suggest that the starting point for reflective learning is to be open to, and actively participate in, the fluidity of the experience rather than fitting the experience to a pre-existing structure (Rogers, 1967/2004). Mindfulness, or purposely attending to and being non-judgmentally aware of our experience in the present moment (Kabat-Zinn, 2005), is gaining ground as a useful tool to promote this active experiencing and to enhance in-practice decision-making (McCorquodale, 2015). In mindfulness, there is also strong emphasis on the non-judgmental acceptance of experience which can promote a similar approach to practice in people work (McCorquodale, 2015) and I was inspired by my own experience of mindfulness techniques in counselling-skills practice to try mindful breathing and body scans in class to encourage students to attune to their own sensory experiences.

Building on the notion of mindfulness, we invited students for a 'thinking walk' in a local park. This was prompted by an extract I had read from Frederic Gros' (2014) book 'The Philosophy of Walking' recounting the experiences of thinkers who walked regularly, including Nietzsche, Rousseau and Kant. The purpose was to allow the students some space for experiencing and thinking. Five 'thinking stations' were set up in the park with posters incorporating images and instructions such as 'Look around; what do you see?' and 'Swallow; what do you taste?' Students were asked to spend five minutes at each station and to record whatever 'arrived' in any form; writing, talking to other, taking photographs with their phone, on social media or simply in memory. Gendlin (2003) acknowledges that attending to and focusing takes practice and although the groups

generally valued the time and space to think, the concept of simply noting sensations, without judgment or formal outcome, was reported as challenging by most students.

Dewey (1933) emphasises the importance of social stimuli in developing reflective thinking and I try to use peer discussion and feedback to consolidate reflective activities. Working with a small group of healthcare assistants preparing for secondment to nursing, I asked them to write an account of a practice event using Gibb's (1988) model before class, then revisit the event in class using verbal story telling with a partner. I asked the listener to note non-verbal and word cues around emotion then check these with the story-teller urging a richer re-write of the 'feelings' section in their Gibb's template. In a similar activity with the same group, I asked students to draw an experience of conflict using only images and colours then instructed them to interpret each other's drawings. This initiated a discussion around the subjectivity of experience and interpretation in people work and triggered analysis of different person's standpoints during the event. In turn this led students to re-write their 'analysis' sections of their account of the conflict.

Again, I noticed that coaxing students out of familiar teaching and learning activities and into experiential tasks was challenging and felt risky. Some students expressed confusion about writing using the first person 'I' and two stated openly that they did not "get it" during the drawing and sensory activities.. This uncertainty and the self-consciousness and embarrassment I picked up from the students was very strongly echoed in my own anxiety around success, learning outcomes and the students 'getting it'. I was acutely aware of encouraging students to move away from accepted academic styles and concerned about affecting grades. Whilst I agree with Dewey's (1933) assertion that confusion is ordinary and that some things are better trusted to unconscious assessment, I found it difficult to experience the activities without judging and analysing. I know I need to welcome the uncertainty as, paradoxically, this not-knowing and fluidity in experience can prompt a knowledge shift in my own practice (Rogers, 1967; Schön, 1983). The real value here comes from learning alongside my learners. Observing students working through their own uncertainty to 'get it', to show learning through emotionally rich discussions and enhancement of detail in their written

accounts, helped me 'get it'. Making the move away from a structured way of 'doing reflection' prompted a fresh and fluid re-sensing of the experience and an opportunity for us to imaginatively capture new learning. Perhaps we were making sense of things that initially made no sense (Schön, 1983). Measuring this though would demand **"...judgments of quality for which we cannot give adequate criteria."** (Schön, 1983, p.50) and assessment using scales such as Kember et al's (2008), could lead back to valuing the grade over that experience.

Learning from experience

I have attempted to present my experience of learning about teaching reflective practice and, as with all good reflective accounts, it leaves me with more questions and uncertainties than when I started. I accept that there is an expectation for me to offer conclusions here in the spirit of robust evidence based practice however, I will return to Dewey's assertion that thinking **"...is not like a sausage machine..."** and its power is in linking suggestions from specific elements and stimulating curious inquiry (Dewey, 1933, p.22). My first suggestion must be that I, as a health care educator, have a responsibility to be clear about what reflective writing can be used for and how it will be assessed. A good starting point here would be to return to Schön's distinction and to offer activities that encourage students to become curious inquirers about the nature of their practice rather than be passive collectors of evidence to rationalise it. From this, I draw my second suggestion; that I need to accept the student's subjective record of experiencing as valid evidence of learning equal to a referenced piece of writing 'reflective' headings. Most importantly, as Rogers (1957 in Kirschenbaum & Henderson, 1990) argues, I have to trust that each student has the capacity to draw meaning from the experience that may be greater than the sum of her writing. What challenges me, as a healthcare educator, is how to find appropriate ways to show the value of learning in subjective experience that satisfies the requirements of outcome led and time-limited programmes. This will be an area for further inquiry. My final suggestion is that there is a fundamental place in the health and care professions for writing using reflective models. Used appropriately, it can help us, as practitioners, start to consider our human part in health care and we can easily assess the writing quality, if necessary, against similar criteria used to assess other written work. However, if as Dewey (1933)

maintains, a focus on the mechanical is fatal to reflective power, I suggest that when we expect students to confine their personal reflections to well-referenced models, we cannot be dismayed if the only evidence of learning is the ability to write using a first person standpoint.

Word count - 3260

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