

CITY UNIVERSITY

ST BARTHOLOMEW

SCHOOL OF NURSING AND MIDWIFERY

SECTION ONE

TEACHING IN THE PRACTICE SETTING

UNIT 4

**REFLECTION AND
INTERPERSONAL SKILLS**

**A SELF STUDY RESOURCE PACK SUITABLE FOR
ENGLISH NATIONAL BOARD AWARD 997 AND 998
EDUCATIONAL STUDIES FOR THE ENB HIGHER AWARD
AND RELATED PROGRAMMES**

UNIT 4 - REFLECTION AND INTERPERSONAL SKILLS

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REFLECTION AND INTERPERSONAL SKILLS

AIM OF THIS UNIT

To explore the concept of reflection and examine interpersonal skills.

OBJECTIVES

To enable you to promote a student-centred approach to learning by encouraging active participation in the learning process.

In the first unit we introduced the idea of reflecting on experience as a means of learning, growing and developing and in this unit we examine the role of reflection in professional practice.

Reflection has become a focus for educators wanting to understand better how a professional thinks and, importantly, how a professional should *learn to think*.

PREP (UKCA 1990) and the ENB Framework for Continuing Professional Education (ENB 1991) highlight the need for the 'reflective practitioner' - someone who reflects on the lessons learnt from professional experience and applies the conclusions to future practice.

WHAT IS REFLECTIVE PRACTICE?

Saylor (1990) defined reflection as:

"...the process of thinking back on a project or situation to explore the information and other factors that influenced the handling of the situation."

Reflection and Action

Schön (1983) described the activity of many routine professional situations as almost automatic - they "think on their feet" and often cannot describe what they know. Every competent nurse can recognise situations in which something seems to be wrong, although the nurse cannot always identify it and the response to this situation often seems automatic or instinctive. The following case study demonstrates this point.

Teaching in the Practice Setting

CASE STUDY

A home visit to a terminally ill cancer patient revealed a less-than-ideal situation.

The patient was well cared for and the home was clean and well organised. The patient's wife, the care-giver, was knowledgeable and competent with medications and procedures. The nurse, however, felt uneasy - something wasn't right.

Out of the patient's room, she said to his wife, "this must be really tough." Immediately, the wife began to cry and express her real feelings of being overwhelmed and distraught. Her ability to cope was exhausted and she needed respite.

At the time, the nurse was not conscious of any particular clues to these feelings: her reaction was automatic and instinctive. Upon reflection, however, she could identify the lack of expected grief, fatigue, or disorganisation as clues. (Saylor 1990)

Reflection in Action

Professionals also reflect in the midst of action, especially when a problem at hand eludes ordinary strategies and presents a unique complex dilemma - many patients have problems not "in the book". To make sense of such cases the professional REFLECTS on the unique or unexpected aspects of the problem; frames new questions and strategies drawing on his/her familiar repertoire and generates new information about the situation. If not successful, the professional remains open to feedback about the situation, and will make a second choice. For the reflective practitioner, this process is the core of practice.

Another case study demonstrates this point:

CASE STUDY

A nurse had taught many diabetic clients to give their insulin injections using a standard procedure gradually leading up to the actual injection. The clients were always very anxious about giving their own injection. After thinking about this problem, the nurse decided to change the procedure and schedule the first injection in the first lesson. Her teaching experience, her knowledge that extreme anxiety creates barriers, and her confidence in leading the client through a successful first injection formed the repertoire on which she depended. As a result of the experiment the anxiety of the first injections was quickly eliminated. Subsequently lessons were much more relaxed and effective. Now she always has diabetic clients administer an injection in the first lesson. The repertoire-based experiment had a positive result and increased the nurse's effectiveness with subsequent clients. (Saylor 1990)



Reflecting on Reflection

Looking at the above case study, consider and answer the following questions to summarise your learning from it.

- What effect was the anxiety having, which caused the nurse to wish to remove it?
- Can you think back to a time when you felt a similar anxiety? What was it?
- What effect did it have on your ability to learn?
- Knowing what you know now, what could have been done to remove the anxiety?
- Can you think of an example in your present or recent work? Does it give you any ideas for how to remove the anxiety?

Your notes

Sample page

Our comments

The classic example is when the concerns take up so much of our energy that we are unable to concentrate on the learning we need to undertake: fear of crashing the car when a learner driver, fear of failure in examination situations.

The interesting thing about this case study is that concrete steps were taken to remove the cause of the anxiety. In such stressful situations, it can often be insufficient to simply give verbal reassurance.



