

# **Reflection: Importance, theory and practice**

**Paul White, Julie Laxton and Dr Ruth Brooke**

**University of Leeds**

Within healthcare, reflection has been defined as the active process of reviewing, analysing and evaluating experiences, drawing upon theoretical concepts or previous learning, in order to inform future actions (Reid, 1993). A competent reflective practitioner repeatedly reflects on experience and is capable of reflecting-in-action, continually learning from experience to the benefit of future actions (Schon, 1983). The purpose of this short article is to raise awareness of the pertinence of reflection in clinical practice and briefly describe the implementation of a structured approach which has been used to develop reflective practice skills within the University of Leeds BSc (Hons) Audiology programme.

## *Introduction*

Reflective practice has achieved wide take-up in healthcare such that the benefits of being a reflective practitioner are well evidenced in several healthcare fields including pharmacy (Owen & Stupans, 2009), medicine (Walker, 1996; Mamede et al., 2008) and, most prominently, nursing (Atkins & Murphy, 1993; Walker, 1996; Wilkinson, 1999; Esterhuizen & Freshwater, 2008). Continual critical thinking and reflection can close the gap between theory and practice, improve quality of care and stimulate personal and professional development (Argyris & Schön, 1978; Schon, 1983; Schon, 1987; Boud & Walker, 1998; Epstein & Hundert, 2002). Indeed, it has been suggested that reflecting from professional experiences, rather than learning from formal teaching, may be the most important source of personal professional development and improvement (Jasper, 2003).

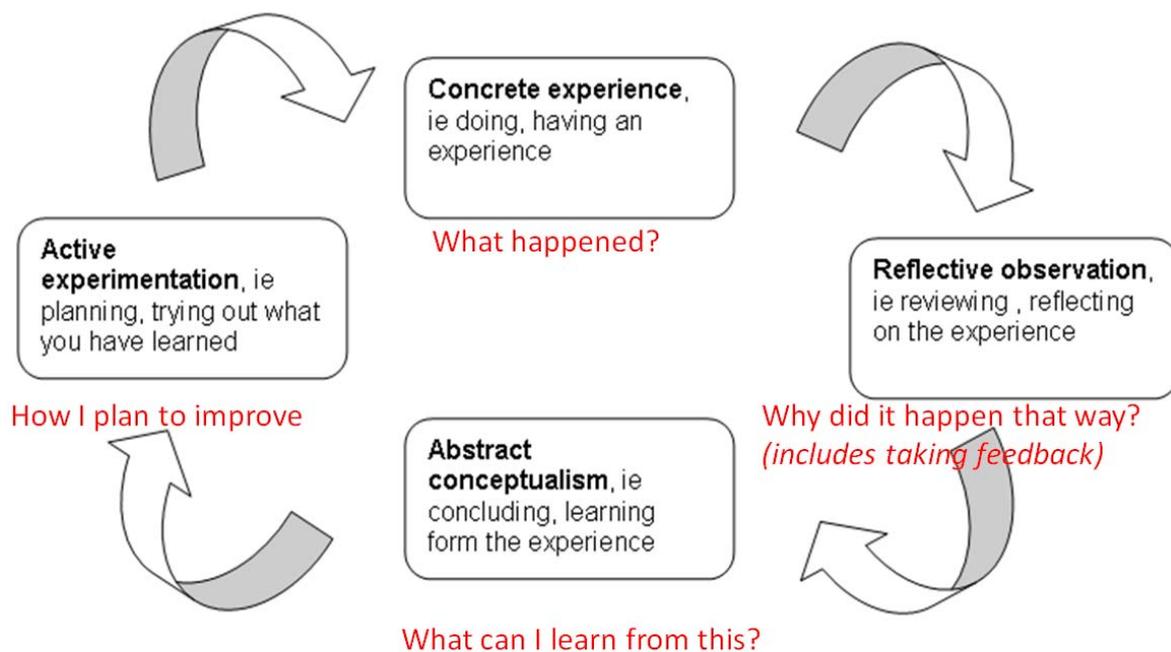
Accordingly, within the field of Audiology, reflection is a fundamental component in the British Academy of Audiology Continuing Professional Development scheme and practical guidelines for fostering reflective practice in an audiological setting are available (DePlacido, 2010). Furthermore, clinic based learning and reflection in the training of audiology students has been discussed and noted to be beneficial (Chabon & Lee-Wilkerson, 2006; Goldberg et al., 2006; Ng, 2011). However, scholarly exploration regarding reflection within an audiology setting and how best to *develop* reflective skills in trainee audiologists is limited. Given that proficient reflection skills can ultimately result in improved practice (Walker, 1996; Jasper, 2003; Mamede, Schmidt et al., 2008; Owen & Stupans, 2009), it is crucial to highlight the significance of reflection and carefully consider approaches that promote development of confident reflective audiologists.

### **Reflection : Theory to Practice**

Within the taught aspects of the University of Leeds Audiology programme the reflection models of Kolb (model of experiential learning, Figure 1 (Kolb, 1984)) and Gibbs (reflective cycle, (Gibbs, 1988)) are presented and the importance of incorporating these models into work-based practice are discussed. How to reflect upon a work-based situation using the Kolb's model is promoted with the students to teach them to become proactive in their own learning and in the development of autonomous clinical and professional practice. However, lectures, textbooks and University-based discussions are unlikely to fully prepare audiology students to be confident reflective practitioners. Reflective skill development and achievement can be greatly enhanced via experience, feedback and the use of a framework or structure to guide the reflective process (Levett-Jones, 2007; Duffy, 2009; Mann et al., 2009). Thus, in addition to taught theoretical components and completion of a Professional Development Portfolio, a guided approach incorporating multi-sourced feedback and

reflective assignments has been implemented to facilitate professional development and the development of reflective skills.

## Kolb's Learning Cycle 1984



**Figure 1** Adapted from Kolb's Model of Experiential Learning (Kolb 1984)

The University of Leeds Audiology programme is one of 16 Health and Social Care programmes (also including nursing, dentistry, medicine and social work) across five Higher Education Institutions comprising the Assessment and Learning in Practice Settings (ALPS) partnership (ALPS 2005). One outcome of the ALPS partnership, which has been described previously within this publication (April 2010), was the development of an electronic multi-professional assessment tool to

assess three essential life-long skills for healthcare professionals (Boud, 2000), namely communication, team working and ethical practice, structured around multi-sourced feedback and reflection.

The tool ([www.alps-cetl.ac.uk/tools.html](http://www.alps-cetl.ac.uk/tools.html)) comprises structured exercises based around these core competencies. For each competency there are five sections to complete; one section for the student to initially record an experience, the second section for the student to record feedback from the service user, a third section for recording feedback from a fellow student, a fourth section for recording feedback from a qualified practitioner, typically their placement educator (but could be a practitioner from a different but relevant profession i.e. inter-professional feedback), and the final section for their overall reflection upon the feedback and for subsequent action planning. Within each feedback section, areas to be covered are listed to help guide the feedback and reflection process (for example areas see Table 1). This structured assessment tool has been used since 2010 by UoL BSc Audiology students who are on their third year 12 month placement. Access to the tool is via a PC or a mobile device from which the completed sections can be downloaded into a student e-portfolio on a password protected site. The University tutor is able to view the assessments and provide students with ongoing feedback regarding their reflections. This tool has been evaluated across the ALPS partnership (Dearnley et al., 2012).

**Table 1** Example sub-headings contained within each section of the ALPS assessment tool. The full tools are available via the ALPS website (ALPS, 2005).

Individual to complete the section	Examples of some of the sub-headings within each section outlining areas to be addressed
<b>Self Assessment</b>	<ul style="list-style-type: none"> <li>• Setting</li> <li>• Explain the Situation</li> <li>• Ask yourself: What did I do well, what could I do differently?</li> </ul>
<b>Service User Assessment</b>	<ul style="list-style-type: none"> <li>• Did the student make you feel at ease?</li> <li>• Did the student explain things in way that you could understand?</li> <li>• Would you like to make any further comments on the student's overall performance?</li> </ul>
<p>Typically, 2/3 completed from:</p> <p><b>Peer/Student Assessment</b></p> <p><b>Colleague Assessment</b></p> <p><b>Clinical Educator Assessment</b></p>	<ul style="list-style-type: none"> <li>• Did the student introduce themselves fully?</li> <li>• Did the student clearly explain the course of action taking into account the individual needs of the service user?</li> <li>• For the gaining consent assessment – did the student ensure the service user could refuse to consent?</li> </ul>
<b>Reflection and Action Plan (to be completed by the student)</b>	<ul style="list-style-type: none"> <li>• Looking at your reflections and feedback from other sources what were your strengths during this experience</li> <li>• Looking at your reflections and feedback from other sources what were your areas for development during this experience</li> </ul>

