

Occupational Therapy Clinical Education Program (OTCEP)

A clinical education guide to reflective practice

January 2022

Occupational Therapy Clinical Education Program (OTCEP)

A clinical education guide to reflective practice

January 2022



**Queensland
Government**

Contents

How can this guide be used?	3
Why should we reflect on practice?	3
What is reflective practice?	4
How can practitioners engage with reflective practice?	5
Reflective practice and supervision	6
Reflective practice and learning goal development	6
Reflective practice and evidence-based practice	7
Reflective practice and peer learning and interprofessional practice	7
Reflective practice and feedback literacy	8
How can learners be supported to reflect on practice?	8
What processes or frameworks can guide reflection on practice?	12
Want to know more about reflective practice?	13
References	14

How can this guide be used?

This guide is intended for use by individuals who would like to learn about reflective practice, develop their ability to reflect on practice or are committed to supporting others to do so in clinical practice settings.

This guide has been produced by the Occupational Therapy Clinical Education Program (OTCEP) which strives for continuous improvement in, access to and the quality of clinical education for pre-entry students and new graduates within Health and Hospital Services across the state. OTCEP provides support to students, their clinical educators, new graduates and their supervisors and produces high quality, evidence based clinical education resources. For more information or further resources contact OTCEP@health.qld.gov.au.

Why should we reflect on practice?

Reflective practice enables practitioners to develop competence when working in complex health care environments (Boud et al 1985, Moon 2001, Schon 1983). Health professionals can use reflective practice to review and seek to continuously improve their skills and capabilities, therefore strengthening the quality of care and services they provide to the clients with whom they work.

Reflective practice enables health professionals to understand their own clinical reasoning as through reflective practice they develop a consciousness about their reasoning. This is an essential first step to learning from experience. This consciousness includes understanding more about how they make decisions in their own practice and what information they draw on to make these decisions. In a systematic review of reflective practice in health professions education, Mann et al (2009) identified that reflective practice facilitates learning by promoting an understanding of professional beliefs, attitudes and values, integrated within professional culture.

Through health professionals developing a consciousness and understanding about their clinical reasoning they develop as self-aware professionals who can self-regulate and self-monitor (Mann et. Al. 2009). The need to reflect on one's own practice is included in the Occupational Therapy Competency Standards (2018). To develop knowledge and learning, occupational therapists 'reflect on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice' (page 7). They also 'reflect on practice to inform and communicate professional reasoning and decision-making' (page 8). Therefore, reflective practice presents a learning and development opportunity in practice settings as well as an expected component of a health professional's daily practice.

What is reflective practice?

Reflective practice enables practitioners to process knowledge to learn from their experience, the importance of which is well documented (Gibbs, 1988; Kolb, 1984). Reflective practice has been defined as:

“a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to a new understanding and appreciation” (Boud 1985 p. 19).

Reflective practice can be viewed and depicted simplistically (Kinsella, 2001) and can refer to a process that people engage in unconsciously (Moon 2001). However, literature supports the need to engage in more structured processes to facilitate reflection if learning from experience is to be maximised.

Reflective practice has been described as a:

‘form of mental processing—like a form of thinking— that we use to fulfil a purpose to achieve some anticipated outcome. It is applied to relatively complicated or unstructured ideas for which there is not an obvious solution and is largely based on the further processing of knowledge and understanding and possibly emotions that we already possess’ (Moon 2001, p. 2).

Reflective practice is more than the recall and recollections which might occur unintentionally as part of daily work. Reflective practice is an intentional, structured process which enables a clear outcome. A range of processes, stages, and levels are presented to represent reflective practice in health professional literature. Following a literature review, Atkins and Murphy (1993) identified 3 characteristics of reflective practice commonly identified by the majority of authors:

- Awareness of uncomfortable feelings and thoughts
- Critical analysis, examination of feelings and knowledge
- Development of a new perspective on a situation

In occupational Therapy, reflection is described in the competency standards (2018) in relation to advancing one’s own practice through the integration of new knowledge gained in various ways:

*‘**Reflection** is the process of thinking critically about one’s practice. This may involve consideration of assumptions and alternative approaches, comparison to the practice of colleagues, considering the potential relevance and application to practice of new knowledge, acquired through reading, formal learning or other CPD activity’* (p. 12).

