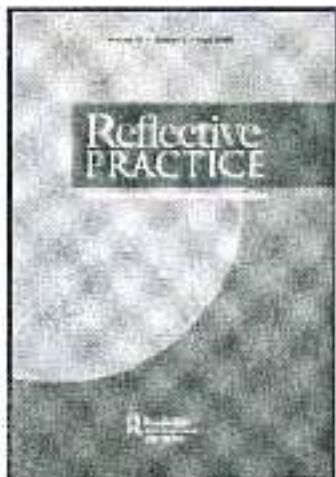


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Doing it differently? A review of literature on teaching reflective practice across health and social care professions

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Reflective approaches have been increasingly adopted in health and social care education. However, how reflective practice is taught in and between professional courses differs extensively. This review of literature identified and categorized literature available on teaching reflective practice in health and social care and compared this with what was available interprofessionally and multiprofessionally. Limited examples comparing how reflective practice is taught in different professions were found. This lack of empirical data has implications for both the teaching and researching of professional practice.

Keywords: reflective practice; teaching; healthcare professions; interprofessional; multiprofessional

Introduction

Colleagues belonging to an academic network based across three greater London institutions and representing a wide range of health and social care perspectives formed a team through a collective interest in the teaching of reflective practice. The collaborative team undertook an audit of reflective practice teaching across professions within the network. This paper represents the literature review that underpins the audit.

Reflective approaches have been increasing in health and social care education in the UK and internationally, as well as becoming a requirement in standards of education and training by Regulatory Bodies (General Medical Council, 2009; Health Professions Council, 2009; Nursing and Midwifery Council, 2010). It was recognised that reflection and reflective practice have been researched extensively, for example, systematic reviews by Mann, Gordon, & MacLeod (2009) and Buckley et al. (2009). While extensive, these reviews did not address our focus which was to compare the literature on how reflection is taught to students belonging to different professions.

Our preliminary understanding of the literature on the teaching of reflective practice/critical reflection in professional programmes was that despite the large volume of literature, there were limited examples comparing teaching reflective

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practice in the different professions (e.g. Tate & Sills, 2004). This meant it was difficult to gain an overview of the range of methods for teaching reflection, how these might differ between different programmes, within one professional group and/or differ from one profession to another. Similarly, this posed difficulties when trying to undertake more systematic research regarding the teaching of reflective practice, since it was difficult to pinpoint specific understandings of the concept, how it was assessed, and what outcomes were attainable or attained. There is a danger reflective teaching may be poorly implemented and not effectively incorporated into ongoing professional practice. While there can be great richness in diverse practices, it is difficult for educators and assessors to be definitive in making judgements of students' reflective capabilities. This situation offers particular challenges to those professionals engaged in interprofessional teaching, which the World Health Organisation (2010) now endorses as important in pre-registration training of health and social care professionals.

This paper will discuss the findings of a literature review to look at how reflection is taught in the 'people oriented' professions of nursing, medicine, midwifery, physiotherapy and social work. We hope it will map the field for more systematic research in teaching reflective practice across several different professions.

Methods: literature review process

The initial search was conducted in 2009/10 and included literature from the previous decade in order to capture current discourses in the different professions. The search began using the following databases: EBSCO (AMED, BNI, CINAHL, Medline) and PubMed. The main focus of the search was on empirical work detailing teaching practices. The search included relevant literature produced internationally. We commenced our search using the terms 'teaching' AND 'reflection/critical reflection/reflexivity' AND 'interprofessional' OR profession (nursing, medicine, social work, physiotherapy, midwifery). Given the lack of clarity about the term 'reflective practice', the related terms 'reflection', 'critical reflection' and 'reflexivity' were used as search terms, as Fook, White, and Gardiner, (2006) argued these are often conflated. Literature was also accessed through hand searching bibliographies. The review included reports and documents published by organisations such as the Higher Education Academy (HEA).

The decision to include the selected professions was pragmatic, largely due to the authors' professional representation and the professional courses offered within the university network.

To focus the literature search we developed the following questions:

- (1) What types of literature were found?
- (2) What were the justifications for and criticisms of teaching reflection in the different professions?
- (3) What were the learning contexts and the pedagogical approaches for teaching and assessing reflection in the different professions?

