

Understanding reflective practice

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Abstract

The Nursing and Midwifery Council (NMC) requires that nurses and midwives use feedback as an opportunity for reflection and learning, to improve practice. The NMC revalidation process stipulates that practitioners provide examples of how they have achieved this. To reflect in a meaningful way, it is important to understand what is meant by reflection, the skills required, and how reflection can be undertaken successfully. Traditionally, reflection occurs after an event encountered in practice. The authors challenge this perception, suggesting that reflection should be undertaken before, during and after an event. This article provides practical guidance to help practitioners use reflective models to write reflective accounts. It also outlines how the reflective process can be used as a valuable learning tool in preparation for revalidation.

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critical thinking, portfolio, professional development, reflection, reflection models, reflective account, reflective practice, revalidation, self-awareness

Review

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Aims and intended learning outcomes

This article aims to increase the nurse's knowledge and understanding of reflective practice and assist them to develop a portfolio of evidence for revalidation (Nursing and Midwifery Council (NMC) 2015a). After reading this article and completing the time out activities you should be able to:

- ▶ Define reflection and explain its role in professional practice.
- ▶ Describe two different models of reflection.
- ▶ Discuss how self-awareness is integral to reflection.
- ▶ Discuss how reflection can be used as a learning tool.
- ▶ Prepare several examples of reflection to support the NMC revalidation process.

Introduction

An integral part of continual, evolving nursing practice is the need to evaluate and improve care in a constantly changing healthcare environment (Bulman and Schutz 2004). Such evaluation of practice, however, requires the ability to reflect in a critical and focused way. For reflection to be valuable in professional practice, a questioning approach is required.

Reflection is a method of using experiential knowledge to enable professional and personal development while reinforcing continuous learning (Gustafsson and Fagerberg 2004). *The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives* (NMC 2015b) states that to fulfil all registration requirements, nurses and midwives must ensure their knowledge and skills are up to date. This may be achieved by participating in continuing professional development (CPD) activities to maintain competencies and improve practice.

Complete time out activity 1

Defining reflection

Reflection, in a professional sense, should be purposeful, focused and questioning. Many nurses believe that they reflect regularly; however, for this to be purposeful they are required to ask what happened or what might happen, what they are doing or did, and how that relates to their objectives. In reality, nurses rarely scrutinise when situations have gone well, or investigate why or how something went well or went wrong. By adopting a structured and strategic approach, practitioners can link experience to intentions of what was, or is, being attempted.

Several authors have attempted to define reflection, the consensus being that reflection has three components (Schön 1983, Rolfe *et al* 2010):

- ▶ **Reflection before action** – involves thinking about what you aim to achieve and understanding the means by which this will be accomplished by drawing on previous experience.
- ▶ **Reflection in action** – relates to your conduct while undertaking the task and allows you to modify what you are doing while you are doing it. This is commonly described as ‘thinking on your feet’.
- ▶ **Reflection on action** – involves looking retrospectively at how practice was executed and analysing the information gathered in terms of knowledge, new learning and professional development.

The majority of nurses are very familiar with reflection on action. However, many nurses also reflect before action and in action without being consciously aware of this. Nurses may believe that they reflect on practice on a regular basis. However, for reflection to be meaningful conclusions must be reached and an action plan agreed to inform future practice. Reflection may result in a positive outcome; conversely, reflection can identify areas that require improvement or a change in approach or attitude.

Although reflection is often associated with situations that did not go well, it is also a valuable learning tool to understand why things did go well.

Complete time out activity 2

Models of reflection

Different models of reflection are recommended to assist thinking; having a range of models to choose from enables their use by a broad community who might learn in different ways.

If reflection is to be practised to best effect, the supporting model should have personal appeal as well as being clear and coherent. Reflection is a personal matter as well as a statutory requirement. Professional reflection requires a focused and strategic approach in contrast to reflection on personal and social circumstances. Two commonly used models of reflection that have been advocated by educationalists are shown in Figure 1 (Borton 1970, Gibbs 1988).