Schon (1983) identified two forms of reflection. Reflection *in* action involves thinking and processing whilst completing the task. Reflection *on* action is completed retrospectively and is most likely to be

used as a teaching and learning opportunity in practice settings. Reflection in action is a more advanced skill which can be perfected over time. Engaging in reflection *in* and *on* action can lead to practitioners being able to reflect *for* action (Farrell, 2012). Reflection *for* action supports practitioners to develop confidence and skills which can equip them for their future practice (Farrell, 2012).

How can practitioners engage with reflective practice?

Reflective practice presents an accessible learning activity which can be completed at any time. It is good practice for practitioners to develop their ability to reflect in practice (in the moment) as well as reflect on practice (looking back on an event). Practicing reflection after an experience is likely to lead to enhanced ability to reflect in or during practice. Developing reflective practice skills may take some time and practice. Atkins and Murphy (1993) identified the cognitive and affective skills necessary to engage in reflection. These skills are:

- Self-awareness- enables the person to analyse their feelings, their effect on the situation and how the situation has affected them
- Description- the ability to provide an accurate account of what happened
- Critical analysis- the ability to examine components of the situation
- Synthesis- enables the integration of new knowledge with existing knowledge
- Evaluation- the ability to make a judgement about something involving the use of a standard or criteria.

Health professionals may choose to develop their reflective practice skills alone, developing habits and repetitively using templates to prompt the steps and stages (see Appendices for these).

Additionally, practitioners can further develop their reflective practice skills through discussion with others which enables expert guidance and support which has been demonstrated to support reflective practice skill development (Donaghy & Morss, 2000). Supervision offers a useful forum to practice and receive feedback on reflective practice skills.

Reflective practice and supervision

Reflective practice capability can be developed with systematic attempts, or in other words, through practice (Mann et al, 2009). Supervision can provide health practitioners with opportunity to practice reflective skills within a supportive environment, factors which have been identified as enabling factors for developing reflective practice skills (Mann. Al., 2009, Guy, et. al., 2020). Within supervision, supervisors could discuss the benefits of reflecting on practice, motivate and prompt their supervisees engagement in reflective practice (Guy, et. al., 2020). While reflective practice skills can be practiced and developed within supervision, conversely, reflective practice has been identified as making a positive contribution to engagement in supervision and its outcomes (Moore & Fitzgerald, 2016).

Want to know more?

For reflective practice activities which could be completed within supervision see the section: ***How can learners to supported to reflect on practice?***

For practical strategies to develop reflective practice through supervision, support and education request the **OTCEP new graduate factsheet: reflective practice**

Reflective practice and learning goal development

Reflective practice can assist health practitioners to evaluate their own practice and this in turn can lead to the development of learning needs (Fitzgerald, Moore et al 2015). Key to this process is the self-assessment or self- evaluation which can be enabled using reflective practice (Mann et al 2009). Self-evaluation supports the identification of learning goals which can form the basis of a learning plan (Mann et. al., 2009).

Reflection on practice for learning goal development may utilise a reflective practice cycle to prompt reflection on a specific event or interaction within practice. Templates are available which provide prompts to engage within the stages of these cycles, for example the Gibbs (1988) reflective practice cycle (Appendix II). Alternatively, health practitioners could reflect on their skills and abilities in relation to profession specific capability or skill-based framework, for example the Occupational therapy competencies (Occupational Therapy Board, 2018).

Want to know more?

The Occupational Therapy Clinical Learning Framework (OTCLF) was developed to support the professional development of new graduates by utilising reflective practice for learning goal development within supervisory relationships. A range of resources which describe the OTCLF and support its use are available on request from otcep@health.qld.gov.au

Reflective practice and evidence-based practice

Reflective practice guides health professionals to consult the available evidence to support and guide practice decisions. When engaging in reflective practice, a health practitioner may ask themselves the question: Was my knowledge base adequate in this practice situation? (Bannigan and Moores, 2009). Questioning one's own knowledge base prompts the health practitioner to consult the available evidence. Knowledge gained from evidence can be shared or developed through supervision, in preparation for use in practice (Bannigan and Moores, 2009).

Want to know more about using reflective practice alongside evidence-based practice?

The following article presents a model of professional thinking which incorporates the use of evidence within a reflective practice journey:

Bannigan, K. and Moores, A. (2009) A model of professional thinking: Integrating reflective practice and evidence-based practice. *Canadian Journal of Occupational Therapy*, 76(5), 342- 350.

Reflective practice and peer learning and interprofessional practice

Reflective practice abilities can be enhanced through group discussion. This is often a component of peer or interprofessional learning. Peer learning enables learning with and from one another and can provide a supportive environment and time for reflective practice development (Mann et. al., 2009).

