Reflective Practice in Occupational Therapy

A case study of the experience at The University of Liverpool

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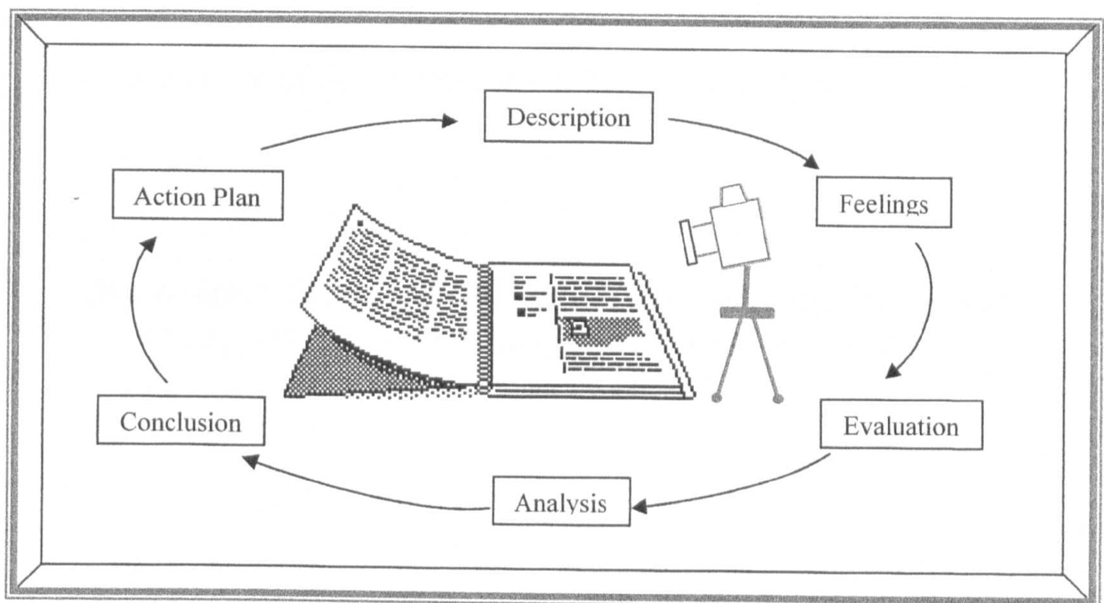

"Reflection has enriched me as a practitioner, by making me a more confident, versatile, self-aware therapist"
(Student)

Thesis submitted in accordance with the requirements of the University of Liverpool for the degree of Doctor of Philosophy

January 2004

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in Occupational Therapy

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This research is original and has not been submitted previously in support of any other degree qualification or course.

Signed:
Rae F Couch

Date: **22/01/2004**

Acknowledgements

This study represents my experience of investigating reflection as part of the curriculum in occupational therapy education. What has been learned from this experience, the discoveries made and the resulting enhancement in my personal knowledge could not have been achieved without the help, support and guidance from a number of people and sources.

Firstly I want to thank Phil Garrigan for agreeing to supervise this study initially and for guiding me through the writing of the draft literature review. Her patience and lively discussions clarified my thoughts, enhanced my writing skills and convinced me that I was capable of achieving the task I had set for myself.

Secondly, but certainly foremost, I am greatly indebted to Anne Qualter, agreeing to continue the supervision of this study at a difficult time in its development. When it seemed I had 'lost the plot' Anne was able to take an objective view of the current state, evaluate it and turn it into a study worthy of investigation. Her careful guidance, advice and encouragement have been an inspiration throughout especially when I was somewhat tentative and concerned about my progress. It has been a privilege to work with Anne and I trust that many more students will have the opportunity to benefit from Anne's expertise.

Thirdly I thank Sharon Green for her colleague support and opportunity of sharing experiences of working towards a PhD. Our 'lunchtime meetings' have provided the much needed space to reflect on progress, tribulations and successes.

My thanks also goes to Judith Martin, Head of the Division of Occupational Therapy at The University of Liverpool for giving me permission to access course documentation and other papers; to the lecturers who kindly gave me access to their teaching notes; to the students who permitted me to use their work in the study and to my colleagues who verified my content analysis. My thanks are also extended to the College of Occupational Therapists (London) for supplying the Curriculum Framework Documents.

This study could never have been achieved without the Students who gave me permission to access their perceptions of reflection and who willingly participated in my teaching of reflective skills.

For all the time, help, support and encouragement you have given me
I thank you all most sincerely.

Rae Couch

Abstract

In the last ten years there have been many changes to health care delivery, and higher education in preparing students for professional practice. Occupational therapy has had to meet these demands by being more challenging and evaluative of the care they deliver. One way this has been addressed is through the inclusion of reflective thinking and reflective practice into the undergraduate curriculum of occupational therapy.

This research looks at how reflective practice has been developed within the Course curriculum of Occupational Therapy at The University of Liverpool with the aims of investigating and establishing –

- How the notion of reflective practice has been incorporated into the curriculum over time
- How students' perceptions of reflective practice have changed over time
- How the changes in curriculum design are related to the values students place on reflection and reflective practice.

The methodology uses a case study design involving document analysis. Three sources of data were gathered from: Public Records, Private Papers of students and Biographical teaching notes of staff.

Findings:

Several factors have emerged that have implications for future practice both in occupational therapy and other health science professions. When reflection is not explicitly taught and/or where reflection is only considered as a discrete part of a curriculum, students are unable to incorporate reflection into their daily practice. Students' capacity to develop reflective skills leads to students acquiring reflective abilities at differing levels and therefore curriculum design needs to provide practical ways in which students can enrich their reflective practice competencies. To be reflective a number of cognitive skills need to be taught and developed in order for reflection to be effective. Students also need to be taught how reflection works in practice and how their personal reflective abilities impact on the benefit to clients.

Recommendations

It is suggested that future curriculum design should embrace a model of education which encourages opportunities for 'learners' to develop their capacities which are fundamental to competent reflective practice and the acquisition of knowledge that should proceed interactively with reflecting about real practical situations. One possible consideration would be to identify early on in the course the students' reflective thinking, using a scheme for assessing students' writing and then employ a variety of teaching strategies that bring together the material used and found in the progress of this study. Tutors need to be mindful that the teaching of reflection does not necessarily require changes in *what* is taught but instead more emphasis is needed on *how* to incorporate thinking skills into a repertoire of knowledge. Tutors also need to make more explicit the links reflection has with the skills of problem solving and clinical reasoning so that students can learn to "reflect effectively and practice reflectively" (Burton, 2000).

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Chapter 1

Framing the Picture

"To convince my readers that I have actually penetrated another form of life, of having, one way or another truly 'been there'." (Geertz, 1988 p.4-5)

1.1 Introduction

In the last ten years there have been many changes to health care delivery, and higher education in preparing students for professional practice. As with other professions allied to health, occupational therapy has had to meet the demands of encouraging practitioners to be more challenging and evaluative of the care they deliver. One way this has been addressed is through the inclusion of reflective thinking and reflective practice into the undergraduate curriculum of occupational therapy.

Ten years ago, in the 'rationale of investigation' to my Masters Degree thesis, entitled "On Becoming a Competent and Independent Learner" I wrote:

> "The researcher has been involved for a number of years in developing curricula for occupational therapy undergraduate programmes ... in which due consideration was given to the ultimate outcome required – that of a competent therapist. The word competent has entered the 'jargon' but may have become lost or confused in its meaning – as evident in discussion with fellow occupational therapists who were unsure as to what they considered was a competent therapist. It was also found that subjective fieldwork report forms on student performance and completed by qualified occupational therapists showed a wide range in the interpretation of competence" (Couch 1993, p.1).

In the above quotation, if the word *competent* is substituted with the word *reflection* the above rationale would also be appropriate for another research investigation. Today I am still involved with occupational therapy education and the development of pro-active learners who are being prepared to meet the challenges and demands of modern professional practice. Therefore in order to ensure that pro-active learning is

being achieved I consider it appropriate that I should investigate how we, as occupational therapy educators, have developed reflection with in our curriculum at the University of Liverpool and the understanding students have of what is involved being a reflective practitioner.

1.2 Getting Started

To begin this investigation I took a sight-seeing tour of my own and other practitioners' perception of reflection. I was not sure how long this tour would take so I packed a few essentials into a 'small bag' and set off. These essentials included a simple picture of reflection and a camera so that I could get a better picture to the one I had. The camera had several lenses so that I could take wide-angled views to begin with and when these pictures were studied use a zoom lens to focus in on the important details to capture the true essence of what the picture was about.

My interest in reflection and reflective practice began a few years before this particular journey was planned. While I was out and about, visiting students on occupational therapy fieldwork placements, in my capacity as the visiting tutor from the University, I would come across students who found it difficult to articulate exactly what they were doing. They in turn had also had difficulty ascertaining from their fieldwork supervisors why certain decisions had been made or actions taken during treatment interventions. These students were often faced with the response to their questioning: "I don't know, I just do it' or 'it is just common sense'. In order to help the students enhance their understanding of occupational therapy practice it was apparent that I needed to unpack for them these two key elements, that is intuition – 'just doing it' without much thought and 'common sense' – aspects of practice that had become automated through years of experience.

On returning home, from such outings, to ponder these dilemmas I turned to a book on Clinical Supervision and immediately came face to face with the term 'reflection'. Like all good researchers I suddenly had that "ah-ha" enlightenment of what was to become the primary focus and the journey into the literature began. To my amazement I found that there was an abundance of journal articles, mainly from nursing journals, as this profession as well as the professions allied to medicine

(physiotherapy and occupational therapy in particular) were accepting that reflective practice had an impact on how practitioners think and act in practice. During this early reading it was found that many articles concentrated on how to be reflective, the implications of reflective journal writing and assessment of such writing, but did not satisfy my simple question of "What is reflection and reflective practice"? In discussion with my newly acquired research supervisor the above question became the focus of where to begin and so the direction was set at "Interrogating the importance of reflective practice in occupational therapy" with the first task being to 'unpack reflection'.

Rather than collecting literature with the heading of reflection I was now able to be more selective as I grappled with definitions, development of, types and processes of reflection in an attempt to make sense of my hazy understanding. To be able to convey to my supervisor this understanding the first tentative draft was written. Satisfied with my attempt I soon discovered that my weak point was expressing myself on paper and that my picture was not very well framed; topics were 'off centre', some aspects had been 'chopped off' and the 'light' was of a poor quality.

When one learns about photography there are two essential components that have to be mastered, namely, how to use the camera and how to frame a picture. The first component will be returned to later but framing a picture is all about subject selection and the background setting. To get a good picture requires clarity and as Brown (1994) says "clarity is everything" (ibid p.94) in writing a readable document. He also points out that "fear is the enemy of clarity and time is the tool of fear" (p.94).

How right this proved to be as I slipped deeper and deeper into Schön's (1983) 'lowly swamplands' and procrastinated at every opportunity to avoid the hard work ahead of me. Thankfully, being a disciplined person by nature, someone who likes to meet deadlines and doesn't like being beaten I was able to overcome my fear of writing and return to the task. This was because I had the unanswered question of why do I need to do this study? To answer this question it would be simple and somewhat selfish to focus on knowledge attainment and satisfaction for me. Instead

it raised a number of other questions, such as how could I share my new knowledge so others could also take action in improving their professional practice, was I just ignorant, and did other occupational therapists really know what reflection was? In talking to a few colleagues it became apparent that the terms reflection and reflective practice were seen as 'buzz' words that when used implied being conversant with current thinking and practice. In reality these colleagues were unsure of their understanding and how best to implement the concept of reflection into their practice.

Thus at last I knew there was a purpose to my 'sightseeing' and the first picture could now be framed. Chapter 2 will initially focus on the centre of this picture which is about 'What is reflection/reflective practice?' and what was revealed when light was shone onto this picture. The central focus of a picture can only be fully appreciated when it is seen within the surrounding context so Chapter 3 will give an insight into occupational therapy as a profession showing how changes have occurred over time and how the profession is continuing to develop. It will also consider occupational therapy education in the wider context of professional education. To capture the essence of my tour these two pictures will be insufficient so in Chapter 4 I will expand my photographic album by taking another picture of the cognitive skills used by occupational therapists.

Having set the background scene in the four pictures taken in the literature review my film will then be ready for developing. The developing process can be a messy business as will be revealed in the early part of Chapter 5 but time, care and awareness of what I am doing, why I am doing it and how I am doing it will rise from the swampy lowlands to the clear darkroom impressions shown in Chapter 6. This will be like watching the development of a Polaroid film for I am not certain at the beginning what the picture is going to look like until it has finished developing. It will then be the time to interpret the data that has been gathered and to create a meaningful story of what has been found. This will be a gradual process of moving from explanation to interpretation, like the Polaroid picture, the various shades will begin to emerge. These impression will (hopefully) show that I have mastered the basic use of my camera and that I am now ready to use the other equipment in my

bag to take some pictures using a wide-angled lens (Chapter 7) and a zoom lens in (Chapter 8) before completing my photograph album with a final focus in Chapter 9.

1.3 The research Paradigm

As the researcher who set out on this tour/study of reflection I had the initial influence in selecting the pictures to be taken but the developing process made me stop and consider how I wanted to portray the pictures I had taken. It would have been relatively simple just to describe them but I doubted if this would be any help to the viewers who had not been to the places I had been to. It would be like describing a banana to someone who had never seen a banana! For me it is more important to explain what my pictures convey and to be able to interpret for the viewers how reflection is understood and used by the sources from where the pictures were taken.

The reason why I had taken rather 'fuzzy' pictures initially was due to me not giving sufficient consideration to my research paradigm and my conceptual perspectives about research. When I stopped to think about this I knew from the outset that my stance was predominately in qualitative rather than quantitative research because my interests lie not in experimentation, statistics and objectivity but with meaning, understanding and subjective reality. Recognising that qualitative research can arise from many philosophical traditions it was necessary to explore these. After much deliberation and being influenced by my occupational therapy 'baggage' of frames of reference, models of practice and approaches to therapy I concluded that my frame of reference (I use this synonymously with paradigm) is aspects of postmodernism as I believe in:

> "really seeing what is in front of our eyes, being enthralled by it, critiquing it and interpreting it in one way or another" (Weinblatt & Avrech-Bar 2001, p165).

Exponents of postmodernism strive to live the presence of the past within the frame-work of the present-future life and that one learns something not in order to (only) know it but to use it (Weinblatt and Avrech-Bar, 2001). This is precisely the intention of this research for like other postmodernists I have an

'open mind' whereby truth is not based on a specific belief system, but on a common understanding that is constructed by people.

The model selected to be used throughout this study is that of reflexive interpretation whereby the relationships between the different elements of the study will be unified into a whole case. Within reflexive interpretation 'reflexive' means that both the researcher (my-self) and object of study (reflection) are involved in a common context (occupational therapy) and are thus context dependent. 'Interpretation' implies that there will be no simple or unambiguous rules or procedures, and that the crucial ingredients are my judgements, intuition, ability to 'see and point something out' as well as consideration of explicit dialogue – with the research subject, with aspects of my own position and with my readers (Alvesson and Sköldberg (2000).

The approach or technique to be used throughout this study follows the principles of case study research and is explained more fully in section 5.4ii. Case study was chosen because of the desire to understand a complex contemporary phenomenon.

Both my students and my-self are familiar with the use of client case studies that have been used to not only illustrate particular facts and conditions but to enhance the knowledge and understanding of the people we work with. I considered it appropriate that a study involving a particular aspect of occupational therapy should draw on these previous experiences to further develop our understanding of what is required of us as professional health care practitioners. Peloquin and Davidson (1993) say that:

> "If students are to practice the art of occupational therapy, and if they are to use themselves therapeutically, they must learn to do so" (ibid p260).

This quotation is also appropriate to this study for in practicing the art of good research I will learn new skills required for case study research and this in turn should enable me, my colleagues and the students we educate to be practitioners equipped for current professional practice.

Chapter 2

A Reflective Picture

"When all things began . . .the light shines in the darkness"
(Gospel of St John 1v1&5)

2.1 Unpacking Critical Reflection.

2.1i Introduction

Today's practitioners in the health service (e.g. nurses, physiotherapists, occupational therapists) are faced with an increasing obligation to evaluate and improve their practice (Palmer, Burns & Bulman, 1994). The context in which they work, where there are constant changes, driven by competing and conflicting pressures and ideologies continually add to this demand. In order to function successfully in such climates practitioners find themselves switching to 'autopilot', where they say they do not have time to think and so respond automatically. With hindsight this can then generate further problems. If practitioners fail to consider their practice in a thoughtful and critical way the individual needs of the client may not be met (Street, 1991). This can result in treatment that is inconsistent or even inappropriate in terms of planning, purpose and progress.

In 1983, there were some well-publicised scandals in which it was found that highly esteemed health professionals had abused their positions illegitimately for private gain and had failed in professional action. Consequently, Schön (1983) considered that professions and professionals had reached a 'crisis in confidence' in themselves to deliver a consistent quality of service to the consumers they served. Schön described it thus:

> "Professionals having been disturbed to find that they could not account for the processes they had come to see as being central to professional competence" (ibid, p19).

Bright (1996) suggested that such a failure stemmed from the inability to analyse an experience to see what could be learned from it. According to Schön, professionals are constantly faced with problems that do not fit into any theoretical mould, arguing that:

> "There is a high, hard ground where practitioners can make effective use of research based theory and technique, and there is a swampy lowland where situations are confusing 'messes' incapable of technical solution. The difficulty is that the problems of the high ground, however great their **technical** interest, are often relatively unimportant to clients or to the larger **society**, while in the swamp are the problems of the greatest human concern" (Schön, 1983, p.42).

One such concern has been an increasing interest in the notion of reflection used by practitioners to guide the explanations and hence provide justification for the clinical decisions they make. The decisions to be made when in the 'swampy lowlands' generally require an immediate action or response. There is no time to refer to research based theory and, as the quotation above suggests, this would be of little use. A therapist must take account of so many factors in such unique contexts that specificity rather than generalizability characterises clinical decisions in the field. What then is the nature of such professional decision making? Mattingly & Fleming (1994) found that when therapists were asked to articulate the thought processes they had used in practice these processes often proved very difficult to articulate and they described their actions as 'common sense'. This is similar to what Schön found when he said "they speak of experience, trial and error, intuition and muddling through" (p43). The 'black box' of 'common sense' and 'experience' of professional decision making cannot simply involve the application of specific knowledge and skills to a given situation. It is suggested that what might be happening is reflection (Castle, 1996). But what is reflection?

The term reflection is now firmly established in the rhetoric of professional practice – its importance/value having been explored and developed by many researchers (e.g. Dewey, 1933; Mead, 1934; Mezirow, 1981; Schön, 1983, 1987, and Van Manen, 1977, 1990). Although reflection has come to be seen by many (but not all) as a valuable tool for professional practice the term is used in slightly different ways according to the purposes it is seen to serve. These purposes will be addressed later in Sections 2.4 and 2.5 as firstly there is the need to explore the concept of reflection, to understand how this has come to be seen as a valuable tool for professional

practice, what research evidence there is for the use of reflection and the criticisms or gaps in the way reflection is understood and defined. It will then be possible to establish a working definition of reflection, which in turn will inform the identified purposes and skills of reflection.

2.2 The Concept of Reflection

Given the volume of both past and current examples of published work on reflection it is useful, for ease of analysis, to categorise the concepts found in the literature into three perspectives. These three perspectives, which are discussed below are (1) cognitive (2) thinking in professional practice and (3) levels of reflection. Having said this it must be acknowledged that these groups are not mutually exclusive but presented in this form to enable discussion.

2.2i Cognitive approach

As far back as the 1930's Dewey (1933) proposed theories of inquiry that involved reflective thinking. He perceived reflective thinking as a chain of thoughts where the fruitful results of one idea serves as a basis for the following ideas or in Dewey's words 'turning the subject over in the mind' (ibid p12). He defines reflective action, as opposed to routine action, as;

> "entailing active and persistent and careful consideration of any belief or supposed form of knowledge in light of the grounds that support it and the further consequences to which it leads. It is not the thing done but the quality of mind that goes in the doing which settles which is utilitarian and what is creative" (Dewey, 1933 p9).

Put simply to be reflective invokes a more productive way of thinking.

Knowledge, where reflective thinking is described in this way, cannot be seen as fixed, as the technical rationalist view would have it (see 2.2ii, p12) but must be dynamic and tentative as in Dewey's conceptualisation of the processes of reflective thinking which he divided into six steps:

- the presence of an indeterminate situation in our experience of the world to which we respond with subjective doubt,

- our recognition of this situation as a problem to which the principles of inquiry may be applied,
- our intervention of various hypotheses as potential solutions that might (if viable) resolve the problem,
- our careful reasoning about the meaning of these solutions in relation to the problem itself and to our other convictions,
- the application of our results to the facts of the situation, understood by reference to the operation of our observations in them, and
- acceptance of a scientific or common-sense explanation of the situation that provisionally reduces the original indeterminacy. (Dewey 1933, p109-115)

Thus Dewey contends that the need for productive thought is awakened in direct experiential situations that put the individual into situations of conflict, dilemma, reluctance, embarrassment or any other mental difficulty that demands the operation of productive thought for the purposes of finding a solution (Dewey, 1933). The very act of searching for solutions to situations is itself a guiding factor in the individual's reflective thought processes (ibid p14); it is not solely cognitive but is clearly linked to attitudes, beliefs and perceptions of the individual.

Similar to Dewey, Mead (1934) puts thinking as 'the reasoning of the individual" while reflectiveness is "the turning back of the experience of the individual upon oneself" (Mead 1934, p134). In his discussion Mead (1934) suggests that the meaning which arises from the thinking is a 'conversations of gestures'. He explains that the individuals reasoning is a conversation between what he refers to as the 'I'(the influences of others) and 'me' (which arises from social experiences and generalised attitudes. Together they make up the 'self'. Understanding self comes from 3 sources – people's perceptions of us (most important), observing our thoughts and feelings and observing our behaviour. Bem (1972) suggests that opinions about self are based on behaviours (as seen by others), rather than on the true nature of ourselves. This understanding of who we are as people – who have the ability to stand back and look at ourselves - is seen as being part of reflexive ability. Thus

reflection involves thinking or reasoning by the individual who learns from such experiences. For Mead and Dewey reflection was seen as a mode of human cognition, as a way of thinking that can be undertaken by all people as was not reliant on any specific skills or knowledge involved in professional actions. The linking of thinking to action entails thinking about what we are thinking to inform the action or what Carr & Kemmis (1986) called 'meta-thinking' (thinking about the relationship between thought and action in a particular context). They see it as a process by which we consider the relationship between thoughts and actions in a particular context, a dialectical process in which individuals conduct an internal dialogue based on analytical observations of their thoughts and from this observation they turn outwards to the specific situation. Thus reflection is not just about thinking but it is a procedural tool used in the problem solving process (see section 2.7 and Ch.4).

Mezirow (1981) has undoubtedly provided a major contribution in terms of stimulating thinking about reflective thinking. Mezirow places his emphasis on the work of Habermas (1972) who compared various views of knowledge in terms of what he calls cognitive interests and differentiates between a technical, a historical-hermeneutic and an emancipatory interest. Mezirow focused on the third domain of emancipatory action which he refers to as 'perspective transformation' He describes this as the 'meaning structures' (personal beliefs and values, perceived societal norms and personal and significant others expectation) in which adults operate. These function as filters through which all experiences are interpreted and given meaning.

Like Mezirow other theorists also elucidated the notion of reflection but none of these authors gave clear definitions of what they meant by reflection and reflective practice. For example, Polanyi (1974) suggested that all knowledge has a tacit dimension through which understanding is possible, but experience alone does not lead to knowledge as rational reflection of an experience is necessary to develops one's understanding; Freire (1972) considered that learning was accomplished by critically analysing experience; and Argyris, in collaboration with Schön (1974) talked in terms of espoused theories of action.

From this discussion it is now apparent that being reflective is a process in the mind, involving three cognitive facets, namely; thinking, understanding how we behave, and what meaning we ascribe to our experiences. How then does this relate to professional decision making? It was not until Schön (1983, 1987) used the concept of reflection in his attempt to understand the nature of professional knowledge that its practical value in helping to develop an epistemology of practice became apparent.

2.2ii Reflective Thinking and Professional Practice

Schön (1983) began by challenging the way in which a professional developed a repertoire of knowledge and ability, which could be drawn on in future actions. He considered that the (thinking about) view of professional knowledge was grounded in the dominant paradigm of technical rationality, whereby professional activity consisted of instrumental problem-solving by the application of scientific theory and techniques. (ibid p23). His argument was influenced by Schein's (1973) work on professional education in which Schein considered that the preparation of professionals in universities took the following form:

> "First teach them the relevant basic science, then teach them the relevant applied science, then give them a practicum in which to practice applying that science to the problems of everyday life" (Schein, 1973 p44).

Schön argued that a technical-rational approach was not an appropriate means of producing professional knowledge as practice was not a straight-forward rational application of theory. He saw knowledge as unobservable thinking, which is inherent in the public action and which Meyers (1986) described as making thought process explicit. Thus, Schön identified that there was a shift from an introspective (cognitive) approach to one of process and transformation in the way practice issues were considered - from thinking to action. Although most of the literature states that Schön did not define reflection Durgahee (1996) attributed the following definition to Schön

> "Learning from events and incidents experienced during a course or practical professional programme" (Durgahee 1996, p416).

In contrast to these personal experiences Schön (1987) describes reflection as a process of knowledge attainment emerging in practice and that it is the best way to understand complex practice based decisions, arguing that a rational, technical, problem-solving description of what professionals do is incomplete. He makes the supposition that practitioners know more than they realise and they need ways of bringing that knowledge to their realisation. Explaining this supposition he distinguishes between two types of reflection, namely; 'reflection-in-action' (knowing-in-action) and 'reflection-on-action' (knowing-on-action). Reflection-in-action is to reflect in the midst of action (that is, thinking about what we are doing, or thinking on your feet) without interrupting the action. Reflection-on-action is looking back on an experience in order to make sense and develop a deeper understanding of what happened in light of the outcome. Schön saw reflection-in-action (tacit or 'knowing how' knowledge) as the way to develop knowledge in a practice discipline. He saw it as an activity which is done in the time frame available and works with and on events and/or interactions with others, that is, it is procedural in nature. Schön's concept of reflection-in-action challenges Dewey's concept of 'turning things over in the mind', which he saw as a passive activity devoid of purpose. It needs to be remembered that Dewey's concept was about 'thinking', where as Schön's concept was about 'knowing' in terms of procedural knowledge that practitioners have and so 'turning things over in the mind' is inseparable from both knowing in and knowing on action.

Reflection-on-action is more akin to 'thinking back' in an attempt to analyse and summarise a past experience, and thereby extract generalisations which might be of future use (Cowan, 1998). In Schön's view reflection-on-action is:

> "To discover how our knowing in action may have contributed to an unexpected outcome" (Schön 1987, p26).

In doing this there is no pre-specified goal in mind nor may there be any attempt at finding a resolution, as the reflection has no direct connection to present action, that is reflection-on-action is 'knowing that' or declarative knowledge, compared to the 'knowing how' or tacit knowledge of reflection-in-action. In other words reflection on-action was seen as an open-ended activity detached to some extent, however

briefly, from the action. The outcomes are not predetermined in nature but are determined within the process, whereby decisions were necessary to arrive at the outcome.

In practical terms reflection-in action is the process whereby the practitioner recognises a new situation or problem and thinks about it while still acting. Although the issues may not be exactly the same as on previous occasions, the reflective practitioner is able to select and remix responses from previous experiences. Such reflections and remixing occur at the time of giving a service and therefore influence the decisions and care given at that time. Reflection-on-action is a retrospective analysis and interpretation of practice in order to uncover the knowledge used and the accompanying feelings within a particular situation. The reflective practitioner will speculate on how the service provided might have been handled differently and what other knowledge might have been helpful. As reflection-on-action occurs after the event it has been argued that such cognitive processing contributes to the continuing development of skills, knowledge and future practice (Atkins & Murphy, 1994). In both reflecting in and on-action the time element is simply a function of the way Schön saw knowledge.

Although Schön's emphasis is on reflection-in-action and to a lesser extent reflection-on-action, both have made significant contributions to learning and development but it is a detached view with unspecified goals. Van Manen (1991) suggests this concept is further complicated by the temporal dimensions of the practical contexts in which the reflection occurs. He argues that 'on-action' or retrospective reflection is structured differently to 'in-action' or contemporaneous reflection, where the former is a contemplative action and the later allows for a 'stop and think' kind of action. Both these times of reflection differ from a third period, that of anticipatory reflection or 'future-action' which involves deliberating about a future action. Anticipatory reflection is a means of accessing a potential problem situation before it occurs. It is an opportunity to prepare; to consciously and carefully anticipate a course of action to be tested. Contextual factors which may influence reflection at this time will vary but such reflecting on the situation combined with the subsequent testing that occurs will shape what the reflector learns from that experience.

These views of reflection concur with both Carper (1978) who proposed that professionals have different 'ways of knowing', and Benner's (1984) research into the transition from novice to expert, both of whom concluded, that all forms of thinking and reflection are not the same. What has been identified in the above discussion is that thinking in Dewey's terms is internalised; for Schön the thinking becomes an active procedure within a time frame and for Van Manen true reflection is context bound. The question now arises as to whether we all think, act and respond to situations in the same way? The answer is obviously no, for every person and situation is unique. This now brings us to a third aspect of understanding of the concept of reflection, that of considering the strands or levels of reflection that each individual uses.

2.2iii Strands/levels of Reflection

Day (1993) suggests that while much 'lip service' has been paid to the concept of reflection this is insufficient to understand the benefits and challenges of reflection of which, he suggests, there are different kinds operating at different levels. Van Manen in 1977 proposed there were 3 different strands of reflection, namely practices needed to reach identified goals, relationships between practice and principles, and awareness of ethical and political influences on practice. The focus of van Manen's strands is on the individual's action and/or reactions to practice. This could, on the one hand, be an enriching personal experience, or it could be disconcerting to the practitioner when he/she discovers that normal coping mechanisms are incongruent to achieving desirable work (Johns & Freshwater, 1998). In contrast to the previous section Van Manen has moved the concept of reflection from a theoretical analysis as a cognitive process to reflection as knowledge held in a particular way and used to solve complex situations as they present themselves. What Van Manen is suggesting is that reflection provides a way of analysing and understanding our professional practices.

Mezirow (1981) expanded on Van Manen's strands of reflection, suggesting that reflection could be perceived in terms of depth, moving from consciousness to critical consciousness. He divided this process into two levels consisting of seven dimensions of reflectivity in a hierarchical order as shown in Table 2.1.

Table 2.1: Mezirow's Levels and Dimensions of Reflection

Level	Explanation
Consciousness	
1. Reflectivity	Becoming aware of a specific perception
2. Affective	How we feel about the way we are perceiving, thinking or acting
3. Discriminant	Assessing the efficacy of our perceptions, reality of the context
4. Judgemental	Awareness of value judgements about perceptions i.e. being positive or negative
Critical Consciousness	
5. Conceptual	Being critical of our concepts
6. Psychic	Recognising precipitant judgements
7. Theoretical	Understanding self in the context of desirable action.

The explanations in the table above give indications of what and how reflection can be developed from a simple awareness to understanding desirable action. Although Mezirow's dimensions are cognitive in nature (like Dewey) and do not necessarily include specific professional knowledge there is a fundamental shift. Dewey viewed the process of reflective thinking as taking place at a uniform level but Mezirow has introduced two different levels, conscious and critical conscious. This implies that to function below the critical conscious level at the level of consciousness is incompatible with Dewey's reflective thinking. Consequently, it is apparent that Dewey and Mezirow are identifying concepts and thought processes, which are qualitatively different, with a similar name, although there appears to be a common assumption in the literature that these are basically the same concept (Atkins & Murphy 1993, Richardson and Maltby 1995, Johns 2000). Thus, if Mezirow's dimensions are developed then being reflective becomes a key function of professional practice. This is what Schön had advocated earlier and gives an insight into defining what is meant by professional reflection.

Fish, Twinn and Purr (1991) further developed the ideas of Van Manen (1977) and Schön (1987) by concentrating their levels of reflection (which they call strands) on the retrospective elements of reflection. They also describe four levels, all of which include both the cognitive and affective responses of the person. The factual strand draws mainly on procedural knowledge; it is essentially descriptive and concerned with 'story telling'. The retrospective strand looks at the discovery of new

knowledge, examining the reasons and motives for what took place as well as exploring successes and failures. The sub-stratum strand is about uncovering and critically exploring theories that underlie practice. Finally, the connective strand considers how reflection drawn from the previous three strands can be modified for use in the future.

Although each explanation of the nature of reflection given above provides a structure to promote reflection there are limitations. Knowing the perceived variations of reflection does not necessarily enable practitioners to use reflection as a meaningful way to practise, that is, these theoretical prescriptive processes may be difficult to apply because of the restrictions and demands of practice.

Griffiths and Tann (1991) also conceptualised reflection as occurring in levels. They proposed five levels, as shown in Table 2.2 below.

Table 2.2 Five Levels of Reflection

Level	Explanation
1. Rapid reaction	Recording instant reactions to situations
2. Repair	Pause for thought to check thoughts and actions
3. Review	Time out to reassess
4. Research	Focusing on the issues raised
5 Re-formulate	Altered perceptions are refined

These levels as suggested by Griffiths and Tann are similar to models of reflective practice that are used to guide the implementation of reflection and which will be discussed more fully in section 2.6 below.

Eraut (1994) distinguished between three levels of reflection in terms of a time frame, which are similar to the first three levels given by Griffiths and Tann. Eraut refers to 'rapid reflection' to describe momentary reflection during an interaction with another person, for example an interview. 'Time out reflection' is what he calls the situation when there is opportunity to look back at an interaction and before the next interaction, for example between assessment and treatment. He describes his third level as 'deliberative reflection' in which there is a few weeks (or months) to deliberate on a course of action taken within that time. Eraut criticises Schön for not

making clear the time frame when talking about 'reflection-on-action' and 'reflection-in-action'. He suggests that the examples quoted by Schön on 'reflection-in-action' are more accurately 'reflection-on-action' and that 'time out' or 'deliberative reflection' examples are taken as if they are examples of 'rapid reflection'. Eraut stresses the distinction between reflection that can reshape the present action and reflection that can only reshape future action.

Throughout this discussion common elements are beginning to emerge which enable an identification of the components that need to be incorporated into a definition. These include:

- Reflection is a way of analysing and understanding what we are thinking and feeling, or why we take certain actions, or how we carry out an activity.
- There are qualitative differences in how we reflect as evidenced in the recognition that reflection can occur at different levels.
- Reflecting at different time periods, related to the activity being reflected on or about results in different outcomes.
- Professional reflection differs from everyday reflection in that the former involves a careful examination and evaluation of practice experience, beliefs and knowledge.

Before these elements can be incorporated into a definition consideration needs to be given to the evidence for the value of reflection in professional practice

2.3 Empirical Research Evidence

Within the literature up to the mid 1990's there was a dearth of empirical evidence supporting the value of reflective practice as most of it was anecdotal and there was little attempt to evaluate the contribution of using reflection as a tool to enhance professional practice. For example a study carried out by Hallett in 1997, which involved 26 interviews, discussed the nature of experience, talked about 'learning by doing' or debated the ways in which students could reflect on their practice by 'thinking things through' or 'developing ideas for themselves'. The interpretation of the data collected was based on a phenomenological approach aimed at gaining a

deeper understanding of the subjective nature of the research participants everyday experiences and perceptions rather than attempting to delineate some objective 'truth' existing outside these perceptions. It could be argued that this study was solely anecdotal but it did demonstrate the parallels between the subjective experiences of the participants and the theories of Schön.

In a study carried out by Teekman (2000) investigated whether qualified nurses engaged in reflective thinking and how they used this reflective thinking process in their practice. He found that respondents engaged in reflective thinking in order to act in the situation in hand but to a lesser extent in evaluating the situation in its totality. A problem with this study was that the interviews carried out focused on participants self selected situations that fell outside their usual range of experience. These experiences were chosen because, in the words of the author, "according to Schön (1983) they are '... characterized by uncertainty, disorder and indeterminacy'" (ibid. p1128). However it remains arguable whether the selection gave a true picture of the actual total situation in which the nurses practiced for what was selected for study were isolated incidents where it was fairly easy to reflect-on-action rather than the more difficult reflection-in-action.

Another area where there is a lack of empirical evidence is in the area of assessment and evaluation to support the belief that actually engaging in reflection improves patient care. Although many exemplars are given in the literature of reflecting on working with clients they all focus on how the reflecting process affected the practitioner and not the client. Sumsion & Fleet (1996) observed that there was little evidence to indicate that a reflective professional is more effective than a non-reflective professional or that programmes providing reflection lead to better outcomes. Although Durgahee (1996), in a study of 110 student nurses, set out to discover 'what is the impact of reflective practice on patient care?' (p419) all the findings were related to difficulties the students had in reflecting in practice. This study purported to show that reflecting did help the students to think more about what they were doing and gave them awareness of the total situation but these comments were not specifically related to patient care but rather to personal development within their professional practice. Similarly to this Bailey (1995),

although claiming that an improvement in problem-solving skills occurred, gives no evidence that the quality of nursing care was improved in any way. The only evidence found in the literature searched, relating to outcome for the client was a reflective account by Reid (1993) in which a patient was stimulated to say to a nurse 'thank you for trusting me'. This statement by a client may be the only evidence that can be gathered due to the difficulties in measuring qualitative differences in client's experience as a result of a practitioner's reflection.

While there is some general agreement in the literature on the importance of reflection and the methods of engaging in reflective practice there is less agreement on how it can or should be assessed (Moon 1999, Platzer et al. 2000). Assessment is principally achieved through the media of diaries, journals or logs but there is little empirical research on how this is operationalized. Moreover there is a conspicuous absence of implementation studies dealing with how student' journals are assessed or the assessment processes involved.

The literature on the teaching of reflection is also sparse in terms of research evidence. The literature available focuses on two types of teaching: teaching reflection in the classroom and teaching reflection in the field. Both modalities focus on reflection 'on-action' as opposed to reflection 'in-action' or 'before-action' (Carroll, Curtis et al., 2002).

Lyons (1999) suggested that attention needed to be given to the development of the skills necessary to engage in reflective practice and that one way to do this was through journal writing. She found that the critiques written in the journals demonstrated initially students' difficulty in engaging in the reflective process but also showed increased satisfaction and improved learning outcomes. She argued that journal writing increased students' confidence in what they believe in, what they say and how they practise. However, how these findings were gathered is not given.

In another critique of reflective practice Greenwood (1993) casts doubt on some elements of Schön's work where his emphasis on reflection in and on-action undermines reflection before action. Greenwood argues that this is normal human

behaviour in which schemas of the world are used to reason intentions to a successful execution in action, that is, goal directed behaviour with the use of 'if-then' propositions. Information processing practitioners carry schemas of the world and use these as a means of constructing a plan of action. As Jones (1995) says: "we may reflect on the action with Schön's surprise' because the action deviates from the plan" (p785). This view is also supported in a study carried out by Ashford, Blake et al (1998) at the Chichester Institute of Higher Education. The study explored ways in which the idea of reflective practice is interpreted in courses of professional preparation. The authors concluded that more clarity was needed about the concept of reflection and the processes involved in professional development if the way professionals think, act and learn is to be better understood. If this is to be achieved then the first step is to consider how reflection is defined.

2.4 Towards a Definition of Reflection

Added to the various concepts of reflection, given above (Section 2.2) there is a need to consider how reflection has been defined. To begin with I turned to the dictionaries where I found that Chambers Dictionary, defined reflection as 'the action of the mind by which it is conscious of its own operations; attentive consideration'. The Shorter Oxford Dictionary gives two definitions; the first being: 'the action of turning (back) or fixing the thoughts on some subject; meditation, deep or serious consideration', and the second as 'the mode, operation or faculty by which the mind has knowledge of itself and its operations, or by which it deals with ideas received from sensation and perception'. The first two definitions above refer to the process or means by which we reflect or in Dewey's terms 'how we think'. The second definition from the Oxford Dictionary differs from the first two in that the latter may lead to a reframing or re-conceptualising about actions or situations, the potential result of which is to be able to move to a different understanding from that previously held. However, it is the first two definitions; the process, the means, and the deliberation, by which the third meaning can emerge.

Reflection is often defined in the literature as a process related to self development. For example Boyd and Fales (1983) suggest that:

"Reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective" (p100).

Similarly Boud, Keogh and Walker (1985) consider:

"Reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understanding and appreciation". (ibid p20).

Likewise, an often quoted definition in Nursing and Occupational Therapy literature and attributed to Champion (1991) (e.g. Atkins & Murphy, 1993; Bailey, 1995 Castle, 1996; Spalding, 1998a; Andrews, 2000) suggests reflection is, "A process of examining and exploring issues of concern in an attempt to improve and shape future activities" (Castle 1996, p358). According to Castle, Champion also believed that reflective analysis was a powerful learning tool that could help practitioners to apply theoretical concepts to everyday practice.

It is evident from these definitions that these authors see reflection as a process involving the self, with an outcome of a changed personal perspective. They, therefore, indicate that there is an active element to reflection rather than one of quiet contemplation. In other words reflection is seen as an active process because it represents a step beyond the experience in which the reflection is founded.

The 1990's continued to see many definitions put forward, many of which were related to reflecting in professional practice in an attempt to define professional reflection but there was a problem of ambiguity in the interpretations placed on the term. For example Jarvis (1992) suggested that reflection is not just thoughtful practice but a learning experience and Reid (1993) suggested that reflective practice was a process of using reflection to influence how practitioners approach and respond to varying situations. Morrison (1996) claimed that the term reflection had become a 'catch-all' word by citing examples of reflection being defined in terms of action research (Grundy, 1987); professional development (Prawat, 1991); linking of theory to practise (Schön, 1991); teacher empowerment (Kincheloe, 1991) and personal, social and political emancipation (Smyth, 1991). Both Jarvis (1992) and

Atkins & Murphy (1993) considered there was a lack of clarity present in the available literature and suggested this was due to differences in approach to reflection, not only in terminology but also the sequence of events that make up the reflective act. However it should be noted that Atkins and Murphy's 'Review of the Literature' only considered 20 references, probably due to the fact that as it was done in 1993 there was not the plethora of literature that there is today. Even so, they do alert us to the fact that reflection appears to mean different things to different people depending on the context and understanding that each individual has but that collectively reflection involves thinking, learning, understanding, self development and an action that will shape future activities.

Thus reflection as defined in the literature to date has been dependent on whether the author views the term reflection as a theory, cognitive or practical skill, a process or a combination of these or something else (as discussed in detail earlier) which is under consideration. Consequently there has been a tendency for definitions to be imprecise. If a blanket use of the term is to be avoided, Day (1993, p84) suggested that there were four assumptions that needed to be considered in the development of an operational definition of reflection and reflective practice. These were;

- reflection involves a stance towards inquiry
- to reflects involves engaging in a 'reflective spectrum'
- reflective practice occurs within a social context
- reflective practice involves a process of solving problems and reconstructing meaning

The first three assumptions equate with Dewey's implied context and the fourth assumption to Schön's recognition that problem solving is a professional activity. I would add to Day's assumptions that being reflective also involves making explicit what we are thinking, feeling and doing.

How reflection is understood depends on the perspective of the individual based on values and assumptions which will have been influenced by a wide range of factors, including personal, practical and intellectual experiences and the social context which the person is in. The personal factors include an affective dimension

associated with reflective thinking which should not be underestimated as the way we feel often influences how we behave. The practical and intellectual factors include the individual's level of ability to reflect, when and how they reflect and the skills that individual uses when reflecting. The contextual factors include the nature of the environment and whether the individual reflects alone or with others. This understanding demonstrates what is involved in natural reflection but is insufficient for reflection in professional practice as it does not consider professional skills or knowledge that can influence professional reflection.

Everyday reflection is a cognitive process (thinking about thinking) which has its stimulus in our beliefs, attitudes, knowledge and experiences. Professional reflection has its roots in the body of knowledge and skills that describe a particular professional group. This is driven by a desire to solve a problem or to review a solution (encountered during professional practice) so that appropriate and new or better solutions can be achieved. In other words, professional reflection uses specialist knowledge and skills. Reflection in professional practice may not necessarily relate to a linear, hierarchical process of thinking but rather a multifaceted 'round about' process of thinking which may be entered, exited and re-entered at any point during which more questions may be raised than answered. It also involves making explicit what, why and how we are thinking and doing which in turn leads to new perspectives in the way we practice. To put these thoughts more succinctly I see professional reflection as;

> A way of reviewing a practice experience by analysing and evaluating one's thoughts and actions so that a thoughtful and reasoned response might be achieved. It is a process that (is):
>
> - Triggered by experiences either remembered, current or anticipated that are purposefully turned over in the mind in order to solve a problem or achieve a desired goal
> - Requires the application of professional knowledge and practice skills
> - Engages the individual in a discourse with self and/or others in an attempt to make sense of a situation or phenomenon, that is, professional reflection

is carried out within a particular social context

- Encourages practitioners to make their tacit knowledge explicit by probing, inquiring into and challenging attitudes and reflective processes in the context of learning from these experiences

- Results in an expansion of knowledge and skills either for articulating the learning gained and/or for the individual practitioner to increase his/her knowledge-in-practice

- When fully developed will bring about a changed perspective in self and service delivery

In the points given above I raise a number of concepts which will be further considered in Sections 2.6, and revisited in Chapter 8, but to recap on the view of professional reflection two assumptions have been considered. The first is that there is a difference between 'everyday' reflections which are not goal directed and in Dewey's terms *is* 'thinking things over'. The second assumption is that 'professional' reflection *is* goal directed and requires the use of particular skills to bring about satisfactory outcomes. Therefore having given a proposed definition of professional reflection the remainder of this review will now focus on the professional element of reflection which begins with the purpose of reflection and is then followed by the development of reflective skills and some practical problems

2.5 Purpose of Reflection

Porritt (1984) suggests that to function effectively as a professional it is necessary to feel comfortable about dealing with people. Reflective practice acknowledges the centrality of emotion along with cognition in making choices and taking action (Osterman and Kottkamp, 1993). However, there are times when actions or decisions do not go according to plan and an uneasy or uncomfortable feeling occurs. Boyd and Fales (1983) speak of 'inner discomfort', but also point out that reflection may be prompted by more positive states such as an important achievement. Schön (1991) referred to this situation as 'the experience of surprise'. A critical analysis of these feelings allows for the emergence of new ways of looking at situations. However,

such analysis requires encouragement and support to develop critical skills and the provision of time and opportunity to evaluate events (Castle 1996). When these features are in place it is only then that critical reflection may become a meaningful activity in an attempt to improve and overcome any crisis of confidence that practitioners may have.

To illustrate this point, three examples cited by McAllister et.al. (1997 p102-3) are:

1. A medical learner may reflect to evaluate how well a technical skill was performed by recalling uncertainties about what to do next. The learner attends to these feelings and recognises that this occurred because the client was not responding to the procedure in the same way as previous clients. Possible reasons for this are then thought through and added to the learner's knowledge about clients' responses during the procedure. By returning to the experience the learner has integrated new knowledge with existing knowledge.

2. Learners may also reflect to find personal or professional meaning in experiences. For example, beginning occupational therapy learners may be required to observe experienced practitioners. After the observation, learners are asked to reflect on what they learned about the roles of an occupational therapist. This task requires learners to integrate new information with existing knowledge and begin to predict towards a career for themselves in occupational therapy. As they test out the reality of this new and integrated knowledge, they may realise that they are unsuited to such a career. Others may begin internalising the professional and personal qualities they observed.

3. Learners may also reflect to critically evaluate their knowledge base. They may return to the experience, to check that what has occurred was consistent with their theoretical knowledge. This may result in discarding a theory, the adoption of another theoretical stance or the development of a new theory.

While the purposes of reflection may be many and varied, conscious reflection is planned and deliberate. Reflection has the potential to address issues in practice in a

way that straight application of theory to practice does not. Using reflection can influence the search to legitimise ways of knowing that emerge from and are inherent in doing, thereby enabling others to learn (Powel, 1989).

Street (1991) adds to this idea by suggesting that effective practitioners who are purposeful and goal directed achieve this by using reflection to enhance understanding and to initiate changes in practices. The need to change practice was also advocated in the Department of Health's white paper - A Service with Ambitions (Crail 1996), which emphasised the key role of quality information in the delivery of clinically effective health care and listed knowledge base decision making as one of the five 'strategic objectives'. To meet this demand for efficiency and quality of service Castle (1996) wrote that employers, in developing Continuing Professional Development policies for practitioners to improve their skills and expertise, needed to provide support for learning through reflection. He advocated that if this was provided then:

> "A clinical environment can be created where skills of critical reflection, such as the identification of problems encountered and the investigation of ways in which they may be solved, can be developed to enable practitioners to learn by analysing their experiences of real situations" (Castle 1996, p358).

However, Day (1993) sounds a note of caution. He suggests there is no clear evidence about how practitioners make decisions based on reflection, how to judge the quality of the decisions in action or how to ensure that the reflective processes really can lead to empowerment. He maintains that "we do not know how reflection leads to change" (Day 1993, p90).

This not knowing is due to most learners spontaneously reflecting on experiences in an unconscious manner. As Burnard (1996) suggests, it is rare to act without any forethought and probably even rarer to act without looking back at what has been done. The purpose of encouraging planned and conscious reflection, therefore, is to ensure that learners make decisions out of awareness of their changing thoughts, feelings and actions (Ouspensky, 1988). This is important for health care educators. Promoting conscious reflection in their learners may lead to practitioners of the

future evaluating their ideas and thinking, and making active decisions that are also explainable to others (Boud et al, 1985).

This section has provided some evidence that there is a fairly widespread perception that to be reflective is desirable. However, it has also identified that there is still some way to go in the 'swampy lowland' of discovering whether practitioners, by being reflective, can become more effective in the unique challenges of future practice. The problem of discovering if 'being reflective' impacts on 'being effective' is related to factors such as (a) a more precise definition of the term reflection, and (b) the identification of the different types and/or processes of reflection in which practitioners necessarily engage in. This in Schön's term can be a 'messy' business because of the innumerable decisions that have to be made in day-today practice, the environmental and social issues that influence patient care and the knowledge and expertise of the individual practitioner.

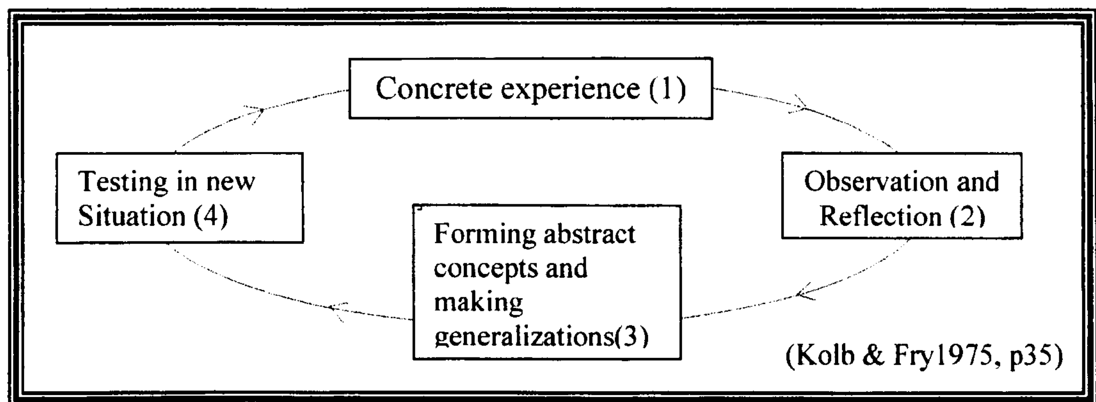
2.6 Processes and Types of Reflection

For a better understanding of how we reflect we need to look at the processes that comprise reflective thought. Overall several common processes seem to operate, including describing the situation, questioning initial understandings and assumptions with an attitude of open-mindedness, responsibility and whole-heartedness. Dewey (1933, p30-32) views these attitudes as a pre-requisite to reflection for as he says; 'knowledge of methods alone will not suffice; there must be the desire and the will to employ them'. Dewey also contends that reflection does not consist of a series of steps or procedures but instead reflection is a holistic way of meeting and responding to situations. However before a holistic view of reflection, which can be difficult for reflective learners to grasp, it is necessary to identify how we make sense of our concrete experiences. Kolb and Fry (1975) and Jarvis, (1987, 1995) analysed the processes involved in the learning processes used by practitioners and in so doing have provided a useful description to support learners.

Kolb and Fry (1975) viewed reflection as a component in a sequence, the bridge to be crossed between particular experience and consequent generalisation. The sequence is used to describe the constructive relationships between experiencing,

reflecting, generalising and planning to test out generalisations. In other words learning from experience occurs in a cyclical fashion as shown in Figure 2.1. Kolb and Fry (1975) argue that the learning cycle can begin at any one of the four points but that it should be approached as a continuous spiral. However, it is suggested that the learning process often begins with a person carrying out a particular action (1) and then seeing the effect of the action and understanding what has happened in a particular instance (2). In the third step a 'rule of thumb' is identified and is then applied in new situations (4).

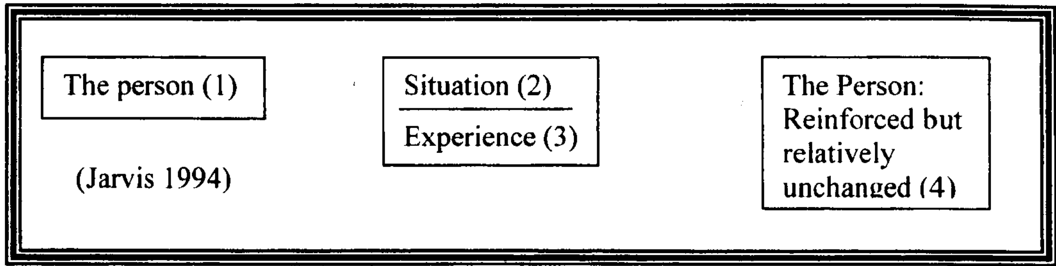
Figure 2.1 Experiential Learning Cycle



Three aspects can be seen as especially noteworthy: the use of concrete 'here-and-now experience to test ideas; reflection is a bridge to generalization, which differs from Schön's concept of reflection as a detached review without specified goals and the use of feedback to change practices. In this way Kolb (1984) made explicit the comment from Dewey (1933) that "learning comes through experience" (ibid p25) by emphasizing the developmental nature of learning as well as the role that this experience plays in learning. Freire (1972) referred to a theory of 'praxis' where reflection and action meet within the individual. Praxis represents a dynamic coming together of these apparent dichotomies for as Kinsella (2001) suggests "Activity without reflection is meaningless, reflection without action means no personal growth" (ibid p197).

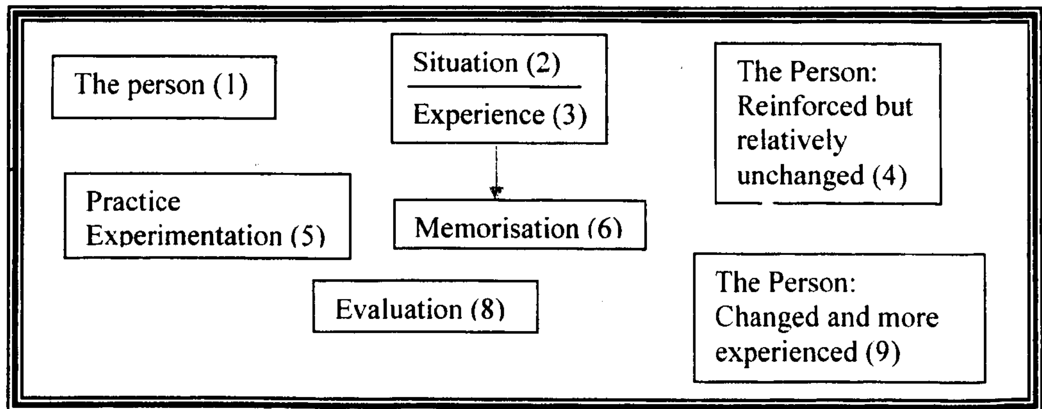
Jarvis (1987, 1995) developed Kolb's model further to show that people take different routes to learning. The differences in learning can result in non-learning; non-reflective learning or reflective learning as shown in the following Figures.

Figure 2.2i Non learning



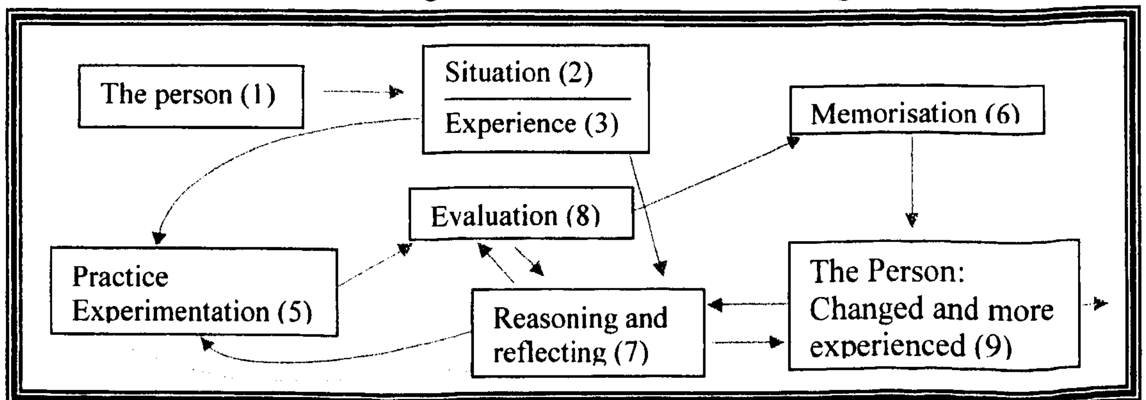
Non-learning or interaction through patterned behaviour occurs if a person moves through boxes 1-4 and does not respond to potential learning.

Figure 2.2.ii: Non-Reflective Learning



A non-reflective learner can follow two routes. The first route is at a pre-conscious level of boxes 1-3 to 6 to either 4 or 9. This route is what every person does as a result of having experiences in daily living that are not really thought about. In professional practice the non-reflective learner would move through boxes 1-3 to 5 to 8 to 6 to either 4 or 9. This is what occurs in manual training or the acquisition of particular physical skills.

Figure 2.2iii: Reflective Learning

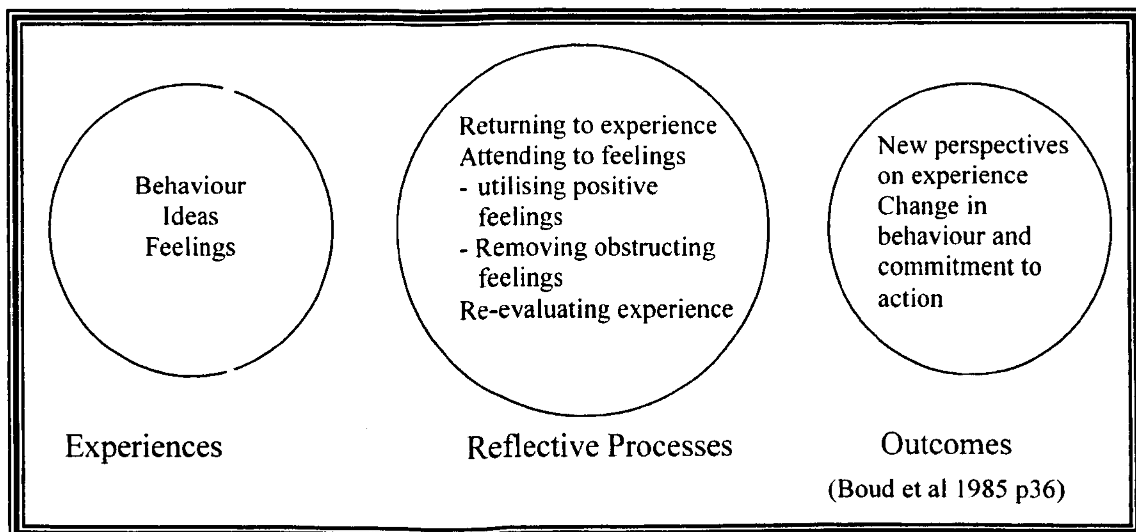


The reflective route involves three possibilities. Firstly there is contemplation (boxes 1-3 to 7, 8, 6, and 9). Here the person considers the situation and makes an intellectual decision about it. The second route is experiential learning (boxes 1-3, 7, 5, 7, to either 8, 6, 9 or direct to 9. This is the way pragmatic knowledge is learned. The third route is reflective practice (boxes 1-3 to 5, 7, 5, 8 6 and 9). This is close to what Schön describes as reflection on and in action.

The three figures above represent a useful addition to our thinking and learning, as it shows that our thinking can occur in different sequences but neither of these models discusses the nature of the stage of reflection in much detail. Consequently several theorists have developed models of reflection which have focused in on the processes of reflection as used in the wider learning experiences. Although there are differences in terminology and identified phases of reflection there are three common factors – a thought is triggered; the thoughts are analysed and evaluated; and finally there is a new perspective. Boud et al (1985) and Gibbs (1988) show these differences and commonalities in their models as shown below.

Boud et al see reflection as a 'form of response of the learner to experience' (p18) in which he/she is able to evaluate the choices about what they will do or not do. In order that the learner can understand the processes they go through to make these decisions Boud et al proposed the following model.

Figure: 2.3 The Reflective process in context



In the figure above three key stages can be identified in the process of being reflective. The first stage, which focuses on three areas for reflection is usually triggered by an awareness of particular feelings or thoughts about a situation which is similar to the first two dimensions in Mezirow's level of consciousness.

