



Reflecting on 'Reflective practice'

By: **Linda Finlay**, *Phd, BA(Hons), DipCOT*

“Maybe reflective practices offer us a way of trying to make sense of the uncertainty in our workplaces and the courage to work competently and ethically at the edge of order and chaos...” (Ghaye, 2000, p.7)

Reflective practice has burgeoned over the last few decades throughout various fields of professional practice and education. In some professions it has become one of the defining features of competence, even if on occasion it has been adopted - mistakenly and unreflectively - to rationalise existing practice. The allure of the 'reflection bandwagon' lies in the fact that it 'rings true' (Loughran, 2000).

Within different disciplines and intellectual traditions, however, what is understood by 'reflective practice' varies considerably (Fook et al, 2006). Multiple and contradictory understandings of reflective practice can even be found within the same discipline.

Despite this, some consensus has been achieved amid the profusion of definitions. In general, reflective practice is understood as the process of **learning through and from experience** towards gaining **new insights** of self and/or practice (Boud et al 1985; Boyd and Fales, 1983; Mezirow, 1981, Jarvis, 1992). This often involves **examining assumptions** of everyday practice. It also tends to involve the individual practitioner in being **self-aware** and **critically evaluating** their own responses to practice situations. The point is to recapture practice experiences and mull them over critically in order to gain new understandings and so improve future practice. This is understood as part of the process of **life-long learning**.

Beyond these broad areas of agreement, however, contention and difficulty reign. There is debate about the extent to which practitioners should focus on themselves as individuals rather than the larger social context. There are questions about how, when, where and why reflection should take place. For busy professionals short on time, reflective practice is all too easily applied in bland, mechanical, unthinking ways,

Would-be practitioners may also find it testing to stand back from painful experiences and seek to be analytical about them. In this tangle of understandings, misunderstandings and difficulties, exactly how to apply and teach reflective practice effectively has become something of a conundrum.

This paper explores current ideas and debates relating to reflective practice. In the first two sections, I review key definitions and models of reflection commonly used in professional practice. Then, in the reflective spirit myself, I critically examine the actual practice of the concept, highlighting ethical, professional, pedagogic and conceptual concerns. I put forward the case that reflective practice is both complex and situated and that it cannot work if applied mechanically or simplistically. On this basis, I conclude with some tentative suggestions for how educators might nurture an effective reflective practice involving *critical* reflection.

Defining reflective practice

...reflection can mean all things to all people...it is used as a kind of umbrella or canopy term to signify something that is good or desirable...everybody has his or her own (usually undisclosed) interpretation of what reflection means, and this interpretation is used as the basis for trumpeting the virtues of reflection in a way that makes it sound as virtuous as motherhood. Smyth (1992, p.285)

The term ‘reflective practice’ carries multiple meanings that range from the idea of professionals engaging in solitary introspection to that of engaging in critical dialogue with others. Practitioners may embrace it occasionally in formal, explicit ways or use it more fluidly in ongoing, tacit ways. For some, reflective practice simply refers to adopting a thinking approach to practice. Others see it as self-indulgent navel gazing. For others still, it involves carefully structured and crafted approaches towards being reflective about one’s experiences in practice. For example, with reference to teacher education, Larrivee argues that:

“Unless teachers develop the practice of critical reflection, they stay trapped in unexamined judgments, interpretations, assumptions, and expectations. Approaching teaching as a reflective practitioner involves fusing personal beliefs and values into a professional identity” (Larrivee, 2000, p.293).

In practice, reflective practice is often seen as the bedrock of professional identity. “Reflecting on performance and acting on reflection”, as McKay (2008, *Forthcoming*) notes, “is a professional imperative.” Indeed, it has been included in official benchmark standards laid down for professional registration and practice (see table 1 in Appendix 1). One example is in the way it has been included, explicitly and implicitly, in all Project 2000 curricula for Nursing Diplomas, while reflection is highlighted as a pivotal skill to achieve required Standards of Proficiencies in nursing and other health professional education (NMC, 2004; HPC, 2004). It has also become a key strand of approaches to the broader field of continuing professional development, work-based learning and life-long learning (Eby, 2000; HPC, 2006).

Given its growing emphasis in professional practice and education, it would seem important to explore the concept of reflective practice in some detail. To this end, this section distinguishes between different types of reflective practice and looks at the sister concepts of reflection, critical reflection and reflexivity.

Reflection ‘in’ and ‘on’ practice

Dewey (1933) was among the first to identify reflection as a specialised form of thinking. He considered reflection to stem from doubt, hesitation or perplexity related to a directly experienced situation. For him, this prompted purposeful inquiry and problem resolution (Sinclair, 1998). Dewey also argued that reflective thinking moved people away from routine thinking/action (guided by tradition or external authority) towards reflective action (involving careful, critical consideration of taken-for-granted knowledge). This way of conceptualising reflection crucially starts with experience and stresses how we learn from ‘doing’, i.e. practice. Specifically Dewey argued that we ‘think the problem out’ towards formulating hypotheses in trial and error reflective situations and then use these to plan action, testing out our ideas.

Dewey’s ideas provided a basis for the concept of ‘reflective practice’ which gained influence with the arrival of Schon’s (1983) *The reflective practitioner: how professionals think in action*. In this seminal work, Schon identified ways in which professionals could become aware of their implicit knowledge and learn from their experience. His main concern was to facilitate the development of reflective practitioners rather than describe the process of reflection *per se*. However, one of his most important and enduring contributions was to identify two types of reflection: **reflection-on-action** (after-the-event thinking) and **reflection-in-action** (thinking while doing).

In the case of reflection-on-action, professionals are understood consciously to review, describe, analyse and evaluate their past practice with a view to gaining insight to improve future practice. With reflection-in-action, professionals are seen as examining their experiences and responses as they occur. In both types of reflection, professionals aim to connect with their feelings and attend to relevant theory. They seek to build new understandings to shape their action in the unfolding situation. In Schon’s words:

The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behaviour. He carries out an experiment which serves to generate both a new understanding of the phenomenon and a change in the situation. (Schon, 1983, p. 68)

For Schon, reflection-in-action was the core of ‘professional artistry’ – a concept he contrasted with the ‘technical-rationality’ demanded by the (still dominant) positivist paradigm whereby problems are solvable through the rigorous application of science. A contemporary example of this paradigm is the evidence-based practice movement, which favours quantitative studies over qualitative ones, and established protocols over intuitive practice. In Schon’s view, technical-rationality failed to resolve the dilemma of ‘rigour versus relevance’ confronting professionals. Schon’s argument, since taken up by others (e.g. Fish and Coles, 1998), was as follows: Professional practice is complex, unpredictable and messy. In order to cope, professionals have to be able to do more

than follow set procedures. They draw on both practical experience and theory as they think on their feet and improvise. They act both intuitively and creatively. Both reflection-in and on -action allows them to revise, modify and refine their expertise.

Schon believed that as professionals become more expert in their practice, they developed the skill of being able to monitor and adapt their practice simultaneously, perhaps even intuitively. In contrast, novice practitioners, lacking *knowing-in-action* (tacit knowledge), tended to cling to rules and procedures, which they are inclined to apply mechanically. Schon argued that novices needed to step back and, from a distance, take time to think through situations. Whether expert or novice, all professionals should reflect on practice – both in general and with regard to specific situations.

Schon's work has been hugely influential - some would say 'canonical' – in the way it has been applied to practice and professional training and education. For example, in the health care field, **Atkins and Murphy** (1993) identify three stages of the reflective process. The first stage, triggered by the professional becoming aware of *uncomfortable feelings* and thoughts, is akin to Schon's 'experience of surprise' (what Boyd and Fales, 1983, identify as 'a sense of inner discomfort' or 'unfinished business'). The second stage involves a *critical analysis* of feelings and knowledge. The final stage of reflection involves the *development of a new perspective*. Atkins and Murphy argue that both cognitive and affective skills are prerequisites for reflection and that these combine in the processes of self-awareness, critical analysis, synthesis and evaluation (see Appendix 2).