These questions will be further explored in the findings, followed by a section on the multiprofessional literature identified.

Findings

In total 74 journal articles or reports were identified. Of these, 52 studies were judged as particularly pertinent as they specifically focused on pedagogical approaches to reflective practice. These papers were explored in greater detail and used for this paper.

Table 1 shows the distribution of literature explored in detail according to the different professions. This demonstrates the majority of the literature identified was uniprofessional and there was a preponderance of literature from the nursing sector.

Examples from the literature analysed will be presented according to the three research questions outlined above. The examples of multiprofessional or interprofessional studies will then be presented.

Types of literature

The types of literature located could be divided into two main categories:

- (1) Literature providing reviews on aspects of teaching reflective practice.
- (2) Literature reporting on empirical studies about the teaching of reflection.

Literature providing reviews on aspects of teaching reflective practice

Our research identified various uniprofessional reviews relating to teaching reflective practice. In medicine, Carraccio and Englander (2004) reviewed the literature on portfolios and developed a web-based evaluation portfolio for residency training. The focus of the review was on literature related to measuring competence in order to improve professional development through reflection and providing data for evidence-based education.

Similarly, McMullan et al. (2003) provided a review of portfolios as a means of assessing professional competence in nursing. They found 20 articles on competency and portfolios and 32 articles on portfolios and nurse education. The focus of this review was on portfolios as an assessment tool, rather than reflection. Epp (2008) conducted a review of the literature on the value of reflective journaling for undergraduate nursing students, by exploring in detail nine papers (out of 150 identified). Evidence was found to support the use of teaching reflective practice, but also noted reports that nurse educators struggled to facilitate and support students' reflection.

However in the field of social work reviews tended to be of a different focus. For example D'Cruz, Gillingham, & Melendez (2007) reviewed reflexivity in social work education from a theoretical perspective. This review focused on a conceptual discussion which explored the conflagration of critical reflection, reflexivity and reflectivity.

Table 1.

Medicine	Physiotherapy	Nursing	Midwifery	Social work	Multi/international
8	5	18	5	9	7

From a multiprofessional perspective, Buckley et al. (2009) carried out a systematic review of the claims made about the educational benefits of portfolios. They found 69 studies (out of over 2348 identified) from medicine ($N = 18$), nursing ($N = 32$) and other allied health professions including dentistry, physiotherapy and radiography ($N = 19$). This review focused on learner benefit such as greater self-awareness and improved student knowledge and understanding. In another systematic review Mann et al. (2009) focused their analysis on 29 studies that examined the process and outcome of teaching reflective practice in health professions. While highly relevant to our interests, these reviews focused on the effectiveness of using reflective practice in health professions and their education, rather than comparative professional pedagogical approaches.

Literature reporting studies about the teaching of reflection and evaluating its effectiveness

The second type of literature identified referred to work evaluating individual initiatives or courses teaching reflection. The majority of the studies identified were uniprofessional. The following selection is characteristic of the literature available in the different professions.

In an example from the medical literature, Sobral (2001) looked at students' reflections in relation to study and academic achievement. Reflection was appraised using scales of Reflection in Learning (RLS), Course Valuing Inventory (CVI) and a version of the Approaches to Studying Inventory (s-ASI). Results found positive, significant relationships between reflection and RLS, CVI and s-ASI.

In physiotherapy, Mori, Batty, and Brooks (2008) evaluated the feasibility of an electronic reflective practice exercise with physiotherapy students on a clinical placement using questionnaires including a self-directed readiness scale (SDLRS) and a review of students' written assessments. They concluded the exercise was feasible and could impact positively on learners' skills and self-directed learning readiness.

From the nursing literature, Duke and Appleton (2000) analysed 160 reflective assignments within one undergraduate palliative care programme. The results were compared between students and across academic terms. The results suggested students found it easier to describe their practice than their knowledge, care context or action plan. However, reflective abilities were seen to improve over the three terms, although the development of critical reflection was less evident.

A study by Collington and Hunt (2006) used an ethnomet hodological approach to explore midwives and their students' perceptions of critical reflection facilitation. They found both had a superficial understanding of reflection and there was some inconsistency in approaches to reflective practice. However, those midwives who were exposed to reflective journal writing during their education programmes had adopted reflective practice into their working lives.