Boud et al (1985) suggest that firstly it is important to focus upon positive feelings about the experience, and to deal with negative feelings that could obstruct a rational consideration of the events.

The second stage involves a critical analysis of the situation examining both the feelings and knowledge of how the situation has affected the individual and how the individual has affected the situation.

The third stage in this process of reflection is the development of a new perspective on the resultant outcome of the new learning situation (Atkins and Murphy, 1993). The change that takes place may be quite small or large and may include the clarification of an issue, the development of a new attitude, a new way of thinking about something, the resolution of a problem, a change in behaviour or a decision (Mezirow, 1981). Boud et al use four terms to describe the critical thought processes that occur in this stage:

- Association - the connecting of ideas and feelings which are part of the original experience with existing knowledge and attitudes

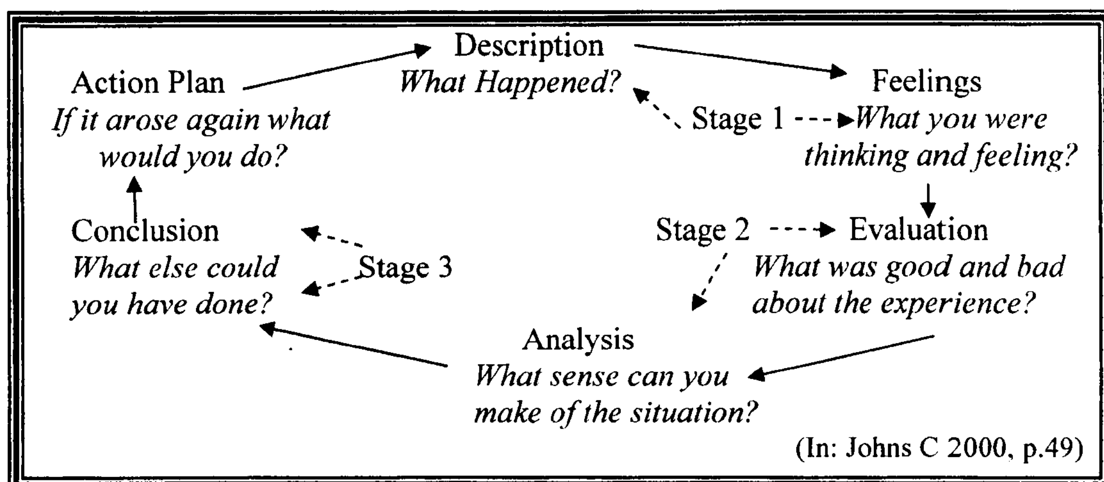
- Integration - seeking information between pieces of information so that the associations can be integrated into a new pattern of ideas and attitudes

- Validation - testing between the new pattern and existing knowledge to determine the nature of the ideas and feelings which have resulted

- Appropriation - making the knowledge part of one's value system

Similarly Gibbs (1988) also converted the processes of reflection into a cyclical model as shown in Figure 2.4.

Figure 2.4 Reflective Cycle: (Gibbs, 1988)



Within this reflective perspective such structures, as given in the cyclical process above, are seen merely as devices to help reflection rather than impose a prescription of what reflection is. The joint exploration of the cycle enables the reflector to identify where they are in terms of their reflection, and reduces the risk of assumptions or misdiagnosis. In the centre of this cycle I have inserted the relationship of the three stages outlined above in the Boud model. However as Johns (2000) points out practitioners do not reflect in neat stages as the process appears to be much more holistic (as identified by Dewey and mentioned above) but such a cycle may help the novice to develop reflective abilities. Despite this comment from John's, in 1993 he proposed his own model for structured reflection which differed from the above two models in that it consists of 15 questions to be answered which are then divided under 6 categories of phenomenon, causal, context, reflection, alternative actions and learning. However John's terminology does have some similarities to that used in the Gibbs cycle.

Although each explanation of the nature of reflection given above provides a structure to promote reflection there are limitations. Knowing the perceived processes of reflection does not necessarily enable practitioners to use reflection as a meaningful way to practise, that is, these theoretical prescriptive processes may be difficult to apply because of the restrictions and demands of practice. Nor does the literature on critical reflection make clear which kind of reflection or thinking is to be encouraged. To do this it is necessary to consider the skills that are required to be reflective.

2.7 The Development of Reflective Skills

Despite the current emphasis placed on reflective practice Atkins and Murphy in their review of the literature in 1993 found that none of the literature reviewed explicitly addressed the issue of understanding the pre-requisite skills and requisite skills of reflection. There is little evidence that the situation has changed significantly in the literature since 1993. Some authors move from an examination of reflective processes to a discussion of skills required of educators to promote reflection in learners but they still do not identify the skills to be reflective (Boud et al. 1985, Brockbank and McGill 1998, Kember et al. 2001). It is unlikely that this absence of a list of skills is simply an oversight, rather it is a reflection of the view that such a list would suggest a technicist world which would be too narrow and prescriptive or as Schön (1983) says "the student cannot learn skills of application until he has learned applicable knowledge" (ibid p27, 28).

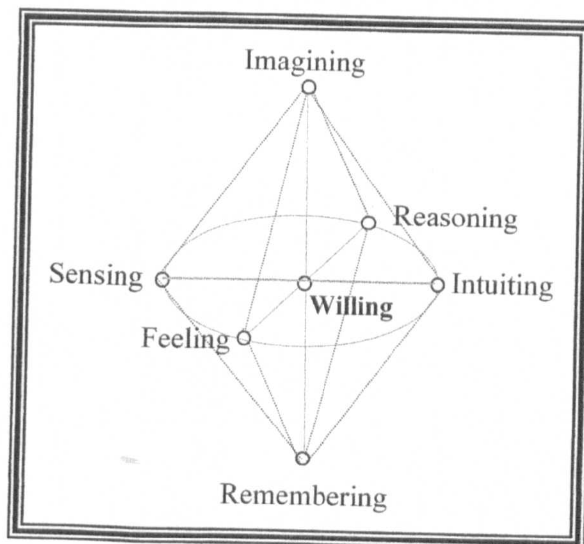
The term 'skill' is ambiguous as it is a hybrid term that refers both to a property of concrete behaviour and to a property of what Argyris and Schön (1974) call theories of action. If we talk in terms of cognitive skills, practical skills, or a professional skill we can either mean a competence or proficiency, that is, something possessed or not, or it can mean an expertise is some activity which can be possessed to a greater or lesser extent. In the case of more complex abilities the term is probably best seen in terms of 'skill strengths and/or weaknesses' or a mixture of the two (Nelson-Jones, 1991). Possessing such a skill involves the application of attitude and knowledge to practice whereby there is an inner focus on thinking and feeling as well as an outer focus on observable actions. In other words skill application involves translating your 'wanting to do it' and knowing how to do it' into 'actually doing it'. Dewey (1933) continually argued, knowledge of methods alone was insufficient but that there needed to be an accompanying desire, the will to apply them. Dewey suggests that for desire and willingness to be present certain attitudes need to be cultivated first. He defines three prerequisite attitudes to reflective action as:

- Open- mindedness - the ability to consider problems in new and different ways that may not have been previously considered and a willingness to recognise that there may be flaws in our beliefs, even those most dearly held.

- Whole-heartedness - enthusiasm for and thoroughly involved in ideas and thoughts about a topic as well as a concern for the consequences of actions.
- Responsibility - the need to consider the consequences of our own and others' actions. There needs to be a commitment to know 'why' and to seek meaning in what is being learnt (Dewey 1933, pp30-32).

These three attitudes are all desirable personal qualities, traits of character needed for developing the 'habit' of reflective thinking. However, every person has different abilities and levels of attainment and as Jarvis (1994) postulates learners have differing experiences of effectiveness when engaging in the learning process. This is due to the internal processes each individual uses and in this respect Mulligan (1993) has proposed a model as a way of categorising the internal actions required to learn effectively from experience, as shown in Figure 2.5.

Figure 2.5: Model of Internal Processes



Mulligan (1993) p47

As can be seen this model comprises seven categories in which:

- Willing is seen as the most important processor in that it integrates and harmonises the use of all the others. It is the means by which our self-direction, choice, commitment and wishes are converted into reality. This has similarity to Dewey's pre-requisite skill of open-mindedness.
- Remembering is the skill we use in memory recall
- Imagining is related to our ability to create images which reflect new perspectives. As Mulligan says: 'imagining is the art of the possible' (p55)

whereby if we can imagine something (a scene, situation) we can also imagine a possible action to be taken

- Sensing enables us to gather less distorted data about the externally observable world or at least being aware of one's bias which is a cornerstone of learning and scientific knowledge.

- Feeling is one of the two major ways in which we make judgements about the world. It underlines our preferences and values and emphasizes what is subjectively important to us. (Cf Mezirow's 4th dimension of reflection, given in Section 2.2iii).

- Reasoning is the second form of the judgement function, which is more usually referred to as thinking and is further discussed in Ch.4.

- Intuiting, like sensing is a perceptual function and has the capacity to pick out the essence of a situation or what is most important in a communication. This too, will be further discussed in Ch.4.

The categories as described above are presented in model form to highlight their inter-relatedness. Reasoning requires a rational objective framework while feeling requires a subjective emotion-based response and therefore is set as polar opposites in the model. Likewise sensing and intuiting are a polarity with the former gathering information by way of the overt, the latter by way of the undercurrent and covert. Both imagining and remembering depend on sensing, intuiting, reasoning and feeling to function effectively, but are placed opposite each other to reflect their temporal orientations towards what has been or what has yet to come into being. Willing has the central position in the model because it organizes the functioning of the other six towards specific learning tasks.

La Boskey (1993) takes the view that the attitudes as suggested by Dewey (see p34) may be more influential on the reflective process than the specific steps of the process itself. He also agrees with Mulligan that the fundamental success of reflection is the willingness to develop self insight and confidence in embracing changed perspectives. The development of such attitudes then enables a person to

consider situations from different perspectives, to listen to differing viewpoints and enables rationales that underlie work place practices, that have been taken for granted, to be examined (Johns and Freshwater, 1998). Bingham (1993) adds to this by arguing that before reflective processes can be effective the learner must have good observational skills and be able to store key information in memory. Further to this, he suggests that at a beginning level learners' observational skills are limited by their contextual and theoretical knowledge. Advanced learners are able to reduce their information load because they know what is relevant, while beginning learners use most of their processing capacity sorting information and deciding what is important when observing and reflecting. Consequently the content and outcome of reflection will be different depending on the level of the learner.

The ability to reflect, which according to Palmer et al (1994) is about 'pushing back the boundaries of personal experience' can be enhanced if the workplace is conducive, that is where teamwork is well established, innovative practice is encouraged and where colleagues are committed to being reflective practitioners. In such a setting, colleagues understand the value of accurate feedback, encouragement and support in risk taking. They also recognise that time spent discussing work issues and sharing experiences is not time wasted. As L'aguille (1994) says reflective practices can be encouraged in learners when the emphasis on 'what is the meaning of what has been done' (ibid p86) is both articulated and demonstrated by teachers and supervisors. Engaging in reflection to discover this meaning requires certain cognitive and affective skills which have been summarised by Atkins and Murphy (1993) as:

- Self awareness which enables a person to recognise his/her beliefs and values, to analyse feelings and behaviour and how these affect the behaviour of others.
- Description in giving a comprehensive account of a situation.
- Critical analysis which involves examining the components of a situation; scrutinising the relevance of existing knowledge and exploring alternative knowledge; exploring feelings about a situation and challenging assumptions.
- Synthesis in which there is encapsulation of new learning into existing knowledge which can then be used creatively to solve future problems and

- Evaluation which requires a judgement from the practitioner about the merit of the process.

This list identifies a shared language of what takes place during reflective thinking. Although Atkins and Murphy see these skills as requirements for reflection rather than skills of reflection they have been considered to be the skills of reflection by many. For example, (Durgahee, 1998) suggests that by acquiring these skills the practitioner should then be able to fulfil the aim of reflection (as discussed in Section 2.5: 'purpose of reflection') of building bridges between past and present experiences to determine future actions.

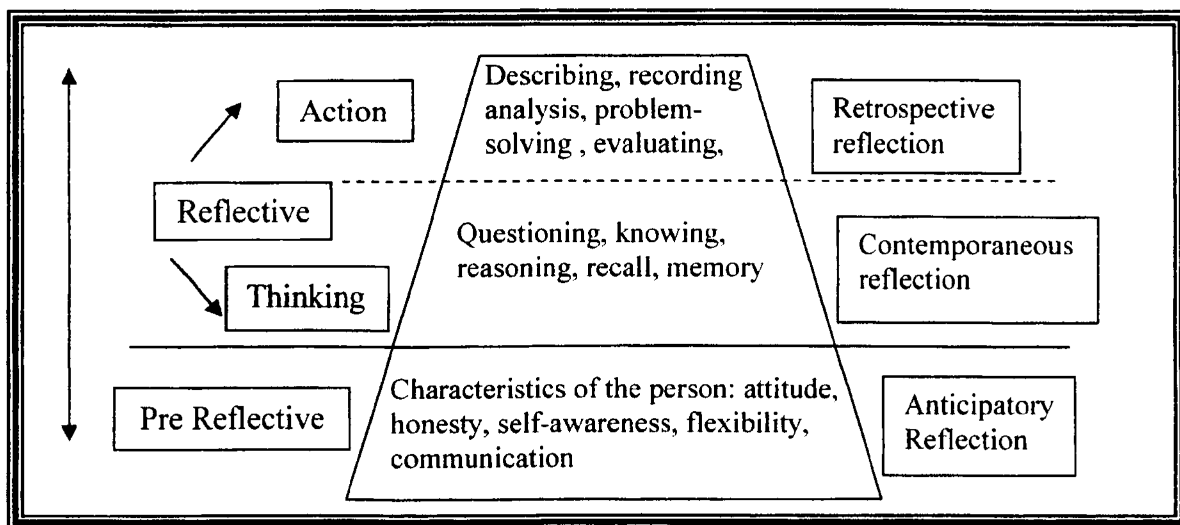
The discussion outlined above has essentially focused on 'what' is required to develop good reflective skills and abilities but 'how' these skills could be achieved also needs to be considered. Since the work of Boud et al (1985) in their book "Reflection: turning experience into learning" the literature on the 'how' of developing reflective skills has focused on two main areas, namely the facilitation (or teaching) of reflection and the tools (diaries, dialogues etc.) used in reflection. Durgahee (1998) has provided a summary of the educational concepts in the development of reflection. Following her study in 1996 in which 110 nurses had participated in reflective practice groups Durgahee concluded that (1) purposefulness, (2) activity, (3) collaboration, (4) critical thinking and (5) confrontation and support were all key concepts that should be used by teachers in the operationalization of reflection. She suggested that the identified concepts "have the potential to help the adoption of more participative behaviour in the process of caring" (Durgahee 1998, p164).

Lyons (1999) explored journal writing in midwifery students, in which the students were required to record significant critical incidents and events that they believed were important, as a learning strategy for the development of reflective skills. She found that in writing their journals the students had to develop skills of critical thinking in order to be able to analyse and synthesize; they had to explore alternatives and identify strengths and weaknesses in self abilities and practice procedures; and develop skills of effective communication.

Taking these two studies together with Dewey's attitudes and Atkins and Murphy's identified skills there begins to emerge a greater insight into what can be considered the actual skills of reflection. If the terms used in the processes and types of reflection discussed in Section 2.6 above are also added it is now possible to develop a model of skills required for reflection as shown in Figure 2.6.

The central trapezoid is for illustration purposes only as more skills can be assigned to each section than given here and there is considerable overlap between the sections. For example, reflective thinking can involve thinking about the personal characteristics as shown in the pre-reflective phase as it is in the latter area that those who are having difficulty in reflecting have to identify that there may be a weakness in one of the attributes.

Figure 2.6: Model of Reflective Skills



Likewise reflective thinking is involved in reflective action. For example, to problem-solve one has to reason and both these skills can occur during either contemporaneous reflection or retrospective reflection or both. The whole model is dynamic in that in practice some people will start at the top and work down while others will do the reverse when reviewing their actions in or on practice as indicated by the arrows to the left of the model. This model gives an indication of how reflection might work in practice but it is but a theory so the next consideration is to look at the relationship between theory and practice.

2.8 Theory - Practice Relationship

Theory involves speculative thought which results in a knowledge base to establish the principles of a subject or practice. Practice is the knowledge expressed through professional action and learned by experience. Argyris and Schön (1974) argued that there were two types of theories, namely espoused theories and theories-in-use which collectively they called 'Theories of action'. They suggest that an espoused theory is what a person believes in but what governs his/her action is a theory-in-use, which may or may not be compatible with his/her espoused theory (Argyris and Schön 1974). For many students learning events tend to be habitual and unquestioned, and practice does not allow them to make explicit the connection between theory-in-use and their actions. What is required is the opportunity for learners to reflect on their performance both from the point of their espoused theory and their professional action.

Brockbank and McGill, 1998 suggest that one way of promoting such learning, appropriate to higher education and enhancing the quality of the educational process, is the capacity to engage in reflective practice. This engagement is a means by which the learner can be:

> "Enabled to develop the capacity to engage in critical dialogue with themselves in all they think or do .... It is a reflexive process in which the learner interrogates his/her thoughts or actions. The desired learning is that of a reflective practitioner" (Barnett 1992, p198).

Over the past 10 years there has been a deliberate move by health care professional parent bodies to raise the academic status of professional qualifications for practice (Smith, 1995). With the move of undergraduate courses to universities and higher educational establishments, concurrent with increases in the demands of health care accountability, health care professionals are now expected to base their practice on research and be more challenging and critical in evaluating the service they provide. Thus, curricula have also had to change to a 'independent learner centred approach' Higgs (1988) describes this as a

> "Process, in which the learner works on a learning task, is largely

independent of the tutor who acts as a manager of the learning programme and as a resource person" (ibid p41).

The learner takes responsibility for his/her learning activities, including problem solving and critical thinking ability. One premise for these changes has been directed at promoting greater theory-practice integration (Fealy, 1997). Carr (1986) has written extensively on the most commonly held views of the theory-practice relationship and identifies four major approaches, namely: the 'applied science', 'common sense', 'practical' and 'critical' approaches. According to Carr, the 'critical' approach, which supports the value of critical self-reflection, represents an attempt to reconcile the 'applied science' (objective) and the 'practical' (subjective) approaches in acknowledging the contribution of both to understanding. This means that the theory-practice relationship does not entail applying theory to practice or deriving theory from practice. Rather, the relationship is, according to Carr, one that 'interprets theory and practice as mutually constitutive and dialectically related' (Carr 1986, p183). This supports Conant's view that:

> "Theory and practice operate in both directions.... Theory helps determine practice, but practice is itself essential in developing theoretical concepts" (Conant 1967, p38).

Bines and Watson, (1992) have also recognised the need for practice to be at the centre of professional learning if the skills of competent practice are to develop. Clarke (1986) suggested the cornerstone to uniting theory and practice as a means of articulating and developing knowledge embedded within practice was through reflection. Burnard (1988) also stated that it is only by reflecting and giving meaning to a subjective experience that knowledge is gained and learning occurs, for as Atkins and Murphy (1994) remind us, just being present in a clinical setting does not necessarily mean that learning takes place. Thus reflection can act as a link between experience and learning from that experience. Likewise Castle (1996) views reflection as having the potential to address problems of practice in a way that the application of a scientific approach cannot. He sees the ability to reflect-on-action as promoting awareness and thus turning experience into learning. Badger (1985), and Whittington (1986) talk about this turning as the 'transfer of learning'. They highlight

the importance of the ability both to generalise, from practice experience and to apply such generalisation to specific situations. Squirrell (1990) supported this by saying:

> "The purpose of reflective practice seems to be to encourage learners to create meanings from their own experiences, to evolve theory out of their own actions and to avoid....simply having 'grand theory' imposed on them" (ibid p28).

The teaching of reflection does not require huge changes in what is taught but a change in emphasis to how thinking skills are incorporated into learners' knowledge repertoire (Bingham, 1993). Boud et al (1985) suggest that learners can be assisted to do this by:

> "Providing a context and space to learn, giving support and encouragement, listening to the learner and providing devices which may be of use" (Boud et. al. 1985, p38).

They also propose that:

> "Perhaps the most important role of the educator is to alert people to the nature of reflection in the learning process" (Boud et. al 1985, p38).

This is also supported by Martin (1996) who carried out a study asking 'How reflective is student supervision' in which her conclusion indicated that there was a need for practitioners to become aware of the advantages of reflective practice, and the possibilities of incorporating these ideas into student learning.

Schön (1993) in his more recent work notes the "manifest capability for reflective inquiry in the practice situation" (p23). Reflective inquiry is valued because it facilitates the generation and use of knowledge across different practice situations and enables the practitioner:

> "To rethink on-line the nature of the problematic situations being confronted, to reframe the given problems, to read the messages given by service users, to see problems that arise as opportunities for the invention of new approaches and techniques of intervention" (Schön 1993, p23-24).

Reflection is also valued by both educators and practitioners because of its relevance in problem solving, which is a declared core skill, in many of the health professions allied to medicine and plays an important role in learner centred learning. However, it has been identified that the implementation and facilitation of acquiring reflective skills, even straightforward, as this, involves a significant number of further factors inhibiting the development of reflection.

2.9 Some practical problems about reflection

The term's reflection and reflective practice are now widely used in many professions whose educational programmes advocate the implementation of reflective skills, processes and theories. Until recently there was an underlying common understanding of the concepts of reflection but it is now apparent, from what has been said earlier, that this is not so, resulting in some practical problems when trying to implement reflection. Apart from several critiques in the literature about the way reflection is defined and conceptualised as outlined earlier in this review, there is also confusion in the literature in a number of other areas. These fall into four categories:

- The ability of individuals to reflect in a meaningful way (Atkins and Murphy, 1993);
- The process by which reflection takes place (Burnard 1995);
- The benefits that reflection may have in the practice situation (Burnard 1995);
- The context in which the reflective learning takes place (Boud and Walker, 1998).

2.9i Ability.

The emphasis of reflection is the need to understand a situation in order that action, which seeks to improve the situation, can be planned more purposefully (Usher and Bryant, 1989). However, practitioners may approach client situations in almost the reverse manner, in that they appear to stress the solution to a client problem rather than the prior understanding of a problem (Schön, 1983, 1987). There may be two reasons for this orientation towards solution rather than understanding (Bright, 1996). The first reason may be a professional ethic, which defines direct intervention in client situations as the ultimate objective and purpose of professional practice and

action. The second reason is the existence of previous 'models' of technical, academic or theoretical knowledge which are used as 'templates' but which may not be appropriate to resolving current client problems. In using these 'models' practitioners may fail to consider the uniqueness of each situation. As Boreham, (1988) suggests each client is unique and requires a unique, problem and context specific solution.

A further problem highlighted by Jones (1995) was that of 'hindsight biases. This means that when reflecting with hindsight (on action) the knowledge of this is likely to influence the judgement of the decisions made to arrive at that outcome. Newell (1992) asserts that this is due to memory and anxiety on accurate recall. He argues that as reflection depends on memory, then reflection can be biased by individual cue selection. In a study by Arkes, Wortman et al (1981) who investigated hindsight with doctors, found physicians tried to make sense out of what they 'knew had happened' rather than analysing the available data independently. In the use of reflection it is therefore important to ensure that what 'actually' happened is considered and not a biased version of it. There can also be barriers which inhibit or block learners' preparedness for the experience, the active engagement it, and the ability to reflect rationally on it with a view to learning from it (Boud and Walker, 1993).

2.9ii Process

Related to the ability to reflect may be problems with the processes adopted during reflection, which can inhibit learning at each stage of the understanding process. (Boud and Walker, 1990). These can range from individual (including cognitive elements) limitations such as the essential processes of noticing and intervening which inhibit learning by reducing the learning potential of the experience to extraneous influences (socio-economic factors) thus paralysing the reflective process within the experience and after it. In this way the experience becomes non-reflective and is robbed of much of its learning potential. For example, in a study of 6 first level nurses Bailey (1995) identified individual factors such as lack of theoretical knowledge of reflection, lack of reflective skills development and lack of self-awareness and insight. Socio-economic factors included low staff morale, shortage of staff and/or increase in the number of clients and lack of time.

Couch (1997) in a study with second and third year undergraduate occupational therapy students also found that heavy work loads, not having a structured approach to reflection and lack of flexibility in the workplace were some of the barriers given for not developing reflective skills. Students also said that emotions roused during or after an experience, can make reflection impossible or limit it. Such emotions can isolate and impoverish the new experience, they can make it difficult to integrate new learning with past knowledge and/or the ability to make judgements and draw conclusions from it.

The processing skills identified by Atkins and Murphy (1993) are criticised by Jones (1995) because he believes they only focus on the reflection-on-action component of Schön's model, rather than the more important reflection-in-action. He says it is the reflection-in-action which facilitates the 'knowing how' or tacit knowledge of the uncertain world of the practitioner but that it may be difficult to access 'knowledge-in-action' and therefore there is reliance on techniques that use reflection-on-action. He also suggests that this process may not be 'tapping' into the same phenomenon, as there can be transformation of the knowledge by the act of reflecting on an event some time after the action.

2.9iii Benefits

The assumption in much of the literature (as discussed on p19) is that reflection can and will improve the quality of care but as was shown earlier there appear to be little evidence that this is so. James and Clarke (1994) suggest that good practice seems to be judged in terms of the quality of analysis and decision-making processes rather than the best outcome which implies that it is the improvement in problem solving abilities that will improve the care provided. As shown earlier reflection involves both analysis of a problem and decision making so by developing reflective skills this will enhance problem solving skills which in turn will be of benefit to clients. The link between problem solving and reflection is discussed further in Ch.4

In discussing the implications of reflective practice James and Clarke (1994) also suggest that implicit in any course which has reflection as a theme is the view that every learner and practitioner can become reflective. In a reasonably extensive study

(192 nursing students), carried out by Cavanagh and Hogan et al in 1995 they found that less than half (46%) were classed as reflective thinkers while the remainder were concrete learners. Such findings could have implications in the future, for as James and Clarke (1994) say:

> "If reflective practice has the acclaimed and important benefits for client care, learners could be asked to leave a course by virtue of their inability to reflect!" (ibid p88).

It is claimed by Lowe and Kerr (1998) that by encouraging learners to become reflective thinkers, reflecting not just on what they are doing (thinking in action) but also on what they did (thinking on action) it should be possible to achieve 'deep' learning. According to Entwistle and Marton (1984), 'deep learning' that involves among other aspects, the ability to relate previous knowledge to new knowledge and focuses on concepts applicable to problem solving, results from personal experience and formal learning. With this belief in mind Lowe and Kerr (1998) carried out a small-scale study to see whether reflective learning strategies differed from more conventional pathways. The results indicated that test scores were the same in both groups but that reflective teaching methods enhanced the rate of learning in this group of participants.

Moore and Carter (1997) give a good example of how the empowerment of clinical supervision, reflection and action research was used to challenge established practice. However six weeks into the study the researchers reported:

> "There is no conceptual shift in the quality of what is being written ... old care planning practices are being repeated onto new documentation. Desired outcomes are written as identified problems, they are neither measurable nor client focused, rather they continue to reflect the medical model...' (ibid p115/6).

2.9iv Context

The context (cultural, social and political environments) in which reflection takes place, while identified as being crucial to professional reflection, is seldom discussed

in the literature on reflection although Boud and Walker (1990) talk of the learning milieu and Morrison (1996) adopts a politically oriented model in his writing. However, there are a number of contextual factors that may inhibit the quality of reflection. These include:

- What educators can or cannot do in promoting trust and openness in the expression of thoughts and feelings. Emotions and feelings are sometimes overlooked in educational settings, according to Boud and Walker (1998) and it is common for reflection to be treated as an intellectual exercise - a simple matter of rigorous thinking. However reflection is not just a cognitive process and can often invoke painful emotional states, as identified in Mezirow's second dimension

- Institutional contexts supportive of systematic reflection have not been as common as is frequently assumed due to resistance from participants within the institution and political pressures from both within and outside the institution. Dearing (1997) endorses this view in his report to the National Committee of Inquiry into Higher Education where he states that:

  "Initial findings from research suggest that many staff still see teaching primarily in terms of transmissions of knowledge, mainly through lectures" (Dearing Report, para. 8.14, p116).

- Imposed curricula, which are either 'over-stuffed' in the knowledge domain or concentrate on mechanistic processes. Boud and Walker (1998) refer to this as 'recipe following' in which elements of models of reflection are turned into checklists which students work through in a mechanical fashion without regard to their own uncertainties, questions or meanings.

When circumstances are less than ideal there is limited scope for critical reflection due to factors, as given above, which inhibit the fostering of reflective practices. It is only when micro contexts, which allow reflective space, honest self-appraisal and positive regard for individual thoughts and feelings are established that the development of genuine reflection has a chance to flourish.

2.10 Conclusion

It is evident that from the plethora of literature that critical reflection has been adopted on a widespread scale by many professionals and has become part of the traditional culture of higher and professional education. The existence of conceptual and practical problems involved in the theoretical and practical aspects of professional reflection (e.g. Greenwood, 1993; Jones, 1995; Bright, 1996; Boud and Walker, 1998) raises the question of whether the use and understanding of professional reflection is still at a superficial level and in need of reformulation (Bright 1996). Reid (1993) suggested that by reflecting on professional reflection as a concept and evaluating critical reflective experiences the continuing process of affirmation and transformation could be advanced. However there still remains the need for mutual assumptions of reflective practice to be explored if survival and development is to be achieved in a climate where change appears endemic.

Throughout this section of the review there is evidence that there is still more to be learned about how practitioners make decisions based on reflection, how to judge the quality of decisions in action and how to ensure that the reflective process can lead to an improved quality of service. The individual understanding of reflection will inevitably be based on values and assumptions which have been influenced by personal, practical and intellectual experiences (Richardson, 1995). Despite all that has been written about reflection and reflective practice it appears that how reflection can lead to change is still in a 'swampy lowland' where practitioners, as Schön (1983) says"... speak of experience, trial and error, intuition and muddling through". On the contrary there is also evidence that reflection tunes the practitioner into experiences that should free the senses rather than constrain them (Johns and Graham, 1996). In so doing a way can be provided for gaining professional and social awareness of knowing what, why and how decisions and actions are carried out.

Throughout this section the terms practitioner and professional have been used generically within the context of 'medicine'. As it is planned that this study will focus particularly on the professional practice of occupational therapy, it is now timely to give the reader an insight into the context of occupational therapy.

Chapter 3
Opening the Album

"As long as there is life there are positive assets –actions, choice, hope ... in a clear understanding of the situation, goals and possibilities"
(Meyer 1944, capturing the philosophy of occupational therapy).

3.1 Introduction

Whenever I go on a 'journey' I am keen to record my experiences on camera and then display the results in an album. This ensures that the memories are not forgotten and each time I open the album I am reminded of events that took place and what was gained from each event. Such events are but lit candles in my life journey that never go out. This is also the intent of this chapter in that it will open the 'album' of occupational therapy and professional education. It begins by first looking at how occupational therapy has developed as a profession allied to medicine and then how professional education has developed in occupational therapy.

3.2The Context of Occupational Therapy

3.2i Historical Background

Occupational Therapy derived its founding concepts from many sources. Among the historical roots are the influence of the Quakers (1790), moral treatment (early 1800), the arts and crafts movement (1853), and the mental hygiene movement (1909) (Reed & Sanderson, 1999). Although treatment by occupation can be dated back to the time of Æsculapius (Before 600BC) the evolution of the profession of occupational therapy did not gather momentum until the 18th and 19th centuries. Many advances were made in the understanding of psychology, anatomy and physiology and treatment became more complex and specialised. Dr Buchan (1774; cited in MacDonald, 1960 p6) stressed the advisability of men learning some mechanical employment. In 1780 Tissot (cited in MacDonald, 1960 p5) classified occupation exercise as active, passive and mixed and among the activities he recommended were sewing, playing the violin, sweeping, bell-ringing, hammering, chopping wood, riding and swimming. The recognition of the value and need for occupation for the maintenance of health was also subscribed to in the psychological field. From circa 1850 onwards there was the

gradual emergence of various supplementary treatment services as professions. Between then and now came the formation of Associations, the institution of training courses and recognised examinations and qualifications (Macdonald, 1960).

During this time the question arose as to who was available with sufficient medical and technical skill and with due care and understanding to use occupations as a treatment medium. Nurses were keenly interested in nursing, but primarily in the acutely ill and were only occasionally interested in a variety of occupations. Vocational instructors were seldom treatment minded and doctors were too busy, and, without a great knowledge of a wide range of activities. By a process of evolution and experiment it became apparent that a person was required who could combine many of the qualities of both nurse and instructor, should have a vital interest in people, organising ability and knowledge of activities and their possibilities. Consequently in 1918 George Barton, after considering terms such as 'ergotherapy' (the name subsequently adopted by European countries), 'moral treatment', 'manual work' and 'invalid occupation' decided 'occupational therapy' was the best descriptor for a new profession and thus the occupational therapist of today emerged (Macdonald, 1960).

The core assumptions of this new profession were to provide:

- A link between health and being occupied.
- A balance between creativity, leisurely diversion, aesthetic interests and serious work (Dunton, 1919).
- The unity of mind and body with occupation in maintaining well-being
- Occupation as idleness (or lack of occupation) results in demoralisation, breakdown of habits and physical deterioration with the loss of ability to perform competently in daily life.
- A regeneration of lost function by the use of occupations that involve both mind and body activities. Occupation was also seen to provide a diversion from physical and psychic pain (Kielhofner, 1997).

The focus of these assumptions centred on 3 phenomena and their interrelationships:

mind, body and environment. To early Occupational Therapists, motivation was seen not only as a problem of how to engage the client in therapeutic occupations, but also as a necessary component of recovery. Occupational therapy was viewed as a regulated environment in which clients could explore potentials and learn how to live effectively.

To this end, social and task environments were carefully managed and therapists saw the individual as a whole person interacting with life tasks in the environment. This was achieved by considering the motivations and environmental influences affecting the client. The therapeutic environment centred on activities such as crafts, dance, music, games, sports and employment aspects which were seen as representations of occupation in human life and as therapeutic agents (Kielhofner, 1997). Thus, occupational therapy's identity was as a field that appreciated the importance of occupation in human life and used occupation as a restorative force.

Throughout the next four decades when a biomedical perspective dominated the health care system the professional curriculum for occupational therapy also followed a medical model. For example, the curriculum for medical and surgical conditions treated by occupational therapy took up a third of the training manual, an outline of which is found in Appendix 3. However, the profession came under pressure to establish a more 'scientific' rationale, with the consequence that Occupational Therapists began to take to heart medicine's complaints and to seriously question their fundamental beliefs and assumptions. They reformulated their former viewpoints and became more able to articulate discrete, tangible objectives for modifying dysfunctional parts (Kielhofner, 1997). Thus, occupational therapy gained some measure of scientific respectability by adopting a perspective that paralleled that of biomedicine.

While this achieved much of its promise it also had some unforeseen consequences. Occupational Therapy's fundamental perspective towards human beings was radically altered, being replaced with a new in-depth perspective. Holistic thinking was replaced by an emphasis on the internal workings of the human body and 'psyche'. Likewise the therapeutic rationale also changed. The earlier rationale of

therapy, that had recourse to such ideas as morale building, habit regeneration and stimulation of interest were replaced by psychodynamic, neurophysiological and kinesiological rationales that emphasised pathology reduction.

By the 1960's Occupational Therapy's professional culture had changed to

- New thinking and practice creating an inner mechanistic stance involving new technologies for remediating specific dysfunctions.
- A deeper understanding of how bodily structures and processes facilitated or limited performance.
- A psychodynamic perspective which increased understanding of how emotional pathology might interfere with competent performance and elaborating the roles of emotion in behaviour.

To digress momentarily from the development of occupational therapy, it can be seen in the above points the first hints that occupational therapists were beginning to reflect. It is interesting to note that in MacDonald's (1960) book 'Occupational Therapy in Rehabilitation' (the first book of its kind to be written in the United Kingdom) only two examples of early reference to reflection are to be found. She writes "that the occupational therapist must not exclude the intuitive approach which should in turn be analysed, criticised and evaluated" (ibid p14) (further discussed in Chapter 4). In her guidance notes for teachers of occupational therapy she says "A teacher must be able to assess the results of her work and to change methods …if this is called for" (ibid p326).

Returning to the 1960's, although occupational therapy had became a distinct profession, as with other treatment services, its application was, at first empirical, there was the increasing awareness of the necessity for the testing of hypothesis and the formulation of theory (Macdonald, 1960). However many practitioners were still unclear about the demarcation lines between the various health professions and the very identity of occupational therapy was called into question. A core issue in this debate concerned the theories which had most relevance to occupational therapy (Young and Quinn, 1992) which was due to Occupational Therapist's experiencing embarrassment over their involvement with everyday occupations (Finlay, 1997). The

participation in meaningful occupation was dropped because, as Reilly (1962) noted:

> "The wide and gaping chasm which exists between the complexity of illness and the commonplaceness of our treatment tools is, and always will be, both the pride and anguish of our profession" (Reilly 1962, p1).

In the 1970's the pendulum began to swing again and several practitioners (Reilly, 1962; Pedretti, 1990; Trombly, 1995; Kielhofner, 1997) redefined the core construct, naming it occupational behaviour with a return to the central focus of occupation. There was also recognition of motivation, purpose and personal responsibility for adaptation, the influence of occupational roles on behaviour, the importance of the environment in supporting or impeding adaptation, and the integration of interdisciplinary knowledge needed for this perspective under a holistic framework. Consequently, occupational therapy began to return to many of its original themes to recapture its identity and a more holistic orientation. This new professional culture was seeking to balance holism with precise knowledge and integrating themes spanning the body, the mind and the environment with the context of recommitment to the field's focus on occupation.

A great deal of discussion concerning what constituted the core of occupational therapy took place and in 1979 Weimer made the assertion, that had been spelled out as the sole claim to professionalism by the founders in 1917, that the core construct of occupational therapy was:

> "The basic knowledge of occupation, which permits the therapist to look at an activity of daily living in a unique way and so determine best how to facilitate the client's goal achievement" (Weimer 1979, p43).

Barris in 1984 observed, the process of identity diffusion was still continuing and being further exacerbated by new areas of practice. Occupational Therapists were discarding their own more familiar and traditional forms of treatment and replacing them with techniques borrowed from physical therapy, Gestalt psychology and social work among others.

3.2ii Defining Occupational Therapy

Since the formal establishment of occupational therapy early in the 20th century, much progress has been made in delineating its particular objectives. As happens for all therapeutic movements, this process has been gradual (Young & Quinn, 1992). Many attempts at defining occupational therapy had been made over the early years but most descriptions lacked comprehensiveness and failed to meet a number of important criteria. Consequently in 1994 the American Association of Occupational Therapy provided a very comprehensive definition which is quoted in full below.

> **AOTA Definition of Occupational Therapy**
>
> Occupational therapy is the use of purposeful activity (unique feature) or interventions to promote health and achieve functional outcome (generic goals of most health care fields.) Achieving functional outcomes means to develop, improve or restore the highest possible level of independence (purpose/goal) of any individual who is limited by physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychological dysfunction, a mental illness, a developmental or learning disability, or adverse environmental conditions (population served). Assessment means the use of skilled observation or evaluation by the administration and interpretation of standardized or non-standardized tests and measurements to identify areas for occupational therapy services.

(Reed and Sanderson, 1999 p6)

The problem with this definition was who could remember it? Interestingly Turner in 1981 had limited the definition to "Occupational Therapy is the treatment of the whole person by his active participation in purposeful living" stating that it highlights the 'wholeness' of the human being. Mocellin in 1984 had written that Occupational Therapy was:

> "The health profession which teaches competent behaviour in the areas of living, learning and working to individuals experiencing illness, developmental deficits, and/or physical and psychological dysfunction" (Mocellin 1984, p2).

Taken together these definitions highlight the role of Occupational Therapy as being fundamentally a teaching one, and stress that the therapist's concern is with the whole person. Similarly, they highlight the concept of purposeful activity, which although central to the practice of Occupational Therapy, has at times been abandoned in

definitions because of its purported all embracing scope. While consensus on occupational therapy philosophy is not wholly apparent (Reed & Sanderson, 1992) the profession embraces the view that occupations have intrinsic value for human life and that people need to participate in occupations (Fondiller, Rosage and Neuhas, 1990). The centrality of occupation is to provide a "good life" and the charge of Occupational Therapy is to promote and support occupations in a person's life. Bing (1986) stated the imperative a decade ago in these words:

> "The grand tasks of occupational therapy are to attend to the multiple, complex, interrelated, and critical human activities of not just living, but living well." (Bing 1986, p668).

Currently, the struggle continues to find an acceptable definition of Occupational Therapy but the international definition given by the World Federation of Occupational Therapy is:

> "Occupational therapy is the treatment of physical and psychiatric conditions through specific activities in order to help people reach their maximum level of function and independence in all aspects of daily life" (1989, Cited in Hagedorn 2001, p4).

The College of Occupational Therapists (London, 1994), like the American Association of Occupational Therapy, has an all embracing definition as is given below.

The occupational therapist assesses the physical, psychological and social functions of the individual, identifies areas of dysfunction and involves the individual in a structured programme of activity to overcome disability. The activities selected will relate to the consumer's personal, social, cultural and economic needs and will reflect the environmental factors that govern his/her life.

A student or practitioner, faced with the-all-too frequent question, 'What exactly is occupational therapy?' would be unlikely to reply by quoting this definition in full. A more 'quotable' definition is given by Reed and Sanderson (1992) as:

"The study of human occupations (self maintenance, productivity and leisure) and the management of adaptive behaviour required to perform these occupational functions" (Reed & Sanderson 1992, p6).

In 1998 The College of Occupational Therapists also simplified its definition to:

"Occupational Therapy is a process of facilitating change in order to improve an individual's quality of life through the use of graded occupation" (Curriculum Framework Steering Group, p.3).

3.3 Occupational Therapy Today

A number of other writers (Trombly, 1995; Johnson, 1996; Kielhofner, 1997; Hagadorn, 2001) have also offered a definition of occupation. Collectively these definitions point out that occupation:

- Comprises work play/leisure, and daily living activities that are part of an individual's lifestyle
- Arises as a response to and fulfils a specific motive or need to support life roles
- Involves doing or performance that utilises the individual's mental, physical, socio-cultural and spiritual capacities
- Entails a specific form which is influenced by external factors such as culture, time, tools used
- Interrelates with the socio-cultural context, i.e. the environment shapes and influences the performance
- Interweaves with the developmental process both as a facilitator and product of development provides meaning

Discourse in occupational therapy clearly demonstrates what Polatajko (1994) calls "a discipline focused on occupation" with the constructs reflecting three broad themes

- Humans occupational nature
- Occupational dysfunction as a problem focus
- Occupation and the dynamics of therapy

This is also demonstrated in the accepted definitions in current use given above. Finlay (1997) suggests confusions about the purpose and role of Occupational Therapy continue from both within the profession and from outside. From within the profession, she argues that we do not yet have (or may never will have) a consensus about what the priorities are and debates will continue about where occupational therapists should work, whether they should concentrate on group work or in 1:1 encounters; focus on occupation or skills, and have plurality of theories or a focus on one theory. From outside the profession Harries and Caan (1994) demonstrated how patients seem to see occupational therapy as providing entertainment, and keeping them busy. In a similar survey carried out by Couch and Cannon (1994) at the Aintree NHS trust they found this view had changed. Within the Directorate of Mental Health, members of the multi-disciplinary team and consumers (patients/clients) were asked what they saw as the job of the occupational therapist and their responses are summarised in Table 3.1.

Table 3.1: The Job of an Occupational Therapist

Mutli-disciplinary Team		**Consumers**	
treatment skills	54.2%	meaningful activity	60.3%
assessment	21.2%	understanding individual problems	23.5%
education and PR	0%	education and PR	0%
administration	4.2%	administration	0%
liaison	20.3%	providing a therapeutic environment	16.2%

The above table clearly demonstrates that occupational therapy is no longer viewed as being diversional in nature but that it provides valued treatment and meaningful activity. To ensure occupational therapy is meaningful Kielhofner (1997) suggests that Occupational Therapy, as a practice profession must address essential questions such as: - What service it provides? What human need does the service address? What kind of problems does it solve? How does it solve these problems? These three elements of the human need addressed, the problems solved and the methods used to solve those problems together form occupational therapy's core constructs. To further clarify this, various authors within occupational therapy literature identify that the hard core of occupational therapy comprises five elements:

- The *values* of practice - the active involvement of clients to become participants in improving their own performance (Engelhardt, 1986).
- The *authority* for practice - the right to give advice and to be heard by reason of knowledge and expertise (Yerxa 1983).
- The *knowledge* for practice - principles, theories and information which underpin and inform occupational therapy practice (Young & Quinn, 1992).
- The *nature* of practice - the provision of services for people whose impairments interfere with satisfying participation in everyday activities (Kielhofner 1997).
- The *limits* of practice - limited by values; knowledge; by its own nature of providing opportunities for clients to learn so that change can take place (Young and Quinn 1992).

3.3i Uniqueness of Occupational Therapy

Adding to the core constructs of occupational therapy Hagedorn (2001) identifies that all health professionals require the basic skills of listening, observing non-verbal cues and adapting responses. These basic skills are of great importance in the dyadic therapeutic relationship between the professional and the client. Whilst Occupational Therapists' frequently engage in such dyadic interactions, the process of Occupational Therapy is unique in that the relationship may be considered not as a dyad (therapist/client) but as a 'triad' - therapist, client, occupation. The occupation/ activity is the medium whereby the interaction is enabled or explored. This synthesis of medium and interaction is "the process that best distinguishes the Occupational Therapy profession from other professions" (Nelson 1996, p781).

Yerxa (1995) also identifies the uniqueness of occupational therapy when she stressed that no other profession has focused on an individual's ability to engage in his or her everyday occupations with skill and satisfaction.

3.3ii Occupation

Engagement in occupation may be unique to occupational therapy but practitioners

use a variety of terms (occupation, purposeful activity, activity, task and skill) interchangeably and as Golledge (1998) discovered in a recent literature review they all have different meanings. In Golledge's view occupations are the daily living tasks that an individual has an interest in or needs to develop to support his or her current lifestyle. This category includes occupations required for self-maintenance, work and productive activities, and leisure or play. Purposeful activities are interventions that the therapist uses (e.g. dressing/cooking practice, creative media) to facilitate integration of the individual into his/her community. Activity includes the interventions (e.g. remedial games, use of remedial equipment) that are used to prepare the client for more effective participation in purposeful activities or occupational performance tasks. Because occupation is the foundation of intervention occupational therapists use productive, creative and technical activities as therapeutic media. This means that each therapist must also have a repertoire of practical and creative skills at a sufficient level to provide the client with safe, flexible and imaginative activities in a range of situations (Hagedorn, (2001).

The meaning experienced in occupations emanates from a variety of sources, including the purpose and process of performing the occupation, a personal history of experiences and associations with the occupation, the actual experience of performing the occupation and the socio-cultural definition of the occupation (Kielhofner, 1997; Finlay, 1997). Performance of occupations requires attention to various goals, necessary operations and occasions for problem solving and reflecting.

3.3iii Assessment

As already stated the purpose of occupational therapy is that clients need to be active in their lives, and helped to develop, increase or enhance their health. This requires the therapist to carry out a detailed assessment of the client's functional ability which is achieved through the use of assessment techniques and purposeful activities. The functional performance or the client's ability to carry out certain activities is defined by Kielhofner (1997) as the "Detailed examination of a task to determine what is required to do the task as well as the psychological meaning of the task" (ibid p343). This detailed examination can take many forms, including:

- Participation analysis - range and frequency of participation.
- Performance analysis - degree to which person is able to do what he wants and needs to do.
- Occupational analysis - contextual evaluation of whether the occupation is work leisure or self care.
- Activity analysis - dissecting the activity into its component parts and sequence and evaluating its therapeutic potential.
- Task analysis - breaking a task into sub tasks and analysing the general categories of motor, cognitive, perceptual or interactive skills required at each stage or at a particular stage.
- Environmental analysis (unique to Occupational Therapy) - explores the psychological, cultural and social impact of the environment (Young & Quinn 1992, p27-30).

From another viewpoint, Hagedorn (2001) unites the above assessments to two forms of occupational analysis by suggesting:

- To understand the nature of an individual's participation and performance and what it means to him/her. This is focused on the person as 'doer' and enables problems and needs to be understood and treatment goals to be set.

- To understand the nature of the occupation, activity or task. This is focused on the thing to be done and is necessary when selecting or adapting some aspect as therapy or trying to gain a better understanding of what the occupation, activity or task involves within a particular environment.

3.3iv A clear or blurred picture?

To practise as an occupational therapist is frequently confusing and at times can be chaotic. Making sense of this chaos is not always easy. Even the most straightforward and simple procedures can often become entangled (Palmer et. al, 1994). An example of this is Peter aged 72 who lives alone with his two dogs. With no family close by and

few friends he became isolated and inactive. He has a history of heavy drinking, which came to light after a fall when he fractured his left tibia and fibula. The rehabilitation team agreed that the likely focus of treatment should be on helping Peter to develop some alternative meaningful occupations and was referred to the occupational therapist. The dilemma in this scenario is where to begin. Should the planned occupations focus on Peter, his attitude and motivation; his environment, i.e. his social network or his occupations, i.e. self-care and time fulfilment? No 'off the shelf' easy recipe exists and the therapist therefore has to use her skills of critical reflection to identify the various issues, conflicts and challenges that are inherent in this case.

3.4 The Future

To date many models of professional practice have been put forward to explain the theories underpinning occupational therapy and which have encouraged therapists to take a more analytical approach to their work. The problem with this is that they are beset by a bewildering array of terminology that causes confusion, particularly for students and practitioners who qualified some time ago, about their ideas of occupational therapy. Rather than bridging the gap between theory and practice (the 'real world') there is the potential for dissociation in failing to relate to what the practitioner actually does with the client. By her own admission Hagedorn (1997) in the introduction to her book "Foundations for Practice in Occupational Therapy" she states that 'it is not a book about techniques and practice and if the reader is looking for right and wrong answers of practice they will be disappointed'. Rather, the book is intended to encourage the reader not just to 'act like a therapist' but to 'learn to think like a therapist'. What influences the reasoning of practitioners when they plan and carry out interventions is discussed in more detail in Chapter 4.

Meanwhile, in an attempt to overcome the lack of 'clinical' models of practice Dr Cooper (1996) of McMaster University has developed a person-environment-occupation model (PEO) of occupational performance. The personal aspects refer to cognitive, affective and spiritual issues; the environmental refers to physical, social, cultural and institutional issues and the occupational to self-care, leisure, productivity and roles. The concepts of activities, tasks and occupation are seen as nested within

each other. That is, activities are the basic units of task; tasks are sets of purposeful, related activities; and occupations are groups of self directed functional activities and tasks in which a person engages over their life span (Cooper, 1998). Cooper believes that occupational performance is the combination of these three aspects and the interplay between them will vary at different stages of the lifespan. Cooper summarises her model as:

> "Occupational Performance is the outcome of the transaction of the person, environment and occupation and is defined as the dynamic experience of the person engaged in purposeful activities and tasks within a specific environmental context" (Cooper 1996, p16).

The key assumption of this model is that person, environment and occupation relate in a transactive and continuous manner across time and space in ways that increase or decrease their congruence: the closer the fit, the greater the overlap or occupational performance. This model offers a number of advantages to the clinical practice of occupational therapy. These include (Law, Cooper et al. 1996, p17).

- consideration of interventions that target the person, occupation and the environment in different ways thus allowing the occupational therapist to acknowledge the complexity of the clinical situation.
- the option of using multiple avenues for eliciting change.
- ability to suggest and implement interventions in context and at various levels of the environment.
- use of a wider repertoire of well-validated instruments of measure developed by other disciplines.

This model helps facilitate a shift to an emphasis on performance components and the complexity of people performing occupations within broad environments. While there will always be some clinical interaction that can be addressed as single interactions (e.g. making a splint) a large component of occupational therapy practice involves complex issues that cannot be dealt with easily. Consequently, for occupational therapists there is a need to evaluate continuously throughout treatment in order to

ensure it is being done effectively. Finlay (1997) stresses that evaluation includes both evaluating the treatment process and evaluating ourselves through self-appraisal, reflection and supervision.

Another development of the 1990's was the emergence of Occupational Science. Many Universities in the 21st century will be evaluating departments according to their contribution to the universe of knowledge constituting the university rather than the ability to produce good practitioners with a degree. Occupational Science has the potential to strengthen the contribution of academic programmes of occupational therapy ensuring that academic departments of occupational therapy prosper. Occupational Science is devoted to the study of the human as an occupational being. Yerxa (1993) describes Occupational Science as:

> "A basic science which is able to pursue the widest and deepest questions concerning human beings who adapt to the challenges of their environments via the use of skills and capacities organised or categorised as occupation" (ibid, p5).

Yerxa (1993) proposes that occupational science is not another model of occupational therapy but that it offers an integrated conceptual framework for practice, which is flexible and adaptive in changing environments and evolving human needs. The connection between occupational therapy practice and the new knowledge generated by occupational science is an opportunity of knowing more in order to do a better job of helping people to discover their resources, develop competence and take charge of their lives through occupation. Many occupational therapists today experience frustration at work because they recognise how much more they need to know so that the client can make an adaptive response.

Occupational science, though newly identified as a discipline, has already been criticised by Mosey (1992) as irrelevant to occupational therapy practice. Yerxa (1993) defends this by suggesting that there is a false assumption that occupational therapy already possesses a coherent and comprehensive knowledge base which is reflected in today's clinical practice. This view is also confirmed by ongoing debates about

occupational therapy's practice goals and methods, relationships to medicine and physiotherapy and the failure of subgroups of the profession to identify themselves as occupational therapists (preferring "hand therapist" or "cognitive behavioural therapist" for example). There does seem to be a need for a new consensus and comprehensive knowledge base and perhaps as Yerxa (1993) suggests:

> "Occupational science can provide a fresh way of thinking about the occupational human which is greatly needed to improve life opportunities, not only for people with disability, but for all people" (ibid, p8).

Mosey may have concerns but occupational science has provided a forum for research and debate about occupational performance and human occupation resulting in a number of new models of practice which are collectively known as the person-environment-occupational performance models (PEOP) (Hagedorn 2001).

3.4i Occupation for Health

The profession has now embraced the philosophy of the 'occupational being' for as Wilcock stated in her key-note address at the 22nd Annual Conference of the College of Occupational Therapists in 1998 "occupation for health is our future". In 1993 Wilcock stated that "there are primary links between health and occupation because occupation is the fundamental mechanism by which people realise aspirations, satisfy needs and cope with the environment" The World Health Organization had defined health in 1986 as:

> "To reach a state of complete physical, mental and social well-being an individual or group must be able to identify and realise aspirations, satisfy needs, and change or cope with the environment."

Within the PEOP models occupational imbalance occurs when people engage in too much of the same type of activity, for example, compulsive gambling. With this in mind, it is not hard to see that health outcomes too, whether good or bad, can be traced back to underlying occupational factors that people have created. To ensure that

individuals engage in healthy occupation Wilcock (1998) suggests that occupational therapists need to promote information about humans as occupational beings and the health consequences of this. To achieve this she advocates that:

> "Therapists need to talk openly about occupation's fundamental role in health, and to extend the domain of their concern to include all people, sick or well. We need to think about the people we work with as occupational beings rather than as patients or clients; to consider each person's unique occupational needs that have meaning for him or her that give that person satisfaction and that allows them to grow" (Wilcock 1998, p344).

In her key note (as given above) Wilcock challenged the delegates to be regarded as agents for promoting health through enabling occupation by:

- being responsive to the individual and community's roles
- facilitating the quality of life in occupation that provides meaning and satisfaction
- enabling people to maximise not only their independence but potential and self growth

Health and well-being result from being in tune with 'occupational' nature where by individuals engage in occupations that have meaning, provide optimal opportunity for desired growth, and be flexible enough to develop and change according to context and choice.

3.4ii Conclusion

It is the breadth of concern, as well as the depth of concern, for occupational performance and its component skills that are the distinguishing features of occupational therapy. Thus, Occupational Therapy includes the theory and application of health, wellness, satisfaction, needs, human occupation, occupational performance, and the balance between all these components. Also included are:

- The purpose and function of occupations in life

- The activities and tasks that make up occupations
- The development and organisation of skills into roles
- The work habits that contribute to productivity
- The individual's interest in work and leisure
- The individual's values toward self care, work and play
- The individual's beliefs about how occupations and roles are learned (Reed & Sanderson, 1999).

Within the current climate of the National Health Service, providers (e.g. occupational therapists) are expected to give a quality service in less time and with increasing demands on resources. This can inevitably give rise to tensions and interventions may lose their purposefulness. A worrying concern is that Chia and Yates (1995) found that in their experience the intervention provided by many British occupational therapists was not occupational therapy, suggesting that therapists were in danger of losing their professional identity in a rush to adopt elements of other's roles.

Occupational therapists, therefore, must make every effort to achieve maximum gains within the limited time available. To facilitate this it is important for therapists to communicate that what they do is unique. There may also need to be a philosophical shift in letting go of the type of thinking that is *driven* by a focus on remediation of impairment to a focus on what the person wants and needs to do. The occupational therapist, working with the client enabling him/her to perform tasks that are meaningful to that person in a manner that brings satisfaction, has a responsibility to evaluate and critically analyse the situation.

Through occupational science a new capacity to reflect about how occupation influences both health and quality of life will be achieved. This in turn will contribute to the public's understanding of both the occupational therapy profession and the people it serves (Fisher, 1998). Creek (1997) concludes that for occupational therapy as a profession to receive respect and regard, it must adhere to practical knowledge (in the spirit of postmodernism) by deciphering situations according to each client's personal context rather than trying to compete with the medical profession. This concept is well suited to occupational therapy's perception of treatment. Post-modern

occupational therapy practitioners offer treatment and rehabilitation in which they do not 'erase' the past or disengage from it but strive to construct a programme for the present and future, which is in context with the past but adapted to the abilities and attributes of the client' present and future (Weinblatt and Avrech-Bar, 2001). It also enables occupational therapists to respond more effectively to the unique challenges of practise in the future (Castle 1996).

As Occupational Therapy is one of the recognised health professions the next discussion will begin by considering the meaning of 'a profession' and how professional identity and professionalism in occupational therapy are recognised and developed. It will then consider professional education by outlining the national influences on higher education with particular reference to 'capability', 'competence', 'core skills and 'continuing professional development', all of which have had a direct bearing on the education of occupational therapists.

3.5 Professional Education and Occupational Therapy

Increasingly in the 1990s there was a growing consensus amongst politicians, employers, educationalists and professionals that educational reform should focus on the goal of creating an educated person of the 21st century (Scott, 1995). Such a person would be required to have the capacity to competently perform significant life work, and its related tasks and responsibilities (Puk, 1996). Lester (1995) argues that it is no longer adequate to concentrate on developing people for roles that are based on industrial-age ideas about what professional work involves. Professional education, particularly in health care, is now coming under scrutiny more than ever before in its development. This is because traditional syllabus-driven models of professional education, which are domain specific, are criticised as being too theoretical and for failing to meet the demands of practice. So what is this professional education?

The term profession originally suggested a position attained following a considerable amount of higher education and which involved a person creatively in mental rather than manual labour. Initially the term was generally accepted as referring to three

recognised 'learned professions' - law, medicine and theology. Today, both the current Standards Occupational Classification and the Department of Education and Employment (1995) term 'profession' as an occupation that has a University degree as it's entry qualification and is governed by a 'code of conduct'.

While textbooks of sociology distinguish between superior and inferior groups of professions they do not qualify what the criteria is for each group. However, they cite the superior group as including the 'learned 3' mentioned above as well as architecture, dentistry and engineering. The inferior group includes professions such as education, health (nursing, occupational therapy etc.), surveyors, actors and auctioneers. This raises an important question as to whether a profession can move from inferior to superior and what is required to do so? In today's climate the answer to this question may be irrelevant for as Barnett (1992) states:

> "The growth of professional education is perhaps the most significant feature of the development of higher education in the United Kingdom over the past 30 years ... as there are ninety-plus professional bodies associated with courses offered by universities and colleges" (ibid p186).

All these professions, such as those cited above, have some common characteristics, namely:

- Associated with each profession is a great body of knowledge which is gathered from research and fieldwork experiences.

- Preparation for a profession includes education in applying that knowledge. The development of such knowledge is highly contextualised to each profession which has its own curriculum of knowledge content.

- The standards of the profession are maintained at a high level by a parent organisation that stipulates the skills, knowledge/understanding and professional conduct acceptable to the profession.

- Each member of the profession recognises his/her responsibilities to the public, clients, other members of the profession and to his/her parent organisation.

- There is a staged process of selection which occurs at the time of application and/or interview for entry to the undergraduate programme, 'fitness for award' (degree attainment) and 'fitness for practice' (selection for employment) which is discussed further on p79.

Occupational Therapy qualifies as a profession on all five counts given above. The College of Occupational Therapists stipulates the length of training, including fieldwork hours, and lays down the professional code of conduct and the Council of Professions Supplementary to Medicine Act 1960 justifies the legal recognition of the occupational therapy profession by providing the licence to practice. However, Johnson (1984) argued that instead of defining what constitutes a profession, i.e. the length of training, licence to practice, code of ethics, a greater emphasis should be given to 'professionalism', the ideology of the profession and 'professionalization'. He suggests that these three facets are the processes by which a profession seeks to advance its status and progress towards full recognition within that ideology. The author agrees with Johnson's views, evidenced by the work she is involved in during her teaching on the undergraduate course of occupational therapy. So what does professionalism and professionalization involves?

