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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:

The 8th International ePortfolio Conference



Clinical Training Associates & Pelvic Examinations
WHO 'Five Moments for Hand Hygiene'
Holistic approach to resuscitation
Cranial nerve examination

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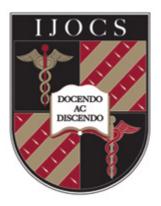
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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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Foreword

We want raw ePortfolio data, and we want the data now

Patients trust that healthcare professionals will possess the clinical skills to provide safe and effective treatment. Serious failures of medical care, through the actions of individuals and the inaction of organisations, have shaken that trust and led to a re-examination of the process of registration. In many countries and disciplines, continued registration now depends on the documentation of continuing professional development. Some jurisdictions, such as the UK, have gone further and are planning more comprehensive evaluation of clinical performance for revalidation. In all cases, assessment is based on some form of ePortfolio.

"An e-portfolio is a purposeful aggregation of digital items – ideas, evidence, reflections, feedback etc, which 'presents' a selected audience with evidence of a person's learning and/or ability." Sutherland and Powell (2007)

Presenters in the healthcare ePortfolio track at the 8th International ePortfolio Conference, London (July 2010) described a wide range of ePortfolios being used or being developed for allied health, dental surgeons, surgeons, physicians, nurses, medical education, foundation medical graduates. ePortfolios are used by students to evidence acquisition of clinical skills for initial registration, by new graduates to collect evidence of competence for credentialing and by trained staff for evidence of consistent expert performance. As Stuart Cable from the Royal College of Nursing (UK) explained:

"[the ePortfolio] enables nurses to demonstrate their competence in different areas of nursing practice. They are able to capture 'just-in-time' reflections on their practice or a learning experience and then re-present this evidence for different purposes, for example, personal development planning, competence demonstration and educational accreditation of prior learning." (Stuart Cable, Proceedings of the ePortfolio Conference, Maastricht, 2007)

The need for repurposing the same set of collected data across time was confirmed by many of the International ePortfolio Conference presenters: as their careers develop, healthcare professionals will be required to transition across several ePortfolio systems, from those used during initial training, continuing professional development, quality assurance procedures and, at regular intervals, to support reaccreditation processes.

To support evidence of informed and reflective practice, healthcare professionals collect evidence from a variety of sources and data systems, such as patient personal health records, laboratory test analysis, clinical diaries, feedback from peers and patients. Unfortunately, all these different pieces of information are usually stored in independent information silos, making the work of ePortfolio construction and assessment more difficult, notwithstanding that silos make data errors more likely to occur and less likely to be corrected. As most individual ePortfolios also create their own data silos, it reduces the ability to share relevant and critical information across a profession to advance professional practice.

While the initial idea of repurposing ePortfolio data rests on the editing work of an individual compiling a new document, there is an alternative and more radical way of exploiting ePortfolio data: data freedom, i.e. allowing a wide range of online services to exploit raw ePortfolio data.

Imagine a world in which all data created by a healthcare professional when interacting with patients, teachers, colleagues and organisations is securely stored in a Personal Data Store (PDS), creating a 'life log'. Imagine that patients in the healthcare ecosystem have their own personal data stores and can share

the contents, under their control, with the people and services they trust. Imagine a world where everyone would be able to choose any health ePortfolio services while being fully interoperable with those used by various institutions with which healthcare professionals interact.

Imagine a world where the performance of students at several medical schools could be confidentially mined to identify best practice for teaching clinical skills. Imagine a service collecting data from the personal data stores of all the staff of a hospital to conduct audit procedures. Imagine another service identifying the need for training and linking it to workshops on particular topics at a conference or a review in a journal. Imagine a service mining anonymous healthcare data collected in personal data stores by a patient's support group. What Amazon® and Google® can do with their global data stores to identify patterns and trends and target advertising, we can do, with personal data stores for the benefit of healthcare, professional education, patient safety and society in general.

Such a world is possible. It was presented by ElfEL at the launch of the Internet of Subjects (www.iosf.org) during the 8th International ePortfolio Conference. The Internet of Subjects supports the programme that Sir Tim Berners-Lee, the inventor of the Internet, called for: "we want the data raw, and we want the data now!" To achieve that goal, which is to facilitate reuse, repurposing and exchange of data, we need to achieve the separation of data from the applications and services producing and exploiting it; applications and online services must remain the servants, not the masters, of our personal data.