Some trends are immediately obvious when comparing these reviews and empirical studies about the teaching of reflection. The literature from medicine and physiotherapy tends to favour a realist approach. Authors conceptualise reflection as something quantifiable and are interested in measuring aspects to do with the teaching and learning of reflection using quantitative methods. In contrast, the literature from nursing and midwifery is more likely to take a constructivist approach, acknowledging complexity and using a variety of research methods. Meanwhile, the

literature from social work takes a more critical stance and explores the teaching of reflection drawing on theoretical approaches.

Literature justifying or criticising teaching reflection

Another theme identified from our review was literature that began with the premise of either justifying or criticising teaching reflection. The following examples, from the literature identified in the different professions, demonstrate some of the common justifications for teaching reflection.

From the medical literature, Wald, Davis, Reis, Monroe, & Borkan (2009) stated that teaching reflection as part of clinical skills and professionalism is generally viewed as part of developing competent practitioners. Based on the findings of survey of practice based educators in physiotherapy, Ward & Gracey (2006) claimed reflective practice is justified as a way of reducing the theory/practice gap and excavating tacit knowledge. From the nursing literature, Holton-Deutsch and Sherwood (2008) stated that making the transition from student into the working environment calls for emotional intelligence. They then discussed the need to educate reflective and emotionally-competent nurses who are able to take the lead in fast-paced workplace environments where there is ever increasing clinical complexity. They argued that pedagogies that integrate theory, practice and reflection are a foundation for developing nurses capable of leading patient care management. From the midwifery literature, Lyons (1999) advocated teaching reflection, arguing the combination of theoretical and practice knowledge will help to create a knowledge base for achieving safe and effective practice. From the social work literature, McGuire, Lay, & Peters (2009) justified teaching reflection as a response to professional practice having become increasingly complex. Students are now required who have the capacity to analyse, critically evaluate and update knowledge as well as possessing advanced problem-solving skills. The authors analysed focus groups with social work students and assessed the implications of using reflective practice as a way of producing well-prepared students.

The literature also included criticisms of teaching and especially assessing reflection. Questions about the evidence base and the effectiveness of teaching reflective practice are also commonly cited in the literature as a background to carrying out research (for example, Duke & Appleton, 2000; Nicholl & Higgins, 2004). From the medical literature, Pee, Woodman, Fry, and Davenport (2002, p. 575) examined student worksheets and a student feedback questionnaire to assess whether students 'really were reflecting' when they carried out a reflective learning activity.

In addition to these criticisms, ethical issues are also raised. From the nursing literature, Carroll et al. (2002, p. 13) noted the 'practical, legal, ethical and moral implications raised in teaching and assessing' reflective practice. From the social work literature Miller (2004) used work from psychotherapy to discuss the unconscious dynamics between a therapist and their clients and how this relationship can also develop between students and teachers during reflective teaching. From a feminist perspective, Clegg (1999 p.167) argued although reflective practice aims to move the professions forward, it continues to subordinate the traditionally women's professions and reflection 'becomes a vehicle for self-surveillance'.

Pook and Askeland looked at the cultural challenges of teaching critical reflection in social work and healthcare, including the 'appropriateness of critical

reflection for all', the need for 'emotion preparation' for the critical reflection process, the need to emphasise 'professional learning purposes', the need to 'clarify self-disclosure', and the need for 'an appropriate cultural environment' (Fouk & Askeland, 2007, p. 520).

The examination of the literature about the justifications and criticisms of the teaching of reflection demonstrates some convergence between the professions around the rationale for teaching reflection, for example, with agreement on the importance of promoting the integration of theory and practice, and teaching reflection will enable professionals to manage the increasing complexity of practice. However, with regard to criticisms of teaching reflection, it is noticeable that literature in professions with more positivist histories (e.g. medicine) questions the effectiveness of methods, especially assessment. Meanwhile there is some literature, particularly in the field of social work, which is more likely to question wider ethical, social and cultural phenomena involved in teaching reflection.

