**Fit for Practice: How can we help? Pedagogic**

**Reflections**

Elaine Arnull

*Nottingham Trent University, UK*

Sharon Aldridge-Bent\*

*Buckinghamshire New University, UK*

**Abstract**

This paper is an active reflection on a pedagogic process of facilitating students’ ability to link theory to practice in two academic programmes, namely social work and health care. In both areas of study and practice it is essential that students are enabled to link theory to practice and learn how to reflect on their practice because they must demonstrate this aptitude as part of their training and registration process and subsequently as part of their continuing professional development. We reflect within the paper on our attempts to develop and facilitate a theory/practice process with students, with the broader aim that the students’ reflections would in time become a reflexive process. We argue that this would enable them to develop into students and practitioners able to challenge established practices and preconceived ideas. Our attempts to develop students’ ability to link theory to practice and their reflexive abilities were based on the use of two learning tools. We had each, independently, developed learning tools that took students through a number of ‘steps’ and required consideration of ‘theory-to-practice’ and ‘reflection’. We focus on a discussion of that process and of the tools utilized in the context of teaching and learning, drawing on theories of reflective practice. Our findings add to the small, but growing body of literature which has examined reflection and the use of tools to aid reflection and reported a positive impact on learning.

**Keywords: interprofessional practice; pedagogy; reflection; theory to practice**

*\*Corresponding Author:* Sharon Aldridge-Bent, Buckinghamshire New University, High Wycombe Campus, Queen Alexander Road, High Wycombe *Email:* [Sharon.Aldridge-Bent@bucks.ac.uk](mailto:Sharon.Aldridge-Bent@bucks.ac.uk)

Journal URL: <http://e-learning.coventry.ac.uk/ojs/index.php/pblh>

Arnull, E. and Aldridge-Bent, S. (2015) ‘Fit for Practice: How can we help? Pedagogic Reflections’.

*International Journal of Practice-based Learning in Health and Social Care*, 3 (2), 48-60

[doi: 10.18552/ijpblhsc.v3i2.191](http://dx.doi.org/10.18552/ijpblhsc.v3i2.191)

© 2015 Elaine Arnull and Sharon Aldridge-Bent. This Open Access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License 4.0 International License [(http://creativecommons.org/licenses/by-nc/4.0/](http://creativecommons.org/licenses/by-nc/4.0/)), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Pedagogy and the Theory of Reflective Practice**

Reflective practice has for some time been an important aspect of evidence for continuing professional development and is also now a requirement in the appraisal and revalidation process for all health and social care professionals (Stewart 2012, Norrie *et al*. 2012, Laverty

2012). Attitudes towards reflective practice are diverse and not always positive; the reasons for this include a lack of understanding about the reflective process and a reluctance to question one’s own practice (Davies 2012, Stewart 2012, Thompson and Pascal 2012). It is argued that it is important that social and healthcare professionals and educators have a concrete understanding of the reflective process in order to reap its benefits for themselves and stimulate students to engage in the reflective process.

There are many models of reflection (*e.g.*  Schön 1983, Johns 1991, Thompson and Thompson

2008) although some argue that the approaches are frequently little more than an academic exercise that is at times poorly implemented and poorly understood (Hughes and Quinn 2013, Thompson and Pascal 2012). The models of reflection differ, but we argue that the model used is not in itself so important as long as a process of reflection occurs. The models cited contain similar elements: that of Johns (1991), for example, incorporates a number of elements, the basics of which define the process of reflection as:

 Experience

 Perception

 Making Sense

 Principles

 Application.

Additionally, Sc hö n’s ( 1 983 ) steps or processes of reflection are another commonly taught model. Schön (1983) has characterized three stages of reflection – namely ‘for’, ‘in’ and ‘on’ action - seeking to break the reflective process into stages, so that one actively reflects before taking action, whilst acting, and then subsequently on what one did. Schön’s model aims to highlight both the dynamic part of the reflective process and a continuum part of an active learning cycle. The aim is that by exploring these processes reflection becomes more than just thoughtful practice: it becomes a process of turning thoughtful practice into a potential learning situation (Johns 1991). The learning that occurs must be in some way utilized, and if it is viewed that practices or behaviours must be changed, then how these changes occur needs to be considered in order to avoid ‘wishful thinking’ *(*Freire 1972 cited in Ghaye 2011*).*

The follow-up from reflection is the theory of reflexivity; this phenomenon has been widely used within other professions, in particular, social work. A distinction needs to be made between reflection and reflexivity. Reflexivity takes reflection one step further, scrutinizing and making