When health professionals are conscious of their own clinical reasoning processes, they can more readily describe it to others. This supports interprofessional collaborative practice as health professionals describe their clinical reasoning to professional colleagues of the same or other professions to support client centred care. They may also need to describe their reasoning to people who are less experienced, such as new graduates or students, in support of the learning and development of others.

Want to know more?

OTCEP peer learning guides contain templates and processes which prompt reflection on practice, information sharing and feedback. These are available on request from otcep@health.qld.gov.au

Reflective practice and feedback literacy

Feedback literacy can be conceptualised as “a learners’ ability to recognise, comprehend, generate, and take action on feedback they encounter during their learning to aid health professions learners’ clinical competency development” (Tripodi et al., 2020, pg.960). Reflective practice supports higher levels of feedback literacy in learners, educators, and supervisors.

Feedback literacy involves an understanding of what feedback is; how to seek and receive feedback effectively; how to modify performance based on feedback and an understanding of roles in an effective feedback process. Being able to self-assess is considered an important initial step in any feedback process aiming to promote learning and development through practice (Algiraigri 2014). As mentioned in previous sections reflective practice supports the self-assessment and self-awareness of health professionals.

Want to know more?

The following article offers 12 tips on developing feedback literacy, including in the final tip, the need to reflect on feedback received:

Tripodi, N., Feehan, J., Wospil, R., & Vaughan, B (2020) Twelve Tips for developing feedback literacy in health professions learners. *Medical Teacher*, 43(8), 960-965.

DOI:10.1080/0142159X.2020.1839035

How can learners be supported to reflect on practice?

A range of different activities and exercises could give learners an opportunity to develop their reflective practice skills. Moon (2004) advises on the introduction of exercises which involve:

- ‘standing back from oneself’
- reflection on the same subject from different viewpoints
- reflection on the same subject matter from the viewpoints of different disciplines
- reflection that is obviously influenced by emotional reaction.

The **reflective practice cycle** (Gibbs, 1988) can be used to assist others to organise their thoughts and engage in a structured process of reflection. When guiding the reflection of others, prompt questions can be a useful resource. Example prompt questions are provided below. They offer suggestions and ideas of phrases to assist the facilitator to enquire about the same point, just in a different way. Facilitators can choose from the questions below, adapt and modify these or think of

their own. As an individual's skills as a facilitator of reflective practice develop, so too will their choice of phrases and questions to suit the needs of the reflective practitioner and the context.

Questions are presented in 3 sections reflective of how they might be used:

- a) initiate reflective practice
- b) provide examples of techniques to use during the session and
- c) provide example questions, arranged in a table consistent with the stages of Gibbs reflective cycle (Gibbs 1988).

a) Initiating reflective practice

If reflective practice is being facilitated within supervision, there is an expectation that the supervisee will develop an agenda including discussion topics. However, there may be instances when it is appropriate for the facilitator to assist with the initiation of reflective practice, setting the expectation for the use of prompt questions for the rest of the interaction.

What are your hopes for this conversation today? What do you want to strengthen, get better at or be better prepared for?

What do you find challenging/ confusing in your work?

Is there a situation you would like to feel better equipped for?

What do you want to understand more about or get better at?

Think of a time when something went really well....

b) Examples of techniques to use during the session

Sometimes there are recognisable patterns in the questions which are used which may provide a helpful format when developing alternatives.

Take opportunities to paraphrase content and feeling throughout reflective interaction, these can lead to a new question

It sounds as if there were some positive factors in the way you managed the situation?

What did you feel went well?

Ask questions which identify commonality and differences with other experiences

When I consider what you have told me about the two scenarios it sounds that there may have been some similarities? Had you identified those? Was that the case? What were the key differences?

I can sense from what you are saying that you felt better about the situation when that happened- is that right?

Have you seen similar characteristics in other people you have supported?

Ask permission to share and contribute information. This technique ensures the facilitator doesn't share based on their own perceived expertise or seniority, promoting a non judgemental environment which values everyone's contribution

Can I give you a suggestion?

Can I give you an idea?

Would it be ok for me to tell you some things I've noticed about, you probably have thought about it too, is it ok for us to share together?

c) Example questions consistent with the stages of the Gibbs reflective practice cycle
(Gibbs 1988).

Description: What happened? Provide facts only, don't make any inferences or assumptions as to why things happened the way they did.