In the near future institutions will not have to select the ePortfolio platform for their students or professionals; it will be an individual choice. On the other hand, educational institutions, professional communities and public healthcare authorities will have the opportunity to develop a number of innovative services, based on the exploitation of the raw data contained in personal data stores. For example, with an Internet of Subjects, data collected by students and trainees for assessment of progress or by trained staff for revalidation could be used, with permission, for other useful purposes such as quality assurance, needs analysis and career planning.

By providing access to raw data in personal data stores (anonymised and under the full control of individuals) to the services of their choice, healthcare professionals and communities would have the foundations to support the development of lively learning communities, for the benefits of their members, patients and society at large. Data collected whilst compiling an ePortfolio is too rich to be limited to a unique usage. We want raw ePortfolio data, we want it now, to contribute amongst other things, to the improvement of the continuing education of healthcare professionals.



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'There isn't a right or a wrong way to do it': supporting student reflection in professional practice, a qualitative action research study

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Abstract

Having discussed the role of reflective journals to assess the learning experience from clinical placements in healthcare undergraduate programmes in a previous paper, this subsequent paper is based on an action research study that explored what strategies need to be put in place to support and elicit such authentic reflections by undergraduate students.

At Bournemouth University (UK) final year BSc (Hons) Exercise Science students are required to write a reflective journal for their Clinical Observation Unit and some students find this an uncomfortable and often extremely difficult task. The literature supports this view and there is a plethora of further literature regarding the perceptions of students on reflection. This is confounded by research which highlights the numerous influences upon reflection and confusingly advocates various process models and strategies that need to be put in place to facilitate and support such reflection.

In order to gain an insight into students' understanding of reflection and ways in which they felt they could have been better supported, a semi-structured focus group interview was conducted. With the results of this interview and the knowledge gleaned from the literature, an action research cycle was initiated, instigating strategies to support student reflection in another student cohort across one year. Subsequently, a further focus group interview was carried out with this second cohort to ascertain if the strategies put in place had been effective.

It was found that students felt most comfortable and supported in a confidential seminar situation where effective facilitation enabled them to develop and elicit the skills required to reflect successfully. Students did not find the use of process models and guidelines helpful in their reflective activities. As clinical teachers and supervisors we are in danger of becoming too wrapped up in the psychological and intellectual facets of reflection, rather than simply allowing students to get on with it.

Background

Reflection has become a highly fashionable element in higher education and is considered a key component of professionalism. To be able to competently deal with the complexities and uncertainties that characterise a professional role, it is considered important to reflect on one's practice [1-4]. Indeed it could be suggested that without the ability to reflect, we are unable to act in a professional way. Nicholls [3] talks of the notion of being able to demonstrate "good practice" and identifies three main proponents for professional education and development: knowledge base, competence and reflection. This author sees professional development as a continuous process that lasts throughout one's career and it is purported that the ability to reflect fosters this development. Paget [5] agrees that reflection is perceived to be capable of catalysing significant long-term changes in practitioner's

work. Within this research there is a working assumption made that we accept the claims made of the value of reflection. It does not set out to find a true definition of reflection, but rather to find ways in which to facilitate and support it.

Schon [6] introduced the idea of a reflective practitioner, recognising the gap between what is being taught and learnt in educational institutions and the world of professional practice. A plethora of literature makes claim to the belief that reflective practice helps to bridge this epistemological theory-practice gap in professional education and practice in a healthcare setting [7 – 10]. In today's ever changing global health environment in which evidence-based professional practice is crucial, reflection generates enquiry and knowledge acquisition; practitioners need to develop an enquiring attitude in order to continually expand their knowledge and clinical skills [11]. It is essential therefore to promote reflective practice in an undergraduate healthcare programme.

Moon [2] takes the position that by being a reflective practitioner within a healthcare setting, as a means of improving our professional practice, we are actually having a direct impact on the improvement of the health of our clients and patients. What seems paramount in these calls for reflection is the sense that reflection is in some way an authentic activity, revealing how things really are. However, the challenge appears to be how best to facilitate such authentic reflection in our students if we accept the claims made for the value of reflection in professional practice, the driving purpose behind this research. There are certainly those who are critical of reflection and see it as an "exposure" or "confession" by students [12, 13] even suggesting that it risks misuse of power by the facilitator [12, 14]. Conversely, some authors see reflection as a tool of emancipation [15, 16, 17].

It has been suggested that personality types have an influential role on the ability to engage in reflective activities purporting that introvert personalities had a tendency to avoid face-to-face environments [18, 19]. Correspondingly, other literature proposes that gender differences will affect an individual's ability to reflect, intimating that women have a greater propensity to reflect, finding it a more natural process, but also many cultural influences and societies reinforce the notion that it is more 'socially acceptable' for women to display emotions and reflect [16, 20-23].

