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Crossing the threshold into reflective practice.

Pauline Joyce

Royal College of Surgeons in Ireland, pjoyce@rcsi.ie

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Introduction & Background

Encouraging reflective practice across postgraduate programmes for health professionals is challenging. Assessing reflections and determining the level of reflective practice reached can be difficult. Understanding reflection as a threshold concept may be useful to help meet the pedagogical challenges of such a valuable skill.

Objectives

The objectives of this poster are to:

- Present a framework for assessing reflection.
- Apply criteria for threshold concepts to reflective practice in an effort to understand it better.
- Suggest new understandings of reflection in the context of curriculum.

Levels of Reflection

Reflections done, as part of change projects, were marked using a 3 level framework¹

Table 1: Level of Reflective Practice

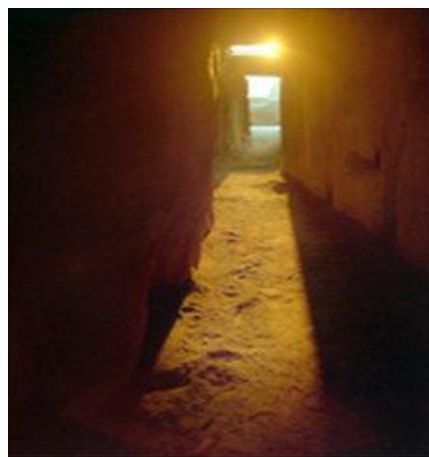
Level 1 (50-54)	Level 2 (55-64)	Level 3 (65+)
Tends to focus on just 1 aspect of the situation	Provides a critique from one perspective, but fails to see the broader system where other factors may make change difficult	Perceives conflicting goals within and among the individuals involved in a situation and recognises that the differences can be evaluated
Uses unsupported personal beliefs	Uses both unsupported personal beliefs and evidence but is beginning to be able to differentiate between them	Views things from multiple perspectives Recognises that actions must be situationally dependent
Provides no insight into reasons behind observations	Observations are fairly thorough but may not be placed in a broader context	Makes appropriate judgments based on reasoning and evidence

Assumptions that postgraduate healthcare professionals understood reflection were inaccurate.

Reflection - a Threshold Concept

A threshold concept is understood as:

*...akin to a portal, opening up a new and previously inaccessible way of thinking about something. It represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress*²



Reflection – can transform a student's understanding and interpretation.

Analysis of Reflections

Reflections (n=57) were analysed using the 3 level framework (Table 1) & presented under the 4 criteria of threshold concepts²:

1. Troublesome: Challenges traditional ways of writing – the majority (70%) reflections reached level 1 with descriptive accounts.

2. Irreversible: Once understood the concept of reflection is impossible to 'unlearn'. A small number (7%) reached level 3.

3. Integrative: Reveals connections among different aspects that previously did not seem understood (5%).

4. Transformative: The ultimate destination in exploring reflection is a new understanding of the concept (2%).

New Understandings

As a threshold concept reflection does not fit with a linear approach to curriculum design e.g. modular³.

Unless reflection is part of the assessment process students will not engage with it⁴.

Some students are not comfortable with reflection and see it as too subjective

Conclusion

The pursuit of reflective practice invites the health professional to enter a liminal space, making sense of their experience in the context of evidence-based literature and best practice research.

It can transform the way we teach and the way we think about learning by using a lens to question and critique practice. Once this journey starts reflective practice has the potential to be transformative and irreversible.

References

1. Bradley J (1995) A model for evaluating student learning in academically based service, connecting cognition and action. In Troppe M (Ed.) Evaluation of student performance in service learning courses. Education Commission of the States/Campus, Denver, cited in Bringle RG & Hatcher JA (1999) Reflection in service learning: making meaning of experience. Educational Horizons, Summer: 179-185.
2. Land R, Cousin G, Meyer JHF & Davies P (2005) Threshold concepts and troublesome knowledge (3): implications for course design and evaluation, in Rust C (ED.) Improving student learning –equality and diversity, Oxford: OCSLD.
3. McLean J (2009) Triggering engagement in SoTL through threshold concepts. International Journal for the Scholarship of Teaching & Learning, 3(2): 1-5.
4. Philip L (2006) Encouraging reflective practice amongst students: a direct assessment approach. Planet No 17. December, 37-39.