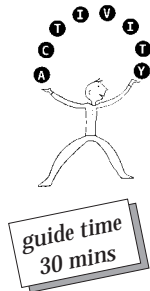
REFLECTING AND REVIEWING

We said at the start that we wished to encourage you to reflect on and learn from your experience. The best way for anyone to learn is perhaps to get experience from which you gain feedback which helps you learn.

How do you reflect and review? Well one way is to consider how you do it already. Then you could look at how other people do it. You know, *ask* some of them?

You could look back at parts of this pack as you complete them, and consider how we encourage you to reflect and capture the essence of what we have been trying to impart.

And we could do that now.

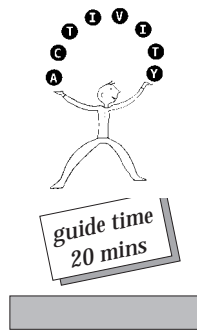


Look back over your work in this module and consider your responses to the various activities - just pick one to start with, and see if you would make any changes now to your answers.

Perhaps you would add something, or feel that you now have an even better response than you had then.

If so, what has happened to enable you to rethink your responses? Try to write down the concrete reasons for it. For example, if you write the word "time", what exactly do you mean? Perhaps your perspective on the learning changes over time, or you have had more time to experience the ideas in practice since first answering the question.

Your notes



Now think about the ways we got you to reflect.

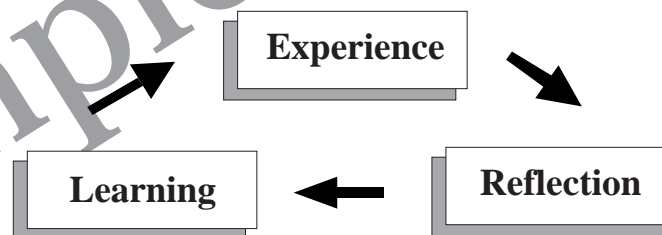
- What did we ask?
- How useful were the different techniques to you?
- Which did you prefer?
- Do different techniques give different types of response?

A NOTE ABOUT EXPERIENTIAL LEARNING

If we accept that some of our most powerful learning is based more on real-life experiences than perhaps classroom-based activities, the question is then asked as to how we, as teachers, can create activities from which learning can take place.

Then we ask how we can help people to maximise the learning from those activities, which leads us to consider how we can help people to learn from all appropriate experiences, irrespective of whether we (as teachers) have created them or not, or indeed whether they are formal learning activities or not.

At its simplest, this diagram shows the experiential learning cycle.



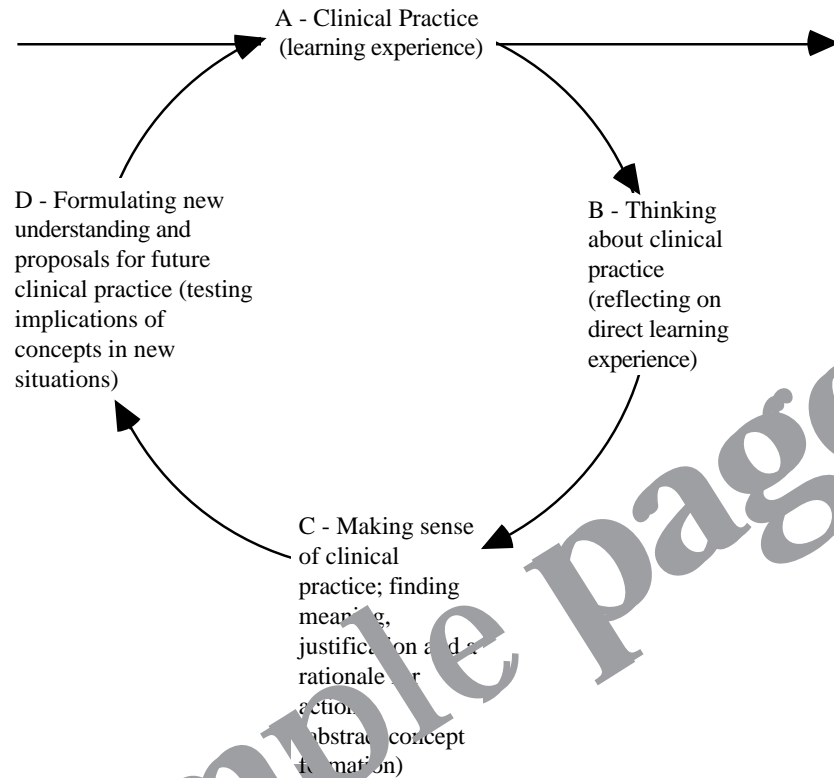
The Reflective Process

Boud, Keogh and Walker (1985) identified three elements to their model of the Reflective Process.