Can you help me get a better understanding of the history of this struggle/situation?

Tell me what happened, who was involved and what you did?

What exactly did you do? How would you describe it precisely? Why did you choose that particular action?

Can you tell me a little more about the context? Where did this take place?

How well did you know the person?

Thoughts/Feelings: What were you thinking and feeling?

When this situation first arose, what feelings did you have? What feelings did this situation evoke?

You clearly have a lot of experience within OT, did you feel personally challenged by what you were hearing?

At the time what sorts of things were you telling yourself?

What do you feel about the whole experience?

How did the client feel about it? How do you know the client felt like that?

Evaluation: What was good about the experience/what areas did I do well? What was not so good about the experience/what areas could I improve?

What did you do next? What were the reasons for doing that?

What were you aiming for when you did that?

What impacts has this situation been having on you or others?

How have you or others been responding? What's been important in thinking about how you are handling this?

What pleased you most about this consultation and why? What troubled you most about this consultation and why?

How successful was it? What criteria are you using to judge success?

Why do you think that worked so well?

What were the things which went less well, which you might have felt more uneasy about?

Looking back on the situation- Are there any other conversations which you could have had?

How did you know to do this? Where did you get this idea? How did it come to you?

Do you think your knowledge was adequate in this situation? Was there anything you were unsure about? If yes, what could you do about this?

What skills, intentions or knowledge were you calling on?

What theories/models/research informed your actions?

What would help you to solve that problem?

Did you give any advice? Do you think this helped the client? How do you know this?

Did you liaise with anyone after the consultation? Do you feel this communication was helpful to the other person, the client, yourself and how do you know this?

Analysis/Synthesis: What sense can you make of the situation? What have you learnt? What does it mean?

What have you found helpful in similar situations?

What would your ideal outcome have been? What would your ideal outcome be now?

Have you seen a client with similar problems before? How did this consultation differ?

Conclusion: What else could you have done? What could you have not done?

Could you have dealt with the situation any better? How would you do it differently next time?

What actions do you need to take after the consultation? Do you feel competent to tackle these?

Action plan: If it arose again what would you do? Would you do things the same or different?

How will you adapt your practice in light of this new understanding (what techniques/strategies will I use to improve my performance)? How will I know I have improved (what is my measure of success?)?

If the situation arose again, what would you be more aware of, what would you have done differently?

What key actions would you take in the future if the same situation arose again?

Can you identify any learning needs in relation to this experience?

What processes or frameworks can guide reflection on practice?

Frameworks to prompt the stages of reflective practice are helpful to guide learners (Moon 2004) There are many pictorial representations of the steps and stages of reflective practice. Three examples are included in the appendices of this guide and can be used as a template.

1. Rolfe et al (2001) provides three simple questions: What? So what? and Now what? as a quick reminder of a reflective practice process (see Appendix I).
2. Gibbs (1988) reflective practice cycle has been shared widely and includes stages common to a range of authors identified by Atkins and Murphy (1993)(See Appendix II).
3. Fish (1991) identified strands of reflection which are featured on a template within the appendices (see Appendix III).

Learners may need additional information to enable them to work through Fish's strands. In this [video](#) Professor Matthew Molineux presents Fish's (1991) Strands of Reflection from slides 25-34 or 24:30 to 36:58 minutes.

Want to know more about reflective practice?

An online [tutorial](#) has been developed by Metro North Occupational Therapy Clinical Education Support Officer to support students to use reflective practice on placement. Although developed for student, this presentation has useful information for all health practitioners on the key components of reflective practice and how it can be used in practice.

The Occupational Therapy Practice Education Collaborative- Queensland (OTPEC Q) have produced a wealth of resources related to practice education. In this [video](#), Associate Professor Jodie Copley from the University of Queensland talks about how to promote reflective practice with students on placement.