Driscoll (2007) developed Borton’s (1970) model by including prompt questions for each stem question to complete the process of reflection (Figure 1). Borton’s (1970) model has also been adapted by Rolfe *et al* (2010). Other reflective models used in academic study can be applied to nursing practice, for example Johns’ (2013) model. Although Johns’ (2013) model is complex, with more than ten steps, it can be a useful aid when learning how to reflect.

Different reflective models may be appropriate for different practitioners and situations. Some favour a structured model, such as that developed by Gibbs (1988) (Figure 1), to prompt the process of reflection. Gibbs’ (1988) model is a step-by-step process that encourages the user to consider how an event made them feel. This is important when considering self-awareness and emotional intelligence, and can often be missed in the absence of prompts. Thinking about how an event makes you feel can be challenging and can easily be overlooked in favour of focusing on evaluation and analysis of the situation. In the evaluation stage of Gibbs’ (1988) model, the reflector explores the main issues associated with the situation and determines which aspect requires additional analysis. The analysis stage prompts the reflector to search and read the literature to increase their knowledge and understanding to make sense of the situation, arrive at a conclusion and, ultimately, reach the action plan stage to formulate new learning.

Gibbs’ (1988) model is most often used retrospectively (reflection on action); however, it can be used when reflecting on an anticipated event (reflection before action) and considering how to approach a particular situation. Some may feel that Gibbs’ (1988) model is unnecessarily complex. Borton’s (1970) model has three steps (Figure 1), is simple to use and easy to remember. However, in contrast to Gibbs’ (1988) model, the questions do not automatically remind us to consider our emotions. The second question: ‘So what?’ requires attention to the individual, their perceptions and feelings, but might result in overlooking important insights.



1 Consider what you think reflection on your professional practice entails. Does it involve your emotions, questioning what you did, or what you thought suitable or right? Does it involve reviewing choices as part of an episode of care or reviewing your knowledge?

2 Look at your answers to time out activity 1 and decide how your ideas about reflection are modified depending on whether you reflect before, during or after an event. Does reflection at a specific point require more effort or offer greater possibilities?

3 Select a reflective model to evaluate a situation you have encountered in practice with a mentor or colleague. Begin with reflection on action. What seemed easy or difficult when using your selected model to prepare notes on what happened?



4 Consider reflection before action, and think of an example of planning a nursing activity. Nurses are often required to anticipate the reactions of patients and the outcomes of planned activities. Using Borton's (1970) model, draw on previous experiences to plan a strategy to meet your objectives, and record your plan in writing. Do you think this three-step approach is valuable?

Borton's (1970) three questions allow a degree of flexibility and include reflection before, in and on action.

Complete time out activity 3

It is important that you choose the model or framework that works for you; not doing so can result in suboptimal learning from experiences (Jasper 2013). Time is required to purposefully reflect on situations and this is not always easy in practice. To capture your thoughts and feelings about a situation, there is an optimum time frame within which to recall events accurately. The aim is to reflect as soon as feasibly possible, preferably with a colleague who ideally observed the same event. Another person's perspective can be supportive and challenging because they may remember events differently. Reflection clarifies success or failure, and facilitates procedural insights and actions that can be considered for future practice.

Critical thinking

If reflection is to be considered a learning tool to achieve meaningful understanding, it must be combined with critical thinking (Price 2004). When analysing any situation, it is critical thinking that provides the knowledge and understanding that will ultimately help you

reach a reasoned conclusion and form an action plan for future practice.

