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Reflective practice undertaken by healthcare and medical trainees and practitioners: so what's all the fuss about?

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Abstract

Having worked with healthcare and medical trainees and practitioners for a number of years as medical educators, we have often noticed a glazed, irritated or frustrated look in the eyes of many of them when the terms reflective practice or reflection are used. These two sets of words have come to be known as the 'R' words. This has prompted us to consider the modern origins of the concept of reflective practice and also the etymological roots and philosophical foundation of the meaning of the term 'practice'. At the same time, this has raised issues of who owns the process and product of reflective practice (e.g. individuals; peers; tutors; assessors) and whether the outcomes should be formally assessed given the associated ethical and authenticity dilemmas that often seem to arise from such assessment.

Keywords: healthcare trainees and educators; reflective practice; etymological roots; ethical and authenticity dilemmas.

The modern origins of reflective practice

Dewey (1910; 1933) used the term reflective thought and did not essentially consider the concept of self-reflection. Schön (1983; 1987) in his respective, celebrated works, *The Reflective Practitioner* and *Educating the Reflective Practitioner*, realised that he was building on the work of Dewey when he provided the outcomes of his own research into what at the time was regarded as 'fresh insights' into how professional educators might behave with regard to their reflecting on their own practice. Bolton (1999: 206) reminds us:

Reflective practice has been a buzz activity since Schön (1983, 1987); the analysis of critical incidents has been a main feature in nurse education since Benner (Benner, 1984; Benner and Wrubel, 1989)

Reflective practice has been widely adopted in a range of higher education and professional settings, including education, health sciences and leadership and there has not always been agreement on the definition of reflection or exactly what constitutes reflective practices in a higher education context. Indeed some authors (Korthagen, 2001; Ottesen, 2007), in their criticism of Schön, have stressed that reflective practice is generally addressed in individual terms, which Engeström (1994) blames on an individualist and Cartesian bias.

Zeichner and Liston (1996 18) have attributed this conceptual limitation to Schön's (1983) theory, in which 'apart from the context of mentoring, reflection is portrayed [. . .] as largely a solitary process involving a teacher and his or her situation, and not as a social process taking place within a learning community'. Moreover Schön has been criticised for not addressing or perhaps not even recognising that there is a need for critical reflection (Fook, 2002; Brookfield, 1990, as cited in Morley 2007: 62) and this notion was also highlighted by Carr and Kemmis (1986) in the context of action research where they pointed out that adversarial peer criticism and the practice of reflexivity are both necessary factors in order to make reflective practice more comprehensive. Additionally, Fairclough (2001) adds to the criticism of Schön by stating that the latter did not acknowledge the significant contribution that the use of language makes within reflective practice because language is often controlled by power relationships and indeed can also help to perpetuate such relationships by acting as a symbolic regulator of thought and behaviour. The neglect of the significance of language, meaning and narrative is a theme that is also adopted by Thompson and Pascal (2012), who contend that Schön's writings do not address the important elements of meaning making, a process at the heart of the 'reflective conversation with the situation' of which Schön (1983) spoke.

It seems clear, then, that the work of Schön (1983; 1987), whilst regarded at the time of publication, and even now, as being insightful and pivotal with regard to the formation of professional teachers' continuous development based on reflective practice, has attracted sufficient criticism as to warrant closer scrutiny of the epistemological foundations on which the edifice of reflective practice has been constructed.

The etymological roots and philosophical foundation of the meaning of the term 'practice'

Aristotle in his *Nicomachean Ethics* (Rackham, 1934) introduces the term *praxis* and defines it as action for its own sake, not as a means to an end. He also employs the term *phronesis* to convey the concept of practical

wisdom that is necessarily invoked during the mental process of *praxis*. In other words, he uses the term praxis to provide a notion of action in the moment, using knowledge gained from experience, which is designed to facilitate refinement and improvement of that action. In contrast, he uses the term *poiesis* to define action as a means to an end, as in the production of something. He also introduces the word *techne* (its original Greek meaning embodying the combined sense of skill and craft and subsuming another strand, that of artistry) to provide the notion that *poiesis* leads to a product that has been brought about by skill.

To sharpen this point, Aristotle wishes to make the reader aware that contained within the idea of *praxis* is practical wisdom, that is to say the person who is carrying out the *praxis* (the practitioner) does so by engaging in thoughtful reflection that is an inseparable component of *praxis* (practice).