References

- Atkins, S. and Murphy, K. (1993). Reflection: a review of the literature. *Journal of Advanced Nursing*, 18, 1188-1192.
- Boud, D., Keogh, R. and Walker, D. (1985). *Reflection: Turning experience into learning*. London: Kogan page, New York: Nicholas Publishing.
- Donaghy, M. E. and Morss, K. (2000). Guided Reflection: A framework to facilitate and assess reflective practice within the discipline of physiotherapy. *Physiotherapy Theory and Practice*, 16, 3-14.
- Farrell, T. S. C. (2012). Reflecting on reflective practice: (Re)Visiting Dewey and Schön. *TESOL Journal*, 3 (1), 7–16.
- Fitzgerald, C., Moores, A. & Coleman, A. (2015). Supporting new graduate professional development: A clinical learning framework. *Australian Occupational Therapy Journal*, 62 (1), 13-20.
- Fish, D. (1991). Developing a theoretical framework. In D. Fish, S. Twinn & B. Purr (Eds.), *Promoting reflection: Improving the supervision of practice in health visiting and initial teacher training* (pp. 17-31). London: West London Institute of Higher Education.
- Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Polytechnic, Oxford.
- Guy, L., Cranwell, K., Hitch, D. & McKinstry, C. (2020). Reflective practice facilitation within occupational therapy supervision process: A mixed method study. *Australian Occupational Therapy Journal*, 67: 320-329.
- Kinsella, E. A. (2001). Reflections on reflective practice. *Canadian Journal of Occupational Therapy*, 68 (3), 195-198.
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. London: Prentice Hall.
- Mann K , Gordon, J. & McLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Science Education*, 14: 595-621.
- Moon, J. (2001). *PDP working paper 4: Reflection in Higher Education learning*. LTSN Generic Centre. Retrieved February 1st 2022 from:

<http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=52001F4EC9ABA0C52D19E1BC13322FA3?doi=10.1.1.503.5288&rep=rep1&type=pdf>

Moon, J. (2004). *A Handbook of reflective and experiential learning: Theory and practice*. London: Routledge Farmer, Taylor and Francis group.

Retrieved February 1st 2022 from:

http://perpustakaanandeaajulia.weebly.com/uploads/1/8/2/6/18261275/a_handbook_of_reflective_and_experiential_learning_-_theory_and_practice.pdf

Occupational Therapy Board of Australia (2018) Occupational Therapy Competency Standards.

Retrieved February 1st 2022 from: [Occupational Therapy Board of Australia - Australian occupational therapy competency standards](#)

Rolfe, G., Freshwater, D. & Jasper, M. (2001). *Critical Reflection for Nursing and the Helping Professions: A User's Guide*. Basingstoke. Palgrave Macmillan.

Schon, D. (1983). *The Reflective Practitioner*. Basic Books, London.

Tripodi, N., Feehan, J., Wospil, R., & Vaughan, B (2020) Twelve Tips for developing feedback literacy in health professions learners. *Medical Teacher*, 43(8), 960-965.

Appendix I**A reflection process (Rolfe et al, 2001)**

<u>What?</u> Description of the event. Awareness of feelings and thoughts
<u>So What?</u> Critical analysis, examination of feelings and knowledge of event
<u>Now what?</u> Development of a new perspective on a situation. Proposed action/s following the event

Appendix II**A reflective practice cycle** (adapted from Gibbs, 1988)

<p><u>Description</u>: What happened? Provide facts only, don't make any inferences or assumptions as to why things happened the way they did.</p>
<p><u>Thoughts/Feelings</u>: What were you thinking and feeling?</p>
<p><u>Evaluation</u>: What was good about the experience/what areas did I do well? What was not so good about the experience/what areas could I improve?</p>
<p><u>Analysis/Synthesis</u>: What sense can you make of the situation? What have you learnt? What does it mean?</p>
<p><u>Conclusion</u>: What else could you have done? What could you have not done?</p>
<p><u>Action plan</u>: If it arose again what would you do? Would you do things the same or different? How will you adapt your practice in light of this new understanding (what techniques/strategies will I use to improve my performance)? How will I know I have improved (what is my measure of success)?</p>

Appendix III

The strands of reflection (Fish, 1991)

<p><u>Factual</u>: reconstructing the experience drawing mainly on procedural knowledge of it, “what happened”</p>
<p><u>Retrospective</u>: stepping back to identify anything that stands out, critiquing the experience as a whole based on the factual strand</p>
<p><u>Substratum</u>: explore the personal theory that underlies the experience and relate this to (and consider how it might be assisted by) formal theory</p>
<p><u>Connective</u>: based on the three previous strands what does this mean for when something similar happens in the future? Will you do things the same or change your approach?</p>

© State of Queensland (Queensland Health) 2022



<http://creativecommons.org/licenses/by-nc/3.0/au/deed.en>

For further information contact Program Manager, OT Clinical Education Program, email OTCEP@health.qld.gov.au. For permissions beyond the scope of this licence contact: Intellectual Property Officer, email ip_officer@health.qld.gov.au, phone (07) 3328 9862.