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A Peer Reviewed International Journal for the Advancement of Clinical Skills
- *'docendo ac discendo' - 'by teaching and learning'*



In this issue:

Should surgical training start with the medical student?

Lend me your watch and I'll tell you the time...

Effectiveness of online clinical skills education

Transferring hand hygiene skills to clinical practice

Examination of the gastrointestinal system

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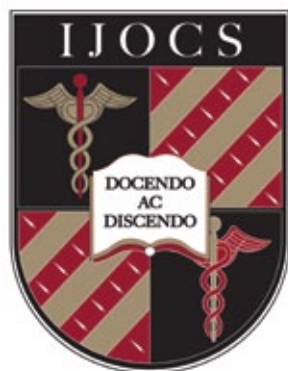
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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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Foreword

Surviving the Global Economic Crisis in the World of Clinical Skills

After a tremendously successful beginning, the International Journal of Clinical Skills (IJOCS) has had the pleasure of bringing together the international clinical skills community. Throughout 2008 the extremely positive response from both students and teachers has demonstrated the need for this quality peer reviewed Journal, whose remit is not only to publish research, but also to provide a centre point in the world of clinical skills.

The variety of papers published in IJOCS to date is in itself unique, many of which have been changing the way all healthcare professionals practice within the clinical arena. Only time will tell whether such change does ultimately lead to improved patient outcomes and quality healthcare; however, the remarkable feedback received from the many doctors, nurses and other professionals who read the IJOCS, encourages us to continue developing this exceptional resource.

As 2009 begins, countries all over the globe face what may be the worst economic outlook since the 1950's, hence it is prudent not only to be conscious of our spending habits, but also to consider how this may impact the teaching and learning of clinical skills – a vital part of healthcare. Many healthcare institutions have had to significantly reduce their educational budgets, which no doubt has a detrimental impact on the training of all professionals. Moreover, it is important not to lose sight of the fact that quality healthcare delivery is required to maintain healthy nations, which, in turn, can reduce financial burden.

Following the global financial crisis, the in-house publishing company for the IJOCS (SkillsClinic Ltd) has decided to launch the website www.clinitube.com in 2009. This will be a free website where professionals will not only be able to download clinical skills guidelines (the aim of the originally proposed Clinical Skills Lab – CSL), but also upload their own information and files onto clinitube.com so that other professionals can share these materials for free. At a time when resources are limited, clinitube.com will build an online community for the sharing of much needed resources.

In addition to our colleagues at clinitube.com, the IJOCS will continue to publish many articles which present novel research and offer readers comprehensive guidance on a variety of clinical skills subject areas, including effective teaching methodology. We hope our readers take advantage of this knowledge by disseminating the information, putting it into practice and benefiting from the numerous incentives.

We reflect with much enthusiasm, for what the IJOCS has achieved so far and look forward to what has begun.



Dr Alison Anderson
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The role of the reflective journal to assess the learning experience from clinical placements in healthcare undergraduate programmes

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Abstract

This paper discusses the use of reflective journals to assess student learning from clinical placements. Reference is made to a BSc Exercise Science programme but many of the points covered are applicable to clinical placements in other healthcare programmes such as medicine, nursing and physiotherapy.

Introduction

Within the current climate of Higher Education there is a swing towards the use of innovative assessment and away from the more traditional methods of assessment. The reflective journal can be categorised, as such an innovative assessment tool, with the aim of encouraging quality and deep learning in the student by the process of critical thinking and reflection. It is therefore both the process of learning as well as the product of learning that we are assessing. Mohl [1] talks of the research done by Boyd and Cowan which suggests that traditional assessment methods encourage a more superficial approach to learning and that innovative assessment is designed to develop critical thinking. He describes the use of innovative assessment as “a genuine attempt to improve the quality of learning in higher education” [1].

Reflection

Firstly we need to look at what we mean by reflection, the implications for the students, and what we are looking for in a reflective journal. The problem is that there are numerous theories on reflection and it is difficult to define, but in this paper those theories considered most applicable to Exercise Science students will be addressed.

We can refer to Kolb's famous Learning Cycle to begin to understand the importance of reflection in the learning process. Kolb's Learning Cycle describes a process “whereby knowledge is created through the transformation of experience” [2]. This cycle includes experiencing, reflecting, thinking and acting. Moon's [3] interpretation of this cycle illustrates succinctly the role of reflection in the learning process: we have an experience, we reflect on our experience, we learn from the experience and we try out what we have learnt in a new experience and so the cycle begins again [3]. By this process the learner can build on their knowledge and expertise by being reflective in their practice and experience. Reflection is particularly important in health care professions in which evidence-based medicine is at the forefront. Changes are happening constantly and we need practitioners to make sound clinical judgements. As Plack and Greenberg emphasise, “reflection allows for the inter-connections between observations, past experiences, and judgement to come to the fore in clinical decision making” [4].

