

## Appendix A

### Johns' Model of Structured Reflection

Core questions – *what information do I need to access in order to learn through this experience?*

Cue questions –

#### 1.0 *Description of experience*

- .1 Phenomenon - Describe the 'here and now' experience.
- .2 Causal - What essential factors contributed to this experience?
- .3 Context - Who are the significant background actors to this experience?
- .4 Clarifying - What are the key processes (for reflection) in this experience?

#### 2.0 *Reflection*

- .1 What was I trying to achieve?
- .2 Why did I intervene as I did?
- .3 What were the consequences of my actions for:
  - Myself?
  - The patient/family?
  - For the people I work with?
- .4 How did I feel about this experience when it was happening?
- .5 How did the patient feel about it?
- .6 How do I know how the patient felt about it?

#### 3.0 *Influencing factors*

- .1 What internal factors influenced my decision making?
- .2 What external factors influenced my decision making?
- .3 What sources of knowledge did/should have influenced my decision making?

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

- .1 What other choices did I have?
- .2 What would be the consequences of these choices?

#### 5.0 *Learning*

- .1 How do I now *feel* about this experience?
- .2 How have I made sense of this experience in light of past experiences and future practice?
- .3 How has this experience changed my ways of knowing?
  - empirics? aesthetics? Ethics? Personal?

## Appendix B

### Summary of Findings

A summary of findings by article number, author, year and purpose of studies

#### **Article 1: Snowball et al (1994) Dissertation supervisors' views on reflection**

- Reflection can be a tool for professional development and learning.
- Reflective practicum concept helps in the process of reflection and linking theory and practice.
- Reflective sessions need supportive network, a sense of partnership between teacher and student and a balance between self-disclosure and self-enhancement.
- Reflection has enhanced and developed the supervisors' practice in a coherent and innovative way.
- Anxiety reduced in the clinical areas due to peer support and cooperation.

#### **Article 2: Davies (1995) Effects of reflection on clinical practice**

Clinical debriefing sessions and journaling resulted in the following:

- Increased knowledge base leading to better problem-solving skills.
- Boost in confidence in applying knowledge and skills.
- Greater awareness in relevant issues and increased involvement in clinical issues. Ability in identifying individual learning needs.
- Students move from a passive to a more active mode of learning.
- Journaling enhanced self- evaluation and endeared students to consider more broader issues.
- Journaling provided a mechanism to search for a balance between positive and negative experiences.

#### **Article 3: Burnard (1995) Nurse educators' perceptions of reflective practice**

Reflective practice seen as:

- A useful formal learning activity which encourages learning.
- Useful way to improve quality of care and practice and enhance future practice.
- A part of the process of nursing and a fashionable concept.
- Causing anxiety over personal disclosure.
- An automatic human process (by some responders) that naturally occurred.
- Doubtful whether or not to teach reflection formally.

#### **Article 4: Shields (1995) Students' perceptions of reflective practice**

Reflective practice was perceived by students as:

- A valuable learning tool and an active process.
- Helpful in developing self-analysis skills and critical knowing.
- Helping to improve nursing care and resolve moral dilemma.
- Able to stimulate students to identify problems.
- Journals need to be more reflective and less descriptive.
- Debriefing helps in clarification of ideas.
- Regulation reflection would take training and self-discipline.

#### **Article 5: Glen et al (1995) Reflective tutorials in assessing teaching practice**

- Process of reflection seen as process of discovery
- Teaching events and metaphor serve as vehicle for reflection.
- During reflection, teacher acted as educator, counselor and facilitator of change.
- Supervisor's (educators) skills include active listening, constructive criticism and willingness to reflect on one's own performance and knowledge.
- Reflective process requires closer and more teacher-student relationship.
- Reflective diaries help to develop understanding of reflective practice.
- There is lack of evidence of linking ability to reflect and quality of practice.

#### **Article 6: Wong et al (1995) Assessing students' level of reflection from diaries**

- Reflective diaries can show evidence of reflective thinking.
- The process of using Bouds et al's (1983) model to categorize students as non-reflectors, reflectors and critical reflectors was reliable.
- Results showed 11.1% of respondents as critical reflectors, 75.6% as reflectors and the remaining 13.3% as non-reflectors.
- Problematic and less reliable when identifying finer levels of reflectivity. Majority of students reflected at the lower levels of reflection.
- Number of years of working has no effect on level of reflectivity.