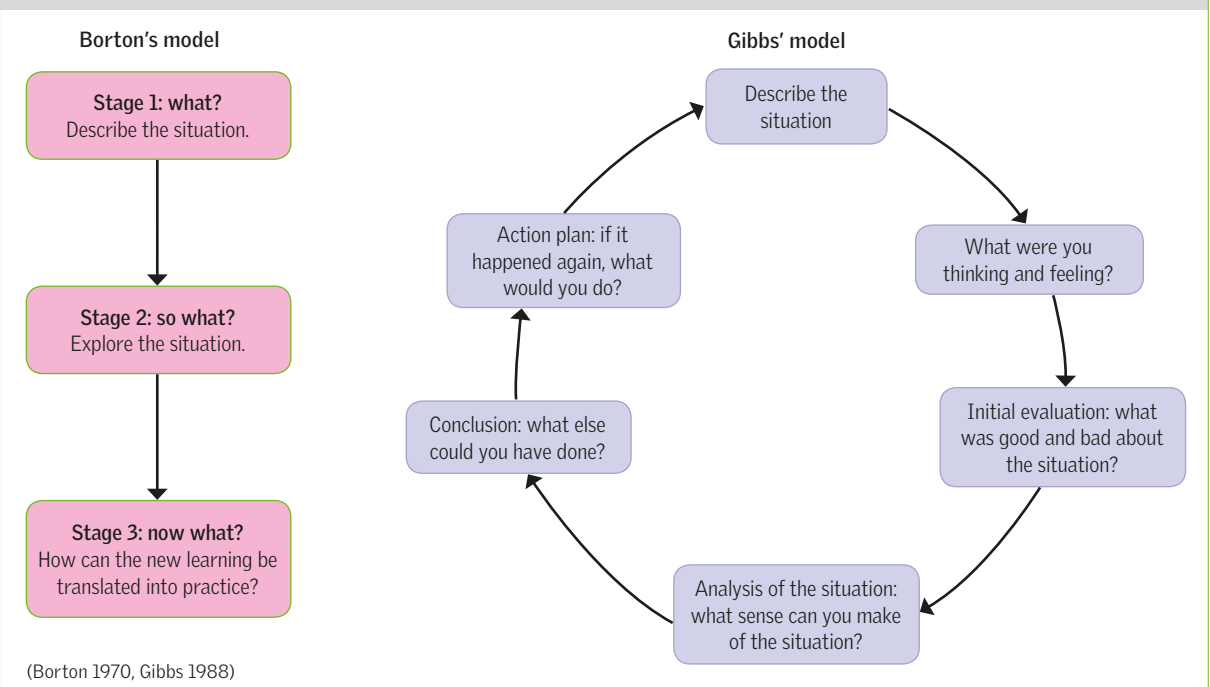
Complete time out activity 4

Rolfe *et al* (2010) discussed reflection as an activity that enables practitioners to think, feel and imagine while learning from an event. In addition, reflection facilitates consideration of what might have happened if things were done differently and how things could be done in the future. For reflection to be effective and for the nurse to understand what should be done, focused thought combined with an exploration of related literature and up-to-date research evidence is required. Reflective thinking should prompt further enquiry and is, in turn, augmented by it. Reflection changes as a result of new information. For example, reflection on helping a patient to manage their pain is supplemented with reading about patient perceptions of pain and a review of research about the merits of various pain relief strategies.

By adopting critical thinking, you begin to enquire more deeply into the situation you are reflecting on. Critical thinking can pose challenges when we believe that our practice is correct. Taking time to engage in in-depth thinking about a situation facilitates scrutiny of the decisions you have made and why you made them. Critical thinking is undertaken at

FIGURE 1

Two models of reflection



the analysis stage to tease out specific issues and consider the supporting information. At this point, you will begin to deconstruct the event – examine how something developed or was achieved, the processes used, the way in which people acted and how you responded.

It is important to understand the empirical evidence and how it compares with your perceptions. For example, a recording of body temperature is considered empirical evidence, but observing a patient and sensing that they are feverish is a perception. You add information together – touching the patient, listening to how they talk – to inform your impression of what is happening. Perceptions may prompt you to gather empirical evidence and review the evidence previously obtained. Undertaking this activity can lead to exploration and examination of the literature, which can reveal new or alternative evidence-based practice.

If writing a reflective account is a new process for you, you might begin to write in a descriptive way. However, the more you write and become familiar with reflective models and frameworks, the more your writing will develop.