‘problems’ of issues that reflection may take for granted. By doing this, reflexivity suggests that the things we take for granted need to be challenged in order to change theory, practice or behaviours (Taylor and White 2000). This means that our preconceived ideas about our established practices require deeper exploration and this in turn stops us from developing ritualistic or ‘shallow’ practice which has been a crucial issue within many areas of health and social care practice. Furthermore, it addresses the issues of poor interprofessional practice and a lack of reflective practice highlighted in reviews such as Climbie (Sharland *et al.* 2007). Reflexivity proffers the potential for high-quality, person-centred practice to become a future norm, but this can only be the case if students effectively learn the necessary skills and are enabled to take them confidently into their practice.

**Interprofessional working and education**

There have been a number of changes associated with the regulation of health and social care professionals which have implications relevant to theory, practice, reflective learning and interprofessional working and education. In 2012, social worker regulation moved from the General Social Care Council (GSCC) to the Health and Care Professions Council (HCPC), and this also influenced the drive for embedding in the curriculum opportunities and outcomes of collaborative practice between health and social care professionals. Within social work, the

requirement to demonstrate interprofessional practice as a part of the training process means it is embedded into the National Occupational Standards. In addition, professional colleges and associations, as well as other regulatory bodies, have adopted team or interprofessional working and learning to inform collaborative practice within their standards for education (Nursing and Midwifery Council 2008, Nursing and Midwifery Council 2010, Health and Care Professions Council 2010, Health and Care Professions Council 2012, Sharland *et al*. 2007).

This shift towards interprofessional education and practice has been referred to as a ‘paradigm shift’ (Sharland *et al*. 2007, quoting Colyer, Helm and Jones) which draws on practice and situated knowledge as well as educational learning and offers an antithesis to shallow, or ritualistic practice. Because of this paradigmatic shift, it could be argued that professional certainties are ‘shaken’ and therefore that interprofessional practice may offer opportunities for reflexivity, if reflective practice is encouraged and supported.

Interprofessional education (IPE) occurs when students from two or more professions learn about, from and/or with one another to enable effective collaboration and improve health (or other) outcomes (Hughes and Quinn 2013). The World Health Organization (2010: 6) believes that IPE is a necessary step in preparing a “collaborative practice-ready” health workforce and that a collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so. For social workers there are numerous policy exhortations and requirements for them to work jointly and collaboratively in an interprofessional way and this is a requirement for training and education, as well as practice. Therefore whilst much of the community practice of health and social care professionals is transacted through lone working, effective collaboration is seen as essential to achieve a seam-free, person-

centred outcome (Sines *et al*. 2013).

**Pedagogic reflections: Teaching reflection for interprofessional practice**

The authors teach social work and nursing and each sought to teach reflection to enable students to develop this learning and skill set with regard to theory-to-practice. Each developed quite different tools for students’ use that incorporated theory and practice in order to promote a clearer understanding in the context of professional practice. The aim for both was to achieve reflective student learning which incorporated interprofessional approaches. We sought to develop students’ learning so that reflective approaches would become ‘built into’ their thinking and practice.

In the section below, we discuss and reflect upon how we came to learn about one another’s work in this area and what that led to. We note that, in itself, it was a form of interprofessional engagement; we discovered that we talked about much the same activity but using different words, often different theorists and papers, but aimed essentially at similar practice effects.

***Clarai – Visual tool***

*What did we hope to achieve?*

I wanted to see if, in the classroom, I could engage students to start to develop skills that could be transferred into the practice setting. I had read the work of Goleman (1999) which presented two themes:

1) Personal competence – how do people manage themselves? E.g. self -awareness, self- regulation and motivation

2) Social competence – more to do with relationships and how people handle these.

The merits of ‘competence’ and ‘capability’ within interprofessional learning and working have been debated for over a decade (Berman Brown and McCartney 2003). In the context of health and social care education, the notion of competence and its measurements are acknowledged. The General Social Care Council (GSCC) (2005) and more recently the Health Care and Professions Council (HCPC) (2010) both identify mandatory standards for social work degrees

and Post Qualifying Frameworks that explicitly link competence to practice. The Nursing and Midwifery Council (2010) *Standards for Pre-registration Nursing* curriculum also discuss the achievement of competencies for practice.