Hence problems can arise for teachers as to how to support, encourage and elicit reflective learning in students. Fowler and Chevannes [24] suggest that particularly for learners in science and medicine programmes, they can find reflection unhelpful and alien to their way of thinking. Nevertheless, Jasper [25] and Dewey [6] identify that the skills for thinking and reflection need to, and can be, learnt.

However, if reflection is in some sense 'authentic' this raises questions over the degree to which such authenticity can be guaranteed and therefore what strategies might be put in place to support reflection which are not overly prescriptive and detract from this authenticity. Similarly, there is a large body of literature proffering various strategies and techniques for eliciting reflection and some of the key process models include Van Manen [26], Habermas [27], Smyth [28], Boud et al [29] and Mezirow [15]. However, as Atkins and Murphy [30] recognise, they are often very complex and confusing. Nevertheless, other authors do persist in advocating the use of a process model as a means of providing structure and guidance [31, 32, 33], Atkins and Murphy [30] were able to identify key skills and stages common to

most models required for reflection. These were subsequently used in this action research.

In the same way, Kolb's Learning Cycle [34] is purported to see students moving in and out of their preferred learning styles and comfort zones, but also challenging them to confront their more uncomfortable styles, thus enhancing their learning opportunities and justifying its use in this research, supported by several studies which have advocated its use [35, 36, 37].

Reflective journals have been shown to be used successfully as a means of capturing reflection in studies across a variety of academic settings, advocating release of emotions, empowering students, linking the theory to practice gap and developing critical thinking [9, 25, 27, 38]. However, it was noted that Thorpe [31] concluded that without proper guidance, reflective journals can become descriptive narrative only. Similarly, critical incident analysis has been identified as a helpful tool in eliciting reflection [39, 40, 41, 42], as has the use of tutorials and seminars and mentoring [9, 17, 31, 37, 43, 44, 45].

Therefore, the purpose of this study was to find out which of these processes and strategies needed to be put in place to elicit authentic student reflection. This study needed to ascertain from those students who had just completed their final year on the BSc Exercise Science programme, what their perceptions of reflection were, how they felt about the process and what further processes they felt could have been put in place to further guide and support their reflective learning and activities. With this knowledge and evidence from the literature, changes and activities were instigated throughout the year to support reflective learning with a new cohort of third year students. Finally the study needed to establish from those students if the strategies put in place were embraced and if students had a better understanding of reflection and its purpose and if they felt supported during their periods of reflection. It was interesting to see if it was actually possible to teach students 'to reflect'.

Method

No research methodology is perfect to answer all questions, but considering the aim of this study was an understanding of human behaviour, aiming to explain and seek meaning from a social phenomena within its natural setting, the qualitative research paradigm was deemed most appropriate. Furthermore, a problem had been identified which needed a solution; the study needed to investigate why students struggled with the reflective process and find solutions to the problem and subsequently instigate change. Hence, employing action research, characterised as research for social management and engineering, problem solving leading to social action and change [46 - 51].

By using action research, it was planned what action needed to be undertaken via a focus group, self-reflection, implementation of those actions, self-reflection, evaluation of those actions via a second focus group, again self-reflection, identify successes and/or further problems, and so the cycle of action research could begin again. All the while the students were being helped to overcome their problems by using the strategies to help them reflect. The study also had implications for the author's own professional practice as a teacher by using action research as a tool for self reflective practice, a process advocated in other literature [35, 49, 52].

Data Collection

Focus group interviews are undertaken to explore what a group of individuals believe or feel about a given topic. They were chosen as they are distinguished from other types of interview as the interaction between the group provides an important and rich, spontaneous source of data [53, 54, 55]. Two semi-structured focus groups were undertaken, the first with 18 students who had completed their clinical placements and written their journals to ascertain their perceptions of reflection and its processes and what strategies they felt would have helped them with that process.

With the data from the first focus group and a literature review, strategies were implemented to support and guide a subsequent, new cohort of students through the reflective process over their clinical placement year, which included the use of Kolb's model [34], Atkins and Murphy's skills [30] conducting reflection seminars and tutorials throughout the year. At the end of the year, a second focus group interview of 15 students was undertaken to find out from the second cohort of students what their perceptions of reflection were and if the strategies that had been put in place had been embraced and enhanced their reflective learning.

Data analysis was based upon a framework analysis which provided clearly defined steps, with the methodical approach of going over the data with a coherent and systematic approach, but also providing rigour to this type of research [54, 56]. Rabiee [54] also highlights that by using a framework it allows themes to develop from both the research questions and the narratives of the participants. Of note was the fact that having constructed an index, labelled the data and produced a thematic chart, it was clearly possible to define themes without the need for a typology.