Self-awareness

To reflect meaningfully on situations, it is important to be honest with yourself when examining issues. This is especially important with regard to your attitudes and values, the how and the why of your approach to care. To that end, self-awareness is essential to reflection (Howatson-Jones 2010).

The desire to care for individuals and their families is integral to nursing. Therefore, the basis of any learning is to achieve this goal. It is only by knowing more about who we are and what motivates us that we can provide the best possible care (Burnard 1992). The importance of self-awareness in nursing is not a new phenomenon (Burnard 1988, Rawlinson 1990). Burnard (1992) stated that until we are clear about who we are, we cannot help others. There are occasions in practice that this can evoke uncomfortable feelings of vulnerability, doubt, distrust and anxiety. Nevertheless, to become self-aware requires a conscious process to know what makes us feel and act the way we do.

Jack and Smith (2007) suggested that self-aware practitioners are equipped to manage emotions and feelings in a controlled manner as opposed to being overwhelmed by them and simply reacting; they manage rather than cope. Emotions and feelings make us who we are as caring individuals and without these emotions

and feelings, we would be robotic. Therefore, it is not suggested these feelings and emotions should not exist, but that an understanding of how situations and events can affect nurses helps them to plan and prepare for future practice. Nursing involves perceptions and emotions as well as evidence, and nurses must work in the complex world of feelings. For that reason, a calm and empathic review of emotions – our own and those perceived in others – remains valuable.

The professional duty of candour (General Medical Council (GMC) and NMC 2015), the development of which can be linked directly to *The Mid Staffordshire NHS Foundation Trust Public Inquiry* (Department of Health 2013, Francis 2013), stresses the importance of dealing with concerns in an open way. It states that 'Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress' (GMC and NMC 2015). To be self-aware should be considered compulsory in today's caring profession, to improve nursing practice and to maintain the standards required for effective care. Reflection, therefore, is an activity that should become commonplace in practice to understand why a treatment may have gone wrong or why a situation had the potential to cause harm or distress.

Complete time out activity 5

Reflecting on practice and behaviours is expected to take place frequently. This could involve reflecting on a situation with a patient, relative or colleague, including mentors or other members of the multidisciplinary team.

Complete time out activity 6

Effective working relationships rely on shared and mutually respectful perceptions of who we (the healthcare team) are. If the team is to provide an effective and responsive service to patients, the team must have common purpose. This is achieved when colleagues are comfortable with shared procedures. In the case study in Box 1, Janet used reflection to examine relationships with other team members and whether they understood what she was contributing to the team. In this instance, that could involve whether the consultant understood Janet's level of experience, but also a need for respect between the consultant and the nurse in the presence of junior doctors. It is possible that Janet was oversensitive about the consultant's question and remarks, but it is also possible that the consultant had inadvertently dismissed



5 Think of a practice situation that evoked feelings in you that influenced your actions. Did you realise this at the time? Did you have a strategy to deal with such an event? If so, what was it?

6 Consider the case study in Box 1 and how using reflection in this situation can be used as a learning tool to help resolve an issue. Reflect on a situation that you experienced in practice that you did not address, and analyse why you did not act.

Janet's abilities in the presence of others. What is clear is that Janet needs to calmly raise her concerns with the consultant. The reflection enables Janet to consider the consequences of not raising the matter, as well as anticipating why the conversation might prove difficult. A reflection on action prompts thoughts about the next action.

In the case study in Box 2, Alexis has two complex issues to consider. First, she has to consider whether it is appropriate to care for a patient who is known to her socially. In this situation, reflection is likely to be about the appropriateness and ethics of who nurses should care for in practice. In this instance,

the mentor judged that it was reasonable for care to proceed, but then modified the response when the patient became violent. A related reflection might occur regarding how decision making is a constant process in response to changing situations. Second, Alexis has to consider patient confidentiality and in this instance, Alexis makes an appropriate decision, resisting the invitation to share private information regarding a patient on social media. Reflection in action sometimes involves such 'near miss' matters, where it could be easy to make a wrong decision. Alexis reflects on what encouraged her to act as she did, explaining her commitment to *The Code* (NMC 2015b) to her friend.