Competence can be defined as the capacity to deal adequately with a subject or task and to be suitable, fit, appropriate and proper; it describes an individual’s knowledge, skills and attitudes. Capability describes the extent to which an individual can apply, adapt and synthesize new knowledge (Berman Brown and McCartney 2003), or integrate new knowledge (Kilgallon and Thompson 2012). There is an argument that competence and capability cannot be divided, and Fraser and Greenhalgh (2001) suggest that capability incorporates competence. Their view includes the successful demonstration of tasks – the performance of which evolves as practice changes – and that capability, rather than competence, better reflects the requirements of professionals and professional practice. Competence and capability within the context of interprofessional education and practice are important for effective collaboration in health and social care. The aim with the tool was to link the themes of competence and capability to quality care and reflection (Fraser and Greenhalgh 2001*).*

***Katherine – Word-based tool***

I wanted something which would assist students to understand the process of what they were being asked to do in reflection – to give them a stepped process – this was deliberately constructed to follow the theoretical constructs of reflective practice devised by Schön (1983) and developed by Thompson and Pascal (2012). I found, when teaching these concepts to pre- qualification and post-qualification social workers, that they often struggled to be able to make them concrete and therefore could not utilize them. I reflected upon this for some time and consequently developed a tool for post-qualifying students who were in their first year of practice and already struggling to ‘slow down’, not simply react, but plan and think forward

about the assessments they needed to undertake or the interventions they were planning to make. I quite deliberately constructed a tool that included all of the elements of reflection prior, during and following an intervention, and sought to do so in a way that seemed concrete and achievable and related to their practice experience.

More recently I have developed this tool for students to make sense of their experience of being taught. This time, although the tool is strongly related to theory-to-practice concepts, it is aimed at classroom teaching and learning and is focussed on how students can visualize or concretize that reflective process on learning for themselves, utilize it and then develop the capacity for reflexivity (Taylor and White 2000).

***Clara and Katherine***

The aim for us both was therefore to support and facilitate the ability of students to be able to learn and then demonstrate capability (Berman Brown and McCartney 2003), ‘mastery’ (Benner

1984) or depth and breadth (Thompson and Pascal 2012). ‘Mastery’ has been defined as the

ability to make sense of complex and divergent concepts, theories and ideas and apply new perspectives and ideas into practice in a unique and innovative way (Benner 1984).

We each sought to enable students to develop this deep learning independently, but our new knowledge that a colleague was also trying to find and develop a tool to support students heartened us. We saw it as evidence of our relative professional groups seeking to extend and deepen their pedagogic knowledge in the area of teaching reflective practice and that this also had resonance for teaching in an interprofessional context – we aimed to find out what the other knew, what skills they had, and how we might learn and benefit from one another.

***How were the tools devised?***

*Clara*

The tool was devised after I had seen a similar tool used in a training session based on a format developed by Eureka® ([http://www.eureka-tp.com/tips-for-trainers).](http://www.eureka-tp.com/tips-for-trainers)) The titles and focus within the placemat were adapted to address practice issues. I developed a ‘jigsaw’ model based upon

initial titles from the work of Scragg and Mantel (2011).

I developed a model (Table 1) that could illustrate interprofessional working in the community setting. The framework is introduced as a jigsaw that fits together to ultimately synthesize and evaluate aspects of practice. The example above illustrates a model of interprofessional learning within a module for comparative studies in safeguarding that attracts students from various professions, and where the merits of collaboration between agencies applying safeguarding policies are explored in depth. Alongside the jigsaw, a case study is used which goes across the lifespan of a fictional vulnerable person. The goal is for the students to make

sense of safeguarding issues from a range of perspectives, and to synthesize and evaluate their practice.

*Katherine – Word-based tool*

I developed the first version of the tool in 2011 in response to teaching newly qualified social workers’ reflective practice, as part of their first assessed year in practice (ASYE). This was across three London boroughs. The students had all graduated from a range of UK universities and were in their first year of practice; the ASYE courses had been developed in response to requirements for practice. I developed the tool because, although the students were newly graduated and thus all recently taught and assessed on the basis of reflective learning, almost none seemed able to use any reflective strategies. Many were clearly bright and well motivated, but already struggled with how their university-based learning was now applicable to their jobs and current roles. Some were already openly dismissive of social work theory and method, talking instead of an ‘eclectic’ style. They had in general used reflection as part of a particular assessment style, usually in the form of portfolios, and were again going to be assessed that way in order to demonstrate competence in their first year of practice.

There is considerable debate about the ability of students to demonstrate theory-to-practice concepts and it is accepted that the requirement to demonstrate theory-to-practice learning in reflective diaries can be widely divergent (Thompson and Pascal 2012: 311 and 315). However, there was real evidence that the newly qualified social workers I was teaching could not do this, and were struggling with how to do this and were already feeling work pressures and stresses which led them simply to ‘respond’, not reflect, plan, act, and reflect (Schön 1983, Thompson and Thompson 2008). At best they were demonstrating competence, but not capability (Berman Brown and McCartney 2003, Kilgallon and Thompson 2012).