**Article 7: Richardson and Maltby (1995) Level and extent of reflection from students' diaries**

- Majority of students achieved lower levels of reflectivity; 36% at level 1 reflectivity, 28% at level 2 and 30% at level 3.
- Small number of students attained the higher levels of 4, 5 and 6 i.e.3% at level 6, 2% at level 5 and 1% at level 4.
- Students viewed diaries as beneficial means of assessing and evaluating clinical progress.
- Diary facilitated reflective process.
- Students experienced inability to describe feelings in diaries due to concern being "assessed"

**Article 8: Stoddart et al (1996) Effectiveness of reflective group sessions**

- Reflective groups popular because of support during sessions rather than because of the actual process of reflection itself.
- Most students viewed reflection as sharing experiences with peers and getting support, and had been relevant to their practice.
- Reflection gave opportunity for discussion in small groups
- Little evidence of a theory-practice linkage.
- Objective of stimulating reflectio-on-assignment not attained mainly due to tutors' lack of experience and knowledge on reflective practice, and the arrangement of students clinical placements.
- Many students saw their tutors as a source of support.

**Article 9: Durgahee (1996) Nurses perceptions on reflective practice**

- Reflective practice seen as a refreshing learning process at the conceptual level.
- Reflective practice helps students to derive knowledge from practice and gain insight
- into clinical situations, personal nursing philosophy and power of communication.
- Diaries helped students think about their practices; making them alert of client's needs.

**Article 10: Mountford and Rogers (1996) Effect of reflection-in and-on assignment**

- Formal reflection seen as strategy to influence the following six factors: 1) academic self-concept, 2) task awareness, 3) views of knowledge, 4) influence of knowledge on behaviour , 5) writing as a learning activity and 6) generating knowledge by reflecting in-and-on assessment and discussion.
- Reflection-in and –on assessment is a useful tool for learning and it helped students to gain confidence.

**Article 11: Getliffe (1996) Students' and teachers' perceptions of reflection-on-practice**

- Reflective process seen as 1) learning opportunity, 2) providing insight into one's pattern of thinking, 3) building confidence and 4) promoting deeper understanding of self.
- Relaxed and supportive atmosphere needed for reflective practice.
- Important to have knowledgeable and experienced facilitators.
- Needs specific incident to provide focus for reflection.
- Examining level of student's reflection from reflective sheets is difficult; majority of students achieved the first two categories of reflection.
- Reflective practice cannot provide concrete proof of expected learning.
- Students lack of experience and large reflective groups restrict the reflective process.

**Article 12: Taylor (1996) Using reflective process to examine work practice**

- Participants showed progress in dealing with practice and inter- relationship issues.
- Participants gained insight into becoming assertive and non-judgemental.
- Participants able to formulate views on best nursing practice and able to confront practice issues.
- Reflective nursing practice not easy as it required energy, time, commitment and courage.

**Article 13: Hallett (1997) Students' and supervisors' views on community learning through reflection**

- Reflection sessions valued as teaching and learning experience.
- Non-threatening environment needed to promote learning through reflection.
- Students' lack of nursing experience led to anxiety and this inhibited reflection.
- Drawing link between practice and theory not easy; required careful thought and effort.

**Article 14: Wong et al (1997) Exploring teaching and learning strategies to maximize reflective learning**

- Initially students felt bored with dialogue sessions and journal writing.
- Work incidents and exemplar cases useful as points of reflection.
- Journal writing and dialogue complemented each other in facilitating student reflection.
- Attributes to reflective learning include willingness, commitment and open-mindedness.

**Article 15: Malik (1998) Exploring models of :1) faculty practice, 2)curriculum and 3) clinical supervision that encourage reflective practice**

- Few educators reflect on their own teaching, many nursing lecturers lack commitment to develop themselves through reflection.
- Development of reflection prominent only under the control of enthusiasts.
- Development in reflective practice most comprehensive within pre-and post-registration/graduate curricula in one Australia University. Elsewhere, development was sporadic.
- Journaling and reflection-on-practice actively encouraged in many Australia campuses.
- The most consistent evidence of the encouragement of reflection was directly related to off-campus clinical education.
- Debriefing not structured and dependent on the skills of clinical facilitators.
- Reflective practice is a competency domain within the national outcome competencies of the Australian registered nurses. However, no clear evidence on how the process of reflection was integrated into the clinical assessment profile.