By using reflection and instinct, Janet and Alexis in both case studies (Boxes 1 and 2) were practising self-awareness. Self-awareness and thinking critically about a situation are integral to reflection (Howatson-Jones 2010, Rolfe *et al* 2010). Nurses are frequently confronted with ethical dilemmas, and thus reflection in action becomes particularly important. As a moral and professional practitioner, it is important to take ownership and responsibility for your actions. All nurses should understand fully the details and implications of *The Code* (NMC 2015b) and the professional duty of candour (GMC and NMC 2015) for practice and respond appropriately (Box 3).

Nurses often associate reflection with judging their performance and, in the case study in Box 3, Thomas faces a moral dilemma associated with his behaviour. In the interest of patient safety, he must tell his colleagues that the patient has drunk water before the invasive procedure. This may raise questions about his practice, including the failure to remove the water jug from the patient's bedside. For reflection to facilitate learning, it is important to use reflection as a means of improving practice and reviewing alternative actions, as well as measuring performance. Thomas will be accountable for his actions but he needs to understand why the error occurred if he is to learn from the experience. Thomas needs to understand the warning signs that might alert him and his colleagues, and avoid future risks to others.

Openness and honesty are integral to nursing, and are promoted by the NMC (2015b). Although Thomas had been partly responsible for the error, his openness and honesty in alerting senior staff meant that the issue could be addressed quickly and that he and others could learn from the situation. Had he chosen not to be honest, the consequences could have been serious, for both himself and the patient, and

BOX 1

Case study: Janet, a newly qualified nurse

Janet is a newly qualified staff nurse who has been asked to assist in the ward round. There are several junior doctors attending the ward round and the consultant leads. The consultant, without warning, asks Janet a question that would usually be asked of a doctor and, although she knows the answer, she is slow to respond. The consultant makes a remark that insinuates that Janet is incompetent. Although upset by the remark, Janet feels it would be unprofessional to say anything at that moment. Using her choice of reflective model, she subsequently reviews the situation. Nurses cannot escape attitudes, but understanding our own attitudes and ensuring that they are professionally defensible is part of being an ethical nurse. Janet's reflection makes her realise she has to address what happened with the consultant in the hope that he will realise his question and subsequent remark seemed un tactful. Although ward rounds have a clinical function – reviewing patient progress and treatment – they also indicate the importance of interprofessional working relationships and the respect required if a healthcare team is to work well. Not to express her concerns to the consultant might mean that he remains unaware of what Janet viewed to be unprofessional behaviour. This takes courage, but by not accepting the behaviour of the consultant, Janet is acting professionally and hopes to prevent similar behaviours in the future towards her or other colleagues.

BOX 2

Case study: Alexis, a third-year nursing student

Alexis is a third-year nursing student on placement in a ward that specialises in liver disease. She realises at the report handover that one of the patients is her friend's aunt; she has been admitted for investigations for alcohol-related liver problems. Alexis is aware that the woman is estranged from her family because of her alcohol dependence. Alexis tells her mentor about her connection to the patient and that she is concerned it would be inappropriate for her to care for the patient. Her mentor initially suggests she asks the patient how she would feel if Alexis was caring for her; however, this idea is abandoned following a violent outburst from the patient and Alexis is assigned to a different area of the ward. When Alexis goes home that evening, she notices that there is a message on a social media site from an acquaintance telling her friend that her aunt was admitted to hospital. Alexis receives a message from her friend asking for confirmation of the situation and an update of the aunt's condition. Alexis is disturbed by this and reflects on the situation and how it could affect her career. She decides to telephone her friend and explain that as a result of her professional accountability in relation to confidentiality, as outlined in *The Code* (Nursing and Midwifery Council 2015b), and because of her professional values, she cannot disclose any information about patients. Alexis explains that she will not enter into any conversation on social media about the situation.

would have resulted in non-adherence to *The Code* (NMC 2015b).

