

Teaching and assessing reflective practice in allied health students

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Reflective practice is a key component of being a competent, effective allied health practitioner. However, teaching and assessing reflective practice in a university setting can be a challenging and confusing experience. As part of PDC 113, we would like to present our findings on the current evidence for teaching and assessing reflective practice in allied health university students.

What is reflective practice?

- “Returning to an experience to examine it, deliberately intending that what is learned may be a guide in future situations and incorporating it into one’s existing knowledge” (Mann et al, 2009 p.597)

Why do we teach it?

- Reflective practice is linked to clinical reasoning and professional competence (Higgs & Jones, 2009)
- Reflection helps with stress management (Skovholt, 2001)
- “Beginners need direction” (Kilminster & Jolly, 2000, p.831)

How do we teach it?

- Model reflection—on their feedback to you, on your teaching—make it explicit. (Baird & Winter, 2005; Zimmerman, 2009)
- Embed reflection across the whole course, in all units (Fenwick, 2001)
- Environments must be safe: ensure privacy and confidentiality (Fenwick, 2001)
- Take into account different learning styles—offer different methods (Sumison, 2000)
- Looking back over several reflections is most useful (Bradbury-Jones et al., 2009; Freeman, 2001; Regan, 2007; Russell, 2005)

Considerations when assessing reflective practice.

- Complexity of incorporating opportunity for reflection into a teaching context (Boud & Walker, 1998)
- Need for assessment of student’s reflective work to be seen as valuable for them – not just about academic achievement (Fenwick, 2001)
- It can be difficult to determine the difference between descriptive writing and reflective analysis (Pee et al., 2002)
- Assessment of reflection in an academic setting needs to be time efficient (Fenwick, 2001)

How do we assess it?

- Need to identify what it is that you are wanting to assess in the reflection and why (Fenwick, 2001). It could be:
 - Level of reflection (Pee et al., 2002, p. 575)
 - Student’s recognition of skill development (Mann et al., 2009)
 - Identification of students learning needs (Mann et al., 2009)
- Need to identify assessment tools that allow for this

Assessment Tool Spotlight

- Newcastle Reflective Analysis Tool (NRAT)
 - From the University of Newcastle, Radiation Therapy (Findlay, Dempsey, Warren-Forward, 2010)
 - Adapted from Wong’s two phase framework (Wong, 1998) which was taken from Boud’s model
 - Consists of two assessment tools that can either be used separately or together—Broad Classification and Deep Analytic

ECU’s Speech Pathology and Occupational Therapy Programmes are currently involved with the University of Newcastle, Radiation Therapy Department, in assessing student’s reflective capacity through the use of the NRATs. The Broad Classification tool (Figure 1) has been implemented this year and has proved to provide quick and easy assessment of student’s responses to clinical field-work experiences. It is anticipated that further study of student’s natural reflective capacities using the NRATs will occur over the next year. This will aid curriculum developments and teaching processes that allow for student’s clinical competency attainment.

NEWCASTLE REFLECTIVE ANALYSIS TOOL (NRAT)
 BROAD CLASSIFICATION FRAMEWORK

Category	Expected Outcome	Example 1
Non Reflector	Descriptive report only	“Today I talked a lot to patients about how they were going”
	How they felt about the event and their reaction	“I found it kinder sad at first since I know she will die at first, but so happy that she has such a supportive family”
	How the event or knowledge differs to previous knowledge or experience	“I have not really felt that mix of feelings before it was a bit confusing”
Reflector	Connections with existing practice	“I have not really felt that mix of feelings before it was a bit confusing”
	Do they see any value in this new knowledge?	“It is always good to have moments in your career that you truly get a snapshot of what it is like for the patient it humanises the job”
Critical Reflector	Is there a new knowledge or understanding?	“Although it felt odd to have such emotions I think it is appropriate and valid to have them.”
	Questions or discusses the validity or authenticity of emotions or knowledge	“This will change my practice as I my view on patient care has been really refreshed.”
	Discusses how will this effect future behaviour	
	Discusses how will this effect future practice	

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2. Findlay N, Warren-Forward H, Dempsey S. Developing the Newcastle Reflective Analysis Tool. *Focus on Health Professional Education: A Multi-Disciplinary Journal*. V11 No.1 2009

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Figure 1—Findlay, 2010



Figure 2—Scott, 2004

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