I therefore developed the tool in order to take them, physically, through each stage of reflection related to their practice – ‘for’, ‘in’ and ‘on action’ – to allow them to structure their thoughts and provide explicit links to theory. The tool also required them to think interprofessionally; for example *Who else should they speak to? Why? When? When would they do that?*

Many found using the tool difficult or simply did not understand (or resisted thinking about) how or where to incorporate it. As discussed below however, those who used the tool and ‘got it’ found it extremely helpful; even some who ‘resisted’ trying but who were persuaded to were surprised how helpful it was. A small number consistently refused to try it. However, overwhelmingly trainers and qualified social work professionals, supervising the NQSWs or who had commissioned the teaching, were very enthusiastic about the tool.

Later, when I began to teach a social work theory module I developed the tool for students to be able to reflect on their theory-to-practice learning. It was clear that some found it difficult to visualize the transition of theory into practice, hard to reflect upon their academic learning and link it to, and with, practice learning. I constructed the tool this time, to allow students to

consider *how, and in what settings particular theories might be used, by whom, when,* etc. The

intention was that they would end up with a self-constructed, concrete file of theory-to-practice reflections formed out of their own learning and understanding. If completed, the tool had the potential for students to have in their own words, a simple guide to a number of social work theories, how, and where and by whom and with whom they might best be utilized; that tool is included in this paper.

***What do the tools look like?***

One of the things that sparked our interest in developing this work was a pedagogic conversation about teaching the ‘theory – practice – reflection’ cycle to students. We discussed how some students found this profoundly difficult and this appeared unrelated to other factors or abilities, for example, classroom engagement, levels of previous academic achievement. We discovered that we had both tried as a teacher to seek ways of facilitating reflective learning which sought to go beyond reflection as a ‘buzzword’ practice and beyond the ‘oversimplified practices’ which Thompson and Pascal (2012: 311 and 315) have identified.

As part of our discussion and reflections we realized we had both independently developed tools which sought to achieve the same ends:

 to facilitate students’ learning by providing a framework that could help them to structure their thinking,

 that could prompt them to reflect and make connections between theory, practice and reflection, and

 that incorporated elements that would enable them to develop their skills in critical thinking and through the use of reflection develop this criticality about their practice, social policy and theory that would make them more active and creative practitioners

and perhaps develop reflexivity.

Clara’s tool uses a ‘jigsaw’ method that was immediately more visual in its impact. Katherine’s tool was word-based – a series of bulleted questions, which followed a logical pathway developed from the work of Schön (1983) and Thompson and Thompson (2008). Our reflections on our own teaching and learning was that it would seem that Clara’s immediately responded to more visual forms of learning and had constructed her tool to reflect that, whilst, Katherine’s

word-based, logical, step-by-step process tool reflected her preferred learning style. We pondered on whether students would respond differently to the tools depending on their own learning styles. On further research, we found ourselves immersed in the disputed nature of the Myers Briggs ‘learning styles’ concept (Myers and Myers 1995).

We both sought to develop tools and use them in a way which was not didactic but *‘...geared*

*more towards the facilitation of learning and personal and professional development*’

(Thompson and Pascal 2012). Our approaches sought to be emancipatory: enabling students to develop learning methods, structures and utilize tools that they could incorporate, develop or discard as a part of their personal and professional learning and practice. Our work has not incorporated assessment, nor been compulsory and we have both sought to be facilitative and empowering – modelling the reflective process by incorporating the use of the tools into our teaching and openly reflecting on that process with the students in classroom discussions; the tools are designed to encourage ‘depth’ and breadth’ (Thompson and Pascal 2012) and seek to facilitate the student being consciously reflective and consciously critical.

Our reflective research process has been to:

1) reflect critically on the tools we have each developed

2) reflect actively, critically and interprofessionally together and with other academics on the use of the tools as we experienced using them with our student groups.

As part of our pedagogic process we undertook the work as part of our teaching and learning, and reflected on it jointly. No students were identified in the process and students were aware that we were seeking to actively reflect upon and learn from own experiences in the class in seeking to teach using the tools.ii Students’ use of and engagement with the tools was entirely

voluntary. The tools were not used as part of an assessment process.

***Clara’s Visual tool***

The ultimate goal of the framework was for students to develop an understanding of various government policies, changes to professional standards and emerging pedagogical and practice-based evidence. The aim was for them to achieve synthesis in their learning.