The learning context and pedagogical approaches for teaching and assessing reflection

While the literature produced by the different professions uses multiple terminologies, the approaches discussed for teaching reflection are often categorised into two main groups. The first category includes summative methods which focus on the outcome of reflection by creating a product (e.g. portfolio), while the second group includes formative methods where learning and self-development is the focus and promoted in classroom activities or active discussion within a group. Other categories referred to in the literature included making the distinction between individual reflection, reflection that takes place in groups, and distinctions drawn upon the context in which teaching took place – classroom-based, practice-based or blended learning. Table 2 is not exhaustive, but presents some of the key methods for teaching reflection that were discussed in the literature.

Keeping a portfolio (electronic and/or paper based) was a favoured method in much of the literature examined and was used both to demonstrate reflection and to teach it. Not only was it a predominant method for teaching reflection but it is also compulsory for healthcare professions including medicine for demonstrating their continuing professional development (CPD), as will be discussed later on. This put a certain emphasis on portfolios and the importance of learning the skill of reflective journaling, as has already been demonstrated in the review section, e.g. McMullan (2003), Carraccio and Englander (2004) and Buckley et al. (2009).

Examples of literature on portfolios from different professions included several articles reporting on a study which used telephone interviews of HEIs, observation

Table 2.

Summative methods	Formative methods
• Portfolios (paper or electronic)	• Class exercises
• Reflective diaries /autobiographical stories (paper or electronic)	• Facilitation (use of models and frameworks)
• Critical incident reports/essays	• Critical friends/supervision/mentors/preceptors/peer observation/guided self-reflection
• Seminar presentations	

and a survey to examine portfolio use in nursing in England (Endacott et al., 2004; Scholes et al., 2004; Webb et al., 2002). From the medical literature, Pearson and Heywood (2004) explored the use of educational portfolios for GP registrars in England. They found that 42% of registrars used the portfolio in reflective learning. Experienced registrars used the portfolio less and those with supportive trainers used the portfolio more in reflection.

The literature also included criticisms of portfolios. Jasper and Fulton (2005, p. 377) described the assessment of reflective portfolios as 'largely rudimentary and undeveloped' and presented a marking criteria for assessing practice-based portfolios at masters' level in healthcare.

Other methods of teaching reflection were also discussed in the literature and the following examples demonstrate some of the variety.

From the medical literature, Wild et al. (2009) discussed a course on clinical skills and professionalism which combined structured reflective writing with individualised faculty feedback. Students produced field notes to structured questions on course topics and individual feedback was given. Qualitative analysis was undertaken and four areas of benefit were identified: the promotion of deeper and more purposeful reflection; the usefulness of feedback; the enhancement of group process; and personal and professional development. Platzer, Blake, and Ashford (2000) evaluated the success of reflective groups for one part-time post-registration nursing diploma. They identified significant developments being made in critical thinking and changes in increased professionalism, greater autonomy in decision making and more self-confidence to challenge the status quo. From the midwifery literature, Lyons (1999) explored journal writing as a way of developing reflective practice in midwifery. The author then used critical social theory and adult learning principles to analyse how midwifery teachers could enhance their students' learning and practice of reflection. From the social work literature, Oterholm (2009) evaluated an online course using critical incident technique and used critical reflection to examine hegemonic assumptions and power relationships involved in one's life. The course aimed to help students reflect on disparities between their 'espoused values' or theories and their 'actual practice' (Oterholm, 2009, p. 363).

One particularly pertinent issue arising from the literature is how to integrate reflective practice into the whole curriculum rather than as episodic teaching (e.g. Bulpitt & Deane, 2009). Cadman et al. (2003) analysed curriculum documentation and conducted a staff and student survey to explore perspectives on reflective practice in nursing in one educational institution. They found students identified lectures and group work as the teaching and learning strategies used to develop reflective skills, which contrasted with strategies of personal tutorials, group work and case scenarios that the learners identified. Cadman et al. (2003) also noted that the majority of lecturers were not clear where in the curriculum reflective skills were taught. A study by Braine (2009, p. 262) echoed similar findings, in that new nursing teachers reported 'reflection was compartmentalised, detached from the learning process, and should be made more explicit in the current curriculum'. In a survey, Ward and Gracey (2006) explored physiotherapy practice co-ordinators' perceptions of how reflection should be taught in the curriculum. They found although the majority of co-ordinators believed reflective practice should be viewed as a central teaching strategy, there was no consensus on facilitative models or approaches to assessment.