3.5i Professionalism and Professionalization

According to Kasar and Muscari (2000), an atmosphere that requires optimum professionalism from occupational therapists is created by the ever-changing, dynamic practice environment coupled with increased consumer needs and awareness. Professionalism refers to a set of values, attitudes, knowledge and skills which are displayed within the culture of a profession by practising professionals. Members of a profession do not become professionals simply by learning theory or completing fieldwork experiences. A review of the literature relevant to health sciences suggests there are four components of professionalism, namely:

- Technical competence which is defined and discussed in more detail on pages 74-78 is the development of skills achieved through academic study and supervised fieldwork experience (Higgs, 1993)
- Professional interpersonal skills - the bringing together of the individual's

personality, disposition and past experiences in developing a fieldwork style that is comfortable for the individual, which is facilitative and effective for clients (White and Ewan, 1991) and which is consistent with the profession's philosophies and beliefs (Alsop and Ryan, 1996)

- Knowledge of professional standards and conduct. This generally occurs through awareness and knowledge of the profession's code of conduct (Corey et al, 1993)
- Ethical competence - Davis (1989) states that professionalism is essentially about moral obligation to those for whom professionals care. Simply put, professionals are obligated to make decisions in the best interests of their clients.

While Kasar, Clark, Watson & Pfister (1996) agree that professionalism requires specific knowledge, attitudes and values they suggest that such attributes are manifested by professional behaviours which include: dependability, professional presentation, initiative, empathy, co-operation, organisation, clinical reasoning, supervisory process, verbal and written communication. Thus each profession develops its own identity which allows its members to make autonomous judgements which are/can be supported by the profession. Professional identity, refers both to that which distinguishes a person and to the way that person sees things allowing them to have a consistent view of the nature and meaning of their work and to present themselves to others as a particular type of professional (Kielhofner, 1997).

In attempting to redefine professionalism for occupational therapists Breines (1988) suggests that one needs to possess a caring attitude, a need for continuing professional development and a dedication to teaching others. Likewise, Fidler (1996) noted that professional development in occupational therapy involves both learning and personal development beyond the mastery of discipline related knowledge and technology. She goes on to say that a professional needs to integrate attitudes, beliefs and values that reflect personal integrity, a respect for different points of view, and a sense of responsibility to contribute to the welfare of others. Gandy and Jenson (1992) are more specific when they say that professional occupational therapists are:

"Problem solvers who can analyse client needs, demonstrate responsibility and accountability, pursue consultation, communicate appropriately and effectively, and work co-operatively with peers and other disciplines" (Gandy & Jenson 1992, p7).

Professionals are viewed as leaders in specialised areas who make sound decisions and contribute expert opinions (Adams, Miller & Beck, 1996). They are forerunners in the ever-changing health care system as demonstrated by their developing professional behaviours (Kasar & Muscari, 2000).

The identity of a profession such as occupational therapy, enables one to say in effect "As an occupational therapist, this is my perspective, these are the things I consider important, these are the kinds of problems I address and this is how I try to solve them" (Kielhofner, 1997). Moreover, acquiring this particular professional identity helps to make the collective field of occupational therapy a particular kind of profession (Jongbloed and Crichton, 1990). It is a profession that emphasises or focuses on certain things, solves certain kinds of problems and uses particular kinds of methods to solve those problems.

Such identity is founded on the constructs, viewpoint and values that bind members together and give the profession a public identity which allows other professionals and lay persons to know something about what occupational therapists are and what they do. While each therapist's identity comes from a unique set of personal experiences, it is ultimately shaped by the professions paradigm, (Kielhofner, 1997) that is, the core themes or ideas members of the profession see as their basic concerns. This shared understanding of occupational therapy binds the world community of occupational therapists into a single profession that transcends the national organisations and the particular variations of the profession in each country or culture.

White & Ewan (1991) refer to the process of becoming a professional as 'professional socialisation' and McAllister et al (1997) suggest that this occurs along a continuum of growth, progressing from seeing issues in polar terms (e.g. right/

wrong, good/bad) to seeing issues as contextualised and subtle. This suggests that professionals are better able to cope with diversity of opinion and diversity of contexts as they move along a continuum of growth. Developing self-awareness, confidence in the professional role and the development of personal ethics are all hallmarks of professional growth.

The skilled professional has at his/her disposal a range of possible interventions which could be made in the particular situation confronting him/her. Barnett (1992) suggests this implies two things. Firstly the professional is able to create in his/her imagination different possibilities and secondly is able to assess them, weighing up alternative courses of action and evaluating them against criteria of different kinds. Birch (1988) also suggested that being faced with fresh problems to which there is no single answer, and no right answer, the professional has a responsibility to appraise the situation and formulate an effective strategy. Thus the effective professional is a reflective practitioner in the sense of conducting a continuing conversation with themselves and always asking the question: what if...?

Becoming a professional also means accepting the value base of the chosen profession. Eraut (1992) claims that irrespective of what professionals actually do, the knowledge claims of their profession are strongly influenced by the need to sustain the ideology of professionalism and further the process of professionalization.

For occupational therapists this means developing sound interpersonal skills, sensitivity towards the needs of others, adopting the profession's unique approach to intervention as well as using the self as a medium in the therapeutic process. As Alsop and Ryan (1996) point out, the Occupational Therapy profession draws heavily on the use of occupation and activity as a basis for its practice. The personal qualities of the occupational therapist are essential to the process of improving a client's situation. Likewise (higher/further) professional education also derives its authority from knowledge claims. To understand the relationship between education and the development of a modern professional ideology the political context in which these two nestle needs to be made clear.

3. 6 The Evolution of Higher Education since the 1970's

3.6i The Capability Movement

In 1979, the Royal Society for the encouragement of the Arts, Manufacturers and Commerce (RSA) produced a manifesto entitled "Education for Capability" the target of which was to stimulate a realignment of the general consciousness among the academic community of what higher education entailed (Barnett, 1994). It challenged much of the belief structure embedded in higher education and sought to overturn the fundamental concept that education was about teaching to one of student ownership of their development. The aim of this manifesto (subsequently renamed the Higher Education for Capability project in 1988) was to encourage and develop four capacities which were considered under-emphasised in the education system. These capacities were identified as competence, coping, creating and co-operating (Ashworth and Saxton, 1990). The RSA asserted that any programme designed to educate for capability must increase the demonstrated competence of learners through 'active methods of learning'. Stephenson and Weil (1992) argued that capability was about:

- Taking effective and appropriate action within unfamiliar and changing circumstances which was not just about skills and knowledge but involved judgements, values, the self-confidence to take risks and a commitment to learn from experience.
- Giving students confidence in their ability to explain what they are about and to learn from their experiences for their own continuing personal and professional development.
- Preparing students to be personally effective within the circumstances of their lives and work (Stephenson and Weil, 1992 pp1-2).

Put another way, capability approaches to learning claimed that the quality of student learning was improved by emphasising the application of knowledge and skills, the negotiation of programmes, collaboration with others and structured reflection on progress whilst promoting student autonomy and responsibility in the learning process. The curriculum in educating for capability focused on changing the relationship between teacher and student, and between content and process thus

providing, according to Stephenson and Weil, (1992) the

> "Right balance between three activities: giving students access to content; helping students' prepare for and exercise responsibility for their own programmes of study; and promoting reflection on the learning which takes place" (ibid p171).

The many achievements in education for capability showed that the most effective programmes attributed a great deal of their success to the encouragement of structured reflection on learning processes. Consequently it was also considered worthwhile to include reflection in teaching methods, and so – empirically - the contribution of reflection was endorsed by what the Education for Capability programmes had achieved (Cowan, 1998).

3.6ii Competence

The Capability Manifesto contributed to many of the curriculum reforms and initiatives of the 1980s when competency based education and training (CBET) was first introduced, focusing on operational competencies which enabled students not just to 'know things', but also to 'do things'. The idea of 'competence' in education was described by Pearson, in 1984 as:

> "A continuum ranging from just knowing how to do something at one end to knowing how to do something very well at the other, knowing how to do something competently would fall somewhere along this continuum" (ibid p32).

The association of competence with vocational training and skill acquisition rather than understanding tended to both restrict its wider use in education and to create suspicion among those with broad educational objectives as it was seen to be restricted to:

- What people could do rather than what they knew
- Outcomes rather than the learning process
- What someone could do at a particular point in time

One of the main criticisms at this time was that competence was assessed as a

measure of ability at a given point in time and was not an indication that a person would continue to be competent or would become more competent. Equally, the absence of competence at a particular point did not mean that the competence in question could not be developed later (NIACE, 1989). Jarvis (1983), therefore, suggested that professional education should facilitate the development of a professional ideology, and provide students with opportunities to develop the knowledge and skills required for competent practice.

Further to the discussion in Chapter 2 (p28) Kolb, 1984 (following the influence of Freire, 1972 and Mezirow, 1981) identified that learning occurred as a cycle of events involving experimentation, experience, reflection and conceptualisation. Boud et al (1985) expanded on this by arguing that competency involved not only taking action in practice but learning from practice through reflection. This cycle is apparent in the education of health professionals, such as occupational therapists; the phases in Kolb's Cycle being used to move a student from one stage to the next in a sequential circle. For example, a student, while in the academic institution experiments with transferring 'patients' (fellow students) in and out of a wheelchair. The knowledge gained from this is then observed in its application of knowledge in a fieldwork setting by a fieldwork educator (experience). The student then self evaluates the session (reflection) and in the fourth stage makes sense of what occurred in light of the fieldwork educator's feedback and his/her own theoretical knowledge (conceptualisation). The student then repeats the process when carrying out the next patient transfer with accumulated wisdom and constructive criticisms from the previous experience.

Since the development of the competence movement it has become understood and applied by different people in different ways and although there does not appear to be a consensus about the meaning of the term 'competence', many agree that it is more than knowledge. Norman (1985) suggested that competence not only included the understanding of knowledge but also clinical skills, interpersonal skills, problem solving, clinical judgement and technical skills. This is similar to the Government's Technical Advisory Group, part of the Training Agency, who defined competence as:

"A wide concept that embodies the ability to transfer skills and knowledge to new situations. It encompasses organisation and planning, innovation, coping with non-routine activities and includes the qualities of personal effectiveness" (T. A. G., Guidance Notes. 1988(2)).

This approach continued to change in the 1990's as competence became viewed as a 'multi-faceted and dynamic concept' (Youngstrom, 1998). Competence not only embraced the everyday usage of competence and politically negotiated competence but also individual competence and professional competence (Eruat, 1998). Willis & Dubin (1990) argued that professional competence covered two broad domains of proficiencies and general characteristics. They described proficiencies as profession specific and included knowledge base, technical skills and ability to solve the types of problems with which the profession deals. For them, general characteristics referred to the person's characteristics, including intellectual ability, personality traits, motivations, attitudes, and values. They saw competence involving both objective aspects (knowledge, manual skills) and subjective aspects (personal attitudes and values). Marshall (1993) described competence as existing in three domains:

- the cognitive, which includes behaviours that reflect knowledge and judgement
- the affective domain, which taps into attitudes and values
- the psychomotor domain, which covers manual and perceptual skills

Critics of competence such as Ellis (1992) argued that concentration on competence begged a number of questions. In a study of four professions (nursing, teaching, medicine and speech therapy) he found both conceptual and empirical confusion and an absence of any systematic body of knowledge. He questioned whether the aim was an action-focus curriculum or a competency-based assessment and training and suggested that the substantial knowledge of professional competence was at best patchy and primarily implicit. That is people behave as if they know what competence is but fail to articulate this knowledge in any comprehensive and systematic way. What was needed was for this implicit knowledge to be made explicit. Barnett (1994) also argued that competence was a strategy for reproduction rather than transformation believing that such curricula focusing solely on

competence attainment would lead to the formation of:

- Technicians and crafts people who could not deal with members of the public or work as part of a team
- Workers who could only follow a set procedure and would be confused by changes
- Employees who could not recognise or respond to things going wrong
- A work force unable to respond to endemic change, to the challenges of the 21st century

However, Watson (1992) considers competencies, together with standards of practice and the expectations of the public are necessary concerns for those involved in professional education. Thus, as Palmer et al (1994) suggested the aim of professional education is: "the development of practitioners who are competent and who can respond to changing needs in the world of practice." (ibid p11) Likewise, the Australian Association of Occupational Therapists (1994) defined competence as being:

> "A complex interaction and integration of knowledge, judgement, higher-order reasoning, personal qualities, skills, values and beliefs. Professional competence also embodies the ability to generalise competence or transfer and apply skills and knowledge from one situation and environment to another" (AAOT 1994, p1).

This definition suggests that competence is integrative in nature, integrating internal qualities (values, attitudes) with knowledge and skill which is woven throughout a person's practice as he/she applies judgement and clinical reasoning in a variety of settings. Kielhofner (1997) describes competence as 'the knowledge and abilities that therapists bring to bear on a particular problem of a client' (ibid p5). It involves being able to identify and understand certain problems that clients face; knowing how to address those problems (e.g. how to employ appropriate strategies, techniques, equipment and other resources). In other words, competence requires therapists to bring knowledge from models to bear on the problems of their clients. Youngstrom (1998) pointed out that competence and practice were 'inextricably

linked'. Practice is the context in which competence is demonstrated and defines the kind of competencies that are required of the practitioner. The dynamic nature of practice, which is always changing and developing, means that competence also must be changing and growing. Thus practitioners need to be alerted to the many internal and external forces that impinge on everyday practice and how these forces may require updating and modification of their competencies. Practitioners who seek continuing competence demonstrate an open attitude to learning. For, as Mosey (1998) suggests the profession not only needs competent practitioners but also competent scholars. These people see learning and its application as part of their job, seeking out information, questioning their practice, networking with others to compare approaches and outcomes. They are not content with what they know, but continuously look for a better way of improving practice.

Competency attainment needs to be ongoing and developmental, as identified by the ethics committee of the College of Occupational Therapists (UK). In its "Code of ethics and professional Conduct for Occupational Therapists" Section 5 it states that "Occupational Therapists shall achieve and continuously maintain high standards of Competence". In sub-section 5.1.4 the code states "They (occupational therapists) shall only provide services and use techniques for which they are qualified by education and/or experience, and are within their professional competence". Thus practitioners are obliged to maintain and develop competence. To do this they need to be actively engaged in a multifaceted development self awareness, reflection, analysis, and increased knowledge skills and attitudes. Youngstrom (1998) suggests that practitioners who ignore this responsibility are practising outside the requirements of the occupational therapy profession.

Learning how to develop continuing competence is a skill that becomes easier with practice and is a competence in itself. Competence evolves over time through repeated experiences. It occurs as new knowledge and skills are layered over past experiences, integrated with them and applied in practice. Youngstrom (1998) views competence, not as a standard that is achieved and then forgotten but as a phenomenon that requires self-evaluation, learning, feedback and revalidation to ensure its maintenance and development. Practitioners who engage in this process

not only develop their own abilities, but also help to assure that the people they serve are being provided with quality occupational therapy services.

3.6iii Core Skills

Aware of the problem, identified by Ellis and Barnett above another influential report in the 1990's was that of the Confederation of British Industry (1994) which stipulated that the competent graduate should have six core skills:

- Personal and interpersonal skills
- Communication
- Information technology
- Application of number
- Problem-solving
- Modern language competence

They also included the intellectual skills of analysis and synthesis and the ability and desire to continue learning. The report emphasises that employers believe that curriculum programmes for higher education need to be designed to provide opportunities for students to achieve these core skills. According to Harvey & Knight (1996) employers recognise that knowledge is expanding rapidly, particularly technical knowledge, thus graduates need to acquire the ability to process and handle information if they are to be the learners of the future.

The Higher Education Quality Council (HEQC) launched in 1994 a programme of exploratory work, entitled the Graduate Standards Programme (GSP). The purpose was to capture what academics regarded as the essential attributes of a graduate which lead to *fitness for award.* These attributes link with the professional behaviours required for a licence to practise and form the focus of the statutory bodies *fitness to practice* criteria; and with the competencies required by employers, i.e., *fitness for purpose*.

Employers want graduates who see change as an opportunity not as a threat and who are keen to experiment with new ideas and who question existing practice and solutions (Harvey & Knight, 1996). These may be summarised as given in the

HEQC's draft report on what is a graduate and summarised in Table 3.2.

Table 3.2: Generic attributes expected of graduates

They ought to have developed a familiarity with relevant forms of IT
They should think critically (or analytically, make considered evaluations and have an ability to cope with sophisticated and complex problems
They should be autonomous workers, particularly in terms of conducting research projects and in terms of preparing for lifelong learning
They should also be able to communicate effectively, both orally and in writing and be able to work effectively in partnership with others
They should be self-critical, reflective practitioners with an awareness of relevant ethical dimensions to their field and its interaction with other disciplinary areas and with the wider social context
(HEQC's draft report (1996:4)

New graduates and all practitioners should not only have these identified generic attributes but should also demonstrate and communicate their understanding and application of the unique facets of their profession. For occupational therapy, Hagedorn (2001) suggests this can be divided into generic core skills and professional core processes. The core processes, as identified and supported by the College of Occupational Therapists are:

- Therapeutic use of critical self awareness and self evaluation in the context of an activity or task to achieve a therapeutic goal - the centre of occupational therapy practice.
- Assessment of individual potential and skill – what an individual can do, and the potential to do more.
- Analysis and adaptation of occupations – the unique skills of the occupational Therapist.
- Analysis and adaptations of environments that may cause problems for the Individual.
- Intervention - provision of therapy including teaching clients specific skills that will enable enhancement in their quality of life.

The core skills are to a greater or lesser extent generic in that they are used in a similar form by other professions but each profession places their own unique approach to the application of each skill. Ten generic skills and competencies, essential for occupational therapy practice are listed in Table 3.2 under the headings of management, care of client and research.

Table 3.3: Generic Skills and Competencies

Management	Care of Client	Research
Service organization Problem-solving skills Record keeping Communication skills	Observational skills Provision of basic care Handling Skills	Use information technology Evaluate & develop service provision Communicate results to others

(Hagedorn, 2001)

Whether they are graduate or generic core skills and processes of a profession there is also a repertoire of specialist skills for which a particular profession is identified. Practitioners develop these specialist skills over time, through practical experience, aided by mentorship and continuing professional development opportunities to move forward from 'novice to expert'. Practitioners also develop skills for metacognition, as suggested by Laurillard (1979) and Wright (1982) which involves knowledge, awareness and control of one's own learning and incorporates:

- Knowledge and beliefs about the nature of human cognition and behaviour.
- Awareness of the nature of tasks and their demands and the information needed to meet these demands.
- Knowledge of strategies which are likely to succeed in achieving cognitive goals, and application of treatment principles.

In many courses of occupational therapy the focus has been on enabling therapists to be competent in core skills and in so doing places fieldwork practice at the centre of the educational process. Central to the educational process is the need to prepare practitioners who are capable of responding to and learning from unique situations in practice and who are able to develop further their professional expertise.

3.7. Continuing Professional Development

This development of professional expertise equates well with the concept of 'lifelong learning' another factor that has been influential in the curriculum design and management for health care professionals throughout the last decade. Lifelong learning gained momentum with the formation in 1994 of WILL - the World Initiative on Lifelong Learning. In addition UNESCO has set up a Council for Lifelong Learning. At a conference "Inspiration '96 the global Information Society and Lifelong Learning" (Liverpool: Nov. 1996) W. Keith Davies (President of WILL) defined lifelong learning as being:

> "The development of human potential through a continuous process which stimulates and empowers individuals to acquire the knowledge, values, skills and understanding that they will require throughout their lifetimes and to apply them with confidence, creativity and enjoyment in all roles, circumstances and environments."

The Department for Education and Employment (DfEE) in the 1995 Consultation Document on lifelong learning suggest that lifelong learning involve skills and knowledge of three kinds:

- General educational attainment which enables individuals to function effectively in a wide variety of economic and social contexts.
- Job-specific skills which are of value only to people doing particular jobs with particular employers.
- Transferable vocational skills which are of particular importance to individuals as they have use in other jobs or with employers elsewhere (DfEE 1995:9).

This needs to be an integrated process of active learning in which students are able to access a whole range of learning resources and be enabled to take responsibility for their own learning (Fitzgerald 1996). The professional education of occupational therapy students also needs to provide them with the opportunity to acquire the skills required for employment in a global competitive market to meet the challenges of the new millennium. Such education demands both a vocational training, which includes

general core skills for work, and a liberal education, which includes skills for academic enquiry.

The curriculum for courses leading to a professional qualification in occupational therapy requires both polarities, i.e. discipline - specific skills (Occupational Science) and profession specific skills (skills of therapy) [see Appendix 2] and, at the other extreme, trans-disciplinary skills (generic health care practice) and personal transferable skills (graduate core skills). The College of Occupational Therapists call these process skills and will be part of the analysis used in this research as described in Chapter 5.

An illustration of this can be found in one of the essential skills of an occupational therapist - that of educator. Clients referred to occupational therapy are instructed in new or different ways of dealing with problems in self care activities, work situations or play/leisure pursuits. The therapist may also be required to instruct family members or other care-givers in intervention techniques and procedures to enable successful continued intervention when the therapist is not available (Reed and Sanderson, 1999). Some therapists are very firm that they are *therapists* and not *teachers* and while this is true many therapists do in fact spend a lot of time being involved in informal teaching which both the therapist and client fail to recognise.

3.8 Conclusion

Having established the meaning and potential of reflection and identified it within the development of occupational therapy the first framed pictures can now be put in my photographic album. However an 'album' requires more than a couple of pictures to make it interesting. So, in the next chapter I shall open the 'album' further to show some pictures of the cognitive requirements used in professional reflective practice.

Chapter 4

More Pictures for the Album

"I shall light a candle of understanding in your heart, which shall not be put out". Apocrapha: Esdras 2

4.1 Introduction

The first two pictures put in my album included one of reflection and one of occupational therapy but to make these pictures even more meaningful I will now insert some pictures of the cognitive skills used in the reflective process and where reflection sits in relation to other contributing factors in occupational therapy education. It begins with the aspects of cognitive science relevant to reflection, namely intuition, tacit knowledge, problem solving, and clinical reasoning. This will then be followed by a brief review to show how reflection becomes a central facet in occupational therapy education.

When a student therapist asks his/her Fieldwork Educator, the person responsible for facilitating student's learning in a clinical setting, what the rationale underpinning a decision made or action taken the reply is often "I don't know, I just used my common sense". This is of little help to the student trying to understand the situation; so what is common sense? Roget's Thesaurus lists in excess of 20 synonyms including words such as instinct, intuition, 'gumption', insight, extra sensory perception (ESP), hunch and practical 'know-how'. Such words do not give any further clear explanation of seemingly indescribable knowledge that a student can access. In order to move professional practice forward occupational therapists must be able to describe what they are doing and how they are doing it (Rolfe, 1998). To imply (by saying it is common sense) that practice is unknowable is unacceptable. The rational processes underlying decisions taken and judgements made needs to be uncovered and made explicit.

My first picture, which looked at reflection in detail, argued that the current emphasis on achieving greater understanding lay within the development of reflective practitioners, but this was not the complete picture. It appears that there are other aspects of our cognition that impinge on our ability to reflect. For example, reasoning

is internalised and becomes instinctive (Schön, 1983) that is, we are not consciously aware of 'how we put it all together' or the nature of our critical thinking (Barnett 1992) and thus knowledge becomes implicit (Slater, 1989). Although many in higher education claim to be interested in fostering students' critical abilities there seems to be a lack of any generally held view as to what the development of students' critical abilities amount to (McPeck, 1981; Siegal, 1990). Barnett (1992) suggests that in professional education critical thinking can be developed in four key areas –core knowledge, contextual knowledge, professional action and professional values.

In each of these areas there is the need to develop within students the ability to critically reflect on his or her performances or understandings on the basis of their acquired conceptual knowledge and activities. In doing this the student is then able to reach a state of intellectual independence, in which he or she is enabled to test his/her own knowledge, practice and values against those of others and against the professional situations to which he/she is exposed. It is through such interactions that the student then obtains feedback to reflect on his/her achievements in different areas. The literature on reflective practice predominantly considers the skills of being reflective in isolation and without addressing in tandem other cognitive skills such as intuition, tacit knowledge, problem solving and the clinical reasoning involved in the reflective process. I will now review each of these terms to highlight the implications they have on making reflective practice desirable.

4.2 Intuition

Jung (1971) was the first modern theorist who devoted major parts of his work to a human faculty he called 'intuition' which is seen to pertain primarily to perception through the 'sixth sense' - the unconscious comprehension of the whole at the expense of details. Jung's notion of intuition was embedded in a theory of personality rather than in a theory of knowledge; i.e. intuition was not a more special way of knowing the world but rather understanding it through any of the other three psychological functions of sensation, thinking or feeling. In contrast to his theory of personality types Jung also defined these as 'function-types'. These refer to the dominant mode of processing information and the orientation of that mode. Rational types process information somewhat like a computer. They organize experience in a

framework of cause and effect. The irrational types process information somewhat like a neural net. They organize experience in a framework of patterns with more complex and higher dimensional structure than the linear processing of a computer. Intuitive types are orientated by patterns that indicate where a situation came from or where it is leading to. "In intuition a content presents itself whole and complete, without our being able to explain or discover how this content came into existence" (Jung 1971, p770). Sensation types are oriented by the patterns they recognise from past experiences which have aroused particular feelings. Thinking types use rational processes to bring elements of both internal and external experiences into conceptual connection with one another. Feeling types also use rational processes to recognise the value of an experience or situation. Thinking relates experience to a conceptual framework whereas feeling relates experience to a framework of what is valuable or important.

In consciousness, the intuition function is represented by an attitude of expectancy, by creativity and an interest in new situations, objects and events. Intuitive types watch out for new possibilities and opportunities to explore new areas of interest and are basically future-oriented (Kreber, 1998). Several scholars have written about the significance of intuition in the educational context and suggested it is a 'special way of knowing' (Bruner, 1963; Polanyi, 1966; Westcott, 1968; Mott, 1994).This understanding is similar to a definition of intuition suggested by Westcott & Ranzoni (1963) who state that:

> "Intuition may be described as the process of reaching a conclusion on the basis of little information which is normally reached on the basis of significantly more information." (cited in Kreber 1998, p.79).

This definition shares some qualities with Polanyi's (1966) notion of tacit knowledge which suggests that we can comprehend an entity without ever getting to know the particulars. Put another way intuition can be understood as a cognitive 'short-circuiting' where a decision is reached even though the reasons for the decision cannot be easily described (Hall, 2002).

There is growing literature in education (Meyers, 1986; Brookfield, 1987; Garrison,

1991; Paul, 1992) which suggests that the process of critical reflection involves not only both critical and logical thinking but also intuitive and even emotive aspects. Talking about intuition as a way of knowing, Berne (cited in Kreber 1998) argued that logical thinking was detrimental to intuition, since it restrained the mental operations essential for intuition. He described intuition as the unconscious use of unconscious cues. Other scholars, among them De Bono (1967), Gelb (1988) and Buzan and Buzan (1993), argued equally strongly that intuitive and logical reasoning are complementary, and that both can be brought about through education. The latter preferred to call intuition 'super logic' which the brain uses to consider its vast data bank in any decision it has to make.

Gatley (1992) agrees with this when she suggests that intuition is not 'novel' behaviour but rather that which results from recurring skilled capacities (expertise) based upon education and experiential learning. Intuition is not a substitute for analytical thinking. It is how non-analytical data (such as getting a feeling about someone) is accessed and incorporated into the decision making process. Analytical data is based on the past and gives an overview of similar circumstances. Intuition enhances analytical thinking and focuses on the present situation, providing insights as to timing, specific strategy and innovation. However, Hall (2002) points out that intuition is more likely to be used when there are conditions of uncertainty (about what course of action to take), whether they be clinical, personal or conceptual uncertainties. Although technical sources of uncertainty (insufficient information) can be reduced or eliminated, personal and conceptual uncertainties remain and are subject to biases (Tversky and Kahneman, 1974).

While there may be some concern in accepting the validity of intuition as a legitimate source, Rew (1986) concluded that although intuitive knowledge is generally associated with the individual's pattern of personal knowledge, it is also gaining recognition as a creative and powerful attribute, particularly in relation to the development of reflective abilities. As indicated in the previous chapter ability to be reflective requires thinking and feelings about a situation, identifying possible alternatives and developing improved strategies for future events. In order for a person to attend to these aspects they need to be aware of their internal thoughts and

feelings and where they are leading to. Being reflective and having intuition are inextricably entwined.

By this I mean that intuition is helpful to being reflective but we also need to reflect in order to access our intuitive knowledge. Intuition is about having insight and awareness which may be unpredictable but by reflecting this insight and awareness becomes more focused and enables informed decisions to be made about future action. As Agan (1987) suggests our intuitive knowledge is made credible through reflection. Although Agan was writing about nurses, his ideas can equally apply to occupational therapists. Occupational therapy is a practised profession in which intuition, experience and reflection are valued because they are personal constructs required of its practitioners. Gaining an understanding of a situation through these constructs is at the heart of the process of occupational therapy. This knowing is being able to grasp the meaning of the whole situation in a moment and respond appropriately. Dreyfus and Dreyfus (1986) recognised that in responding intuitively to a situation, the practitioner draws on past concrete experience to inform this response, i.e. she/he makes use of a reservoir of 'tacit knowledge'.

4.3 Tacit Knowledge

Polanyi (1966) developed the idea of 'personal knowledge' which is in contrast to the scientific notion that real knowledge is public and objective in character. He argued that as practitioners engage in their professional activities much of what they know is 'tacit', that is knowledge practitioners have but it is not stated in any formal theory. Polanyi proposed that this tacit knowledge is essential for the execution of activities that comprise expert practice. Schön proposed that what he calls 'implicit knowledge' develops as a result of a person's ability to think about or 'reflect' upon an event as it is taking place. Thus through action and reflection the practitioner builds a fund of implicit or tacit knowledge which is incorporated into and guides future action in daily practice.

Although the terms implicit and tacit are frequently used synonymously throughout the literature there are subtle differences in their meaning. The Oxford Dictionary defines implicit as something that is not revealed in words or action but can be

inferred from evidence, for example, when the clouds are dark rain is likely to follow. This knowledge is based on assumptions we make or what we take for 'granted', it is knowledge that has been internalised the origin of which is largely forgotten. Tacit knowledge like implicit knowledge is not verbalised but also involves understanding and agreement, some or all of the conditions involved. Tacit knowledge forms the base of all other thoughts and actions that comprise practice. If, in Polanyi's words, 'we know more than we can tell' then it is implied that there is something to be known that is not language based.

A practitioner often knows how to do things well but cannot describe all the qualities of that performance. While teaching a student, a practitioner might say "watch me" and demonstrates the most complex aspects of a task (Mattingly & Fleming 1994, p26). When we are tacitly involved in a process-of-knowing we act immediately. In the example above the student assimilates knowledge gained from the new experience and after many repetitions of similar tasks the knowledge used becomes understood without having to think about it. This whole collection of knowledge is often referred to as the personal 'stock of knowledge' but within this 'stock' there are two different levels or dimensions of knowledge, which are mutually exclusive.

Knowledge about the object or phenomenon that is in focus is called *focal* knowledge and the knowledge that is used as a tool to handle or improve what is in focus is the *tacit* knowledge. In other words the tacit knowledge functions as a background knowledge which assists in accomplishing a task which is in focus. That which is tacit varies from one situation to another. For example when a practitioner helps a client to get up from a chair the rules of manual handling function as tacit subsidiary knowledge while the attention of the practitioner is focused on the client. This tacit knowing and focal knowing is something that we are doing in every aspect of our daily lives; it is a basic human ability to blend the old and well-known with the new and the unforeseen.

Polanyi (1974) also describes knowledge as an object that can be articulated in words. When tacit knowledge is made explicit (understood and explained) it can be focused for reflection. The distinction between tacit knowledge and explicit

knowledge has sometimes been expressed in terms of knowing-how and knowing-that respectively (Ryle, 1984). Knowing-how involves knowing how to obtain desired end states, knowing what to do in order to obtain them and knowing when to do it. Knowing-that, by contrast, involves consciously accessible knowledge that can be articulated. In the first phase of reflection when we describe the event focal knowledge is used to identify the object for reflection and the tacit knowledge (knowing how) is used to understand what was good/bad about the event. We also use our tacit knowledge in the later stages of the reflective event when we come to a conclusion about what else could have been done and in the action plan where consideration is given to what would be done if the event arose again (See figure 2.4 p33). The process of reflection enables us to access our tacit knowledge and so make it explicit.

Whether or not tacit knowledge is considered real depends upon the individual and what he/she considers legitimate knowledge. Mattingly and Fleming (1994) simplified this to two types of tacit knowledge - specific knowledge that is learned in a fairly conscious and sometimes concrete way e.g. anatomy. This is knowledge that was difficult to learn but eventually became part of the background, working knowledge of the experienced therapist - i.e. it 'sank' into the tacit dimension. The other type is knowledge that is not verbal but always in the tacit dimension. Such knowledge is acquired through experience and becomes incorporated in the persons stock of practical knowledge. For example, 'the look in the eye', 'the quality of gait', 'just didn't seem right'. Here therapists are expressing an experience-based knowledge that they have acquired in which they have difficulty putting their 'knowing' into words. When reflecting on situations such as these the reflector will describe the event in terms that are intelligible to them but may not be comprehensively understood by another person.

Sometimes this lack of ability to express just why the therapist thinks this way can present a problem for therapists and how other professionals perceive them. Practitioners need to understand that this knowing in practice is a constructed knowledge - a subjective, holistic and contextual knowing that has been appropriately informed by empirical science and theory (Johns & Freshwater 1998,

p.3) and has 'sunk' into the tacit dimension of knowing and needs to be consciously recalled. This is important because it is the knowledge used in practice in either deliberative rational ways or intuitive ways as appropriate, to best respond to the unfolding clinical moment. This tacit knowledge is the knowledge gained from experience which then guides the therapists' selection and execution of the repertoire of assessments, treatment procedures and evaluation in very significant ways.

Tacit knowledge is acquired through doing but made useful through reflection. Dewey (1933), Polanyi (1974) and Schön (1983) all theorise that the capacity to make meaning, or reflect on the phenomenon or event, accounts for the differences in practitioners with the same amount of time on the job, having varying levels of expertise. Mattingly and Fleming (1994) who carried out a combined ethnographic and action research study of clinical reasoning observed that the more reflective practitioners were the more competent they became, in both technical skills required of practice and in their interactions with clients. A threshold level of formal knowledge may be necessary but beyond that threshold further expertise is mainly developed through experience. Moreover, its tacit nature makes it relatively impervious to techniques used by competency-based teachers.

As a learner gains experience the formal knowledge gained in her/his earlier years becomes tacit in nature, thus rendering it impervious to the expectations of competent skills acquisition. For example the practitioner may be unable to identify the connection between their encapsulated tacit knowledge and demonstration of competency skills, which tend to be of a practical nature required by employers. An important point here is the relationship between expected and acquired competencies and the expert use of tacit knowledge and reflective abilities, as discussed above. While there has been a long tradition of defining professional competence in terms of formal knowledge and its practical use, many researchers are now emphasising the importance of informal and tacit knowledge for effective job performance (Eraut, 1998).

Likewise, another aspect of knowledge acquisition associated with job performance, especially for an occupational therapist is that of problem solving.

4.4 Problem-solving

Before discussing problem solving and its relation to reflective practice, it is first necessary to establish what is meant by a problem. Basically a problem arises when a person wants to do something and is either blocked from doing it or does not know what the solution is or does not know how to implement a solution. Over the years the study of problem solving has moved its focus from behavioural manifestations (e.g. the work of Piaget) to underlying cognitive processes of perception, thinking, emotion, memory and attention (e.g. the work of gestalt theorists).

Gestalt Theorists define problem solving as a perceptual restructuring of a problem which requires certain decisions to be made and results in a new insight into how to deal with a situation. Thus, problem solving can be conceptualised in a mental problem 'space', a box, in which all the available information is put and which the problem solver manipulates to reduce the space to the real elements of the problem (Hagedorn, 2001). Once the problem space has been limited there are a number of methods that can be used to search for the problem elements. Two of these are:

4.4i A Five Stage Model of Problem Solving

There is consensus in the research of the nature of problem solving that the cognitive skills, mentioned above are used throughout five stages in the problem solving process which have been developed from the original four phases identified by Pola in 1948.

When one begins to solve a problem it is essential to know how the individual constructs the problem because it is this internal model that forms the basis for the subsequent action that will be taken to resolve it (Robertson,1996) .The first stage involves sensing that there is a problem in the first place and then defining it. Schön argues (1983) that all professional decision making and action begins with a process he calls naming and framing the problem. It is not possible to solve a problem unless its nature and, perhaps its causation are understood and until the outcome the client would like to achieve is known. Naming the problem means saying what it is and to do this practitioners do so by applying a conceptual practice model.

Parham (1987) and Kielhofner (1997) suggest that theory is central to Occupational Therapist's ability to name and frame problems; they must know how to map the theoretical arguments onto the actual features of the situation that requires professional action. When a problem is sensed the first action is recourse to memory, that is, a reflective time of thinking over in the mind to see if current cues can be matched to memories of previous clients/situations and if the actions used then are relevant to the present situation. If none is found and the problem is unfamiliar then there are a number of questions that need to be answered such as what is the problem, is there more than one and if so which is the more significant?

The second stage is to frame the problem by gathering as much information about the problem as is possible in order to understand its nature. Attempting to solve a problem which is inadequately understood or where too many assumptions have been made is seldom successful. For example, the practitioner needs to help the client to define what is unsatisfactory in the current situation and what ideally the client would like the situation to be. Framing the problem means choosing to put an interpretation on how to describe and deal with it.

For example, 'not meeting people' could be seen as a problem of loneliness but it might equally be a problem of not being understood, poor communication skills, shunned by people, poor personal presentation or the result of a specific diagnosis such as schizophrenia. In this phase of problem solving the three critical time periods of reflection can be useful. Retrospective reflection or reflection-on-action is used when identifying what is known about the identified problem. Anticipatory reflection or reflection-before-action is used to identifying what contextual information needs to be gathered about the client, from other professionals and from textbooks. Contemporaneous reflection or reflection-in-action can be then be used in identifying that all the necessary information has been gathered so that the third phase of defining and planning the desired outcome can be implemented.

The third stage is about how to connect the information gathered in the second stage to plan a desired outcome. This stage can be difficult to define due to the client's

perceptions of his/her needs which may differ from the perceptions of the practitioner and therefore careful negotiation between practitioner and client is required. In planning what needs to be done to solve the problem the practitioner needs to draw on long term memory of past actions to analyse different aspects of these problems in order to plan a set of logical steps to be taken to solve the present problem. Continuing with the example given above each interpretation would lead the practitioner to take a different course of action to resolve the problem. That is, before introducing the client to group work to meet people he/she may either first attend to teaching the client about personal hygiene, or when to talk and when to listen in a communication exchange. The theory which guides the practitioner's decision, in this case, is Maslow's (1968) hierarchy of needs whereby personal needs must be addressed before social needs. In this stage, aspects of Gibbs reflective cycle can assist to ensure that both practitioner and client are comfortable with the proposed plan. In planning the outcome there is a need to reflect on how the feelings the practitioner had in using previous action plans in similar situations and to analyse what needs to be done differently in the present situation before implementing the next stage of carrying out the plan.

At the fourth stage, of carrying out the plan, each step needs to be checked to ensure it is working effectively and to reflect-in-action about what, why and how each small step is collectively approaching the desired outcome. If the plan is does not appear to be working as expected then the 5th element of the Gibbs cycle (what can be done differently) can be used to modify continuation of the plan.

The final stage in this problem solving process is to measure the effectiveness of the action towards the previously agreed outcome. Reflecting-on-action and analysing the strengths and weaknesses of the action taken will help to identify further improvements for future occasions which equates with the final element of the Gibbs cycle (future action).

4.4ii Pattern Recognition

A second method of problem solving is that of pattern recognition (or pattern matching as referred to by Robertson, 1996) which involves the recognition of the

relationship between elements of the data put into the 'mental box space'. Some aspect of the problem triggers the recall of a similar problem from a well structured network of stored knowledge in memory. These patterns in memory allow the problem solver to predicate a possible action to be taken to solve the problem. These representations of the problem solving process are products of both the contextual elements, determined by the environment in which the problem is situated and personal factors such as the interpretation of information and actions taken by the problem-solver. Inherent within the problem solving process is the recognition that reflection and experience (which includes memory and previously learned knowledge) play an important part in the process. In the former reflecting within the problem solving process is not necessarily the complete picture for the process may be more cyclical than the linear process given in 4.4i above. When we carry out an activity according to a planned strategy and then become disappointed that it hasn't worked we begin by reflecting on why this might be so or as Dewey (1933) notes we intellectualise what is at first the emotional quality of the whole situation. Identifying the positive and negative emotions will enable the recognition that a problem exists. It is then that the need to problem solve is triggered which as shown above requires further reflection.

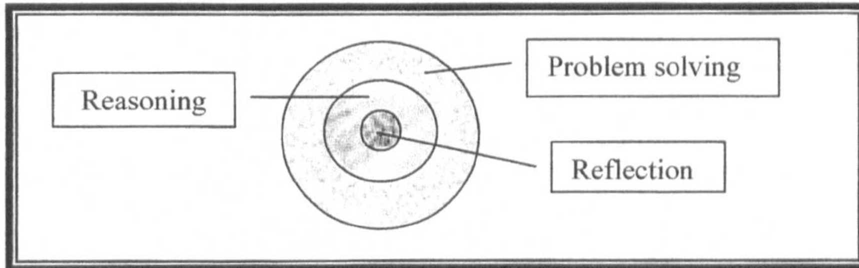
The latter factor (experience) includes not only practical experience but also the experience of using the stock of knowledge available to frame and plan a solution to the problem. The knowledge base used in problem solving requires a 'sifting' through the vast stock of knowledge we hold to recall relevant information required for the present problem. This in turn requires a reasoning process of what is relevant so before identifying what is involved in information processing consideration needs to be given to what is meant by reasoning as this also requires information processing

4.5 Clinical Reasoning

As indicated above when a situation arises containing a difficulty most people will attempt to face the situation (some may simply avoid the situation or indulge in flights of fancy) which begins with a period of reflection (Dewey, 1933) and proceed to problem solving. Within this frame the reflective thinking associated with the

problem solving is the way in which we reason out possible suggestions for future action. The whole process can be viewed as three concentric circles interacting with each other as shown in Figure 4.1

Figure 4.1 Cognitive Processes



In Figure 4.1 the reflective circle uses the self-thinking done by an individual when considering a situation. The reasoning circle includes the reflective thinking to draw conclusions by the use of valid methods of thought while remaining impartial and admitting for consideration only unbiased data gathered from a situation. In health care professional practice this reasoning focuses on the clinical dilemma of the client. The problem-solving circle then takes into account the reflective thinking and the reasoning of what has created the dilemma and the practitioner then works in collaboration with the client in deciding the best action to take. The discussion in Chapter two identified what is involved in reflecting and the earlier section of this chapter has identified what is involved in problem solving so there remains the need to look more closely at what you unites reflection and problem solving.

Reasoning is an attempt to make inferences between a premise and a conclusion. In the field of psychology there are two dominant approaches to reasoning, the first being the statistical or actuarial approach which can be further divided into a judgement approach and decision analysis. This statistical approach uses deductive thinking where general ideas, usually regarded as acceptable, reach a particular, specific conclusion after being able to weight the desirability of alternative outcomes to the problem. It is also concerned with the accuracy of these judgements or decisions between task and individuals compared to certain criteria. An attempt is made to simulate or model the cognitive processes of the clinician as he/she solves a problem. This form of reasoning is the dominant role of clinical reasoning in

medicine where the optimal diagnostic and treatment decisions are based on the data gathered. In some respects, it reflects Schön's (1983) "high, hard ground where practitioners can make effective use of research-based theory and technique (ibid. p42). While this approach has undoubtedly made a major contribution to professionalization in the field of medicine it is insufficient by itself to adequately explain the complexities that allied health professionals are faced with in their practice due to the infinite variety of clients' problems and the possible solutions available.

Conversely the second form of reasoning is the clinical approach which can be divided into information processing and pattern recognition. The clinical approach uses inductive thinking in which the reasoning is an intuitive and reflective process (Munroe, 1996). The aim is to collect all the particulars that relate to a problem and draws a general conclusion about the problem. Newell and Simon (1972) regard human reasoning as a serial process whereby they claim that "man is an information-processing system" (ibid. p9) and that reasoning is a problem-solving process. This approach aims to record and analyse the steps that are taken as a practitioner attempts to solve a problem but as Newell and Simon also say the human brain is constrained by a limited capacity to process information so the problem needs to be simplified and handled serially in order to be solved. Elstein, Shulman et al (1979) following extensive studies of medical problem solving observed that there were four major components within the reasoning process. These were:

- Cue acquisition, obtaining clinical information by observation or testing
- Hypothesis generation, suggesting a number of possible diagnostic hypotheses
- Cue interpretation according to the suggested hypotheses
- Hypotheses evaluation where the hypotheses are reflected on to ascertain the most likely one to accept, or if none are found the process is repeated

It is worth noting here that the research done by Elstein and his colleagues in 1979 only focused on the challenge of making a diagnosis and seemed to disregard the reasoning that goes on in managing the client's treatment after diagnosis. However, in their later writings (1990) they did argue that experts "clearly do consider and evaluate alternative when confronted with problematic situations" (ibid. p10).

In contrast to the information-processing type of clinical reasoning Groen and Patel (1985) and Johnson (1988) concluded that experts' reasoning in non-problematical situations resembled pattern recognition or direct retrieval from an extensive, well-structured knowledge base. Practitioners who use pattern recognition look for cues and behaviour within their tacit knowledge and then compare them with observed cues and behaviour in the current situation. For example a practitioner only needs a quick glance at a child to recognise the characteristic movement patterns of cerebral palsy. Pattern recognition has both strengths and weaknesses. While it lacks certainty the reasoning allows conclusions to be reached in situations where there is imprecise data and limited premises. Although certainty is preferable to probability pattern cognition is characterised by speed and efficiency in comparison to the deductive reasoning of the statistical approach which is slower and more demanding. Pattern recognition may also be used successfully by beginning students in simple situations where the student has had some experience in matching textbook knowledge with real-life experience.

Although the literature on clinical reasoning in occupational therapy roughly parallels the work on clinical reasoning in other professions such as medicine (Elstein et al 1979) and nursing (Benner 1984) as well as the more general analyses of professional practice (Schön 1983) the dominant approach to date has not been an information-processing approach. This has been largely due to the influence by the American studies undertaken by Schell & Cevero (1993), Fleming (1991) and Mattingly & Fleming (1994). However in a review of the literature on clinical reasoning, carried out by Munroe in 1995, she found that the concept of clinical reasoning as yet defied a neat and unified definition but concluded that clinical reasoning was;

> "A complex and multidimensional activity involving the use of a wide range of cognitive strategies and mental processes which underpin the judgements and decisions made by practitioners in the context of clinical practice" (Munroe, 1992, cited in Munroe 1995, p.313)

The emphasis here is on the processes of reasoning which Munroe identifies as the

beliefs, attitudes, values, assumptions and opinions that influence the decisions or judgements made in problem solving. Such reasoning gives meaning to the decisions made in the therapeutic interaction with the client. Munroe also found that many synonyms such as decision making, problem solving and professional judgement, were used in the literature to describe clinical reasoning. Two examples of this are; firstly in a definition given by Hagedorn (2001) who describes reasoning as,

> "The cognitive process used by the therapist when evaluating information, making decisions, naming and framing problems, setting goals and deciding on action concerning the client" (ibid p159).

In other words Hagedorn is giving a more accurate definition that is better suited to problem solving. Secondly, Mattingly (1991a, b) suggested that clinical reasoning encompasses more than having a reason for action: that it refers to:

> "The many ways in which a person may think about and interpret an idea or phenomenon" (ibid. 1991b, p998) and that clinical reasoning is "a largely tacit, highly imaginistic, and deeply phenomenological mode of thinking" (ibid. 1991a p979).

As a student of Schön's, Mattingly appears to be addressing the "swampy lowland where situations are confusing 'messes' incapable of technical solution" and problems are of "greatest human concern" (Schön 1983, p42). By her own admission she sees reasoning as an umbrella term to cover all aspects of thinking and perceiving including strategies such as 'intuition, judgement, empathy and common-sense' the goal of which is to 'engage the client' in the process of deciding upon the best action to take. If this is the case how does clinical reasoning differ from reflective practice? What Mattingly has picked up is that reasoning involves elements of reflection as proposed in Figure 4.1 and that it engages the client which is not necessarily so in reflection. Another problem with Mattingly's description is that if clinical reasoning involves intuition and common sense which are often difficult to make explicit how can reasoning be taught to the next generation of practitioners and how can clients be empowered to participate in the decision-making process if we can not explain what we are doing? To answer this question Higgs and Jones (1995)

suggest that clinical reasoning is:

> "The thinking and decision making processes which are integral to clinical practice... conceptualised as a spiralling thinking process; a search for a growing understanding of the clinical situation as the basis for clinical intervention" (Higgs & Jones 1995, p. iv-v).

That is, clinical reasoning involves meta-processes of thinking, reflection, a growing understanding and decision making, the later of which can be viewed as both a component and outcome of the process of clinical reasoning. To clarify this Dutton (1995) suggests there are 3 essential characteristics that define clinical reasoning:

- A cognitive process that breaks problem-solving down into small steps
- A goal oriented activity of working with a client to achieve the best solution
- The practical ability to apply a general theory to a specific patient - that enables 'the good' for a particular client or situation to be determined

This takes clinical reasoning into a different dimension to reflection and reflective practice as it involves taking account of what the client thinks and involving the client in the problem-solving process, that is, clinical reasoning also involves a joint negotiation between practitioner and client. This is something that is never involved in reflection and reflective practice as these processes are carried solely by the individual and therefore precede the reasoning process. Therefore if as Robertson (1996) suggests reasoning is fundamental to occupational therapy practice a major goal in the education of occupational therapy students must first depend on the students understanding the nature of reflection in order to reason.

Based upon the above discussion it could be concluded that clinical reasoning could be characterised as a process of reflective inquiry, in collaboration with the client. This seeks to promote a deep and contextually relevant understanding of the clinical problem in order to provide a sound basis for clinical intervention. Clinical performance and the associated clinical reasoning cannot be judged solely on the basis of whether the therapeutic intervention worked. Recipients of health care may have regained their health or improved function yet still feel the caregiver's

performance was inadequate. Clinical reasoning cannot be fully understood when only the practitioner's perspective is considered. Shared decision making between client and clinician is important if 'success' is to be realised from the client's perspective (Higgs and Jones, 1995). Thus clinical reasoning is also influenced by the context in which the reasoning takes place which include:

- The immediate personal context of the individual client,
- The unique multifaceted context of the client's clinical problem within the actual clinical setting in question,
- The personal and professional framework of the practitioner,
- The broad context of health care delivery and the complex context of professional decision making.

The cultural basis of the clinical reasoning employed differs between professions as it is derived from each discipline's own particular epistemological base and, in addition, individual values, beliefs and assumptions based on particular experiences. However, one is left wondering how the clinician actually decides what to do as this view does not attend to the role that the practitioners personal and practice contexts place on the reasoning process. Cognitive theorists would suggest that cognitive processes are inherently embedded in contextual situations, which in fact activate particular kinds of knowledge (Lave, 1988)

In analysing what occupational therapy practitioners actually do when they reason Schell and Cervero (1993) identified that they use three different strategies which they called: scientific reasoning, pragmatic reasoning and narrative reasoning. For Schell and Cevero scientific reasoning implies a logical process based on hypothesis testing, pragmatic reasoning reframes our understanding of the influence of personal and practice constraints, such as motivation, equipment options and narrative reasoning reflects a process in which stories are used to give meaning to therapeutic events.

Likewise Mattingly and Fleming (1994) in their ethnographic study found that clinical reasoning encompasses how therapists think and "what therapists think about their practice as practice" (ibid p4) and demonstrated that therapists think in more than one kind of way. They suggested that clinical reasoning involves multiple

strategies which are for different purposes or in response to particular features of the clinical problem. They described different strategies of reasoning that the practitioner uses, including procedural reasoning which is similar to deductive reasoning, interactive reasoning which is the thinking that guides practitioners' interactions with clients and conditional reasoning which refers to the thinking a practitioner does when viewing the whole client and his/her problem in context. Collectively they called these three strategies 'three track reasoning'.

A fourth strategy, namely, narrative reasoning is the same as Schell and Cevero's (1993) narrative reasoning whereby the practitioner's thinking creates a story of where the client is now and where he/she can get to in the future and resembles the reflection phase identified in Schön's (1983) model of reflective practice (Mattingly, 1991b).This form of reasoning is considered by the above authors to be the cornerstone of occupational therapy reasoning as it uses a phenomenological approach to provide meaning to a situation. I have been able to demonstrate this in my own teaching where students have been encouraged to write a guided story about one of their patients. The results showed that the students were much more aware of the client's perceptions and wishes, than when they talk a more traditional clinical history. They had to think far more carefully about what they were doing and they were forced to consider aspects of the situation which they had not previously taken into account.

In contrast to the above strategies Roberts (1996) proposes that there is a universal process of reasoning in humans and that narrative, interactive and conditional reasoning are not forms of reasoning but are either parts of the process itself or aspects of content. Roberts goes on to argue that they:

> "represent an approach of relating the content of reasoning to an observer (narrative reasoning), interaction with the client as a skill of professional practice (interactive reasoning) and reference to global assimilation of the problem and its solution (conditional reasoning)" (Roberts 1996, p236).

Increasingly, critical thinking and clinical reasoning skills are recognised as central to professional growth and survival for individuals and professional bodies alike. In

consequence, there is hardly an educational curriculum that does not have as an espoused aim with the desire to graduate 'reflective practitioners' who are able to think-in-action and to justify judgements and decisions made under the conditions of uncertainty and ambiguity that characterise rehabilitation today (Munroe, 1995) or as Barnett (1992) says:

> "The reflective practitioner is a shorthand description of informed action: it summarises the complexities of the situations in which professionals find themselves called upon to act, indicates that they are able to call upon a range of strategies in those situations, they maintain a kind of running commentary (albeit silent) on their own actions as they perform them in interaction with their clients" (Barnett 1992, p194).

Thus it has become imperative that practitioners can effectively reason through highly complex tasks which are specific to particular situations. To do this, they firstly need to experience and construct their own realities, through critical reflection, about their practice and then use this knowledge to develop their clinical reasoning skills. This is supported by Schön (1988) who argued that theory alone was insufficient to meet the relevant demands of practice as professionals in many fields are called on to perform tasks for which they have not been educated. Higgs (1990) also commented that it is no longer sufficient just to follow technical or generalised prescriptive routines. For Cohn (1991) this raised the question of how occupational therapy curricula and fieldwork could be designed to acquaint students with the complexities of practise.

The framework for occupational therapy education is built around the concept of the occupational therapy student developing knowledge, strategies and values. She/he has to learn to work in a wide variety of contexts and to select, use and evaluate a range of strategies to facilitate change with, or on behalf of, service users. As laid down in the College of Occupational Therapists (1998) Curriculum Framework Document for Occupational Therapy Education the abilities required of an occupational therapy student to be eligible to apply for state registration included:

- Reason effectively, make judgements and take decisions to a level of

competence commensurate with that of a qualifying practitioner

- Justify decisions and interventions.....
- Reflect on his/her professional practice and the service provided....
- Reflect on, critique own performance and the performance of others

In the above abilities two strategies relevant to this study can be identified, that of reasoning and reflection and raises the question of what is the relationship between the two? For example models of how to reflect state that a requirement of the process is critical analysis. This is achieved by considering elements such as how decisions were made and what were the reasons for taking a particular action thus indicating that reasoning is a requirement of reflective practice. Conversely, the new knowledge gained from reflecting on/about (Schön, 1983; Harris, 1993) an event can influence future clinical reasoning in similar situations. Thus in this situation reflection is a requirement of sound clinical reasoning. Here we have a 'chicken and egg' situation, does one reflect to reason or reason to reflect? So which is it? I have argued above that although it may not always be apparent in practice reflection is a pre-requisite for clinical reasoning.

Professional knowledge is gained from actual experience in clinical situations. One does not simply apply theoretical knowledge to a clinical situation but instead, one gains knowledge through the experience of making decisions about clinical situations, particularly situations characterised by complexity, uniqueness uncertainty, instability and/or conflicting values (Harris, 1993). One develops this type of knowledge and skill not from simply *doing* something, but reflecting on the feelings generated by a practice situation, the clinical judgements made and the actions taken to solve a practice problem within the context of a particular situation (Higgs and Jones 2000). Thus reflection, clinical reasoning and problem solving are inextricably entwined as skills used by occupational therapists within the context in which they work and confirmation of this view can be found in the writings of Higgs and Jones, 2000 who say:

"Individual reflection upon experiences assists students to own the knowledge acquired and to use it in their clinical reasoning in a way that is

compatible with autonomous behaviour" (Higgs and Jones 2000, p223).

4.6 Cognitive Skills in Context

This review has so far focused on three major cognitive skills that practitioners use in their daily practice, namely reflection, clinical reasoning and problem solving but they have been considered largely outside the broader contextual factors that also impinge on the development, improvement and maintenance of these skills. Such factors include life-long learning, problem based learning, supervision and expertise.

4.6i Reflection

The ultimate goal of reflective practice is to encourage lifelong learning so that practitioners have opportunities for continuous learning, as discussed in Chapter Three. Cognitive skills of thinking, reflective processes, reasoning and meta-knowledge are essential to promote effective life long learning. Such skills provide both the teacher and the learner a framework for assessing, planning and evaluating their learning activities. The focus is to make learning an overt activity so that students will develop successful strategies and be able to apply them to future learning challenges.

An essential requirement is to be competently reflective in the use of supervision and colleague support. Supervision is essentially an educational process which aims to help a practitioner to use, in a professionally disciplined manner, his or her natural ability to relate to clients. It is recognised that there are many models given in the literature on supervision but this is not the place to discuss their merits and limitations but rather to focus on the role of supervision in relation to reflection. What experiences the supervisee chooses to share in supervision should be determined by him/her-self, although sometimes it may need to be guided by the supervisor. This control of the input encourages the supervisee to take responsibility for his/her work, both in practice and in supervision.

The role of the supervisor is to enable the supervisee to explore the ways in which he/she reacted to a situation and to guide supervisee's reflection-on-action and so

facilitate learning for future action. By sharing an experience it can give a supervisee an opportunity to reconsider his/her actions, to re-conceptualise his/her own problems and to reason out different ways of solving problems. However, this can sometimes be problematic as the supervisee may find the reflective process is either painful or that he/she is unable to focus on the crux of the situation and therefore does not begin the supervision session at the most crucial point. Another problem with supervision can be that because it is a communication process between supervisor and supervisee the strength of what is gained in the supervision is dependant on the relationship of trust between those involved in the session.

4.6ii Clinical Reasoning

This is the skill that ultimately leads to the development of expertise. It is often the case that a person has professional education but does not feel comfortable with his/her ability to perform until he/she has "real" experience in the field. Experience is not simply doing something. It is doing something combined with reflecting on, or making meaning of, the event. Experience does not serve simply as a vehicle for applying abstract knowledge, the essence of experience is meaning making by intending to do something, doing it, and reflecting on that experience. Experience as Dewey (1938), Benner (1984) and others have noted, is essential to expert practice. Experiential knowledge influences practitioners' thoughts and actions all the time. Experienced practitioners are able to move from observation to action so quickly that they typically describe their actions - correct and rapid ones - with sentences like "I didn't have time to think about it, I just did it". Clearly practitioners do think about it or the action would not be so precisely correct. Their expertise is developed from prior experience, action, intuition and reflection so that their stock of tacit knowledge need not be brought to consciousness in order to direct and guide action. Current thought and action are so closely linked that the thinking does not seem to take place at all. The thinking is tacit the action is explicit and often expert.

No one expects a student to develop all the cognitive skills, discussed above, at once and Simon (1990) has suggested that it takes at least 10 years experience to obtain proficiency in any profession. While experience is obviously necessary to obtain

expert status, it is equally recognised that practitioners with comparable years of experience can have markedly different levels of expertise. Although the curricula design in occupational therapy provides input into skills, knowledge and experience which require sound abilities in reflection, clinical reasoning and problem solving all these skills may not be achieved within a three year degree course. If this is so then, as has been suggested above, by developing reflection and reflective practice within the undergraduate course it will allow students a platform on which to develop clinical reasoning and problem solving abilities to a higher standard later in their professional practice.

Authors such as Schön (1983, 1987) and Benner (1984) have identified those professional activities which practitioners engage which go beyond what Schön calls 'technical rationality' that drives out the artistry and competence of skilful practice and where knowing 'that' takes precedence over knowing 'how'. Benner (1984) in her renowned book "From Novice to Expert" also recognises that expert knowledge is qualitatively different from that learned by beginners. She claims that expert practitioners are unable to articulate all they know.

This claim is supported by Mattingly and Fleming (1994) who suggested that expert practitioners immediately recognise familiar patterns without analysing the individual behaviours. Pattern recognition for novices is difficult because initially they lack a 'memory file' that contains the qualitative aspects of clinical cues to identify similar but subtly different behaviours. Clinical patterns are more vivid to experienced practitioners because they have actually seen clients who exhibit these patterns; students may have only read about them in books or been told about them by their tutors. Once the experienced practitioner has used pattern recognition to define a clinical problem, he/she can quickly shift into treatment planning and implementation. A well-formed clinical problem can often be solved through what become routine actions, which Schön refers as 'knowing-in-action'. It is reasonable to assume the most important characteristic associated with clinical expertise is effectiveness and appropriateness in a clinical outcome, that is, experts are expected to achieve better clinical results through the use of highly developed cognitive practice skills.