### *Evaluation*

The tool had a high usability rate with all students fully completing at least one exercise successfully. Views of the students, practice educators and University tutors regarding the implementation and benefits of the tool were obtained via focus groups and interviews (for example quotes see Figures 2 and 3). The students typically reported that the tool was helpful to their learning process and several students commented specifically on the feedback and reflective practice aspects. The practice educators' (clinical supervisors) views of the assessment tool were variable. Some supported the implementation of a structured assessment process for professional development however, some

expected the students to take responsibility for this and felt their role was primarily to nurture the technical aspects of the students' development. The University tutor supported the implementation of the ALPS tool, commenting that the guided exercises enhanced the students learning experience whilst in practice, aided development of reflection skills and provided valuable opportunities for receiving feedback in a more immediate time scale (rather than waiting until the students return to the University). Taking feedback from service users (patients) and peers was a novel and well received aspect for the students, practice educators and tutor alike.

Student views regarding the exercises:

*"I thought they were quite useful because it helped you reflect on the patient you'd just seen....it made you think about what you did"*

*"I think going through the reflective process is useful...."*

*"What happened? You know, here's the 360° feedback, now what are you going to do with it and how do you think that's going to make me behave differently next time?"*

Practice educator and tutor views regarding the exercises:

*"I think the "Gaining Consent" is excellent because .... it makes them think about what they're doing and that's been very useful" (practice educator)*

*"I think that my students actually now are confident with reflection by the time they reach the end of the third year" (University tutor)*

*"The biggest thing that I think that ALPS has placed there is this 'patient in the whole process" (University tutor)*

**Figure 2** Example quotes from students, a practice educator and a University tutor regarding the structured exercises

Student views regarding multi-sourced feedback:

*"I think it's a good thing because you're getting the feedback from everybody"*

*"It's the only thing that we've had so far that's got the perspective from the patient side, rather than just the assessor or the placement educator"*

*"You get patient feedback, we don't get patient feedback usually and I think the patient is the most important person"*

*"I think it's nice to get the feedback that you wouldn't get without having these ALPS tools because you wouldn't just go round asking patients 'how did you find how I treated you this morning.' So it is good being able to get the feedback directly..."*

*"Feedback from other people can help you to make better decisions"*

*"I think it was useful, it's useful to reflect...because it sometimes reminds you of something that you've not been aware of or you wouldn't necessarily notice".*

Practice educator and tutor views regarding the feedback:

*"I think they probably enjoyed that bit the most, seeing how each other did things and feeding back.....I think that was the most beneficial level" (regarding peer feedback; placement educator)*

**Figure 3** Example quotes from students and a practice educator regarding feedback

### *Discussion – Development of Reflective Practice Skills*

Reflective practice is deemed an essential skill for future practitioners to learn and perform and provides the framework for transferring and applying learning (theory) into different practical scenarios (Fealy, 1999; Duffy, 2009). Reflection is a skill which is not necessarily easily developed or practiced as it is often sidelined or hindered, as observed here on occasion, due to a focus on technical aspects during clinical training and time constraints encountered in busy clinical environments (Eraut, 1995). It has been suggested that raising the value of reflection as a crucial element of good practice, and highlighting the benefits (eg improved job satisfaction, practice

outcomes and the development of expert levels of practice (rather than years of experience) (Benner, 1984; Schon, 1987; King et al., 2007)) may resolve the issue of a lack of time (Ng, 2011) and encourage planned 'reflective time' (Duffy, 2009) (Owen & Stupans, 2009). The experiences reported here support these suggestions. Adopting a structured approach, comprising a series of taught sessions outlining reflective theory and using a guided model for evidencing and assessing reflective practice, helped the process of reflection development by ensuring students were aware of the importance and benefits of reflection, providing them with time and guidance to reflect on their practice and facilitate the provision of feedback regarding their practical and reflective skills in a timely manner.