Results

The purposes of the two focus groups were different, with the results of the first influencing the next stage of the action research cycle followed by a subsequent second focus group. These results were represented in two thematic charts.

Focus Group I

This focus group identified that students' perceptions and understanding of reflection and its relevance to their learning was poor and confused. It was also apparent that students had received minimal guidance or support and often used the 'jargon' of reflection without displaying any real understanding.

Table I: Results of Focus Group I

STUDENT PERCEF	PTIONS
Personal level	 Some students identified that reflection was something to do with how experiences affect them on a personal level
Description versus reflective writing	 At Level I (2nd year) and start of Level H (3rd year) some students believed reflective writing was purely a description of their experiences
What reflection actually does	 Some students could not see the relevance of emotions in their learning initially. One student only really understood reflection in the last 3 weeks of the programme
Identifies positives and negatives	 During placements, some students could identify good and poor exercise techniques. These skills improved as more experiences gained over the year
Promotes life-long learning/identifies knowledge gaps	 Some students were unaware of what life-long learning actually means Some felt writing down experiences helped their understanding and increased their desire to learn more
Bridges theory to practice gap	 Some students were able to recognise the importance of clinical placements to "see things in action" and bridge the theory/practice gap. Although one student felt reflecting after seeing something would not help him understand better
Desirable for future employers	 Generally students thought that a journal would be good to show prospective employers, but only as a means of showing what they had done on placement, rather than using it to show their ability to reflect a desirable transferable skill
LACK OF FACILITATION	Students were only required to do one other reflective task on another teaching unit throughout the duration of the entire programme which they felt was poorly explained and executed
The journal	
Headings and guidelines in the journal	 Students felt some headings and guidelines in the journal were misleading Some commented on the actual wording of the headings and felt phrases such as "how did that make you feel?" would have been helpful Many students did not bother to look at the journal headings prior to the placement Some students stated they would prefer to 'rate' their emotions on a scale rather

(table continued on next page)

than write about them

Lack of guidelines from tutors	Students initially given journals in year 2 and told to "fill them in" with no help or guidelines at all The general consensus was that the processes and concepts of reflection should have been introduced far sooner in the programme No guidance was ever given to explain what was required in each section of the journal. Students felt this lack of guidance made them write descriptively rather than reflectively
Lengths and timings of entries	• Some students were "too busy" to write in their journals directly after their placements and so could not remember what they experienced and how they felt at the time of the placements. They felt they should have been encouraged to do entries after their placements as they emphasised they were unable to reproduce any emotions at a later date
Examples of previous journals	 Many students felt seeing examples of previous years' journals would have been helpful
Concepts and proce	sses of reflection
Presentations of processes and concepts	 Students generally felt the presentation given on concepts was very helpful; "my bible at my side" General feeling was all talks/lectures on reflection should have been introduced much earlier in the programme and be much more comprehensive
Teaching of critical incident analysis	 Students felt not enough teaching and guidance was given to understand the concept of critical incident analysis
Presentations and seminars	Students felt group discussions/ seminars/tutorials would be helpful to discuss reflections on placements. They liked the idea of sharing ideas They felt a tutor "who knew what they were doing" to facilitate these tutorials would be essential It was suggested that 2-3 seminars would be sufficient The general consensus was that classroom presentations would be too daunting and intimidating
POWER	
Confidentiality	 Students expressed concern about confidentiality issues when commenting or writing negatively about a placement
Tutor influences	 Concerns were raised that students felt they were unable to write critically about placement supervisors as they may have been friends or colleagues of their tutor
Strategic writing	 Some students felt they wrote certain things in their journals because it was what they thought the tutor wanted to read, rather than what they really felt

EMOTIONS	
Reflection-in- action & on-action	Students expressed feeling numerous emotions whilst on placement. However, they felt that these emotions were difficult to reproduce at a later date when writing diary entries and suggested that they should be encouraged to write their journals immediately after their placements
Gender differences	Both male and female students felt that women are more comfortable with reflection than men, and that women are better at expressing themselves and articulating their emotions. It was suggested by some that men feel embarrassed voicing their emotions in front of others. Some male students suggested the use of a "rating scale" in the journal to rate their emotions
PERSONALITY	There were opposing views amongst the students that either introvert personalities or extrovert personalities found reflection easier and were more comfortable with the process

The results from this initial focus group led to the following strategies being instigated for the second cohort of students:

- A comprehensive lecture was delivered at the start of the year introducing reflection, its purpose and some processes and strategies to assist students, including Kolb's model (Kolb and Kolb 2005), Atkins and Murphy's skills guidelines and Benner's (1984, cited Smith and Russell 1991) critical incident analysis guidelines.
- 2. Seminars were run on a 3 weekly interval throughout the year, to support and facilitate student reflection. Confidentiality was ensured and reiterated throughout the sessions.
- 3. The reflective journal template was re-written, incorporating new headings and titles with the aim of guiding students more appropriately in their writing. Examples of previously authentic reflective writing and those more purely descriptive journals were also made available to help guide students.

Table 2: Results of Focus Group 2

STUDENT UNDERSTANDING	Students in this Focus Group 2 had a much better understanding of the purpose of reflection than those in Focus Group I
Self-awareness	 Students commented that through reflection they became more self-aware, both in terms of themselves and also how they fitted into the work place
Professionalism	 Students felt that through reflection they could improve their practice and become better professionals
Critical incidents & preparation for practice	 Students had a good understanding of critical incident analysis and identified that through this analysis they were able to improve their professional practice

	• A number of students commented on
Identifies knowledge gaps	how reflection on placement had enabled them to identify gaps in their knowledge and hence improve their learning
Bridges theory-to- practice gap	 Students were aware that reflection helped them to bridge the theory to practice gap and improve their understanding
Unconscious reflection	 Students felt they were often unconsciously reflecting in a number of aspects of their personal and professional lives
INFLUENCES	
Gender	 As in Focus Group I, students felt gender had an impact on how they reflected, with women generally being considered to be better and more comfortable with articulating their emotions. A number of male students stated that they were more comfortable with writing about their experiences rather than voicing them in a seminar situation. Both male and female students intimated that the differences between the way in which both genders reflect was actually helpful to the process as they could learn from one another
Personality	 As in Focus Group I, students felt that introvert and extrovert personalities reflect differently, but suggested that this was helpful, particularly in the seminar sessions, as they could help one another and appreciate different perspectives
STRATEGIES	
Seminars	 Students generally found the seminars very helpful as they were a means of actually getting on with doing reflection, rather than simply reading about it. Some students suggested more than one seminar a month would be useful
Journals	Students felt the new journal headings and guidelines allowed them freedom to write reflectively and encouraged them to write about their emotions Those students who were not comfortable with speaking about their experiences during seminars found the journal a more helpful outlet for their reflections Examples of old student journals were well received. Students stated that it helped them identify the difference between descriptive and reflective writing Students felt that the reduction of entries required in the journal allowed them to write more effectively about experiences which had had an impact on them

Presentation & process models	 Students did not find either Kolb's model or Benner's critical incident guidelines helpful. They did not refer to them whilst either in seminars or when writing their journals Students did find the longer power point presentation helpful in terms of helping their understanding of reflection and its purpose
POWER ISSUES	
Confidentiality	 This was an important issue to all students in all the reflective activities. Students were more comfortable and reassured by the continuous acknowledgement of confidentiality by the researcher
Exposure	Students were happy and not threatened in the small seminar groups. They commented that they would not be comfortable standing up in a larger classroom situation and be expected to talk about their experiences

The students in the second focus group appeared to have a much better understanding of the process and concepts of reflection compared to the first group. They were able to discuss the purposes of reflection, with reference to filling in gaps in their knowledge, bridging the theory to practice gap and generally being encouraged to have a much deeper approach to their learning.

Similarly, students were able to see the benefits of the seminars, both in terms of listening to other students' experiences, but also having the opportunity to reflect and share their own experiences. They felt they were actively involved in the reflection process in a safe and comfortable environment and the majority found this the most useful strategy overall.

Interestingly, in terms of gender, culture and personality influences, students felt that these differences enhanced the seminars and discussions with different individuals having different opinions and insight into similar situations.

The journal itself was generally well received with its changes in place and students also expressed that the examples of previous student journals were very helpful. However, the students' reactions to the process models and guidelines were distinctly tempered and many admitted that they did not find it helpful at all in terms of actually engaging in reflection.