**Table 1. Clara’s visual tool**

|  |  |
| --- | --- |
| **The Policy Framework**  The law  Judicial system  Policy  Procedures | **Effective Practice**  Characteristics of risk and assessment  Vulnerability  Working with risk  Early intervention/prevention |
| **Empowering Practice**  Working together  Inter/multi-agency working (collaboration) Organisational culture and management  Inquiries and serious case reviews | **The Future**  ‘Bigger picture’  Strategy  Health and social care policy  Commissioning |

***Katherine’s written tool:***

*Building a reflective portfolio of learning*

Prior to each teaching session it is important that you have completed this *pro forma*. At the beginning of each session a number of students will be asked to contribute from their own *pro-forma*:

|  |  |
| --- | --- |
| 1 | What do you think the theory to be studied this week is? |
| 2 | What might it mean? |
| 3 | Which methods might be associated with this theory? |
| 4 | What sort of professional social work practice might be informed by this theory/these methods? |
| 5 | Who might work in this way – organisations, professional groups, etc? |
| 6 | Why might people/organisations choose to work in this way? |
| 7 | What ‘view’ of service users does this theory take? How does the theory incorporate service user perspectives? Would professionals working from this perspective use the terminology ‘service user’? |
| 8 | What might the advantages/disadvantages of working in this way be? |
| 9 | What are the impacts of working in this way on practitioners, organisations, service users, communities, others? |
| 10 | What impact might this theory have on your current placement/mode of work? Could it be used? What changes would need to happen for it to be able to be implemented? |

At the end of each teaching session you will be given time to update your *pro forma* and ensure that you are able to update it. You should also record:

 How did you respond to this theory/method/practice? Was it one which would/would not appeal to you? Why?

 How accurate were your expectations about the theory/method/practice. Note and correct what you had misunderstood.

 Will you learn more about this?

 How might you incorporate this into the change management plan you are developing? ‘

The ultimate goal was to get students to develop a body of knowledge about social work theory, written in their own words, pertinent to interprofessional practice, to reflect on this and so develop reflective skills – before – during – after the teaching session; an underpinning aim was to encourage and support the development of reflexivity.

***Who have we used the tool with?***

*Clara*

The population who used the tool on which this reflection is based were students undertaking an interprofessional MSc. Students were drawn from a variety of backgrounds including, social work, policing, education, midwifery, health visiting, mental health nursing and psychology.

*Katherine*

The most recent *pro forma* was used with students undertaking a theory-to-practice module in the third year of an undergraduate Social Work programme. The group of approximately 50 students undertook a final year, taught module that was conceptually difficult. It stretched students, was challenging and praised by external examiners, but required conceptual thinking. The reflective *pro forma* I devised was an attempt to assist them to build their knowledge. The exercise was voluntary, although each teaching session started with the *pro forma* and class discussion no one had to contribute and contributions were largely based on students actively volunteering to share their ideas.

***When/How have students responded?***

*Clara’s*

Most students during the teaching sessions responded well, using the tool and engaging in discussion about what they had written. One student did not engage and chose to almost ignore the session. His behaviour suggested immaturity and an unfortunate approach to learning at ‘M’ level.

Following the session I had some really positive comments from students about the tool. For example:

‘*It really made me think for myself*.’

‘*I had to keep thinking about practice and what that meant for me.’*

*‘That was different …. I am so used to handouts that tell you exactly what the*

*lecturer is saying- this tool made me interpret for myself what you were saying.*’

This qualitative data was interpreted using a ‘thematic’ approach (Parahoo 2014). The written feedback from the students was initially coded and categorised, and then the process involved extracting significant statements, formulating meanings and then clustering themes into a structure that could be analysed. Colaizzi’s (1978) seven step procedure of analysis was then used. This method was chosen as its reliability and validity has been proven in other qualitative research studies (Gallagher and Jasper 2003).

A positive sign was that students seemed to want to own their tool: they folded it up (bearing in mind it was A3-size) and took it away with them.

*Katherine’s*

Each teaching session began by going through the *pro forma* with the class, asking students to say what they thought the ‘answers’ were. The aim was to enable students to develop and practise their reflection for action skills, to develop their confidence and engagement, to encourage them to speak up about their views and ideas and to prompt an ‘incorporation’ into their cycle of learning of reflection, theoretical knowledge and understanding and its relationship to practice and preparation. I used that format for two academic years with two different cohorts (approximately 100 students). In both cohorts I found that some always completed the *pro forma*, automatically spoke up; some would also used the opportunity to challenge the theory, raise questions and so on (probably about a third); another third would have looked at it or thought about completing or completed it partially – but were hesitant to speak – this group usually grew in confidence and began to participate more. About a third did not engage and did

not complete the *pro forma*; they might say they did not understand it, were resistant to try it and

could not see the point – some began and ended this way.