#### *The benefits of obtaining multi-sourced feedback in the reflective process*

Feedback regarding performance can assist the development of reflection skills (Johns, 2002; Duffy, 2009; Ng, 2011). Without a feedback and open-dialogue approach there is a risk that reflection may be introspective (Osterman & Kottkamp, 1993 ; Cunliffe, 2002; McCabe & Timmins, 2006), preventing self-assessment and -awareness such as the recognition of weaknesses. Many studies supporting the use of feedback to enhance reflective skills report on the benefits of acquiring a mentor, or critical companion (Johns, 2002), who can question the student and assist them in deconstructing practice related issues (Johns, 2002). As with our programme, this mentorship role is often adopted by clinical educators (Osterman & Kottkamp, 1993 ; Johns, 2002; Duffy, 2009). The structured exercises used here comprised a section to record the critical dialogue which occurred between the student and their clinical educator but, significantly, also promoted reflection at a team level, as suggested by Ng (2011), encouraging the students to engage in open reflective dialogue with their peers, which has previously been shown to be beneficial (Garner et al., 2010), colleagues from other professions and clients (service users).

The assessment tool supported the feedback process by encouraging students to seek feedback from these various sources, which they reported to be particularly helpful and guiding the process by providing specific topics to be covered during the feedback sessions. This latter point may be particularly helpful for individuals who are inexperienced in providing feedback or helping develop reflective skills. The students themselves, and many of the clinical educators, are knowledgeable regarding feedback provision however, some of the educators are new to the role and service users are unlikely to be experienced in this aspect so providing a structure for them to follow will likely facilitate the process. This is reflected in the overall evaluation from the ALPS programme (Dearnley, Taylor et al., 2012).

Further benefits of implementing a structured, multi-sourced feedback approach include developing the 'assessor' skills of the students who, when qualified, may be involved in the training of new students. It may also provide a feeling of empowerment to the service users by actively involving them in the training of professionals from whom they receive care. There is limited evidence regarding healthcare students taking feedback from service users. Benefits have been reported within the medical and social care professions (Muir & Laxton, 2012) and obtaining patient feedback at point of service has been shown to be beneficial for making service delivery improvements (DiRocco & Day, 2011).

## **Conclusion**

Reflective practice is a fundamental component in clinical practice, positively impacting on personal and professional development. It has been highlighted that audiology can learn from other professions which have recognised the importance of reflection and have made steps toward

improving education and professional practice through reflection (Ng, 2011). The implementation of the structured approach described here, incorporating reflective theory, multi-sourced feedback and reflective exercises to develop reflective and professional skills of student audiologists was reported to be useful and thus, the ALPS tool appears to be a beneficial addition to the resources available for reflection development (Moon, 2004).

ALPS 2005. *Assessment and Learning in Practice Settings*.

Argyris C. & Schön D. 1978. *Organization learning: A theory of Action perspective*. Reading, Massachusetts: Addison Wesley.

Atkins S. & Murphy K. 1993. Reflection - a Review of the Literature. *Journal of advanced nursing*, 18, 1188-1192.

Benner P. 1984. *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley. Menlo Park, CA: Addison-Wesley.

Boud D. 2000. Sustainable Assessment: rethinking assessment for the learning society. *Studies in Continuing Education*, 22, 151-167.

Boud D. & Walker D. 1998. Promoting reflection in professional courses: the challenge of context. *Stud High Educ*, 23, 191-206.

Chabon S.S. & Lee-Wilkerson D. 2006. Use of journal writing in the assessment of CSD students' learning about diversity: A method worthy of reflection *Communication Disorders Quarterly* 27, 146-158.

Cunliffe A.L. 2002. Reflexive dialogical practice in management learning. *Manage Learn*, 33, 35-61.