Moon [3] makes reference to the theories of Dewey and how he perceived reflection as a specialised form of thinking, “a kind of thinking that consists in turning a subject over in the mind and giving it serious thought.” Moon herself describes reflection as a form of “mental processing” and it is this quality of processing in learning, that we are trying to encourage at the later stages of

healthcare programmes and therefore we require an assessment tool that measures and recognises this level of cognitive ability.

Smith [5] discusses how Schon further developed the idea of the reflective practitioner by theorising that there are two types of reflection which he describes as “reflection-in-action” and “reflection-on-action”. Reflection-in-action is described as reflection at the time when the experience is actually taking place, whereas reflection-on-action takes place after the encounter when there is time to explore what has occurred. This seems particularly applicable and relevant to medical practitioners who encounter challenging clinical situations, and need to reflect at the time. As Schon describes, “thinking on your feet” in order to make competent clinical decisions. However reflection-on-action after the experience will encourage the practitioner to further critically analyse and develop a deeper understanding of what has taken place.

Students and learning

If our desire is for the students to engage in their learning experience in a reflective and critical way, we need to guide them by expressing the role of reflection within the learning outcomes of the unit, and linking deep learning in the taxonomy of the learning objectives. Biggs and Collis developed their SOLO taxonomy as a way of describing the growth and development of a student’s knowledge and understanding. “As students learn, the outcomes of their learning display similar stages of increasing structural complexity.....The quantitative changes occur first, then learning changes qualitatively” [6].

We can specify these qualitative changes throughout a curriculum by designing the course so that the learning activities and assessments are aligned with the intended learning outcomes, using Biggs’ concept of constructive alignment, and within our intended learning outcomes, we can demonstrate “what we want students to be able to do as a result of learning” [7]. Subsequently we need to choose an assessment task which demonstrates the level of understanding and skills we want students to attain; in the case of the Exercise Science BSc students in their final year, incorporating the skills of critical thinking and reflection as described in the intended learning outcomes (ILO’s) for their clinical placements.

The wording used in the ILO’s should be indicative of what we require from the students with the statements containing a learning activity, a verb, that students need to perform in order to properly achieve the outcome, and as the student progresses, so the wording is indicative. As King [8] points out in his study of student skills in reflective writing, the skills we want demonstrated by a student at higher levels “shows a remarkable similarity of wording” as the verbs chosen reflect the type and level of learning that is required of the student. If we refer back to Biggs’ SOLO taxonomy, in the early stages of learning he uses words such as memorise, identify and paraphrase as appropriate wording for ILO’s, all of which require a more surface approach to learning. However, when we reach higher SOLO levels at Biggs’ Relational and Extended Abstract level, then appropriate verbs to achieve higher levels of understanding in the ILO’s that are more appropriate are those such as argue, apply, hypothesise and reflect [6] [7].

In O’Hara’s article [9] when examining assessment criteria required for good reflective writing, she identifies words and phrases such as analysis, honest reflection, application of learning and shifts in perception, all of which require a high level of thinking and learning and display evidence of quality thinking. Typical statements in an ILO to demonstrate this may be “develop critical reasoned evaluations, statements and reflections,” but these are fairly generic terms, and standing alone can be interpreted by students in various ways which illustrates the importance of the need to introduce students to the process and theories of reflection, prior to beginning their journals.

Reflective journals

The whole concept of reflective practice may be problematic for some students and certainly when Exercise Science students were advised they were required to write a reflective journal on their observations, a sense of panic ensued, with statements such as “well what do you want us to write about, what do you want us to do!!”

Bourner [10] describes the process; “developing students’ capacity for reflective learning is part of developing their capacity to learn how to learn” and as teachers we need to be aware that the process of reflection and critical thinking is challenging and daunting for many students. Indeed, Thorpe makes reference to the work of Fowler and Chevannes in 1998 who believe that some learners may find reflection as “unhelpful and alien to their way of thinking” [11]. The danger here may be that without proper guidance, the reflective journal may simply become a descriptive narrative of what the student experienced without any analytical and reflective process having taken place.

With this in mind, it further reiterates the need for students to be provided with information on some of the theories of reflective learning, so that they can have an understanding of the concepts and process which may help to alleviate some of the “mystery” surrounding what they see as a challenging task. In work carried out by Scott and Howes [12] on the use of eportfolios to assess reflective capabilities of medical students, students were introduced to ways of reflection, including critical analysis and Kolb’s learning cycle in an attempt to develop their reflective practice capabilities. As they point out, medical students as scientists have a tendency to compartmentalise things rather than think holistically, and that “this scientific way of thinking is at odds with the process of reflection” [12]. Subsequently it seems important to introduce students to some concepts on reflection prior to completing their journals.