The teaching of reflection online was also found to be a growing area of interest in the literature. For example, reporting on reflective practice in postgraduate midwifery education, Phillips and Morrow (2008) outlined the use of online facilities to allow geographically dispersed students, who would normally be isolated, to participate in online lectures and maintain reflective journal space.

With regard to examining the literature addressing pedagogical approaches to teaching reflection, there was a significant emphasis on portfolio related approaches in all professions. There was, however, different emphasis placed on portfolio production, which will be discussed later. There were a number of other teaching approaches across the professions, however, we were not able to find any significant preferences.

Literature with a multiprofessional focus

So far this review has focused predominantly on uniprofessional literature. Examples of literature were identified that specifically addressed teaching reflective practice from a multiprofessional or interprofessional perspective. As already mentioned, two systematic literature reviews looked at related issues from a multiprofessional (including medicine) perspective (Buckley et al., 2009; Mann et al., 2009).

Other examples included a Higher Education Academy (HEA) Occasional paper which explored the teaching and assessment of reflective learning with the aim of forging a common approach to developing a whole-curriculum for encouraging reflection (Balgitt, & Deane, 2009). Within this publication, Fleming (2009) described a typology of reflection for multiprofessional teaching. Similarly, an earlier HEA Occasional paper (Tate & Sills, 2004) discussed the historical development of critical reflection in different health professions, through the presentation of a collection of case studies authored from members of a wide range of professional backgrounds (not including medicine). The main aim was to share experiences and good practice of reflective practice teaching from the perspective of different professions. In concluding the occasional paper, Clouder (2004) recognised that there was consensus among the professions to incorporate reflection within curriculum; however, she drew attention to the wide variety of conceptions of reflection used, and called for greater evaluation and research.

There were some examples of literature evaluating or describing teaching reflective practice specifically in interprofessional groups. For example, Garrett and Jackson (2006) described the introduction and evaluation of a wireless personal digital assistant or 'clinical e-portfolio' used by nursing and medical students on placements. Karban and Smith (2010) discussed teaching reflection to interprofessional groups and argued approaches that move from a more technicist approach to incorporate more critical perspectives help challenge traditional uniprofessional models. They suggested emphasis should be placed on larger societal power issues rather simply reflections on professional or team relations. Neither of these papers explored how conceptions of reflection were agreed between the professional groups, nor was there significant detail on how reflection was taught or facilitated.

This examination of the examples from the multidisciplinary or interprofessional perspective is of interest as it demonstrates there is a lack of literature comparing how reflection is taught between the professions or interprofessionally. It was not possible to gauge from this literature what methodological approaches were favoured for multiprofessional research into teaching reflection.

Discussion

The examples used in this review of teaching reflection across the health and social care professions have illustrated the types of literature available from the different professions. What is immediately evident is that the different disciplines with their preferred perspectives shape the production of knowledge by asking specific questions, posing them in a particular way, mediating them with methodological practices and in turn legitimating certain stances or positions within their own field. The literature identified can broadly be placed on a continuum ranging from positivist through to critical approaches. The medical literature tended to have more positivist and pragmatic rationales and methodologies with a focus on 'measuring' reflection and finding evidence of outcomes of, or evidence for, the effectiveness of reflective practice in teaching. Literature from physiotherapy also tended to follow this approach (e.g. Ward & Gracey, 2006). In contrast, nursing and midwifery more commonly took constructivist approaches with greater interest in exploring and understanding teaching processes. The literature from social work was different again and tended to draw on wider discourses from across the social sciences. For example, Ruch (2002) discussed incorporating the role of anxiety into a conceptual framework for supporting reflective practice with clinical teachers. Humphrey (2009) wrote about educating social workers to become agents for change and incorporating Eastern philosophies into critical reflecting teaching.

However, there are some exceptions to this generalisation, for example, from the medical discipline Wald et al. (2009) used a qualitative approach to investigate an initiative involving structured fieldnotes and guided feedback. This could be viewed as an indication of some disciplinary leakage, suggesting discomfort in some quarters about commonly used methodologies. It is interesting to note that some of the literature identified is characterised by the intrinsic tension (usually unacknowledged) between discussion of the teaching of reflection which values experiential knowledge versus realist research approaches being used to 'assess' the practice.