In the education field, **Grushka, Hinde-McLeod and Reynolds** (2005) distinguish between 'reflection for action', 'reflection in action' and 'reflection on action' (see Appendix 3). They offer a series of technical, practical and critical questions for teachers to engage with. For example, under reflection for action teachers are advised to consider their resources and how long the lesson will take (technical); how to make the resources relevant to different learning styles (practical); and to question why they are teaching this particular topic (critical). **Zeichner and Liston** (1996) differentiate between five different levels at which reflection can take place during teaching:

1. Rapid reflection - immediate, ongoing and automatic action by the teacher.
2. Repair – in which a thoughtful teacher makes decisions to alter their behaviour in response to students' cues.
3. Review – when a teacher thinks about, discusses or writes about some element of their teaching.
4. Research – when a teacher engages in more systematic and sustained thinking over time, perhaps by collecting data or reading research.
5. Rethorizing and reformulating – the process by which a teacher critically examines their own practice and theories in the light of academic theories.

While Schon's work has inspired many such models of reflection and categories of reflective practice, it has also drawn criticism. Eraut (2004) faults the work for its lack of precision and clarity. Boud and Walker (1998) argue that Schon's analysis ignores critical features of the *context* of reflection. Usher *et al* (1997) find Schon's account and methodology unreflexive, while Smyth (1989) deplores the atheoretical and apolitical quality of his conceptions. Greenwood (1993), meanwhile, targets Schon for downplaying the importance of reflection-before-action. Moon (1999) regards Schon's pivotal concept of reflection-in-action as unachievable, while Ekebergh (2006) draws on

phenomenological philosophy to argue that it is not possible to distance oneself from the lived situation to reflect in the moment. To achieve *real* self-reflection, she asserts, one needs to step out of the situation and reflect retrospectively (van Manen, 1990).

Given this level of criticism, questions have to be raised about the wide adoption of Schon's work and the way it has been applied in professional practice and education (Usher *et al*, 1997). There have been calls for a more critical, reflexive exploration of the nature of reflective practice.

Reflection, critical reflection and reflexivity

Contemporary writing on reflective practice invites professionals to engage in both personal reflection and broader social critique. For example, work within the Open University's Health and Social Care faculty has put forward a model whereby reflective practice is seen as a synthesis of *reflection*, *self-awareness* and *critical thinking* (Eby, 2000) (see figure 1). In this model, the philosophical roots of reflective practice are identified in phenomenology (with its focus on lived experience and personal consciousness) and also in critical theory (which fosters the development of a critical consciousness towards emancipation and resisting oppression).

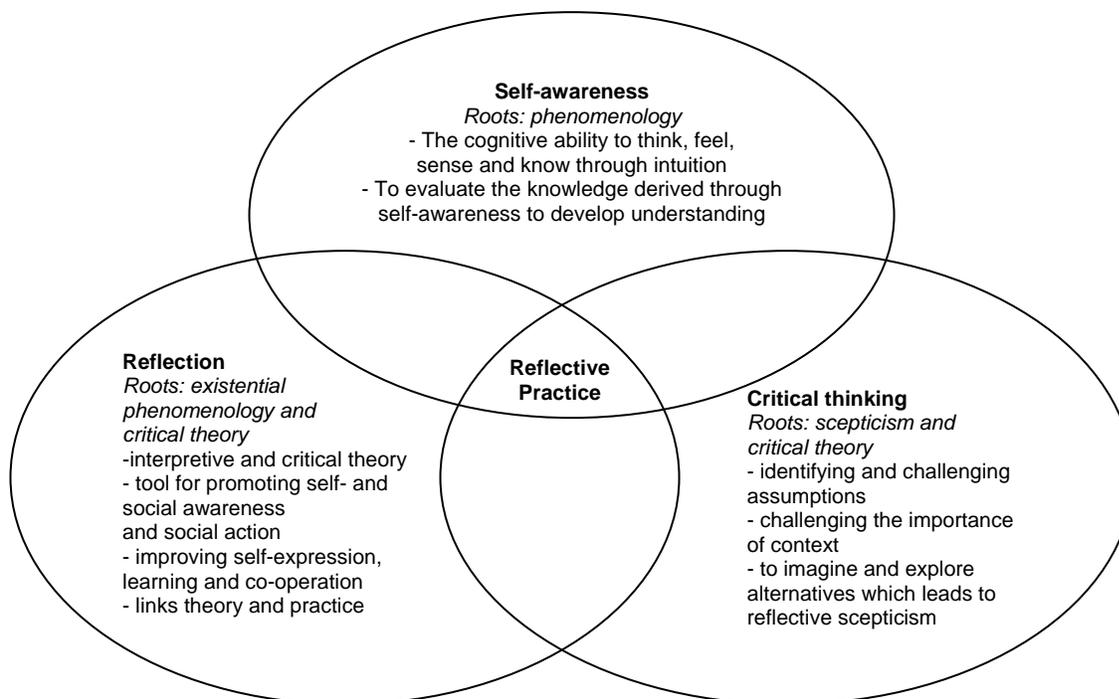


Figure 1 Skills underpinning the concept of reflective practice.

Other authors argue for the concept of **critical reflection**, which is seen as offering a more thorough-going form of reflection through the use of critical theory (Brookfield, 1995). For adherents of critical reflection, reflection on its own tends to “remain at the level of relatively undisruptive changes in techniques or superficial thinking” (Fook, White and Gardner, 2006, p.9). In contrast, critical reflection involves attending to discourse and social and political analysis; it seeks to enable transformative social action and change. For Fook (2006), critical reflection

“enables an understanding of the way (socially dominant) assumptions may be socially restrictive, and thus enables new, more empowering ideas and practices. Critical reflection thus enables social change beginning at individual levels. Once individuals become aware of the hidden power of ideas they have absorbed unwittingly from their social contexts, they are then freed to make choices on their own terms.”

Fook and Askeland argue that the focus of critical reflection should be on connecting individual identity and social context:

“Part of the power of critical reflection in opening up new perspectives and choices about practice may only be realized if the connections between individual thinking and identity, and dominant social beliefs are articulated and realized.” (Fook and Askeland, 2006, p.53).

For Reynolds (1998), four characteristics distinguish critical reflection from other versions of reflection : (1) its concern to question assumptions; (2) its social rather than individual focus; (3) the particular attention it pays to the analysis of power relations; and (4) its pursuit of emancipation (Reynolds, 1998). By way of example, Reynolds argues that when managers critically reflect (rather than just reflect) they become aware of the wider environment in which they operate. They begin to grasp the social power exercised by their organisation through its networks and relationships. :

In the field of teaching, Brookfield (1995) characterises critical reflection as ‘stance and dance’. The critically reflective teacher’s stance toward teaching is one of inquiry and being open to further investigation. The dance involves experimentation and risk towards modifying practice while moving to fluctuating, and possibly contradictory, rhythms (Larrivee, 2000).

A key concept giving momentum to the idea of reflective practice involving both personal reflection and social critique is **reflexivity**. Reflexive practitioners engage in *critical self*-reflection: reflecting critically on the impact of their own background, assumptions, positioning, feelings, behaviour while also attending to the impact of the wider organisational, discursive, ideological and political context.

The terms reflection, critical reflection and reflexivity are often confused and wrongly assumed to be interchangeable. Finlay and Gough (2003, p. ix) find it helpful to think of these concepts forming a continuum. At one end stands reflection, defined simply as ‘thinking about’ something after the event. At the other end stands reflexivity: a more immediate and dynamic process which involves continuing *self*-awareness. Critical reflection lies somewhere in between.

Previously, I’ve proposed five overlapping variants of reflexivity with critical self-reflection at the core: introspection; intersubjective reflection; mutual collaboration; social critique and ironic deconstruction (Finlay, 2002, 2003). These variants can similarly be applied to distinguishing between the types of reflection practitioners could engage in when reflecting on practice. Reflective practice as **introspection** involves the practitioner in solitary self-dialogue in which they probe personal meanings and

emotions. **Intersubjective reflection** makes the practitioner focus on the relational context, on the emergent, negotiated nature of practice encounters. With **mutual collaboration**, a participatory, dialogical approach to reflective practice is sought - what Ghaye (2000) calls a 'reflective conversation'. Here, for example, a mentor and student, or members of a team, seek to solve problems collaboratively. Reflective practice as **social critique** focuses attention on the wider discursive, social and political context. For instance, the practitioner may think about coercive institutional practices or seek to manage the power imbalances inherent in education/practice contexts. Finally, reflective practice as **ironic deconstruction** would cue into postmodern and poststructural imperatives to deconstruct discursive practices and represent something of the ambiguity and multiplicity of meanings in particular organisational and social contexts. At the very least, a critical and possibly satirical gaze could be turned to challenging the ubiquitously unreflexive rhetoric of reflective practice.