In general those that comment on the tool are those who feel positive about it, use it and find it worked or helped them. They include those who were resistant, gave it a try and then ‘loved’ it; the feedback is therefore skewed towards the positive. Students report using it in similar ways:

1) To prepare for class and to get them prepared for and engaged with the teaching. I find this useful too as I use the tool to start the class and it has proved a good way to get early feedback on students’ perceptions, misconceptions or level of understanding and preparation for class.

2) Many students have used the framework to create their own toolkits of theory and practice and the implications for practice and uses in practice. This, they reported, aided their preparation for the course assessment but could be also be used in practice and it helped them to reflect back on their own thoughts about an area in practice. For them, they tell me, it has formed a quick reference guide – it has been popular with students who have used it this way and have informally shared and compared with one another.

3) A particular student said it really ‘worked’ for her because she was dyslexic and had to prepare and found theory hard to integrate with her practice understanding. The tool helped her to organize, systematize and make concrete that process which proved invaluable and she began to apply it to her practice too. This was helpful feedback and I subsequently advised other dyslexic students that it might be an aide. As a result others have reported the same effects in terms of preparation, making thoughts concrete and order-able and converting teaching and learning into their own words.

**Discussion: What are the implications?**

This reflection set out to consider whether two academic areas of study could utilize reflective teaching tools and ultimately enhance depth and breadth in their learning (Thompson and Pascal 2012). There is an emphasis and demand for health and social care professionals with the ability to make sense of complex and divergent concepts, theories and ideas and apply new perspectives and ideas into practice in a unique and innovative way (Benner 1984). Feedback indicates that the tools have allowed some students to begin this process.

We would argue that ‘mastery’, has, as a concept, many similarities with other terms used, such as ‘capability’ (Berman Brown and McCartney 2003 and Fraser and Greenhalgh 2001),

‘reflexivity’ (Taylor and White 2000) and ‘depth and breadth’ (Thompson and Pascal 2012). Terms may be different within health and social care worlds but their meaning – aiming at deep learning which is integrated into one’s practice and thereby made new, challenging and open – is essentially the same. Understanding this within the context of pedagogic approaches to interprofessional practice has been valuable - extending our own learning and that of our

students. However, as reflective learning is achieved it is vital that learners feel part of the

broader health and social care arena and develop an understanding of their accountability to

service users, employer and other professionals.

Nursing and social work are theoretically-informed areas of professional practice located within a currently challenging economic and political climate; the use of reflection is expected by the professional registration boards and practitioners are required to demonstrate aptitude in this area (Stewart 2012, Norrie *et al*. 2012), and to evidence it as part of their training and registration process (Stewart 2012, Laverty 2012). Stewart (2012: 726) has reported in her findings that students ‘*admitted they had ongoing concerns relating to their ability to write reflection essays*’ and the main reason they gave for their concern was ‘*a lack of confidence in their ability*’. It is hard to demonstrate leadership and evidence your professional contribution if you lack confidence in your ability.

Our work with students has sought to go beyond requiring students to complete a reflective diary or portfolio (Stewart 2012, Laverty 2012) and sought to equip them both with basic tool(s) and strategies for developing theory-to-practice application and the ability to reflect effectively and actively (Freire 1972 cited Ghaye 2011).

Norrie *et al.* (2012:570) have referred to this as ‘facilitation’; enabling students to develop their own skills through repeated activity and achievement and thereby developing their own methods of reflective practice which they can utilize. Through the use of the tools presented in this paper, the aim is that they will be enabled, or ‘facilitated’ to write about theory-to-practice in the context of assessment and interventions in practice, to understand how these link with

policy and to think through their own and others practice and roles – thus making them explicitly

‘capable’ or ‘masters’ in their own practice.

Our tools explicitly facilitate and require the use of reflection; they concretize reflective activity

bringing it concretely into the student’s own cognition.