Knoerr and McDonald [13] describe this process or journey of reflection as a chance to help students assess their own growth, helping to identify strengths and weaknesses, and they point out that “it can further open the window to student attitudes and feelings”. However, this journey, as mentioned earlier, may not always be easy and there should be consideration taken for the emotional element of the reflective process. Shiel and Jones illustrate this in their study as they remark that “some students do find reflection painful and comment negatively on the process” [14]. In the world of medicine there can be some unpredictable and frightening events and for students embarking

on their first clinical placement, it may be their first exposure to patients outside of the well-protected and guarded environment of their higher education institution.

Thorpe [11] however, refers to Scanlon and Chemomass' view that a degree of discomfort or unfamiliarity through an awareness of a lack of knowledge or understanding during reflection of an experience can be a positive thing as it can encourage the student to want to learn more about the subject. In this respect therefore we are encouraging practitioners to become life-long learners as they continuously identify gaps in their knowledge by the process of awareness and reflection, and hence promote a need to seek better meaning and understanding from their experiences.

In an attempt to overcome student "fear" of reflection it would appear essential, therefore, to provide a degree of guidance. Shiel and Jones quote Hoover; "it would seem important that students are provided with a framework that enables them to vent feelings but also allows some focus" [14]. Within the reflective journal we need to state specifically that the written work must not be a simple description of their experiences, but rather provide guidelines such as "the student must analyse and evaluate what you observe, reflecting on how it will affect your learning and future practice". This can then be supported by questions such as "what tasks and practices did you observe and how did they enhance your learning?" or "describe the most valuable thing you learned and comment on how it affected you".

By then asking students to make reference to two pieces of clinical evidence relevant to their learning, we assist the students to embrace the reflective process and to critically evaluate both their experience and the evidence-based research, crucial in healthcare professions. However, we must be careful not to make the journal too prescriptive which discourages independent thinking.

The very fact that we are asking students to provide an honest, subjective, reflective account of their observations raises the issue of difficulties in the assessment of their journals as we are marking the process of the learning, as well as the end product. As Biggs points out, "assessment can be delicate, as journals are often very personal" [6] and we need to be sensitive to the subjective knowledge reflected upon. It is the process by which the student turns the observation placement experience into learning that we are assessing and to be fair we need to assess this learning against the ILO's which need to be explicit in defining what we want the student to learn, encouraging them to evaluate and analyse their experiences and apply best evidence in order to make sound clinical judgements, and become clinicians who are fit for purpose. Biggs re-iterates this by stating, "journals are valuable in capturing the student's judgement as to relevance and their ability to reflect upon experience and the content taught. Such reflection is basic to proper professional functioning" [6]. Plack and Greenberg further reiterate this by stressing the importance of reflection in medical education as it "enables trainees to recognise their own assumptions, and how those assumptions might impact the therapeutic relationship and their clinical decisions" [4].

Summary

Having studied relevant literature on the theories and process of reflection and reflective practice, there is no doubt that reflection upon experience is invaluable. However the cognitive ability of moving from a description of experience, to an understanding of the learning derived from the experience, can be demanding and we have earlier identified some of the problems which can arise for both the students and the assessor.

Unit ILO's can reflect the desire for higher level learning skills, as can generic assessment criteria, but this can be misinterpreted and misunderstood without student guidance on the reflective process. With such guidance in place it is therefore not necessary for reflective journals to be overtly prescriptive, but rather encourage critical analysis not to the detriment of independent thought.

Conclusion


It is apparent that it is not only an understanding of how we reflect that is essential for students, but also an understanding of why we reflect is equally important in the context of their professional development. Subsequently students can identify with the concept of life-long learning in an ever changing evidence-based healthcare environment, and the importance of reflection as a transferable skill which is important in terms of their employability.

As so eloquently illustrated by Nixon, "experience has little to do to contribute to understanding unless it is raised to the level of reflection" [15] and in a culture where the evidence base is constantly changing, reflective thinking is essential to professional development and life-long learning.

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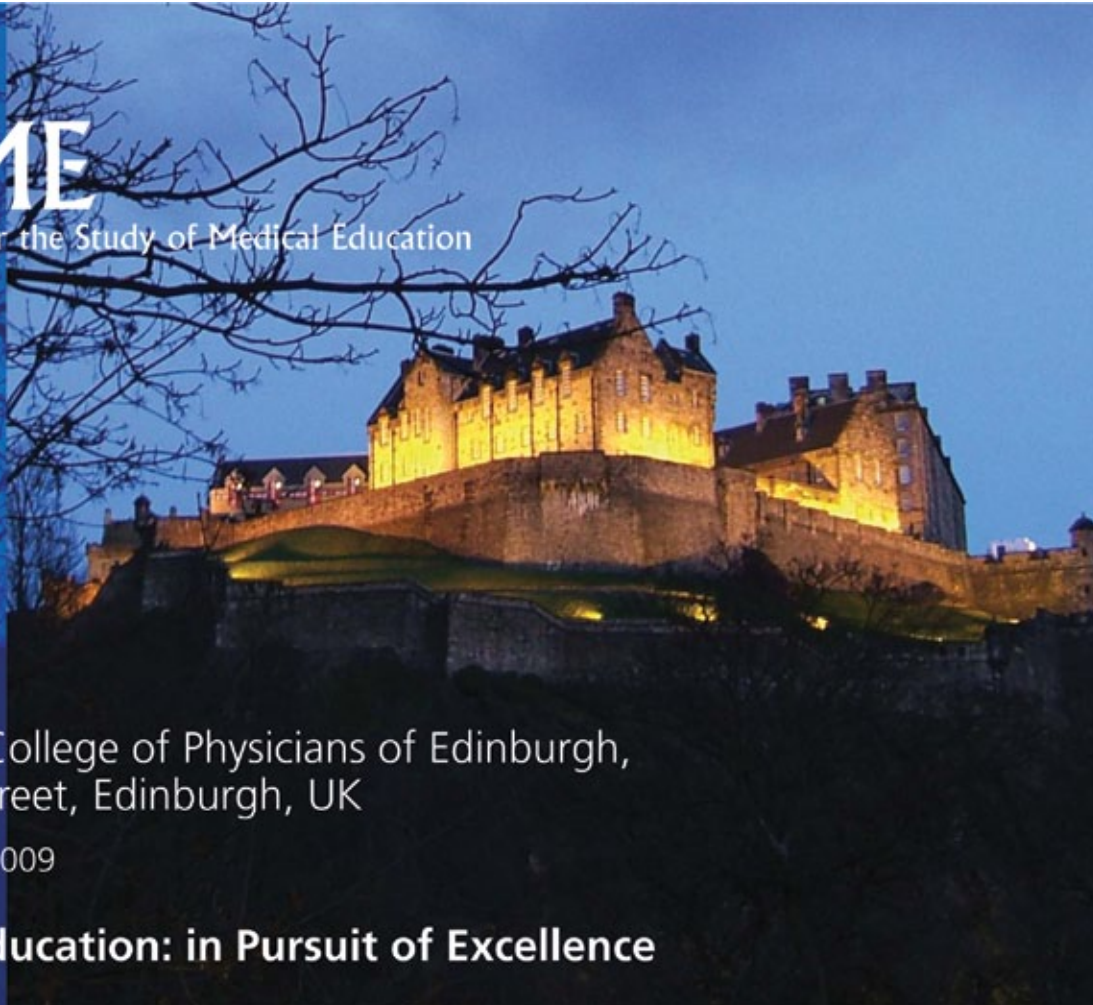
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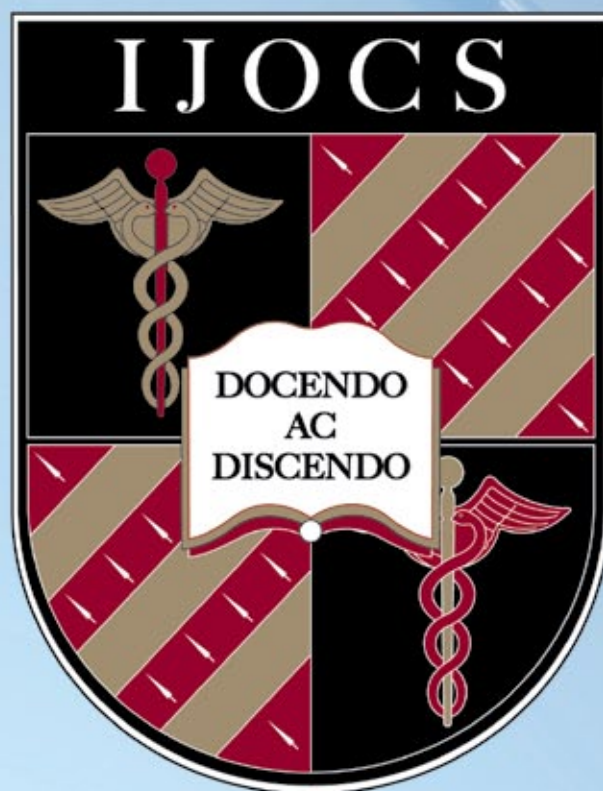


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