4.6iii Problem-solving

This is set in the context of problem-based learning which has been extensively written about in the literature by Boud (1985) Savin-Baden (1997) and Davis & Harden (1999) so only a summary will be presented here in context with earlier aspects of this review. Problem-based learning was first employed in McMaster University in the 1960's and has since developed into "a genus for which there are many species and sub-species" (Barrows, 1986). Each addresses different objectives to varying degrees but which can be summarised as:

- Structuring knowledge for use in clinical contexts;
- Developing an effective clinical reasoning process;
- Development of effective self-directed learning skills and
- An increased motivation for learning.

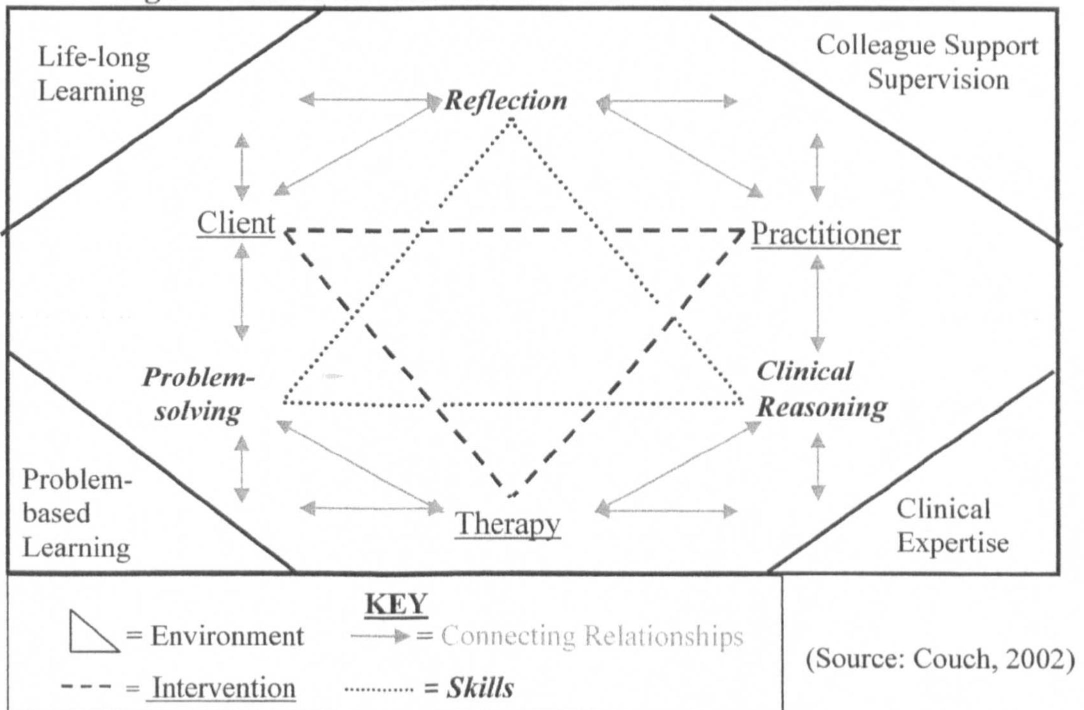
Problem-based learning can be thought of as active learning stimulated by, and focused round a clinical, community or scientific-based problem. The principal idea behind problem-based learning is that the starting point for learning should be a problem, a query or a puzzle that the learner wishes to solve (Boud, 1985). It is not simply the opportunity to solve problems, but rather learning opportunities where solving problems is the focus or starting point for student learning (Davis and Harden, 1999). Students work on a problem to identify and search for knowledge that they need to obtain in order to approach the problem. This requires the students to reflect on life experiences and learned skills, so in order to participate in a programme of problem-based learning they first need to learn how to reflect.

Some authors (Barrows 1986; Van Leit 1995 and others) have identified that problem-based learning procedures also enhanced clinical reasoning skills by making them more explicit to the students but as Savin-Baden (1997) noted that in terms of research there was little evidence that this was so. This may be due to insufficient research being carried out on the links between reflection, clinical reasoning and problem solving. As discussed above these three are dependent on each other and therefore could ultimately be enhanced in the context of problem-based learning.

4.7 A Model

To demonstrate how the skills of reflection, clinical reasoning and problem solving are entwined and in the context with which they are associated within the profession of occupational therapy I have developed the following conceptual model. Professional practice in occupational therapy, as with other allied health professions, nursing and medicine, is centred on the purpose of such practice namely a practitioner who provides an intervention (and/or therapy) to a client, that is, a therapeutic relationship. In Figure 3.2, this is shown in the centre of the model as a dashed triangle. Entwined with this triangle is a dotted triangle of reflection, clinical reasoning and problem solving which are seen as the core cognitive skills required for the therapeutic relationship to be effective. Inherent in this triangle are the personal assets of intuition and tacit knowledge that have been gathered over time largely from unknown or forgotten sources and which can influence the ways in which the cognitive skills are used.

Figure 4.2 A Model of Reflection in the Practice Environment



(Source: Couch, 2002)

In this model the two intertwining triangles (as explained above) provide the elements required to gain experience within a clinical environment. Experience of reflection by the practitioner which is often related to or about personal abilities in enabling a client is enhanced by colleague support and promotes lifelong learning.

Clinical reasoning which the practitioner carries out in collaboration with the client during therapy empowers the practitioner to identify solutions to the client's problems. This in turn enables the practitioner to develop to expertise within his or her field of practice. The final aspect of this model, namely problem solving is developed via reflective practice and clinical reasoning within a framework of problem-based learning which has proved to be a desirable method of facilitating independent learning in academic curricula. As indicated in the model the light grey arrows help to demonstrate how closely all the aspects are inter-related and from whichever starting point a person may take he/she needs to identify and develop skills in all the other areas. This may seem somewhat daunting for beginners so it is suggested the novice learner needs to develop the skills required in the top half of the model (indicated by the short grey lines at the side of the model) and then entwine these skills with developing the skills in the lower half of the model.

4.8 Conclusion

Until recently consensus about practitioners' knowledge, was that it was a largely untapped resource because the knowledge created by practitioners was not codifiable or published and that reflection and 'story telling' was often not possible in the workplace Meerabeau (1992). However, current research and practice have demonstrated that it is possible to learn to monitor one's thinking processes. Although not a new concept, the 'making explicit' of the many different processes involved has allowed practitioners to reflect on their practice in a more disciplined way which has given structure to communication between practitioners (Hassenkamp, 1998). Therapists are now paying more attention to the importance of reflective practice, how they reason and problem solving, so that dialogues between professionals become more meaningful. By being aware of the reasoning skills involved it becomes possible to explain in ways that can be understood by others i.e. the process a practitioner employs in identifying the cause of thinking and the effect of the ultimate decision made (Munroe, 1995).

This is confirmed by Burke and De Poy (1991) who say that by examining the ways in which practitioners think about their interventions and can identify the factors

influencing success the practice of occupational therapy can be better understood. By reflecting on the way their reasoning has informed their problem solving strategies and sharing this with colleagues it enables practitioners to be more focused in their reflection-on-action, thus making more overtly explicit that which is often implicit and regarded as tacit. Now that the strategies used are being identified this must surely enable educators to accelerate the development of such skills in students, rather than leaving the student to discover for themselves that the process of occupational therapy is more than technical rationality. If this can be achieved then new graduates and thus the next generation of practitioners will be armed with strategies for ensuring success.

However there is still some way to go in discovering how occupational therapists can achieve the precise thinking skills required for practice. As has been demonstrated throughout this review there is still some need for clarifying how practitioners successfully negotiate the challenging and changing aspects of daily practice. Barnett (1990) also argued that reflective practice should not just be a "woolly piece of rhetoric" because "it signifies an idea of real value to the world of thought and the world of action" (ibid. p76).

Having identified that reflection is more than rhetoric and is at the core of the decisions made and actions taken in practice the aim of this research is to establish:

> The influence on students' perceptions of, and the value they give to reflective practice as a result of an increased emphasis on reflective practice in an occupational therapy curriculum.

In order to achieve this aim it needs to be broken down into manageable researchable areas which look at:

- How the notion of reflective practice has been incorporated into the curriculum over time.
- How students perceptions of reflective practice have changed over time.
- How the changes in curriculum design are related to the values students place on reflection and reflective practice.

Chapter 5
The Developing Process

"What is the use of a book?" thought Alice,
"without pictures or conversations?"
(Lewis Carroll – Alice in Wonderland, Ch.1)

5.1 Introduction
The purpose of this chapter is to give an explanation that makes sense by telling a plausible convincing and logically acceptable story of how this study developed through to the final plan of action. I discuss how I develop the films I aim to put in my photograph album beginning with the first attempt at developing a film which may not always be successful. As this proved to be the situation in this study Section 5.2 will give an insight into how this study began and what was learned from this early attempt that influenced the final methodological course taken. Following this Sections 5.3 gives an insight into the setting for this study and Sections 5.4 to 5.8 discuss the broader methodological issues of doing research and how these principles are applied to the structuring of the final study.

5.2 Early attempts – reflection
At the beginning of this project I planned to do a qualitative longitudinal study of three cohorts of year three occupational therapy students. The research plan was to refine the chosen data instruments from the first cohort for the second cohort and again for the third cohort so that (hopefully) a definitive set of instruments would be developed that would indicate students' knowledge skills and attitudes to reflective practice.

Following the draft of the literature review I began to develop the first of the data gathering instruments that would identify:

- Knowledge of reflection
- Skills and attitudes of reflection held by occupational therapy students
- Perception of reflection as used by students fieldwork supervisors

To begin this process I (the researcher) was interviewed by my supervisor to establish a common understanding of the education of occupational therapy students undertaking an under-graduate course at University. The purpose was also to consider my perception of reflection and how I viewed its inclusion in the course. This interview, which took place in my office, was tape-recorded and lasted approximately one hour (See Appendix 3). A summary of the interview themes is given in Table 5.1.

Table 5.1: Interview Themes

1. Setting the scene	a) students taking a course of Occupational Therapy b) selection process c) induction
2. Young/mature student divide	a) characteristics b) coping with styles of teaching
3. Reflective Practice	a) where it features in the course b) mind shift as a result of reflection c) culture - interview v course work - academics v practitioners - academia v fieldwork d) language e) journey to reflection- young/mature who has to make the greatest change f) beyond reflection? - intuition, not reflecting

Reflecting on this experience proved the point that reflection can take place even when there is a positive feeling about an incident, unlike theorists, such as Boyd and Fales (1983), Schön (1987) who stated that to reflect one needs to have an uncomfortable feeling. For me, the interview was not a new experience as I had done a similar interview for a newspaper a few years earlier and had skills as an interviewer, making me familiar with the process.

Personally I enjoyed the experience as it clarified my thoughts, perceptions and understanding of how an 'outsider' (my supervisor) became an 'insider' into occupational therapy as a profession. The interview allowed me to explore and experience what it was like to reflect at the three critical periods of an 'incident' identified by Baird (1990) as anticipatory, contemporaneous and retrospective reflection. After transcribing the interview it was possible to select pertinent points

for inclusion in the subsequent development of the data gathering instruments. This is where the second major discovery was made, that is, learning how to design data gathering instruments. The first instrument to be developed was an open-ended questionnaire that would be used as an introduction to a Year Three student workshop on Reflective Practice. The purpose of this questionnaire was to establish a base line on the current knowledge, skills and attitudes of reflection that students, who had not previously had any formal education on reflection, had about reflection.

Designing a questionnaire is a complex and challenging process (Sullivan 2001, p.148) that requires extensive and careful preparation as identified by Bell (1993) who listed 21 checklist items and Cohen, Manion & Morrison (2000) who give 25 similar items. A summary of the relevant items used in this questionnaire is given in Table 5.2.

Table 5.2: Questionnaire Checklist

Item	Action	Considerations
1.	Decide what you need to know	List information required
2.	Be clear about what you want to now	Remove unnecessary items
3.	Decide on the question type	Open. Closed, scale
4.	Check wording of each question	Keep language simple, avoid ambiguity
5.	Sort questions into order	
6.	Pilot the questionnaire	Do questions give desired response?
7.	Make any adjustments	Timing
8.	Decide how questionnaires are distributed	

The design of this questionnaire required two essential ingredients, namely that it could be completed without assistance (Dillman, 1991) and that it should be kept as short as possible (Sullivan, 2001). In using the above checklist the most important aspects I had to learn about was using the right words in each question, the ordering of questions, appearance and avoidance of personal views of reflection. Once the questionnaire had been designed the data gathered from it then enabled me to structure both the content and context of reflection in subsequent sessions of the workshop.

Attitudes are both abstract and complex social phenomena which are difficult to

measure accurately by individual's response to a single question (Sullivan, 2001) but answers to a range of statements can help tease out issues of concern and enables a fuller picture to be established. So, to further measure students' attitudes and values of reflection, as well as providing a form of triangulation (approaching a problem from different directions) the researcher and supervisor decided that the most appropriate instrument for this would be a multi-item scale. Therefore the second instrument to be developed consisted of two semantic scales, each containing pairs of 25 statements (positive and negative, randomly sorted) about reflection against which students rated their fieldwork supervisors, following two periods of fieldwork education in year three.

It was disappointing to find, when the semantic scales were collected and analysed that there was no significant change in student attitude towards their supervisor between the two fieldwork placements. Reflecting on this it was not difficult to identify a number of reasons as to why this was, namely:

- The relationship between student and supervisor (likes and dislikes) may have influenced the attitude displayed by the student in completing the semantic scale.
- Student preference of fieldwork setting. If the student did well in both placements there was little differentiation between he two sets of ratings. But if one placement went well and the other did not then a marked contrast occurred.
- Being influenced by the final grade achieved for each placement
- Hindsight bias – the semantic scales being completed between 1- 4 months after the fieldwork experience

Frustration started to creep in because I could not visualise, if the semantic scales were dropped how I could triangulate data collected to ensure validity – 'a recognised important aspect of qualitative research' (Robson 1993, p.383). Rather than be discouraged by this I set about concentrating on designing a third instrument, namely, a Likert scale which my supervisor suggested should contain about 50 statements. Like the semantic scale development the Likert scale words and

statements were selected by both my supervisor and me carrying out a 'brainstorm' on relevant aspects of the initial interview and then randomising the order. The development of the Likert scale was the third learning discovery I made during this period as I struggled with the complexities of designing such a scale as laid down in the literature on instrument development (Robson, 1993; Cohen et al, 2000; Sullivan, 2001). As Sullivan (2001, p171) says "constructing a Likert scale requires considerable time and effort".

For the next 18 months my supervisor and I literally 'played around' with the results of the Likert scale trying to establish:

- A model of reflection
- Who were the non-conformist students and why?
- Did students reflect at different levels?

Throughout this period my frustration re-surfaced because:

- I was getting behind in the planned time schedule as the Likert scale had not been refined in time for the second cohort of students.
- I began to question the validity and reliability of the Likert scale as I had no proof of this or any way of gaining proof apart from the fact that the statements had been agreed by two people and tested on a number of occupational therapy educators.
- I had lost sight of the original research question "How does reflection and reflective practice impact on the work of occupational therapists?" because the results of both the semantic and Likert scales did not seem to be giving me the evidence I was searching for.

This later problem was due to the original plan, whereby in order to explore the skills and experiences of reflection and reflective practice for occupational therapists, in some depth, a phenomenological approach would be used as the framework for the study. Patton (1990, p69) describes phenomenological enquiry as focusing on the question: "What is the structure and essence of experience of this phenomenon for these people?" The two important words in this question are 'essence' and

'experience'. Essence, the underlying assumption of phenomenology can be understood through the gathering of information from those experiencing the phenomena, in this case reflective practice. However it was found when analysing the semantic and Likert scales that the essence and experience were not forthcoming. Consequently I could not see where the activities were leading me for as Alice in Wonderland indicated this 'book' had no pictures or conversations. In short, I came to realise that something had gone wrong in the developing of my film and all my pictures had come out black. There was also an additional problem because shortly after this I had a long period of ill health that prevented any research activity. Doubting whether the project would ever be completed I was reminded of my father's motto 'there is a silver lining to every cloud'.

How right he was, for with a new supervisor it was time to rethink the research strategy. In re-appraising this early work I realized the near impossibility of measuring how individuals reflect and the outcomes of their reflections. The literature on reflection and reflective practice is almost all based on theoretical rather than empirical studies and therefore attempts to determine if and how individual members of a group reflect is not something that has been attempted often. This is because reflection is a theoretical concept that refers to "the mental construct or image developed to symbolize ideas, things and processes" (Sullivan 2001, p31). This implies that what can be done is to explore/ investigate views, or perceptions of reflection and reflective practice that individuals hold and their understanding of the terms. However, as indicated in Ch. 2 p47 reflection needs also to be viewed within the context in which it lies. Therefore the redesign of the proposed new study is to explore:

> The perceptions that occupational therapy students have of reflective practice within the context of the Course Curriculum of Occupational Therapy at The University of Liverpool.

This exploration is to cover two time periods. The first period will be more of a historical nature when reflection was viewed more as a desirable quality rather than an essential part of a curriculum. The second period will be when students are actively encouraged to be reflective in their professional practice.

With these pictures more fully developed I am now able to visualise and plan my photograph album at last. The first picture to be inserted in the album is one of occupational therapy education at Liverpool which is described in the following section. Subsequent to this the sections will discuss how the plan for additional pictures was framed around the context in which the study lies and how this informed the research framework. The final section of this chapter will discuss the methods employed to analyse the collected data. Details of the actual analysis of the data are given in Chapters 6-8.

5.3 The Context of Occupational Therapy Education

Occupational Therapy education in Liverpool began in 1946 as a private school with just six students. When I joined the team of four lecturers in 1971 as well as taking a post-graduate qualification in teaching occupational therapy the cohort numbers had increased to 50 and peaked to a maximum of 68 in the 1980's. In 1992 the Liverpool College of Occupational Therapy, as it was then called, was merged with a number of other health profession courses to form the School of Health Sciences within the Faculty of Medicine of The University of Liverpool. Within this School a Department of Allied Health Professions was established and occupational therapy became one of its Divisions. This Division has nine lecturers and a current annual intake of 45 students, which will shortly rise to an intake of 50.

Until 1981 the curriculum for occupational therapy had been set and examined by the parent body – The College of Occupational Therapists in London. In 1981 there was a devolvement of education to the individual programmes throughout the United Kingdom which remains to this day. This meant that each establishment could set its own course content based on a broad curriculum framework set by the parent body. To monitor and ensure standards each establishment undergoes a quinquennial tripartite validation involving representatives of the course parent establishment, the College of Occupational Therapists and the registration body (Health Profession Council).

At the time when this research was undertaken the Division of Occupational Therapy at Liverpool was using a curriculum validated in 1996. The essence of the

philosophy for this course is that there is a strong commitment to encouraging competent and confident practitioners who have a well developed sense of professional identity as well as the ability to use professional reasoning and judgement. Emphasis is placed on the acquisition of research skills and evaluation of all aspects of work on the course. The course is designed so that theoretical; practical and fieldwork elements are integrated into a modular structure to facilitate spiral and developmental learning. Due to local changes the revalidation of the curriculum was postponed to 2003 although an interim revalidation took place in 2002. Thus it is timely that I have chosen to investigate an aspect of the curriculum which will impact on the content of a new curriculum.

5.4 Developing a Researchable Study

In order to develop this picture into a researchable study so that more pictures could be put in the album I began by reflecting on my past experiences of doing research. This had included a small amount of survey work involving statistical analysis and interviews in both a focus group study and a longitudinal study. I then turned to the research texts on design methods to see what would be an appropriate framework in order to organize my new 'album'. This turned out to be less simple than originally thought, for in trying to find a methodology to 'fit the purpose' I realised that I first needed to appraise the main philosophical and epistemological differences between qualitative and quantitative research and then allow the research strategy to emerge from this understanding.

5.4i Qualitative and Quantitative Research Explored

The task of carrying out an enquiry is complicated by the fact that there is no overall consensus about how to conceptualise the doing of research. This shows in various ways, for example, there are different views about the place and role of theory, also about the sequence and relationship of the activities involved. One model suggests that all the data is collect before starting to analyse it and another has the data collection and analysis intertwined.

These differences fall within two main traditions one of which is variously labelled the interpretive, ethnographic or qualitative and the other as positivistic, natural-

science based, hypothetico-deductive, quantitative or simply 'scientific'. When a researcher makes observations or gathers data he/she usually decides whether to use one or both of these broad categories of qualitative or quantitative data (Berg, 1998). Qualitative research basically involves data in the form of words, pictures, descriptions or narratives and the concepts and theories generated arise from the enquiry, that is, they come after the data collection rather than before it (Robson, 1993). Creswell (1998) not only reiterates the characteristics mentioned above but expands on it by adding

> "The researcher builds a complex, holistic picture, analyses words, reports detailed views and conducts the study in a natural setting" (Creswell 1998, p15).

Creswell's emphasis on a 'complex holistic picture' implies a complex narrative that takes the reader into the multiple dimensions of an issue and displays it in all of its complexity (Creswell 1998). This is often referred to as hypothesis generating research. In contrast quantitative research uses numbers, counts and measures of 'things' and commonly involves 5 steps of deducing a hypothesis from a theory, expressing the hypothesis in operational terms, testing the hypothesis, examining the outcome of the enquiry and modifying the theory in light of the outcome. This type of research is usually referred to as hypothesis testing as against the hypothesis generating mentioned earlier.

Qualitative research is not based on a unified theoretical position as in quantitative research but rather on various theoretical approaches which seek to construct the structures of a social field and the latent meaning of practices (Flick, 1998). Sullivan (2001) suggests the decision as to which general orientation to follow depends primarily on two factors.

- The knowledge of a particular research topic. When this is sketchy or when there is little theoretical understanding of the phenomenon it may not be possible to develop precise statements of concepts or use quantitative ways to measure them. In such cases then qualitative research may be used as it is more exploratory in nature. Such research can be very descriptive but it allows for

the clarification of concepts and theories. However as knowledge of the topic accumulates it may be more feasible to precisely state theories and derive testable quantitative predictions from them.

- The nature of our social behaviour. The debate here is whether human experience can be meaningfully reduced to numbers and counts as is called for in quantitative research. Quantitative researchers would argue that quantitative observations are precise ways of discovering and describing social phenomena by how often they occur (Sullivan 2001). Other social scientists dispute this position arguing that human experience has a subjective dimension to it which can not be captured by numbers or counts. They are better understood through narrative descriptions of people going about their daily routines as these capture the subjective meanings that are an essential element of understanding human social behaviour.

Undoubtedly there are situations and topics where a 'scientific' quantitative approach is called for, and others where a qualitative naturalistic study is appropriate. But there are '… still others which will be better served by a marriage of the two traditions' (Bryman 1988, p173). Bryman argues that many of the differences between the two traditions are in the minds of philosophers and theorists, rather than the practices of researchers. For example he concludes that

> "The suggestion that quantitative research is associated with the testing of theories, whilst qualitative research is associated with the generation of theories, can … be viewed as a convention that has little to do with either practices of many researchers within the two traditions or the potential of the methods of data collection themselves" (Bryman 1988, p172).

The view that differences between the two traditions can best be viewed as technical rather than epistemological, enabling the enquirer to 'mix and match' methods according to what best fits a particular study, is the starting point taken in this study, that is, initially there is no plan to select one or the other approach on ideological grounds. In essence I am leaving the options open at this stage but with more focus on a qualitative approach because I want to gain a comprehensive picture of the

development of reflection within the course curriculum in order to build on the experience for future development of the topic within the educational establishment and in fieldwork practice. To do this it would involve gathering not only samples of evidence of when reflection was taught in the curriculum but also how those involved in the curriculum (students and staff) understood reflection.

Related to the tradition adopted for an enquiry are the strategies used in designing the nature of the enquiry (Robson, 1993). Research strategies have been classified in many different ways, for example Tesch, (1990) identified 28 approaches; Crabtree & Miller, (1992) listed 18 types but one classification which is widely used distinguishes between three main strategies, namely experiments, surveys and case studies (Robson, 1993) Briefly, an experimental strategy measures the effects of manipulating one variable on another variable, a survey strategy involves the collection of information in a standardized format from groups of people and a case study strategy is the development of detailed, knowledge about a single 'case', or a small number of related cases.

Enquiries, in addition to the strategy used, can also be classified in terms of their purpose. Again a tripartite classification is commonly used distinguishing between exploratory, descriptive and explanatory purposes. The three strategies mentioned above each represent different ways of collecting and analysing empirical evidence. Again briefly, an exploratory enquiry seeks to find out what is happening so that the phenomena can be assessed in a 'new light'. Such enquiry is usually but not necessarily qualitative in nature. Descriptive enquiry requires previous knowledge of the subject of study so an accurate profile of persons, events or situations can be portrayed while an explanatory enquiry seeks an explanation of a situation or problem. These latter two forms of enquiry may be qualitative and/or quantitative in nature with each mode of enquiry having its own particular strengths which have been well documented in the literature where it is also suggested that there is a relationship between the strategy and purpose of the research. For example -

- Case studies are appropriate for exploratory work;
- Surveys are appropriate for descriptive studies; and
- Experiments are appropriate for explanatory studies.

While there is some truth in this assertion this need not be a necessary or immutable linkage as each strategy can be used for any or all of the three purposes. For example as Yin (1994) points out there can be and have been exploratory, descriptive and explanatory case studies carried out. In addition to this Yin (1994) also suggests that how and why questions narrow the choice of design to an experimental, historical or case study strategy that can then be further refined depending on the control and access I (the researcher) have to the phenomenon. Experiments are done when a researcher can manipulate phenomena directly, precisely and systematically in the laboratory or the field and when phenomena are deliberately divorced from context. This research is not in a laboratory situation so on that dimension experimental research could be ruled out as this research is in the field. However, the intention is not to knowingly manipulate the phenomena so again experimental research would not be an appropriate choice. Of the remaining two strategies it now emerges, like a self developing Polaroid picture, that a qualitative case study would be the most appropriate. This is because the plan of this research is to look at the contemporary phenomenon of reflection within the context of Occupational Therapy and as indicated at the end of Chapter 4, p111 the selected researchable areas all begin with a 'how' statement. Therefore in this study the 'case' is the course curriculum for Occupational Therapy Education at Liverpool in which the phenomenon of reflection is explored in a particular context but before planning the ultimate framework for this study I then had to clearly understand what was involved in case study research.

5.4ii Case Study Design

The distinguishing characteristic of a case study is that it focuses on contemporary phenomena and that contextual information is collected about a case so that causal processes, where there was little or no control over events, can be better understood (Yin, 1994; de Vaus, 2001). In other words a case study is 'a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context, using multiple sources of evidence' (Robson 1993, p146).

A case is the 'object of study'. It is the unit of analysis about which information is

collected and which needs to be understood as a whole. The rationale for using a case study strategy is that the investigation covers both a particular *phenomenon* and the *context* within which the phenomenon is occurring. This is because context will contain important explanatory information about the phenomenon and where the boundaries between the phenomenon and context may not be clearly evident (Yin, 1989). The study of context is important because reflection takes place within a context and its meaning largely stems from that context. As identified in the literature review (Chapter 2) reflection can have different meanings in different contexts, so to simply look at reflection and *give* it a meaning rather than *take* the meaning from participants in a particular context misses out on an important source of understanding.

Although case study research has often been seen as the weakest of research methodologies there are many possible advantages to using this method. Case study data is strong in reality because it is 'down-to earth' and attention-holding thus providing a 'natural' basis. Case studies recognise the complexity and 'embedded ness' of natural phenomena by catching the unique that may otherwise be lost (e.g. surveys). These unique features may hold the key to fully understand the phenomenon of study. Case studies are also a step to action. They begin in a world of action and contribute to it in terms of self-development, for feedback or educational enhancement, which is an objective of this study. In case study research the language used is less abstruse or philosophical thus making the report easier for the reader. That is, a case study should be immediately intelligible and speak for itself. The final advantage, which is particularly relevant to this study, is that a single researcher without needing a full research team can undertake case study research.

The purpose of a case study design is to seek and achieve a complex and full explanation of the phenomena (reflection) (Sullivan 2001). An explanation is one way of gaining knowledge of reflection. For example, the use of reflection in occupational therapy practices. Such explanations can adopt either a nomothetic explanation (understanding that can be generalized beyond a single study) and/or an idiographic explanation (understanding of a whole patterned sequence). In the former the knowledge gained is probable in nature about a whole group rather than about

specific individuals in the case. In the latter it is deterministic in nature, in that the events being studied did actually occur in the case being studied, and identifies the causes that determine the outcome. Both forms of explanation have their weaknesses. In a nomothetic explanation it is not possible to make claims about knowing the totality of what produced the phenomenon in the case and therefore the explanation tends to be a *partial* rather than *full* explanation. A major weakness in an idiographic explanation is whether knowledge can be extended beyond the particular case being studied. Though each form of explanation is incomplete in itself when used together a more complete explanation can be achieved.

It has been identified in the literature (de Vaus 2001, Stake 1994, Yin 1994) that there are basically four designs appropriate to case study research. These include a multi-sited or within-sited context with single or multiple cases encompassing either a holistic or an embedded design. That is, the primary distinction between single and multiple cases is the unit of analysis and context about which information is collected. For example, A single case represents only one replication and does not necessarily provide a tough test of theory (de Vaus, 2001). For such a study to be considered reliable it would first require a clear theory and well formulated propositions (Yin, 1994). A holistic case study would look at the entire make-up of reflection; how it is defined, models of reflection, how the skills of reflection are learned, how it is used, who reflects and its strengths and weaknesses. The focus would be on the existence of the reflection as an entity and the characteristics of the reflection that apply to that existence.

However, according to de Vaus (2001), a well-designed case will avoid examining just some of the constituent elements but instead will build up a picture of the phenomenon taking into account information gained from many levels so that a full picture (of reflection) in all its complexity is obtained. Information needs to be collected from a wide range of the constituent elements (embedded units) of the larger unit and including the context in which the major unit resides.

In designing case studies two other elements can also be built in, namely:

- A parallel or sequential design. In a parallel design all the cases would be

collected at one point in time. A sequential design is where case studies follow one another An advantage of this is that the selection of each case and some of the issues examined can be informed by 'puzzles' identified in earlier cases (de Vaus, 2001).

- A retrospective or prospective design. Most case study research includes a time dimension as it provides a good way of carefully mapping the development of events. A prospective design involves tracking changes forward over time and has the obvious advantage of enabling the investigator to look at events as they occur rather than relying on partial and/or reconstructed accounts. A retrospective design involves collecting information relating to an extended period and requires the reconstruction of the history of the case. One of the problems here might be loss of evidence and mistaking the sequence in which events occurred. Which ever design is adopted the goal is to build up a clear and reasonably detailed picture of the sequence in which the events took place and the context in which they occurred (de Vaus 2001). Rather than eliminate historical and maturation factors from the analysis a good case study will include them in order to enhance the quality of the case study as the understanding will largely rest on how well historical and maturational factors are identified and included in any explanation (de Vaus, 2001).

As the purpose of this study is to understand and characterise the changes in the curriculum of occupational therapy with respect to reflective practice and to seek to identify any changes in students perceptions of reflective practice associated with these changes this study is retrospective in design with a built in historical comparative element which raises the question about what this involves.

5.4iii Historical/Comparative Element

In a case study strategy historical/comparative strategies are inherently longitudinal and involve the comparison of two or more events in order to determine the similarities and differences among them (Bollen, Entwistle & Alderson, 1993). It involves an examination of documents to reconstruct the past and infer some abstract knowledge from it (Alford, 1998). It focuses on one or more events over a period of time as events and processes unfold. Historical/Comparative strategies rely on the

analysis of available data usually in the form of documents that have survived from the past and more often than not follow a qualitative dimension although it can also include some quantitative analysis. Historical research can be very broad or narrow in focus. At a macro level historical research focuses on broad issues and is more deductive in nature while at a micro level focuses a single event and is more inductive in nature. Similar to a case study the ultimate goal of a historical/ comparative strategy is both exploratory and explanatory (Sullivan, 2001). Another goal is not just to know what happened in history but rather to develop an abstract knowledge about how events have evolved. A variety of situations can be explored to see if any commonalities can be found. This approach is more consistent with an interpretive approach; the development of interpretations of historical events and processes that have meaning in terms of understanding the present.

A strength of having a historical element built into the case study is that the available data is non-reactive and are therefore unaffected by the researchers activities. Documents can survive for longer than the people who produce them and added to this the break that occurred during the development of this study influenced the decision to use documents as the source for evidence. It is often the case that more documents are available than can be analysed, rather than too few which means that large samples can be used to increase confidence in the results.

A challenge of using documents in research is that because they are produced for purposes other than research, their quality can be quite variable. Therefore, it is important to recognise and acknowledge if there are any deficiencies in the data which may be due to the documents, especially those of a historical nature, being incomplete as this may reduce confidence in the findings and conclusions will need to be made cautiously.

5.5 Research Framework

In doing case study research there is no simple recipe following procedure because the case study as a research strategy comprises an all encompassing method – with the logic of design incorporating specific approaches to data collection and data analysis. In this sense, the case study is neither a data collection tactic nor merely a

design feature alone but a comprehensive research strategy (Yin 1994, p13). The literature on case study research therefore gives principles and guidelines for consideration that ensure a good case study is developed. The framework for this study is guided by five principles that Yin (1994) suggests characterises a good case study. They are:

5.5i Principles of Case Study Research

Case Design. Of the four choices identified by de Vaus (2001), Stake (1995) and Yin (1994) as outlined on p125 a within site (a single case) with embedded cases will be used. in The rationale for choosing this method is that it is a familiar format used by both researcher and participants in their work as occupational therapists and should provide a more powerful, robust and convincing insight than if only one case of reflection was used (Herriot & Firestone, 1983). Each embedded case which covers a particular time period of (a) 1993-1997 and (b) 1998-2002 is taken from an undergraduate programme of occupational therapy education.

Within this context data will be gathered, using comparative strategies, from where critical elements of reflection occur in the programme, namely the syllabus, the teaching of reflection and the student involvement with reflection. By using these embedded cases 'replication' logic can be used to gain insight as each case will either (a) produce similar results (a *literal* replication) or (b) will produce contrasting results but for predictable reasons (a *theoretical* replication) (Yin, 1994).

Significance of the Case Study. Such a study should cover both discovery and theory building. In this context the plan for this study is to discover what each embedded case reveals about reflection as portrayed during its particular time period. The significance of the time division between the first and second embedded case is that until 1998 the concept of reflection was not overtly taught within the curriculum. This division of time will allow a discovery to be made of the similarities and differences between the two time periods. It is hoped that if replication across the cases is found this will lead to a significant theoretical break-through.

Theory. In reading the literature on planning a case study there appears to be differing opinions as to whether a case study should begin with a theory base or not.

For example, Nisbet and Watt (1984) advise against the generation of hypotheses too early; rather they suggest it is important to gather data openly. Stake (1995) omitted theory from cases, preferring to focus on the description of the case and the issues this raised. In contrast Yin (1994) indicates that the initial step in a case study, at the heart of which is an explanatory approach, begins with theory development and the creation of propositions. I propose that this study will follow the advice of Nisbet and Watt where after data collection, analysis and formation of a model of reflective development theoretical perspectives will be considered, thus advancing a 'theory-after' perspective.

Completeness of the case study. This principle can be described in three ways:

- The boundaries of the case in which a distinction between the phenomenon being studied and its context are given explicit attention. Each embedded case used in this study will first be explained in terms of its context and then the focus of the phenomenon, namely reflection, will be explored and analysed in detail for each embedded case. Deciding the "boundaries" of a case also involves considering how it might be constrained in terms of time, events and processes. The plan for this study is to gather data over a nine-year period which will be carried out solely by the researcher using the processes given in Section 5.7.on data collection.

- The collection of evidence. Yin (1994) suggests the complete case study should "demonstrate convincingly that the investigator expended exhaustive effort in collecting the relevant data" (ibid. p148). In this sense the critical evidence of reflection will be collected from each source as given in the case design above.

- Having enough information to present an in-depth picture of the case which displays sufficient evidence to show both supporting and challenging data. It is important in this study that each embedded case is treated fairly and evenly in maintaining a chain of evidence to strengthen the validity of the evidence as discussed further in 5.5.iii.

Composition of the report. The fifth principle has to do with composition of the report and the style of writing used. In this case study, as indicated in Chapter 1 the

analogy of photography is being used as a means of dealing with the information in a logical and engaging manner. Therefore the findings of this study are presented from three different perspectives as if taking photographs using different lenses, namely, a normal lens, a wide-angled lens and a zoom lens. In this way it is hoped that my enthusiasm for studying reflection is captured in the 'pictures' I present.

5.5ii Issues in Qualitative Empirical research

When carrying out empirical qualitative research there are a number of issues that need to be addressed throughout the case. These include:

Bias. It is acknowledged that case study research is prone to bias in a number of ways due to the nature of the investigation. The first bias to be recognised in this study is the documents used for analysis were prepared from a particular perspective and for purposes other than research and therefore there is no assurance that they are objective as they may be slanted towards a particular viewpoint. It will also be necessary to be cautious when making conclusions across the documents because (a) they have not been biased by undue attention to one of the documents and (b) conclusions can only be made by comparing similar documents as discussed in Chapter 8.

Secondly, as I am part of 'the case' in terms of being an educator within the Division of Occupational Therapy I will need to assess my own desires, values and expectations to ensure they do not bias my interpretations. Such acknowledgement will be found in the personal reflective sections of the following four Chapters.

Thirdly, the students who participate in this study they will be drawn from a 'captive audience' in that the work they produce will arise from my involvement with them as an educator. A further response bias in students to be acknowledged is what is known as the 'desirability effect' whereby students have tried to present themselves in a positive light. This will be particularly true of the examinations essays where a degree classification was at stake. Although the students may not explicitly falsify, they may have left out of their account incidents or events that might have suggested different interpretations. It may also be that they do not all demonstrate their true

understanding or use of reflective practice but the evidence gathered will show in Chapter 9 that students do understand and use reflection at different levels.

Validity. To improve quality of this empirical study a number of tactics will be employed in describing and interpreting the documents to be used and analysed. These tactics are related to four validity tests.

- Construct validity. To ensure and increase this multiple sources of evidence will be used to establish a chain of evidence.
- Internal validity. Care will need to be taken about any inferences made. This should be successfully achieved by using the tactics of pattern matching, explanation-building and time series analysis as will be demonstrated in the interpretation of the data.
- External Validity. This test is concerned with whether the findings can be generalized beyond this study.

Reliability. This normally refers to another investigator replicating the same study. It is acknowledged that this will only be possible in a limited way of using the same data collection sources but because of the uniqueness of the curriculum and teaching at Liverpool it is unlikely that in a different context similar results would be found. What is important in this case is that a thorough understanding of the particular complex nature of this case is achieved. This should show the relatability of reflection in a syllabus, how it is taught and the effect these two have on students' ability to incorporate the use of reflection into their professional practice. The importance of particular findings and their relatability will be further discussed in Chapters 8 and 9.

Reliability in content analysis depends on many factors, including the skill of the coders, the nature of the categories and the degree of clarity or ambiguity in the documents (Weber, 1990). As qualitative content analysis requires a careful selection of the coding units reliability in the selection used will be gained by having a colleague scrutinise a cross sample of documents to check that the developed coding scheme is applied consistently during the analysis.

Ethics. The same ethical principles apply to a case study design as in other research design; i.e. confidentiality, anonymity, data security and informed consent will be adhered to. As the evidence gathered comes from documents the informed consent of the 'gatekeepers' of the documents was gained. These included, firstly permission was gained from the College of Occupational Therapists to have access to their curriculum framework documents. Secondly the Director of Studies of Occupational Therapy at Liverpool who consented to me having access to documents produced by occupational therapy students and documents used within the Division of Occupational Therapy. Thirdly consent was gained from the students participating in the study to use their written course work (see Appendix 4) and fourthly permission was given by tutors to use their teaching notes in this study. Another ethical issue is that it will be important to ensure that my two roles of researcher and staff member do not influence each other or that any possible influence is recognised and kept to a minimum.

5.6 Data Collection

An important part of a research framework is a description of the kinds of data to be collected and how this will be done. As this study is following an embedded case-method approach to a case study at The University of Liverpool permission was sought and gained.

Data comes in all sorts of shapes and sizes – test results, responses to questionnaires, diary entries and documents to name some of them. Many of them fall effectively into two categories – words or numbers, or some features of the words can be captured in numbers. Quantitative methods typically depend on large samples selected randomly in order to generalize with confidence from the sample to the population it represents (Patton, 2002). Such data collection is normally concerned with either conducting experiments to compare two or more variables or looking for trends about certain phenomena by conducting surveys.

By contrast, qualitative enquiry tends to focus on a small sample, even a single case and describes the scenes captured so that readers know what it is like to have been

there. In other words qualitative data tells a story by looking at parts within the context of the whole in which it exists (Goode and Hatt 1952). The strategies employed to create this story can range from a study of an individual (biographical), a study of a particular phenomenon to describe the lived experiences of several individuals (phenomenology), a study which creates a theory of why and how people act and react to a phenomenon (grounded theory) to the collection of data over time about an event, an activity or individuals (historical/comparative). Thus not only are the techniques for sample selection different, but each approach is distinct because of the purpose of each strategy is different.

Data collection for this case study relies on many sources of evidence as each source within the embedded design will call for different strategies to be used to answer or illuminate the enquiry questions. The limitations of this will be that I cannot say for sure what will be found and nor can I make any claims to knowing the totality of the phenomenon. As indicated in 5.4ii an idiographic explanation focuses on a single event or situation and attempts to specify all of the conditions that helped produce it in order to achieve a *full* and contextualised understanding.

For example, an idiographic explanation of reflection would examine particular aspects of reflection and develop a full picture of how reflection is then used in the Division of Occupational Therapy. The limitation of this type of explanation is whether it can be generalized; that is, it will be difficult to say whether the knowledge gained can be extended beyond the particular situation being studied. To truly understand reflection, it will be essential that in this study the whole complex context (nomothetic) and the patterned sequences (idiographic) in which reflection occurs are fully comprehended. Therefore in this study the context will be the Division of Occupational Therapy (the case) in which reflection is explained by studying its embedded parts.

As the main research question is asking about development over time, so that comparisons can be made, the literature suggests that unobtrusive data such as documents are the most appropriate source from which to gather data. Therefore in this study various documents drawn from archival material in the form of curricula

frameworks, student course work and staff teaching notes will be analysed to demonstrate the changes that have occurred over the nine-year period of this case. By analysing the content of these documents where reflection was seen as a desirable practice (historical) and comparing these with documents where reflection is seen as an essential skill (contemporary) a complete picture of the current development of reflective practice should become apparent.

To begin building this picture, documents related to the context of occupational therapy in the form of national curricula frameworks and the Liverpool course curriculum will first be examined to identify the inclusion of reflection/ reflective practice over time. The second picture to be constructed is how student understanding and use of reflection has changed with greater formal education of reflection. A stratified sampling approach will be used, whereby the student population from which data is collected is divided into their respective cohorts or subgroups so that comparisons can be made. As a source of evidence written interview schedules used as part of course work and examination papers written by students in their final year of the occupational therapy undergraduate programme will be used. Further evidence of the development of reflective abilities will be illustrated by an example from a student's journal writing (see Ch.8).

The final picture will look at how the development of lecturers knowledge of reflection in both in the educational and fieldwork settings allow them to inform students more overtly about reflection as a generic skill of occupational therapy. It is expected that this will be variable depending on the interest and knowledge of the lecturer but it will demonstrate the range of experience. Because not all the lecturers involved in teaching reflection during the time period of this study are now available for interview the content of their teaching notes on reflection will be examined to identify the focus of the lecture and the quality of the information imparted to students.

This triad of documentation will ensure the 'in-depth picture' is drawn from the case setting (curricula), the service providers (staff) and the service users (students).

5.6i Curriculum Documentation

The first selection of data gathering was taken from curriculum documentation, supplied by the parent professional organisation (College of Occupational Therapists, London) and the Division of Occupational Therapy, University of Liverpool (further details of each document will be given in Chapter 6, Section 6.5). The purpose of using these documents is to look at the inclusion of reflection and to ascertain what changes to the value placed on reflection have occurred over time in these curriculum frameworks. These documents included:

- Curriculum Framework for Occupational Therapy Education, published 1993 and 1998 by the College of Occupational Therapists (Parent Professional Body)
- The validated course document for occupational therapy education at The University of Liverpool compiled in 1996.

5.6ii Students

The second selection of evidence comes from year three undergraduate B.Sc. (Hons.) degree occupational therapy students, at a single site (The University of Liverpool). The documents collected from these students included final year examination scripts and responses to an interview schedule the purpose of which was to identify student knowledge, use of reflection and to what extent they valued reflection and reflective practice. The data gathered was taken from three cohorts of students both with and without formal education of reflection so that students' perceptions of reflection could be tracked in relation to the changes in the curriculum.

As this study is cross-sectional in nature but also investigates the development of reflection over time three cohorts each comprising students aged 18-45 (at the time of entry into the programme) of which 96% were female were used for the study. On the first day of their final year the students were informed of the proposed study and invited to consent to participating in the study (See Appendix 4). Those students who consented were also asked to agree to the identification of themselves on any data gathering instruments, so that individual profiles of their reflective experiences could be developed for future use. It was explained to the students that such identification would be anonymously coded for the presentation of results, in order to respect

confidentiality. Consent details for each cohort are given in Table 5.3

Table 5.3: Student Participation

Cohort	Number	Consent	Decline
1	39	39	
2	34	32	2
3	40	40	

No data was collected from the two students who declined consent

The selection of these cohorts of students was deliberately chosen because each cohort had a differing experience of being introduced to reflective practice during their fieldwork and academic course work as given in Table 5.4.The disadvantage of this selection was the small number of males included in this study although gender differences were not considered to be a feature of this study.

Table 5.4: Experience of Reflection

Cohort	Introduction to Reflective Practice	Reflective Experience	Retrospective Reflection
1	Yr.3 workshop	Unknown	Exam question
2	Yr.1 lecture	Yr.2 Course work Some fieldwork experiences	Exam question
3	Yr.1 lecture	Yr.2 Course work Yr.3 workshop F/work experience Yr. 2&3	Fieldwork reflective Diaries

In the above table the 'unknown' given in the reflective experience column is due to this cohort receiving no formal education on the topic of reflection and only some of the students being encouraged, by fieldwork supervisors, to keep reflective diaries during fieldwork placements. Cohort 2 who were introduced to reflection via a lecture in Year 1 were then expected to submit reflective accounts as part of course work and encouraged to keep a reflective diary in their year 3 fieldwork experiences. It should be noted that due to the absence of the researcher, this cohort did not

participate in the Year 3 reflective workshop. The 3rd cohort of students received the initial introduction to reflection in year 1, continued with reflective assignments in year 2 and was expected to keep reflective diaries throughout year 2 and year 3 fieldwork experiences.

As indicated in the 'Early Attempts' section of this Chapter it was planned to do qualitative interviews with Year 3 students and to follow up a cross sample selection of these students within the first two years of post-qualification as occupational therapists. It was also planned that this process would include three cohorts of students, but regrettably this plan had to be reconsidered for the reasons described earlier. In redesigning the research strategy a longitudinal design was dropped in favour of a cross-sectional design where students at a particular point in their undergraduate studies would become involved in the study. Interviews were again considered but it became apparent that doing this could be thwarted because of two major factors, namely:

- Student availability. In their final year of study the students are having fieldwork experiences until the Christmas vacation and immediately after returning to University begin a workshop on reflective practice. It was considered unethical to interrupt fieldwork for research purposes and there was no time to do interviews before the reflective workshop. Within this planned cross sectional design interviews could still have been used after the workshop but again this was considered unethical because by then the students were in the final stages of preparing for their qualifying assessments and it would have been irresponsible of me to distracted them for research purposes. Such interviews, had they been carried out would undoubtedly have given a biased view and been influenced by the teaching they had received from me.

  Another problem of student availability was due to the gap that occurred after 18months into this research by which time the first cohort from which current data (namely, examination scripts) was collected had already qualified and many of them had moved away from the Liverpool area. Therefore these interviews would have been dependent on a convenience sample which may not have given a true picture or covered the full range of reflective abilities.

Added to this was the time allocation for the research which meant that it was not possible to restart with a new set of three cohorts.

- Number of Interviews. To gain a comprehensive picture of students understanding, knowledge, skills and attitudes of reflection it would have meant conducting 30-40 interviews within a two month time period. This too was deemed impracticable, not only from the students point of view but also as I, as the single researcher in this study am engaged in full time curriculum facilitation and it simply would not be possible to conduct the required number of interviews in the time available.

To overcome these dilemmas it was decided that rather than do 'oral' interviews the best alternative was to do a 'written' interview whereby the students would be given time, by the researcher, at the beginning of one of their practical classes facilitated by the researcher to complete an open-ended interview schedule. This would also have two advantages. The first being, that the students would then be free to give responses that had not knowingly been influenced by the researcher's stance on reflection. Secondly by using a written interview schedule the students were not meeting the researcher face to face, which when carried out orally can give distorted data due the relationship between the interviewee and the interviewer and the former wanting to 'please' the latter. Both these factors could have been a strong influence in such interviews because at the time they would have been conducted both researcher and students would have been working closely together for three years. The disadvantage of a written interview schedule is that as the researcher I would not be able to explore in greater depth the thoughts and feelings the interviewees might have had while answering the questions but these were considered secondary to the knowledge and experience that the written schedule would provide.

Interview schedules can be similar to questionnaires which are traditionally associated with surveys to produce quantitative data but they can also be used in a "site-specific case study where qualitative, word-based and open-ended questions are more appropriate, because they can capture the specificity of a particular situation" (Cohen, Manion & Morrison, 2000 p247). Using the principles of an interview schedule the questions used followed a clear structure, and sequenced from the

general to more specific questions with a focus on students' knowledge, experience and use of reflection. Gathering data in this way enabled the individual student to respond in his/her own terms and although the agenda was set by the researcher there was no presupposition as to the nature of the responses. Thus the students would be able to write freely in their own terms, to explain and qualify their responses. This would avoid using preset categories of response as is usually the case in quantitative questionnaires. Literature on question design (Wilson & McLean 1994; Cohen, Manion & Morrison 2000) stresses that the issue for researchers is one of 'fitness for purpose' and this was a contributing factor in devising a method of gathering information from a large number of students in the time available.

A second source of evidence collected from the students comes from a final year qualifying examination in which students were asked to relate their undergraduate experiences to a given quotation from a professional journal. This quotation was specifically related to reflection and reflective practice.

In summary, the data collected from the 3 cohorts included responses to an interview schedule given at the beginning of a Year 3 reflective workshop (Cohorts 1&3) and examination papers (Cohorts 1 & 2) Details of all these data gathering materials are given Chapter 6, Section 6.5ii. A sample from a reflective diary, for illustration purposes only, is also gathered from Cohort 3 and will be seen in Chapter 9.

5.6iii Staff

The final source of evidence was collected from staff lecture notes to show the depth and extent of information on reflection given to the students when the lecture was delivered. Over the past three years three different members of staff, in the Division of Occupational Therapy, have given the introductory lecture on reflection. The 3rd member of staff to give the lecture was my-self (researcher) who gave the lecture to a cohort of students not included in this study. The other two members of staff who gave the lecture to cohorts 2 and 3 both agreed that their lecture notes could be used in documentary analysis for this research study. Further details of these documents are given in Chapter 6, Section 6.7 and in Chapter 7 a comparison in the lectures over time will be given.

All the data collected comes from different points in time and are summarised in Table 5.5 in their chronological order

Table 5.5 Documents used for Data Collection

Year Produced	Type of Document
1993	Curriculum Framework - College of Occupational Therapists
1996	Curriculum Framework – Division of Occupational Therapy
1997	Year 3 Examination scripts
1998	Curriculum Framework - College of Occupational Therapists
	Staff teaching notes
1999	Written Interview Schedule
2000	Staff teaching notes
2001	Year 3 Examination scripts
2002	Written Interview Schedule
	Staff teaching notes

5.7 Data Analysis

After data has been collected in an enquiry, it has at some stage to be analysed and interpreted. As indicated in Section 5.4i there are situations when a multi-method approach to data collection is required. A good example of this is in case study research which allows for both qualitative (words and other data which come in a non-numerical form) and quantitative analysis (numbers and data that can be manipulated statistically).

The traditional model is for this to take place after all the data are safely gathered in. Sometimes, however, particularly with a case study, it makes sense to start this analysis and interpretation early in the enquiry. Analysis is necessary because data in their raw form do not speak for themselves because the messages stay hidden and need careful teasing out (Robson, 1993). The processes used and the products of analysis provide the bases for interpretation. As Robson says

> "Analysis is not an empty ritual, carried out for forms sake...nor is it a 'bolt-on' feature which can be safely not thought about until the data is gathered" (ibid, p306).

The goals of qualitative data analysis are both similar and different from the goals of quantitative data analysis. They are similar in that the analysis uses the raw data to extract meaning from the observations made. Beyond this similarity there are clear differences from one another. One difference is that qualitative research recognizes that abstraction and generalization are matters of degree.

The second difference is that qualitative research devotes more attention to the efforts to put the data in context, that is, to understand people and organizations within the full context or situation in which they act. In other words some qualitative research focuses on idiographic (deterministic in nature) rather than nomothetic explanations (probabilistic in nature). A third difference is that qualitative research tends to place more emphasis on inductive reasoning than on deductive reasoning. As part of the goal of stressing the contextual, qualitative research maintains a close, interactive link between data collection and data analysis (Sullivan 2001, p451).

As indicated above, analysis transforms raw data into findings. In quantitative analysis there are set procedures of determining coding categories before collecting data, assigning numerical values to each code and submitting the coded data to statistical analysis. In qualitative analysis there is no set formula but rather guidance is given in the literature to several possibilities. The challenge of qualitative analysis lies in making sense of massive amounts of data. This involves reducing the raw data, sifting trivia from significance, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals. Miles and Huberman (1994) say " we have few agreed-on canons for qualitative data analysis, in the sense of shared ground rules" (p16) and so Patton (2002) advises to "do your very best to fairly represent the data and communicate what the data reveal given the purpose of the study" (Miles and Huberman 1994, p433).

The goal of data analysis is to provide description, explanation and evaluation and as this is study is using documents to analyse this will be achieved by content analysis which can take two forms. From a quantitative perspective this involves searching text for recurring words or themes such as the number of times a word appears in a particular space (e.g. page, column). The purpose of this sort is so that statistical

analysis can be completed, which is usually achieved via a computer programme such as SPSS. What this analysis gives is concerned with frequency and distribution of coded words. However, such analysis does not give insight into the meaning of the words to the individual respondent. This is because such coding relies solely on manifest content (those items which actually are physically present) and takes no account of the context in which the coded words are embedded.

From a qualitative perspective content analysis refers to the sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings as can be done in case studies. The core meanings are often called patterns or themes and may be distinguished respectively as pattern analysis or theme analysis whereby a pattern is a descriptive finding (e.g. Almost all respondents reported...) while a theme takes a more categorical or topical form (e.g. feedback).

The way of analysing qualitative data is by inductive analysis which involves identifying and categorizing the primary patterns and/or themes in the data. This is often called 'open coding' (Patton 2002, Strauss and Corbin, 1998) to emphasize the importance of being open to the data. This essentially means analysing the core content of the data to determine what is significant and what items fit together. By looking for recurring regularities which can include both convergent and divergent patterns in the data these can then be sorted into categories and/or themes. Throughout this process it is crucial to maintain a balance between consistency (that is systematically gathering relevant data about categories) and the making of discoveries (uncovering new categories or new properties and dimensions).

As this case study includes embedded units from which different types of data have been collected the relevant analytic techniques used in social sciences can be used. For example, the interview schedule used can be analysed using survey techniques, the curriculum framework documents which contain archival material can be analysed using a form of time-series analysis. The distinguishing feature of this type of analysis in each data source compared to a regular survey or historical research is that the unit of analysis is clearly embedded within a larger case, and the larger case is the major interest of this study (Yin 1994). The analysis of data from these sources

will be predominantly qualitative in nature but will also include some quantitative analysis whereby statements within themes and categories will be tallied to indicate the strength of reflection within these themes. There is no intent to carry out any statistical analysis.

Following Miles and Huberman (1994) I find it helpful to organize the data analysis into three categories: data reduction and analysis, data displays and drawing conclusions and verifying theories .These are not seen as sequential steps but rather as overlapping activities that support each other thus forming an "interactive, cyclical process" (ibid p12). This is the format that will be adopted in the following three chapters. Added to this, as indicated earlier, on p127, each embedded case is described in Chapter 6 and the analysis is structured around theoretical ideas. The selection of facts is based on what is seen as relevant and important and are given in an order according to the document from which the facts are taken.

In Chapter 7 the description continues but is time ordered whereby similar documents (for example all the curriculum frameworks) are compared. In Chapter 8 the analysis changes to that of a more explanatory nature where each embedded case is analysed so that a theoretical model can be built around how students demonstrate their level of reflective ability. At the heart of this analytical induction is, as Denzin, (1978) puts it "a strategy of analysis that directs the investigator to formulate generalizations that apply to all instances of the problem" (ibid p191). It should be noted here that as the main purpose of this investigation is to identify the influence on student's perceptions of and the value they give to reflective practice this latter form of analysis will be mainly centred on the documents collected from students.

In order to analyse the facts in each document, as discussed above, a form of coding will be used in which both a quantitative and qualitative perspective is possible. To begin with a deductive approach is used to reduce the data to significant facts and then an inductive approach is used to compare emerging patterns and themes across documents. The details of how this was done within each document will be given in the relevant sections of Chapter 6. In principle the raw data from each document was collated under the major headings in the original text (for example, in the interview

schedule all the answers to question 1 were listed) The next step was to use a form of coding to closely examine and analyse the core content of the data to break it down into patterns which could be sorted into categories that were generated from the development of a taxonomy of key factors identified in the literature. For example in the literature review *methods, skills and definitions* of reflection were explored and these terms formed some of the initial categories when analysing the interview schedules and examination papers.

5.8 Conclusion

When taking photographs for a precise purpose, rather than being 'snap-happy', it is essential to plan well ahead in terms of considering the time of day, distance from the object, the size of lens to be used, the core subject of the picture and the surrounding context. In this chapter I have explained how and why I have selected and organised the details I needed to take into account in taking my pictures of reflection. Hopefully this careful planning will enable a sound knowledge base to be established which could inform how reflection is incorporated into future syllabi of occupational therapy education at Liverpool. It is also hoped that the discoveries made in this study may also be of use in other educational establishments, particularly related to the health science professions where they can compare their experiences with this one and so inform a wider understanding throughout the professions of this experience. In the next chapter I turn to the darkroom impressions to see what the picture (embedded cases) quality is like.

Chapter 6

Darkroom Impressions

*"The trick is to discover essences and then to reveal those essences with sufficient context, yet not become mired trying to include everything that might possibly be describe*d"

(Wolcott 1990, p35)

6.1 Introduction

In the darkroom my film has now been developed and the next thing I am interested in is the quality of pictures I have taken in terms of context, content and clarity, i.e. the true essence of each picture. Thus the purpose of this chapter is to do the same with the 'pictures' I have gathered for this study. As indicated in Chapter 5 that documents would be used as the source for data gathering I will begin by discussing the use of documents as a form of evidence. Sub-sections 6.5 - 6.7 give the context from which each document was taken and how they can be analysed using content analysis by gathering together categories and themes from each source to demonstrate issue-relevant meanings that emerge. The next form of data analysis, namely, direct interpretation will be explored in Chapter 7: "Through the Wide Angled Lens" where the emphasis will be on a comparison of findings between each document. Chapter 8: "Through the Zoom Lens" will focus on the development of reflection over time within each document to complete the evidence from the data gathered.

6.2 The Use of Documents as Evidence

Whether an unintended outcome or an intentional creation, the 'things' that people produce can, according to Webb et al (1981), be considered as indices of some aspect of human behaviour. For this reason it was decided to use documents to analysis the ways in which reflection and reflective practice had developed in an occupational therapy curriculum and the impact this had on the value students gave to reflection in their professional practice.

Documents are items that can be read and relate to some aspect of the social world

and include a vast range of materials found in all sorts of places. In classifying documents they can be divided into five broad categories of the media, visual documents, public records, private papers and biography (Gilbert, 2001). The latter three categories were used in this study as explained below.

1. Public Records Although examples of these are usually identified in literature as government papers (e.g. census, Hansard, public reports) they can also include public documents of any large organization. In this case study there are three public records to be scrutinized. The first is the Curriculum Framework documents for Occupational Therapy Education, produced by the College of Occupational Therapists in 1993 and which provided the foundation for the validated course document used at Liverpool at the time this study was undertaken. The second document will be an upgraded national curriculum framework published in 1998 which provides the foundation for the new validated course document implemented at Liverpool in 2003. A third public record is the University of Liverpool BSc (Hons.) Occupational Therapy, Validation Document implemented in 1996 and therefore chronologically comes between the two documents mentioned immediately above.

2. Private Papers. These are documents of a private individual, which are written to give an account of an event. Two sources of evidence are used whereby students were asked to give an account of their understanding of reflection. The first of these is a written interview schedule in which students expressed their views about various aspects of reflection. The second document is an examination paper where students selected from a choice of subjects to write about.