**Conclusions**

Our reflections on the use of tools to facilitate students’ conversion of theory to practice and to support reflective learning give an overview of a student-centred approach that can give a student a skill set that they can develop in their own time. The pedagogic use of tools sought to provide structure and make concrete, concepts which students often reported finding nebulous and difficult (Stewart 2012). Our teaching and use of reflective tools are not based on assessment nor incorporated into assessment; students are not required to use them but encouraged to do so. They are given class time to discuss their reflections and the intention is to give the students the opportunity to develop their critical thinking and to become active learners, able to challenge, discuss and debate. Our approach has sought to avoid the criticisms made regarding the use of reflective approaches in a pedagogical setting which is critical of portfolio-based learning and assessment as ‘largely rudimentary and undeveloped’ (Norrie *et al*. 2012) and/or ‘uncritical and under-theorised’ (Thompson and Pascal 2012).

Laverty (2012) argued that innovative techniques offered a way to increase student engagement in learning and Norrie *et al*. (2012) found a range of facilitation techniques most effective. We found that our tools are an effective way to engage students in reflective learning. There remains an ongoing question about how one might engage the ‘resisters’? And whether they might constitute ‘*knowledgeable doers*’ at a time when the professional associations and the social policy frameworks are requiring them to become ‘*reflective practitioners*’ (Laverty

2012:133)

The findings from our class discussions back up others, for example, Laverty (2012: 135-7), who found that those who engaged in the reflective exercises felt that in so doing there had been a positive impact and considered this was related to improvements in their practice. There is also a consistency across our cohort groups (approximately 200 students in total) which suggests that reflection and the use of reflective tools enables students to become more aware

‘*of the value of ideas generated by scholarly thought...*’ (Laverty 2012:140 drawing on Regan

2008), which is in contrast to concerns that reflection might be uncritical as a theoretical concept in itself (Thompson and Pascal 2012).

Norrie *et al*. (2012) in a review of the literature on reflection suggested that the teaching and professional approach to reflection has differed across professional groups within the health and social care field. As discussed, we found the terminology and the theorists have differed, but we also found our basic concerns and approaches were motivated by the same factors. Furthermore, although we structure the tools differently we considered this to be as much an influence of our different learning styles, as our professional orientations. Nonetheless, the findings of Norrie *et al.* (2012) regarding the different professional ‘motivations’ towards

reflection have led us towards new thoughts about how we might consider this in the ways we seek and devise feedback on the tools from our students, particularly in an interprofessional context.

Our work to date concurs with findings within the literature, drawing out the positive benefits which include enhanced critical thinking and linking theory to practice. We have not undertaken an empirical study to date, but present our reflections and pedagogical practice as a reflective and critical narrative. The pattern in our reflections leads us to challenge the criticism of reflection as introverted practice or a theory that is uncritical (Thompson and Pascal 2012). Our pedagogical work and structured reflections have through our narrative sought to demonstrate how enabled, independent, reflective learners might be in a better position to reflect upon planned or sudden change and offer appropriate and considered professional challenge. We are seeking through the provision of tools a way of enabling our students as practitioners to develop a skill base which facilitates and encourages them to have an inner, but conscious and critical dialogue between theory and practice and thus encourage a dialectical process (Thompson and Pascal 2012: 314 drawing on Dewey, Pascal and Brown 2009). Our work and reflections upon that work suggest we have facilitated some students to begin that journey and we have supported one another to develop our own pedagogical learning and knowledge.

**References**

Benner, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*.

London: Addison-Wesley

Berman Brown, R., and McCartney, S. (2003) ‘Let’s Have Some Capatence Here’. *Education* +

*Training* 45 (1), 7–12. [doi:10.1108/00400910310459626](http://dx.doi.org/10.1108/00400910310459626)

Colaizzi, P. (1978) ‘Psychological Research as the Phenomenologist Views it.’ in *Existential- phenomenological Alternatives for Psychology.* ed by Valle, R.S. and King, M. Oxford: Oxford University Press, 48–71

Davies, S. (2012) ‘Embracing Reflective Practice’. *Education for Primary Care: An Official Publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors* 23 (1) 9–12. ISSN: 14739879

Fraser, S., and Greenhalgh, T. (2001) ‘Coping with Complexity: Educating for Capability’. *British*

*Medical Journal* 323, 799–803. [doi.org/10.1136/bmj.323.7316.799](http://dx.doi.org/10.1136/bmj.323.7316.799)

Gallagher, F., and Jasper, M. (2003) ‘Health Visitors’ Experiences of Family Group Conferences in Relation to Child Protection Planning: A Phenomenological Study’. *Journal of Nursing Management* 11 (6), 377–386. [doi: 10.1046/j.1365-2834.2003.00424.x](http://dx.doi.org/10.1046/j.1365-2834.2003.00424.x)

General Social Care Council (2005) *Assessment in Social Work: A Guide for Learning and*