Complete time out activity 7

Ways of reflecting

The most common form of reflection is done silently and in personal thoughts by recalling what happened. Sometimes these thoughts may be discussed with a colleague, however neither of these practices captures the full account and some of the facts may be lost from our memory over time. One way to capture the details, particularly when considering feelings, is to write them in a reflective diary (Jasper 2013). This can be any notebook or folder that is for your personal viewing. It is crucial to write in it regularly and as soon as possible after an event or shift while events are clear in your mind. You could put an example of your chosen reflective model at the beginning to guide your thinking when writing. If using a folder, you could have a template with the main stages, and complete the various sections. Alternatively, you might choose to record notes on an electronic tablet.

The benefits of such documented records are numerous. It can be therapeutic to write about what happened and how it made you feel, as well as promoting honesty if you were responsible. It can help you think about how you could rectify a situation, if that has not already been done.

Not everyone enjoys writing and you might prefer to use a digital recorder, such as a Dictaphone, to recall events and work through the reflective model. This can be done when alone and then listened to as a way of critiquing your involvement in the situation. Others might express their feelings in artistic ways, such as producing a collage, although these would still require a written explanation if they are to be included in the personal development portfolio to demonstrate CPD. Using an inappropriate style of reflection for you often means you delay or ignore the process (Jasper 2013). Having insufficient time to write is a common barrier to documenting thoughts. You should begin the reflective process by recording brief notes using these headings:

- ▶ What happened?
- ▶ How did I feel?
- ▶ What are the main points?
- ▶ What do I need to explore further?
- ▶ What are my initial thoughts were this to happen again?

You then have a record on which to reflect purposefully when you have time to explore the situation using critical thinking. When reading over your records you could note common

themes that emerge, for example how you react in particular situations. Reflecting on your entries over time helps you to understand how you have developed your self-awareness and possibly helped your colleagues to reflect on their practice. You can choose specific situations from your diary that you feel are suitable for revalidation and inclusion in your portfolio, using the mandatory template, when requested by the NMC (2015a).

Revalidation process


NMC (2015a) revalidation aims to improve public protection and professional standards by encouraging a culture of reflection and improvement while strengthening professionalism through ongoing reflection. To evidence this, a minimum of five written reflective accounts in the three-year period since the renewal of registration are required (NMC 2015a). These must refer to an instance of CPD and/or a piece of practice-related feedback and/or an event in your professional practice, as well as relating to *The Code* (NMC 2015b).

It is important for those who are yet to register, and those who are registrants, to demonstrate they can provide evidence of how reflection ensures their skills and knowledge are up to date for practice to be safe and effective. Purposeful reflection can result in meaningful approaches to practice as well as contributing to CPD. A revalidation requirement includes some response to patient feedback, and reflection has the potential to demonstrate that. Reflection can be used to demonstrate CPD and produce evidence for revalidation. CPD has many forms; for example, study days, completing CPD articles or attending mandatory training sessions. Up-to-date information on the revalidation process is available on the NMC website (www.nmc.org.uk).

BOX 3

Case study: Thomas, a third-year nursing student

Thomas is a third-year nursing student in his final placement on a busy medical receiving unit that is short staffed. The staffing levels have resulted in Thomas finding it difficult to spend time with his mentor. He has been asked to prepare a patient who will be undergoing an invasive procedure as a matter of urgency. The procedure, and its necessity, is explained to the patient. Thomas is preparing to take the patient to the radiology department when he realises that the patient, who had been fasting as part of the preparation, had a drink of water. The patient had been told not to eat or drink, but had forgotten he was told this. Thomas realised that he had not removed the water jug from the patient's bedside locker, the patient was thirsty and had a drink. Thomas felt panicked and irresponsible, but quickly realised that he needed to take responsibility and inform his mentor and the nurse in charge of his error since he was aware this might affect the procedure.



7 Read the guidance on the duty of candour (GMC and NMC 2015) and using social media responsibly (NMC 2015c), as well as local policy for the hospitals in your region. Discuss this information with your colleagues and think about how you might apply this to your practice.