3. Biography. The term biography usually refers to an account by an individual that reflects the life of that individual, or some aspect of it to portray the meaning of life for that person (Gilbert, 2001). However, biography can also be used to explain meaning. This latter approach usually involves an author drawing on many relevant sources to present an account of an event or topic and what it means to them. This is the format for the final source of evidence, namely, lecturers' teaching notes. Here the author of the notes had to select appropriate information to make the subject of reflection meaningful to her students. This

interpretation of using biography may also be seen as a combination of a) and b) above in that the contents of the lecture notes become public information and private papers in that they were the personal interpretations of the individual.

With any research method there are a number of general advantages and disadvantages as discussed in Chapter 5 and this is equally true of document analysis. By using documents for analysis means that the researcher does not need to be in direct contact with the people producing the documents. This was important in this study because in my roles as both researcher and lecturer I did not want to directly influence any responses to questions I posed to students on reflection. It is acknowledged that by electing to use documents produced by the students for purposes other than research, their quality for research purposes could be quite variable. This was particularly true in the examination papers where they were slanted towards a particular viewpoint because of their original purpose, that is, to be successful in a final year examination.

Another factor that influenced the use of documents in this research was that written text endures for longer than spoken information This was the situation of the students documents used in the historical element of this study where I wanted to study the perceptions students had of reflection at a particular point in time and at the time of analysis these authors were no longer available. A further factor that needed to be established was the authenticity of the documents, that is, each document needed to be analysed completely to ensure that what was gathered from the document was both genuine and reliable. By doing this it made it easier to check whether the document was distorted in any way. For example, in the staff teaching notes it was anticipated that the content would be slanted towards the particular skill requirement of occupational therapists and the authors' understanding of reflection.

In writing an examination paper it was expected that students would give information that they thought examiners wanted and therefore may not necessarily have been their personal ideologies. Investigators from positivist perspectives view the point made above as a criticism of document research because the documents are seen as being too subjective and impressionistic (Bowling, 1997) but as I was seeking to find

out students understanding and value of reflection and reflective practice this criticism was seen to be a positive factor in this study.

6.3 Document analysis

Documentary analysis is commonly referred to as content analysis which Robson (1993) defines as 'codified common sense' (ibid p275): a refinement of the ways that might be used by lay persons to describe and explain aspects of the world about them. In carrying out a content analysis of gathered data that has been produced for some other purpose there is an acknowledged format to be followed. To begin, the research question and a sampling strategy have to be identified followed by defining the coding units, constructing categories for analysis, testing the reliability of the samples and then carrying out the actual analysis. As stated on p146 3 groups of documents are being used to collect data for analysis. In each group the format outlined above is followed, preceded by a brief description of each document.

According to Robson (1993) there is some argument in content analysis circles about the degree of inference when categorising items. This is sometimes expressed in terms of *manifest* and *latent* content where the former are those items that are physically present (e.g. a particular word, which in this study are the terms reflection and reflective practice). The latter is a matter of inference or interpretation on the part of the coder (e.g. in this study such inference would be the cognitive skills inherent when reflecting, such as: problem solving, clinical reasoning, thinking and analysis). These terms were identified in Ch.4 as being relevant to the reflecting process.

6.4 Analysis of Public Records

In these three 'public' documents the answer to the question: 'how has the notion of reflective practice been incorporated into the curriculum?' is being sought. The sampling strategy used is to focus on those parts of the document that pertain to the activities required of an occupational therapist in order to carry out his/her job. The coding units are references to reflection both manifest and latent. By this is meant the

occasions where the term reflection/ reflective practice is mentioned as well as those occasions where there is an inference that reflection is involved in a particular statement. For example, 'evaluate his/her professional practice and the service provided to service users' (1998 Framework Document, p6).

Each identified reference to reflection or reflective practice and inferences were then recorded within the section heading of each document. To test the reliability of the selected references two occupational therapists, one in another academic institution and myself, read each document thoroughly and any reference to reflection, clinical reasoning, evaluation or similar synonyms were looked for and noted within each section of each document. By doing this it was possible to identify whether reflection and associated terms were seen as a desirable outcome and/or a definite skill required by an occupational therapist. A comparison between the documents is given in Chapter 7 but below is an account of what was found in each of the individual documents pertaining to 'public records'.

6.4i Curriculum Framework Document for Occupational Therapy Education (1993)

This document was produced by the College of Occupational Therapists (COT) (London) in October 1993. It is 17 pages long and is divided in 4 introductory sections and 7 sections of curriculum content (see Appendix 5i: Contents). The document begins with 3 definitions of occupational therapy (The College of Occupational Therapists, World Federation of Occupational Therapists and the Committee of Occupational Therapists for the European Community) and is then followed by a rationale which is summarised as:

> "The Curriculum Framework presents the core curriculum which is central to all occupational therapy courses at first degree level... All learning programmes should equip graduates with the professional skills required of a newly qualified occupational therapist who is a competent practitioner."

A list of occupational therapy values and beliefs (p.6) are then given which were taken from a summary provided by Yerxa in 1980.

Data Analysis

There was agreement between the two coders about the statements identifying references to reflection which could be coded in each section. The document is divided into 11 major sections the first three of which are brief and cover definitions of occupational therapy, rationale for the framework and the roles of the various bodies involved in the validation process. Of the remaining 8 sections the number of statements in each section was noted.

Throughout the entire document 15 references to the coding units were found and are given in Table 6.1.where the left-hand column gives the section heading and the number of statements encountered (given in brackets) for that section. The right-hand column gives the actual statements referring to the coding units found within that section. As will be seen in Table 6.1 two of the sections, namely Values and Beliefs, and Contributory sciences did not contain any statements relevant to reflection. This is because in the case of the former it is largely based on professional practice as summarised by Yerxa in 1980, which is before reflection was firmly identified as a part of professional practice. In the latter section Contributory Sciences focuses solely on the content of subjects such as anatomy, psychology, sociology, medical and psychiatric studies.

Table 6.1: Reflective Statements in Curriculum Framework (1993)

Document Section	Reflective Statements
Values and beliefs (10 statements)	Nil
Theory & Practice of OT (37)	Core skills – analysis of occupation OT process – evaluation and reflection
Professional Contexts (41 statements)	Ethical Practice – clinical & moral reasoning & reflective practice Management – professional, development, (Self) professionalism (of others) supervision
Skills and media (27 statements)	Analytical skills – evaluative skills Professional Skills – Problem-solving skills
Prof. Evaluation & Research (16)	Evaluation of self and practice
Fieldwork (13 statements)	Professional competence, facilitation of learning, development of reasoning & judgement, promote reflection on &analysis of experience & practice
Contributory Sciences (19 statements)	Nil
Competent practitioner (14 statements)	Apply analytical and reflective skills to evaluate and innovate practice. Demonstrate commitment to personal and professional development

As can be seen in Table 6.1 there is only two manifest references to reflection, these being in the Categories of Professional Contexts and Fieldwork but 'evaluation of practice', 'professional competence and development' and the 'development of reasoning and judgement' indicates that reflective skills are implicit within the document.

For example, an instant of a manifest statement in this document is seen in Section 1.3 of Theory and Practice of Occupational Therapy where it is stated 'the essential professional intervention involves evaluation and reflection', but no other details are given. A latent example is found in the Skills and Media section where '(i) analytical skills include task analysis and evaluation skills; and (ii) problem-solving skills are the identification of a/the problem and generation of solutions.

This could be interpreted as being similar to the stages in Gibbs reflective cycle discussed in Chapter 2. Also, in Chapter 4 I identified in Figure 4.1 that to problem solve initially required a period of reflection and so the above statements in the document, it could be argued, infer that reflection is a requirement to achieve these skills. However, as only 15 of the total 158 statements made in the document have an inference to reflection it is clear that the inclusion of reflective skills as a requirement of occupational therapy were in their infancy in 1993.

6.4ii Curriculum Framework Document for Occupational Therapy Education (1998)

This document produced by a Curriculum Framework Steering Group at the College of Occupational Therapists (London) in 1998 is 19 pages long (excluding appendices) and is divided into 11 sections. A Table of Contents is found in Appendix 6i. Section 1 of the document states its purpose, which is summarised in the following quotations taken from that section and in which the words in italics have been inserted by me for grammatical correctness and updating the information to current terminology.

> The purpose of the document is to provide a comprehensive framework on which programmes leading to a professional qualification in occupational

therapy should be established. The curriculum framework should be a flexible, working structure that should allow for various approaches to educational provision without being prescriptive. However, the requirements (rather than guidelines) are intended to provide the standards to which all programmes should aspire. This document specifies the academic and fieldwork requirements as an integrated curriculum for occupational therapy qualifying education.

...

Statutory requirements for occupational therapy education *are* governed by the Professions Supplementary to Medicine Act 1960 (*now known as The Health Professions Council enacted 2002*).

...

The curriculum framework places the occupational therapy student at the centre of the educational process. It focuses on the student:

- as a learner,
- as a potential employee and
- as a developing therapist.

The outcome of all programmes must be competent occupational therapists that have a range of skills (see appendix 6ii) developed at least to a basic level of competence and who can draw on, and use, these skills and the principles of occupational therapy to practice in a variety of contexts (p.1-2).

Data Analysis

The document was read thoroughly to familiarise the contents and to identify relevant words and phrases (manifest and latent) appropriate to this study (See appendix 6ii). In the literature review I identified that reflection and clinical reasoning were inextricably entwined and this is reflected in the statements found in this document. When these statements were scrutinised further it was possible to group them under headings of when reflection would occur as given in Table 6.2.

Table 6.2: When Reflection Could/should Occur

Prospective (Principle)	In Action	On Action
Believes reasoning and problem solving(3)*	Reason effectively,	Reflect on professional practice (5)
Clinical reasoning and self reflection (4)	make judgements (5)	Reflect on performance (5)
Process of reasoning (5)	Responsibility for performance (5)	Evaluate professional practice (5)
Use experience (5)	Option appraisal (6)	Give constructive feedback (5)
Professionalism (6)		Evaluate service provided (5)
Principles of reflection (6)		Review strategies (6)
Principles of reasoning (6)		
Professional reasoning (6,7)		
Problem-solving process (6)		
Opportunity to reflect (7)		

*The number refers to the cross-reference section as given in Appendix 6ii

In a document of this nature it is not surprising to find that 10 statements from a total of 19 statements have been listed in the prospective category, as much of this document is about the principles that should be followed. It is also interesting to note that there are twice as many statements in the on-action category compared to the in-action category.

Of the 59 skills grouped under the 7 headings in Appendix A of the Curriculum Document (See appendix 6iii), 23 (39%) manifest and latent references to reflection and reasoning were found. Although there are only three manifest references to reflection, in the skills of study (appraising reflection), practice (reflecting)and research (reflecting on personal learning), all the process skills categories have latent inference to reflection in their content as can be seen in Table 6.3. For example,

Study skills – evaluating performance;

Practice skills – problem solving, reasoning, decision making;

Management skills – reviewing performance;

Self development skills – learning from experience.

Table 6.3: References found in Appendix A

Process Skills	Reference
Study Skills	Taking responsibility for learning Inquiring into, appraising reflecting on and evaluating performance Developing and presenting academic argument Continuing professional development
Interpersonal skills	Becoming professional
Teaching skills	Responding to questions
Practice Skills	Observing, reflecting Analysing activity, Problem solving Assessing strengths and needs Evaluating interventions and outcomes Reasoning and decision making Applying professional knowledge and skills
Management Skills	Using supervision Reviewing performance Evaluating service provision Making informed decisions based on feedback
Research skills	Inquiring Reflecting on personal learning
Self Development Skills	Developing competence Developing professional artistry Evaluating own performance Learning from experience

Thus, within this Framework Document it is recognised that the education of occupational therapists requires both reflective and clinical reasoning skills, confirming the models I suggested in Figures 4.1 and 4.2 demonstrating the entwining of reflection and clinical reasoning in a profession such as occupational therapy. This is also emphasised in the table above where the biggest cluster of relevant skills are found in the category of 'Practice skills'.

6.4iii The University of Liverpool BSc (Hons) Occupational Therapy (validation document)

This document produced by the Division of Occupational Therapy (Liverpool) in 1996 is divided into two parts: Part A comprising the course of 211 pages and Part B which contains 16 appendices. A Table of contents is found in Appendix 7i. Chapter 2 of Part A of this document states the course philosophy, which is summarised in

the following quotation.

> This honours degree course is designed to develop competent, reflective practitioners. In order to work within, and adapt to, a multi-professional health care system, which is constantly subject to development and change, graduates must be equipped with a range of flexible professional and interpersonal skills.
>
> The teaching process should be an integrative exercise so that students understand the commitment of the course team and the overall planning that determines the content of each aspect of the programme.
>
> Students need to be able to reflect upon their experiences in a constructive and creative way, to systematically analyse their decisions and work, and to evaluate their performance. "Reflection and deliberation are considered to be central to the means of learning from practice. The reflective practitioner is one who systematically and seriously attempts to extract meaning from what has been and/ or experienced" (Fish, 1988).

Data Analysis of Part A

As with the previous document this document was read thoroughly twice, firstly to familiarise the contents and secondly to identify relevant statements appropriate to this study. The statements that were found in part A of the document are given in Appendix 7ii. These 53 statements were then classified under identified categories as given in Table 6.4.

Examples of statements from each category are:

General: ... capacity for reflective thinking which is essential for innovative and effective practice

Assessment: tools for critical evaluation

Year 1: reflect and analyse practice

Year 2: to become thinking and reflective practitioners

Year 3: apply skills of clinical reasoning, commence practice as reflective practitioner

Table 6.4: Categories and Themes

Category	Theme	Category	Theme
General	Reflective practitioner (C) Professional curiosity (C) Reasoning & judgement (C) Problem solving (2) Critically appraise (A Critical evaluation (A) Reflective skills (A)	Rationale	Evaluation of intervention (1) Reflective practice (2) Problem solving (2) Synthesising knowledge Skills (3) Reflect student abilities (3) Analyse problems (2, 3) Reflective Practitioner (1)
Aims	Reflective thinking (C) Critically evaluate (C) Reflect on current Practice (2) Evaluate skills used (2) Clinical reasoning (3) Problem solving (3) Reflection (3) Evaluate Practice (1 & 3) Reflective practitioner (3)	Learning Outcomes	Problem solving (C, 2) Critically evaluate (C) Reflective skills (C, 3) Reflect & analyse practice (1) Evaluating practice 2) Clinical reasoning & Reflective skills (3) Evaluate the outcome (3)
Assess-ment	Reflect on content (C) Reflect on experience(C,3)	Quality Manage-ment	Problem solving Critical faculties Assess own performance Reflect upon performance
Key:	C = Course in general A = Assessment	1 = Year 1. 2 = Year 2, 3 = Year 3	

In this document the clusters of statements are equally divided between four of the categories, namely general, rationale, aims and learning outcomes. In the above table the frequency of themes were then tallied as given in Table 6.5.

Table 6.5: Number of Statements in each Theme (No. of statements = 53)

Theme	Number	Theme	Number
Problem solving	11	Reasoning	5
Evaluate	9	Analyse	4
Reflect	9	Practitioner	4
Reflective skills	8	Curiosity	3

Thus within Part A of this document 24 of the 53 statements are about problem solving, evaluating, analysing and 22 statements are about reflecting, reflective skills and reasoning. The statements were then divided according to when they occurred in the syllabus as given in Table 6.6.

Table 6.6 Position of Statements (Total = 53)

Where/When	No. of Statements
General – Course overall, assessment, quality management	22
Year 1	9
Year 2	7
Year 3	15

As would be anticipated in a document of this type 41% of statements are found in the category of General. Although more statements were identified in Year 1 than Year 2 this may be due to more time in Year 2 spent in Fieldwork, which is considered in the analysis of Part B of the document below. However, although Year 3 involves the same amount of time in fieldwork as Year 2 and the Year 3 academic year is shorter, there is an increased recognition of reflective skills included in this year. This increase in Year 3 is probably due to my teaching of reflection and clinical reasoning which was introduced into the syllabus at a time when there was a growing interest in these topics. As I indicated in Chapter 3, having attending a training day on reflection, I became aware that this was an area of knowledge that was not overt in the syllabus but which should be an essential part of the skills and knowledge which students gained for their professional practice.

Data Analysis of Part B

Of the 16 appendices given in this part of the document appendices 10-11 are pertinent to this study. The statements that were found in these appendices are given in appendix 7ii (b) and summarised in Table 6.7a.

Table 6.7a: Statements Identified in Appendices 10 and 11

Appendix 10 P.A.P.D programme*	**Appendix 11** Fieldwork Policies and Procedures
Helpful to reflect	Become thinking, reflective practitioners
Review progress	Evaluate potentialities
Record: reflecting knowledge	Analyse problems
Reflect on experience (2)	Evaluate interventions
Professional competencies	Modify if necessary
	Self evaluation of treatment

*P.A.P.D. = Personal and Professional development

In Appendix 10.5(3): Personal and Academic Achievements it states "Students are encouraged to reflect on twelve such aspects, and to plot their progress and achievements in them" but it gives no indications of what the twelve aspects are. These two appendices identify the importance of analysing, evaluating and reflecting on experience.

Further details found related to the fieldwork assessment form are shown in Table 6.7b which gives the level of assessment in column one and the grading requirements for each year in columns 2-4.

Table 6.7b: Fieldwork Education - Assessment

Assessment Formative Assessment	**Year 1** Feedback on performance	**Year 2** Review objectives	**Year 3** Reflect on practice
Grading Criteria (ability to -)	Reflect on -	Reflective & analytical Identify action Improve performance	Reflective & analytical Identify action Improve performance
Grading Dependent	Cannot reflect or limited	Not able to reflect or limited	Not able to reflect or limited
Directed	Able to reflect	Limited reflection	Limited reflection Prompting required Evaluation incomplete
Assisted		Reflects with assistance Some analysis Some suggestions for improvement	Reflects with assistance Able to analyse Makes suggestions
Supervised		Able to reflect Good analysis Practical suggestions Can modify actions	Able to reflect Good analysis Practical suggestions Can modify actions
Self Directed		Excellent reflective skills Astute observations Accurate evaluation Can discuss reflection &evaluation	Astute observations Accurate evaluation of self and disciplines takes appropriate action, modify accordingly

In Table 6.7b only a dependent or directed (pass/fail) grade is given in year 1. In Year 2 a pass mark is achieved if there are no dependent areas and in Year 3 if there are no dependent and directed areas. Thus in the assessment grading of dependent the criteria statements for each year are similar. Although the ability to reflect is expected as early as year 1 it is not until year 3 that reflection appears in the list of learning outcomes for the year. In the Year 3 learning outcomes it states "apply and critically evaluate" and to "apply analytical and reflective skills to innovate and evaluate practice".

6.5 Analysis of Private Papers

6.5i. Interview Schedule

The interview schedule had a planned purpose of establishing a base-line understanding of reflection amongst students and was deliberately kept short, as it was only to take a short amount of time at the beginning of a workshop. It was also intended that the analysis of the interview schedule would guide me (lecturer and researcher) on how to structure the subsequent workshop activities in terms of what required greater emphasis, more detailed explanation and preparing answers to students' questions.

As indicated in Chapter 5 pp138/139 as an alternative to interviews an open-ended interview schedule was designed which also incorporated some of the questions first used in the originally planned questionnaire as indicated in the 'early attempts section of Chapter 5. In designing the interview schedule, it was important not to fall into the trap, of just jotting down a set of questions without much thought so the contents of this schedule was guided by my reading and preparation for Chapter 2. In this chapter, where reflection is 'unpacked' it was apparent that common questions were being asked or addressed by multiple authors. Topics included themes around defining reflection, reflective practitioners, assessments and skills of reflection and so I decided to pose similar questions for the students.

Consequently in light of the above factors five questions were written, namely:

1) What is reflective practice?

2) What/who are reflective practitioners?
3) Why do some occupational therapists consider having the skills of reflection is important to the quality of practice
4) What are the skills of reflection?
5) Can reflective skills be taught? If so how?

Two further items were then added to give students an opportunity to pose their own questions about reflection and reflective practice and to rate their perceived current level of reflective ability on a 0 (no reflective skills) – 10 (excellent reflective skills) scale (See Appendix 8i). The responses to the two gathered interview schedules sought initially to identify "what perceptions and values do students have of reflection at a given time?" How these perceptions and values have changed is considered in Chapter 7.

Data Analysis

The interview schedules were collected from two cohorts of Year 3 students (1999 & 2002) and the responses were collated verbatim under each question and the student identity anonymously coded. For the first cohort of responses a content analysis was then used to construct categories about each question and to present these categories and the identified properties/themes (words and phrases) in table form (see Appendix 8ii a-f). For example in Question One: What is reflection? it was identified that the responses generated three categories of what reflection involved (a definition), the purpose of reflection and the outcome of reflection. Within each of these categories a number of themes were then identified, for example, ability, challenging, how to.

For the second cohort (2002) the categories that emerged from the first cohort were replicated so that in the evaluation of the findings it would be easier to identify similarities and differences (see Appendix 8iii a-f). There follows summary tables from each question as answered by the year three students firstly 1999and then 2002 In each of the tables below the categories will be given in line 1 followed by the themes of each category with the number of statements within each theme given in brackets. In the 4th row will be samples from the theme with the most statements. Each table will then be followed by a summary comment.

Students 1999 (No. = 39)

Table 6.8a: Q1 - What is Reflection?

Category	What is Reflection	Purpose - Why	Outcome
No. of Themes	6	4	4
Themes	Ability (6) Critical Analysis (3) Looking back (10) Learning	Identifying (8) Challenge (4) Discovering how (7) General – to: (14)	Best Practice (3) Increase of skills (3) Improvements (7) Benefits to: (1)
Samples from Themes	Looking back at performance, experiences, success/failures, situations	To: Consider success; understand; refine skills; learn from past experiences	Improves: Clinical effectiveness; learning from actions; the future

Focusing on what is reflection the students took a retrospective approach, intended/hoped for of looking back to refine their practice/skills from past experiences with an outcome of improvement in the future.

When the students were asked "What/who reflective practitioners are?" their responses included phrases that indicated people reflect on-action, in-action or in preparation for future action as shown in Table 6.8b.

Table 6.8b: Q2 - What/who are Reflective Practitioners?

Category: People who	On-action	In-action	Future Action
No. of Themes	3	3	2
Themes	Evaluate (12) Learn (7) Other (4)	Analyse (7) Ask (2) Other (2)	Want to (11) Committed to: (5)
Samples from Themes	Evaluate performance Learn from mistakes Make time to reflect	Analyse: current practice, strengths & weaknesses	Want to improve clinical effectiveness, knowledge, change

These students see reflective practitioners as people who learn from past experience, analyse current practice and want to improve clinical knowledge and effectiveness.

When asked "why are the skills of reflection important?" the statements made by the

students indicated that the skills were for a reason, a purpose or to achieve an outcome as shown in Table 6.8c.

Table 6.8c: Q3 - Why are Skills of Reflection Important?

Category	Reason	Purpose	Outcome
No. of Themes	3	1	1
Themes	To: (9) Allows (2) Other (3)	To: (11)	General with no clear themes (7)
Samples from Themes	**To** evaluate, consider, adapt & change, improve, be holistic	**To** learn, improve, change, justify action, prevent bad practice	Experience More aware Open-minded Ensures quality

In the categories of reason and purpose the majority of statements began with the word 'to' as shown in the samples given in the above table. To encapsulate the above table Student No.16 stated

> "Occupational therapists <u>deal with clients in a holistic way</u>, <u>taking a problem-solving approach</u>. It is necessary <u>to continually reflect and review interventions</u> <u>to ensure it is working towards joint negotiated goals</u> with the client. Reflective practice and regular discussion with the client <u>ensures quality of input</u> as <u>it maintains a dynamic approach to intervention</u>." (No.16)

To demonstrate how the above quotation was analysed for the purposes of Table 6.8c the first underlined statement was put into the category of 'reason', and respectively under the theme of being holistic. The next three statements were put in the category of 'purpose' under the themes of to learn, to improve and to justify, respectively. The last two statements were assigned to the category of 'outcome' under the theme of quality. It is also worth noting that this student identifies that reflecting leads to problem solving in negotiation with the client, a factor that was discussed in Chapter 3.

When asked 'What are the skills of reflection' most of the students gave a list of skills but some made statements such as Student 4 who said "To look back on past experience and to look for reasons why things happened as they did"

Table 6.8d: Q4 - What are the Skills of Reflection?

Category and No. of Themes		Listed Skills & No. of Statements	
Self	12	Evaluating	16
Analysis	8	Analysis	13
Thinking/time	7	Observation	8
Evaluation	5	Self Awareness	8
Recognition/impact	3	Looking back	6
Open-minded	2	Thinking	6
		Other (24 skills)	47

Examples of statements in the 'Self' category included self-awareness, self-criticism, being able to remove oneself from the situation, and adapting your methods. Evaluating was the most frequently stated skill and included statements such as evaluating practice, the positive and negative points, and personal and ethical evaluation. In the listed skills of 'other' there were 11 skills given by 2-5 students and 13 skills listed by single students. In the analysis of this question 104 statements were made and collectively the students considered there are 30 skills involved in reflective practice, with 23 of the statements made being concerned with aspects of self and analysis.

When the students were asked 'Can reflection be taught, if so how?' their statements could be divided into techniques for teaching (knowledge), how learned (skills) and limitations (attitudes) as given in Table 6.8e.

Table 6.8e: Q5 - Can Reflection be Taught; If so how?

Category:	Knowledge	Skills	Attitude
No. of Themes	23	35	17
Samples from Themes	Taught academically (4) Techniques to improve quality Advice on skills needed Raising awareness	Using a diary (7) Learning in the field (3) Discussion in supervision	No everyone has the skills It becomes automatic Part of human nature Innate but often dormant skill

The impression gained from the answers to this question was that tutors during academic course work could teach a number of techniques but to put this knowledge

into practice, the best skill to be used by students was to keep a reflective diary. However, 22.5% of all statements indicated that there were limitations to reflective practice and there was a feeling by 8 students that only the theory of reflection could be taught. One student stated that "students can be encouraged to reflect but it is up to the individual whether they reflect or not" (Student No.6).

The final section of the interview schedule invited the students to pose their own questions about reflection and to self-rate their perception of their current reflective abilities. The information gathered from these two aspects formed the basis of the final plenary session of the workshop. Twenty-nine students posed a total of 47 questions, which were listed under 8 categories as given in Table 6.8f which also includes the students' self-rating.

Table 6.8f: Questions Asked and Self-Rating

Category	No. of Questions Asked	Self Rating	
		Scale*	No. of Students
1. Implicit v explicit	4	0-3	1
2. Nature v nurture	2	4	4
3. Effectiveness	6	5	10
4. Evidence	2	6	13
5. Who	6	7	8
6. When/how	20	8	3
7. Standardisation	3	9	0
8. Other	4	10	0

*0 = reflective skills, 10 = excellent reflective skills

As can be seen in the table above the students were mostly concerned with 'how to reflect' (20 questions) and included statements such how to reflect in a busy department and how much time to develop the skills. When students rated themselves 15 students indicated the low to mid-range of reflective skills with no student selecting the extreme limits of the scale.

6.5ii Year Three 2002 (No. = 37)

The same interview schedule was again administered in 2002 under the same conditions as in 1999 and the impressions gathered from these answers are given in the following Tables.

Table 6.9a: Q1 - What is Reflection?

Category No. of Themes	What is Reflection 5	Purpose - Why 4	Outcome
Themes	Ability (11) Examining (9) Looking back (15) Thinking about (21) Evaluating (5)	To – (14) Identifying (2) Assess (2)	A mixture of 14 statements with no clear themes
Samples from Themes	Thinking about What, why, when How to improve, develop Skills utilised	To: Improve Learn Evaluate consider	Part of EBP* Part of clinical reasoning; conscious of thoughts, feelings & knowledge

*Evidence based practice

In considering 'what is reflection?' these students identified that it was a contemporaneous activity (in-action) in 'thinking about.' In the category of purpose it was predominantly 'to' and there was a wide variation in the category of 'Outcome' with no clear theme.

Table 6.9b: Q2 - What/who are Reflective Practitioners?

Category: People who No. of Themes	On-action 4	In-action	Future Action
Themes	Reflect (10) Learn (2) Evaluate (2)	Ask (4) 10 statements with no clear themes	14 statements with no clear themes
Samples from Themes	Reflect on personal and practice settings and level of care	Ask questions about how to do things differently, how it went	Review experience and learn from it, implement change, improve ability

The students of 2002 are students who had had previous exposure to the teaching of reflection before completing this questionnaire (unlike the students of 1999) and who had been actively encouraged to keep reflective diaries. They see reflective practitioners as people who reflect on performance, asking questions in order to improve ability and implement change. One student suggested "We should all be reflective practitioners – especially those working closely with people and those who are using themselves therapeutically – i.e. Occupational Therapists". (Student No. 36)

Table 6.9c: Q3 - Why are Skills of Reflection Important?

Category	Reason	Purpose	Outcome
No. of Themes	4	4	1
Themes	Patient (2) Obligation (5) Skills to (21) Practice (4)	Improve (14) Focus (6) Benefit (12) Other (7)	General with no clear themes (12)
Samples from Themes	Skills to identify good & bad practise, improve weak points question understanding	Improve practice quality, patient care and own knowledge	Development is constant. To use our - selves therapeutically Higher quality

For these students skills of reflection are seen to be important in identifying good and bad practices with an obligation of being certain that practice is 'best practice'. The purpose is to ensure improvement in patient care and thus through the constant development of skills provide a higher quality of service to users.

Table 6.9d: Q4 - What are the Skills of Reflection?

Category and No. of Themes		Listed Skills & No. of Statements	
Self	15	Identify/consider	15
Identify/Consider	5	Analyse	13
Evaluation	6	Evaluate	11
Analysis	5	Recording	11
Communication/ Recording	5	Honesty	8
Thinking/memory	4	Communication	7
Other	3	Other (32 Skills)	70

The category of 'other' included the use of literature, integration of theory into practice and planning for improvement/doing things differently. Examples of statements in the 'Self' category included self-awareness, self-criticism, being contemplative, observant and open-mindedness. Identifying/considering was the most frequently stated skill and included statements such as identifying what you did, problems, strengths and weaknesses, and feelings. The listed skills 'other' included 17 by 2-5 students and 15 skills listed by single students giving an overall total of 38 skills in 135 statements. Overall the analysis of this question again indicates students' awareness of many skills involved in reflective practice, with 26 of the

statements made being concerned with aspects of self and what needs to be identified and considered. For example Student 6 answered this question by saying:

"To be able to identify what you did, why this was significant, what was learned from the event and how you felt about the event and being able to examine how you would change your action and improve if necessary"

When the students were asked 'Can reflection be taught, if so how?' their statements, as with the 1999 students, could be divided into techniques for teaching (knowledge), how learned (skills) and limitations (attitudes) as given in Table 6.9e

Table 6.9e: Q5 - Can Reflection be Taught; If so how?

Category: No. of Themes	Knowledge 3	Skills 4	Attitude
Themes	Teaching (16) By (14) Learning (5)	Writing (11) Practice(7) Analyse(5) With Others (3)	5 Statements
Samples from Themes	Teaching model of reflection, basic framework and principles	Writing a diary, using a guide/form to fill in and being objective	Variable for each student, skills are inherent in some people

Students felt that basic models of reflection, and principles and techniques could be taught to some degree in lectures but that seminars and being given good examples of reflection were other ways of gaining knowledge. The best advice given by these students was to keep a reflective diary and be objective in not just describing events. They also recognised that it takes a lot of practice. Only 6 students showed any hesitancy in considering if reflection could be taught. For example one student wrote:

"To a point, I think they can be taught although I feel they can be innate skills. I believe that a person's skills could be increased through teaching structure. The importance of these skills needs highlighting to those who do not find it easy." (Student J2)

These students, like the previous cohort were also invited in the final section of the

questionnaire to pose their own questions about reflection and to self-rate their perception of their current reflective abilities. Thirty-seven students posed a total of 55 questions, which were listed under 7 categories as given in Table 6.9f which also includes the students' self-rating.

Table 6.9f: Questions asked and Self-Rating

Category	No. of Questions Asked	Self Rating	
		Scale*	No. of Students
1. About diaries	7	0-3	0
2. Improvement	4		
3.Techniques/methods	17	4-5	9
4. Models	4	6-7	28
5. Time	12		
6. Problems	6	8-10	2
7. Other	5		

* 0 = no reflective skills, 10 = excellent reflective skills

The information that was gathered from the questions raised was again used as the basis of the final plenary session of the workshop where the questions were grouped into themes and a discussion with the cohort was lead by the tutor. For example one issue discussed with this cohort was raised by Student M who asked:

> "What is the best way to reflect on an event, without waffling on about what you did? Are there any good reflective models can be followed so this doesn't happen?"

At the time of writing these questions this student was obviously unaware of either the Gibb's or Johns' models of guided reflection and so in the plenary session a recap of session two of the workshop was highlighted as well as discussion of students experiences in using such models.

6.5iii. Examination Papers

6.5iiia Background

A final year examination paper entitled Therapist as Practitioner was used to investigate occupational therapy students' perceptions and use of reflective practice by the end of their three year degree course. In this paper the students were given a choice of two topical issues, including one about reflection from which they had to

select one to answer. Each issue was based on a quotation from an appropriate journal article and the students were asked to discuss a given focus. They (the students) were given two weeks in which to prepare their answer and were then required to write their account under examination conditions of one hour without referral to any notes.

For the issue on reflection in 1997 the Cohort was given a quotation by Champion (1991) stating "Reflection is a process of examining and exploring issues in an attempt to improve and shape activities" (ibid, p358). The students were asked to give an account of how reflective practice had enriched them as a practitioner, illustrating their answer with examples from course work and fieldwork experiences.

The second Cohort (2001) was given a similar quotation taken from an article by Andrews (2000) and attributed to Spalding (1998) stating "Reflective practice is defined as a process of examining issues in an attempt to improve and shape activities". They were then asked to (a) Give an account of using the process of reflective practice to examine and explore issues in professional practice and (b) With reference to your fieldwork experiences discuss how reflective practice can be used to improve and shape activities.

For each of these examinations the marking guidelines were kept fairly open as the students were informed that "there is no standard answer expected. Students should clearly demonstrate their personal philosophy, understanding of the process and purpose of occupational therapy". The students were advised that a good answer would present a well structured holistic approach covering a broad debate and convincing view point about the subject in question. Students were also expected to draw their analysis from literature, professional practice experiences and the theory and practice of occupational therapy course work.

In using these examination papers for research purposes it is recognised that caution needs to be exercised when analysing the papers as the original intention of the content was to enable a student to pass an examination. In so doing the students would have undoubtedly tried to give in their answers what they felt the

examiners wanted and may have relied more on literature and other students views rather than their own personal believes.

Another caution in using these scripts for analysis is that there is no way of knowing why students elected to answer the question on reflection rather than the alternative question on the examination paper. In other words the scripts used for analysis have to be viewed as a convenience sample, albeit all the scripts on reflection are used in this study.

Data Analysis 1997

Year Three 1997 had a total of 40 students, 28 of whom elected to answer the question on reflection, despite having had no formal education in the skills of reflection although it had been inherent in several aspects of their course. All the papers were read several times and then reread to identify categories and themes within each paper. These categories and themes were then authenticated by a colleague and a chart drawn up in which each student's reference to these categories and themes was recorded. A sample of this chart (showing categories only) is given in Table 6.10.

Table 6.10: Sample Frequency Content of Examination Papers

Student	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Theories	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√
Methods		√	√		√		√		√			√		√		
When	√		√	√	√	√		√	√	√	√	√	√	√	√	
Purpose	√				√									√		
Outcome			√	√				√	√	√	√		√		√	√
Technique		√					√	√	√		√	√				√
Skills			√	√	√	√			√			√	√	√	√	√
Problems			√												√	

As this form of analysis only recorded the frequency of occurrence of a category it was then modified so that the content of each paper could be analysed. The category of 'theory' in the above table was changed to 'reflection defined' with two themes. 'Gains/purpose' was retained but divided into 5 themes as was the category of 'outcome'. A new category of 'methods/tools of reflection' was created in which the

previous categories of 'methods, 'when', and 'technique' became themes within this new category. The category of problems was also retained but had 'disadvantages added to its title, as given in Table 6.11.where the number of statements per theme is given in brackets.

Table 6.11: Categories and Themes used to Analyse Examination Papers

Category	Themes 1997 No. = 19
1. Reflection defined	Essentially (a/n) (24)* A means of (13)
2. Purpose of reflection	Process (of/by) (20) Development of (12) To learn (1) Attend to (1)
3. Requirements/ skills of Reflection	Ability to (29) Awareness of (3) Commitment to (2) Carry out (2) Have (6) Possess (7) Other (1)
4. Methods/tools of Reflection	How (16) When (8) With who (5)
5. Outcome of Reflection	Being (9) Having (25) Development of (17) Ability to (22) Other (10)
6. Disadvantages/problems	Reflecting Difficulties (17) Time (8) No reflection (4) Supervision (4) Self-abilities (12) Other (6)

With the emergence of the themes as given in Table 6.11 the papers were once again reread and quoted evidence of each theme recorded for each group (See Appendix 9i for the full content of the examination papers). For example Student 9, whose definition was coded in the theme of 'essentially', said:

"Reflection is more than technical competence by bringing one's own self

awareness and evaluation to bear in a particular situation."

Samples of the descriptive words in the most frequent theme of each category are given in Table 6.12.

Table 6.12: Descriptive words used by Students

Category No. & Theme	Descriptive Words	Category No. & Theme	Descriptive Words
1. Essentially (a/n) (Defined)	Deliberate attempt Active process Beneficial process Examining issues Intellectual activity Fundamental to O.T. Inward search More than technical competence Powerful learning tool	2. Ability to (Requirements)	Adapt & develop Be open-minded, honest, self-confident Become effective Critically reason Evaluate assumptions Identify problems Make guided judgements Think on your feet
3. Process of/by (Purpose)	Becoming an OT Defending practice Enabling learning Examining ourselves Evaluating services Moving forward	4. Having (Outcome)	Broader view Clear sense Holistic approach Repertoire of skills Adaptability, Confidence & Insight
5. How (Methods)	Answering questions Evaluating experiences Reflective diary Using case studies	6. Self Abilities (Disadvantages)	Challenge practice Becoming reflective Criticising actions Perception of self Requires effort

The students who attempted this examination question gave the overall impression that they had done their 'homework' and demonstrated a clear understanding of what reflective practice involved, it's purpose, how being reflective could be achieved and the resulting outcome.

However these 29 students also made 51 statements expressing concerns about reflective practice. Some quotable quotes from these concerns are: "Clinicians who engage in reflective practice all day and never do anything to reflect on". "It can be a damaging process if not properly supervised or carried out" and "if we do not reflect we are unlikely to develop as effective thinking practitioners". The students also identified 33 theorists of reflection and quoted 13 different models of reflection

which are given in Table 6.13. Schön was specifically mentioned by 18 students, 'in-action' by 15 students and 'on-action' by 13 students.

Table 6.13: Theorists as Quoted in Examination Papers

Theorist	Model
Alsop & Ryan (1996)	3 temporal stage – retrospective, prospective, spective
Atkins & Murphy, (1994)	3-5 stage – awareness, critical analysis, new perspective
Boud & Walker	3 stages – before, during and after
Boyd & Fales (1993)	4-6 stages
Castle, (1996)	3 stages - descriptive, analytical, cognitive
Coles, 1990)	A list of questions
Cross (1993)	4 stages – thinking back, analyse and evaluate, refine, apply
Fish, Twinn & Purr	4 strands –factual, retrospective, substratum, connective
Gibbs	cycle – a dynamic process
Kolb	learning cycle
Meizrow	4 stage – uncomfortable, critical analysis, learning, action
Schön	2 types -in-action: a cognitive post mortem on-action: serves to reshape what is being done
van Manen	3 levels – reflecting on performance, contemplating assumptions, contemplating values that inform practice
	3 common stages Uncomfortable thought or when knowledge insufficient to explain, critical analysis of the situation new perspective

Of the remaining 23 theorists identified only 4 of these were mentioned by more than one student.

Data Analysis 2001

This cohort of students, which consisted of 34 females and 3 male students had, prior to the examination participated in a workshop on clinical reasoning, facilitated by me and should also have had a workshop on reflective practice but this was cancelled due to illness on my part.

In this examination 34 students took the examination and 14 of these students elected to answer the question on reflection. The format of analysis used for the 1997 examination papers was again used for the 2001 papers. For example, one student defined reflection as:

> "The art of looking back on things that have already happened and using them to shape how we become in the future" (Student 8)

Using the same categories and themes as used in 1997, Table 6.14 (p. 131) indicates the number of statements made for each theme.

Table 6.14: Categories and Themes used to Analyse Examination Paper

Category	Themes
1. Reflection defined	Essentially (a/n) (10) A means of (12)
2. Purpose of reflection	Process (of/by) (6) Development of (5) To learn (6) Communicate (3) Attend to (7)
3. Requirements/ skills of Reflection	Ability to (13) Awareness of (5) Commitment to (5) Carry out (4) Possess (4)
4. Methods/tools of Reflection	How (9) When (5) With who (3)
5. Outcome of Reflection	Being (4) Having (17) Development of (13) Ability to (14) Other (5)
6. Disadvantages/problems	(18)

As with Year Three 1997 quoted evidence of each theme was recorded from each paper (See Appendix 9ii for the full content analysis of these examination papers). For example Student No. 5 defined reflection as 'essentially' (theme): "A way of thinking about and critically analysing one's actions, with the goal of improving professional practice. She then went on to say that engaging in reflective practice was a means of (theme) "Identifying the underlying assumptions and beliefs of practice and how these assumptions and beliefs affect practice"

Samples of the descriptive words in the most frequent theme of each category are given in Table 6.15.

Table 6.15: Descriptive words used by Students

Category No. & Theme	Descriptive Words	Category No. & Theme	Descriptive Words
1. A means of (Defined)	Improving & shaping activities Thinking about Evaluating a situation Gaining new Perspectives Explaining events Maintain/improve care Making sense	4. How (Methods)	Clinical Reasoning Open discussions Observation Reflective Diary Use of John's model Narrative story telling Identifying aspects
2. Attend to (Purpose)	Feelings Relationships Critical analysis Exploring core beliefs A need for change Areas to develop Values and behaviours	5. Having (Outcome)	Broader Understanding Changed perspective Holistic approach Store of knowledge Empowerment Encouragement to think
3. Ability to (Requirements)	Articulate Critically analyse Describe an event Explore alternatives Evaluate. Justify	6. (Disadvantages)	No reflection = stagnation Requires practice Personal risk Time consuming

The darkroom impression of these papers is that these students could demonstrate a basic understanding of the concepts and skills of reflection and could identify the advantages of being reflective. They made good use of the article they had been referred to as evidenced in the statements made under the category 'reflection defined' where there were more statements made in relation to reflection being a means of achieving an action rather than saying 'what' reflection was/is. Nine of the 14 students identified possible problems with reflection but there were no clear themes but as one student stated (quoting Lawley, 1989):

> "Reflection without knowledge of the roles of practice could lead to a repetition of mistakes. Reflection without a philosophical awareness could lead to a pre-occupation with the technique" (Student No. 8).

As with the previous cohort this cohort made reference to a total of 20 theorists and gave brief explanations of ten of these as outlined in Table 6.16

Table 6.16: Theorists Quoted in Examination Papers

Theorist	Model
Atkins & Murphy, (1993)	3 stage – awareness, critical analysis, new perspective
Boud & Walker	3 stages – in-action, on-action, reflection for practice
Cook, (1999)	4 stages – reflection, reaction, reflection, response
Creek, 1996)	3 stages – assessment, planning, evaluation
Gibbs, (1988)	Reflective cycle interactive model
Johns	6 stages – structured questioning, why, what, when, how
Roths, (1989)	7 stages – seeking alternatives, keeping an open mind, comparing & contrasting, seeking a theoretical basis, hypothesising, synthesising, resolving problems
Schön	2 types -in-action: more advanced and used by experienced practitioners, on-action: used by novice practitioners
Spalding (2000)	3 levels – identified learning opportunity, information gathering & critical analysis, changed perspective

One student (No. 9), having discussed the importance of the Johns and Gibbs models then went on to say that there were common factors in all the models available that facilitated the skills of reflection and described these as:

> "Helps in learning from experience
> Has a significance of future practice
> Gives meaning to practice
> Moves away from tacit knowing to more conscious explicit knowing
> Helps overcome professional inertia"

As these students were specifically asked to discuss how reflective practice could be used to improve and shape activities they all chose to illustrate this with a 'critical incident' with a total of 16 incidents being given. The breakdown of these incidents shows that 9 were from the area of mental health, and 2 each from elderly rehabilitation, learning disabilities, and management. The final incident was about an 'unknown condition' and focused on the student gathering further information. A point of interest here is that no incident was cited from the fields of general medicine, acute trauma or neurological conditions, all areas in which students are expected to have had some field-work experience. A comment on reflecting in acute settings can be found in Ch. 9.

6.5iv Reflection

Now having had a look at the examination scripts and gained the first darkroom impressions of their content it is time to put some reflection into practice and consider the value and authenticity of these papers. In using these documents for this research study one important issue I had to bear in mind was not to be influenced by the actual examination mark which I had originally awarded to each script. This was achieved because the scripts evaluated for this study took place more than 12 months after the examination and at no time did I refer to the mark sheet.

Another issue with these documents is the authenticity of the scripts and how reflective they are of the individual students. Obviously the students who elected to do this question decided this was the better option for them and felt comfortable with the subject matter but because it was a final examination which would influence their degree classification they also wanted to satisfy the examiner. Therefore it is difficult to ascertain how much of the content was an 'academic exercise' and how much was a personal reflection of their 'working knowledge' of reflection. In defence of this, the examination was very open-ended and the marking guidelines very broad so the students were free to choose what they included in their answers. The students, in turn, were also influenced by the article from which the given quotation was taken and this could/should have guided them in what they wrote.

The final point about these papers was doing the actual analysis. To ensure that I was as accurate as possible in extrapolating the information I re-analysed the papers, without reference to the first analysis, six months later. I found I was fairly consistent with only minor changes being made to the original listings. I also constantly referred back to each individual paper to ensure that I had categorised the individual statements under the correct theme. While it is acknowledged that there could/probably be flaws in the methods adopted above I see these scripts as providing sound evidence of the development of reflection within the occupational therapy curriculum. More details of these scripts will be discussed in the next two chapters when the darkroom impressions are taken into the daylight to look more closely at the content.

6.6. Analysis of Bibliographic Documents –Staff Lectures

6.6i Background

The curriculum of occupational therapy at The University of Liverpool is comprised of seven modules (labelled A-F) each of which spans the three years of the Degree Course. Each module is divided into a number of Themes throughout the Module duration. The lecture on reflective practice belongs to Module A: Theory and Practice of Occupational Therapy, Theme 1: Core Skills. This theme is taught to year 1 students during semester one for half a day per week for 12 weeks. Within this theme a number of topics are covered, including primary and generic skills of occupational therapy, the role of the occupational therapist, activity analysis, goal setting and reflective practice.

In the early years of the current curriculum (1997/98) the lecture on reflective practice was a stand alone lecture and not specifically referred to again throughout the three years of the course although reflection was implicit during other aspects of the course, such as:

- Personal profiles, in which individual students meet with a tutor to discuss academic progress
- Class group discussions in which students work in small groups to reflect on topic points raised by the tutor
- Fieldwork supervision – a time set aside each week for the student gaining fieldwork experiences to discuss progress with their designated fieldwork supervisor.

At this time interest in reflective practice was becoming more recognised by practitioners of the profession and a few in the Merseyside Region were beginning to identify ways in which reflective practice could be made more explicit in their practice.

In 2000 a new lecturer in the Division of Occupational Therapy was given the task of delivering the lecture on reflective practice. This was followed immediately by small groups of students discussing a given case study on which they had to reflect as to

how they would respond to particular aspects of the case. Simultaneously reflective practice in the field was increasing and one NHS Trust in Merseyside instigated students being required to keep a reflective diary of experiences. This was comprised of a number of blank sheets on which students recorded the day's events. No instructions were given on how or what to write. Consequently, while some students found it helped them to identify their learning achievements the majority of students found it a laborious, time-consuming task and were unsure of the benefits. Some students also reported to me when I visited them on fieldwork that they were very careful about what they wrote in fear that it might influence their final assessment grade.

At the time when this study was undertaken practitioners on Merseyside were expanding their knowledge of reflective practice through attendance at lectures and workshops and Fieldwork Supervisors began supporting students writing reflective diaries. In September 2001 I was invited to give a lecture on reflective practice to a Fieldwork Educators course where the feedback from the course participants was very positive, rating the lecture as the best and most relevant lecture on the course.

This news spread among the occupational therapy course tutors who subsequently requested that I give the next reflective lecture to the first year students. Thus over four years three different lecturers had given the lecture on reflective practice to the Year 1 Course and hence the reason for including the lecture content as documentary evidence in the analysis on the development of reflective practice. It was three years after the first lecturer had given the lecture when she was asked if her lecture notes could be included in this document analysis, by which time she could only produce her "crib-notes" of the lecture, that is, not the full text. In order to maintain comparability I then decided to only use the power point 'handout' given to the students by the later two lecturers.

<u>Data Analysis</u>

Content analysis using open coding was again used to identify categories within each lecture. The categories that emerged against which the themes were allocated are given in Table 6.17.

Table 6.17: Assigned Categories

Title	Framework
Definition	Levels/development
Reflective cycle	Using reflection (tools)
Context of reflection	Questions
Period/progress/process	Outcome

To check the reliability of my content analysis the three sets of lecture notes were then sent to a colleague in another University along with a sheet containing the categories only. She was then asked to identify themes and words used within each of these categories. Although this colleague included less information under each category and slightly different words were recorded the essence of each category was the same as my own. The resulting content analysis of the lectures can be seen in Appendix 10

Lecture 1, entitled 'Skills of Reflection' began with practical exercises on symbolism and proceeded through a definition, processes of reflection, John's model of reflective practice as discussed in Chapter 2, p 14/15 development of reflective skills, tools of reflection and finished on a personal note about lateral thinking, linking it to the lecture given the week before.

Lecture 2, entitled 'Reflection' covered both clinical reasoning (the first six slides) and reflective practice. The later element of this lecture began with 'learning to know what we don't know' and problem sensing. A 'picture' of a reflective occupational therapist was then given before illustrating the two core elements of the lecture with a case study and finishing with how to develop reflective skills and a quotation by Brookfield (1987) which stated:

> "Taking the risk to think critically...is one of the most powerful activities of adult life. We do not accept the idea that because things are the way they are now, they must always be that way."

Lecture 3, entitled 'Developing Reflective Practice' began by defining reflection and proceeded with models of reflection, in particular that of the Gibbs cycle as given in

Chapter 2, p 14 using reflection, framework which underpins reflection, levels of reflectivity, what to write and talk about by considering any or all of 9 questions suggested by Stevenson (1993) and concluded with the purpose of reflection. A diary entry of a year three student occupational therapist was then given to the students in which they had to identify five levels of reflectivity.

For all three lectures opportunity was given to the students at the end of the lecture to ask questions or make comments.

6.6ii Personal reflection

When the first of the lectures was delivered I was at the beginning of my study on reflective practice and at that time remember being curious about what other occupational therapists knew/thought about the skills of reflection. While this lecture was humorous and appeared to focus on lateral thinking, for example, 'what can a brick be used for?' it did raise several questions that I needed to reflect on myself. These included:

- How best to teach the skills of reflection.
- Is John's model the most appropriate?
- What did the students gain from this lecture?

As a consequence of these reflections and following attendance at a study day in London on reflective practice, I altered my year three teaching to include two half-day workshops on reflective practice. In 2000 when the second lecture on reflective practice was due to be given to the first year students I was disappointed that I had not been asked to give the lecture but at the same time recognised the importance of giving a new member of staff the opportunity to hone her teaching skills. In comparing the two lectures I felt the second lecture contained more factual information but that it was difficult for the lecturer to cover both reflection and clinical reasoning in one hour. This made me question the 'chicken-egg' situation between reflection and clinical reasoning, that is, do they need to occur simultaneously; does one skill precede the other and if so in what order?

These questions set me off on a tangent to look more closely at clinical reasoning per se and its relationship with reflection and hence the development of the model given towards the end of Chapter 4. These experiences aided the personal view that reflection, which involves answering questions such as "what am I doing, why am I doing it and how am I doing it?" needs to be learned, understood and practiced before integrating clinical reasoning. Consequently workshops on clinical reasoning were also added to the year three programme following the workshops on reflection.

The major issue of methodology in analysing these lectures was that of researcher bias in not letting my knowledge and experience influence the way I dealt with the information available. As indicated in the data analysis above to avoid the high possibility of bias it was vital that I checked my analysis against the analysis of another person.

6.7 Conclusion

Throughout this chapter I have been able to gather the evidence and gain, during snap shots of time, the what, why, when and how reflection is identified in three different types of documents. There has been no attempt to make comparisons, at this stage, as this the focus of the next chapter.

To summarise the evidence I will now consider all the documents, in order of appearance in the text above, and give the over-riding impression of each document.

1. Curriculum Framework 1993. In this document only three literal references were made to the term reflection although a further 12 indirect references were identified in the available 17 pages. This indicates that at this time not a great deal of emphasis was placed on reflection.

2. Curriculum Framework 1998. Reflective practice together with clinical reasoning feature strongly in this document with prospective reflection, reflection in-action and on-action all being identified.

3. Validation Document 1996. Reflective practice is found right at the beginning of this document in its philosophical statement where it states the course "is designed

to develop...reflective practitioners". Direct statements referring to reflection/reflective practice are found throughout the curriculum structure in each of the three years. This frequency is also repeated in each grade of assessment during the students' fieldwork experiences.

4. Questionnaire 1999. This shows that students then focused their understanding of reflection on past experiences, that reflecting principally involved looking back on past experience involving a process of evaluating. These students were unsure of the value of reflection, indicating a number of limitations and particularly wanted to know 'how to reflect'.

5. Questionnaire 2002 In this is the focus is on improving quality of service by thinking about, asking questions, being self aware and open minded. These students felt it was important that principles and models of reflection are taught and that they are given guidance on techniques and methods to use when reflecting.

6. Examination Paper 1997 Students taking this examination paper identified that reflection was fundamental to occupational therapy and in order to develop this skill practitioners required the ability to be honest, identify problems and to 'think on their feet'. By using reflection the majority of students identified that it made them more adaptable and gave them insight. However, these students also identified that there were many problems inherent in carrying out reflection for as Student No. 23 noted "practitioners may become pre-occupied with reflection, taking the focus away from patient care." This student also thought that "it is essential not to become too critical as this could lead to lack of self confidence and esteem." A few students stated that either they did not identify reflection until their final year or that reflection was not mentioned by name throughout the course. However these students did identify, with hindsight, that reflection has been apparent in many areas of the course.

7. Examination Paper 2001. Although less than half the cohort elected to answer the question on reflective practice those that did were well aware of what reflection is and the impact it has on their performance. The answers tended to focus on the

positive aspects indicating that these students were comfortable with the topic and could sight many examples of its use in practice.

8. Staff Lectures. As these documents (3 lectures) are relatively short it is difficult not to make comparisons at this stage and they have been summarised on page 133/4 but comparisons will be made in the next chapter.

Having taken pictures using an ordinary lens it is now time to explore what can be achieved with a wide-angled lens. In using this lens the evidence found within the three major types of documents analysed in this chapter, namely public records, private papers and biography will be looked at in more detail.

Chapter 7

Through the Wide-angle Lens

"Critical appraisal lies not in the obsessive analysis of the methods and design, important as these are, but in the universally accessible skills of logical experience based on critical reflection", (Clarke and Croft 2002, p127).

7.1 Introduction

In Chapter 6 a 'normal' lens was used on the camera to record the basic pictures to be used in this case study. The purpose of using a normal lens is to capture images similar to that seen by the human eye. The purpose of this chapter is to change to a wide-angled lens which will take a wider view than normal view. When using a wide-angled lens everything viewed appears smaller, perspectives are exaggerated and near objects can be distorted. These are all features that I will need to be mindful of when taking these wide-angled pictures. As the quote at the beginning of this chapter says critical appraisal is based on critical reflection, the nature of which in this chapter will be to critically reflect on the particular changes in content over time in each of the analysed documents. Within each of the pictures taken it will be possible to make comparisons within the subdocuments using a form of time-series analysis.

7.2 Time-series Analysis

Time series designs, although usually associated with experimental strategies can be used with case study data (Robson 1993). The purpose of such a design is primarily to analyse the data over time. This type of analysis can take one or both of two forms: *trend* analysis (change) and *chronological* (event sequence) analysis (de Vaus 2001, p 260). Trend analysis is an examination of the direction of change addressing whether it is upwards, variable, no change or downwards. To make this analysis more complex different trend predictions can be made for different cases. Within this study which is made up of three sub-cases (public records, private papers and biographical) the predictions could be different for each sub-case. For example, in

the public records the prediction would be that the use of reflection within a curriculum of study would increase to reflect current trends in practice. In the case of private papers the prediction would be, possibly, two-tailed in that some students would benefit from more overt teaching on reflection and other students would not. In the third case of 'biographical' the trend would be variable depending on the interest and knowledge of the subject of the individual tutor. Developing this more complex style of trend analysis will allow a richer explanation of the outcomes.

The second type of analysis, namely chronological, involves predicting a sequence of events, that is, the prediction would be that as reflection has become more acceptable as a skill to be used in occupational therapy so there has been an increase in its inclusion in course documentation and greater student understanding of the phenomenon.

The intention in this study is to devote Chapter 7 to trend analysis and will consider each of the three groups of documents, namely public records, private papers and biography (as described in Chapter 6) to identify the changes in the documents over time. Chapter 8 will consider a chronological analysis between all documents. These will be divided into two time periods, that of 1993-1997 and 1998-2002.

7.3: Public Records: Curriculum Framework Documents.

The content of the two curriculums Framework documents are of similar length (1993 =17 pages, 1998 =19 pages) but the latter has an additional 4 appendicies only two of which is relevant to this study (Appendicies 10 & 11). Considering the main body of these documents there are 4 more statements related to reflection in the 1998 document as shown in Table 7.1.

As can be seen in Table 7.1 below the 1998 statements also reflect stages of reflection cognisant with the processes of reflection discussed in Chapter 2 p28 (Section 2.6). The 3 manifest statements of reflection in 1993 refer to reflective practice, promotion of reflection and the application of reflection, thus indicating *what* reflection involves. In contrast the manifest statements of reflection in 1998 refer to the principles of reflection, opportunities to reflect, self reflection and

reflecting both on professional practice and performance, all of which promote *when* to reflect.

Table 7.1: Reflective Statements

1993 (No. of Statements =15)	1998 (No. of Statements =19)
Core skills – analysis of occupation OT process – evaluation and reflection Ethical Practice - clinical & moral reasoning & reflective practice Management – professional, development, (Self) professionalism (of others) supervision Analytical skills - evaluative skills Professional Skills - Problem-solving skills Evaluation of self and practice Professional competence, facilitation of learning, development of reasoning & judgement, promote reflection on & analysis of experience & practice Apply analytical and reflective skills to evaluate and innovate practice. Demonstrate commitment to personal and professional development	<u>Prospective</u> Believes reasoning & problem solving Clinical reasoning & self reflection Process of reasoning Use experience Professionalism Principles of reflection Principles of reasoning Professional reasoning Problem-solving process Opportunity to reflect <u>In-action</u> Reason effectively, make judgements Responsibility for performance Option appraisal <u>On-action</u> Reflect on professional practice Reflect on performance Evaluate professional practice Give constructive feedback Evaluate service provided Review strategies

When the latent statements in Table 7.1 are grouped a more detailed change of emphasis can be found as shown in Table 7.2.

In this table (above) the latent statements in 1993 again indicate *what* but in 1998 the theme has changed from *when* to *how* by talking in terms of processes, reviewing, using, effectively and believing. In 1993 analysis appears as frequently as professionalism but, interestingly, analysis does not appear in 1998 in relation to reflection. In fact, only two manifest statements relating to analysis were found in the entire document of 1998. Is this due to semantics or something else? I would suggest that by 1998 the term analysis (a 'what' term) had been replaced by the 'how' term of reasoning. Also in 1998 there are a similar number of statements about reflection and reasoning (6 and 5 respectively). This adds weight to my development of the reflective model in practice given in Chapter 4.

Table 7.2: Grouping of Latent Statements

1993		1998	
Analysis	application of	Reasoning	process
	of occupation		clinical
	of experience		effectively
			belief
			Principles
Problem-solving		Problem-solving	process
Evaluation	of self and practice	Professional	reasoning
			reflection
Reasoning	development		evaluation
		Other	review strategies
Professionalism	management		constructive feedback
	competence		use experience
	commitment		responsibility
			optional appraisal

As appendix A of the 1998 document lists all the process skills of occupational therapy which includes 3 manifest statements of reflection and 22 latent statements these need to be added to the statements already given above for 1998 giving a grand total of 44 statements found in this document which have a direct bearing on the skills of reflection. So, between 1993 and 1998 there has been a triple increase (15 statements in 1993 compared to 45 in 1998) in the inclusion of aspects of reflection in the curriculum framework documents.

Between these two documents lies the Validation Document of Occupational Therapy at the University of Liverpool (which was based on the 1993 Curriculum Framework Document). As indicated in Chapter 6, Table 6.5 a total of 53 statements relevant to reflection was found in Part A of this document. In Part B of this document many more relevant statements were found but because of the nature of Appendix 10.5(3), Assessment of Fieldwork Education (Chapter 6, Table 6.7b), it is inappropriate to tally these statements. Despite this, it is clear that the Validation Document far outweighs the 1993 Curriculum Framework Document in terms of inclusion of reflection in the syllabus. It also outweighs the 1998 Curriculum Framework Document indicating that the syllabus of occupational therapy at the University of Liverpool is well ahead of national expectations. It will be interesting to compare in the future the new validated document due in 2003 which will be based on the 1998 Curriculum Framework.