Discussion

Reflection, it would seem, does not occur simply as a result of knowing about the idea. There are those who purport that reflection is a rather 'fashionable concept' and that teachers are jumping on the bandwagon when often they have no real understanding of the reflective process [11, 43, 57, 58], leading to reflection being poorly facilitated by teachers and subsequently unsuccessfully executed by students. Possibly we should not be using process models with students, but rather focusing on the cognitive higher order skills that are required for reflective activities and concentrate on the practice rather than the theory. Certainly, this research illustrates the successful use of reflective

seminars, but it should be noted that much of the success of this type of strategy lies in the skills of the facilitator, ensuring students feel they are in a safe and comfortable environment in order to voice their emotions and experiences, but also to prompt students and ask appropriate questions to facilitate reflection. In this study it was essential to build up a good relationship with the students, encouraging two-way dialogue in a bid to gain mutual respect and trust, often with disclosure of the facilitators own thoughts and feelings to put students on an equal footing. In this way, contrary to the philosophy underpinning some of the literature [15, 27, 59, 60] which purports that reflection is disempowering for students, it appears to be possible to overcome the power issues which some advocate are at work during the reflective process.

However, of consideration is that a small number of students were not secure in the seminar situation, feeling exposed and vulnerable. These students were more comfortable writing down their thoughts and experiences. We need to be aware individual students will have different influences and will approach learning in different ways and therefore we need to provide different outlets to enhance their learning. Ideally, reflection should be more embedded throughout programmes and curricula, but this has resource implications in terms of staff training, timetabling, faculty availability, to name but a few issues. It seems to me that not only do we need to address the classroom approach to reflection, but we also need to look at the bigger picture at institutional level to support and develop the acquisition of higher order cognitive skills.

Smyth [28] seems to sum up perfectly the things we need to address to facilitate reflection when he describes both micro considerations such as those issues going on within the classroom itself, for example, gender, personality, culture and so on, as well as those macro considerations regarding political and ethical principles and the relationships and hierarchies within education and educational institutions. We cannot assume what Fendler [61] refers to as a "level playing field" with regard to methodological approaches to reflection, assuming that all individuals will go through the same steps and arrive at the same end. Therefore as teachers we need to remain flexible in our approach to reflection and the strategies we put in place for its facilitation, but also we need to be aware of the possible influences at play.

Interestingly, in this study it materialised that some of the so-called 'barriers' to reflection were not in fact barriers at all and it emerged that these influences at work could actually enhance the reflective process rather than stifle it. However, it is the expertise of the facilitator which is crucial in making these influences work for the students, rather than against them. As teachers we need to have a thorough understanding of reflection in all its complexities before we can even attempt to facilitate student reflection and this is a challenging task due to the ambiguity and multifarious nature of much of the literature.

Conclusion

Consensus from this study is that students do not want to read about reflection, they want to 'get on and do it' and that seminars and journal writing give students the platform to do this. There should be less structure, less prescription and less use of process models in order to gain greater authenticity in student reflection. We need to focus on the skills required for authentic

reflection and their facilitation. Simply by making small changes, such as altering the headings in a reflective journal, students have less prescriptive guidelines and are encouraged to display their emotions more. If we are not careful, there is a danger that as teachers we become too wrapped up in the psychological and intellectual facets of reflection, needing to put 'academic' labels on everything, rather than just letting the students get on with it. Much of the literature on the reflective process is helpful for clinical teachers, but its validity for students can be questioned.

Further research needs to be conducted to investigate the impact of reflection in the long term when students qualify and move into clinical settings. A longitudinal study would be valuable to investigate if students continue with their reflective activities in clinical practice and if it has an impact on their clinical practice and ultimately, with further research, if it has an impact on patient care and outcomes.

References

- 1. Fletcher S. (1997). Modelling reflective practice for preservice teachers: The role of teacher educators. Teaching and Teacher Education. 13(2):237-243.
- 2. Moon J. (1999). Reflection in learning and professional development: Theory and Practice. London, Kogan Page.
- 3. Nicholls G. (2001). Professional development in higher education: new dimensions and directions. London, Kogan Press.
- 4. Sumsion J. (2000). Facilitating reflection: A cautionary account. Reflective Practice. I (2):199-214.
- Paget T. (2001). Reflective practice and clinical outcomes: Practitioners' views on how reflective practice has influenced their clinical practice. Journal of Clinical Nursing. 10(2):204-214.
- 6. Boud D, Cohen R, Walker D. (1993). Barriers to reflection on experience. In 'Using experience for learning', pages 73-86. Bristol, Society for Research into Higher Education and Open University Press.
- 7. Albanese M A. (2006). Crafting the reflective lifelong learner: Why, what and how. Medical Education. **40**(4):288-290.
- 8. Harris S, Dolan G, Fairburn G. (2001). Reflecting on the use of student portfolios. Nurse Education Today. 21(4):278-286.
- Callister L C. (1993). The use of student journals in nursing education: Making meaning out of clinical experience. Journal of Nursing Education. 32(4):185-186.
- 10. Landeen J, Byrne C, Brown B. (1992). Journal keeping as an educational strategy in teaching psychiatric nursing. Journal of Advanced Nursing. 17(3):347-355.
- Plack M M, Greenberg L. (2005). The reflective practitioner: Reaching for excellence in practice. Pediatrics. 116(6):1546-1552.
- Gilbert T. (2001). Reflective practice and clinical supervision: Meticulous rituals of the confessional. Journal of Advanced Nursing. 36(2):199-205.
- 13. Rolfe G, Gardner L. (2006). 'Do not ask who I am...': Confession, emancipation and (self)-management through reflection. Journal of Nursing Management. 14(8):593-600.
- Cotton A H. (2001). Private thoughts in public spheres: Issues in reflection and reflective practices in nursing. Journal of Advanced Nursing. 36(4):512-519.
- of Advanced Nursing. **36**(4):512-519.