8 Write two reflective accounts using the headings identified by the NMC (2015a) that link to *The Code* (NMC 2015b). Select two themes from: prioritise people, practise effectively, preserve safety, and promote professionalism and trust. Discuss your reflective accounts with an NMC registrant.

9 Now that you have completed the article, you might like to write a reflective account as part of your revalidation. Guidelines to help you are on page 44.

The NMC (2015a) revalidation guidance includes templates to record CPD and reflective accounts. The time out activities in this article provide the opportunity for participatory learning, which can be used as evidence for the CPD log and revalidation portfolio.

The headings in the template for reflective accounts are (NMC 2015a):

- ▶ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
- ▶ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
- ▶ How did you change or improve your practice as a result?
- ▶ How is this relevant to *The Code*?

From reading this article you will see that the question headings are similar to those in Borton's (1970) model (Figure 1). Advice on completing reflective accounts is provided in Box 4.

Complete time out activity 8

Conclusion

Reflection and reflective models enable nurses to identify what suits their learning style and to reflect in a purposeful manner. Reflection is a valuable lifelong learning tool which can be used to promote personal development and optimum care for patients. The importance of self-awareness and critical thinking was explored

BOX 4

Advice on completing reflective accounts

- ▶ Relate reflective records to *The Code* (Nursing and Midwifery Council 2015b) to demonstrate how you are attending to professional values.
- ▶ Identify in your records how you enquire and speculate; inquisitive records demonstrate an interest in learning.
- ▶ Consult with the person who will sign off your work to ensure that this works cogently with role commitments and plans. To duplicate work is to complicate the process.

because these are crucial to the reflective process. Reflection is more than discussion of a situation; it involves consideration of how situations make us feel, understanding what went right or wrong, and reaching a reasoned conclusion that provides an action plan to inform future practice.

This article focused on providing practical examples to highlight the value of the reflective process. Reflection can be both a participatory and a personal activity. Examples of how to record reflective accounts have been outlined, such as writing in a reflective diary or audio recordings. Regardless of your chosen format, time is required to undertake this personal but essential aspect of practice. The NMC (2015a) has issued guidance for revalidation and this article will support you with this process **NS**

Complete time out activity 9

References

Borton T (1970) *Reach, Touch and Teach*. McGraw-Hill, New York NY.

Bulman C, Schutz S (2004) *Reflective Practice in Nursing*. Third edition. Blackwell Publishing, Oxford.

Burnard P (1988) Self-evaluation methods in nurse education. *Nurse Education Today*. 8, 4, 229-233.

Burnard P (1992) *Know Yourself! Self Awareness Activities for Nurses and Other Health Professionals*. Scutari, London.

Department of Health (2013) *Mid Staffordshire NHS Foundation Trust Public Inquiry: Government Response*. <http://francisresponse.dh.gov.uk> (Last accessed: March 31 2016.)

Driscoll J (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. Second edition. Baillière Tindall Elsevier, Edinburgh.

Francis R (2013) *The Mid Staffordshire NHS Foundation Trust Public Inquiry: Final Report*. tinyurl.com/anb9zme (Last accessed: March 31 2016.)

General Medical Council, Nursing and Midwifery Council (2015) *Openness and Honesty when Things Go Wrong: The Professional Duty of Candour*. tinyurl.com/zpdk7mk (Last accessed: March 31 2016.)

Gibbs G (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. www2.glos.ac.uk/gdn/gibbs/index.htm (Last accessed: March 31 2016.)

Gustafsson C, Fagerberg I (2004) Reflection, the way to professional development? *Journal of Clinical Nursing*. 13, 3, 271-280.

Howatson-Jones L (2010) *Reflective Practice in Nursing*. Second edition. Learning Matters, London.

Jack K, Smith A (2007) Promoting self-awareness in nurses to improve nursing practice. *Nursing Standard*. 21, 32, 47-52.

Jasper M (2013) *Beginning Reflective Practice*. Second edition. Cengage Learning, Andover.