The 're-birth' of this Aristotelian concept of the 'good'

The 're-birth' of this Aristotelian concept of the 'good' might arguably be attributed to Martin Heidegger when he introduces it in his reading of Book 6 of the *Nicomachean Ethics* within the framework of a 1924–25 lecture course on Plato's *Sophist.* He highlighted *poiesis* and *praxis* and emphasised the essential difference between their meanings, namely the former being a means to an end and the latter being an end in itself. Hannah Arendt was a member of the audience when Heidegger presented the 'rebirth' of *praxis* and she later used the term *vita activa* in her work entitled *The Human Condition* (1958) to convey the notion of *praxis* and the link between action and language.

Both Heidegger and Arendt rekindled Aristotle's concept that the pursuit of 'good' for the sake of individuals and society was conceived as an integral part of *praxis* (practice). To achieve 'good', practitioners would use the practical wisdom of their specialist occupation and would constantly reflect critically on their practice so as to aim at achieving the 'good'. Hence the notion of (critical) reflection was an integral part of *praxis*; the art of *praxis* was to carry it out with reason (*meta logou*). For Aristotle, the use of the term 'reflective' would almost certainly have seemed to be tautologous. Perhaps Freire (1972: 119) comes very close to affirming this idea when he states: 'Men's activity consists of action and reflection: it is *praxis*, it is transformation of the world'.

As an interesting adjunct to this point, Linda de Cossart delivered a keynote speech, *Developing the Wise Doctor* at the Postgraduate Medical Education and Training Board (PMETB**)** 2009 conference for stakeholders (October 2009). Within this speech, she stressed that the purpose of PMETB was to facilitate doctors being able to articulate the thinking behind their decisions; she emphasized that wise doctors are not unthinking professionals who merely follow protocols but who make their own professional judgments within the uncertain and messy environment of clinical practice.

She made the assertion that in order to become wise, doctors need to be given opportunities to be innovative and 'think outside the box' within a well-supervised environment. To reach this stage of their development, they need to have been schooled within the traditions of medical practice with the values that such traditions embrace.

The terms reflective practice and reflective practitioner are tautologous

Given the preceding consideration of the etymological roots of the meaning of the term 'practice', it is our contention that the terms reflective practice and reflective practitioner are tautologous on the grounds that the root meaning of the term practice (*praxis*) conveys the notion that reflective thought is an integral aspect of the process of *praxis*. It would perhaps have seemed strange to Aristotle to have talked about reflective practice because the concept for him seems to have been contained in one semantic expression.

Whilst it might seem to be a non sequitur, this could partly explain why some professionals tend to react adversely when the terms reflection and reflective are used because there seems to be an overemphasis of a phenomenon that is natural to some professionals, namely thinking critically about their practice. Perhaps they have an instinctive understanding that practice in the professional context involves critical thinking and that, therefore, the need to stress the terms reflective and reflection could be perceived by them as patronising and condescending.

Whilst no practitioners have expressed verbatim the fact that they have an innate understanding that practice involves critical reflection, some have certainly vocalised their displeasure at the use of the terms on the grounds that they appear to be laden with patronisation and condescension. We have, therefore, alluded to the fact that there could be a systemic issue with the term itself – reflective practice – namely that it rests uneasily on the critical ears of most practitioners because they themselves seem to be in little doubt that within their daily professional practice they carry out critical thinking with regards to their daily professional encounters; we have also suggested that sometimes the use of the two terms causes eyes to glaze over and leads to displeasure.

To extend the consideration of the roots of the meaning of *praxis*, it is important to note that Aristotle emphasises how practical wisdom (*phronesis*) is concerned with 'the capacity for determining what is good for both the individual and the community' (Melaney, 2006: 467). This concept of 'the good' is rooted in *praxis*, from which the word (practice) and its notion are derived. Practitioners, according to Aristotle, can never anticipate the outcome of their *praxis*, which is conducted through the medium of practical wisdom (*phronesis*), until the process has been completed. In this sense, each situation in which *praxis* is applied is

unique and the desired outcome is for the 'good' of the individual and society as a whole.

For *praxis* to be conducted whereby there is a moral dimension in that both the individual and society in general benefit, the prevailing cultural environment, we contend, needs to be one that promotes transparency and professional regard for the practitioners. They must feel that it is safe to behave openly and must be unreservedly confident that the outcome of their *praxis* will be received in the spirit of it being for the 'good' of the individual and society.