*Teaching*. London: Social Care Institute for Excellence

Ghaye, T. (2011) *Teaching and Learning through Reflective Practice: A Practical Guide for*

*Positive Action*. 2nd edn. Abingdon: Routledge

Goleman, D. (1999) *Working with Emotional Intelligence*. London: Bloomsbury

Health and Care Professions Council (2010) *Continuing Professional Development and Your*

*Registration*. London: Health and Care Professions Council

Health and Care Professions Council (2012) *Standards of Education and Training.* London: Health and Care Professions Council

Hughes, S., and Quinn, F.M. (2013) *Quinn’s Principles and Practice of Nurse Education.* 6th edn. Andover: Cengage Learning

Johns, C. (1991) ‘The Burford Nursing Development Unit Holistic Model of Nursing Practice’.

*Journal of Advanced Nursing* 16 (9), 1090–1098. [doi: 10.1111/j.1365-](http://dx.doi.org/10.1111/j.1365-2648.1991.tb03370.x)

[2648.1991.tb03370.x](http://dx.doi.org/10.1111/j.1365-2648.1991.tb03370.x)

Kilgallon and Thompson (2012) *Mentoring in Nursing and Healthcare – A practical approach*.

Oxford: Wiley-Blackwell

Laverty, J. (2012) ‘Reflective Learning Within Clinical Physiology: The Student’s Perspective on the Usefulness of Reflection as a Learning Tool’. *Reflective Practice: International and Multidisciplinary Perspectives* 13 (1), 131–147. [doi:10.1080/14623943.2011.626022](http://dx.doi.org/10.1080/14623943.2011.626022)

Myers, I.B., and Myers, P.B. (1995) *Gifts Differing: Understanding Personality Type*. Mountain

View, CA: Davies-Black Publishing

Norrie, C., Hammond, J., D’Avray, L., Colington, V. and Fook J. (2012) ‘Doing it Differently? A Review of Literature on Teaching Reflective Practice Across Health and Social Care Professions’. *Reflective Practice: International and Multidisciplinary Perspectives* 13 (4),

565–578. [doi:10.1080/14623943.2012.670628](http://dx.doi.org/10.1080/14623943.2012.670628)

Nursing and Midwifery Council (2008) *The Code: Standards of Conduct, Performance and*

*Ethics for Nurses and Midwives*. London: Nursing and Midwifery Council

Nursing and Midwifery Council (2010) *Standards for Pre-registration Nursing Education.*

London: Nursing and Midwifery Council

Parahoo, K. (2014) *Nursing Research: Principles, process and issues* 3rd edn. Basingstoke: Palgrave Macmillan

Schön, D.A. (1983) *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books

Scragg, T., and Mantel, A. (eds.) (2011) *Safeguarding Adults in Social Work*. 2nd edn. Exeter: Learning Matters

Sharland, E., Taylor, I., Jones, L., Orr, D., and Whiting, R. (2007) *Interprofessional Education for Qualifying Social Work.* London: Social Care Institute for Excellence (SCIE)

Sines., D., Aldridge-Bent, S., Fanning, A., Farrelly, P., Potter, K., and Wright, J. (2013)

*Community and Public Health Nursing.* 5th edn*.* Oxford: Wiley Blackwell

Stewart, J. (2012) ‘Reflecting on Reflection: Increasing Health and Social Care For Students’ Engagement and Enthusiasm for Reflection’. *Reflective Practice: International and Multidisciplinary Perspectives* 13 (5), 719–733 [doi:10.1080/14623943.2012.670627](http://dx.doi.org/10.1080/14623943.2012.670627)

Taylor, C., and White, S. (2000) *Practising Reflexivity in Health and Welfare: Making*

*Knowledge.* Buckingham: Open University Press

Thompson, N., and Pascal, J. (2012) ‘Developing critically reflective practice’. *Reflective Practice: International and Multidisciplinary Perspectives* 13 (2), 311–325 [doi:10.1080/14623943.2012.657795](http://dx.doi.org/10.1080/14623943.2012.657795)

Thompson S., and Thompson, N. (2008) *The Critically Reflective Practitioner.* Basingstoke: Palgrave MacMillan

World Health Organization (2010*) Framework for Action on Interprofessional Education and*

*Collaborative Practice.* [online] available from

<<http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf>> [7 May 2013]

**Endnotes**

i Pseudonyms have been adopted for the two academics.

ii The work as it has been undertaken and reported upon here did not require ethical permission. We are currently in the process of undertaking a development of this study for which we are currently seeking ethical permission.