In practice, introspection is the dominant mode of reflective practice. Sometimes presented as merely a promising personal attribute (Loughran, 2006), it is a predominantly individualistic and personal exercise (Reynolds and Vince, 2004) in which practitioners tend to focus on their own thoughts, feelings, behaviours and evaluations. This passes as legitimate 'reflective practice' which professionals then can use to advance their cause to fit formal requirements for continuing professional development. While such reflective practice may take place in dialogical contexts such as supervision sessions, the onus stays on the individual practitioner to reflect upon and evaluate their own practice. What is lacking is any mutual, reciprocal, shared process. Institutional structures and quality assurance systems encourage, perhaps even require, this individual focus. It starts early on during professional education and training where learners engage professional socialisation and are taught how to reflect, using structured models of reflection.

One of the consequences of the lack of consensus and clarity about the concept of reflective practice is the proliferation of different versions and models to operationalise reflective practice.

Modelling reflective practice

"Let us not forget that the model is a tool, not a mirror." (Gordon, 1984, p.243)

A number of models of reflection have been advanced in different fields of professional practice and education. Ghaye and Lillyman (1997) identify five different types: structured, hierarchical, iterative, synthetic and holistic. Models vary in their levels of prescription, explanation, criticality and reflexivity, but most share a focus on reflection as being essentially retrospective (Schon's reflection-on-action). Quinn (1988, 2000) suggests that the different models all tend to involve three fundamental processes:

- **retrospection**: i.e. thinking back about a situation or experience;
- **self-evaluation**, i.e. critically analysing and evaluating the actions and feelings associated with the experience, using theoretical perspectives;

- **reorientation**, i.e. using the results of self-evaluation to influence future approaches to similar situations or experiences.” (Quinn, 2000, p.82).

In the nursing field, one of the models of reflection most commonly cited is **Gibbs’ Reflective Cycle** (1988) (see figure 2). Built from Kolb’s experiential learning cycle, it proposes that theory and practice enrich each other in a never-ending circle. Originally conceived as a “de-briefing sequence” (1988, p.46), Gibbs’ cycle has become adopted in nursing and other professional education as a way to facilitate reflection.

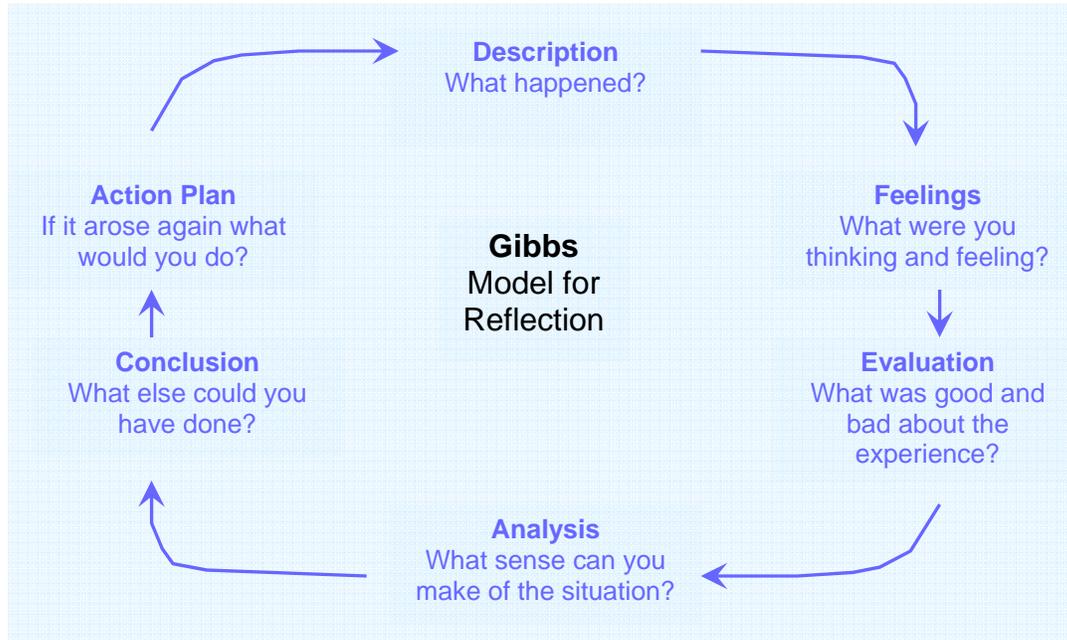


Figure 2 Gibbs’ reflective cycle

While models such as Gibbs’ may offer useful basic questions to help structure reflection, some argue that a broader, more critically reflexive approach is needed. Zeichner and Liston (1996) argue that reflective teachers should move beyond questions about whether or not their practice is working to critically examining values and how practice can lead to change, commitment to quality and respect for difference.

Such arguments have encouraged more elaborate models to find favour in higher levels of professional practice and education. For example, **Jay and Johnson** (2002) developed a typology of reflection involving three intertwined dimensions: descriptive, comparative and critical reflection. In the *descriptive* dimension, the practitioner describes the matter for reflection, e.g. “What is happening?” “Is this working, and for whom?” “How am I feeling?” “What do I not understand?”. In the *comparative* dimension, the practitioner reframes the matter for reflection in the light of alternative views, perspectives and research: “How do other people who are directly or indirectly involved describe and explain what is happening?” “What does research contribute to an understanding of this matter?” “How can I improve what is not working?”. Then in the *critical* dimension a new perspective is established: “What are the implications of the matter when viewed from these alternative perspectives? Given these various alternatives, their implications, and my own morals and ethics, which is best for this particular matter?” “What does this

matter reveal about the moral and political dimension of schooling?” “How does this reflective process inform and renew my perspective?”

Models which recognise different *levels* of reflection, like that of Jay and Johnson, have proved useful when applied to different levels of learner needs. One of the most frequently cited models used in this context comes from the early work of **Boud, Keogh and Walker** (1985). In their three-stage model, they recommend that learners first reflect on an experience by mentally replaying the experience and describing it in a descriptive, non-judgemental way. The second stage involves attending to feelings – both positive and negative – triggered by the experience, ‘discharging’ any negative feelings which may obstruct the reflection. The learner is then ready to re-evaluate the experience by progressing through four substages: association (relating new data to what is already known); integration (seeking new relationships between the data); validation (determining the authenticity of the new ideas and looking for inconsistencies or contradictions); appropriation (making the new knowledge/attitudes one’s own).

One problem with this model is that it tends to confine reflection to a retrospective role: reflection-on-action rather reflection-in-action. Also, the focus stays on individuals’ mental activity; practitioners are not encouraged to engage in reflective dialogue in a wider social arena. Boud *et al* have countered such criticism by highlighting the complexity of the reflective process given the way emotions and cognition interact, for example in the way that learners who feel more positive about themselves are more likely to persist with reflective activities. Ideas like these have since been applied in professional education with the use of mentors and supervisors who are understand the importance of giving students external validation and positive feedback about their reflections.

Other theorists have also emphasised the need to include emotions towards offering more critically reflexive accounts of practice. **Johns’** Model of Structured Reflection (1994), used mostly in the health care field, offers such a reflexive approach. Although wary of being overly prescriptive - and of reductively cutting human experience into neat pieces - he saw his model as a way for nurses to learn from their reflection on experience (see appendix 3). As Quinn (1988/2000) notes, there are both advantages and disadvantages to such a detailed model. On the positive side, the nursing literature suggests that nurses need to be taught how to reflect and models like Johns’ offers a comprehensive checklist. The disadvantage is that imposing an external framework leaves little scope for practitioners to draw on their own intuitions, values and priorities.

Over the years Johns has repeatedly revised his model, on each occasion tending to offer more holistic, less mechanical elements to encourage deeper reflection. Increasingly he has moved away from providing detailed structures towards the inclusion of more reflexive, spiritual and phenomenological dimensions. In his most recent presentation (the 15th), Johns foregrounds reflexivity through a series of questions (see appendix x). Reflection, he now says, is about being “mindful of self” – whether during or after experience. It is a “developmental process of paying attention to and learning through everyday experiences, with the goal of realizing a vision of practice as a lived reality.” (Johns 2007). This turn towards complexity, with the loss of clear prescriptions for reflection, has alienated some practitioners, particularly those who doubt the value of reflection.

In summary, different conceptions and models of reflective practice continue to emerge across different professional groups. Paradoxically, the demand for better (i.e. more thoughtful, reflexive and critical) reflective practice has tended to generate yet more models or typologies - which, if used blindly or unthinkingly, can render practice more mechanical and externally subscribed. This, of course, is the very antithesis of Schon's notion of 'professional artistry'. In the end, it seems neither possible nor desirable to fix on any one model as the definitive 'answer'. Different models are needed, at different levels, for different individuals, disciplines and organisations, to use in different contexts. Professional practice and education are also likely to benefit from the stimulus – and challenge – provided by competing perspectives and multiple models. *Models need to be applied selectively, purposefully, flexibly and judiciously.*

Given the growing call for more critical and reflexive approaches to reflective practice, the first step in this direction must be to take a critical look at its current state.

Critiquing reflective practice

“Because the use of reflection is eminently sensible and reasonable in developing one's understanding of the practice setting, it is inevitably bandied about, misunderstood and reinterpreted as it is used by different people in different ways to highlight particular aspects of practice. In part, it is as a result of this diversity of views and understandings that has led me to preface reflective practice with a qualifier – effective – in order to begin to focus attention on the action as well as the outcome of reflection” (Loughran, 2000)

That reflective practice is a desirable, foundational dimension of professional action and life-long learning is often taken as self-evident. Whether the rhetoric emanates from colleagues, professional bodies, educators, management, or the government, practitioners are forever being exhorted to reflect and to critically evaluate their performance. Yet, as Brookfield (1991) notes, there are few intellectual quests so enthusiastically lauded for such meagre, unsatisfactory returns.

Done well and effectively, reflective practice can be an enormously powerful tool to examine and transform practice. Hobbs (2007) recommends that this self-development process be encouraged in any field whose members work with people.

However, reflective practice is not without its 'dark side'. There are cultural and personal risks involved, and not everyone ends up feeling empowered (Brookfield, 1994, 1995). Moreover, busy, over-stretched professionals are likely to find reflective practice taxing and difficult. Bland, mechanical, routinised and unthinking ways of doing reflective practice are too often the result. As Ash 2002 suggests, new teachers can “choose not to reflect on their practice constructively and critically, preferring to fall back on pre-conceived understandings of how they and their pupils should conduct themselves in the classroom” (cited in Hobbs, 2007, p.406). Similarly, Boud and Walker (1998) decry the way that reflection can be turned into recipe-following “checklists which students work through in a mechanical fashion without regard to their own uncertainties, questions and meanings” (1998, p.193). They give the example of nursing students being asked to

reflect on clinical experiences by responding to questions to which specific answers are expected. As they point out, the danger here is that reflection becomes “ritualised, without reference to context or outcomes” (1998, p.193), leading to a false sense that reflection is linear and unproblematic.

In this section I attempt to examine something of the dark, problematic side of reflective practice by reviewing and discussing some key concerns over the way it has been applied. Following Quinn (1988/2000), who highlighted her own ethical, professional and pragmatic reservations, I identify four areas of concern about reflective practice: ethical, professional, pedagogic and conceptual.

Ethical concerns

The teaching and application of reflective practice have generated a range of ethical concerns. These relate to confidentiality, rights to privacy, informed consent and professional relationships. Practitioners who are engaging reflective practice need to be aware of the risks and also of the potential for conflicts of interest.

It needs to be remembered that reflection can have a profound emotional impact on the person reflecting and therefore has the potential to be harmful.

“Questioning the assumptions on which we act and exploring alternative ideas are not only difficult but also psychologically explosive...[it] is like laying down charges of psychological dynamite. When these assumptions explode...the whole structure of our assumptive world crumbles. Hence, educators who foster transformative learning are rather like psychological and cultural demolition experts.” (Brookfield 1990, p.178).

Given such dangers, the extent to which students or trainees are obliged to engage in reflection is raising concern. Boud and Walker (1998) question the compulsory inclusion of reflective practice as a required (and possibly assessed) course component. A similar point is made by Quinn (2000), who notes that students/practitioners appear to have little choice about having to do reflection as it is often a significant component demanded by those in authority. Ethical issues also arise if inappropriately high levels of disclosure are coerced from students. Quinn detects a certain irony in this situation, given professionals’ normal preoccupation with to ‘informed consent’ when it comes to research/treatment.

A further problem to do with the impact on the individual reflector is the way reflection can involve constant striving for self-improvement. It can lead to feelings of self-disapproval and self-rejection (Quinn, 1988/2000). And if an individual understands the word ‘critical’ to mean ‘negative’, they can end up in an unduly negative frame of mind.

Educators, mentors and supervisors need to be aware of these risks and proceed with sensitivity (Morley 2007). They also need to work within carefully established boundaries if learners are to address difficult personal and work issues (Hunt, 2001).

Educators may themselves be at risk – not least because they may feel tempted to go beyond their own level of expertise. As Boud and Walker (1998) point out, teachers need

to “be aware of what they can and cannot handle”. All too easily things can spin out of control:

“Disturbed by what they have unwittingly elicited, or feeling that they cannot leave the student in the emotional state which they have inadvertently provoked, they may endeavour to work further with the issues raised to the detriment of the student (1998 p.195).

What is clear is that both learners *and* educators require support to help them manage the ethical challenges that may arise during reflective practice.

Professional concerns

Professional concerns come to the fore when reflective practice is done badly, ineffectively or inappropriately. In such cases, the point of the undertaking is missed and its value goes unrecognised. All too often the process may simply rationalise existing practice (Loughran, 2000). If applied uncritically, reflections can reinforce prejudices and bad practice, leading practitioners unwittingly to collude with dominant cultural assumptions that work against challenges to wealth and power (Boud and Walker, 1998).

In this context, Quinn (1988/2000) suggests that the inappropriate use of reflective models may actually devalue practitioners’ professional work instead of promoting it. By way of example, she notes that the emphasis placed on psychological components by reflective practice could have the effect of devaluing the physical care dimension of nursing. Clearly, the process of reflection should not overwhelm actual practice. Reflective activities need to be used judiciously and selectively – they cannot replace clinical reasoning or other forms of professional practice.

Ineffective reflective practice also shows up in the guise of self-absorbed navel gazing. As I’ve noted elsewhere, reflexivity should be “neither an opportunity to wallow in subjectivity nor permission to engage in legitimised emoting” (Finlay, 1998, p.455). The opposite also applies. Where practitioners follow models in mechanical, routinised or instrumental ways, they all too easily fall into the trap of engaging neither critical analysis nor their emotions. Lacking critical elements, reflection may become bland, self-evident description or self-justification, colluding with existing practice and rationalising it (Loughran, 2000; Boud and Walker, 1998).

Reflective practice at the level of the individual practitioner can also be a means by which organisations divest themselves of responsibility. Fostering good practice here becomes a matter for the individual rather than the organisation (Quinn, 1988/2000). For example, a healthcare practitioner may focus exclusively on his/her own role in dealing with a problematic situation, thereby failing to question hospital policy which may have contributed to that situation. As Quinn notes:

The concept of victim-blaming is well established in the field of health promotion and refers to approaches that focus on the individual as the prime cause of his/her own ill-health... Similarly, reflective practice seems to put the onus on to the individual practitioner for the maintenance and improvement of standards of nursing.” (1988/2000, p.87)

The problems that can arise when reflective practice is inappropriately applied demonstrate how difficult it can be to do reflective practice well. They indicate that personal reflection should be used not as an end-in-itself but as a springboard for more general insight, personal growth and professional development. They also highlight the challenge in ensuring that reflective practice is well taught and adequately supported.

Practitioners in the field who may be responsible for mentoring learners and, are therefore supposed to model the process, face specific issues. In her empirical research on nursing students, Rees (2007) found that mentors in clinical practice rarely facilitated reflective learning activities with students, despite the guidelines offered by the various nursing councils and professional bodies. This failure, Rees believed, could relate to mentors' own difficulties with the process. Questions need to be asked about how mentors might be encouraged and supported to support others – particularly in view of busy workloads and conflicting priorities.

Pedagogic concerns

Teaching reflective practice raises two main pedagogic concerns: developmental readiness, and the extent to which forcing students to reflect may prove counter-productive.

To take developmental readiness first, some commentators (e.g. Hobbs, 2007; Girffin, 2003; Burrows, 1995) suggest that learners need to be developmentally ready to engage in critical reflection and that some individuals may be incapable of doing so. The respective abilities of 'novices' and 'experts' are relevant here. There is evidence that novices, by definition lacking 'practical mastery', are inclined to follow models mechanically, and also that such reliance on models lessens with experience (Gordon, 1984). Mallik (1998) found that novice nurse practitioners did not progress to deeper levels of critical reflection despite access to journals and discussion groups. Roberts (1998) argues that novice teachers have not yet examined their own personal theories of learning/teaching, and that using 'borrowed' routines requires depths of understanding these new teachers do not possess. As a result, the reflection that does occur can only be less effective.

For Loughran (2000), helping novices to see differently is best done through practical and practice experiences; it is not simply a question of the educator telling them what they should see or know. Instead, the educator needs to help students do their own analysis and meaning-making. Eraut (2004) suggests that professional educators are forced to focus on learning for the future rather than reflecting on incidents in context. It seems to fall to clinical teachers and mentors to create reflective moments on the job which help novices become aware of significant contextual features.

Taking a different tack, Morley (2007) draws attention to the role played by professional or disciplinary background. While teaching critical reflection to a group of nurses, she became aware of the impact of her own assumptions as a social work educator. It was her experience that social work students in general recognised the importance of ideas such as social justice and the structural dimensions of oppression and social inequalities. Her group of nurses, on the other hand, showed less awareness of these issues. This limited the degree of critical analysis that could be engaged.

A second serious pedagogic concern relates to the compulsory element in reflective practice. When required of individuals through learning and assessment exercises, reflections can end up being superficial, strategic and guarded. Where assessment lurks, any genuine, honest, critical self-examination may well be discouraged. As Hobbs (2007, p.413) puts it, “reflection and assessment are simply incompatible”. A number of empirical studies (Roberts, 1998; Cameron and Mitchell, 1993; Smith and Lev-Ari, 2005) have shown how students feel compelled to write ‘what the teacher wants’. Students may develop considerable antagonism towards their reflective assignments, which they view as having no intrinsic meaning. Students tend to adopt a minimalist approach, writing just enough to meet the requirement for a pass or even writing fictionalised accounts of idealised practice (Wellard and Bethune, 1996; Hobbs, 2007).

In the healthcare field, Hargreaves (2004) makes a similar point about how the pressure to perform well academically discourages students from uninhibited, honest reflection. However, nursing literature as a whole tends to view the practice and teaching of reflection more positively. Jasper (1999), for instance, argues that students are helped to develop more structured and reflective approaches through the academic imperative to produce reflective writing for assessment. Exploring reflective processes with ten final year students, Rees (2007) found that reflection enabled them:

“to engage with the struggle to locate themselves personally and professionally in the context of care, to establish and refine personal and professional values and beliefs and to consider the realities of their nursing practice. Reflection enabled the participants to recognise and affirm that they had become nurses.” (2007, p.3).

Rees distinguished between ‘authentic reflective learning’ (which enabled the emergence of ‘own knowing’ and stimulated meaningful ongoing reflection) and the academically driven activities perceived as ‘doing reflection’ but found that both were found to be valuable for deepening understanding.

Conceptual concerns

I have already highlighted some criticisms of the different conceptualisations of reflection and models of reflective practice. Despite their limitations, a greater problem is posed by the way practitioners appropriate and embrace them in uncritical, piecemeal and reductionist ways. Often ideas are transplanted without sufficient care across philosophical, disciplinary and cultural boundaries, in the process becoming distorted or ‘lost in translation’.

Reflexivity is a concept which can readily provoke cross-disciplinary miscommunication. It can be understood in a multiplicity of ways, according to the aims and functions of the exercise at stake and the theoretical/methodological traditions engaged (Finlay, 2003). I some may see it primarily as a personal, confessional account while for others it is a means to deconstruct socially situated action. In terms of theoretical/methodological commitments, the social critique and discursive focus favoured by postmodernists stand in opposition to the more individualistic stance of phenomenological or psychodynamic practitioners. When people talk about ‘reflexivity’, what exactly are they referring to? Are they even aware that the term is contested?

Debate can be too quickly curtailed as individuals (or professional groups) assert certain ideas or theories in black and white terms. Schon's concept of reflection-in-action, where practitioners are said to have a capacity to reflect on their intuitive knowing in the midst of action, is a case in point. While some practitioners endorse this idea (saying, for example, that it mirrors the way they work), others rule it out as a possibility (Ekebergh, 2006). Such differences seem to stem from different understandings of the concept. In strict phenomenological terms actual pre-reflective, lived experience, *by definition*, can never be grasped in its immediate manifestation. Yet phenomenologists also argue against splitting mind, body/action and emotions and deny that thinking is removed from embodied action. The philosopher Merleau-Ponty (1962, 1968) developed the idea of 'radical reflection', arguing that self-comprehension consists, paradoxically, in recovering our unreflective experience. It may be that, for practical purposes, reflection and action do occur *more or less* simultaneously. Further, it may be possible, with experience, to become mindfully aware of one's actions, as Johns 2006 amongst others argues. But practitioners should be aware they are treading contested territory.

Regardless of the specific conceptual or theoretical debate at stake, care needs to be taken to recognise complexity and problematise what is involved in reflective practice, rather than accept it unquestioningly as 'fact' or 'self-evident'.

The ethical, professional, pedagogic and conceptual concerns discussed above neither condemn reflective practice nor suggest that it should not be pursued in professional practice and education. What they do indicate, however, is that reflective practice should be *applied selectively, taught sensitively and generally used with care*. Practitioners need to be critical and reflexive about the tool they are being given and not use it blindly.

Much depends on how well reflective practice is nurtured through effective, sensitive teaching: the subject of the next section.

Nurturing *effective* reflective practice

"We have to see ourselves less as transmitters of expert knowledge and more as facilitators of critical learning and perspective transformation. As Boud et al. (1993, p.9) state, 'while we commonly assume that teaching leads to learning, it is the experiences which teaching helps create that prompt learning, not primarily the acts of the teacher'." (Redmond, 2006, p.226)

The problem with reflective practice is that it is hard to do and equally hard to teach. It is even harder to do and teach *effectively*. This is hardly surprising given the confusion about what exactly it is, the complexity of the processes involved and the fact that there is no end to what can be reflected upon. That reflective practice seeks to tap tacit and taken-for-granted dimensions of practice makes it even more problematic. The more qualitative elements of practice (such as professional artistry and focusing on subjective, relational or ideological dimensions) are - by definition - hard to see, articulate and quantify. In addition, reflective practice is highly context specific. Each individual practitioner will need to reflect in different ways at different times. And different contexts (environment, organisation and relational) will demand different sorts of reflecting.

In this section I offers some suggestions for the teaching and nurturing effective reflective practice. I identify the following four guiding principles educators:

- present reflective practice(s) with care
- provide adequate support, time, resources, opportunities and methods for reflection
- develop skills of critical analysis
- take proper account of the context of reflection

As I briefly discuss each of these principles, I offer my personal view of how each might be operationalised.

Present reflective practice(s) with care

The concept of reflective practice(s) needs to be presented with some care to **motivate** students to want to engage the process. This should not be a dry academic exercise of presenting models to memorise. Instead it should capture something of the *context* of reflection and how it is used by professionals seeking to cope in the ‘swampy lowlands’ of practice. For example, students in healthcare professions could be introduced to how reflection is intertwined with clinical reasoning.

One possible way forward would be for students to hear about the experiences of other learners and practitioners in practice and how reflection helped them. In addition, I would recommend they be given *student-centred* opportunities to discuss various situations/incidents such that any reflection is nurtured naturally, following the students’ own values and spirit of inquiry. Opportunities for discussion also allow students to question and be questioned. Importantly, students need to see (early on) that practice often involves uncertainty and that answers are never clear-cut.

Once students have begun to engage reflection and can see a positive value in it, structured models could be offered to help them deepen their thinking. Where models are presented, however, they should be offered in context, and it should be emphasised that each is simply one of a **range of tools**. Models should be used to trigger broader reflection rather than feature as ends in themselves. Students should not be presented with just one model, the implication being that ‘this is the way reflective practice is done’ They need to grasp that different models engage different levels of complexity and therefore need to be used selectively and judiciously. Students should also be helped to see something of the strengths and limitations offered by the different models and/or methods of reflection.

Students may well appreciate being introduced to simpler, more descriptive models initially and being allowed to try them out safely in practical/experiential ways (Hobbs, 2007). Gradually, as their confidence grows, they can learn to embrace models demanding more analysis and critical, reflexive evaluation. However, even in the early stages of learning, students might still benefit from being introduced to more complex models and seeing the potential of deeper reflective activity. Otherwise there is a danger they could become complacent and get into the habit of accepting unduly simple descriptive reflection as sufficient.

Given the key pedagogic aim of developing students' confidence and proficiency in reflection, I would not recommend combining reflective exercises with **assessment** in the early stages of their learning – a point supported by others such as Hobbs (2007). However, it may be appropriate to offer such exercises in the context of formative feedback. Stewart and Richardson (2000) support this position while also recognising the value of using assessment to highlight the importance of certain skills. They recommend the use of small group work and of self-assessment tasks that highlight autonomy and self-determination (both core principles of critical reflection).

Provide adequate support, time, resources, opportunities and tools for reflection

Bearing in mind the potentially stressful and ethically challenging nature of reflection, it is important that students are given plenty of time and are well supported when they engage reflection. They need to feel safe and to have access to others who are effective at reflecting and on whom they can model.

It is important for students to practise different forms of reflection in different contexts: for example, trying out both reflection-in and -on practice; engaging in both private and dialogical reflection; experimenting with different forms of formal, informal, written and verbal reflection, and so forth. Through engaging different forms, students can learn what is appropriate for different contexts and what works best for them in what types of situations. Quinn (1988/2000) recognises that reflective activities are extremely time-consuming and may not be realistic in pressurised work contexts. She suggests that lengthy writing exercises might be appropriate for students as part of their studies, while busy practitioners might be better encouraged to develop their reflection-in-action. I would add that practitioners gain from working in a **dialogical team context** that enables them to hear the alternative perspectives so vital for reflective practice.

Rees (2007) found that her student nurses particularly valued the solitary reflecting they did *in private*. This was especially important when students reflected on situations that revealed them in a less positive light and when there were issues of service user confidentiality to consider. The students described these opportunities for reflection as being particularly meaningful and enduring. Not everyone agrees. Some commentators argue that working alone does not nurture critical reflection and that we need others to clarify and challenge tacit assumptions, the existence of which we may be unaware. New alternatives can be created, explored and challenged through working with others in a team. As McKay (2008, *Forthcoming*) says: there are “compelling reasons” to do reflection in collaboration with others.

Beyond the kind of reflective learning that can occur in the field when ‘thinking on one’s feet’ and/or observing other professionals in action, there are numerous ways of teaching reflection. The most commonly used **tools** include using critical incidents, case studies, reflective journals/diaries, reflective dialogical exercises (with peers or mentors), role-plays and **practical exercises**. (Schon, himself, was a supporter of what he called ‘practicums’). Evidence supports the use of all these methods. For example, when Griffin (2003) examined the effectiveness of using critical incidents to increase the critical thinking of pre-service teachers, she found that writing up the incidents and subsequent analysis helped concrete thinkers look to wider contextual issues. A third of her participants reported that while they had initially blamed a difficult situation on

others, the reflective exercise had the effect of making them assume some responsibility for it.

If such teaching tools are to be used for assessment purposes, students might perhaps be allowed to choose their preferred reflection method (for example, group discussion versus written diary format) (Hobbs, 2007). As ever, the crucial point is that they should never be used mechanically towards achieving professional/educational requirements to 'reflect'.

Develop skills of critical analysis

As part of the call to engage in more critical reflection, learners need to be shown the value of deepening their criticality. As I argue in my analysis of 'variants of reflexivity',

“Introspection and intersubjective reflection without critical self-analysis is...of limited value and open to the charge of self-indulgence. Collaborative reflexivity which fails to reveal conflicting voices and lacks a well-grounded critical rationale can rhetorically disguise inequalities present. In the case of reflexivity as social critique, it is naïve, if not disingenuous, to pay lip-service to the power dimension by assuming a fixed and knowable subject position: the focus, instead, needs to be on the diverse and shifting positions mutually adopted. Finally ironic deconstructions, taken too far, can become irritating rather than thought-provoking.” (Finlay, 2003, p.17)

One way of deepening students' ability to engage in critical, more reflexive, reflection is to link the skills up with the critical analysis demanded when doing **research**. For example, students might usefully engage in carrying out a small piece of data analysis based on a critical incident, diary excerpt or interaction that took place in practice. They could be introduced to the complexity involved in different research methodologies by engaging in:

- 1) *ethnomethodological* analysis – examining taken-for-granted assumptions and rules of everyday social behaviour;
- 2) *hermeneutic phenomenological* analysis – reflecting on interpretations of both the learner's experience and the phenomena being studied so as to move beyond the partiality of previous understandings;
- 3) *discursive analysis* – probing how speech and texts construct social 'truths'.

Students could be taught these skills as a precursor to learning how to do research.

Take proper account of the context of reflection

The context in which reflection (practice or teaching) takes place has a powerful influence. It might even be “the single most important influence on learning and reflection” (Boud and Walker, 1998, p.196). Boud and Walker argue that context has been a “seriously underdeveloped” dimension of discussions on reflection, partly because it is “so all-pervasive that it is difficult to recognise its influence”. Because it is taken-for-granted, educators need to make the extra effort to explore the contextual influences which both foster and inhibit the learning of reflective practice.

While institutions and professions embody the assumptions, practices, rules and values of wider society, it is helpful to distinguish between two levels of context: the institutional and/or professional, and the wider political and cultural.

At the **institutional/professional level**, practitioners/educators/students often work in busy, pressurised departments where space and time are at a premium. Of crucial importance is the value attached to reflection by an institution or profession. Within some institutions, resistance to critical reflection may be pervasive. Boud and Walker (1998) found it difficult to promote the use of reflective journals in an institutional setting which emphasised competitive, cognitively-orientated assessments. Morley (2007, p.67) describes “a complicit embrace of discourses of powerlessness” engaged in by group of school nurses with whom she was working. They were reluctant to reflect on their own agency and responsibility as they viewed this as tantamount to “selling out and colluding with an agenda that disadvantaged the nurses and held them responsible for what they saw were the structural flaws in the school nurse programme”.

Boud and Walker (1998) argue that supportive institutional contexts are not as common as might be assumed. They suggest that managers and educators need to work harder to enable more supportive ‘*micro-contexts*’. They recommend the development of local ‘ground rules’ to counter negative influences filtering in from the larger context (Boud and Walker, 1998).

An illustration of how a micro-context supportive of reflective practice was created comes from my own experience of teaching occupational therapy students. We offered one course where students engaged in self-directed learning. We decided that it was appropriate on this course for students to negotiate their final assessment mark with myself (the tutor) and even take prime responsibility to decide their mark. The idea that students could be given this level of responsibility countered the norm of educational practice in that institution. The process worked well, however, and although time-consuming, it generated substantial and significant reflective learning.

At a **broader political and cultural level**, many questions arise. To what extent can practitioners/educators/students step outside the dominant ideological context? To what extent can they avoid colluding with negative stereotypes, assumptions and practices? Are they able to challenge inequality and oppression, particularly when these are enacted in subtle, unseen ways? Might not educators sometimes collude with the dominant culture by guiding students’ reflection so that they avoid engaging with issues of power and control (Boud and Walker, 1998)?

One example, again from my own experience, highlights the challenge. As an educator of healthcare practitioners, I’ve often struggled with the discourse of ‘client-centred practice’. While I ideologically support the humanistic sentiments underpinning the movement, I can also see its potentially pernicious influence. I’ve been aware of how many tutors and students, confident (and complacent) in their view that client-centred practice means ‘they value and respect individuals equally’, have not reflected adequately on issues relating to ethnicity and race. I remember several discussions where I tackled students about this and witnessed their confusion when I challenged the potentially ‘racist

assumptions' which underlay their denial of ethnicity and other social (as opposed to individual) dimensions.

A further problem is raised by the Western socio-cultural origins of reflective practice itself. People who write and talk about reflective practice often assume it to be flexible enough to work across social and cultural differences, but this assumption needs to be interrogated further (Gardner, Fook and White, 2006). Sung-Chan and Yuen-Tsang (2006) write about their variable experience of teaching social work in China. They saw some students responding negatively, and only then appreciated the potential incompatibility between Western ideas of reflective practice and Chinese values. They highlight the need for educators to be culturally sensitive as they seek to nurture reflective practice.

Some thoughts from Boud and Walker (1998, p. 205) provide an apposite, thought-provoking end to this section:

“It is necessary for teacher to be clear about whether they are really interested in fostering reflection and whether they are prepared to take a sufficiently contextualised view of it into account. If they are, they must confront themselves, their processes, and their outcomes. An honest self-appraisal conducted in conjunction with peers is one of the hallmarks of an effective promoter of reflection.”

Conclusion

In its exploration of reflective practice, this paper has drawn attention to the problems – conceptual as well as practical – which surround it and render its application complex and difficult.

The key is how well - how effectively - reflective practice is done (or taught). Does it embody professional artistry, encourage critical self-aware evaluation and embrace transformation and change? Or is reflective practice bland and mechanical with practitioners disinclined to ask awkward questions? How should models of reflection be used and in what context? We need to continue to reflect critically on these questions. Then, reflective practice will fulfill its potential to help us “make sense of the uncertainty in our workplaces” and offer us the “courage to work competently and ethically at the edge of order and chaos” (Ghaye, 2000, p.7).

References

- Atkins, T.W. and Murphy, K. (1993) Reflection: a review of the literature. *Journal of Advanced Nursing*, 18, 1188-92.
- Boud, D. and Fales, A. (1983) Reflective learning: key to learning from experience. *Journal of Humanistic Psychology*, 23(2), 99-117.
- Boud, D., Keogh, R. and Walker, D. (1985) Promoting reflection in learning: a model. In D. Boud, R. Keogh and D. Walker (eds.) *Reflection: turning experience into learning*. London: Kogan Page.
- Boud, D. and Walker, D. (1998) Promoting reflection in professionals courses: the challenge of context. *Studies in Higher Education*, 23(2), 191-206.
- Brookfield, S. (1990) Using critical incidents to explore learners' assumptions, in J.Mezirow (ed.) *Fostering critical reflection in adulthood*. San Francisco: Jossey-Bass.
- Brookfield, S. (1991) On ideology, pillage, language and risk: critical thinking and the tensions of critical practice. *Studies in Continuing Education*, 13(1), 1-14.
- Brookfield, S. (1994) Tales from the dark side: a phenomenography of adult critical reflection. *International Journal of Lifelong Education*, 13(3), 203-216.
- Brookfield, S. (1995) *Becoming a Critically Reflective Teacher*. San Francisco: Jossey-Bass.
- Burrows, D.E. (1995) the nurse teacher's role in the promotion of reflective practice. *Nurse Education Today*, 15, 346-350.
- Cameron, B. and Mitchell, A. (1993) Reflective peer journals. *Journal of Advanced Nursing*, 18, 290-297.
- Christie, D. and Kirkwood, M. (2006) The new standards framework for Scottish teachers: facilitating or constraining reflective practice? *Reflective Practice*, 7(2), 265-276.
- Dewey, J. (1933) *How we think: a restatement of the relation of reflective thinking to the educative proces*. Chicago IL: Henry Regnery Co.
- Eby, M.A. (2000) Understanding professional development. In A. Brechin, H. Brown and M.A. Eby(eds.) *Critical practice in health and social care*. London: Sage.
- Ekebergh, M. (2007) Lifeworld-based reflection and learning: a contribution to the reflective practice in nursing and nursing education. *Reflective Practice*, 8(3), 331-343.
- Eraut, M. (2004) Editorial: the practice of reflection. *Learning in Health and Social Care*, 3(2), 47-52.
- Finlay, L. and Gough, B. (2003) *Reflexivity: a practical guide for researchers in health and social sciences*. Oxford: Blackwell Publishing.
- Finlay, L. (2002) Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.
- Finlay, L. (2003) Mapping multiple routes. In L.Finlay and B. Gough (eds.) *Reflexivity: a practical guide for researchers in health and social sciences*. Oxford: Blackwell Publishing.
- Fish, D. and Coles, C. (1998) Professionalism eroded: professionals under siege. In D Fish and C. Coles (eds.) *Developing professional judgement in health care: learning through the critical appreciation of practice*. Oxford: Butterworth-Heinemann.
- Fook, J. (2006) Beyond reflective practice: reworking the "critical" in critical reflection. Keynote speech for conference "Professional lifelong learning: beyond reflective practice", July 3.

- Fook, J., White, S. and Gardner, F. (2006) Critical reflection: a review of contemporary literature and understandings. In S.White, J.Fook and F.Gardner (eds.) *Critical reflection in health and social care*. Maidenhead, Berks: Open University Press.
- Gardner, F., Fook, J. and White, S. (2006) Critical reflection: possibilities for developing effectiveness in conditions of uncertainty. In S.White, J.Fook and F.Gardner (eds.) *Critical reflection in health and social care*. Maidenhead, Berks: Open University Press.
- Ghaye, T. (2000) Into the reflective mode: bridging the stagnant moat. *Reflective Practice*, 1(1) 5-9.
- Ghaye, T. and Lillyman, S. (eds.) (1997) *Learning Journals and critical incidents: reflective practice for healthcare professionals*. Dinton: Quay Books.
- Gibbs, G (1988) *Learning by doing: a guide to teaching and learning methods*. Oxford: Further Education Unit, Oxford Polytechnic.
- Griffin, M. (2003) Using critical incidents to promote and assess reflective thinking in preservice teachers. *Reflective Practice*, 4 (2), 207-220.
- Greenwood, J. (1993) Reflective practice: a critique of the work of Argyris and Schon. *Journal of Advanced Nursing*, 19, 1183-1187.
- Griffin, M (2003) Using critical incidents to promote and assess reflective thinking in preservice teachers. *Reflective Practice*, 4(2), 207-220.
- Grushka, K., Hinde-McLeod, J. and Reynolds, R. (2005) Reflecting upon reflection: theory and practice in one Australian university teacher education program. *Reflective Practice*, 6(1), 239-246.
- Hargreaves, J. (2004) So how do you feel about that? Assessing reflective practice. *Nurse Education Today*, 24(3), 196-201.
- Hobbs, V. (2007) Faking it or hating it: can reflective practice be forced? *Reflective Practice*, 8(3), pp.405-417.
- Health Professions Council (2004) *Standards of Proficiency: Occupational Therapist*. London: Health Professions Council.
- Health Professions Council (2006) *Your guide to our standards for continuing professional development*. London: Health Professions Council.
- Hunt, C. (2001) Shifting shadows: metaphors and maps for facilitating reflective practice, *Reflective Practice*, 2(3), p.275-287.
- Jarvis, P. (1992) Reflective practice and nursing. *Nurse Education Today*, 12(3), 174-181.
- Jasper, M. (1999) Nurses' perceptions of the value of written reflection. *Nurse Education Today*, 19(6), 452-463.
- Jay, J.K. and Johnson, K.L. (2002) Capturing complexity: a typology of reflective practice for teacher education. *Teaching and Teacher Education*, 18, 73-85.
- Johns, C. (1994) A philosophical basis for Nursing Practice. In C. Johns (ed) *The Burford NDU Model : Caring in Practice*. Oxford, Blackwell Scientific Publications.
- Johns, C. (2004) *Becoming a reflective practitioner*. (2nd ed.). Oxford, UK: Blackwell Publishing.
- Johns, C. (2006) *Engaging reflection in practice: A narrative approach*. Oxford, UK: Blackwell Publishing.

- Johns, C. (2007) Reflective practice, effective practice, Reflections on Nursing Leadership accessed on 10/1/08 http://www2.nursingsociety.org/RNL/3Q_2007/features/feature3.html
- Larrivee, B. (2000) Transforming teaching practice: becoming the critically reflective teacher, *Reflective Practice*, 1(3), 293-307.
- Loughran, J.J. (2000) Effective Reflective practice, A paper presented at *Making a difference through Reflective practices: values and Actions* conference. University College of Worcester, July 2000.
- Loughran, J.J.(2006). *Developing a Pedagogy of Teacher Education: Understanding teaching and learning about teaching*. London: Routledge.
- Mallik, M. (1998) The role of nurse educators in the development of reflective practitioners. A selective study of the Australian and UK experiences. *Nurse Education Today*, 18(1), 5-63.
- McKay, E.A. (2008, *Forthcoming*) Reflective practice: doing, being and becoming a reflective practitioner. *Skills for Practice in Occupational Therapy*. Oxford: Elsevier Ltd.
- Merleau-Ponty, M. (1962) *Phenomenology of perception* (C. Smith, Trans.). London: Routledge & Kegan Paul. (Original work published 1945).
- Merleau-Ponty, M. (1968) *The visible and the invisible* (A. Lingis, Trans.). Evanston, IL: Northwestern University Press.(Original work published in 1964).
- Mezirow, J. (1981) A critical theory of adult learning and education. *Adult Education*,32(1), 3-24.
- Moon, J. (1999) *Reflection in Learning and Professional Development: theory and practice*. London: Kogan Page.
- Morley, C. (2007) Engaging practitioners with critical reflection: issues and dilemmas. *Reflective Practice*, 8(1), 61-74.
- NMC (2004) Standards of Proficiency for Pre-Registration Midwifery Education, NMC, London.
- Quinn, F.M. (1998) Reflection and reflective practice, in F.M.Quinn (ed) *Continuing professional development in nursing*. Cheltenham: Stanley Thornes.
- Quinn, F.M. (1988/2000) Reflection and reflective practice. In C.Davies, L.Finlay and A. Bullman (eds.) *Changing practice in health and social care*. London: Sage. (Original work published in 1988 and reproduced in 2000).
- Redmond, B. (2006) Starting as We Mean to Go On: Introducing Beginning Social Workers to Reflective Practice. In S.White, J.Fook and F.Gardner (eds.) *Critical reflection in health and social care*. Maidenhead, Berks: Open University Press.
- Rees, K.L.(2007) *The lived experience of final year student nurses of learning through reflective processes*. Unpublished PhD thesis, Bournemouth University.
- Reynolds, M. (1998) Reflection and Critical Reflection in Management Learning. *Management Learning*, 29(2), 183-200.
- Reynolds, M. and Vince, R. (eds.) (2004) *Organising reflection*. Aldershot, Surrey: Ashgate.
- Roberts, J. (1998) *Language teacher education*. London: Arnold.
- Smith, K., & Lev-Ari, L. (2005) The place of the practicum in pre-service teacher education: the voice of the students. *Asia Pacific Journal of Teacher Education*, 33(3), 289-302.
- Stewart, S. and Richardson, B. (2000) Reflection and its place in the curriculum: Should it be assessed? *Assessment and Evaluation in Higher Education*, 25 (4), 370-380.

- Sung-Chan, P. and Yuen-Tsang, A. (2006) Reflections on building a reflective practice community in China. In S.White, J.Fook and F.Gardner (eds.) *Critical reflection in health and social care*. Maidenhead, Berks: Open University Press.
- Schon, D.A. (1983) *The reflective practitioner*. New York: Basic Books.
- Sinclair, K. (1998) Reflective practice in health care. In J.Creek (ed) *Occupational therapy: new perspectives*. London: Whurr Publishers.
- Smith, K. and Lev-Ari, L. (2005) The place of the practicum in pre-service teacher education: the voice of the students. *Asia-Pacific Journal of Teacher Education*, 33(3), 289-302.
- Smyth, J. (1989) A critical pedagogy of classroom practice. *Journal of Curriculum Studies*, 21(6), 483-502.
- Smyth, J. (1992) Teachers' work and the politics of reflection. *American Educational Research Journal*, 29, 267-300.
- Stewart, S. and Richardson, B (2000) reflection and its place in the curriculum: should it be assessed? *Assessment and Evaluation in Higher Education*, 25(4), 370-380.
- Usher R, Bryant I, Johnston R (1997), *Adult Education and the Postmodern Challenge. Learning Beyond the Limits*, London, Routledge
- van Manen, M. (1990) *Researching lived experience: human science for an action sensitive pedagogy*. New York: State University of New York Press.
- Wellard, S. and Bethune, E. (1996) Reflective journal writing in nurse education: Whose interests does it serve? *Journal of Advanced Nursing*, 24 (5), 1077-1082.
- Zeichner, K. M. and Liston, D. P. (1996) *Reflective Teaching: An Introduction*. Lawrence Erlbaum Associates Publishers.

Appendix 1

Table 1 (Reproduced from Christie and Kirkwood, 2006, p.268)

Benchmark standards and expected features related to the importance of reflection for initial teacher education:

| Benchmark standard | Expected features |
|---|---|
| 2.4.3 Reflect on and act to improve the effectiveness of their own practice and contribute to the processes of curriculum development and school development planning | <ul style="list-style-type: none"> • Know how to draw on evidence in making decisions about professional practice • Know how to adopt a questioning approach to their professional practice and engage appropriately in professional enquiry and action research • Know how to contribute to the processes of curriculum development and school development planning |
| 3.2 Value themselves as growing professionals by taking responsibility for their professional learning and development. | <ul style="list-style-type: none"> • Demonstrate a commitment to self-evaluation and continuing professional development. • Demonstrate a willingness to contribute and respond to changes in education policies and practices |

Appendix 2 Johns' 1994 model

Core question: What information do I need access to in order to learn through this experience?

Cue questions

1.0 *Description of experience*

- 1.1 *Phenomenon* – describe the 'here and now' experience
- 1.2 *Causal* – What essential factors contributed to this experience?
- 1.3 *Context* - What are the significant background factors to this experience?
- 1.4 *Clarifying* - What are the key processes (for reflection) in this experience?

2.0 *Reflection*

- 2.1 What was I trying to achieve?
- 2.2 Why did I intervene as I did?
- 2.3 What were the consequences of my actions for?
 - myself?
 - the patient/family?
 - the people I work with?
- 2.4 How did I feel about this experience when it was happening?
- 2.5 How did the patient feel about it?
- 2.6 How do I know how the patient felt about it?

3.0 *Influencing factors*

- 3.1 What internal factors influenced my decision-making?
- 3.2 What external factors influenced my decision-making?
- 3.3 What sources of knowledge did/should have influenced my decision-making?

4.0 *Could I have dealt better with the situation?*

- 4.1 What other choices did I have?
- 4.2 What would be the consequences of those choices?

5.0 *Learning*

- 5.1 How do I **now** feel about this experience?
- 5.2 How have I made sense of this experience in the light of past experiences and future practice?
- 5.3 How has this experience changed my ways of knowing:
 - empirics?
 - aesthetics?
 - ethics?
 - personal?

Appendix 3 Johns' current model of structured reflection (2006)

Model for Structured Reflection (Edition 15a; adapted from Johns, 2006)

| | | |
|---|------------------------------------|-------------|
| Reflective cue | Link with Carper's ways of knowing | |
| Bring the mind home | Personal | |
| Focus on a description of an experience that seems significant in some way | | Aesthetics |
| What issues are significant to pay attention to? | | Aesthetics |
| How are people feeling, and why do they felt that way? (empathic inquiry) | | Aesthetics |
| How was I feeling, and what made me feel that way? | Personal | |
| What was I trying to achieve, and did I respond effectively? | | Aesthetics |
| What were consequences of my actions on the patient, others and myself? | | Aesthetics |
| What factors influence the way I was/am feeling, thinking and responding to this situation? | Personal | |
| What knowledge informed me or might have informed me? | | Empirics |
| To what extent did I act for the best and in tune with my values? | | Ethics |
| How does this situation connect with previous experiences? | | Reflexivity |
| How might I respond more effectively given this situation again? | | Reflexivity |
| What would be the consequences of alternative actions for the patient, others and myself? | | Reflexivity |
| What factors might constrain my responding in new ways? | Personal | |
| How do I NOW feel about this experience? | Personal | |
| Am I better able to support myself and others as a consequence? | | Reflexivity |
| What insights have I gained through this reflection? (framing perspectives) | | Reflexivity |