7.4 Private Papers

As there are 4 groups of private papers, namely two sets of interview schedules and two sets of examination scripts the interview schedules and scripts will be considered separately.

7.4i Interview Schedule

This section will identify the similarities and differences between the cohorts' answers to each of the questions comprising the interview schedule from the emerging themes in each cohort discussed in Chapter 6 "Darkroom Impressions".

Q1. What is Reflection?

Comparing the two cohorts there was a shift from reflection on-action (looking back) to reflection-in-action (thinking about). The purpose of reflection was similar in both cohorts, that is, to learn, and consider. Although the number of outcome statements was again similar per cohort the second cohort identified the use of reflection in other aspects of practice such as evidence base and clinical reasoning.

Q.2 What/who are Reflective Practitioners?

The 1999 students were more united in their identification of what made a reflective practitioner compared to the greater range of views expressed by students in 2002. This may be due to the first cohort having a more limited experience of reflection compared to the second cohort who had been overtly introduced to reflection much earlier in their course. While it was possible to categorise the statements between on-action, in-action and future action for both cohorts there was a contrasting change of themes as given in Table 7.3.

Table 7.3: Comparisons between Students 1999 and 2002

	On-action	In-Action	Future Action
Students 1999	Evaluate Learn	Analyse Ask	Want to Committed to
Students 2002	Reflect Learn Evaluate	Ask questions	No clear theme

Reflecting on-action for students in 1999 was predominantly about evaluating

performance which was similar to Students in 2002 who described on-action as reflecting on personal, practice and level of care and asking questions about how to do things differently. This on-action for students in 1999 became in-action for students in 2002 which they described as analysing current practice, strengths and weakness. Future action in 1999 centred on the desire to 'want to' compared to the 2002 students who saw future action involving learning from experience, implementing changes and improving abilities.

Q.3 Why are the skills of reflection important?

The cohort responses to this question showed that students in 1999 gave 12 reasons and students in 2002 gave 18 reasons. In the theme of purpose the 1999 students were less sure and only gave 9 statements, all related to a phrase beginning with 'to', whereas the 2002 students identified 19 different purposes which could be grouped into four categories, as shown in Table 7.4. Also in Table 7.4 are the suggested outcomes of reflection which were similar for both cohorts with 6 and 8 statements respectively being given.

Table 7.4: Q.3 Why are the Skills of Reflection Important?

	Reason	Purpose	Outcome
Students 1999	To evaluate, consider, avoid, strive, provide Allows Encourages	To- learn, improve, increase effectiveness, justify actions, prevent bad practice	Learning experience, more aware, open-minded, improves service, ensures quality
Students 2002	Patient performance Obligation to do right Skills to (10 factors) Practice to address actions	Improve practice, Learn from experience Focus throughout career Other – a tool to inform and change	Ability to self-reflect, gain insight, learn from experience, constant development, higher quality

In considering each theme in Table 7.4 the emphasis for Students in 1999 under the theme of reason was 'to' and was very similar to what is given under the theme of purpose. In the analysis these two themes were separated out by the context in which each statement was written. Students in 2002 were more able to distinguish between reason and purpose, in the former the emphasis was related to the skills of reflection and in the later the purpose was to focus the therapist to improve practice. For both

Cohorts the outcome was seen as a learning experience which ensured the future quality of practice.

Q.4 What are the skills of reflection?

Within both Cohorts the main cluster of skills related to 'self' abilities. While 'analysis' remained the same 'evaluation' had risen marginally in 2002 and risen two places in the frequency order. Both cohorts had two categories that differed from each other and in 2002 there were three uncategorized themes as shown in Table 7.5.

Table 7.5: Q4 Comparison of Categories (in order of frequency)

1999	2002
Self (12)* Analysis (8) Thinking/memory (6) Evaluation (5)- Recognition/impact (3) Open-minded (2)	Self (15) Evaluation (6) Analysis (5) Thinking/memory (4) Communication/Recording (3) Identify/consider (1) Other (3)
Total No. of skills = 30	=38

* = the number of themes within each category

In total, Students in 1999 identified 30 skills involved in the reflective process compared to 38 identified by the 2002 students. There were 23 skills common to both cohorts as given in the following table but the number of statements given under these common skills was raised from 104 to 135. Students in 1999 suggested 7 additional skills not identified by Students in 2002 but the latter students identified 15 skills not mentioned by Students in 1999.

For Students in 1999 the most frequently mentioned skill was evaluation (16 statements) but for Students in 2002 the most frequently stated skill was identification and/or consideration. Analysis was the second most stated skill for both Cohorts with an equal number of statements (13) being made. In Table 7.6 below, which is divided into similarities and differences, can be seen all the skills for both Cohorts, which are given alphabetically, with the number of statements for each skill given in parentheses.

Table 7.6: Similarities and Differences in the Identified Skills of Reflection

Similarities		Differences	
1999	2002	1999	2002
Analyse (13)	Analyse (13)	Adaptability (3)	Appraisal (2)
Communication (5)	Communication (7)	Empathy	Activity analysis (3)
Considerate	Considerate	Judgement (3)	Backward chaining
Constructive	Constructive (2)	Questioning	Competency
Critiquing (5)	Critiquing (5)	Realistic (2)	Contemplative
Evaluating (16)	Evaluating (11)	Recall	Describing (4)
Flexibility	Flexibility (2)	Willingness	Examining (2)
Honesty (2)	Honesty (8)		Integration
Identify/consider (4)	Identify/Consider (15)		Intuition
Insight	Insight		Introspection
Listening	Listening		Knowing
Looking back (6)	Looking back		Learning (2)
Memory (2)	Memory (4)		Organisation
Objectivity (6)	Objectivity (4)		Planning
Observation (8)	Observation (5)		Using Literature (2)
Open-minded (3)	Open-minded (4)		
Problem solving (4)	Problem-solving		
Reasoning (2)	Reasoning (2)		
Recording	Recording (11)		
Reviewing	Reviewing		
Self awareness (8)	Self-awareness (4)		
Thinking (6)	Thinking (4)	Total No. of skills	=38
Understanding	Understanding (4)	=30	
104 statements	135 statements		

There were 5 statements less in 2002 related to evaluation but an 11 statement increase in 2002 in listing the identifying/considering skills. Apart from these two skills, 8 skills received more statements in 2002 than 1999, 6 skills received more statements in 1999 than 2002 and 6 skills received the same number of statements from each Cohort. In the different skills columns more than 1 student in 1999 identified adaptability, judgement and being realistic but for Students in 2002 appraisal, describing and examining were listed by more than 1 student. Activity Analysis was also listed by more than one student and is singled out here because it is a fundamental core skill of occupational therapy (see Chapter 3, p58) and should have been identified by the Students in 1999. Although learning was listed by Students in 2002 and not by the 1999 students the latter did identify learning as a purpose and an outcome in the previous question. Neither of the two students who suggested reading literature was a skill of reflection clarified what they meant by this.

Q.5 Can reflection be taught, if so how?

The answers to this question were analysed under the categories of Knowledge, Skills and Attitudes (see Tables 6.8e & 6.9e). In the categories of knowledge and skills it was possible to organise the statements into themes in 2002 but in 1999 all the statements related to a single theme. In the knowledge category, which indicated what students considered tutors should teach both cohorts were similar in what could be taught about reflection although Students in 1999 felt more strongly that it could only be taught academically. The techniques that both cohorts suggested that tutors should use are summarised in Table 7.7

Table 7.7: What Tutors could Teach about Reflection (knowledge)

Content	Suggestions
Knowledge base	What is reflection is and why it is needed Models of reflection Techniques and skills required Putting the theory into practice Clinical reasoning
Strategies	Lectures Seminars Case studies and critical incidents Demonstrating the process and good examples Providing encouragement
Student learning	What reflection is Challenging and analysing experiences Raised awareness Focusing in and out

In the category of Skills students indicated how they thought skills of reflection could be learned. Both Cohorts identified that keeping a reflective diary was the most popular method and in 1999 a student (No.35) suggested "being told it (reflection) is not a complex/ new phenomenon". In contrast to this a student (No.37) in 2002 warned her colleagues to "beware of unstructured reflections that become too diverse". Other suggestions made by the students could be divided into what, when, and how and are summarised in Table 7.8

Table 7.8: Student Development of Reflective Skills

Learning about Reflection	Suggestions
What	Lots of practice Documenting past events Recognise strengths and weakness Different reflective techniques
When	In the field and during supervision Over time, revisiting experiences Discussions with others
How	Written exercises Developing an inquiring mind, ask questions Analysing situations Giving feedback on what was done

In the category of Attitudes there was a marked contrast between the Cohorts about the limitations to teaching and learning the skills of reflection. Students in 1999 made 12 different statements compared to only 5 made by Students in 2002. In the former 4 students suggested that reflection was innate and/or part of human nature. A similar view was expressed by 3 students who stated that reflection was an automatic process. They also expressed concern that either some people are naturally more reflective than others or that not every one has the skills to be reflective. To summarise the overall impression that the 1999 students gave was made by three students who stated that it was "up to individual interpretation and a personal discretion whether to reflect or not". In 2002 three of the 5 statements made indicated that reflection was an intuitive process while two students felt that reflection could only be taught to some extent and not in 1-2 lectures. All these comments are compatible with Benner's (1984, p20/21) description of the novice practitioner who has little understanding of contextual meaning and are unfamiliar with the goals and tools of the reflection. This will be further discussed in Chapter 8.

Q.6 Pose your own questions about Reflection

When students were asked to pose their own questions about reflection 47 questions were posed by 29 students in 1999 compared with 55 questions from 37 students in 2002. The questions posed were grouped under the themes given in Table 7.9. The themes are presented in order of the number of questions within each theme which are given in parentheses.

Table 7.9: Themes of Questions Posed by Students

1999	2002
When/how (11) Effectiveness (5) Standardisation (4) Who (3) Reflection and other factors (3) Implicit v explicit (3) Nature v nurture (2) Evidence (2)	Techniques/methods (9) Time (6) Problems (6) About Diaries (5) Reflection and other factors (5) Improvement (4) Models (2)

As can be seen in Table 7.9 the main concern for both Cohorts was about how and when to be reflective. Closely related to these questions the 1999 students wanted to know about the effectiveness of reflective practice in terms of whether it was necessary to be reflective and whether being reflective improved the quality of care and for the students in 2002 how to make being reflective less time-consuming and how often. Under the theme of reflection and other factors the 1999 students wanted to know the relationship between reflection and self awareness and reflection and clinical reasoning while the 2002 students wanted to know the impact of reflection on competency and the importance of reflection in other professions.

Q.7 Self Rating Year 3

A comparison of how students self-rated their perceived reflective abilities is given in Table 7.10. As given in Chapter 6 the students were asked to rate themselves on a scale of 0-10, 0 being no reflective skills and 10 being excellent reflective skills.

Table 7.10: Self-Rating of Reflective Abilities

Scale	1999 (N=39) No.	2002 (N= 37) No.
0-3	1	0
4-5	14	8
6-7	21	27
8-10	3	2

In the table above no student in 2002 rated themselves in the 0-3 group. There was a *decrease* of 6 students rated in the 4-5 grouping and an *increase* of 6 students in the 6-7 grouping in 2002 while there was a decrease of 1 student in 8-10 grouping. Also in the above table the scales have been grouped to reflect the performance level in

development where 0-3 = non reflectors; 4-5 = beginner reflectors; 6-7 = sufficient/ efficient reflectors and 8-10 = active reflectors.

7.4ii Examination Scripts

In 1997 28 students from a total of 40 elected to attempt the examination question on reflective practice compared to 2001 when only 14 students from a total of 34 elected to answer a similar examination question by discussing a quotation about reflection in light of personal learning and experience. From the recorded evidence there emerged common themes for each group within each category. A summary of these findings is given in the following table in which the themes have been listed in order of frequency within each category.

Table 7.11 Categories and Themes of Examination papers

Category	1997 No. = 28 Themes	2001 No. = 14 Themes
Reflection defined	Essentially (a/n) (24)* A means of (13)	Essentially (a/n) (10) A means of (12)
Purpose of reflection	Process (of/by) (20) Development of (12) To learn (1) Attend to (1)	Process (of/by) (6) Development of (5) To learn (6) Communicate (3) Attend to (7)
Requirements/ skills of Reflection	Ability to (29) Awareness of (3) Commitment to (2) Carry out (2) Have (6) Possess (7) Other (1)	Ability to (13) Awareness of (5) Commitment to (5) Carry out (4) Possess (4)
Methods/tools of Reflection	How (16) When (8) With who (5)	How (9) When (5) With who (3)
Outcome of Reflection	Having (25) Development of (17) Ability to (22) Being (9) Other (10)	Having (17) Development of (13) Ability to (14) Being (4) Other (5)

* Number of statements per theme

Table 7.11 (above) demonstrates that themes generated in the two sets of examination scripts were very similar and the most frequently stated themes within

each category were identical, thus making it possible to make direct comparisons. This is probably due to a similar quotation forming part of the examination paper.

As these examination scripts generated a large amount of data the best way to show the flavour of the thinking and understanding of reflection is to illustrate these with quotations from the papers.

In 1997 the students said:-

> "Reflection was a new and enlightening experience; however there were times when it felt best not to reflect" (Student P). "I did not become aware of the theories of reflection till the end of the course" (Student Q). "In year three I began to use reflective practice in a more disciplined way. Prior to this my critical analysis was more destructive than constructive. The negative thoughts and emotions were too much of a barrier" (Student M). "If I am to learn from experiences reflection is a necessary tool" (Student U). "The syllabus at University does not formally outline the skills and basic principles of reflective practice. However the overall structure promoted and encouraged the student to undertake reflective practice continually" (Student V). "Occupational therapists are now more aware of reflective practice and how important it is to improve practice" (Student D). "Occupational therapists need to keep an open mind and prevent mindless repetition of useless events" (Student F). Two students stated that in their experience "only one of my supervisors used reflection" (Student a) and "Less experienced practitioners tend to reflect on-action" (Student S).

By 2001 students were making comments such as:-

> "Reflective practice can be a very powerful tool, although it requires both knowledge of professional practice and strategies, as well as an awareness of personal and professional philosophies. As part of student education, reflective practice is invaluable, for only by analysing and discussing the dynamics of practice can a student develop into a competent practitioner" (Student 5). "Reflective Practice enables practice to be continually analysed,

evaluated and improved. If no reflection ever takes place it can be assumed that an Occupational Therapist can neither recognise the values nor identify the weaknesses of her interventions – thus remaining stagnant in her work" (Student 1). "Reflective practice is often greeted with a groan by many therapists but it is a vital asset in improving the activities we carry out with clients" (Student 13). Models of reflection enable the practitioner to become more critically aware of their own values" (Student 9). "Reflective practice improved my practise; helping me to make decisions and consolidate my learning. I valued the sharing of common understanding and beliefs when attending a reflective group whilst on my fieldwork education" (Student 10). "Each time reflective practice was used it acted as a building block of professional development" (Student 14).

As can be seen in the above quotations from the Year Three Students of 1997 reflective practice was not being made sufficiently overt in the syllabus, students did not appreciate the value of reflection until their third year and that the general acceptance of reflective practice was growing. Comparing this to the Year Three Students in 2001 these students were very positive about the use of reflective practice, implying that reflection was something that a competent therapist could not do without!

Throughout both sets of examination papers students identified some problems/ disadvantages of reflection. Whereas 29 students in 1997 raised 51 problem statements, the 14 students in 2001 raised only 19 statements. Overall the main problems raised in 1997 were predominantly about time to reflect and self abilities whereas in 2001 the problems raised were about reflection requiring a lot of practice to perfect the skills and the incorrect use of reflection leading to incompetence.

7.5 Biographical Records -Lectures

The three lectures, each given by a different tutor, were delivered to Year 1 Occupational Therapy students in Semester 1 as a topic included in a module entitled 'Theory and Practice of Occupational Therapy – Core Skills' as discussed in Chapter 6 (Section 6.6i).

7.5i The Relationship of Lecture to other aspects of the Course

Lecture 1. (Historical: 1997/98) This lecture was a separate entity and not specifically referred to again throughout the three-year course although reflection was implicit during personal profiles, group discussions and clinical supervision.

Lecture 2. (Development: 1999/2000) This lecture, covering both reflection and clinical reasoning, was followed up with a tutorial (one-hour duration) immediately following the lecture. Reflection was again implicit during personal profiles and group discussions. During their 2nd year studies (2001) the students were required to submit weekly written reflections on group discussions during a module on 'Rehabilitation'. In fieldwork supervision reflection was made more explicit and some students were encouraged by individual Fieldwork Supervisors to keep a reflective diary but with little advice on how to write it. In year 3 these students attended a three-day workshop on clinical reasoning and a two-day workshop on reflective practice.

Lecture 3. (Current: 2001) This lecture was preceded by an introduction to 'personal profiles' in which the student, with their academic tutor, reflects on his/her course progress. The contents of this lecture were revisited in another Year 1 module 'Educational Development' where a period of two hours was spent practising anticipatory, contemporaneous and retrospective reflection as well as writing a reflective diary. All students were encouraged to keep a reflective diary throughout their fieldwork experiences and to use it as part of their fieldwork supervision. The workshops in Year 3 were repeated as in previous years but the reflective workshop was extended to 3 days.

7.5ii Comparison of the Lectures

To summarise the content of each lecture the lecture order is given in Table 7.12 (next page). This analysis has been gleaned from the visual aids (Over-head projector sides and power point presentations), as the full text of all lectures was unavailable. As I was present at all three lectures, with hindsight I am aware that in the actual delivery of the lecture more information within each category was given. It was also

apparent that all three lectures provided an overview of the topic, as well as enthusing, the students' interest.

Table 7.12 Lecture Content

Lecture 1	Lecture 2	Lecture 3
Symbolism, Definition, Processes of reflection, John's model, Development of reflective skills, Tools of reflection, Lateral thinking.	Clinical reasoning, Reflective practice, Problem sensing, A reflective occupational therapist, Case study, How to develop reflective skills.	Defining reflection. Models of reflection, Using reflection, Framework which underpins reflection, Levels of reflectivity, What to write and talk about 9 questions considered Purpose of reflection. A diary entry to identify five levels of reflectivity.

The focus of lecture 1 centred on the meaning of 'reflection' – how to reflect and how to use the reflective process in practice. In lecture 2 there was greater emphasis on clinical reasoning than reflection and took a more theoretical stance. Lecture 3 covered more aspects of reflection than the previous two lectures and focused on the 'what, why, how' of reflection.

7.6 What is beginning to emerge?

7.6i Public Records

In the rationale for the Curriculum Framework Document in 1993 it is stated that the curriculum 'should embody the profession's established knowledge and skills, and also allow for growth, flexible adaptation and innovation'. This implies that basically the framework was grounded in the past experiences of the profession but allowing for an expansion of professional theory and practice. The overall approach taken in this curriculum framework was that of professional competence and supporting client autonomy by the therapeutic use of occupation and activity. It was written in terms of *what* needed to be included in an educational programme of occupational therapy. In the section of the 1998 Framework Document entitled the Purpose of the Document

it states 'the framework places the occupational therapy student at the centre of the educational process' Thus second framework document stresses the need for flexibility within an educational programme with more focus on *how* professional competence can be achieved. For example, words such as describe, evaluate, reflect on and demonstrate are frequently used and the document is less prescriptive than the earlier framework.

Thus, between these two documents there has been a shift of focus from reflecting on-action to a reflection in-action, from profession-specific practices to an effectively functioning graduate. This means that rather than relying on what was good in the past and to be retained the emphasis has moved to preparing students who develop skills to manage current practice and beyond. This dynamic shift is also seen in the content of the two documents where in the first instance reflection is not overt but in the second reflection becomes an integral component of student development.

The Degree Validation Document (1996) equates well with the second Curriculum Framework, although it was written prior to the publication of that Framework. The validation proposal states that 'therapists in current practice need to acquire the skills for reviewing .... their knowledge base of the profession thus assuring consumers of their competence to practice'. The thrust of this document is focused on developing reflective practitioners who are competent and who use evidence-based practise.

7.6ii Private Papers

The impression given when the two interview schedules are compared is that the more overt references to reflection by the students' educators given to the second Cohort (2002) were reflected in their interview schedule answers thus indicating a difference in the way students' value reflection as a result of increased exposure to the phenomenon. Evidence for this is demonstrated particularly in the last two items of the interview schedule. The first of these was whether reflection could be taught, if so how? Responses to this question showed that the Students in 1999 thought that reflection could only be taught academically but that the best skill for learning about reflection was to keep a reflective diary during fieldwork. These students also identified many limitations to reflection which indicated that they did not fully

appreciate/understand how to use reflective practice. The Students in 2002 were more positive in what could be taught and gave several strategies that tutors could use in their teaching of reflection. There were only a small number of doubts about the teaching of reflection, perhaps indicating that they were more conversant with the topic than the previous cohort and had benefited by 'being taught' about reflection and reflective practice.

The second evidence is found in the final section of the interview schedule where students were invited to pose their own questions about reflection and to rate their identified reflective abilities. In the questions posed by the students the largest number of questions for both Cohorts was about 'how to reflect' as given in the following table.

Table 7.13: 'How' Questions Posed by Students

1999 How:	2002 How:
to reflect in a busy department	to use the best methods
much with clients when evaluating interventions	to use different methods of reflection
much time to reflect/spent reflecting/often	to achieve a deeper way to reflect
much time to develop skills	to structure reflection
to improve skills	to reflect on positive aspects
future clinicians propose to undertake reflective practice	to utilise incidents in the future
much of own performance is considered in reflective practice	to incorporate reflection into practice
can reflection be formalised & verbalised to prevent secretiveness	

In Table 7.13 above it can be seen that for the Students in 1999 the 'how' questions were fairly generalised and about time factors whereas the 2002 students wanted more details about being better reflectors. Perhaps this indicates that while they had had some teaching they wanted even more! In the rating of self abilities the 2002 students were more confident in their abilities as 78% of these students rated themselves as sufficient reflectors and above, compared to the 1999 students where 61% rated themselves in these categories. This change can possibly be attributed to

improved teaching and greater opportunities to put reflective skills into practice in both course work and professional practice.

In the case of the examination scripts there was very little difference between the two cohorts in terms of content of the answers given but the quality changed from being an account of 'retrospective reflection on-action' and theoretical in approach to 'contemporaneous reflection' and the practical implications of reflective practice for the individual. Another point of interest is that it is impossible to ascertain whether some students in the second Cohort (2001) gave better answers as a result of the reflective workshop which they attended shortly prior to the examination.

7.6iii Biographical Records

In the third case of tutors lecture notes the overt teaching of reflection was variable depending on the interest and knowledge of the subject of the individual tutor. There was distinct change in teaching reflection from something the students need to know about to the importance of reflection underpinning professional practice.. As I know the first two lecturers well it is difficult to avoid taking this into account. For example the first lecturer also facilitates a course entitled 'Self and others' where the emphasis is in understanding the self and the use of self in group situations, thus the focus of her lecture was focused on the skills of self reflection. The second lecturer, being new to the task at the time of delivering the lecture, took a much more theoretical (data giving) stance. The third lecturer (my-self) has a particular interest in how students learn and has had more years of facilitating higher education than the other two lecturers. As I was also at the beginning of my research into reflective practice it was probably predictable that my lecture would combine the core elements of the other two that is, facilitating knowledge of the subject, as well as providing practical steps for students to develop their own skills of reflection.

7.7 Conclusion

Using a wide-angled lens has enabled me to develop pictures of the emergence of reflection over time within the sub-cases of this study. It has enabled particular perspectives to be highlighted, particularly the knowledge, understanding and use of

reflection by the various authors of each of the documents. This wide-angled approach has demonstrated that the over-arching trend over time has been for reflection to be more widely accepted as a core skill of occupational therapy and incorporated more overtly in the curriculum of occupational therapy. This has resulted in both students and staff being more acquainted with the practical application of reflection and enhanced effectiveness in fieldwork practice. One of the problems in using a wide-angled lens is that some 'objects' can be exaggerated. Every attempt has been made by me to give an honest account in analysing the data as presented in the documents and being mindful not to exaggerate the trends as I would like them to be. To complete this collection of pictures, in Chapter 8 I will use a zoom lens to show the chronological development of reflection.

Chapter 8

Through the Zoom Lens

"The major problem in qualitative inquiry is not to get data but to getting rid of it…winnowing material to a manageable length, communicating only the essence" (Wolcott 1990, p18)

8.1 Introduction

As indicated at the end of Chapter 7 this chapter will involve changing the lens on the camera to a zoom lens in order to get more detailed pictures. By using a zoom lens two particular types of pictures will be taken. The first will be at a macro-level using the second type of time series analysis identified in Chapter 7, namely chronological, focusing on two time periods. These will be two four year periods, namely 1993-1997 and 1998-2002. The prediction in this analysis would be that in the first time period reflection was little understood and used in practice by occupational therapists but in the second time period reflection has become much more explicit, better understood and used overtly in professional practice.

The second picture to be taken using the zoom lens will be at a micro-level to look closely at the language used by the students to see if insights can be gained and conclusions drawn about their level of reflectivity. The intention of this chapter is to follow the words of Wolcott (1990) given above in 'winnowing the material to a manageable length, communicating only the essence'. Therefore in the analysis of this section the manifest (overt) statements about reflection will be zoomed in on to create the first picture mentioned above. I recognise that because of the nature of each document within each period it is not possible to make comparisons between different types of documents but it should be possible to make comparisons between the years.

8.2 Macro-level Chronological Analysis

Chronological analysis is the second type of time-series analysis to be used in this study. A chronological analysis is a frequently used technique in case study research

(Yin 1994, Stake 1995, de Vaus 2001) and allows the investigator to trace events over time. Yin (1994) suggests that the analytical goal of chronology is to compare events to an explanatory theory of which one or more of four conditions are present. For this case study the specified condition is "certain time periods in a case study may be marked by classes of events that differ substantially from those of other time periods" (Yin 1994, p.117). Hence the reason for dividing the documents used in this case study into two four year periods.

Period 1.1993-1997

This period was before this study was planned and consequently there were only three document types available for me to use. Thus this period is of a historical nature but it will give some insight into the next period by identifying the early development of reflection. The three available documents were the Curriculum Framework 1993, the Validation Document 1996 and the Examination Paper of 1997.

Period 2. 1998-2002

This period is the time when I was active with my own development of reflective practice which instigated undertaking this study. The available documents in this period include Curriculum Framework 1998, Interview Schedule 1999, Examination paper 2001, the Interview Schedule of 2002 and lectures given by tutors.

8.2i Period 1 (1993-1997)

In this period there is a markedly increasing awareness of reflection as demonstrated in the statements found in documents of this period and shown in Table 8.1

Table 8.1 demonstrates that in 1993 reflection was not considered to be an important overt requirement in occupational therapy. However, from my own experience and in talking to colleagues who were also in the field before 1993, reflection was recognised as being an innate quality of successful occupational therapists. We just didn't recognise that that was what we were doing! This is borne out in the words of MacDonald, who in 1960 said:

"Occupational therapists must not exclude the intuitive approach, which in turn, should be analysed, criticised and evaluated" (MacDonald 1960, p.14).

Table 8.1 Overt Reflection Statements in Period 1

1993 Curriculum Framework	**1996** Validation Document	**1997** Examination Scripts*
Reflection on the OT process Fieldwork	Reflective Practitioner (2) Reflective skills (2) Reflective thinking Current practice (4) Reflect on experience/ performance Reflect student abilities Appendix Helpful to reflect Record reflections Fieldwork Become reflective practitioners (Reflective category in each of the 5 fieldwork assessments	Reflection involves: Examining issues/self Inward search Critical reasoning Answering questions Keeping a diary Thinking on your feet Reflection provides Insight, Confidence Learning from experience Stimulation to one's work Problems Becoming a reflective Practitioner A negative experience Supervisors unaware of reflection Time consuming writing diaries

* This column gives the essential essence of student awareness, gleaned from the most common statements

Although the 1996 Validation Document is based on the 1993 Curriculum Framework Document, reflection by this time had become an integral component of the course philosophy as evidenced by the number of references to reflection found in the document as seen in the table above. This increase in the inclusion of reflection within a curriculum for occupational therapy education was influenced by two major changes in higher education. The first of these was the Higher Education Capability project (Stephenson & Weil, 1992) which emphasised the development of competence, coping, creating and co-operating. In designing the new degree curriculum the philosophy of the course included:

"There is a strong commitment to encouraging competent, confident practitioners who have a strong sense of professional identity as well as the ability to use professional reasoning and judgement" (Part A, p.9).

The second influence was the initiatives included in Government policies, at that time for a better quality of service and health care delivery. These included continuing professional development and life-long learning. In their review of the literature on reflection Atkins and Murphy (1993) identified that reflection, as a learning tool, was necessary for professional education. They recommended that: "Attention must be given to developing the skills required to engage in reflection" (ibid, p.1191). As identified in the analysis of the curriculum document in 7 (Table 7.6) the largest cluster of reflective statements were found in the 'general' sections of the document and indicated intent to foster reflection but there is little evidence, in the words of Atkins and Murphy of how the skills of reflection would be developed.

The examination paper in 1997 (details of which were given in Chapter 6, Section 5.6iii was actually taken by a cohort of students who were still working to a flexible syllabus designed in 1992 (not included in this study) but in setting this final year examination question I was influenced by the development of the new syllabus, by now in operation with year one students and my own early recognition of the importance of reflective practice. While the main purpose of the question was to allow students to synthesise their knowledge and experience I confess to there being a hidden agenda in that I wanted to find out whether reflection was being used by practitioners and students. As can be seen in Table 8.1 (and Table 7.11) the students were very aware of reflection – what it means; the requirements for being reflective and the outcome of being a reflective practitioner. However, as noted in the quotations taken from these examination scripts and cited in Chapter 7 these students did not recognise reflection until the third year of their course and that it was not universally used or recognised in practice but that there was a growing awareness of the importance of reflection.

8.2ii Period 2. 1998-2002

As in the first time period the overt statements in the available documents for this second time period are given in Table 8.2 (Curriculum Framework 1998, Interview Schedule 1999, Examination Paper 2001, the Interview Schedule of 2002 and lectures given by tutors.) As both Interview Schedules and all the lectures occur

within this time period the sub-sections with each of these document types will be collapsed to give the picture of overt reflection with the particular document type.

As identified in Chapter 6 the Curriculum Framework (1998) places the student at the centre of the educational process and this is identified in the reflection statements in Table 8.2.

Table 8.2 Reflection Statements in Period 2

Curriculum Framework (1998)	Interview Schedule (1999 and 2002)	Examination Paper (2001)	Lectures (1999, 2000, 2001
Self reflection Principles of reflection Opportunity to reflect Reflect on professional practice/performance Reflecting on personal learning	Evaluate Ask questions Learn from experience Teaching: Models, Techniques, clinical reasoning Skills: self abilities, evaluation, analysis, communication, thinking/memory Requires: Lots of practice, discussion with others, an inquiring mind Questions 1999: When/ how, effectiveness 2002: Techniques, Time, Diaries	Involves: Thinking about, critically analysing & evaluating one's actions; understanding of problems; gaining new perspectives; ability to synthesize new knowledge Provides: Awareness of beliefs & values, confidence, competence, development of present & future practice Problems: Difficult to verbalise, reflecting in action; no reflection = poor practice	Defining reflection Models of reflection Levels of reflectivity Processes of reflection Tools of reflection Reflective skills Reflective practice therapist Purpose of reflection

In 1993 reflection was given minimal attention and in general terms only but by 1998 there is a direct focus on students reflecting. This inclusion has undoubtedly been influenced by changes in government policies such as the Further and Higher Education Act (1992), The Charter for Higher Education (1993), The Graduates Standards Programme (1994) and the Consultation Document (DfEE) on life-long learning in 1995, the later two of which were reviewed in Chapter 3.

Also influential at this time was a move by the professions allied to medicine to

move away from a bio-medical model of practice to a holistic and client-centred philosophy of practice which focuses on knowledge (see Chapter 4), interpersonal relationships and the realisation that the client/patient was the most important component of any intervention (Sumsion, 1999). The language of purchasers, providers and consumers was also creeping into the health vocabulary whereby the focus was on the consumer. Just as the client is a consumer of health intervention so the student is the consumer of education and it is therefore appropriate that a framework of occupational therapy education should focus on the student. Simultaneously there was an increasing obligation for the providers of health care services to evaluate and improve their practice (Palmer et.al 1994). To do this Thomas Beckett (1969) (cited in Johns & Freshwater, 1998) suggested

> "To be capable of helping others to become all they are capable of becoming we must first fulfil that commitment to ourselves" (Preface, page x).

A further influence in the later half of the 1990's has been the plethora of publications on reflection, which by then was the 'hot topic', particularly in the nursing fraternity. Such writings, influenced by the work of Benner (1984) which focused on the nature of skill acquisition for expertise, as discussed in Chapter 4 demonstrated how reflection provides opportunities for health professionals to develop competent, self-aware, analytical and confident practitioners of the future (Palmer, Burns & Bulman 1994).

With the introduction of reflection into the syllabus of occupational therapy the Interview Schedules given to two cohorts of students identified not only how they were developing as practitioners of the future through their understanding of reflection, and the skills required to be reflective but also their concerns about the use of reflection and how tutors could/could not enhance their effectiveness through the use of reflective practices. Although the statements in Table 8.2 gives a summary of the themes the context in which these statements are found reveals more about the students' understanding. For example in 1999 when students were asked 'what is reflective practice?' they wrote in general terms such as "A process to evaluate past actions- a mode of thinking". (Student No. 20). In 2002 they were writing more from personal experience, such as, "To evaluate your own and others performance to learn

and develop from these reflections. What, why and how I am doing it?" (Student No. a).

In 1999 when asked if reflection can be taught the writing style was "Teaching reflection can make people aware of the importance and benefits" (Student No.38) whereas in 2002 the style was "Explaining what reflection is and why it needs to be done, how it can be done" (Student No. M). Taking a closer look at these few examples, in 1999 students were using indefinite articles of speech such 'a' and the third person such as 'people' but in 2002 students were 'homing in' on the processes of reflection of 'what, why and how?'.

This change from academic/theoretical knowledge to personal knowledge has been brought about by the students increasing exposure to reflective practice as stated in Chapter 6 whereby Students in 2002 had had previous teaching about reflection and were expected to keep reflective diaries during course work and fieldwork experiences. In Chapter 7 I identified that that the self-rating of reflective abilities by each student could be grouped under four levels of reflective ability. This, along with the examination papers, will be given further consideration in the micro-analysis later in this chapter.

Returning to the chronological analysis there was a similar range between the two cohorts in the way they approached their answers to the examination question. Because each examination required a different slant to the answer it is more appropriate to take a closer look at how two students answered the same examination paper. To do this I have selected the examination paper of 2001 as it is more likely to demonstrate the range of current understanding. This examination paper requested that students (a) Give an account of using the process of reflective practice to examine and explore issues in professional practice and (b) With reference to your fieldwork experiences discuss how reflective practice can be used to improve and shape activities. For an example of these examination scripts the full text of one exam paper can be read in Appendix 11. Other examples of students writing in this exam paper were given in Chapter 7.

Although in the general analysis of the examination scripts the examination mark awarded was not taken into account the selection of two papers for closer scrutiny was considered. Thus the two papers selected came from student 4 who was awarded an A grade and student 2 who was awarded a C grade. The contents of their papers is summarised in Table 8.3 where the beginning of the first sentence of each paragraph is quoted.

Table 8.3 Examples of Students Examination Paper Composition

Student No. 4	Student No. 2
Part A A first class service states "life-long learning... OTs' need tools to facilitate learning... The first stage of the reflective process is... In order for reflection to be effective By developing self-awareness... Synthesis of integrating new knowledge... An OT needs to build time... OTs' can develop competence... Part B Spalding states that the skills of reflection... I applied John's model to the situation... After using the model I could make sense... The positive outcome... To be reflective means... By questioning our previous knowledge... Reflection is learning from experience.	Part A Health service practitioners have to develop... Reflection is an action based learning process... The use of a model can help structure... Stage 1: The learning opportunity... Stage 2: Critical analysis... Stage 3: The change of perspective... It is crucial that a therapist is aware of outdated or ineffective intervention... By examining and evaluating we can identify... Referral to the literature can identify... Reflection can be used in a wider sense... Part B A referral was received... Clinical reasoning led to the decision... Before the session I felt... By discussing and evaluating the session... Through reflection I learned...

The two examples given in Table 8.3 show the general trend of the scripts and were selected to illustrate the similarities and differences in the manner in which each student conveyed their understanding and knowledge of the situation. In focusing on these two papers what emerges is that:

- They both begin with a political statement but student 4 gives a specific reference.
- In giving an account of reflection both students describe the process but student 2 does this by stating what needs to be identified and questions to be answered while student 4 explains in more detail what triggers each stage and what is involved at each stage, for example stage two is triggered by "critical analysis and involves an examination of both knowledge and feelings of how the

situation has affected the individual".

- Both students identify possible outcomes with student 2 highlighting the need for *examining* and *evaluation* and student 4 identifying the importance of *self-awareness* and *learning.*
- In the remainder of Part A of the examination answer both students give an account of what can be achieved by using reflection. However, in doing this student 4 specifically addresses her comments to how occupational therapists can benefit from being reflective whereas student 2 refers to 'a therapist' and 'we' in general terms.
- In Part B of the examination paper, in which each student selected a critical incident to reflect on, Student 2 gave an account at the level of descriptive reflectivity using Spalding's model of what was done during each stage. Student 4 selected to follow John's model but gave an account at the discriminative level of reflectivity in which she assessed and evaluated the experience and her feelings towards the experience.

Not only are these students aware and knowledgeable about reflection they have also demonstrated how they used reflection and aspects of reflection discussed in the literature. The first of these is the work of Fay (1987) who viewed reflection as a critical social process involving three stages of enlightenment, empowerment and emancipation.

Enlightenment is the understanding of why things have come to be. In these scripts the students both begin with a relevant background statement of practitioner requirements in the Health Service and then demonstrate their understanding of the reflective process and the learning that can take place.

Empowerment is the focusing on the sense of purpose and the actions taken which is demonstrated in their reflections of a chosen critical incident during their fieldwork experiences.

Emancipation or transformation is the consequences of taking appropriate action and the growth of self that enables effective practice. Student 4 stated 'I used my learning

experiences' and Student 2 said 'I learned how to deliver client-centred Care', thus, both demonstrating their personal growth in making professional practice effective.

The second aspect these two examination scripts demonstrate is Dewey's (1933) attitudes to reflection of open-mindedness, responsibility and wholeheartedness (Chapter 2) which Schön (1983) and Yinger (1990) identify as one way of recognising reflection.

Open-mindedness, a willingness to consider new problems and ideas is identified in the script of student 4 as "the occupational therapist must explore alternative actions". This openness is not so apparent in the script of Student 2 but he did identify that one of the stages of reflection is to consider "what I would do differently next time?"

Responsibility, the ability to consider the consequences of actions and the ability to carry something through to its conclusion is identified by student 4 as "I understood my actions and could see the consequences of them". Student 2 hinted at responsibility when he said "reflection can result in a changed perspective…being taken in the future".

Whole-heartedness, the enthusiasm for the subject which makes a person think and has a desire for learning was identified by student 4 when she wrote:

> "The positive outcome of the experience was that I had reflected on it, identified feelings and behaviours, explored alternative actions and the main point being – I had learned from it."

Student 2 wrote:

> "I realised the importance of reflection, especially if we are to learn from our current practice, to improve interventions in the future."

It can now be seen that in the years 1999-2002 students had had a range of experiences in using reflection. There was a greater demonstration, in the later years, of students having had personal experience in the practical use and application of the reflective process. This change in students' perspectives about reflection can be attributed to the work of the Curriculum tutors in promoting

reflection both within the academic institution and with fieldwork supervisors. Like the students, the tutors between 1999 and 2002 were also developing and improving their skills of teaching reflection. The sub-case selected to look at this development was a lecture given to first year students in three different years.

The purpose of this lecture was to introduce an overview of a new area of study (Rogers 1996) as one of a number of core skills used in occupational therapy. There has been much criticism in textbooks on higher educational teaching (Lovell, 1979; Ramsden, 1992; Rogers, 1996) about the advantages and disadvantages of using lectures as a format for facilitating student learning the former usually focusing on the economical use of lecturers and the latter on the poor quality of the lecturing. Aware of these problems all three 'lecturers' had a common goal in the delivery of their lecture content to make it inspirational, stimulating and appealing to all levels of student abilities (Ramsden 1992, p155). In the Interview Schedules the majority of students identified that some aspects of reflection could be taught and some students identified that innate abilities of reflection needed to be present for students to benefit from teaching about reflection. These suggestions from the students were also found in a study carried out by Boniface (2002) who concluded that:

> "Reflection can be taught, but there needs to be a spark of ability present. Professional courses need to develop ways of identifying reflective potential in their candidates" (ibid p208).

In Chapter 7, I showed the changes over time of these lectures and identified the differing approaches to content delivery to make the lecture inspirational and appealing. Although the tutors at that time were unaware of students' innate knowledge and abilities in being reflective the hope was that the students would be stimulated. Table 8.2, which gives the common components of these lectures, demonstrates that the tutors had collectively addressed the factors identified in the literature to date of what they considered students needed to know about reflection. However, there was a change in the focus of each lecture from identifying reflection and the use of lateral thinking in the 1998 lecture to models of reflection and practical tips for reflection in the 2002 lecture.

8.2iii Macro-analysis Summary

The documents used in this case study span the years from 1993-2002 and in that period, as demonstrated in the above discussion my initial predictions have been shown to be right. In the analysis of the documents in the early years it was found that reflection was acknowledged but given minimal attention and this attention tended to be either visionary and/or of an academical nature. In the later years reflection is seen as a requirement for education, practice and continuing professional growth. Reflection has become widely accepted and used in the occupational therapy profession from 1998 onwards as shown in the curriculum structure, tutors facilitation of reflection and student experiences in using reflective practice.

The reader of this may well mirror the paraphrased title of an article by Reid (1993) and say 'we know that, we are doing it' and add 'so what?' To answer the *so what* I invite the reader to now look at the second picture I have taken with the zoom lens of micro-analysis.

8.3 Micro-analysis of examination papers and Interview Schedules

8.3i Examination Scripts

The analysis of the private papers began with the 1997 examination paper. After analyzing the scripts for content I then grouped the scripts according to the final mark classification of A-D awarded and then reread the papers within each group to see if there were any characteristics in the way the students expressed themselves and the overall impression the students' gave of their engagement with reflection. During this reading it became apparent that there were idiosyncratic differences. Taking care in noting the language used by each group it was found that the:

- Grade A scripts adopted a narrative style of writing, included examples from a wide variety of experiences and demonstrated a clear personal commitment to reflection and talked in terms of I and *my*.
- The Grade B scripts were similar to the above group but used a lesser range of examples and were more limited in how and when they used reflection. These scripts talked in terms of *we* and *our*, from a collective professional stance.

- The grade C scripts adopted a descriptive style of writing and recognised that reflection was a skill that needed developing and talked in terms of *they* or *the therapist.*
- The grade D scripts gave a factual account of theory, drew on a limited range of experiences and tended to focus on the limitations of using reflection and overall referred to *other professionals.*

These descriptors of the scripts were found to be the same when the papers of 2001 were also grouped and read in the same way.

At the time of reading these scripts I had also been reading Patricia Benner's book 'From Novice to Expert' so I then applied her principles of ability levels to these papers. Although Benner (1984) identifies five levels of practitioners I decided to keep to four levels by combining Benner's stages 4 (proficient) and 5 (expert), as this not only equated to the pass grades achieved but also the pass grades that could be achieved during professional practice[1] as identified in Table 5.7b. Comparisons could then be made with the descriptions given by Benner for each of her levels and which are summarised below:

- <u>Proficient/Expert Practitioner</u>

  Sees situations holistically rather than as components
  Has a sense of direction and vision based on reflective experiences
  Is able to deal with unfamiliar situations and manages decision making well

- <u>Competent Practitioner</u>

  Plans consciously and deliberately
  Follows standardised procedures and knows which actions are most important
  Lacks the speed and flexibility of the proficient/expert practitioner

- <u>Advanced beginner</u>

  Relate to the client as an individual
  Recognises behaviour but cannot attach meaning to it
  Does not see the entire picture

- <u>Novice</u>

  Able to recognise facts and features of a situation

[1] Since beginning the writing of this case study the term fieldwork education has been replaced by professional practice

Needs to gain confidence by learning and following rules
Has difficulty in applying theory to practice

To demonstrate how my levels and Benner's levels are similar there follows a sample of students writing within each level. The relative words which identify my and Benner's levels are italicised. A further summary of my category performances is given in Table 8.4 which follows the quotations.

Grade A, proficient/expert practitioner

"*I* will be able to evaluate the client's progress and this *will allow me to modify my interpretation if necessary*. Generally I would ague that reflection is an intrinsic part of the occupational therapy process" (Student X)

Grade B, Competent Practitioner

"By reflecting back enabled *us* to evaluate all *our* actions, our ideas and plan for the future. For reflection to be effective it is essential that each of the *stages is carried through systematically*" (Student J)

Grade C, Advanced Beginner

"This essay will concentrate on the process of *reflection-on-action* as this is the type of reflection most frequently mentioned. The use of reflection by *a therapist* is an essential part of occupational therapy practice" (Student 6)

Grade D, Novice

"Initially *the student* preferred not to reflect but realised the importance with encouragement. It was a useful tool to *help relate theory to practice*. This is a method called 'follow me' illustrated by Schön" (Student P).

In Table 8.4 below it will be seen that I have used a different terminology to Benner to describe the level for each group. This has been done for two reasons. The first is that the terms I have used have been drawn directly from how students described their reflective ability. The second is that although Benner's work was a strong influence in helping me identify students' reflective levels it would be highly precocious of me to suggest that my 'active student reflectors' any way equated to Benner's expert practitioner.

Table 8.4. Identified Reflective Ability in Students Examination Papers

Category	GROUP A	GROUP B	GROUP C	GROUP D
Theory of Reflection	Demonstrates an internalised understanding. **Talk in terms of** my experiences	Internalised to some extent **Talk in terms of**: we have a commitment for action	Understanding is detached **Talk in terms of**: They, their, the therapist	**only in terms of:** Other professionals, educational writers
Self-awareness of reflective abilities	**Related to**: Future practice & prospective reflection	**Achieved by using**: Reflection as a learning tool	**Tends to develop from:** Retrospective (on-action) reflection	**Possible with links between:** Theory & practice; other · learning processes; cognitive skills
Outcome of using reflection	**Focuses on:** Effectiveness as a practitioner; enabling OT's to challenge their practices	**Focuses on:** Personal effectiveness	**Focuses on**: The present & limitations of self	Is not realised until the 3rd year of the course
Reflection achieved	**By wide variety of methods,** e.g. Learning contracts, diaries, portfolios, story telling, In-action, on-action, applying theory to practice, self questioning	**Identified mainly in:** Reflection on-action, diary, portfolio, analysis of performance	**By tangible links,** e.g. Learning needs, self assessment, techniques suggested by others + A reflective diary	**Only in non-specific ways,** e.g. variety of tools, working in groups, by observation, thinking about strengths and weaknesses
Problems identified	**Minimal but**: Relationship between student and supervisor. Supervisor not knowing about reflection, requires effort and motivation by some people	**Due to:** Non reflective clinical settings, hindsight bias, lack of self awareness – reflection a meaningless process	**Give rise to**: Depression from re-examining painful situations; reflecting on self rather than clients; over analysis and negative thoughts	**Can**: Decrease morale & confidence; be - time consuming, dependent on reflective abilities, a superficial process; results in loss of client focused care.
Overall view of reflection	Shapes future practice; Develops creative thinkers ↓	Commitment to action. Becoming better practitioners ↓	Skills of reflection still in Infancy but developing ↓	Reflection only one method; could/could not be useful ↓
Level	**ACTIVE REFLECTOR**	**SUFFICIENT/ EFFICIENT REFLECTOR**	**BEGINNER REFLECTOR**	**NON-AUTOMATIC REFLECTOR**

Another point to note about Table 8.4 is that while it is an amalgamation of statements from both examination papers to show the differences between the levels

of reflective ability it is recognised that the active reflectors of 1999 may not have been at a similar level of active reflection in practice as the students of 2002. That is, the active reflectors of 1999 were reflecting at the highest level of student ability and knowledge at that time.

8.3ii Interview Schedules

To see if the levels of reflection, identified above, were transferable to the other source of data gathered (Interview Schedules) from students and to aid the validity of these findings by 'triangulation' I then repeated the analysis used in the examination scripts on the Interview Schedules. On this occasion the students' self ratings given at the end of each questionnaire was used to form the groupings as identified in Chapter 7 where 0-3 were the non reflectors, 4-5 beginning reflectors, 6-7 sufficient/efficient reflectors and 8-10 as active reflectors.

Taking each question in turn it was once again possible to identify similarities in the words used by the students within each group. In Table 8.5 these words are highlighted in bold. Immediately below some direct quotations from the question responses are given to give a 'flavour' of the way the students expressed their answers to the questions.

8-10 Group: Active Reflector. Considering *our* thoughts, feelings and actions about situations – using *our discovery* to enhance *further practice* by understanding ourselves better (Student M, Q1).

6-7 Group: Sufficient/efficient Reflector. Best *taught in practice*. Learning in the field (Student 14, Q5).

4-5 Group: Beginner Reflector. Practitioners actively participating in reflective practice and using an evidence-base for *their* practice. (Student A, Q2).

0-3 Group: Non-automatic reflector: To take time *to think*, be flexible, communication skills, observation skills (Student 2, Q4).

Table 8.5 Identified Reflective Ability in Students (questionnaire)

Category	Self Rating (10 = high) 8-10	6-7	4-5	0-3
Definition of Reflection	Takes into account **own** performance; **circumstances**	**Identifying your** good and bad aspects	**Thinking** about what has happened, how **they** felt	It is a way of learning
What/who are reflectors	**All practitioners** who ask themselves questions to ensure all possibilities have been exhausted	Practitioners who relate past to present, take time to analyse	**Practitioners** who look back to critique performance	**People** who learn
Why considered important	So that nothing is taken for granted, becomes routine. Important for quality of practice	**Core skill of OT.** To improve knowledge and be more effective	Opportunity to improve. For therapist to self evaluate	A learning experience
Skills of Reflection	**Self awareness,** problem solving, reasoning, developing an enquiring mind, being open-minded	Honesty, flexibility, objectivity, ability to analyse situations make changes	Gives lists of words. Review case notes, **consider** past knowledge	Gives lists of words **Take time** to think
Can reflection be taught? If so how?	**Teach models and techniques**, via lectures, discussions, debates, give good examples. Use critical incidents, good supervision	**Only in fieldwork** Be made aware of processes, how to write about experiences	**Difficult to teach** To a certain extent Develops with practice. Innate but dormant	**Skills are inherent** Requires direction. Keeping a diary
Questions posed	Most effective techniques	How to improve. Does it increase quality of care?	How often/how long? How do I know I am doing it right?	Nil
Overall view of reflection	Prospective approach Thinking ahead, planning. Talks about **self** ↓	Contemporaneous approach. To see what is happening. Talks about **us** ↓	Retrospective approach. Looking back. Talks about **you** ↓	Talks about **people, it** ↓
Level	**ACTIVE REFLECTOR**	**SUFFICIENT/ EFFICIENT REFLECTOR**	**BEGINNER REFLECTOR**	**NON-AUTOMATIC REFLECTOR**

For Question 3 (Why is reflection important?) the 8-10 Group said occupational therapy is client-centred and holistic, therefore to ensure *our* service is the best possible *we* must use reflection and monitor our and others performance. In contrast

the 0-3 Group said *it* is a learning experience. If not used how can *one* go forward? The next stage of this micro-analysis was to see if there was any comparability between Tables 8.4 and 8.5. It is obvious that there are some different categories between these tables but where there are similar categories it was possible to make some comparisons and shown in Table 8.5 where within each theme the first statement is from the examination scripts (Groups A-D) and the second statement (after the semicolon) is from the Interview Schedules (Self-rating 0-10)

Table 8.6 Comparability between Sources for Levels of Reflection

	Group A 8-10	**Group B 6-7**	**Group C 4-5**	**Group D 0-3**
Theory	My experiences; own performance	We have a; your aspects	They, their; how they felt	Others; It is
Awareness	Related to future practice; ask questions	Using reflection as a learning tool; relating past to present	From retrospective action; looking back	Gained from links to learning; learning process
Outcome/ Importance	Challenges practice; quality of practice	Personal effectiveness; to be more effective	Focus on the present; to improve	Learn in Yr 3; a learning experience
Skills	Wide variety; Self awareness	On-action; Ability to analyse	Suggestions from others; Consider past knowledge	Time-consuming; time to think
Overall view	Shapes future practice; prospective approach	Becoming better practitioners; contemporaneous	Developing; Retrospective	Could/couldn't be useful; talks about people; it

Although the sources of data used in Table 8.6 have come from different cohorts and from different points in time there is commonality in the way reflective ability is expressed at each level which probably has an impact on the way the students at each level learn.

There is evidence in this micro-analysis that students use a different vocabulary to reflect at different levels during their development as occupational therapists. Levels of reflectivity have also been identified in the literature by the work of

Goodman (1984), Mezirow (1981) and others who determined levels of reflection as possible grading criteria. Goodman describes three levels as being:

- Level 1: This is mainly descriptive, concerned with techniques and practices and written more in the style of an observer rather than an active participant. This equates to Group D/0-3 rating who do express themselves as if they were an observer.

- Level 2: builds on level 1 and shows awareness of personal and professional values and beliefs. This level would equate to Group B/6-7 rating who write in terms of 'we' and personal effectiveness.

- Level 3: in addition to the above also acknowledges wider issues and how such issues influence the individual in the course of their work. This is apparent in Group A/8-10 rating where writing about reflection is directed at 'own/my' performance and the influence is has on future practice.

In contrast to Goodman (I984), Mezirow (1981) describes 7 dimensions of reflectivity in a hierarchy as shown in Table 2.1. These dimensions are: 1. Reflectivity, 2. Affective, 3. Discriminant, 4. Judgemental, 5. Conceptual, 6. Psychic and 7. Theoretical. Mezirow's dimensions may not be overtly apparent in Tables 8.4 and 8.5 because the latter contain short phrases and words only but they can be seen in the journal writing of a student in 2002 who rated himself on the scale at 8. In the following extract I have inserted where Mezirow's dimensions are apparent.

> "I led progressive muscular relaxation today (*Descriptive*). Realised how uncomfortable I actually do feel during this (*Affective*). Before, in previous groups I had just thought that this was just natural nerves due to unfamiliarity with the procedure (*Psychic*). However I should by now have got over these nerves (*Judgemental*). I think that I feel uncomfortable because I am the only person talking within the group and that whatever I say has the full attention of the patients within the group. (*Affective*) I feel that this is of great importance that I overcome this problem, as relaxation is a beneficial therapeutic intervention that is widely used in all fields of practice. (*Discriminant*) The way in which I will tackle this is that I will

begin all of my sessions by explaining the theory behind relaxation (*Descriptive*). This will then in turn help me to feel more comfortable with what I am doing as I will be remembering its therapeutic effects and not dwell on how uncomfortable that I feel"(*Conceptual/theoretical*).

8.4 Reflection

This recognition of differing reflective levels amongst the students is an unexpected outcome of this study, as it is something I had not initially considered investigating. This 'revelation', I believe has added greatly to my understanding of the development of reflection and builds on the earlier work carried out for my Master Thesis where I took a close look at students learning styles in relation to course work. It is now clear that a comparison can be made between learning styles and reflective abilities.

This is not the place to open the debate on learning styles and learning abilities as described in the literature (Pask 1969; Kolb 1976; Ramsden & Entwistle 1981; Marton and Saljö 1984; Fleming, date not given) but distinct similarities can bee seen in Kolb's experiential learning cycle and Gibb's reflective cycle (discussed in Ch.2) as well as between Pask's serialist/holist approaches, Ramsden and Entwistle's deep/surface learners and the levels of reflection discovered in this study.

These comparisons could invite further research as to whether there is a link between learning styles and reflection. However, Lowe and Kerr (1998) found in a not too dissimilar study that there was no difference in students' abilities when they were taught by conventional methods of instilling information compared to students taught by reflective (experiential) learning strategies. Consequently, the reader may well say, as I did "Well why bother with reflection?" The answer to this will be found in Chapter 9 where I propose that by using a reflective methodology in teaching would result in a higher development of learning skills and increased deeper learning.

8.5 Conclusion

In Chapters 5-7 I explored the contents of three types of documents (Public Records, private papers and biographical papers) which set the scene for this Chapter which

has focused on the central purpose of this case study, namely the development of reflective practice in Occupational Therapy. By using a zoom lens on the camera I have been able to identify a clear development of the inclusion of reflection in curriculum design, how the teaching of reflection has progressed and how student understanding has developed. I consider the major sub-case of this case study to be the students' work and by taking a closer look at how they have portrayed their knowledge, use and understanding of reflection I have been able to identify that as with all learning students develop at different levels and at different times. I also acknowledge that the interpretation of the results may not be rigorously conclusive but they do suggest, when considered together, that they identify a path of development in reflective learning.

A photograph album that tells a story needs to finish with a good clear picture and one that encapsulates the whole experience of the journey taken. The 'final focus' of Chapter 9 will not only take a snap-shot of what has been learned on this particular journey but also consider the implication for further development of reflection in occupational therapy.

Chapter 9

The Final Focus

"The researcher as once an outsider but now an insider provides the reader, still an outsider, with enlightenment"

(paraphrased from Atkinson 1990, p.163)

9.1 Introduction

The quotation above is an apt descriptive summary for this final chapter because before beginning this study I was an 'outsider' in terms of fully understanding precisely what being reflective meant and involved. Nor was I sure how being reflective impacted on professional practice and why it had become the latest 'buzz word'. This study has allowed me to become an 'insider' in that I have changed my perceptions of reflection and reflective practice and how it can be incorporated into professional practice. This change in view has come about because, by studying the contents of the 'public records' it was found that initially reflection was only included in the teaching programme in a peripheral way by asking students to fill in evaluation forms of completed course work. So, reflection simply 'crept into' the professional language and discourse used by tutors, but the term reflection was not made explicit, nor were the skills of reflection taught in any coherent way and therefore had no real place in the curriculum.

From this beginning there is now evidence to show that the inclusion of reflection within a syllabus has changed over the years and has now become an integral part of course design. By teaching the fundamentals of reflective practice students have been encouraged to use these principles in other aspects of their course work, such as thinking about their learning achievements during personal profile meetings with their academic tutor and keeping reflective diaries, which have in turn altered the learning outcomes that students achieve. In other words reflection has brought about a change in curriculum design and instead of nesting within the curriculum it now underpins the way students learn and permeates throughout the curriculum.

I have also become an 'insider' about the idiosyncrasies of doing case study research.

Before finally deciding on a case study approach I considered other methodologies but each time I started on one of these I found the methodology was influencing what I did rather than the object of study influencing the way I investigated it. The order that textbooks on research development advise if the study is to be successful is to follow the latter approach, that is, the object of the study should be the influencing factor in the investigating process. Following this advice the 'object of study' became the inclusion of reflective practice within a curriculum and the impact this has on student learning. This led me into the realms of case study research because it can "contribute uniquely to our knowledge of individual and organizational phenomena" (Yin, 1994 p2) and as Colburn (1996) suggests case study research is especially relevant for the study of programme and practice-based issues and questions

I remember a supervisor telling me a few years ago that "you must help your study tell its own story" so with my bag packed with helpful advice and a camera plus the knowledge that I had a clear awareness of where I was going I set off on a sight-seeing tour to take some pictures of reflection that would generate a case study which would tell its own story. This tour of discovery and enlightenment in the end spanned a period of nine years, although the main focus was on the last five years of the study. During this time I *explored* the notion of reflection by 'unpacking reflection' in Chapter 2 where I discovered that reflection is a process filled with tension, conflict and contradiction as concepts are continuously built and modified by exploration, experimenting and experiencing. I *experimented* with making reflection more explicit within my own teaching and *experienced* that 'ah-ha' feeling that I had come a long way in understanding the relevance of reflection in occupational therapy.

9.2 The final Focus

This final focus will take the form of a reflective account of why, what and how the inclusion of reflection as a learning tool has been developed within a particular case, that of occupational therapy undergraduate education at the University of Liverpool

so that the reader may gain enlightenment in understanding "why things have come to be as they are in terms of desirable practice" (Fay 1987, p.35). To begin with I will consider the three research questions and *what* was learned throughout this study. Secondly, I will look at *how* this study has reached its conclusions and how these findings could have implications for future practice and the final section will reflect on the three roles I have had to accommodate throughout this study by looking at the over-arching ideas and what the dilemmas were that had to be taken into account.

9.3 Research Questions

9.3i how has the notion of reflective practice been incorporated into the curriculum?

In the first curriculum framework dated 1993 It was found that reflection was not a term that was part of professional language but in the subsequent curriculum framework, dated 1998 the term reflection had 'crept' into the language as evidenced by the number of statements found relating to reflection. This document also recognised that reflection could occur at three different time periods as given in Table 6.2 but the main emphasis of reflection was on desirable characteristics that students need to develop as given in Appendix 6iii. Although the validation document of 1996 interjects between the two Curriculum Framework Documents it demonstrates that there has been a structural evolution in the amount of emphasis placed on reflection. It was no longer seen as a 'bolt on' activity but rather as a concept that needed to underpin professional practice. This had the advantage of alerting both staff and students to the need to be reflective in their professional concerns but the statements found were broad and idealistic and still predominately related to desirable outcomes.

Although the inclusion of reflection appears to be seen as a fundamental element in the development of effective occupational therapy practitioners the syllabus lacked any explication of the concept in practice. Given that, as described above, the very term reflective practice seems to have crept into the curriculum it is likely that those involved in occupational therapy education (Tutors and fieldwork educators) would need more guidance on how such professional skills might be gained. This is

particularly important when a concept which is relatively new to the profession is introduced.

9.3ii how have students perceptions of reflective practice changed over time?

There was a considerable shift between the years 1997 and 2002 in students understanding of reflection and how they could use it in practice. In the early periods of this study students were less sure about how reflection impacted on their practice and could identify several reasons why reflection was problematic in practice. Such concerns had greatly decreased by 2002. By this time, when the concept of reflection was becoming embedded within the curriculum the students were beginning to recognise the value of being reflective and wanted to know more about how to develop and implement reflective skills within their practice.

There was also an upward trend in their self-perceived abilities in using reflection. In the early years students considered reflection as an 'enlightening experience' but in the later years recognised reflection as 'thinking about what, why and how you reacted in a situation' which encouraged constant development and 'enables us to become life-long learners'. While there were some similarities between the years in the skills students see as required for reflection there was a small increase in the skills students proposed as being required to be reflective by 2002 as given in Table 7.6 (p192).

The biggest change occurred in the theme of self-awareness which in 1999 focused on how self awareness could be developed to improve reflective abilities but in 2002 changed to the impact it had on reflective ability. This change was probably due to two influences occurring at that time. Firstly as reflection moved from being a 'bolt on' curriculum subject to staff beginning to understand the theory of reflection in practice the staff made a more concerted effort to show students how reflection could be used. Secondly students were being encouraged to use their reflective abilities throughout their course work as the latter evolved within the curriculum and while on professional practice placements.

All the students (except for two) in Year 3 1997, who contributed to this study identified that being reflective had "enriched their practice" not only in their cognitive abilities but they were more able to articulate the nature of occupational therapy and disseminate good practice. What they meant by this latter comment is unclear as, they did not illustrate how being reflective had enriched their clients' experiences. This, perhaps, is not surprising for Durgahee (1996) also found there was inconclusive evidence of the impact reflective practice has on patient care. This finding is also supported by Andrews et al (1998) who suggested that there was little evidence to demonstrate that personal benefits are transmitted to clients.

Likewise Newall (1994) postulated that such perceived benefits were merely accounts of how "people believe they have benefited" (p80). In the second part of the examination paper of 2001 students were asked to discuss how reflective practice can be used to improve and shape activities. All the students chose to reflect on a critical incident from their professional practice and demonstrated how they had personally benefited from being reflective but two examples of perceived benefits to clients are given below. In the first example three patients were so anxious that they did not wish to continue in a group activity as part of an anxiety management programme but:

> "By reflecting during the event the therapist identified what the problem was and changed what she was doing. This led to the group becoming more comfortable and this in turn improved the activity because members participated and wanted to continue treatment" (Student 9).

In the second example the student was playing cards with a brain injured client and initially dealt the cards very quickly but as she said in her paper:

> "As the game progressed and I saw the speed of the patient my actions became much more deliberate and slowed to the pace of the client. The activity was improved for the client as through reflection I could see that it was more appropriate and client-centred to work to his speed. This made him feel more comfortable and more motivated to continue with the activity" (Student 13).

It is perhaps indicative of the focus that has been put on the concepts of reflection

and reflective practice within the curriculum that so few students chose to discuss evidence of the impact of reflection on the client. Burton (2000) has argued that more rigorous and precise data needs be gathered regarding how the effectiveness of personal reflection benefits clients but it could be difficult, if not impossible, to construct a study to check the relationship between reflective practice and benefit to clients because of the nature of the therapeutic relationship between client and practitioner.

This may explain why, in light of a lack of evidence of the effect of reflection on clients, that the students course content has focused on them feeling more comfortable with the concept of reflection both personally and as practitioners rather than encouraging them to look closely at the impact of reflection by themselves, their supervisors or others on client care. Two solutions to this might be to increase the emphasis in course work on how being reflective influences clients' responses to intervention and/or ask professionals to include, in their reflections more explicit emphasis on the benefits accrued by the client.

One student in 2002, who had rated herself moderately highly on the scale of reflective ability responded to 'pose your own questions about reflection' by asking "are there any disadvantages?" This may have been because she was entirely comfortable and happy with reflection, but perhaps it was a comment on a lack of discussion on the course of possible disadvantages. Overall students found reflection a positive experience but there were also many doubts, as demonstrated by the problems raised in the examination scripts of 1997 and the additional questions students posed in the interview schedule they completed in 2002. These doubts then, for students, constitute barriers to reflection.

Barriers to reflection have been identified in the literature by Boud & Walker (1993), Bailey (1995) and Andrews et al (1998) among many others and were discussed in Chapter 2. On closer scrutiny of these barriers the principle problems found in the literature included having time to reflect, attending to feelings and memory recall when reflecting on-action.

1. Time to Reflect

With regards to the problem of having time to reflect, in the examination paper of 1997 students mostly made comments such as; 'that to be reflective was too time consuming'. By 2001 and 2002 this problem had lessened suggesting that as reflective practice has become more accepted and integrated into the daily practices used by occupational therapists these students recognised that it was possible to be reflective but it still appeared to be a problem in acute settings where reflection is 'given a low priority', as identified by a student in 2001 who commented;

> "If reflection is not overtly used by practitioners this will hamper student understanding and value of reflection in fast acute settings which can be detrimental to student learning" (Student J, 2001).

The reason as to why this is so is twofold. Firstly, qualified practitioners in such settings may not be overtly aware that they may be reflecting and are acting more intuitively. Secondly they are following set procedures (rules) and using tacit knowledge that is not available to students, for as one student commented in 1999 "reflection is so tacit that you do not realise that you are reflecting". This suggests that if practitioners do not have the time to talk to students about the strategies they use for reflecting students may not see its use in practice and so may question its value in acute settings.

It is recognised that these findings may not be the true picture as it is impossible to make comparisons between two very different documents (examination paper and an interview schedule). However, what does emerge is that there remains student concern about the amount of time it takes to be reflective when learning such a skill. When those students who commented about time were checked with their self-rating it was found that it was only a problem for students who rated themselves low on learning to be reflective.

2. Attending to Feelings

Although the literature identifies that attending to uncomfortable feelings could be counter-productive to reflecting as it may invoke more anxiety within the reflector

only 8 statements relating to feelings were found in the examination scripts. Only one of these statements was expressed in the 2001 paper when it was suggested that there was a "personal risk involved when attending to feelings and assumptions". In 1997 a small number of students found reflection was a negative and anxiety provoking experience and one student even suggested that "reflection can make practitioners paranoid". This suggests that the facilitation of reflection, while allowing for some risks to be taken, needs to be done in a way that will lead to positive enlightenment and empowerment. This was the situation by 2002 when the overall impression gained of students attending to feelings was that it was a positive factor as it allowed them (students) to "modify behaviour", and to "critically analyse and evaluate one's actions with the goal of improving practice". In the questions posed in the interview schedule there was no specific question about feelings and so comments about feelings did not appear in the data gathered from the students in 2000. In the 2002 schedule students had turned attending to feelings into a positive factor when they included in their list of skills of reflection the need to identify and/or consider their personal feelings and "being able to put down in writing how one felt".

3. Memory Recall

Memory recall was not identified as a problem in either the examination scripts or the interview schedules. Students were more concerned with reflection-in action rather than on-action, for as one student who was quoting Benner (1994) said "it is difficult to make in-action reflection explicit". However memory recall was listed as a required skill of reflection in both interview schedules where a student in 2002 commented that a skill of reflection was to have "memory to remember what happened". Other students in 2002 viewed 'having good memory' more as a positive attribute.

In addition to the perceived advantages and possible barriers to reflection another factor that has emerged as being problematical in this study has been the identification of the skills of reflection.

The literature abounds in how reflection needs to be viewed and put into practice but it is difficult to find what writers identify as the skills needed to be reflective. By this I mean, writers for example, talk in terms of skills to promote reflection and skills for

reflective practice both of which are somewhat vague. In fact if a reader wants to know what the skills of reflection are they would find this difficult as the word 'skills' and/or 'reflective skills' has not be found listed in the index of any of the books read during this study. It could be argued that a list of skills would be too prescriptive but in order to have insight into what is happening during a reflective period an analysis of the reflective components would enhance such insight.

Throughout the reading for this study it was necessary first to be aware of what components of reflection authors were referring to and then look up the individual words in the alphabetical index. It was this discovery that prompted me to include "What are the skills of reflection?" in the interview schedule. This absence of identifying the terms used that describe what is involved in being reflective may also be part of the answer as to why reflective practice means many different things to different people. It may also add to the differing opinions expressed by the students as to whether reflection can be taught or that it is an innate quality that needs to be encouraged by tutors.

Although the skills of reflection may not easily be found in textbooks, Atkins and Murphy (1993, 1994 & 1995) have gone some way to addressing this issue. They identify the skills of reflection as being:

- Self awareness which includes analysing feelings, honest examination, belief and values, abilities and limitations.
- Description including thinking, feeling, accurate recollection (memory), oral and/or written accounts.
- Critical analysis which involves examining, exploring, identifying, challenging and explaining.
- Synthesis of theory into practise, knowledge acquisition, problem solving and consequences
- Evaluation of judgements, standards.

In their review of the literature on reflection Atkins & Murphy, (1993) suggest that "sufficient attention needs to be given to the development of these crucial skills in order to develop reflective abilities" (p.1190). They also recognise that there may be other skills not addressed in their review that will enhance a practitioner's ability to be reflective. This then raises the question of what is viewed as ability. To answer this, the 45 skills identified by the students in their interview schedules (Table 6.6) were regrouped according to Atkins & Murphy's classification given above. When this was done 26 of these skills were clearly classifiable leaving a further 19 skills which students perceived as being components of reflection as shown in Table 9.1 and which are grouped under three additional categories.

Table 9.1 Additional Skills

Tacit Knowledge	Abilities		Other
Insight Intuition	Adaptability Considerate Constructive Communication Competent Empathy Flexibility Listening	Objectivity Organization Open-minded Planning Realistic Understanding Willingness	Backward chaining Using Literature

While this table gives further insight into what occupational therapy students perceive as being 'tools' required for reflection Atkins & Murphy (1993) would argue that (with the exception of the two skills given in the 'other column') all these skills are pre-requisites to reflection that need to be encouraged. These additional skills, given above also go some way to identifying the grey area of 'ability'. If these pre-requisites are not present or encouraged then it is unlikely that the process and outcome of reflection will be successful. What has been identified here is that further work needs to be done on what the precise skills of reflection are so that answers can be given to students who ask questions such as "How can I improve/ increase my reflective skills?", "How can I achieve a deeper way to reflect?" and "How can I make sure my reflection is relevant?" (See Appendices 8iif and 8iiif)

These findings are similar to a study carried out by Glaze (2001) who investigated advanced student nurses experiences of developing reflective skills. He found that students perceived themselves as having gone through a process of transformation by becoming more open and confident. Boud et al (1985) state that:

> "One of the most important areas of learning for adults is that which frees them from their habitual ways of thinking and acting and involves them in what Mezirow (1981) terms 'perspective transformation'" (Boud et al, p23).

Transformation as given in the quotation above means the social experiences a person goes through during the learning process. This was particularly apparent in the examination scripts where many of the students perceived reflection as 'a powerful learning tool' which enabled them to adopt new approaches to their learning and client care. To illustrate, how one student recognised the transformation that had taken place wrote

> "In effect reflective practice enabled me to become more objective enabling me to look at different components of the situation and determine the need to expand personal responsibility. In essence, using reflection enabled me to develop from a concrete thinker to a creative thinker which enabled, in practice flexible responses to daily changing demands". (Student C)

Students comments in 1999 that only theories and processes of reflection could be taught academically are probably due to students who in the early years of this study only had a lecture entitled reflection (Section 7.5i) and it was not made explicit to them that what they were doing in a lot of their group discussions and at times of personal and course appraisal was actually reflecting. The notion of reflection being limited in what could be taught was also challenged by the students of 2002 who gave a variety of ways in which tutors could teach various aspects of reflection which would go beyond the teaching of theories and processes as was shown in Table 7.7 (p193.

Although these were not new it did highlight that again educators need to be more explicit in identifying reflection within the strategies they use in their educational

practices. This notion that only theories could be taught academically and the development of reflective ability only gained during professional practice was also dispelled during some of the activities used in the reflective workshops I ran. In these workshops the students saw that through teaching them how to use reflective skills their practical skills of reflecting were enhanced as evidenced shown in their personal feedback during the plenary session. The suggestions given to the students in these workshops have also been incorporated into Table 9.2 on p240 which shows how reflection could be taught to accommodate the various levels of student ability.

9.3iii How have the changes in curriculum design related to the values students place on reflection and reflective practice?

In the Liverpool Case what has been learned is that the inclusion of reflection as a curriculum subject has progressed from a 'one-off' lecture given in year one to reflection being incorporated into the curriculum by being taught progressively throughout the three years of the Course The first two lectures were directed at the concepts of reflection the staff felt students should know about, because at that time reflection was seen as yet another topic that needed to be included in the syllabus.

Consequently the first lecture in particular had little impact on the students as it was not followed up with any overt attempt at putting the concepts into practice. By the time the second lecture was delivered staff were beginning to grapple with the notion of reflection and recognised that for reflection to be more meaningful for the students they had to show links with other aspects of course work. In this respect Liverpool was slightly ahead of the national curriculum, which when the second lecture was given in 2000, was still based on 1998 ideas.

When the third lecture was given there was more emphasis within the profession on recognizing the value of reflection. Consequently the evolution of reflection within the curriculum had also gathered pace and was beginning to permeate throughout course modules. Therefore the content of this lecture was very different to the previous two lectures. This lecture was more about how reflection underpins practice and the skills required to be reflective, rather than being 'an additional item in the

curriculum'. Thus reflection became an integral part of the practical knowledge that students needed to incorporate into their repertoire of professional behaviour which allowed them to identify good and less good practices.

Now that it has been established that reflection can be taught better an unexpected outcome was the emergence that students have the capacity to develop their skills at different levels. As yet this has not been addressed within the course, which means we could be losing some potentially good occupational therapists and so to overcome this adjustment to the overall teaching could be made, as discussed below.

Tutors (teacher/lecturers) of occupational therapy education, as well as tutors of other health profession education, not only have to meet the demands of higher education but also have to prepare students for professional practice as discussed in Ch. 3. To make this possible Elliot (1991) suggests that we can no longer rely on educational models such as capability and competence which require the application of specialist knowledge intuitively rather than reflectively or on the basis of common-sense wisdom, but that future professional educational curriculum should adopt a reflective practitioner model.

The role of the reflective practitioner is to participate in a process of collaborative problem solving through which specialist knowledge can be determined and new knowledge acquired. Knowledge acquisition becomes an integral dimension of situational problem solving. Professional learning thus becomes a dimension of practice rather than something that is done as an extra responsibility. From the knowledge gained from this study, as a tutor facilitating the current curriculum which was designed to promote competent practitioners who could also become reflective practitioners, and the students' experiences of the importance of reflective practices in occupational therapy I would suggest that future curriculum design should change the emphasis from a competency model to a reflective practitioner model of education. Such an educational model, in the words of Elliot (1991) encourages:

- Professional learning as experiential, including the acquisition of relevant and useful knowledge

- A curriculum that studies real practical situations which are problematic, complex and open to a variety of interpretations from different points of view

- Professional learning that provides opportunities for 'learners' to develop their capacities which are fundamental to competent reflective practice, for example, empathy with other participants, feelings and concerns, self-reflection about one's own judgements and actions and looking at a situation from a variety of angles and points of view

- Acquisition of knowledge that should proceed interactively with reflecting about real practical situations

Elliot's model has some similarities to the model proposed in Ch. 4; Figure 4.2 where I suggested that reflection locks together the professional environment, the triad of skills and the triad of intervention. Adding to the above criteria the recognition, as found in this study, that students develop their reflective abilities to differing levels at differing times suggests that further attention needs to be given to how educators of occupational therapy can assist students to recognise and develop their reflective abilities. One possible consideration would be to identify early on in the course the students' reflective thinking, using a coding scheme for assessing students' writing such as that promoted by Mezirow (1991) and Kember & Jones et al (1999) and then employ a variety of teaching strategies as outlined in Table 9.2. which brings together much of the material used and found in the progress of this study.

The headings in columns 2-5 are those used in Tables 8.4 and 8.5 where in the examination papers the students levels were groups under the final mark awarded categories of A-D and in the interview schedules were grouped according to their self ratings. In Column 1 the areas that have been drawn on and where such factors have arisen from are given to shown how educators could adapt their teaching to accommodate the varying levels of students' abilities. Thus:

- <u>Teaching style</u>: taken from the strategies I have used when facilitating learning in students

- Learning styles: that emerged from my Masters Thesis
- Professional Practice: grading categories identified in the validation Degree Document showing the supervisory needs of professional practice
- Behaviour: from the work of Benner which was influential in developing the differing categories of students' reflective abilities thus identifying the behaviours each student group would use in their learning.
- Uses: factors that were identified in the private papers of students once they had been grouped into their levels of reflection as to the techniques employed to develop reflection
- Problems: as identified by the students that each level/group may have in using reflection.

Table 9.2 Teaching and Learning Strategies versus Students Levels of Reflection

Group	A 8-10	B 6-7	C 4-5	D 0-3
Teaching style	PBL* SDL	Case studies Group work	Some Direction/ structure	Didactic –use models e.g. Kolb/Gibbs
Learning Style	Top Down Deep Learners	Top Down	Bottom Up Surface Learners	Bottom Up
Professional Practice	Self Directed	Supervised	Directed	Dependent
Behaviour	Problem solving Clinical Reasoning	Desire for competency	Relies on prior experiences	Follows rules
Uses	Intuition Evaluation	Modifies experiences and responses	Critical incident sheets	Tries to model supervisor
Problems	Being able to tell what you know	Adapting to change	Decision making Learning from past experience	Understanding the situation May not transfer skills

* PBL = Problem Based Learning; SDL = Self Directed Learning

I am not suggesting that we should 'stream students as is done in some secondary educational establishments but that having insight and understanding of the level at which students are learning or coping with the educational environment should

prompt educators to prepare their teaching accordingly. Such educators need to incorporate strategies into their teaching that will meet the learning needs of students at differing levels.

What I am suggesting in Table 9.2 is that those students, for example, who were identified in Groups D and 0-3 self-rating need to be taught the process of reflection through the use of models so that they can focus their natural behaviour of rule following. Once this systematic reflection is achieved they can then apply this to past experiences and thus begin to develop deeper and more meaningful ways of reflecting. The students who were classified in the A group (8-10 self rating) can be facilitated in using reflective dialogue and so become more critically evaluative in reflective learning. I have employed these processes in the workshops I have run on reflective learning and have found that the 'cross pollination' between the groups has added to the students' understanding. For example, students still grappling with the process have helped the more able reflectors to be able to explain what they are doing. These latter students, in turn, have been good role models for the novice reflectors to aspire to.

These discoveries now brings this discussion to what has been learned from this particular case both in terms of content and how the study was carried out as well as where this journey of discovery needs to venture in the future.

9.4 The Outcome

9.4i What has Emerged from this Case?

In carrying out this study several factors have emerged that have implications for future practice both in occupational therapy and other health science professions.

1. When reflection is not explicitly taught and/or where reflection is only considered as a discrete part of a curriculum students do not develop the ability to incorporate reflection into their daily practice

2. When reflection permeates throughout a curriculum and is both implicit and explicit students appreciate that reflection is valuable to their professional practice, for as the students say, it enables them to become 'more effective and productive' and they learn more 'about themselves, their clients and the situations in which they are working'.

3. To be reflective a number of cognitive skills need to be developed because when these are not made explicit students remain confused about what they need to do in order for reflection to be effective. This is a particular issue in acute settings in terms of providing opportunities for students to develop such skills.

4. Students can be taught to reflect (as changes over time have suggested) in practical terms by making reflection explicit, valued and beyond a theoretical perspective. What can be learned from this study, which may be of help in other courses of occupational therapy, is that students need to be encouraged to recognise what reflection involves. They also need to be taught how reflection works in practice as well as how personal reflective abilities impact on the benefit to clients.

5. Students capacity to develop reflective skills appears to lead to students acquiring reflective abilities at differing levels suggesting that we might need different techniques to suit different levels. With careful teaching, students who may be struggling to develop these abilities can be helped, in a number of practical ways appropriate to their method of learning, to enrich their practice competencies.

6. Students do have differing perceptions and understanding of what being reflective means. An example of this was indicated by a student who stated that "not everyone is reflective". This might surprise the more a natural reflector, who is constantly asking questions and thinking about the situation under consideration. It has become apparent in this study that some students find this difficult to do. Cowan (1998) suggests this is because

> "They are aware of what reflection entails and so they encounter difficulties when we make demands on them, which call on them to reflect" (ibid p156).

Another example of a student's view about reflection was "I choose not to reflect" Why this is so is not explained in her examination script and one can only surmise that she prefers to work in an area that is prescriptive and rule bound. To a more developed reflector this choice raises the thought of how client-centred (the essence of occupational therapy) is this student in such circumstances. It is worth noting that both the statements "not everyone is reflective" and "I choose not to be reflective" were made by students in the earlier years of this study.

This study has highlighted that to be reflective involves an awareness of reflecting back on knowledge and previous actions and prospective reflection in seeking clarification for future action. Perhaps it is this awareness that needs to be made more overt and encouraged in students because the statement 'not everyone is reflective' may mean that they are not aware that they are reflecting. It may be true that not everyone is reflective initially, but as a result of conducting this study it does appear that students can be guided as to what reflection means and involves and that by knowing individual students reflective level they can be taught how to enhance their reflective skills. It would be interesting to find out what comments students in the next couple of years would make of the students comments given above when the former will have experienced being taught about reflection in a revised curriculum where reflection has been embedded and underpins desired professional practice.

9.4ii Critical Analysis of this Study

It is often stressed in texts on doing research that being able to think about the research findings is an important factor but Cronbach (1975) concluded that social phenomena are too variable and context bound to permit very significant empirical generalizations. This is because no two environments are the same. For example, in this case study the way the students are prepared for professional practice at the University of Liverpool is unique to that institution not only because of its geographical placement but also the educators, the students and the curriculum design within that institution. Following Stake's (1994) advice this case study has focused on "doing a good job of 'particularization'" (ibid p6) to discover what can be learned from it. Based on information-rich samples extrapolations have been made which can

be learned from by those grappling with similar issues found in other settings.
A limitation in this case is the source of data gathering, particularly in the information provided by the participants in this study, namely cohorts of year 3 occupational therapy students and the lecturers. The information the students provided has no doubt been influenced by their course experiences, and the information provided by the lecturers by their own style of teaching. Rather than focus on reliability of information the emphasis has been on the relatability between the students, their tutors and the curriculum. In other words this case study now needs to be broadened out and further studies undertaken to explore whether the above suggestions further assist students in developing their reflective abilities.

One of the criticisms that could be said about the interview schedule was that it did not specifically ask students to identify problems/barriers to reflection but possible problems were inherent in the questions the students posed at the end of the interview schedule. So as not to influence student responses, particularly in the interview schedule, students were deliberately asked to complete the interview schedule before the workshops.

With hindsight the students could also have been asked to complete the interview schedule again at the end of the workshops to see if there were any changes in their thinking but there was no intention of turning this study into an 'experiment'. If this had been done it surely would have only indicated how successful the workshops had been and the answers may have been biased to 'give me (as a researcher) what I wanted to know'. It would not give a true measure of students perceived reflective abilities as they would need time to reflect on-action about their abilities. It is acknowledged that my way of reflecting put a particular slant on the content of the workshops which in turn may have biased the students one way or another. However the stance taken during the workshop teaching empowered me (as a teacher) to be more open with the students when they asked questions, such as "What are the best methods?" The view taken to answer these questions was that there is no 'best method' for each person needs to discover what enables them to reflect in a meaningful way.

Another criticism of this study would be to question whether things could have been done differently. Put simply, 'yes they could have' by choosing a different methodology such as action research but the purpose of this study was primarily to explore 'the case' as it is today before trying out new ideas with a view of improving existing practices. Action research could be considered for further development in understanding the way reflection is understood, taught and integrated into practice. Such a study would involve me seeking an answer to the question 'How can I improve my teaching of reflection so that other tutors may benefit, by questioning their own teaching practices in a similar way?' Looking at how reflective abilities can be encouraged and facilitated in students is appropriate for action research as the latter can also involve the researcher working with colleagues, both academic and field supervisors, in thinking about and reflecting on their work, imagining a way forward, trying it out and reviewing the modified actions taken. The advantage of doing this would mean that new understandings of working with others in new ways would be gained and that "there was no end to the stories that could be told!" (Reason 1988, p101).

9.4iii Where to Now?

In addition to the suggestions included in Section 9.4i and 9.4ii there are further areas that this case study has highlighted which would be worthy of further research.

As staff recognise the need to make reflection explicit there may be a tendency to ask students to provide evidence of their reflections on everything they do. While this is to be commended it will require creative innovations to avoid students becoming over loaded with keeping reflective diaries/logs. Rather than create extra work, the students need to be encouraged to recognise that what they are doing already, is reflecting when they are problem-solving, facilitating group discussions, completing course appraisal requirements and preparing for their progress interviews with their academic tutor.

Tutors need to remind themselves that, as stated in Chapter 2, the teaching of reflection does not necessarily require changes in *what* is taught but instead put more

emphasis on *how* to incorporate thinking skills into the repertoire of knowledge. They also need to make more explicit the links reflection has with the skills of problem-solving and clinical reasoning as advocated in Figures 4.1 and 4.2. This 'how' for tutors is to be able to encourage their students to consider problems in new and different ways, be open to new ideas and thoughts that have not previously been entertained.

Added to this they need to take responsibility in considering the consequences of their actions when facilitating within students the need to know, - why, what and how, if student learning and practice is fostered. Open-mindedness and responsibility are the precursors of whole-heartedness, that is, being enticed and engaged by thinking which generates an enthusiasm and desire for knowing.

As a result of this study the proposed model given in Chapter 4 could be further developed by *exploring* in more detail the relationship between reflection, client and practitioner to address the identified lack of research in this area. Another aspect of this model that needs further exploration is the relationship between reflection, clinical reasoning and problem-solving so that students could have a more integrated understanding of the influence they have on each other and on overall practice, rather than perceiving them as separate cognitive skills. This would also add to the debate of whether one reasons to reflect or reflects to reason.

In the examination scripts students identified a number of theories about reflection (as identified in Chapter 6) which left them somewhat confused as to which one to adopt in developing their own reflective abilities. Students need to be given the opportunity to *experiment* with these differing theories of reflection so that they can identify the most appropriate framework for them when incorporating reflection into their practise abilities. A further area of development could be to give students opportunities to *experience* how the skills of reflection, identified in Chapter 7, impact on their reflective ability as well as the relationship between their development of reflection and their preferred learning styles, briefly identified in Chapter 8.

Thus it is evident that the story of reflection is still not complete and my hope is that those who come after me will continue to add to the 'stock of knowledge' available on reflection by carrying out their own action research.

9.5 The Story

As I come to the end of this study and I reflect on what I have done I will tell my story using three 'voices' - that of the researcher, the teacher and the writer, because, as the author of this study they reflect the three roles I have had to accommodate throughout this study. By doing this it will demonstrate how as an outsider I became an insider to provide enlightenment for my readers.

9.5i The voice of the Researcher

In carrying out this case study I have learned that research can be fraught with dilemmas that can lead to 'swampy lowlands' of uncertainty, self doubt and frustration as I struggled with extrapolating a critical analysis of the literature, designing a workable methodology and being accurate in the data analysis.

Throughout the literature on reflection there are four major areas on which writers have focused their attention. These are: models and theories of reflection, the purpose and outcome of reflection, the skills and facilitation of reflection and writing reflective diaries/portfolios/accounts. As the focus of this study has been on student experiences of reflection it was decided very early on that to ask students for their perceptions on theories would be inappropriate, because when I began this investigation I didn't know what they were, and that writing reflectively was worthy of a study in its own right as indicated by the considerable focus in the literature about journals per se. Another reason for not including these two elements in the study was that a case-study methodology was chosen with the intention of investigating what was happening over time rather than investigating the use of an intervention.

From a 'woolly' beginning I have slowly honed my skills of doing research and have learned not only the practicalities doing research but have discovered

considerable more about my understanding of reflection. In Ch. 2 p24 I gave an insight into my concept of professional reflective practice and in revisiting these points made earlier I can now conclude (as a result of this research) that:

- Although reflection remains problematic for some people strategies can be developed to enhance reflective understanding
- When devising curricula and teaching strategies for reflective learning they must be embedded throughout the curriculum so that reflection underpins professional practice.
- Reflective thinking ability is reached through a developmental/evolutionary process linked to developing appropriate conceptions of reflective knowledge.
- Reflection can and does take place in an academic environment which can/should be carried over into professional practice.

9.5ii The voice of the Teacher

The voice of the teacher considers my role as a lecturer in occupational therapy, which undoubtedly has been influential in this study because of the curriculum subjects for which I am responsible and my interest in the way students learn. Shortly before this study began, I started running workshops on reflection and clinical reasoning because I had recognised, as had my academic colleagues, that these were topics that needed more attention within the current curriculum. I began this study in the hopes that what was probably known implicitly could be made more explicit and so provide insight for other educators. In short I set out on this study to educate myself, to be a more informed educator and improved facilitator in the aforementioned workshops. Throughout this study I have become very self-aware of my own values, attitudes, perceptions, opinions and feelings about the incorporation of reflection into the educational process but at the same time being mindful not to let these views bias the study in any way.

Higher education is a process of human development oriented towards a conception of

a student becoming an independent learner for life. Barnett (1994) suggests that as facilitators of education we should not necessarily expect students to respond to the demands of standards externally present but to facilitate higher education as a process fulfilling internal demands. This means that instead of relying on operational and academic competencies education should be looking at a 'becoming' in terms of a life-world (coined by Habermas,.1972) whereby rather than students 'knowing how' (operationalization) and 'knowing that' (academic competence) an epistemology of the life world should be that of 'reflective knowing'. This 'life world', is seen as open ended and requires that we are able to take up alternative perspectives and so bring a range of human and value concerns to bear on the issues that face the student.

Barnett (1994) also suggests that higher education should provide experiences which encourage a:

- Systematic reflection on one's own actions (which includes own thinking)
- Genuine open dialogue with the student being encouraged to be *honest*
- ***A willingness*** to develop arguments
- *Openness* to possible forms of analysis and a determination not to be hedged in by particular methods but to embrace every possible perspective and approach
- A continual *appraisal* of own learning (Barnett 1994, p185)

Since a list may at first seem undirected as it does not mention truth, knowledge, objectivity or autonomy, teaching or learning all of which are seen as essential ingredients for academic competence. Similarly there is no mention of skills, competence or outcomes that go with the mind-set of operational competence. However what it does give is a focus on the internal processes as shown in Ch.2, Figure 2.2) of the student as a learner with a responsibility to be a dynamic (ever evolving) being who has a quest for the best possible practice. The words in italics in the list above were also seen as important required skills of reflection in both cohorts completing the interview schedule except for *willingness* which was only identified in the 1999 cohort.

This is what education of the 21st Century is all about, as it is what future employers will expect of their service providers and what they in turn should be giving to the service-user. The Curriculum Framework of 1998 mirrors Barnet's suggestions above in that throughout the course in general it advocates reflective thinking, critical evaluation (honesty), clinical reasoning (development of arguments), problem solving, and analysing.

As a result of this study I have gained an understanding of why I consider reflection to be important in professional practice, what students need to know about reflection and how reflection can best be implemented within a curriculum. Consequently in my teaching I can now give the students options and good examples of how to develop reflective abilities and can show them how I and others reflect in practice.

9.5iii The Writers Voice

In this voice I explore my own reactions to the presented data to show how my own thinking, attitudes and beliefs have changed as a result of doing this study. My interest in reflection stems from my role as an educator of occupational therapy, which as explained in Chapter 1 I would come across students who had difficulty understanding how their supervisors were deciding on the actions to be taken because the supervisors could not give sufficient explanation. When I entered this study I was open-minded to make discoveries about reflection because of my concerns about colleagues and students who were saying they were being reflective but could not enlighten me as to what reflection *really* involved and why they were using it. I also came into the study with some other biases such as 'reflection is a passing fad', 'I/we have been doing it for years, it just wasn't called reflection' and 'it is an innate quality which one either has or has not'.

For me, personally, the first realization was that I knew more than I first thought as a lot of my knowledge and expertise had become tacit. Like the students I had to begin this study somewhere and so began with understanding the current literature available and suggested models of reflection which enabled me to give a name to what "I had been doing for years". This self awareness then enabled me to evaluate and identify

how I reflect. I am more comfortable with the Gibbs Model of reflection as a thinking framework in preference to other models such as Johns' Model, because the former is cyclical, dynamic and makes you think very carefully compared to the latter which I found to be rather descriptive in outcome. This has had a direct bearing on the focus I have taken in facilitating reflective knowledge and ability with students.

In reflecting on this whole story I have attempted to portray three different angles on reflection, namely:

- How the notion of reflective practice has been incorporated into the curriculum over time
- How students perceptions of reflective practice have changed over time
- How the changes in curriculum design are related to the values students place on reflection and reflective practice.

It is hoped that some of the pictures I have taken on my camera give a clear insight into what my stance on reflection is, what is going on in the way reflection is being developed in occupational therapy at the University of Liverpool, how students are developing their reflective skills and how individual students reflect. All these pictures have had their own stories to tell which have been illustrated with examples found in the analysis of a variety of documents. Whenever I have a reel of film developed there is usually some 'fuzzy' pictures because I have taken them at the wrong angle or I have tried to include too much. I am aware that this could be the case in this study, but being mindful of not getting side-tracked into related issues and the quotation given at the beginning of Chapter 6 of revealing the essence rather than including everything that might be described I hope that 'my winnowing' has not minimised the understanding I have tried to convey.

This study has opened my eyes more fully to what reflection entails, why it needs to be an explicit aspect of occupational therapy practice and how I can further facilitate reflective practice within the students I educate. As the quotation at the beginning of this chapter says I believe that as an 'outsider' in understanding reflection I am now

an 'insider' and that I am now wholeheartedly committed to fostering the art of reflective practice.

9.6 Pictures at an Exhibition. Summary and Concluding Comments

The context of occupational therapy can be conceptualised as a dynamic, fluid, complex, dilemma-ridden, and client-focused professional practise. This has enormous implications for the dimensions of education (Pollard, 1996) for rather than educating students to operate as a source of expert knowledge students need to be taught how to participate in a process of collaborative problem solving through which the relevance and usefulness of his/her specialist knowledge can be determined and new knowledge acquired. Although the Validated Degree Document (1996) and the 1998 Curriculum Framework document had many references to reflective practice their main focus was on developing competent practitioners.

From the perspective of the reflective practitioner model professional competence consists of the ability to act intelligently (thinking processes) by making appropriate responses to what has been learned in and from a particular situation. Competence cannot be defined simply in terms of an ability to apply pre-ordained categories of specialist knowledge to produce correct behavioural responses or 'performance indicators' as it can constrain intellectual practice. Instead of this educators should be promoting 'qualitative indicators', i.e. qualities of judgement and decision-making which are indicative of capacities to make informed and intelligent responses in novel and unpredictable situations.

This case study has shown that the development of qualitative indicators is on the way. As a result of analysing the content of the curriculum and gaining some evidence from teacher's lecture notes the teaching on the course has moved in stages from, initially, no focus on reflection to implicit focus on reflection whereby reflection was part of the teaching discourse but not explicitly separated out or taught in a formalised manner. There is now the development of an explicit focus on reflection which is seen as a valued (even central) element of the course. At the same time students views have changed from a simple confusion through 'you have either got it or you have not and

it takes too much time' to what appears to be a ready acknowledgement of its value to them and, although less frequently expressed to the client.

This study is original in that I am not aware of any other case study that has considered the factors explored in this study, or demonstrated the total picture of how, what, when and why reflection is important in occupational therapy practice. As I suggest above perhaps the full picture is still not complete but I believe this study has gone some way along the road to completing that picture. It has identified additional skills required for effective reflection; how students demonstrate their reflective abilities by the way they express their reflective thoughts and considered how this might be used to enhance the effectiveness of facilitating the learning needs of students. The experiences gained from this study should encourage others to reflect on the findings in relationship to their own situation, challenge the assumptions made in order to examine the realities of practice and so learn from experience. In doing so my hope is that it will bring enlightenment, empowerment and emancipation to others in their understanding of reflection and reflective practice so that as practitioners we may be able to "reflect effectively and practice reflectively" (Burton, 2000).

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Appendicies

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Appendix 1: Summary of topics covered in the syllabus for medical and surgical conditions treated by occupational therapy (1960 -1975)

- general principles of pathology
- general principles and methods of treatment of disease
- general principles of prevention of disease
- conditions affecting the locomotor system
- congenital abnormalities and other diseases with long term effects
- traumatic conditions
- neoplasms
- neurological conditions
- conditions associated with ageing
- general medical conditions
  - cardiovascular system
  - respiratory system
  - digestive system
  - urogenital system
  - endocrine system
- medical and surgical emergencies
- general principles underlying surgical procedures
  - fixation of fractures
  - tendon and nerve transplants
  - reconstructive operations
  - amputations
  - arthrodesis and arthroplasty
  - skin grafting
- splints and appliances

Appendix 2: Skills required for Occupational Therapy

A. Discipline Specific Skills

The rigorous study of:

- the human need to be occupied,
- the purpose of occupation in survival and health,
- the effects of occupation or occupational deprivation,
- why humans strive for occupational competence and mastery,
- understanding what prevents or enhances occupational performance,
- how social, cultural and political structures affect occupation,
- how occupation provides biological and socio-cultural needs, ... and
- how occupation is necessary in the development of human capacities

[Source: Haines, J (1993) Comment: On the occasion of the celebration of the Journal of Occupational Science: Australia, on Wednesday 8th September, 1993. Journal of Occupational Science. 1(2):31]

B. Skills of Therapy

The core skills for occupational therapists is to be able to identify and evaluate problems experienced by their clients in activities of daily living and to devise appropriate solutions and include:

- Therapeutic use of self – interactions involve a triad of therapist/client/occupation
- Assessment of individual potential and skill – understanding what an individual *can* do and evaluating the potential to do more
- Analysis and adaptations of occupations – dealing with problems experienced by the client in all aspects of his/her daily life and the use of activities as specific therapeutic media to treat dysfunctions in the performance of occupations, interactions and roles
- Analysis and adaptations of environments – analysis of the content of the environment (work, home, school, institution, outdoors, public places) may provide information on the causes of problems for the individual from which suggestions for therapeutic modifications can be made

[Source: Hagedorn R (2001) Foundations for practice in Occupational Therapy 3rd Ed. Edinburgh: Churchill Livingstone (p 37-44)]

Appendix 3: Interview between Researcher and Supervisor

I* Talk about the students themselves - are they mature/school leavers, academic, what is their background? Give me a picture of the group

R* Each year we take in 45 students. 60/40 split between mature students and up to age 21 - female predominant but actively encourage males but they are difficult to find. We usually have 1/2 in reach cohort but have had up to 5. Students academically have to have 3 A levels, minimum grade of C including English, biology/human biology or psychology/sociology either at GCSE or A level and preferably maths

I What about mature students?

R Some come via A -levels but the majority via an access route - having attended courses generated in colleges of further education for getting back into education or as we do in the Department - provide a specifically designed access course for people without qualification. These are people who are Occupational Therapy (OT) assistants with hands on experience in the clinical department and at the same time for a year do an A level (Biology or psychology) and attend the University department 1 day per week to study educational development (study skills) and human anatomy. If they are successful at that and have all the other criteria e.g. good references then we take them in.

I How did you select them?

R By interview - 2 interviewers: a senior clinician and the other a member of academic staff. Plus they write an essay lasting 20 minutes - a choice of 6 topics (blind) from which they choose 1 to write about.

I What sort of topics?

R Societies attitude to disability; should disabled people be integrated into mainstream schools; professional issues related to OT; transition into higher education. We are looking for their style of writing and how much they have thought about OT, what have they learned about OT. One of the criteria of the interview is evidence that they (interviewee) has either visited/worked in an OT Dept; had some involvement (a) with OT (b)people with special needs so they either have experience of living with a disabled relative or have helped out (e.g.) in an old peoples home.

I Do you have a standardised assessment criteria that you are working to so it doesn't matter which academic went in or is it a little bit of personal perception so that you are looking for slightly different things?

R There is certain criteria but can't rule out certain person perceptions involved as we are looking at how the person comes across, interpersonal relationships, communication skills in particular. There are standard things to check out such as the academic record is correct on the UCAS; medical record; clean police record; accommodation; first aid certificate which is a prerequisite for entering the course, so that if they haven't got one they have to do it. Where would they like to live in their first year - all to do with halls of residence. How did they hear about OT? What places have they visited - so they have to tell us about their experiences of visiting an OT Dept and working in an OT Dept. What work experience have they got - even to delivering the papers on Saturday morning. That criteria is looking at how they 'rub along'

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* I = Supervisor R = Researcher This Interview was carried out in 1998

with the general public and actually how they have grown up and are familiar with the harshness of the 'real world'.

I Do you get a lot more applicants than you can deal with, about the right number or struggling to recruit or selecting?

R We are selecting. We get about 1100 enquiries a year, we select 40-50 out of 120+ of the enquiries. The first cut out is academia because we get people applying with inappropriate academia or inappropriate UCCA forms. Then we go to the admissions team who have to rate all the applicants A1-A4/reject. We then take all the A1's obviously to interview. Then at interview they are rated on accept A1-A3, discuss or reject. Anyone who comes straight through on A1 naturally will be offered a place. So we are trying to put them into an 'acceptable' listing.

I Would you be able to define fairly cogently the difference about the selection prior to interview (Rates A1-A4 i.e. difference between A1-A2, A2-A3, A3-A4

R This is written down - I can't remember all the details but obviously someone on A1 is someone who has very good references, come with the required A levels (grades), indicated in their personal statement involvement with disabled people and work experience and so on down the list; so someone with A4 is going to have minimum requirements for acceptance ....? We also allow for a person who may have exceptional circumstances - a person who generates a FIF (funny inside feeling) and needs to be given an opportunity e.g. a person who has come from a poor background but who has shown they can overcome that, but they are very exceptional.

I When you look at the actual interview selection process one of the things you said was that there would be a practitioner along side the academic. What is the practitioner looking for in that selection process? What perceptions are they bringing with them?

R Potential for working alongside in the Department. They are looking at interpersonal skills, ability to establish rapport, ability to communicate - you know some people just sit there and say "I don't know" "can't" - those people just would not be acceptable. They have got have a degree of good communication skills and normally they type of questions the clinician will ask are around: tell me about where you have visited.

I Could you give me (I know it is very hard) a more exact example of the kind of question the practitioner might ask. If I am 18 and coming up for interview and you think I am academically OK, I sound good enough and I am sitting in front of you the academic and the practitioner sitting beside you could you, off the top of your head, tell me the type of question the practitioner might ask me to talk about?

R Why do you want to be an OT?

I Right another one

R Why should we select you above everyone else?

I Another one

R What did you observe the OT was actually doing on your visit?

I OK. Lets take the 1st and 3rd one. Good, big, probing questions. What's going to

impress you with my answer? Lets say I give you an impressive answer and you and the practitioner are impressed with why I want to be an OT. What would be a good impressive answer?

R A good answer is someone who obviously is informed, can be quite open and say I looked at several occupations; I looked at physio, whatever and eventually selected OT because: and they would have a list of things. (a) it might be the holistic approach to the care of patients so that we consider the physical, intellectual, emotional, social and spiritual aspects of the patient's well being or requirements. They might not be the words used but that is what would be implied. (b) the variety of work seen and fascinated by:

I think very often it is more than being academic, it is the use of hands on skill experience that is required. They would be able to talk about that in terms of why they want to be an OT. A lot of them just say "because I want to help people" and that goes down in out estimation. We really want then to come up with the reasons why.

I Again, the message is one of the questions you would want me to talk about is the OT at work. What would you want me to say was a good observation there?

R Well, when I was visiting hospital A and the therapist has some patients working in the kitchen and she explained to me what she was looking for in getting those patients to do some cooking. I didn't realise there was so much involved in making even a simple meal and I learned how important observation was. The therapist then showed me the report she had to write - I never knew there was so much involved in the work. They might come up with something like that. So we are looking at their ability to observe or demonstrate an understanding of what the OT is explaining to them. The OT told me about why they use drama with schizophrenic [patients for example. I never thought of drama in that sense before. So looking for little bits of "Ah-ha" syndromes, discoveries.

I Right. I've already got quite an interesting picture here in my mind but I'm deliberately not going to share it with you until later in the interview. I've got a notion now of the kind of person that comes in - they're massively female, 60/40 split of young/mature students, they are reasonably high academic flyers without being absolutely top notch; not medics or vets, OK, but never the less not too ....?; they have to come with biological sciences. Often the mature ones will come in actively holding an experience of OT with people who are qualified and come into the University via an access route which meant studying while in that work. So you've got a mixture of access and A- level people. The selection process is a selection rather than recruitment; you get more people applying than you can actually take. You've got a selection grade of A!, A2, A3, A4 for selection which is based partly on the student's academic record, partly on the kind of reference from their referees, partly on their letter of application what they say about themselves. They go forward to an interview where again they are graded A1-A3, discuss or reject. There are two perceptions operating there: a practitioner perception who is going to be strongly orientated towards how they will cope with the job, ability to observe about the job, ability to understand how multifaceted the job is; the academic interviewer will understandably be more concerned with how they will cope with the rigours and demands of the course itself and occasionally you get a funny inside feeling type person who on paper may not show they can cope but you might let them slip through in the belief they will cope because of other characteristics they show. They also, when they come, write an essay which enables them to think about issues vis-a-vis professional issues. A lot there, I've got it.

R Yes. well summarised.

I It was easy to summarise but I'll tell you why in a minute. I would like to go on now. They've arrived, its the first days, weeks; they are part of the University induction - get

drunk, do all the things undergraduates will do but you will also be responsible for inducting them in the department - Lets talk about that induction - the programme they go through so they become initiates in the profession. What goes on in the induction? What does it consist of?

R Firstly there are certain regulations that have to be covered, so we take them through the academic handbook. Then take them through the timetable for the 1st year. The thing the students are most interested in is what assessments will they have, so we explain those. They get a very early introduction to the basic philosophy of OT. An introduction as to where the 1st year course fits into the whole 3 year programme, but very briefly. They are also given a physical tour and inducted about the use of resources. They are told about the style of teaching they will have to participate in because a lot of hours are spent in group work and problem based learning, so that's explained i.e. that they have to take responsibility for their own learning. They are introduced to their academic tutor - meet them to 'ice break', share concerns. They also have a brief introduction to some of the first courses, especially the biological and behavioural sciences - half hour introduction to these topics. They spend a whole afternoon on what is best described as "getting to know you" which is a group dynamic type activity so they're up and about, throwing balls around and communicating in some form or another in the physical sense - it is a start to moulding them into a group cohesiveness and team building, within the cohort so that we are not keeping them as isolates, they come as isolates not knowing anybody so we mould them into a group quickly.

I It is obvious that some will cope more especially with the transition better than others.

R Oh yes

I For want of a better expression is there a mature/school student divide or can you tell the difference, can they adapt quicker, cope with things differently?

R There is no doubt the mature students cope in a different way as the mature students obviously bring with them life experiences and on the whole have no problem communicating with every body - they are the first ones to start asking questions. On the other hand they are the ones lacking in confidence in their ability to succeed whereas the 18 year old's are quiet, frightened to open their mouths in case they say the wrong thing and they are full of themselves and pretty cock sure of their ability to succeed and study. The young students take things for granted and there is no doubt it's their right to have this whereas the mature student treats every opportunity as a great privilege and wonderful opportunity to make a transition in their life. Between these two, though, we do have a group between 24-28 years of age who have got out of the young adult and not yet in the mature group and these are the ones who are the most diffident and who have the biggest struggles through the course because they haven't yet sorted out their self belief. My belief is the young ones have a self belief but sometimes it is a little erroneous and it is a bit 'pie in the sky'. The older ones have sorted their life and they know what the problems in life are; they know that their capabilities are; they know how to adjust to things. You have this group in the middle who are still in that huge area of unsurity

I There is inevitably going to be times because of the academic nature of the course when you have to give what is recognised by other colleagues as formal teaching. There has got to be, you can't presumably do everything under the basis of problems solving e.g. if there is theoretical aspects of behavioural science, theory of biology that means there has to be theoretical input in the form of lectures or formal teaching of some kind, OK. Would you say the two extreme groups, the straight from schoolies and the mature ones who have sorted -would you say, a simplistic question, they cope better with different sorts of teaching? I

would imagine, I don't want to put answers into my own question but that formal lecturing would fit easier with kids coming straight from school; they are fairly confident about ability to cope and that perhaps more active participative group work, where you are getting to grips with an issue or problem might come more easily to the more mature students who have sorted themselves out a little bit, who have confidence in opinion, whether it is a right opinion or not. Is that too simplistic?

R No it is not simplistic and I agree with that. On the whole the young students want to be taught 'to' and not 'with' and mature students are much happier in getting organised and finding answers to questions. So they want something a little more interactive. Having said that I do think that in the last couple of years due to the changes in the educational system and the way A-levels are run even the young ones are coming more prepared to be participatory but nowhere near the level of the matures.

I So that would translate into a greater coherence within the group to cope with certain styles; in other words the younger ones would be more likely to take group work as a consequence of that, than they would have 5 years ago when they would have been more comfortable sitting in a more didactic teaching situation. I wonder it it comes out in a different way. If I am straight from school and done my A- levels, OK involving more project work than there used to be, but never the less I don't know the academic theory and I am competent and confident in handling theory you give me; you give me more theory that takes me further and deeper than I've been before but I can go those journeys because I've got the academic background, I've been taught biology to A-level so I can cope with the theory, OK. I don't necessarily want it to be didactic and I may want something more participatory or self study but I can cope with that. I just wonder if they are much more comfortable with the theory side and the mature ones more committed - "this can't really be what OT is really all about? OT is much more about the real world, skilling, interactions and so on. Do we really need all this theory or if we do it's a bane, a bind". I want to ask you, I wonder if there is a different attitude to theory, that's all.

R I think initially there is but I think that by the time they have reached their 2nd year where they are getting a real taste of fieldwork education and learning to put theory into practice you are starting to get that synthesis and you're starting to get the two extremes levelling out and I find that by the 3rd year, quite honestly, there isn't a great deal of difference.

I So, they have sorted themselves out by then, OK. Then let's get right down to a tighter screw on this one. Perhaps, too soon but never the less. Where does reflective practice, the ability to reflect on practice, the skilling associated with reflection, the skilling associated with making articulate rather than internalising and operating intuitively. Where does that start to become a feature of what's on offer here in OT?

R Un-timetabled, I think, almost from Day 1, however about week 4, week 5 of the 1st semester in our core module - Theory and Practice of OT they are given, if you like, a formal lesson on what is reflective practice and the importance it has in OT. I don't actually do that lesson. They then have some practical exercises immediately following, to introduce them to reflective practice and then we encourage it in most of the group work they do.

I From then on in it becomes an element of the philosophy underpinning everything they do?

R It would be difficult to say absolutely everything, but a vast majority.

I What are you looking for? A C-change in the way they see the work when you introduce that?

R Yes, but also trying to develop at year 1 the ability of clinical reasoning because one of the things in OT is identifying problems and trying to solve them. Now, they have to reason out what's creating these problems, so associated with that, another thing we teach them is how to analyse an activity i.e. how to break activity into its absolute minimum component stages. This is all helping to identify the issues around what perpetrates a problem in terms of functional disability. So that, we are saying to the students, for example, tell me about other schizophrenic patients you've seen i.e. we asking them to reflect, yes? or other experiences with schizophrenic patients - how did you deal with these patients? Which aspects of dealing with these patients would be appropriate to dealing with this patient? It's that sort of thing that's going on in all sorts of courses we do; where have you seen this happening before - is that not a form of reflection?

I It certainly is, yeah

R What can you draw from what you have learned in the 1st year and apply it here in this setting. We also have within out document this business of spiral learning. Our whole programme is centred around revisiting what is learned in the 1st year and reintroducing it in a different format, or added to. In other words in the 2nd year they have to reflect on what they've learned in the 1st year and then add to it. So within the syllabus there is this ability to reflect back o what they've had, I think, i.e. reflection on action. Occasionally in year 2 and certainly in year 3 students are beginning to say 'hey this is reflection on action, isn't it?" - so they identify it.

I OK. We are nearly at the end of our first journey as far as our first exploration is. To what extent are they changed then? To what extent does that actually produce a mind shift so they start to operate reflectively and how do you know the extent?

R It is hard to quantify or actually measure the extent. You can see that in the 1st year when you set them a problem - for a lot of students it is trial and error learning - they are all over the place, we'll try this and if that doesn't work we try something else and if that doesn't work etc. until they happen to come across a suitable solution, or they just throw everything into a pot and the students as a collective group pick out the things they think might work. However by the 3rd year they are much more structured, they go through a process of sifting out how to break the problem down, they know where to start to solving the problem, whereas in the 1st year, I believe, they don't know where to start; by the 3rd year they are much more focused.

I To what extent do you think as a philosophy you've captured what OT's do? Of all this operation by talking about reflection on action, formalised it, wanting to make it much more up front in what you're doing so you become better at it. To what extent do you think you've done that in the 4/5 years in moving towards, lets say, a curriculum time together or is the curriculum a little bit evangelical in that what you are actually trying to do is not so much reflecting but teaching what OT's really do as professionals but to create a new OT that operates in a different way a more professional way than used to be the case, simply because these processes have been built into the way they have been educated?

R. I think that is true because even 5 years ago, if you like, the programme was still to fill them up with theory and send them out with a suitcase full of skills tools. You've got to know how to use a hammer, how to use a saw, how to do this, that; whereas now, while those things are still encouraged, the emphasis is much more on how do you approach the creation of what's involved in making better standards, if you like. So the emphasis has shifted from

actual practical hands on skills, dexterity and unsound knowledge base to very much more how to seek out information, how to process your own learning (I'm finding this exhausting!)

I So let me share a couple of reactions with you. They may be right or wrong. It struck me, I thought your last answer was a very good answer, a very honest answer and that's what makes the research very interesting because in a way your newly tutored graduates and undergraduates are operating in a somewhat different philosophical culture than many out there are operating and the extent to which it is indelible and the extent to which sound practice can be taught is a very interesting one. What struck me, and it's not a criticism, but an evitability is that what is being attempted in the undergraduate curriculum may not be reflected in the selection process. I listened very carefully to what you said about selection - you are driven by massive forces, you are not in control of such, but the selection was often about the ability to indicate acquisition and usage of intellectual knowledge and ability to have been in practical situations and some cases, a wonderful expression you used earlier on, people having been imbued with the practical side of it, so in a way and why I was interested in the questions asked at interview and maybe even more so having a practitioner on the interview panel who is looking for different sorts of things other than the potential to reflect - may be interested in the practical package, sitting in front of me now in terms of communication naturally, the sensitivity of body language and the ability to practically cope with the ardour's of the job and the complexity of it, none of which is about the ability to reflect. So in a way we may be dealing with quite a considerable culture shift with all students and what is interesting is the extent to which that shift is a culture shift or a culture shift only for your benefit i.e. what came to mind was the notion of language. You will be aware that many operate in a whole series of strata in terms of language (example of a professor at a football match) - language was appropriate to the situation. Is what we've got here is something that doesn't necessarily transfer itself i.e. you are teaching them a certain type of language, a language of thinking, language of reflection, a way of doing things, which they will have to learn, because that's the culture. That's why I was interested in what extent is one of you or all of you telling them . To what extent when they move out to the real world of OT either on their placement but much more so when they get out in the real world they behave like that Professor i.e. language changes, because of the norm, to something you wouldn't expect?

R I'm afraid that may well be the case in that so often our students go out with high ideals of how they are going to operate as practitioners, as problem solvers and all the rest of it, they get out there and you meet them a couple of years later and they have, for want of a better word, been sucked in by the system and they've slightly regressed back into old habits of doing things because that is what everybody's always done. Another problem is that our practitioners at interview are not asking reflective type questions because they haven't been brought up in the culture of reflection and are hardly aware of doing it. At the moment I think we are in grave danger of introducing them to this culture and it being lost out there and one of the reasons why I am interested in doing this research is to keep them mindful of it in the early formative years of their careers.

I Absolutely. The fact that it is lost doesn't mean it is inappropriate to do it. Is the practicality of the work place culture not shifting along with what you are trying to do? It does not mean its a hopeless case.

R No, no

I But in order to shift actual practice we need to know the extent (garden example) - I've got to keep trying I learn more about my failures than I do about my successes in gardening. In this case if we know and believe what we put in place is appropriate for professional behaviour and what we learn also as a result of your research in ploughing this

somewhere in the mirk of the real world we have learned that it is not so simple to put into place after all - a valuable piece of research

R I don't believe my mission in life is to completely change the profession but I do believe in changing the quality of practice we provide and one way to do that is to make people aware of being able to improve quality of delivery. In order for people to be aware of their environment - to import out there a whole lot of new people who have learned to be reflective, hence the reason why we need to start generating it here and nurturing in that culture

I Moving into the notion of reflective practice lets take the two extreme groups, those that come straight from school who are academically confident, who as yet are socially unconfident but getting there, who work well with the theory - are comfortable with it, but have not done anything in real life and on the other hand the less confident people academically, knocked around in the world, come across real practical situations, real OT. Whose got the bigger journey to take on board that teaching - starting to be reflective?

R Very difficult to answer - I see it as a continuum and I see them coming to that continuum in terms of that journey from two different directions.

I Go on

R I see the 1st years (young ones) suddenly being introduced to the notion of reflection and they get an 'ah-ha' - suddenly they say "Oh yeah" and I go out and see these students and they come back as third years and say "I really am reflecting". I say 'what do you mean by that?' and they can give me a meaning, not only in a theoretical, but also practical way. On the other hand when you talk to mature students as 1st years they didn't know what the notion of reflection was but once they had learned about they could identify that that was what they did. The mature students also have a long journey to make because it is not until you point it out to them, they say "Oh yes I suppose I do reflect" but because they have already developed fairly hard formed habits their ability to reflect open-endedly, divergently, if you like, is more difficult to transcend.

I They are more controversial the mature students? A very good answer to that question Rae, I thought. "I am a mature student, I hear what you are saying, I have developed my 'driving' habits but I have also developed something else which is more dangerous to you. That is I have learned to develop my bad driving habits in Rome. I've said OK all the Romans drive like this, all of them do, so what are you on about? In other words, what I am saying to you is that you're telling me about this reflective practice, well I've been out in all of these practices, I've seen really good OT's who in my perspective don't think like that, so haven't I got a really big problem here because not only have I got bad habits which you see are erroneous but I've come with a culture which is we all drive like that - not all OT's think like this." So aren't they a harder nut to crack because aren't you in a funny sort of way actually saying the way OT's operate in the real world ain't what we want you to do?

R Absolutely. I think with our young students I've almost got a clean slate and I can build on that and I can put into my clean empty fridge what needs to be stored in there, whereas with my mature students it needs a defrost, it needs a clear out and I've got to do a little bit of unlearning, a little bit of unthinking before I can restock it. The question of them saying "But I go out there and I don't see that" - have they really seen it because have they known what to look for? They come back and say "but people don't reflect out there" but you ask them to explain, "what do you identify as reflection". Well, when you ask them that question they don't know. So how can they come back and say it is not happening out there when they don't know what they are looking for?

I There is another problem which comes up in our discussions with Phil. I think there are teachers who are very good at their jobs who appear naturally good at their job, they're decision making intuitively,, who can not articulate why they have shifted their ground, why they did A when initially they had planned B, what they did in response - they just did it. I think they have got to the stage when they don't reflect and in those particular situations they don't need to because intuition has taken over or that internalisation has taken over. In their learning of that job, in interviews, they have actually reflected on what makes good teaching while they have been in school, they have actually impacted good teachers which was their own physics/ chemistry teacher. In actual fact they have internalised all that so by the time they get to 3rd or 4th year in real practice they don't need to activate it.

R Is that what makes the expert go from conscious reflection to unconscious reflection or intuition?

I What massively makes the expert is what does that person do when they are thrown by a brand new situation they have never come across before; at that point do they completely close up or have they got the time to think ("Hey wait on a minute while I think this one through"), identify certain strategies they could try - do they recapture that process of articulating the problem solving process or is it not there. That's what I am interested in. What do people do in emergencies as in doctors 5/6/7 years ago who started prescribing for flu what was actually malaria because people had been to the Gambia on holiday, got malaria and actually fact didn't realise it making 100's of problems for doctors and people on holiday abroad. ....

What's come out of the interview I think is massively useful - we need when we look through the data collection pursuing the argument that the student body is heterogeneous rather than homogeneous and is coming into the 1st sessions on reflective practice from different directions and see if we can identify what are the characteristics of the people in these groups. Then to what extent does that process of learning about reflection become internalised i.e. do the lessons mean different things to the different groups. Are the struggles of teaching and learning different to the youngies coming in not seeing that much OT but academically quite confident - you turn round to me with a clean slate which makes it easier to teach me and you could also give me another important message which is that you are a new breed of OT, you're young, bright, shiny and so on and you are where we want OT's to go. But I come in from the outside and I've already been there but I can't see why you want OT to go like that, Rae, because I've seen some cracking OT's and they don't reflect and they're really good at their job. I can see more of a culture clash potentially with that group and the course.

R I think that one of the earlier questions of the problems young ones coming out and changing over and that is also a difficulty with the mature students. I know for a fact that some of them who have been out there and been OT assistants, got qualified, go back and do exactly the same job and what worries me is that they are not moving the profession forward. I feel I have a professional responsibility ... (sidetracking about worries) I've got to do the finding out.

I Although I may bee a bright new shiny clean plate for you to draw all over and I can go out and be a pioneer I believe I will represent the new face of the new profession. I am young and squeaky clean and I ain't looking for paths like that. Whereas those coming out more mature - they stand a little bigger because they are older, socialise differently.

R And they will take on differently - the young ones will say what a lot of crap they taught us, I never want to have anything more to do with it and they will go out and we will

lose them, they won't be the pioneers but the more mature ones will go away and they will come back to the notion of reflection. Where the cooky crumbles and who become the high flyers is anyone's guess. So what happens to reflection in the future is beyond this research which is to identify the nature of reflection, recognise it's use and do we need to be expert at it

I The purpose of this interview has been to guide us toward our methodology. We now need to take the key points of this discussion to Phil.

Appendix 4: Consent Form
(To be completed by students after a verbal explanation of the research project)

RESEARCH CONSENT FORM

I (Rae Couch) am doing research entitled "The development of reflective practice in occupational therapy at The University of Liverpool". This research has been approved as fulfilment of the degree of Doctor of Philosophy within the Department of Education in the Faculty of Social and Environmental Studies, the University of Liverpool.

I am the sole researcher involved in the project and can be contacted in the Division of Occupational Therapy, The University of Liverpool, Room 107, telephone 0151 794 5724 or email: rae @ liv.ac.uk should you have any questions.

Before agreeing to take part in the study I would like to emphasise

a) Inclusion of any document you agree can be used for this research is entirely voluntary
b) You are free to refuse to answer any question in a questionnaire you are asked to complete
c) You are free to withdraw your document/s at any time.

Any documents you agree to make available for research purposes will be kept strictly confidential in my possession and will only be used by myself. Excerpts from the documents will be used as evidence in the research report, but under no circumstances will your name or any identifying characteristics be included in the report.

Please sign below if you consent to documents written by you being made available to me for use in this research.

.... signed

.... printed

... . date

Appendix 5:

5i: Contents of Curriculum Framework 1993

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3. Skills and media 11
4. Professional evaluation and research 12
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7. The competent practitioner 16

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(Curriculum Framework for Occupational Therapy
Standards, Policies and Proceedings)

College of Occupational Therapists 1993

Appendix 5ii: Skills and Media

Section 3 of the Curriculum Framework Document: Skills and Media

The science and art of occupational therapy require the ability to analyse and utilise skills and media in practice. The optimum potential of the client is facilitated by the integral relationship between client, therapist, activity and environment

3.1 Professional skills to be used within the context of appropriate Frames of Reference

i. Analytical skills
   - assessment
   - activity and task analysis
   - role and functional analysis
   - environmental analysis
   - explanation
   - evaluative skills

ii. Problem-solving skills
   - identification of problem and generation of solutions

iii. Practical skills and their application
   - creative
   - work
   - domestic
   - leisure
   - education
   - design and/or use of assistive devices and equipment
   - environmental adaptations

iv. Interpersonal skills and their implementation
   - listening and questioning
   - empathy
   - communication including reporting and recording
   - non-verbal communication
   - presentation
   - teaching and learning
   - basic counselling techniques and advocacy
   - management of difficult behaviours
   - group work

v. Cognitive and behavioural skills
   - social skills
   - assertiveness
   - stress and anxiety management

(Source: Page 11 of the Curriculum Framework document)

Appendix 6: Curriculum Framework 1998

6i: Contents

1. The purpose of the document
2. Occupational Therapy definition
3. The philosophical base of occupational therapy
4. Philosophy of education
5. Abilities required of an occupational therapy student to be eligible to apply for state registration
6. Framework for occupational therapy education
7. Learning, teaching and assessment
8. Rules and requirements
   8.1 recruitment, award and employment
   8.2 human resources
   8.3 physical resource
9. Quality assurance
10. Indicative content of document submitted for validation/review
11. Review of the curriculum framework

Appendices

Appendix A
: Occupational Therapy process skills

Appendix B
: Guidelines for assuring quality of fieldwork education of occupational therapy students

Appendix C
: Recommended requirements for accreditation of fieldwork educators

Appendix D
: Validation and periodic review in occupational therapy education

Appendix 6ii: Identified Phrases in Curriculum Framework 1998
(20 statements found (implicit and explicit. Explicit statements are given in italics)

Section 3 The Philosophical Base of Occupational Therapy
9 Statements about the occupational therapy profession
Statement 7 "believes in the process of professional *reasoning and problem solving* in the facilitation of independence and autonomy"

Section 4 Philosophy of Education
14 lined statement, 6 sentences
Sentence 4 "Occupational therapy educators involve the learner in a collaborative process that integrates academic knowledge, experiential learning, *clinical reasoning and self reflection.*"

Section 5 Abilities required of an occupational therapy student to be eligible to apply for State Registration
Divided into: Student related (15 statements)
Process related (17 statements
Professional Identity/suitability (8 statements)
Quality Standards (5 statements)

Student
Statement 2 "*Reason effectively, make judgements and take decisions* to a level of competence commensurate with that of a qualifying practitioner"
Statement 6 "*Reflect on his/her own professional practice* and the service provided to service users"
Statement 14 "*Reflect on,* and critique own *performance* and the performance of others"

Process
Statement 2 "Draw on ethical principles in *the process of reasoning.*"
Statement 14 "*Evaluate his/her own professional practice* and the service provided to service users

Professional
Statement 6 "Take personal responsibility for professional performance and actions" (implicit)
Statement 8 "Give, receive and respond to constructive feedback on performance" (implicit).

Quality
Statement 1 "Evaluate his/her own professional practice and the service provided to the service users" (implicit).
Statement 5 "Use experience, research and professional knowledge and skills to enhance the development of individual, and general, practice in occupational therapy (implicit)

Section 6: Framework for occupational therapy education

Knowledge, strategies and values in relation to the <u>student</u> occupational therapist –

Divided into: Knowledge (8 statements)
Values (12 statements)
Strategies (9 statements)

Knowledge
Statement 4 "Professionalism"
Statement 6 "The *principles* of *reflection* and self evaluation"
Statement 8 "Principles of *reasoning*"

Knowledge, strategies and values in relation to the <u>context</u> of service provision
Knowledge (15 statements)
Values (12 statements)
Strategies (9 statements)

No relevant statements

Knowledge, strategies and values in relation to the <u>service user</u> within practice contex
Knowledge (17 statements)
Values (12 statements)
Strategies (15 statements)

Knowledge
Statement 11 "Professional *reasoning* concepts
Statement 12 "The *problem solving* process

Strategies
Statement 9 "option appraisal" (implicit)
Statement 13 "*Reviewing* project strategies"

Knowledge, strategies and values in relation to the <u>projects</u> undertaken with, or on behalf of service users
Knowledge (15 statements)
Values (12 statements)
Strategies (12 statements)

Strategies
Statement 11 "*Evaluation* of intervention strategies"

Section 7: Learning teaching and assessment

16 lined statement, 7 sentences

Sentence 1 The integration of occupational therapy philosophy and the development of occupational therapy *professional reasoning* should be evidenced throughout the programme.

Sentence 6 A range of assessment strategies should be used which provide *the opportunity to reflect* learning styles, teaching strategies and educational philosophy

Appendix 6iii: Occupational Therapy Process Skills (Curriculum Framework 1998)

1. Study Skills
taking responsibility for learning
setting and working to objectives
managing learning
using library and learning resources
reading, reviewing, critiquing literature
inquiring into, appraising, reflecting on and evaluating performance
writing and presenting written material
developing and presenting academic argument
continuing professional development

2. Interpersonal Skills
communicating with individuals and in groups
listening and basic counselling
collaborating with others
negotiating with others
working in groups and teams

working with groups and group dynamics
relating to service users and peers
empowering facilitating others
becoming professional

3. Teaching/Presentation Skills
planning/preparing presentations
presenting in a group
presenting individually
responding to questions
facilitating discussion
using teaching media
teaching in therapeutic settings

4. Practice Skills
observing, reflecting
analysing activity, tasks, roles, occupations
assessing users' strengths and needs
planning and caring out intervention
problem solving

practising ethically
using research to inform practice
evaluating interventions and outcomes
reasoning and decision making
applying professional knowledge and skills
selecting/using techniques and media for therapy

5. Management Skills
managing self
using supervision
reviewing performance
managing cases and caseloads
evaluating service provision
managing resources
making informed decisions based on feedback

6. Research Skills
inquiring
searching/critiquing literature
preparing research protocol
collecting and interpreting data
communicating results
reflecting on research and personal learning

7. Self Development Skills
developing confidence
developing competence
taking responsibility
negotiating
evaluating own performance
using self in therapy
knowing own limitations
developing professional artistry
learning from experience
continuing professional development

Appendix 7: BSc. Occupational Therapy (Validation Document)

7i: Contents

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Appendix 7ii: Identified Phrases in BSc. Occupational Therapy Part A (Validation Document)

Chapter 2.1: .. course is designed to develop competent, reflective practitioners.

2.2: Occupational therapy involves a creative problem-solving process....
Occupational therapists must understand the principles of skill acquisition, activity analysis, and problem solving in order to implementthe therapeutic application of activity
The graduate will possess the enthusiasm and professional curiosity to be lifelong learner

2.3: The assessment tools are designed to reflect the content and style of each module. Students need to be able to reflect upon their experiences

2.4: ...the ability to use professional reasoning and judgement ... and evaluation of al aspects of work on the course

Chapter 3.5 Aims of the Course (Total 10, page 20)

4. and capacity for reflective thinking which is essential for innovative and effective practice
9. Be analytical and critically evaluate service provision

3.6: Learning Outcomes (Total 15, page21)

1. Apply and critically evaluate theories
3. ... analyse and apply the problem solving process ...
8 Apply analytical and reflective skills to innovate and evaluate practice

Chapter 4.2: Year 2 Rationale (page 31)

The concepts of evidence-based and reflective practice will be emphasised
... the use of case studies involving problem solving techniques

4.2.4: Learning outcomes
Understand, analyse and apply the problem solving process of ....
Apply analytical and reflective skills to evaluate and innovate practice

4.3: Year 3 Rationale (page 37)
Synthesising knowledge skills and attitudes....
Reflect student' abilities to show knowledge of current practices

4.3.3 Teaching and learning strategies: Problem-based learning

4.3.4: Learning outcomes
Apply analytical and reflective skills to evaluate and innovate practice

4.3.6 Year 3 Assessment
Students will be expected to reflect upon...

Chapter 5: Course Modules

Module A Theory and Practice of Occupational Therapy

Year 1 Core skills learning outcome: reflect and analyse practice
Theoretical Frameworks: (reflect) during profile with academic tutor

Year 2 Aim: reflect on current occupational therapy practice

Year 3 Aim: monitor and evaluate clinical reasoning processes through reflection
Learning outcome: utilise clinical reasoning and reflective skills (2)
Content: Clinical reasoning, reflective practice

Module B: Skills and Media
Year 2 Learning Outcome: apply problem solving approaches (2)
Year 3 Aim: use problem-solving skills

Module D: Professional Evaluation and Research
Year 1 Aim: develop critical faculties so they (students) can evaluate current practice
Year 2 Content: Evaluating practice
Year 3 Learning outcome: evaluate the outcome

Module E: Fieldwork Education
Year 1 Rationale: … implementation and evaluation of intervention…
For students to become thinking, reflective practitioners
Year 2 Rationale: For students to become thinking, reflective practitioners …
Year 3 Rationale: and analysis of problems…
Aim: apply the skills of clinical reasoning and commence practice as a reflective practitioner
Learning outcome: understand, analyse and apply problem-solving process
Apply analytical and reflective skills to innovate and evaluate Practice

Module F: Occupational Therapy Studies
Year 1 Learning outcome: identify and evaluate appropriate interventions (same outcome in 3 different themes)
Year 2: Aim: practise and evaluate the skills used by the occupational therapist

Chapter 7 Assessment
Rationale: ..is designed to produce practitioners who are competent, reflective and committed to …
7.2 Progression of Assessment: critically appraise professional practice …
7.3 Tools of assessment: critical evaluation
7.13 Summary: apply analytical and reflective skills to evaluate and innovate practice

Chapter 9
Quality Management
9.4.2 Philosophy and Values: This should produce competent practitioners who are equipped for a life-time of learning and problem-solving
9.4.3 Teaching and Learning Experience: Students will be expected to apply analytical approaches and critical faculties as a matter of course
Students will be expected to assess their own performance
A variety of teaching methods including problem-solving approaches

9.5 The Lecturer: opportunity to reflect upon performance in teaching; opportunity to identify strengths, difficulties and weaknesses

Total = 53 statements

Appendix 7iii: Identified Phrases in BSc. Occupational Therapy Part B (Validation Document)

Appendix 10: Person, Academic and Professional Development Programme

10.2 Introduction
- Professional competencies
- Helpful to reflect

10.2 Programme Value
- Process of reflection is beneficial

10.4 Programme Elements
- Review progress
- Keep a record of achievements reflecting knowledge.....

10.8 Using the portfolio
- Reflect on experiences and review progress
- Reflect on 12 aspects (not listed)

Appendix 11: Fieldwork Education – Policies and Procedures

Rationale: To become thinking, reflective practitioners
Responsibilities: Evaluate potentialities
Student learning: Analysing problems (Placement 2 & 3)
Objectives: Evaluate intervention and modify if necessary (No 8 of 9 statements)
Written work: Regular positive feedback
Self-evaluation of treatment carried out (x2)

Appendix 12: Fieldwork Education Assessment Form

Placement 1[1] (year 1)

Formative assessment – feedback on performance

Assessment Criteria No.7 Reflective Practice: observe reflect on, and evaluate own and others' practice

Assessment Grading:

Dependent: (i) The student is not yet able to demonstrate skills of reflection
(ii) The student's evaluation of own & others' practice is limited because

Directed: The student is able to reflect on, and evaluate own and others' practice with some assistance, and is able to present some analysis of observations and suggestions for improving performance

Placements 2 &3 (year 2)

Formative assessment – review of previously negotiated objectives

Assessment Criteria No.7 Reflective Practice:

(a) be reflective and analytical, and evaluate own and others' practice
(b) identify appropriate action to be taken to improve performance where necessary
(c) modify performance based on reflection

Assessment Grading:

[1] Although the document calls period of fieldwork 'Themes' to avoid confusion in this report the term 'Placement' will be substituted.

Dependent: The student is not yet able to demonstrate skills of reflection
Directed: The student's evaluation of own and others' practice is limited because
Assisted: The student is able to reflect on, and evaluate own and others' practice with some assistance, and is able to present some analysis of observations and suggestions for improving performance
Supervised: The student is able reflect on, and evaluate own and others' practice, and can present a good analysis of observations. The student is able to offer practical suggestions or improving performance and can modify own performance as appropriate
Self Directed: The student shows excellent reflective and analytical skills through astute observation, and accurate and critical evaluation of own practice… The student is able to discuss reflection and evaluation..

Placements 4 & 5 (year 3)

Learning Outcomes – Professional skills: critically evaluate, apply the problem-solving process and apply analytical and reflective skills to innovate and evaluate practice

Formative assessment – reflection on practice so far

Assessment Criteria No.7 Reflective Practice:

a) be reflective and analytical, and evaluate own and others' practice
b) identify appropriate action to be taken to improve performance where necessary
c) modify performance based on reflection

Assessment Grading:

Dependent: The student is not yet able to demonstrate skills of reflection

Directed: The student's evaluation of own and others' practice is limited because a significant amount of prompting is required and/or the evaluation is incomplete or focuses on irrelevant factors

Assisted: The student is able to reflect on, and evaluate own and others' practice with some assistance, and is able to analysis his/her observations to make suggestions for improving performance

Supervised: The student is able reflect on, and evaluate own and others' practice, and can present a good analysis of observations. The student is able to offer practical suggestions or improving performance and can modify own performance as appropriate

Self Directed: The student demonstrates astute observation and skills of analysis. The student is able to accurately reflect on and critically evaluate the practice of self and including their disciplines The student can identify appropriate action to be taken to improve performance where necessary, and can modify own performance accordingly

Appendix 8i: Interview Schedule

The University of Liverpool
School of Health Sciences
Division of Occupational Therapy

Reflective Practice **Name:** ________________

1. What is reflective practice?

2. What/who are reflective practitioners>

3. Why do some occupational therapists consider that having the skills of reflection is important to the quality of practice?

4. What are the skills of reflection?

5. Can reflective skills be taught? If so how?

6. Pose your own question(s) about reflection, reflective practice.

7. Rate your current level of reflective skills on the following scale

10	9	8	7	6	5	4	3	2	1	0

Excellent
Reflective skills

no reflective
skills

APPENDIX 8iia: Analysis of students answers 1999 Q.1 What is Reflection?

Q1. Definition (What)	Purpose (Why)	Outcome
Ability - to analyse self; what we do - to reason (2) - to evaluate (3) - look at action **Critically analysis** (3) - of process & outcome - of performance (3) - of aspects **Looking back** - at performance - at practice - at the process - at situations - at good/bad; - success/failures - at self - at previous experience and knowledge - at actions & consequences - to consider problems - over experiences (7) Learning from experience An art/mode of thinking **A skill of** thinking back - at what has been done (2) - at work/contacts - to what could be done differently clinical reasoning - constantly developed **A method/process of** reviewing & evaluating (3) - all encounters - actions in practice - interventions - revisiting and revising clinical work - problems and solutions - learning from experience Taking time out	**Identifying** - what you are doing/ has been done (4) - what/why things worked or not (3) - what/how to change (5) Best - how it went and why - good/bad aspects, - what you have learned - self awareness - what could be done differently **Challenging** - what you did /what happened - would you do the same thing again - why something was done - your choices **To** - consider success/ what worked (3) - understand & appreciate +ves/-ves (2) - develop solutions in practice - address deficit areas - alter treatment behaviour - gain further meaning, - evaluate past actions - refine practice/skills (4) - validate & improve clinical skill - learn from experience - link into past experiences - decide future interventions - look for evidence at what happened, what the outcome was - account for performance & circumstances **How** - to improve (3) - to do things differently/change (3) - things went (2) - you felt at the time; evaluated; dealt with it -choose best practice in the future	May alter and change practice (2) - practice - quality of care - approach to care Increase - the breadth of skills, abilities and knowledge - performance and satisfaction Improves - clinical effectiveness - the impact you have on others - the future - implementation of knowledge in the future - learning from your actions - current practice Benefit to self, clients & profession

Appendix 8iib: **Q.2 What/who are Reflective Practitioner**

People Who:

On Action	In Action	Future Action
Evaluate - the impact of performance (3) their work their performance own and others actions what they did regularly what they have carried out clinically (2) whether actions could have been changed if done again looking back and considering what they have done (2) assessments and treatment	**Analyse** - reasons and actions strengths and weaknesses their approach to care (3) alternative ways of doing things review current practice as a matter of course	**Want to** - become better practitioners improve clinical effectiveness (4) improve their knowledge maintain good standards be successful and effective implement new knowledge identify areas for change/ development/improvement put what they have learned into practice in the future
	Ask - questions about choices made questions about own practice	
Learn - from past experiences (5) from mistakes how tasks were carried out	**Observe** - interventions	**Committed to** – providing quality service to clients (2) adapting performance and behaviour (2) better work in the future
Other - Use some kind of medium (diary, journal) (2) make time to reflect use previous knowledge to assist present practice	**Other** - constantly changing	

Appendix 8iic: **Q.3 Why skills of Reflection is important to the Quality of Practice**

Reason	Purpose	Outcome
To - evaluate to make changes in performance - consider what is already known and how this can be improved - avoid practice becoming routine (2 - adapt & change the environment & situation -to strive & improve on practice rather than maintain common practice provide a reason for intervention be a holistic approach to care (2) Allows - critical analysis of behaviour (self clients colleagues) to provide high quality care for an individualised problem solving approach to treatment Encourages a holistic viewpoint For collecting evidence for EBP If one method is ineffective an alternative method can be chosen	To - learn from experience - improve clinical skills (2) - improve approach to future care - increase clinical effectiveness 2) - bring about change - constantly evaluate & analyse - justify actions - prevent bad practice & reinforce good practice - see if things could be done better	Learning experience (3) More aware of +ve & -ve aspects of intervention Open-minded to new knowledge & sills Show whether intervention chosen is effective Allows for improving service provision Ensures future quality of practice

Appendix 8iid: **Q.4 What are the Skills of Reflection?**

Analysis
- what you have done and why
- of changes to be made (2)
- of reasons why things happened as they did
- 'picking apart' a situation
- of current problems
- treatment effectiveness
- process of analysis
- of actions

Evaluation
- of the outcomes
- of direction you need to go
- of own practice
- role of self and others
- previous knowledge and experience

Open minded and flexible
- to new ideas and alternatives
- and honest

Impact on others
- recognising & understanding patients need areas

Recognition
- of positive and negative aspects of events
- of ability to be objective of own & others actions

Time
- to think
- to look back on past experiences (6)
- to compare in relation to present
- past performance with clients, MDT, carers
- to implement gained knowledge
- to look at things critically

Self
- question
- reflect on others practices
- critique self in a constructive way
- recognising strengths and weaknesses (4)
- praise self and others
- adaptability
- to change self, others needs, environment
- to change current situation
- of methods for best quality for each situation
- remove self from situation
- managing to portray what you want to do
- being prepared to change (not set in your ways)

Listed Skills (Alphabetically)

Adaptability (3)	Analyse (13)
Communication (written and verbal) (5)	
Considerate	Constructive
Critiquing (5)	Evaluating (16)
Empathy	Flexibility
Judgement	Honesty (2)
Identify/consider (4)	Insight
Listening	Looking back (6)
Memory (2)	Objectivity (2)
Observation (8)	Open-minded (3)
Problem solving (4)	Questioning
Reasoning (2)	Realistic (2)
Recall	Recording
Reviewing	Self awareness (8)
Thinking (6)	Understanding
Willingness	

Appendix 8iie: **Q5. Can Reflective Skills be Taught?** If so, how?

Knowledge Techniques for teaching about reflection	**Skills** How skills can be learned	**Attitudes** Limitations to teaching/learning skills
Taught academically (4) Case studies/scenarios to teach theory (2) Critically analyse theories & literature Techniques to improve quality (2) Lectures to highlight skills Advice on skills needs (2) Demonstrate process Explain what is reflection/are reflective skills By clinical reasoning Challenging thinking Raise awareness of - importance & benefits - purpose - processes - skills Provide encouragement Facilitation Focus in and out	Learning in the field (3) Direction on fieldwork (2) Revisit experiences Giving feedback on what you did Written exercises Write about how things went; can be done better Use a diary (7) Discussion on skills Open/honest relationship with supervisor Discussion in supervision (3) Getting others to critique actions Talking through thought processes with peers (2) Acquire an inquiring mind Asking probing questions (2) Learn from experiences by example Recognising strengths and weaknesses Being willing to analyse situations Developed over time and experience (2) Through reading Using zones of attention and evaluation Being told it is not a complex/new phenomenon	Not everyone has the skills to carry it out Part of human nature Innate in individuals (3) An innate but often dormant skill Some people are naturally more reflective than others Only developed if already present Personal discretion to reflect or not (2) It becomes automatic (3) Must be aware of own beliefs before reflection can take place Cannot instil skills Competence and practising reflection only develops personally Up to individual interpretation

Appendix 8iif: **Q.6 Themes of Questions posed by Respondents**

1. Implicit v explicit

Ability to explain
So tacit that you do not realise you are reflecting (2)
Should it be a conscious activity?

2. Nature/nurture

Is the process of reflection taught or is it part of human nature?
Are O.T's natural reflectors?

3. Effectiveness

Is it necessary for effective practice?
Does it increase the quality of care?
- in workload, occupational therapy; own involvement; in teaching

What is the effectiveness of reflective practice?
How constructive, how to use reflection constructively; does it makes it harder to switch off from work

4. Evidence

- of benefit to clients/ practitioner
- to support reflective practice

5. Who

- all professions; unique to OT; OT's more reflective than other professions; promoted in other professions
- Is it more relevant in new practitioners?
- Doesn't everyone use reflection to learn from mistakes?

6. When/How

Informal sessions or in groups
When - to start reflecting; will it not be necessary
- at all times or only when things go wrong

How - to reflect in a busy department
- much with clients when evaluating interventions
  - much time to reflect/ spent reflecting/often
  - much time to develop excellent reflective skills
- to improve skills
- as future clinicians propose to undertake reflective practice
  - much of own performance is considered in reflective practice
  - can reflection be formalised & verbalised to prevent secretiveness

7. Standardisation

Why practitioners have different ideas
Is there one correct way to reflect/ standard techniques to reflect?
What are the standard questions to ask?
How/can reflection be standardised?

8 Reflection and other factors

and self awareness
impact on MDT meetings
relationship between reflection and clinical reasoning (2)

Appendix 8iiia:Questionnaire 2002 **Q.1 What is Reflective Practice?**

Q1. Definition (What)	Purpose (Why)	Outcome
Ability to - reflect in & on action; in a critical or analytical manner - reflect on what happened & why (2) - review and think about experiences - record your feelings - look at ways that could be improved - critically analyse (2) - identify skills learned or where improvement is needed(2) **Examining** - incidents objectively (2) - how you felt, affected you (2) - performance- what, why, how (3) - your practice or events (2) **Looking back on** - what work you have done (8) - what went right/went wrong (1) - reaction to the situations - feelings, thoughts, expectations - experiences had, skills used, knowledge gained. - the positives and negatives (2) - what the outcomes were **Thinking about** - what, why, when you did it (8) - how you could improve (2) - changes you made(2) - what problems were there - how you coped (2); you reacted (3) - how to change the situation - what skills you utilised (2) **Evaluating** - if anything you would change (2) - how it could be done differently - own & others' actions in situations - and re-evaluation conduct	It enables you to consider previous actions and initiate improvement, considering feelings thoughts and actions and evaluate these. **To** - improve shaping activities & practice (2) - what was good, what was bad. - learn from problems & develop good - strategies for future use (3) - evaluate your own & others performance - complete a clinical analysis on how it went, what you learnt, etc. - help with continuing professional development. - consider our thoughts, feelings actions about situations - justify reasons - bring about positive influence in the future (2) **Identifying** - meaningful episodes - strengths & weaknesses in practice **Assess** - if change could take place - ways of doing it better next time.	Learning from experiences. Part of clinical governance/EBP. Component of life long learning & CPD. It is part of the learning process formulate a way to improve for the next time i.e. learn from these reflections (3) identifying how to improve your practice (2) Reflection helps to have a better chance of getting things right next time. Conscious of thoughts, feelings, knowledge before during & after an event Using discovery to enhance further practice by understanding self better. Part of clinical reasoning process A tool to bring out positive change/ or outcome of a situation. Could be a positive or negative experience

Appendix 8iiib: Q.2 What/ who are Reflective Practitioners

People – Individuals, all practitioners, OT's (Students, assistants, qualified staff), **any person/people who:**

On Action	In Action	Future Action
Reflect - on performance to initiate change in personal and practice settings. (5) - reflect on the quality & purpose of the mark they have left. - on their past experiences and utilise them into current & future situations - on providing the highest level of care for their patients/clients (2) - on aspects before and after intervention. **Learn** - from good/bad parts of intervention (2) **Evaluate** - how their behaviour has affected an event/other people - what could be done differently	use an evidence base for their practice look at own thoughts, feelings about people or situations analyse what treatment they are giving think about why they did things adhere to COT guidelines Ask questions (2) - how to do things differently - what went well/ not so well **Other** - are conscientious about their practice - use reflective practice as part of their daily lives - record reflections and act upon them - know what works for them - continually develop their practice	health professionals wanting to implement change (2) to review their experience and learn from it (2) want to progress – move on in their careers not just in clinical practice but in every day life want to improve their standards/quality of practice/service in their work or social behaviour/ability (4) to improve practice techniques & enhance their own skills (2).

Quotes

"We all reflect on events but the general public do not refer to it as reflective work – this is a term for professionals."
"We should all be reflective practitioners – especially those working closely with people and those who are using themselves therapeutically." (2)

Appendix 8iiic: **Q.3 Why do some Occupational Therapists consider that having skills of reflection is important to the quality of practice?**

Reason	Purpose	Outcome
Patient - performance & improvement (2) **Obligation** - to be certain that practice is the 'best practice' (2) - to examine practice to avoid slipping into routines with every client (2) - to do the right things at the right time **Skills to** - identify good & bad practice (4) - improve the weak points and use the good points often (3) - learn what works and what does not (3) - question understanding of a situation (2) - develop by adapting old ones - be adapted according to need - monitor practice (2) - bring about change - be resourceful e.g. time - critically evaluate practice, behaviour, thoughts (feelings) (2) **Practice** - is dynamic as opposed to static - to address actions, thoughts, feelings about a situation - more productive for service - is not set in stone	**Improve** - practice quality and patient care(11) - own knowledge and learning (2) **Focus** - throughout career - highlight our own practice - makes/keeps you client-centred - on previous practice/ attitudes/ - occupation of self or patient - ideas and solutions o improve **Benefit** to service/service users - learn from previous experience (3) - improved practice (3) - better treatment for patients (4) - continuing professional development **Other** - to ensure evidence based practice is carried out (3) - promotes research to back up - it is a tool to inform and change practice for the better - Demonstrate - reason for intervention - the OT process involves client-centred decision making	To be able to self-reflect will impact on the treatment of patients OT can learn from past experiences and apply this learning to future practice Development is constant. We are life-long learners The means to improve/alter/achieve future practice (2). Results in practice being a higher quality (4) Change and improvement To use ourselves therapeutically and for patient gain. Gain insight from other peoples reflections

Appendix 8iiid: **Q.4 What are the Skills of Reflection**

Self - To observe and note what happened (5)
Objectivity in evaluating (4)
Open-minded to new ideas and alternatives (4)
Awareness of self and others (4)
Understand at time of event, strengths & weaknesses (4)
Being constructive (2), organised, honest (8)
Flexibility to vary decisions made, change practice (2)
Contemplative
Need to be a competent therapist
Considerate
Having confidence, insight, intuition
Ability to be introspective
Listening

Evaluate - Appraise one's actions (2)
Critique performance, incidents, self, others' interventions, literature (5)
Evaluating an incident (11)
Looking back
Reason why you did things (2)
Reviewing own and other's practice, changes made

Analysis - Activity — breaking down a situation into its skills (3)
Analyse, self (13)
Backward chaining
Examine practice, how to change actions (2)
Problem-solving

Thinking /Memory - Knowing the process of reflection
Learn from experience (2)
Memory short and long term , recall (4)
Thinking on positive as well as negative(4)

Communication/Recording
Being able to say why, what went well, discussion with others (7)
Describe what could have improved, has been done , feelings(4)
Recording what you did (11)
Identify/Consider – personal feelings, what was learnt, problems, strengths and weaknesses, what is important (15)

Other
Integration of theory into practice
Using Literature (2)
Planning

Listed Skills (Alphabetically)

Activity analysis (3) – 3	Intuition - 1
Analyse (13) - 3	Knowing - 4
Appraisal (2) - 2	Learning (2)
Backward chaining - 3	Listening - 1
Communication skills (7) – 5	Looking back - 2
Competency – 1	Observation (5)
Considerate – 1	Objectivity (4)
Constructive (2) - 1	Open-minded (4)
Contemplative – 1	Organisation - 1
Critiquing (5) - 2	Memory (4) - 4
Describing (4) – 5	Planning - 0
Evaluating (11) - 2	Problem-solving - 3
Examining (2) - 3	Reasoning (2) - 2
Flexibility (2) - 1	Recording (11) - 5
Honesty (8) – 1	Reviewing - 2
Identify/Consider (15) - 6	Self-awareness (4) - 1
Insight - 1	Thinking (4) - 4
Integration - 0	Understanding (4) - 1
Introspection - 1	Using Literature (2) - 0

Appendix 8iiie:

Q.5 Can Reflective Skills be Taught? If so, How?

Knowledge Techniques for teaching about reflection	**Skills** How skills can be learned	**Attitude** Limitations to teaching/learning skills
Teaching – models of reflection (2) - lectures - through a basic framework (2) - what it is and why it needs to be done (2) - basic principles & techniques (6) - what to look for - to a degree - theory to practice **By** - discussing aspects of academic work with peers - good examples of reflection (2) (3) - education – academically & fieldwork - case-study examination - seminars (2) - reading relevant literature - good examples of reflection (3) - highlighting skills needed to those who don't find it easy **Learning** – focusing learning - to critically analyse past experience - about clinical reasoning - from critical situations - what reflection is	**Writing** - compiling a diary (6) - styles – not just describing events - documenting past events - use a guide/form to fill in (2) - Being objective **Practice** - lots of it! (2) over time (3) - start early - fine tune through practice **Analyse** - activities/ event - performance constructively - different reflective techniques to find one that suits you (2) **With Others** - discuss performance (2) - ask practitioners to look at situations from a different angle Beware of unstructured reflections that become too diverse	Variable for each student – self directed Some people are inherent reflectors Skills like intuition are just inherent Can be taught to a point but mainly innate Reflective practice can't be taught in 1-2 lectures

Appendix 8iiif: **Q. 6 Themes of Questions posed by Students**

<table>
<tr><th></th><th></th></tr>
<tr><td>1. About Diaries
Making it useful in the future (2)
Does it need to be written down to be of value
Importance of writing
How do you know that what is written is correct?
Keeping two journal - honest and public (2)

2. Improvement
In practice
Making sure reflection is relevant
On the basics
Increasing skills

3. Techniques/methods
Set ways? (3)
Different methods
Best method
To achieve a deeper way to reflect (2)
Structure reflection (4)
The right way (2)
Reflect on positive aspects
Using incidents to utilise in the future (2)
Incorporate into practice

4. Models
Is there a model of reflection (2)
Best model to use (2)</td><td>5. Time
Too time-consuming? (7)
How to make it less time-consuming
How often
How to record reflections quickly
When to reflect
After which situations/events?

6. Problems
Any disadvantages
Why reflect if nothing is done about it
How many practitioners actually action/learn from their reflections
Is it a waste of time and effort?
Who looks at it?
Should reflection be compulsory

7. Other
Become competent
Importance of reflection in other professions
Reflective practice v Allied Health Professions Council
Supervisor unconcerned with your personal needs
Anyone can go through the motions!</td></tr>
</table>

Appendix 9i: Examination Papers 1997

Reflection Defined

1. Essentially (a/an)

Active process that turns our experiences into learning
Behaviour, events and responses to them (Atkins & Murphy)
Beneficial process which enhances practitioners personal professional learning
Complex process of the acquisition of new knowledge and ideas
Conscious process (Reid)

Deliberate and conscious attempt to contemplate behaviour, events and responses to them Atkins & Murphy)
Examining and exploring an issue of concern to improve and shape activities (Champion)
Forms the bridge between theory and practice
Fundamental to occupational therapy
Honest examination of a situation or experience, how you affected it and how it affected you
How a practitioner approaches & responds to varying situations (Reid)
Intellectual and affective activity which involves the individual exploring their own experiences and developing a new understanding and appreciation (Boyd & Fales)
Important human activity in which we capture experience, think about it and evaluate it (Driscoll 1994)
Inward critical search for meaning and understanding
Key issue for a profession which seeks evidence of quality through narrative enquiry and action research
Key learning tool in professional practice
More than technical competence by bringing one's own self awareness and evaluation to bear in a particular situation
Not only a conscious effect but occurs subconsciously throughout the working day
Process of internally examining an issue of concern triggered by an experience which creates and clarifies meaning in terms of self, resulting in a changed conceptual perspective (Boyd & Fales)
Powerful learning tool to modify the skills of professional competence and aid learning and for evaluation
Reviewing an experience to describe, analyse and evaluate and so inform practice (Reid)
The art of 'knowing in action' (Schön)

2. A means of

Admitting difficulties and being open-minded
Avoiding repeating mistakes
Challenging new situations and making sense of them
Confirming, clarifying and structuring thinking to provide a record for CPD
Discriminating which elements are important to gain a more holistic view of individuals and practice
Exploring literature, considering new ideas and evaluating experiences to discover new fresh approaches
Learning from mistakes (experience)
Learning for life, from experience
Making us ready for new experiences
Making sense of familiar and taken for ranted situations, realising inner disharmony
Preventing slipping into a rut of familiar routine
Promoting awareness thus turning experiences into learning
Thinking about, mediating and learning from thoughts and actions

Purpose of Reflection

1. Process (of/by)	Treating people more holistically
Becoming and occupational therapist	
Bridging theory and practice	**2. Development of**
Defending our practice and why we do things	Affective skills – honesty, open-mindedness, self-confidence,
Enabling practitioners to maximise learning through all their actions	Self-awareness (champion)
Enriching experiences, enriching practice competencies	An obligation to evaluate practice
Establishing & analysing the skills & knowledge of past experiences	Artistry, lateral thinking
Examining ourselves, how we influence others and how they influence us	Flexible ways of learning from & responding to challenges
Evaluating and improving services – to keep up to date	Knowledge in action, reflection on & in action; acquisition of skills
Experiential learning, increasing knowledge base	Problem solving skills
Highlighting strengths and weaknesses	Technical rationality
Improve quality of performance, standard of care	**3. To learn**
Looking back and evaluating experiences	From mistakes
Moving the profession forward, shaping, improving practise (Champion)	**4. Communicate**
Providing a balanced educational programme for occupational therapists	**5. Attend to**
	Thoughts and feelings about an event

Methods/tools of Reflection

1. How	Using case studies
Answering a set of questions (e.g. John's model)	Videotape
By providing opportunities to reflect	**2. When**
Discuss thoughts and feelings	Analysis of each module, course work
Drawing up a contract	CPD/IPR
Evaluating experiences on placement contract	Debriefing sessions at University
Having correct supervision	During fieldwork practice – all areas
Noting decisions, skills used, actions taken, clients responses to develop alternative ways of dealing with situations	In peer group discussions Personal profiling system
Quality circles	Privately
Reflective diary/portfolio	Supervision sessions- strengths and weaknesses
Reflecting in and on action; what you are doing	**3. (with who)**
Self questioning	Alone (self contemplation)
Through experiential learning	Clients and other people e.g. colleagues; group members
Through clinical audit	Lecturers
Using supervisor as a role model	Supervisor

Requirements/ Skills of Reflection

1. Ability to

Adapt and develop knowledge, time, energy and practice to be proficient
Ask questions of self performance
Be open-minded (receptive to new ideas)
- honest
- self-confident; self aware

Become more effective (Schön); competent practitioner
Bring old knowledge to new situations
Challenge assumptions, practice
Communicate
Critically reason, think and analyse
Evaluate assumptions which affect perceptions
Focus on existing knowledge
Have time for thoughts and feelings to be noted (daily)
Identify a problem
Integrate old with new practice, look at previous experiences
Make guided judgements
Notice and intervene (Boud & Walker)
Observe and be perceptive
Problem solve
Recognise personal strengths and weaknesses (know self)
Record accurately
Question practice; evaluate and adapt treatment
Think about positive and negative aspects
Stand back from actions and view them with a wider framework
Think about the value of occupational therapy
Think on your feet

2. Awareness of

Actions taken
Of the process of reflection
Self (inner self) and outer self (how others see you)

3. Commitment to

Sharing in the learning process
The reflective process

4. Carry out

Critical analysis and evaluation
Lateral and strategic thinking

5. Have

A flexible approach
Active listening skills
Effective supervision in a safe environment
Support encouragement and constructive criticism
Time and energy
Training in skills of reflection

6. Possess

A lot of experience to be able to reflect alone
A safe supportive environment – toleration of mistakes
A foundation of knowledge
Learning strategies
Openness to new ideas
Self confidence
Time energy and motivation

7. Other

A curriculum based on self directed and experiential learning

Outcome of Refection

1. Being

Aware of the consequences of action
More accurate in ascertaining clients needs and fears, confidence in beliefs
Adaptable
Effective and co-operative in group work
Effective and concise in treatment
Knowledgeable and competent
Open-minded and honest
Self aware and effect on others

2. Having

A broader point of view
A clear sense of direction
A holistic and client centred approach
A knowledge bank of specific situations
A solid understanding of theory
A greater repertoire of skills
Ability to cope with the unexpected
Adaptability
Awareness of clients needs
Confidence in abilities
Consolidation of knowledge
Effective relationships with clients
- management of different situations
Faith in chosen profession
Greater understanding of others in difficulty
Improved quality of service
Identified learning styles
Insight
Knowledge and skills (eval. Crit anal.)
New perspectives, viewing things more objectively
Personal satisfaction
Skills of clinical reasoning
To frame a problem, identify primary problems
Ways of coping with a situation

3. Development of

Active learning skills; responsibility for own learning
Competency, confidence and effectiveness
Skills of OT- critical analytical skills, problem solving
Independent learning
Integrating theory into practice
Reflection into the whole OT process
Learning to reflect before action
From mistakes not just what could be remembered
Observational skills
Problem solving skills
Providing quality of care
Recognising strengths and weaknesses
Self awareness and self analysis
Time management
Thinking as a practitioner
Understanding of how and what to learn

4. Ability to

Adapt new approach both to individual clients and to groups
Articulate reasons for decisions (informed decisions)
Be flexible and versatile
Describe needs, justify actions – to other professions
Do things differently, plan for the future,
Expand creativity, knowledge, increase understanding
Evaluate and make judgements; change/question assumptions
Identify strengths and weaknesses; personal prejudices
Integrate ideas, theory
Learn; - for life, from experiences, from mistakes
Notice and intervene (heightened senses)
Plan for the future
Practice in a variety of situations
Prioritise
Put theory into practice, synthesise knowledge
Reflect as a regular process, think on your feet
Solve practice problems
Treat clients in a holistic way

5. Other

An enriching process
Better quality for consumers of health care
Closes theory/practice divide (Parnham)
Enables students to understand & justify practice on the basis of theory, learning
Makes clinical practice highly stimulating
Moves practice forward
Short comings become positive outcome – more motivated
Reflection provides daily interest and stimulation to one's work
Treatment is holistic and client-centred

Disadvantages/ problems

1. Reflecting Difficulties

A negative experience as negative past experiences are drawn on
An anxiety provoking experience
Becoming a reflective practitioner
Can be perceived by some as a waste of time
- become automatic
- hinder learning
- only be learned through seeing the way others use it

Cannot be taught in the classroom or from textbooks
Clinicians who engage in reflective practice all day and never do anything to reflect on!
May not realise the benefits
Not an automatic process – it has to be nurtured
Paying lip service to reflection is pointless
Reflecting alone does not necessarily provide solutions
To reflect at the expense of learning content can result in decreased level of competence
Can only be learned through seeing the way others use it
Difficult to make 'in-action' reflection explicit (Benner)

2. Time

A slow and time consuming process
Can – be perceived by some as a waste of time, become automatic
- relationships

Clinicians who engage in reflective practice all day and never do anything to reflect on!
No time for critical analysis in fieldwork
Over reflection can result in entrenchment in the process and therefore unable to move forward
Requires a lot of time, effort and motivation
"Students not given time to question and therefore missed opportunities for learning" (Robertson)
Focusing on the negative leads to incompetent feelings, loss of confidence and disillusionment
Gulf between perception of self and how others see you
Hindsight bias can effect interpretation of events
If lacking self awareness reflection is unlikely to be a meaningful process
too critical & expectations too high the purpose of reflection can be defeated
May not realise the benefits
Requires a lot of effort and motivation
Time is a limited resource & reflection falls to the bottom of 'things to do'
Too much time spent writing reflective diary at expense of time spent carry out treatment
Too time consuming
Without reflection time, money and effort is funnelled into one small part, not the total problem
To reflect at the expense of learning can result in decreased level of competence
Too analytical which lowers confidence
Too introspective

3. No reflection

No reflection then unlikely to develop as effective thinking practitioners then ill-equipped to care for self and clients and could suffer 'burnout'
Not overtly used by practitioners, this will hamper student understanding and value of reflection in fast acute settings
Without reflection time money and effort is funnelled into one small part, not the total problem

4. Supervision

A damaging process if not properly supervised or carried out
Relationship between student and supervisor
Students are reliant on supervisors teaching effective means of reflecting
Supervisors not aware of the reflective process (Johns)

5. Self-abilities	
Ability to challenge practice – reflecting on things taken for granted can lead to feelings of uncertainty Becoming a reflective practitioner! Cognitive structures can alter recollections Can make practitioners paranoid Cannot express thoughts and feelings Criticising actions and behaviours reduces confidence Difficult to reflect when tired and stressed	Encourages self criticism - on the process rather than the outcome Group opinion may swamp own feelings **6. Other** "Ability to change treatment is 'common-sense'" (Robertson) Can depersonalise relationships Schön does not consider reflection before action With emphasis on cost effectiveness and high quality care practitioners may be discouraged to reflect

Stages / Models

Alsop & Ryan, 1996)	3 temporal stage – retrospective, prospective, spective
Atkins & Murphy, (1994)	3-5 stage – awareness, critical analysis, new perspective
Boud & Walker (1983)	3 stages – before, during and after
Castle, (1996)	3 stages - descriptive, analytical, cognitive
Coles, (1990)	A list of questions
Cross (1993)	4 stages – thinking back, analyse and evaluate, refine, apply
Fish, Twinn &Purr	4 strands – factual, retrospective, substratum, connective
Gibbs	cycle – a dynamic process
Kolb	learning cycle
Meizrow	4 stage – uncomfortable, critical analysis, learning, action
Schön	2 types -in-action: a cognitive post mortem on-action: serves to reshape what is being done
van Manen	3 levels – reflecting on performance, contemplating assumptions values that inform practice

3 common stages -	Uncomfortable thought or when knowledge insufficient to explain critical analysis of the situation new perspective
Theories Boud	Reflection is necessary for learning
Fish	constituent strands are drawn together making practitioners more effective

Theorists (other than given above)		
	Barnitt (1990)	Benner
	Boyd & Fales (1983)	Bright (1996)
	Burnard (1992)	Champion (1991)
	Clarke (1986)	Creek (1996)
	Driscoll (1994)	Goodman (1984)
	Greenwood (1993)	Hollis (1991)
	Johns	Martin (1996)
	Newell (1992)	Parnham (1987)
	Porrit (1984)	Rich & Parker (1995)
	Robertson	Smith (1995)
	Strand (1997)	

Appendix 9ii: Content Analysis of Examination Papers Year 3 2001

Identification/Reflection Defined

1. 1. Essentially a	2. A means of
Building block of professional development	Improving and shaping activities (Spalding)
Powerful learning tool to aid greater understanding of problems that may arise within professional practice	Thinking about, mediating and learning from thought and action (James and Harper, 1993)
Special kind of practice (peters) requiring systematic inquiry	Reviewing, analysing and evaluating an event or experience
Action based learning process	To gain effective learning
Skill/tool of occupational therapy for examining and exploring issues; situations	Evaluating a situation into the positive and negative aspects
Perception of what the client is going through	Gaining new perspectives
Experiencing subjective awareness of actions	Increasing the probability to make informed judgements
Decision making process using observation and interpretation to aid intervention (creek)	Interpreting theory into practice
Art of looking back on things that have already happened and using them to shape how we become in the future	Maintaining and improving quality of care
Way of thinking about, critically analysing and evaluating one's actions with the goal of improving practice	Making sense of a problematical aspect of care
	Revisiting the experiences, taking note of key features,
	Explaining what happened and consequences;
	Establishing how (the process of refection) adds or changes what we already know (Alsop)

Methods/tools of Reflection

1. How	2. When
Clinical reasoning	Clinical supervision
Having open discussions in a safe environment	Critical incidents
Identifying positive/negative aspects of placements	During self-directed learning
Narrative 'story telling'	In - reflective peer groups
Observing self and others core (OT) skills	- seminars and tutorials
- specific interventions	- staff meetings
Reflective diary	Private thoughts
SWOT analysis	**3.** (with who)
Use of John's model	Clinical supervisors who enable and encourage reflection
Video-taping sessions	Collaborative team
	Discussion with colleagues

Purpose of Reflection

1. Process A medium for reflecting on desirable and undesirable practices A method of treatment review, problem solving A process based learning activity (Stewart) As a means of writing theory and practice A tool to develop professional conduct and continual learning Forum for the acquisition and development of skills, analysis professional competency the importance of practice in the context of new theoretical knowledge of Occupational Therapy **2. Development of** Used and demonstrated in practice for CPD Areas of inexperience to become a more 'rounded' practitioner Self as a therapeutic tool A greater self awareness Confidence **3. To learn** Continuously How to: prepare for situations, adapt and learn from them put new knowledge into practice New perspectives Improve/change and shape activities From experience/evaluate and improve future practice To think on your feet	**4. Communicate** With other professionals And explain approach taken The clinical reasoning process **5. Attend to** feelings building client/therapist relationships critically analysing an event, practice examining and exploring issues in professional practice exploring core beliefs, values and assumptions topics for audit, issues around clinical practice a need for change areas that need developing what needs to be learned values, beliefs and behaviours in practice interpretations about clients/therapist's feelings, attitudes and behaviours

Requirements/ Skills of Reflection

<table>
<tr>
<td>1. Ability to
Articulate tacit knowledge – knowing more than we can say
Critically analyse an event/past experience
Describe an event or moment in time
Develop a new perspective
Explore alternative actions
Evaluate – experiences, self
Identify past and present feelings; actions
Interpret
Justify actions
Observe
Be open-minded
Synthesise ideas, new knowledge
Verbalise

2. Awareness of
Beliefs and values
Feelings and thoughts about an episode
Knowledge used
Personal and professional philosophy
Self monitoring</td>
<td>3. Commitment to
Action
Consideration of alternative actions
Critical analysis of behaviours, feelings and actions
Examination of values, assumptions and strategies underlying
Practice
Honesty about thoughts, feelings, what happened

4. Carry out
Conscious cognitive process to assess, justify and identify beliefs and actions
Discussion with colleagues
Documented accounts of experiences
Gaining views of others to gain broader perspective

5. nil

6. Possess
Intuition
Motivation
The need for anon-judgmental environment
Theoretical knowledge to back up actions

7. nil</td>
</tr>
</table>

Outcome of Refection

1. **Being**

A competent/effective practitioner
More effective and productive
Aware of individual needs
Being client-centred – a fundamental objective

2. **Having**

A broader understanding of problems that confront practitioners
A changed perspective
A holistic client-centred approach
A store of knowledge
Autonomy and independence
Critical awareness of own values
Effective management of stresses
Empowerment to make changes in practice
Encouragement to think
Greater links between education and practice
Improved forward planning
Motivation to observe improved results with clients
Opportunity to: verbalise in a safe environment
compare and contrast own theories and
reasoning
problem solving abilities
The realisation that the more complex an event/situation the
Greater the structure needed to reflect

3. **Development of**

Assumptions, beliefs, feelings, attitudes, values
Communication (with MDT)
Clinical reasoning skills
Confidence, competence
Future practice
Insight & ability to understand what happened
New attitudes
Knowledge for future action
Objectives for theoretical learning
Professional knowledge
Skills to engage in reflective dialogue
Support needs
Tacit knowledge
The person personally and professionally

4. **Ability to**

Adapt activities; needs abilities and interests of clients
Articulate the nature of occupational therapy
Be effective, enhance and explore of professional practice
Disseminate of good practice
Evaluate of practice, FOR's
Facilitate social change
Generate new knowledge
Identify positive achievements
areas needing improving
Implement knowledge into practice
Learn about self, client and situation
Do the right thing right (from experience)
Modify behaviour
Share learning experiences and expertise with others

5. **Other**

A reward – learning is maximised
Good preparation of activity
Meaningfulness of activity used
Reflective thinking encourages a holistic individual and flexible approach
Prevents interventions becoming routine and losing their client-centred nature

Disadvantages/ problems

Acute settings – given low priority In-action often an automatic process so difficult to verbalise Many practitioners deny actively using reflection No reflection:: leads to stagnation actions not consistent with intent Reflecting in-action Requires practice to perfect reflective skills Used incorrectly can lead to an incompetent therapist "Reflection without the knowledge of the roles of practice could lead to a repetition of mistakes	Based on self-interpretation can be highly subjective Less effective supervision May involve personal risk – open to examination of own beliefs, feelings and assumptions non recognition of values repetition of mistakes and poor practice Relying on instinctive actions results in experiences being forgotten Time consuming Work load Reflection without a philosophical awareness could lead to a preoccupation with the technique." (Lawley, 1989)

Stages/ Models

Atkins & Murphy,1993 3 stage – awareness, critical analysis, new perspective
Boud & Walker 3 stages –in-action, on-action, reflection for practice
Cook, 1999 4 stages : reflection, reaction, reflection, response
Creek, 1996 3 stages– assessment, planning, evaluation
Gibbs, 1988 Reflective cycle interactive model
Johns 6 stages structured questioning, why, what, when, how

Roths, 1989 7 stages
- Seeking alternatives
- Comparing and contrasting
- Hypothesising
- Resolving problems
- Keeping an open mind
- Seeking a theoretical basis
- Synthesising

Spalding, 2000 3 stages -
- Identified learning opportunity
- Information gathering and critical analysis
- Changed perspective

Schon
- in-action: more advanced and used by experienced practitioners
- on-action: used by novice practitioners

Common factors of models that facilitate the skills of reflection

- Help learning from experience
- Significance on future practice
- Give meaning to practice
- Move away from tacit knowing to more conscious explicit knowing
- Help overcome professional inertia

Theorists

- Andrews (2000)
- Alsop
- Burnard & Larson
- Carper
- Errington & Robertson
- Hang and Payne (1998)
- Lyons (1999)
- Osterman (1990)
- Peters (1991)
- Stewart

Critical Incidents

Art group - ?value in mental health - adolescents – what was/was not going well Card playing (MH) – responding to patient's needs Case conference Creative activity – Schizophrenia. Descriptive account Difficulty working in a team Learning disability, transferring in/out of bath Relaxation class (MH) Use of Reality Orientation in Alzheimer's disease	Anxiety management on 1:1, how therapist reflected Assessment of new client with depression Cookery class Concentration group acute psychiatry Elderly rehab. – gaining experience Lack of knowledge – cerebral palsy Unknown condition

Appendix 10: Content Analysis of Lectures on Reflective Practice

Categories	Historical – Lecture 1	Development - Lecture 2	Current – Lecture 3
Title	Skills of Reflection	Reflection & Clinical Reasoning	Developing Reflective Practice
Definition	Boyd & Fayles – focus on the negative; also important when things go well	Clinical reasoning = critical thinking; learning to know what we don't know	… a critical process moving through the stages of enlightenment, empowerment and emancipation
Reflective Cycle			Gibbs (1988) – A holistic process
Context of Reflect.	A way of linking theory to practice	Personal model; beliefs & values; acts on reflections not assumptions	Content knowledge, experience, time, feelings, action, self confidence
Period/progress/ process	Returning to experience; attending to feelings; re-evaluating the experience, asking questions	Problem sensing – reflecting on incoming data; Validation – refine the image based on reality through reflect.	Anticipatory (preparatory), Contemporaneous (in-action) Retrospective (on-action)
Framework		Facilitating learning; problem sensing, problem intervening	Open-mindedness – heed facts and alternatives; Responsibility – consequence of actions; Whole-heartedness – desire for learning, spontaneous questions
Levels/ development	Self-awareness – own beliefs and values; verbalising about event, testing observation; critical analysis – challenges self & values; synthesizing new knowledge; evaluating – making informed judgements	The ability to reflect on knowledge itself and the reasoning process, look, generate options, assess risks, consider implications	Descriptive – detail of experience Affective – how you felt Discriminative – assessing/evaluating the experience Judgmental – value judgements Conceptual/theoretical – critical consciousness
Using Reflection (tools)	Clinical supervision; diaries; reflection-in-action; lateral thinking – ability to think creatively; looking beyond the obvious. Diary keeping	Journal keeping; structured analysis; re-writing the script; story telling; wearing another hat; 'I wonder what..?'	Talking writing about; specific areas of practice process; concerns about self and practice abilities, clients and learning
Questions	John's Model	Use of a case study	John's Model; Stevenson's 9 questions
Outcome	A learning tool; personal development; identification of positives and negatives	Developing reflective skills	Articulating OT; generation of new knowledge; facilitating social change Influence on professional learning

Appendix 11: Sample Answer of Exam Question 2001 (Student No. 4)

Part A

Introduction

A First Class Service (1998) states "Lifelong learning will give the NHS staff the tools of knowledge to offer the most modern, effective and high quality care to patients. It will allow them to identify their professional learning and to aid inter-professional teamwork"

Therapists such as Occupational Therapists (OT's) need tools to facilitate learning through practice. Frequently making the same mistakes may stem from failing to analyse experience and assess what can be learned from it. One such tool to aid learning is reflection. This paper will explain how using the process of reflective practice can examine and explore issues in professional practice. It will begin with an overview of the process and then lead on to how an OT can make it work for them.

The first stage of the reflective process/cycle is often triggered by an awareness of uncomfortable feelings or a positive state due to an achievement. The second stage involves a critical analysis of the situation and includes an examination of both knowledge and feelings regarding how the situation has affected the individual and how the individual has affected the *situation.* The OT must focus on the positive feelings whilst also dealing with the negative feelings. The third stage is developing a new perspective of the whole situation. The outcome of these three stages therefore is learning. This may include

- clarification of certain aspects
- developing new attitudes
- problem solving
- modifying or changing behaviour.

Mezirow (1981) describes this as 'perspective transformation'.

In order for reflection to be effective, the OT must make a commitment to action. Action is the final stage of the reflective cycle. An OT needs to facilitate five areas in order to be truly reflective. These are:

- self awareness
- description
- critical analysis
- synthesis
- evaluation

By developing self-awareness an OT can recognise her beliefs and values and identify her feelings and behaviour. To begin the process, the OT must describe an accurate account of the situation, her thoughts and feelings. She may begin the reflective process after an intervention with a client or any activity or experience she has encountered. She would need to assess the components of the situation, taking into account her existing knowledge and feelings. The OT must also imagine and explore alternative actions. Self-awareness and the ability to critically analyse a situation will help the OT in her provision of professional practice as it can highlight areas that need to be changed.

Synthesis involves integrating new knowledge with previous knowledge. Using synthesis can allow the OT to identify the learning achieved and see how it fits in with her existing knowledge. If used efficiently, it can help to solve future practice problems.

An OT needs to build time into her working day to carry our reflective practice. The use of a diary to record and describe events can aid as a prompt to reflection. Reflection does not have to be completed individually and may be enhanced in a group situation due to support from colleagues. Group reflection may also be necessary to address issues or problems faced by the OT service as a whole.

Conclusion

OT's can develop competence through critical reflection on experience. It can help them in the following ways:

- Articulate the nature of OT. Reflection on-action may allow the OT to access theories and knowledge.
- Facilitate social change. Through critical reflection OT's can develop an awareness of the social and political issues which may be influencing their practice

The points discussed have indicated how reflective practice can be utilised by an OT to examine and explore issues in professional practice

Part B

Introduction

Spalding (1998) states that the skills of reflection have probably been generated during an occupational Therapist's (OT's) training. Most OT.s' frequently evaluate their client interventions and will change their treatment approaches if no improvement has occurred. The main point is that in order for reflection to be achieved, some learning will have taken place, which will help to improve and shape future practice.

The paper will discuss how reflective practice (with reference to fieldwork experience) can be used to improve and shape activities. It will do this by describing a personal account of an experience in conjunction with using the John's Model of Reflection (1993). The term activity has been taken to mean any practice or intervention with a client, either one to one or in a group situation.

During one of my fieldwork placements I came across a model for reflection called John's Model. I decided to apply it to a situation I had encountered to see if it aided me to reflect more efficiently. The model begins with describing the experience/situation. For me, this was to complete an assessment with a new client in my supervisor's absence. I had read the referral, which sounded fairly straightforward: depression due to a job loss. During the assessment however, it became apparent that there was much more to it. The client had been bullied; a colleague had tried to drown him, he was suffering from anxiety and also the recent loss of his mother. The client was extremely distressed and tearful during the assessment.

Using John's Model made me address questions such as:
- What was I trying to achieve?
- Why did I intervene as I did?
- What were the consequences for the client and myself?

The next stage asks:
- What other choices did I have?
- What would have been the consequences of these?

After I had completed the model I could make sense of the situation. That is, I understood what my actions had been and why and could see the consequences of them. I had firstly tried to comfort the client and provide support. Secondly, I had assured him that I would find appropriate help for him. By the end of the assessment the client had calmed down but I didn't feel I had done all I could – mainly due to lack of experience. The final stage of John's Model addresses learning:
- How do I feel about the situation?
- Could I have dealt with it better?

The positive outcome of the experience was that I had reflected on it, identified feelings and behaviours, explored alternative actions and the main point being – I had learned from it.

To be reflective means implementing action after learning. Although I did not have the chance to on that placement, I used my learning experience – which was on my next placement. I always made sure I found out as much as possible about a client or situation. I would discuss possible scenarios and responses with my supervisor. I also asked my supervisor to sit in on some of my interventions to assess my performance.

<u>Conclusion</u>

By questioning our previous knowledge and reflecting on experiences, we cannot make future practice work. Therefore, it must be worth investing in reflective practice even if only minor adjustments towards better future practice can be made.

Reflection is all about learning from experience. If no refection ever takes place it can be assumed that an OT can neither recognise the values nor identify the weaknesses of the interventions – thus remaining stagnant in her work.

(Mark awarded = 74%)