Johns C (2013) *Becoming a Reflective Practitioner*. Second edition. John Wiley & Sons, Chichester.

Nursing and Midwifery Council (2015a) *Revalidation*. www.nmc.org.uk/standards/revalidation (Last accessed: March 31 2016.)

Nursing and Midwifery Council (2015b) *The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives*. tinyurl.com/k5mlard (Last accessed: March 31 2016.)

Nursing and Midwifery Council (2015c) *Guidance on Using Social Media Responsibly*. tinyurl.com/h6xcxn3 (Last accessed: March 31 2016.)

Price A (2004) Encouraging reflection and critical thinking in practice. *Nursing Standard*. 18, 47, 46-52.

Rawlinson JW (1990) Self awareness: conceptual influences, contribution to nursing, and approaches to attainment. *Nurse Education Today*. 10, 2, 111-117.

Rolle G, Jasper M, Freshwater D (2010) *Critical Reflection in Practice*. Second edition. Palgrave Macmillan, Basingstoke.

Schön DA (1983) *The Reflective Practitioner: How Professionals Think in Action*. Temple Smith, London.

Reflective practice

TEST YOUR KNOWLEDGE BY COMPLETING SELF-ASSESSMENT QUESTIONNAIRE 842

1. Reflection is an activity that should be done:

- a) Before an event
- b) During an event
- c) After an event
- d) All of the above

2. Reflection before action involves:

- a) Thinking about what you aim to achieve and the means by which this will be accomplished
- b) Examining what you are doing and how you can change what you are doing
- c) Looking retrospectively at your practice
- d) Using new learning to inform future practice

3. One of the following authors did not develop a reflective model:

- a) Johns
- b) Gibbs
- c) Kolb
- d) Borton

4. Which of the following statements is incorrect?

- a) Reflection should be purposeful, focused and questioning
- b) Reflection involves the use of experiential knowledge
- c) Reflection should be used to consider events after they have happened only
- d) For reflection to be useful, it should lead to an action plan to inform future practice

5. Stage 3 in Borton's model is:

- a) Now what?
- b) So what?
- c) What?
- d) How?

6. As a practitioner, you should use the reflective model that:

- a) Your colleagues use
- b) Is the simplest
- c) You have always used
- d) Works best for you

7. During which stage of reflective practice should critical thinking be undertaken?

- a) Initial evaluation
- b) Analysis
- c) Action planning
- d) Conclusion

8. The duty of candour stipulates the need to:

- a) Be vague when things go wrong
- b) Offer remedy or support when requested only
- c) Dismiss the patient's concerns
- d) Deal with concerns in an open and honest manner

9. How many written reflective accounts are required for revalidation?

- a) One
- b) Three
- c) Five
- d) Ten

10. Which of the following statements is incorrect?

- a) Nursing care should be based solely on evidence and not on perceptions and emotions
- b) Openness and honesty are integral to nursing practice
- c) Self-awareness is integral to reflection
- d) Reflection can be used to demonstrate evidence for revalidation

This self-assessment questionnaire was compiled by Rebecca Akkermans

The answers to this questionnaire will be published on May 18

The answers to SAQ 840 on situation awareness, which appeared in the April 20 issue, are:
 1. d 2. b 3. b 4. d 5. c
 6. c 7. a 8. b 9. d 10. a

How to use this assessment

This self-assessment questionnaire (SAQ) will help you to test your knowledge. Each week you will find ten multiple-choice questions that are broadly linked to the CPD article. Note: there is only one correct answer for each question.

- ▶ You could test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.
- ▶ You might like to read the article to update yourself before attempting the questions.

When you have completed your self-assessment, add it to your professional portfolio. You can record the amount of time it has taken. Space has been provided for comments.

You might like to consider writing a reflective account, see page 44.

Report back

This activity has taken me _____ hours to complete.

Other comments:

Now that I have read this article and completed this assessment, I think my knowledge is:

- Excellent
- Good
- Satisfactory
- Unsatisfactory
- Poor

As a result of this I intend to:
