

Perspectives on Reflection

If you are a student or doctor in training, it is very likely that you are reading this book because you have been told that reflection is now a required part of your learning, and that you are in some way expected to provide evidence of this reflective activity. The purpose of this book is to help you to use the time that you spend in this reflective activity in a way that is beneficial to you, to your learning, and to your skills as a learner and future practitioner. The book is also relevant (and we hope useful) for clinical and academic teachers who are interested in developing effective and meaningful reflective practices in their learners wherever they are in their stage of education or training, and for doctors at all stages of their career who have to engage in reflective activities for their continuing professional development. We set out the structure and give an overview of the content of each section and chapter of the book at the end of this chapter. Prior to that, each of us has set out a personal 'reflection on reflection' as part of setting the context for the book; these include some of the challenges for embedding reflective practice into programmes as well as some of the benefits.

Reflective Learning: Making a Difference – Andrew Grant

I was sufficiently interested in its possible applications to make reflective learning in undergraduate medical students the subject of my PhD. Studying the subject in depth taught me that reflection can enhance medical students' learning in a variety of ways.

My early work was largely focussed on reflection as a way of learning from experience. I used a number of techniques to help students to reflect on learning encounters and to identify the learning needs that were revealed. I have used templates based on the Kolb cycle (Kolb, 1984) as well as facilitated reflective learning groups (Grant, 2013) to support this form of learning. What I

discovered through my research in this area is that reflective learning helps learners to better integrate learning and to be more self-directed. When students are addressing learning needs that they have identified for themselves, their motivation is intrinsic. What reflection particularly offers medical students is a way of constantly modifying and adding to their body of knowledge, with the result that they are able not just to reproduce what they know but to apply it in future situations, which might be different from the context in which they first learned it. Medical students are faced with a wide, varied and interconnected body of knowledge that they have to master. Reflection offers them a potent tool, which allows them to take control of this process and to become much more aware of their body of knowledge at any one time: where its strengths lie and where the gaps are.

Further study of reflective learning showed me that the use of reflection as a way of managing what you know and what you need to know is just one facet of reflective learning, albeit an important one. As well as acquiring a body of knowledge that they can apply appropriately in multiple clinical contexts, medical students also have to undergo a degree of professional development. Through reflection on clinical encounters they can examine their own values and recognize the qualities that they will need to develop in order to think, speak, act and behave like doctors.

As reflection becomes a core learning activity for medical students and practising doctors at all stages of their careers, it forms an essential part of an increasing number of core learning activities. Of particular note is the way reflection is embedded in aspects of selection and forms part of professionalism. For example, as part of selection processes at undergraduate and for speciality training, applicants are typically asked to how they would approach a situation with a number of conflicting demands and explain and reflect on their choices. They may also be asked to reflect on significant events or ethical dilemmas they have faced, and discuss what they have learned from the process and how this would affect their future practice. Reflection is a key aspect of professionalism, but also in terms of how a lack of reflection and self-insight often underpins unprofessional behaviours. The General Medical Council (GMC) notes that 'the sort of misconduct, whether criminal or not, which indicates a lack of integrity on the part of the doctor, an unwillingness to practise ethically or responsibly or a serious lack of insight into obvious problems of poor practice will bring a doctor's registration into question' (GMC, 2014). Such behaviours (from students and practitioners) can lead to investigation by their medical school/university or the regulator. As part of the investigation or fitness to practise (FTP) process, they may be asked to give an account of the events and through reflection to demonstrate that they are able to show insight into their actions and the possible consequences. For example, the Doctors' Defence Service UK advises doctors who are required to attend a GMC FTP hearing to provide evidence of personal insight to support their case: 'a doctor

should write out their reflections, giving careful thought to what they want to say, with a view to submitting their writings to the FTP panel. The exercise will also assist the doctor in presenting their case when they give oral evidence' (Doctors' Defence Service UK 2016). Whilst these examples are at the extreme end of the spectrum in terms of why reflection is important, they highlight its importance in maintaining professionalism throughout one's career, which is founded on self-insight, reflection and learning.

Start Early, Make it Routine – Judy McKimm

Working with doctors in training on postgraduate leadership programmes for over 10 years has caused me to think about the effectiveness of the training in purposeful reflection that occurs at undergraduate level and beyond. As with many masters' programmes, being able to reflect on and for action and think critically, and to link this meaningfully to practice, are key learning outcomes and 'transferable skills'. A few things come to mind when I think about how we embed reflection and critical thinking into the programme. The first is how little prepared (and often resistant) most of the students are to engage in formal reflective activities. Whilst they are more than happy to reflect on, in and for action through small group and whole class activities, when it comes to writing, especially writing for summative assessments, it becomes more challenging. Most students and doctors in training have not done purposeful reflection to any great extent, other than perhaps writing reflective accounts that do not get feedback or, whilst they have to be completed, are not marked summatively. So, one thought is that perhaps we need to educate teachers better on the different ways in which reflection can be embedded into a programme from the start, the ways in which reflection can be assessed (formally and informally, formatively and summatively) and how to overcome resistance in learners. Kurt Lewin says 'there's nothing as practical as a good theory' (Lewin, 1946), and I would paraphrase this to say 'there's nothing as practical as good reflection'. Fiona talks more below about some of the challenges, but my students would say (see some quotes in later chapters as well as this one) that the benefits far outweigh the challenges in terms of developing them as truly reflective practitioners.