The issues of transparency, trust and confidence within a professional environment

The issues of transparency, trust and confidence within a professional environment that should be built on respect for practitioners are ones that always seem to emerge within our discussions with students. In our roles as medical educators, working with undergraduate and postgraduate students on clinical education modules, we have directly experienced healthcare and medical practitioners expressing reservations about reflective practice as regards potential end-users of their written reflections. Some state that they would never write a 'hard-hitting' account of their actions, thoughts and reflections on their professional life and activities, which had been the result of individual or deeply trusted peer soul-searching, with the expectation that it would be read by a third party (e.g. an assessor) who might use the information to form a judgement of them and/or share it with another interested party. In other words, they feel that the written outcomes of genuine reflective practice should be confidential and remain within the private domain of those who principally own it, seemingly on the grounds that they are not confident that the cultural environment in which they practise can be trusted not to misuse the outcomes of their *praxis*.

This question of confidentiality is raised by Ghaye (2007) within his consideration of student nurses' reflective portfolios; he explains that student nurses have declared a reluctance to expose their innermost thoughts, feelings and concerns to a third party (namely, an assessor) whom they simply do not know on an intimate basis. Perhaps it is akin to writing one's personal diary about one's innermost thoughts and then committing it to a third party to read. Soul-baring activities might only be done by some 'as a whisper in the depth of the forest at midnight when they are alone' or in the protective custody of trusted friends and loved ones.

Ghaye (2007) extends his focus on this topic by asking what ethical issues arise when students are requested to submit reflective portfolios as a mandatory component of their undergraduate degree course. He suggests that it might, indeed, be unethical for a university to make such a request without there being a strict ethical code of conduct for both students and staff to abide by when the former is involved in the production of such portfolios and the latter in the assessment of the same. Ghaye (2007) feels that there is a tension between the

desire for students to make authentic declarations and their unwillingness to reveal such declarations to an 'unknown' audience.

Within our roles as medical educators, we have spoken with undergraduate medical students who indicate that reflective practice is often considered as something that has to be done to appease staff and that the whole process is something that seems to be of great interest to teachers and yet not students. In contrast, written tests on medical knowledge and Objective Structured Clinical Examinations (OSCEs) seem to take priority in the minds of these students.

At the same time, we are aware that some small-group learning activities within undergraduate medical degree courses consist of students sharing with their peers and tutors the outcomes of their reflection upon significant learning events experienced during their practice. Adventitiously some students have told us that they feel the need to invent events where none are considered to have occurred rather than be honest and declare that they feel that there is nothing significant to comment upon within a particular practice period. They feel that it is too risky to declare that they have experienced nothing that they regard as significant and worthy of sharing with their peers in the public domain on the grounds that they might be considered as not having engaged critically with their practice and, hence, might be deemed as 'inadequate' according to specified assessment criteria. It is, therefore, easier for them to 'tick a box and play the game'.

'Strategic' deception

Hobbs (2007) highlights this issue of students presenting invented accounts of their learning experience in order to satisfy the demands of assessors in the context of Teaching English for Speakers of Other Languages (TESOL) courses and refers to the practice as 'strategic' deception. This observation might be aligned to the term 'espoused theory and theory in use' which was coined by Argyris and Schön (1974) when they wished to convey the idea that sometimes individuals declare their preferred practice or *modus operandi* to be in one form whilst in reality they behave in a very different fashion. It is conceded that the evidence of such game-playing is only available through 'research' data captured adventitiously; any potential criticism, however, of not employing a more structured method of data capture might be countered by stating that such student revelations were made within settings that were perceived to be 'politically-neutral'; in other words, there is a reasonable likelihood that students spoke openly and honestly about being reluctant or disinclined to reveal publicly, either in writing or orally, the outcomes of their reflections on their practice.

There is then a dilemma for some students; even if they are of the persuasion that reflective practice is an integral aspect of their development as individual students and professionals, the need for the public declaration of the same through mandatory formative

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and summative assessment might lead to them adopting a dual-aspect system for reporting the outcomes of their reflective practice, namely contrived accounts for the public domain and genuine accounts for their 'tried and trusted' private domains.

The ownership of the process and product of reflective practice

The latter observation leads us into a discussion on the ownership of the process and product of reflective practice. It would seem reasonable to suggest that whether reflective practice is conducted individually or collectively, it is ultimately owned by the individual on whose behalf the activity has been conducted, in other words by the individual who initiated the process. There might be claims that the intellectual ownership belongs to both the individual and other parties who contributed to the process and product of such reflective practice but there would still appear to be justification in awarding absolute ownership of the same to the 'originator'.

If that contention can safely be proffered, it would also seem reasonable to state that the owners have an ethical right to reject 'invitations' to exhibit the outcomes of their reflective practice within the public domain, whatever form that public domain may take. As discussed earlier, Ghaye (2007) raises the issue of the ethics of making public the outcomes of reflective practice in the form of reflective portfolios. Moreover, should the owners feel coerced into 'unveiling' their products and feel unable to resist because they feel that such behaviour might have an adverse impact on their current studies and future career prospects, they might resort to presenting fictitious accounts of their reflective practice in much the same way as highlighted by Hobbs (2007).

In his adventitious research work with student nurses as a teaching practitioner, Hilsdon (2005) explains that they often confided in him their feelings of unease at being requested to submit for formal assessment their written reflective accounts of what they had learned from working on the wards. Hilsdon is silent on whether the student nurses invented such accounts but further explains that some student nurses would make strategic omissions from their reflective writing in order to avoid potential conflict with superordinates.

As a corollary, Hilsdon (2005: 62-63) also states that 'student nurses are encouraged to use models such as those of Gibbs (1988) and Johns (1993, 1998)'. There are some very sound arguments against structured written reflective accounts in that structure limits and distorts the very response the exercise is designed to elicit and risks encouraging mindless 'recipe following' rather than insightful analysis (Boud and Walker, 1998; Branch and Paranjape, 2002).

In mitigation, Johns (2004: 19) himself writes:

I must emphasise that all models of reflection are merely devices to help the practitioner access reflection, they are not a prescription of what reflection is … From a reflective perspective, the practitioner will view all models for their value, rather than accepting the authority of the model on face value.

The assessment of reflective writing within the public domain

We now return to our earlier point, namely that the pursuit of 'good' for the sake of individuals and society was conceived by Aristotle as an integral part of *praxis* (practice).To achieve 'good', practitioners would use the practical wisdom of their specialist occupation and would constantly reflect critically on their practice so as to aim at achieving the 'good'.

In light of comments made in this article about the reservations that students have about placing their written reflective accounts within the public domain and that some subsequently resort to creating fictitious accounts in order to avoid potential conflicts with their superordinates, there would appear to be a significant gap between the aspirations of the positive employment of reflective practice as proclaimed by Aristotle and the way in which the process and the practice of reflective practice is handled and managed by students, tutors and assessors within the curricula of clinical education.

The demand for student written reflective accounts to be assessed might be rooted in the genuine belief that such a practice demonstrates the rigour that universities attach to the process and product of reflective practice and that not to assess the same would represent a systemic flaw in the structure of the curricula, which includes assessment. Boud (2001: 5) considered the benefits of student journal writing as a medium for facilitating critical reflection alongside the practice of such reflective writing being assessed and concluded the following:

The more that journal writing moves into the realm of critical reflection, that is, the questioning of taken-for-granted assumptions about oneself, one's group, or the conditions in which one operates, the more it is necessary to consider the inhibiting gaze of others. The more that journals are used to focus on those characteristics of reflection such as 'perplexity, hesitation, doubt' (Dewey 1933), 'inner discomforts' (Brookfield 1987) or 'disorienting dilemmas' (Mezirow 1990), the greater the account which needs to be taken of the interventions of those who may read one's writing.

At the same time the policy of assessing reflective practice might be rooted in the perceived need by universities to coerce their students into conducting the process and product of reflective practice because there is an implicit or explicit belief held by staff that students might not otherwise embed reflective practice into their

studies as an integral aspect of their learning and development.

In whatever way the behaviour of staff and students is interpreted, the authors of this article contend that somehow the essential reason for *praxis* (reflective practice) as conceived by Aristotle has been, albeit unwittingly, hijacked and distorted by tutors and assessors so that in many cases the potential 'fruits' of the process and product of genuine student reflective practice are often translated into invented accounts that exist to satisfy the demands of internal and external parties who are superordinates by virtue of their professional status.

The United Kingdom Foundation Programme Office (UKFPO) has most recently published (August, 2013) up-to-date guidance on the use of e-portfolios for postgraduate trainees undertaking Foundation Level 1 and 2 (F1 and F2) and Specialty Training (ST) provision. It states that new and existing FI trainees will adopt the model of reflective practice that was prescribed by Gibbs' Reflective Cycle (1988) whilst current F2 and ST trainees may use both the Gibbs' model and that currently in use, which is a more free-text model than that of Gibbs. Gibbs' cycle tends to be used in nursing and other professional healthcare settings in order to provide practitioners and trainees with a structure for reflection. This model, however, is not without its critics. Zeichner and Liston (1996) argue that practitioners should not individually focus on whether or not their practice works but should be more concerned with a critical examination of how their practice can precipitate change and their commitment to quality in wider institutional and social contexts.

Our concerns with the use of Gibbs' Reflective Cycle (1988) within trainee e-portfolios

We have our own significant concerns with this approach to reflection and reflective writing. Firstly, there does not seem to be an obvious awareness on the part of UKFPO of the need to be culturally sensitive when asking trainee practitioners to engage in reflection and reflective writing. Some students might not respond positively to the conceptual and practical demands of reflective practice if they are not familiar with having to do so within their own learning cultures which are not founded on western-oriented philosophy (Sung-Chan and Yuen-Tsang, 2006). Secondly, reflective learning (Halton et al., 2007) may be instinctive for some trainees but there is still a need for it to be promoted and refined within a learning environment and culture that is based on critical enquiry so that the full potential of its benefits are realised. Thirdly, there are some trainees for whom reflection and reflective writing are both unfamiliar and unpractised. Accordingly, such trainees might well need initial, and arguably ongoing, focussed support from staff and experienced peers to appreciate and adopt the principles and practices of reflection and reflective writing. When considering the disposition and the subsequent learning and developmental needs of such individuals, Halton et al. (2007: 521) note that

'while reflective learning is an iterative process, it is also useful to view it as a stage process, requiring higher levels of time and support from staff in the beginning stages'.

Fourthly, the model prescribed by Gibbs (1988) is likely to encourage the trainees to approach reflection and reflective writing on an individual basis and in a superficial, reactive way as opposed to collectively and in a critically reflective manner, which echoes the Aristotelian concept of *praxis*. Fifthly, the requirement for the trainees to publish the outcomes of their reflections within their e-portfolios is likely to dissuade them from being open and honest because of the issues of trust and confidentiality which often attend reflective writing when it appears in the public domain.

Apart from the apparent futility of trainee practitioners publishing highly superficial or 'invented' accounts of their reflections on their practice in the public domain, and the attendant waste of their energy and resources in producing such 'false' accounts, this behaviour would also seem to be incompatible with renewed public appeals for clinicians to be transparent in their conduct and to insist that their fellows behave in the same way. Such calls for transparency in the pursuit of maintaining and improving clinical standards in the interest of patient safety form the basis of Recommendation 173, which is contained within the Executive Summary of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013). It states:

> Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.

In light of this recommendation which advocates 'transparency, openness and candour' (ibid), it would also seem appropriate to consider the following words of Ludmerer (2010), who states in his commentary on understanding the Flexner Report (1910) on *Medical Education in the United States and Canada*:

> He (Flexner) was uncompromising in his view that medicine is a public trust and that the profession and its educational system exist to serve. These values, he argued, are timeless, regardless of the professional and social circumstances of the moment.

Conclusion

We feel that embodied within the Francis (2013) and Flexner (1910) Reports are the notions of clinicians' (and non-clinicians') professional integrity and responsibility for patient care and safety that are predicated on the cultural values of honesty and trust within a non-threatening environment. At the same time we argue that these cultural values of honesty and trust within a non-threatening environment need to exist in order for

trainees and practitioners to undertake critical, profound reflection on practice in a way that yields rich, genuine produce that can be used to engender creative developments for their learning and development as well as that of their institutions, their professions and society in general. We, therefore, maintain that the culture needed to sustain the notions of professional integrity and responsibility for patient care and safety and for critical reflective practice is comprised of the same elements, namely trust and confidence by and in all parties to participate openly, honestly and positively for the 'good' of the individual and society.

This article has sought to highlight the complexities and challenges that reflection and reflective practice present for healthcare and medical trainees, practitioners, medical educators and, indeed, all parties involved directly and indirectly in the process. It argues that critical reflective practice should be conducted in a way that genuinely leads to improvements and developments within the settings that healthcare and medical professionals work, train, study and learn, namely the way that was enshrined within the Aristotelian notion of *praxis*. We contend that there should not be a formal requirement for the process and product of reflective practice to appear in the public domain as part of an assessment regime because this often tends to encourage superficial and fictitious accounts to be presented in order to afford some protection against real or imagined potential misuse of such information. Ultimately we feel that critical reflective practice should be so embedded within the professional practice and culture of healthcare and medical trainees and practitioners that attempts to isolate and fragment it in order to satisfy assessment regimes are vain and futile, and perhaps betray a lack of belief and security on the part of those who instigate such regimes.

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