- 1** Returning to experience - the recollection of salient events, the replaying of the initial experience in the mind of the learner or the recounting to others of the features of the experience.
- 2** Attending to feelings - this has two aspects: utilisation of positive feelings - the conscious recollection of good experiences, attention to pleasant aspects of the immediate environment, or anticipating possible benefits to be derived from the processing of events. Removing obstructing feelings - this may involve expressing one's feelings when recounting an event to others, e.g. by laughing through the tale of an embarrassing incident, or whatever needs to be done in order to remove impediments to a thorough examination of the experience.
- 3** Re-evaluating experience - re-evaluation involves re-examining experience in the light of the learner's intent, associating new knowledge with that which is already possessed, and integrating this new knowledge into the learner's conceptual framework.

Teaching in the Practice Setting

This process of reflection is but a part of what is called The Experiential Learning Cycle. The following diagram shows how the cycle can be applied to the role of facilitating the process of learning in the practice setting.



Experiential Learning Cycle applied to Clinical Practice (Kolb 1984, cited in Bradshaw 1989 p 127)

By reflecting and analysing the clinical practice experience with the student nurse, he/she can enhance understanding and propose changes to practice using the cycle of learning.

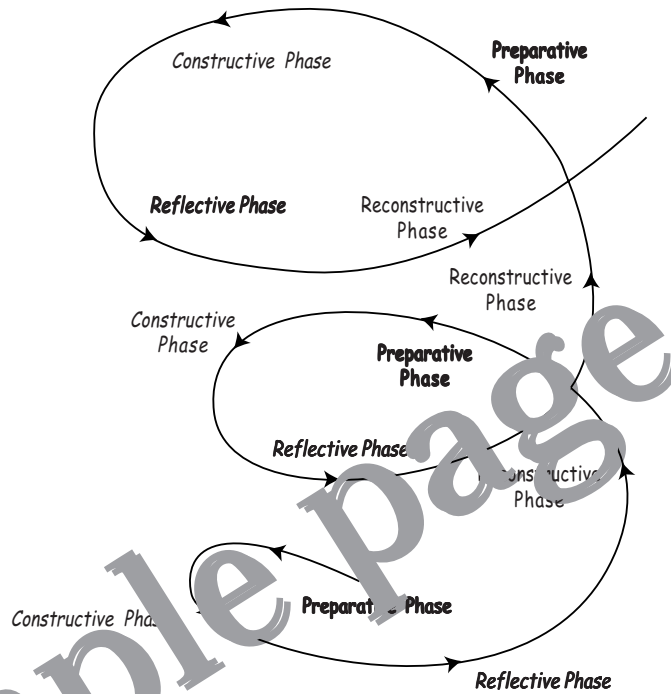
The process need not be time consuming; it may be a formal supervisory tutorial, or encouraging a student to consider some recent practice during a few moments whilst working together on a ward (Bradshaw 1989).

Some of the benefits of reflection may be lost if they are not linked to action. The outcome of reflection may include discovering a new way of doing something, the clarification of an issue, the development of a skill or the resolution of a problem.

Stockhausen (1994), as discussed on Page 1-22 developed the idea further in her Clinical Learning Spiral. This was used as a framework for incorporating reflective processes in undergraduate nursing clinical practice in Australia.

Unit 4 - Reflection and Interpersonal Skills

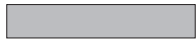
The spiral (below) shows that the learning process is developmental, with one learning experience acting as the basis for the rest, and so on.



Adapted from Stockhausen (1994)



It's important to recognise the practical uses of these ideas for your own work, whilst being aware of the range of ideas and theories which you can use to guide your own work. Make some notes on the diagram to see if you can link it to your own experience.



LEVELS OF REFLECTIVITY

Mezirow (1981) suggested seven levels of reflectivity:

- 1 **Reflectivity:** awareness of seeing, thinking or acting
- 2 **Affective Reflectivity:** awareness of feelings
- 3 **Discriminant Reflectivity:** assessment of the efficiency of reflection in the context of reality
- 4 **Judgmental Reflectivity:** being aware of the subjective value judgements about reflections
- 5 **Conceptual Reflectivity:** assessment of whether the theoretical concepts employed are sufficient to explain perceived reality
- 6 **Psychic Reflectivity:** considering the adequacy of the evidence employed to explain perceived reality
- 7 **Theoretical Reflectivity:** awareness that taken-for-granted assumptions may be less than sufficient to explain perceived reality