Close inspection of the literature also illustrates how the teaching of reflection has been taken up and developed differently across the professions to support their separate legitimisation projects. In the medical context, the focus is on improving professional practice and competence in the light of an increasingly litigious, knowledgeable and demanding public (e.g. Wald et al., 2009). In contrast, in the other professions, reflective practice is approached more as a way of asserting each group's autonomous professional identity. This is particularly obvious in fields of practice which have been traditionally subordinated by medicine. In the nursing and midwifery literature there is an emphasis on valuing, validating and developing nursing knowledge and skills within healthcare. Reflection may provide justification for gaining autonomy within the healthcare hierarchy by legitimating different (from positivist) approaches to knowledge production. For example, Platzer et al. (2000, p. 689) identified several positive outcomes of reflective practice groups, including giving nursing students 'more self-confidence to challenge the status quo and make their own judgments'. Reporting on reflective practice in postgraduate midwifery education, Phillips and Morrow (2008) stressed how reflective practices 'support and uphold the oral tradition midwives are renowned for'. The case of social work is rather different, as this profession has traditionally been less involved in the hierarchical healthcare structure. A key characteristic of the literature in this sector is rather challenging hierarchies within society in general. For example, Jones (2009)

discussed the benefits of using transformative learning approaches in social work education. He advocated their use for teachers interested in encouraging 'emancipatory' approaches. Morley (2004) discussed teaching critical reflection in social work as resistance to globalisation, individualisation and the intensification of labour.

These different epistemological and professional approaches to reflection are also identifiable, although less obviously when exploring the literature specifically on teaching and assessing reflective practice. The medical and physiotherapy literature tended to be more outcomes focused with emphasis on the production and assessment of portfolios. In nursing and midwifery there is also a preponderance of literature on portfolios and more discussion about other methods of teaching reflection. In social work, in contrast to the other professions, there is less literature about portfolios and assessment, and more interest in other issues.

This leads onto the final observation that the literature on the teaching of reflection is also linked to practical considerations and contexts. Nurses and midwives have historically been required to maintain a personal portfolio outlining their professional development in order to maintain their registration with the NMC (Nursing and Midwifery Council, 2010). So in nursing there is a large volume of literature about reflective practice in comparison to the other professions. While this could simply reflect the relative size of the professions or popularity of the concept, it could also be related to the re-registration process. In contrast, doctors have been required to keep a personal development portfolio, but it is only now in the process of being linked with the introduction of a new stipulation that doctors re-register every five years (General Medical Council, 2011). There is therefore a more recent interest within medical education in equipping students to be proficient in the skills of portfolio maintenance and reflective writing. Similarly, the Health Professions Council (HPC) have only recently stipulated that physiotherapists are also required to keep a personal portfolio as part of their re-registration process (Health Professions Council, 2008). Meanwhile, critical reflection has been an important part of social work education for many years, although professional registration was only introduced in 2005 in England, along with re-registration regulations including the demand for demonstration of CPD (General Social Care Council, 2010). This again illustrates how the production of literature on teaching reflective practice is related to the history and traditions within the professions as well as to evolving national debates and policy imperatives.

Implications

This review has illustrated the different professional approaches in the literature on teaching reflective practice as well as the lack of empirical, comparative interprofessional literature. This will have implications when we are working together in teaching, practice or research.

This review has provided the background data for an audit of teaching of reflective practice across three HEIs belonging to one academic network in health and social care. This audit aimed to explore how reflective practice was taught across the professions and interprofessionally within one academic network. The approach taken to the audit was documentary analysis of materials such as prospectuses and student handbooks and interviewing key staff members. The findings of this audit will form the basis of our future work.

Conclusion

Our review has highlighted that although there is a vast amount of literature on teaching reflection in healthcare professional education, much of it is uniprofessional in nature. There is less empirical literature which compares teaching reflection across the professions or which addresses teaching reflection interprofessionally. This means there is little consistency or ways of knowing what exactly other professions regard as reflective teaching. This is not helpful when trying to teach or carry out research interprofessionally.

Overall we do not want the conclusions from this paper to be seen as deficits in the teaching of reflection in general or within particular professional groups. Rather, by highlighting the literature and the themes within the discourse, we hope this will help individuals have a greater understanding of drivers and approaches to teaching reflective practice, so colleagues can work collaboratively across the health and social care professions.

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