An overview of critical reflection for veterinary nurses

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Ross White, describes the process of reflecting on work situations to enhance nursing practice

LET’S begin with a basic definition of critical reflection. It can be summarised with the explanation “learning from our experiences by analysing and evaluating our performance”. Jenny Moon (1999) describes reflection as a type of mental processing that can be applied to analyse any complex subject.

Reflection is not just about knowledge and understanding, but examines the emotions and feelings elicited by situations. At first this may all seem rather obvious. Surely, we all learn from our experiences and think about our work. Or do we? When nursing patients and carrying out routine cleaning or surgical kit packing are you really thinking deeply about the job or just doing it on autopilot?

Critical reflection is about learning from every case and job and continually improving. This continual learning is in contrast to traditional thinking. The traditional and accepted view of learning is that we attend college or CPD events, gaining knowledge from teachers, specialist practitioners or researchers, and then return to our practice and hopefully implement this knowledge.

Realistically, this “top down” type of learning only accounts for a small part of the VN’s knowledge and, although important, if taken in isolation it reduces the nurse to a technician whose only role is to follow rules set by teachers and researchers (Rolfe et al, 2001). We all know experience is a great teacher. It cannot be replaced by books alone – after all no one learns to ride a bicycle by attending a lecture.
Through nursing we learn from each patient and every task we do. This type of knowledge is called experiential knowledge. It is stored unconsciously in our brains, muscles and reflexes, and Popper (1979) refers to it as “organismic knowledge”. This knowledge is intrinsic to our development, yet is usually undervalued and unrecognised. Critical reflection uses experiential knowledge in a formal way to accelerate learning.

So far we have considered knowledge as something that is learned, but for learned knowledge to be definitive it must be the truth. Truth is often subjective and this is where it all gets a little tricky.

Critical reflection is important because, through experience, it creates knowledge for the individual in response to individual situations. We can produce new knowledge by examining our nursing practice and learning from it. If implemented, you will no longer make the same mistakes, and your nursing skills will improve daily. But while this knowledge can be shared with others, it is most useful for you alone.

**Skill acquisition**

Benner (1984) formulated a model of skill acquisition:

1. New student acquires body of knowledge from lectures.

2. Through supervised practice he or she learns to apply this theoretical knowledge.

3. Eventually develops theory body of scientific knowledge.

4. Some knowledge is internalised and he or she begins to act without consciously thinking about it.

5. Scientific practical knowledge is rejected in favour of experiential knowledge.

6. Through reflection, he or she can articulate skills and judgements.

7. A concrete body of knowledge is gained that can be shared with others and is based on what he or she practises.

Critical reflection is a useful learning tool for the practice team. Student nurses are encouraged to reflect to some extent when completing their portfolio and the comments boxes.

College tutors also encourage students to share their experiences in class where all can learn from them. An efficient administrator dealing with clients uses numerous strategies, often based on experiential knowledge of dealing with people who are angry, upset or confused.
The problem is that most qualified vets and nurses seldom take the time to stop and critically reflect on their practice. These practitioners are learning from experience without analysing or assimilating this new knowledge, or maximising the benefit fully.

“Making the time and finding the space in our minds to do this can be quite a challenge at times, but it is nonetheless worth the effort to do so as having… reflective space is a fundamental ingredient of reflective practice.” (Thompson and Thompson, 2008).

There are a couple of models for critical reflection, and many readers will have come across them before. Please remember that critical reflection is about your experience, feelings, emotions and developing new personal knowledge, so use the model that suits you, adapt it, or make up your own.

**Stages**

Stages of the reflective process (adapted from Atkins and Murphy, 1993):

- An awareness that our knowledge of a situation (condition) is insufficient to explain what is happening or developing in a patient.

- A critical analysis of the situation (case), which is constructive and involves an examination of our feeling and knowledge. This stage may well involve research and introspection.

- We develop a new perspective and personal knowledge as a result of this case. To help us find a starting point for critical reflection we need to identify something tangible to reflect on. This “thing” is what reflective practitioners call a critical incident.