 15. Mezirow J. (1981). A critical theory of adult learning and education. Adult Education. **32**(1):3-24.
- Michelson E. (1996). Usual suspects: Experience, reflection and the (En)gendering of knowledge. International Journal of Lifelong Learning. 15(6):438-454.

- 17. Morrison K. (1996). Developing reflective practice in higher degree students through a learning journal. Studies in Higher Education. 21(3):317-330.
- 18. Ellis A E. (2006). Personality type and learning environments: Two case studies. Proceedings from the 23rd Annual Ascilite Conference: Who's learning? Whose technology? Swinburne University of Technology, Victoria, Australia. [227-235].

 19. Russell A. (2002). MBTI® Personality preferences and diverse
- online learning experiences. School Libraries Worldwide. 8(I):25-40.
- 20. Chang W C. (2004). Learning goals and styles by gender A study of National University of Singapore (NUS) students. CDTL Brief. 7(1) Available at http://www.cdtl.nus.edu.sg/ brief/v7n1/sec2.asp [Accessed December 2010]
- 21. Crawford M, Gentry M. (1989). Agreeing to differ: Feminist epistemologies and women's ways of knowing. In 'Gender and thought: Psychological perspectives', pages 128-145. New
- York, Springer-Verlag.

 22. Csank P, Conway M. (2004). Engaging in self-reflection changes self-concept clarity: On differences between women and men, and low- and high-clarity individuals. Sex Roles: A Journal of Research. 50(7-8):469-480.
- 23. Íngram R E, Cruet D, Johnson B R, Wisnicki K S. (1988). Selffocused attention, gender, gender role, and vulnerability to negative affect. Journal of Personality and Social Psychology. **55**(6):967-978.
- 24. Fowler J, Chevannes M. (1988). Evaluating the efficacy of reflective practice within the context of clinical supervision.
- Journal of Advanced Nursing. 27(2):379-382.
 25. Jasper M A. (1999). Nurses' perceptions of the value of written reflection. Nurse Education Today. 19(6):452-463.
- 26. van Manen M. (1977). Linking ways of knowing with ways of being practical. Curriculum Enquiry. 6(3):205-228.
- 27. Morrison K. (1995). Dewey, Habermas and reflective practice. Curriculum. 16(2):82-94.
 28. Smyth J. (1989). Developing and sustaining critical reflection in the control of the cont
- teacher education. Journal of Teacher Education. 40(2):2-9.
- Boud D, Keogh R, Walker D. (1985). Promoting reflection in learning: A model. In 'Turning Experience into Learning',
- pages 18-40. London, Routledge.

 30. Atkins S, Murphy K. (1993). Reflection: A review of the literature. Journal of Advanced Nursing. 18(8):1188-1192.
- Thorpe K. (2004). Reflective learning journals: from concept to practice. Reflective Practice. 5(3):327-343.
- Rogers R. (2001). Reflection in higher education: A Concept Analysis. Innovative Higher Education. 26(1):37-57.
- 33. Sobral D T. (2000). An appraisal of medical students' reflection-in-learning. Medical Education. **34**(3):182-187.
- 34. Kolb AY, Kolb DA. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. Academy of Management Learning and Education. 4(2):193-212.

 35. McCaugherty D. (1991). The use of a teaching model to
- promote reflection and the experiential integration of theory and practice in first-year student nurses: an action research study. Journal of Advanced Nursing. 16(5):534-543.
- 36. Scott H, Howes A. (2004). Using ePortfolios to assess the reflective capabilities of medical students. University of Edinburgh Information Services. Available at www.elearn. malts.ed.ac.uk [Accessed December 2006].
 37. Smith A, Russell J. (1991). Using critical learning incidents in
- nurse education. Nurse Éducation Today. I I (4):284-291.