Dearnley C.A., Taylor J.D., Laxton J.C., Rinomhota S. & Nkosana-Nyawata I. 2012. The student experience of piloting multi-modal performance feedback tools in health and social care practice (work)-based settings. *Assess Eval High Edu*, 1-15

DePlacido C. 2010. Reflective practice in audiology. *Hearing Review*, 17, 20-25.

DiRocco D.N. & Day S.C. 2011. Obtaining Patient Feedback at Point of Service Using Electronic Kiosks. *Am J Manag Care*, 17, E270-E276.

Duffy A. 2009. Guiding students through reflective practice - The preceptors experiences. A qualitative descriptive study. *Nurse education in practice*, 9, 166-175.

Epstein R.M. & Hundert E.M. 2002. Defining and assessing professional competence. *Jama-J Am Med Assoc*, 287, 226-235.

Eraut M. 1995. Schön shock: a case for reframing reflection-in-action *Teachers and Teaching: Theory and Practice*, 1, 9-22.

Esterhuizen P. & Freshwater D. 2008. *Using critical reflection to improve practice in International textbook of reflective practice in nursing*. Oxford, UK: Sigma Theta Tau International-Wiley.

Fealy G.M. 1999. The theory-practice relationship in nursing: the practitioners' perspective. *Journal of advanced nursing*, 30, 74-82.

Garner J., McKendree J., O'Sullivan H. & Taylor D. 2010. Undergraduate medical student attitudes to the peer assessment of professional behaviours in two medical schools. *Education for Primary Care*, 21, 32-37.

Gibbs G. 1988. *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Educational Unit, Oxford Polytechnic.

Goldberg L.R., McCormick Richburg C. & Wood L.A. 2006. Active learning through service-learning. *Communication Disorders Quarterly*, 27, 131-145.

- Jasper M. 2003. *Beginning Reflective Practice (Foundations in Nursing and Health Care)*. Cheltenham: Nelson Thames.
- Johns C. 2002. *Guided reflection: Advancing practice* Oxford, UK: Blackwell Science.
- King G., Currie M., Bartlett D.J., Gilpin M., Willoughby C., et al. 2007. The development of expertise in pediatric rehabilitation therapists: changes in approach, self-knowledge, and use of enabling and customizing strategies. *Developmental neurorehabilitation*, 10, 223-240.
- Kolb D.A. 1984. *Experiential Learning: experience as the source of learning and development*. New Jersey: Prentice-Hall
- Levett-Jones T.L. 2007. Facilitating reflective practice and self-assessment of competence through the use of narratives. *Nurse education in practice*, 7, 112-119.
- Mamede S., Schmidt H.G. & Penaforte J.C. 2008. Effects of reflective practice on the accuracy of medical diagnoses. *Med Educ*, 42, 468-475.
- Mann K., Gordon J. & MacLeod A. 2009. Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Sciences Education, Theory and Practice*, 14, 595-621.
- McCabe C. & Timmins F., ) 2006. *Communication skills for nursing practice*. Hampshire, UK: Palgrave Macmillan.
- Moon J.A. 2004. *A handbook of reflective and experiential learning: Theory and practice*. New York, NY: Routledge.
- Muir D. & Laxton J.C. 2012. Experts by experience; the views of service user educators providing feedback on medical students' work based assessments. *Nurse Education Today*, 32, pp146-150.
- Ng S. 2011. The role of reflection in audiology students' development as professional practitioners: a constructivist grounded theory *The School of Graduate and Postdoctoral Studies*. Ontario, Canada: The University of Western Ontario.
- Osterman K.F. & Kottkamp R.B. 1993 *Reflective practice for educators: Improving schooling through professional development* Newbury Park, CA: Corwin Press
- Owen S.M. & Stupans I. 2009. Experiential placements and scaffolding for reflection. *Learning in Health and Social Care*, 8, 272-281.
- Reid B. 1993. "But we're doing it already". Exploring a response to the concept of reflective practice in order to improve its facilitation *Nurse education today*, pp. 305-309.
- Schon D.A. 1983. *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schon D.A. 1987. *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco, CA: Jossey-Bass Inc.
- Walker S. 1996. Reflective practice in the accident and emergency setting. *Accident and emergency nursing*, 4, 27-30.
- Wilkinson J. 1999. Implementing reflective practice. *Nursing Standard*, 13, 36-40.