So what do we do in the leadership programmes to help develop reflection as a routine learning and practice activity? First, we openly discuss the students' experiences of reflection (positive and negative) and set this in the context of the programme and its requirements. We know that 'assessment drives learning', and, because every written assignment has a reflective component included, this becomes a key motivation factor. We spend half a day with the students (out of eight contact days) on reflective practice and its importance for leadership development. This includes the theoretical

background, some frameworks and models, the importance of triangulating experiences and observations with the leadership literature and what 'good' and 'poor' reflections look like, and, most importantly, students have time to practise and receive constructive feedback from tutors and peers on both oral and written reflective activities. Whilst we teach leadership 'theory', our main aim is something much broader than this, encapsulated in a written reflection from a student:

I expected to gain knowledge, which would be directive to say, in this situation we do that, and in this situation we do this. But instead, it has given me a way of thinking, to tie any theory in with practice (K, C7).

Such a way of thinking has reflection at its heart. Throughout the course, we take a reflective approach to teaching, through questioning our own and others' practice; encouraging challenge and facilitating 'fierce conversations'; enabling students to learn more about themselves (their strengths and areas for development), and equipping students with different tools and techniques to 'think differently', critically and from different perspectives, such as de Bono's 'thinking hats', (de Bono, 1985) 'what if?' questions and 'empathy mapping'. A range of reflective and critical thinking assessments include: a 'significant event analysis', their 'leadership journey' reflective narrative, critical review of a leadership article, critique of effective and failing leadership, reflection on the way they managed their quality improvement project and critical reflection on themselves as 'change leaders'. The culmination of these activities is shown in the quote below from one of the students at the end of the first year of the clinical leadership programme:

I think that the biggest development has been in deciphering what type of leader I am. I thought I knew, I thought I was aware of my strengths and weaknesses and had a good understanding of the traits and behaviours necessary to lead a team successfully. But what I have learnt is that I have become more self-aware, more able to appreciate the differences between the real and modelled worlds. I have developed the courage to challenge the status quo, to suppress manipulating behaviour and to have the conviction to implement unpopular measures, I have learnt under what circumstances to exercise legitimate authority (A, C1).

If we can facilitate such deep reflections from our learners through embedding a curriculum philosophy, approach and activities that have reflection and critical thinking at its heart, then we will in turn develop the reflective practitioners of the future, who will have what Kouzes and Posner call 'the courage of the heart' (2009, p. 63) to challenge and improve healthcare.

Some Challenges for Reflective Practice – Fiona Murphy

Part of the purpose of this book is to articulate the positive contribution that reflective practice can make in both the initial preparation of practitioners and continuous professional development. Reflective practice is about not just teaching and learning, but fostering within individuals the skills of critical thinking and a constantly questioning approach, not just to their own practice but also to the context in which their practice occurs. A challenge for the exponents of reflective practice within a curriculum is how to ensure that reflective practice is not reduced to some meaningless tick-box exercise in which learners just go through the motions of reflecting and producing reflective material they think their teachers and assessors want to see. Sometimes, the process of reflecting is more important than the need to produce outcomes that satisfy some kind of external criterion. At its heart, reflective practice and the reflective practitioner both have the potential to be subversive, and it is this element of subversion that needs to be developed and channelled. Being able to be reflective enables the individual to appraise healthcare and healthcare practice in a 'critical' way and see it from different perspectives. This can enable challenges to dominant discourses within healthcare and offer alternatives. The challenges for healthcare educators are to ensure that these skills are developed in learners.

Another continuing challenge for reflective practice is 'show me the evidence that reflective practice works'. It is widely adopted within healthcare, but there is little empirical evidence that supports some of the claims made for it, apart from its widespread adoption. In an evidence-based healthcare system in which specific kinds of evidence are needed to demonstrate tangible outcomes, this is indeed seen as a deficiency. However, a counterargument to this is that not all forms of phenomenon readily lend themselves to being measured in such a reductionist way, so, despite this kind of evidence not being readily available, this does not indicate that it is not worth adopting. However, serious reservations as to the utility and efficacy of reflective practice exist, and these concerns need to be taken seriously and addressed.