- 38. Baume D. (2001). Portfolios for learning and assessment. The Higher Education Academy. Available at http://www.palatine. ac.uk/files/936.pdf [Accessed November 2007].
- 39. Branch W T Jr. (2005). Use of critical incident reports in medical education. A perspective Journal of General Internal Medicine. **20**(11):1063-1067.
- 40. Fitzgerald K, Seale N S, Kerins C A, McElvaney R, Fitzgerald E. (2008). The critical incident technique and pediatric dentistry: A worked example. Journal of Dental Education. 72(3):305-316.
- 41. Minghella E, Benson A. (1995). Developing reflective practice in mental health nursing through critical incident analysis. Journal of Advanced Nursing. 21(2):205-213.
- 42. Rich A, Parker D L. (1995). Reflection and critical incident analysis: Ethical and moral implications of their use within nursing and midwifery education. Journal of Advanced Nursing. 22(6):1050-1057.
- 43. Burnard P. (1995). Nurse educators' perceptions of reflection and reflective practice: A report of a descriptive study. Journal of Advanced Nursing. 21(6):1167-1174.
- 44. Gould B, Masters H. (2004). Learning to make sense: The use of critical incident analysis in facilitated reflective groups of mental health student nurses. Learning in Health and Social Care. **3**(2):53-63.
- 45. Hennessey S. (2004). Using ePortfolios to assess the reflective capabilities of medical students. University of Edinburgh Information Services. Available at www.elearn. malts.ed.ac.uk [Accessed June 2006].
- Akbar S, Hossain M. (1998). Action research: A remedy to overcome the gap between theory and practice. Available at http://mahossain.com/pdf/action I.pdf [Accessed October 2008].
- 47. Costello P. (2003). Action research (Continuum Research Methods). Lòndon, Continuum.
- 48. Hart E, Bond M. (1995). Action research for health and social care: A guide to practice. Buckingham, Open University
- 49. McKernan J. (1996). Curriculum action research. handbook of methods and resources for the reflective practitioner. 2nd Edition. London, Kogan Page.
- 50. Smith M K. (2008). Kurt Lewin: Groups, experiential learning and action research. Infed. Available at http://www.infed.org/ thinkers/et-lewin.htm [Accessed October 2008]
- 51. Susman G, Evered R. (1978). An assessment of the scientific merits of action research. Administrative Science Quarterly. 23(4):582-603.
- 52. Whitehead J. (1989). Creating a living educational theory from questions of the kind: 'How do I improve my practice?' Cambridge Journal of Education. 19(1):41-52.
- 53. Kitzinger J. (1994). The methodology of Focus Groups: The importance of interaction between research participants.
- Sociology of Health and Illness. 16(1):103-121.
 Rabiee F. (2004). Focus-group interview and data analysis. Proceedings of the Nutrition Society. 63(4):655-660.
- Thomas L, MacMillan J, McColl E, Hale C, Bond S. (1995). Comparison of focus group and individual interview methodology in examining patient satisfaction with nursing
- care. Social Sciences in Health. I (4):206-219.
 56. Pope C, Ziebland S, Mays N. (2000). Qualitative research in health care. Analysing qualitative data. British Medical Journal. **320**(7227):114-116.
- 57. Mackintosh C. (1988). Reflection: A flawed strategy for the nursing profession. Núrse Education Today. 18(7):553-557.

- 58. Rogers R R. (2001). Reflection in higher education: A concept
- analysis. Innovative Higher Education. **26**(1):37-57.

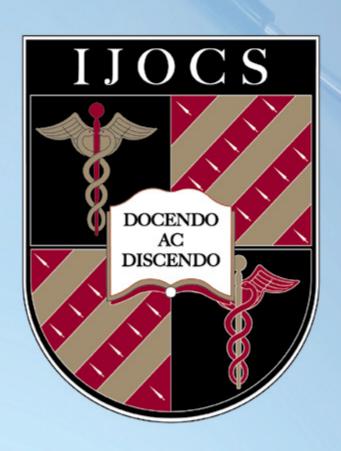
 59. Deacon R. (2002). Truth, power and pedagogy: Michel Foucault on the rise of the disciplines. Educational Philosophy and Theory **34**(4):435-458.
- 60. Smyth J. (1992). Teachers' work and the politics of reflection. American Educational Research Journal. 29(2):267-300.
 61. Fendler L. (2003). Teacher reflection in a hall of mirrors: Historical influences and political reverberations. Educational Process of 22(2):14-25. Researcher. 32(3):16-25.



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