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


- 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.


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.


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.


- 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.


- 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-assigment 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 knowledgable 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.

- 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.


- 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.