Finally, in a fast-moving, globalized, social-media-dominated world, is reflecting in and on action still of relevance? The ability to access masses of information on a wide range of topics is a feature of contemporary society and healthcare. However, this information may be distorted and false, and hence there is even more of a need to pause and critically reflect on the nature of the information and its source. The skills of reflection – especially critical reflection – are therefore even more important in contemporary society and healthcare.

About the Book: Structure and Content Overview

The book is divided into four parts, each of which considers reflection and reflective activities from a different perspective:

- Part 1 What is reflection?
- Part 2 Learning reflection
- Part 3 Facilitating reflection
- Part 4 Developing as a reflective practitioner.

In Part 1, we describe and explore some of the theoretical underpinnings of reflection and reflective practice, and some frameworks and models that help guide and structure reflective activities. These are considered in relation to key educational, political and professional drivers that lie behind the current emphasis on ensuring doctors are reflective, mindful practitioners. Chapter 2 specifically considers reflection and reflective practice in their broadest sense, describing what these are (and what they are not). We look at the reasons why learners are asked to reflect and what they may expect to gain from reflective learning. We also explore differences between informal, everyday reflection and the more formal, structured learning activities in which many programmes require learners to engage, and describe some techniques for reflection. In Chapter 3, we build on this by taking a multidisciplinary, historical approach to exploring and explaining reflection for medical students, trainees and doctors, and explaining where reflective practice emerged from, in the context of major educational, philosophical and psychological perspectives including those of Dewey, Freire, Kolb, Vygotsky, Ausubel and Schön.

Part 2 is written specifically for learners and practitioners, providing guidance and ideas about how to embed reflection into day-to-day learning experiences and activities (reflecting in, on and for action), particularly in clinical practice. Chapter 4 considers a range of influential models and frameworks that have been, or are currently, used to structure, explain and develop reflection. The chapter describes these in terms of the contexts in which they may be helpful and considers their strengths and limitations, including the evidence base for each. In Chapter 5, we shift the focus to considering some practical activities that can help reflection in clinical practice, taking some of the theories and frameworks described in Chapters 3 and 4 and applying them to various contexts through case studies and examples. This chapter looks primarily at *reflection on action*, activities and models that can help practitioners capture and reflect on events that have already happened. Chapter 6 looks at writing as a reflective process in more depth. It looks at the range of activities, requirements and modalities involved in reflective writing, including informal, personal and formative reflection via journals, diaries, logs and e-portfolios and writing for summative assessments. In Chapter 7, we consider a range of face-to-face activities that occur in various learning and clinical settings which

incorporate reflection. These might involve individual learners working on a one-to-one basis with a facilitator or teacher (such as appraisal, supervision, mentoring or coaching) or learners working in a small group of peers with a facilitator, for example in problem or case-based learning. Finally, in Chapter 8 we explore reflection as a way of developing and accessing knowledge about our own practice through research and critical inquiry. The chapter discusses reflection and knowledge generation, critical thinking and action research through practical examples and illustrations.

In Part 3 we move the focus to the perspective of the teacher, educator or trainer working as a facilitator of reflection in informal and formal settings, and with individuals or groups of learners. Chapter 9 looks at the curriculum or programme (be this at undergraduate, postgraduate or professional development level) and how reflection can be built into the curriculum through various approaches, activities and methods. The chapter also considers how the teacher might evaluate the impact or success of the curriculum initiatives. This chapter looks at specific learning and teaching methods that can be used to encourage, support and promote reflection and reflective practice. These include formal 'classroom' or clinically based activities, self-directed learning and directed self-learning (including digital learning) and making the most of informal, opportunistic reflective learning moments. Chapter 10 takes an educator's perspective in exploring how a reflective approach and reflective practice might be assessed. The chapter discusses a range of assessment modalities and feedback (including written, oral and practical), their strengths and limitations, how critical reflection might be built into these and how best the assessments and feedback might be used to encourage reflection. We also examine how having reflections assessed might change the way in which learners approach reflective learning and may even undermine the intended learning outcomes.

Part 4 is focussed on broader, lifelong aspects of reflection and developing as a reflective practitioner. Chapter 11 builds on earlier chapters and considers the key role of reflection in establishing, developing and re-examining professional identity. The chapter discusses how professionals develop and re-evaluate their identities. It also considers how life events, personal circumstances and personality traits might influence identity development and how guided or more purposeful reflection might help alleviate or prevent stress or burnout. We also consider how reflection can be challenging to professional identity formation. In Chapter 12 we bring the book to a close and consider the role of reflection in training, lifelong learning and continuing professional development, with a particular focus on appraisal and revalidation processes. The chapter considers how best to compile a body of satisfactory evidence for revalidation and how to structure the appraisal to incorporate reflection. It also looks more deeply into the underpinning learning processes involved and how these can aid or inhibit reflection.