**The critical incident**

Definition of a critical incident (Flanagan, 1954): “An incident is any observed human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently defined to leave little doubt concerning its efforts”.

This is a nice definition and I believe if you stop for a moment and think about the past few days, you can identify moments when you have felt confused, uneasy, confident or even elated. The events around these times are critical incidents and learning from analysing these events is what critical reflection is all about.

The cyclical nature of critical reflection begs the question: when should reflection take place?
That is a little difficult to answer. The timing of critical reflection is broadly split by Rolfe et al into “reflection on action” and “reflection in action”. Reflection in action relates to analysing your practice at the very moment you are performing a task. In contrast, reflection on action is a process undertaken after the event.

Reflection in action is thinking about what you are doing as you are doing it, or using yourself as an “internal supervisor”. This seems obvious, but once we are comfortable with a task we rarely devote the mindfulness to consider exactly what we are doing and how it could be improved. A good example might be placing an intravenous catheter. Once competent we tend to perform the task automatically and seldom critically analyse the technique.

As a balance, there has been some criticism of reflection in action, to the effect that if we think too much we might actually find it difficult to successfully place the catheter; however, we had to think about it once so why not again?

**Reflection**

Schon (1983) suggests three ways that reflection in action can be performed:

1. Trial and error – seeing what happens if we make small changes to a technique, which might lead to the discovery of a different or improved method.

2. Experimentation leading to a predicted or intended change – could I improve by trying this instead of that?

3. Creation of a hypothesis, then changing the technique to test that hypothesis.

These small, conscious alterations in technique involve some concentration and may take a little more time than normal, so are best left for a non-critical time.

In direct contrast, reflection on action involves taking time to think about our experiences after the event.

Definition of reflection on action (Fitzgerald, 1994): “The retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analysing and interpreting the information recalled.”

Reflection on action is about taking the time to consider a critical incident, and think about your feelings and actions, draw some conclusions, perhaps do some research and, importantly, plan for the future.

One popular model of reflection was formulated by the educationalist Graham Gibbs, which is
Gibbs’ model is useful and for those who have studied Kolb’s learning cycle, you may find it familiar. One criticism of this model is that it is too grounded in learning from a situation and lacks focus in attempting to change the experience itself (Rolfe et al, 2001).

Personally, I like the simplicity of Borton’s (1970) model that simply asks you to reflect on three questions:

1. What happened?
2. What am I to make of this?
3. What can I do to make the situation better?

This model can be explained fully by asking more specific questions:

1. What was my role in this situation?
2. What actions did I take?
3. How could I have improved the situation for myself and the patient?
4. What can I change in future?
5. Do I feel as if I have learned anything new about myself?
6. Did I expect anything different to happen?
7. Has it changed my way of thinking in any way?
8. What knowledge from theory and research can I apply to this situation?
9. What broader issues (ethical, political or social) arise from this situation?

Once you have chosen a framework for your reflection it’s a really good idea to record your feelings and thoughts on paper. This writing is personal to you and could take the form of a diary or learning journal. Although taking the time to write your reflections down takes effort, there are good reasons for doing it:

1. Writing forces us to acknowledge issues we might ignore or forget.
2. We can put thoughts into order of significance.

3. Once written we can deal with them systematically and not get side tracked.

4. It creates a permanent record.

Initially at least, these reflections are best kept private to avoid anxiety about other people’s opinions and to aid honesty. In this way, critical reflection can be used as a tool to help us examine our own practice and learn from both success and failure. If you take time to stop and think a little more I guarantee you will be more effective as a nurse and you will constantly improve.

Although this article concentrates on clinical practice, why not identify critical incidents in your personal life and relationships and take time to reflect on these too? Who knows, maybe you could learn how to be even more happy and contented.

References

- Rolfe G and Freshwater D (2001). Critical Reflection for Nursing and Helping Professions, Basingstoke, Palgrave Cited in Rolfe et al:
Figure 1. Gibbs’ model of reflective practice.

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