



How to:

Teach Reflective Practice

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Reflective practice is often confused with reflection. However it is not a contemplative state, rather it is a challenging process that can often be best achieved by developing a relationship with peers or mentors. Educationally and developmentally, self awareness is vital if there is to be any attempt at a behaviour change. No longer are learners seen as mere passive recipients of knowledge, but they are encouraged to be actively engaged in becoming reflexive of their own practices.

Underlying Principles of Reflection

Schon (1990) identifies two types of 'reflection':

- ▶ **'reflection-in-action'** where the competent practitioner uses knowledge, experience and judgement to guide decisions in real life clinical situations as they are happening.
- ▶ **'reflection-on-action'** which happens after the experience, enables learning about clinical practice and promotes development of such practice. This is the subject of this paper.

Competent medical practitioners continually reflect on their clinical practice, critically analysing and evaluating their own clinical decision making, and their interactions with patients and team members. This constant reflection allows learning from every opportunity offered by the clinical environment, and as a result medical practice is constantly being fine tuned. So natural a part is this of the children's way of working that there is a real danger that this essential tool for life long learning and the improvement of clinical practice, may be taken for granted.

It is essential that trainees are able to reflect on their practice if they are to make the most of their clinical work and are to become competent medical practitioners. So how is reflective practice learned? It may be absorbed by a process of osmosis when juniors work closely with more senior doctors but, even if this process operates in part, it is the responsibility of trainers to explore ways of helping trainees to become more effective reflective practitioners.

How can reflection be taught?

Smith and Irby (1997) highlight the need for the role of the medical educator to move from that of "purveyor of information" to that of "facilitator of learning". In order to achieve this role shift and effectively promote reflective practice, the teacher might use some of the following approaches:

- ▶ Encourage the use of a **reflective notebook** to jot down questions, thoughts, observations as they occur to the learner while these triggers for learning are fresh and sharp;
- ▶ Encourage the use of a **framework** to help the learner adopt the discipline of reflection and so capture learning opportunities. There are a number of such frameworks available, for example see Gibb's cycle.
- ▶ Allocate a supervisor for the learner to reflect with; the learner needs to share observations and thoughts with someone who will **"provide a sounding board"**, open up different perspectives, and provide support and guidance" (Palmer et al 1994).

The Reflective Cycle



Description

What happened?



Feelings

What were you thinking and feeling?



Evaluation

What was good and bad about the experience?



Analysis

What sense can you make of the situation?



Conclusion

What else could you have done?



Action plan

If it arose again what would you do?

The reflective cycle (from Gibbs, 1988)

Reflective journals/ diaries

Reflecting is one thing, but capturing the learning from reflection is another. That is why reflective learning is usually allied to forms of writing such as journals or diaries. Writing can add a different perspective or clarity to your initial thoughts:

- ▶ It stores new ideas, insights and understanding
- ▶ It increases 'ownership' and confidence: empowering the teacher
- ▶ It develops questioning, problem solving and critical thinking
- ▶ It allows expression of intuition, creativity and emotion
- ▶ It clarifies achievements, professional goals and career aspirations
- ▶ It can be integrated into learning sets and other types of collaborative learning.

In order to promote reflective practice, we need to understand what this means and of course we need to be reflective practitioners ourselves. It follows that practicing doctors who are also teachers / trainers should be reflecting on their role as an educator.

Feins et al (1996) emphasize the importance of reflection in the context of doctors as educators and have designed a tool, the 'Teaching Matrix' to encourage clinicians to reflect on their teaching before, during and after a session. The matrix enables the teacher 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 the students have 'got it'?*
5. *How will I improve my teaching next time?*

The authors suggest that the 'teaching matrix' may help physicians to grow as teachers. Perhaps the first step could be to apply the matrix to our practice as a matter of routines.

References

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Further Reading

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