



PRACTICAL ADVICE

Helping Learners Become Reflective Practitioners¹

JANE WESTBERG, PhD

Department of Family Medicine, University of Colorado Health Sciences Center, CO, USA

ABSTRACT **Context:** *In too many schools in the health professions, students are given little or no opportunities to reflect systematically on their simulated or real experiences practicing the skills they need as clinicians (e.g. eliciting information and solving problems). In addition, they are given little or no help in learning the skills that are central to being reflective practitioners.*

Rationale: *Reflecting alone or with the help of educators or others, students and residents can learn to identify and build on their existing knowledge, identify their biases and assumptions, integrate new understandings, and formulate generalizations that will enable them to make positive changes in what they do in future situations. Put another way, they can derive lessons from their experiences that will enhance their skills and enable them to provide better patient care. When learners reflect aloud on their insights and their strengths and deficiencies before their teachers give them advice or feedback, learners can make their own discoveries and have the dignity of identifying what they need to work on. The learners' self-disclosures provide educators with "diagnostic" information that can enable them to tailor their teaching to the learners' interests and needs.*

Suggestions: *Educators can help learners become reflective practitioners by taking such steps as ensuring learners have worthy experiences on which to reflect; observing learners in action; scheduling times and places for reflection; building trust; determining the learners' prior experiences, comfort with, and attitudes toward reflection; ensuring learners understand the rationale and strategies for reflection; modeling reflection; clarifying the learning goals; encouraging learners to have questions to ask themselves; helping learners reflect on their thoughts, feelings, biases, and assumptions; helping learners consider other approaches; inviting learners to identify the lessons they've learned; and asking them to discuss how they intend to use these new understandings.*

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Address for correspondence: Jane Westberg, 337 Arapahoe #304, Boulder, CO 80302, USA.
E-mail: jwestberg@aol.com

There is growing recognition that if students in the health professions are to become reflective practitioners who learn from experience and provide high-quality care, they need to practice reflecting on and learning from worthy experiences throughout their formal education. They also need to witness reflective practitioners in action, practice reflecting aloud in the presence of helpful educators, and receive constructive feedback on their efforts.

Unfortunately, in too many health professions schools, learners don't have these opportunities. In crowded curriculums and busy clinical settings, reflection is too often neglected. In environments where "doing" and "being productive" are central values, those who don't understand how critical reflection is to effective learning and patient care can devalue reflection. If the students are competitive rather than collaborative, they may feel that if they reflect aloud about their doubts, worries, and deficiencies, these disclosures might be used against them.

"Practice makes perfect" is an often-quoted aphorism. Indeed students need plenty of opportunities throughout their education to practice those skills they will need as practitioners. However, if students merely rush from one experience to another without reflecting on what they are doing or what they've done, there is a risk that they will fail to learn from their experiences and even commit errors that can be hurtful to patients.

Reflecting alone and in the presence of skillful educators and peers can enable learners to identify and build on their existing knowledge and make generalizations from particular experiences that will help them to apply new learning in later situations. Reflection can also enable learners to integrate new understandings. Further, sports coaches have long known that athletes' rates of improvement are accelerated if they spend some of their time reviewing and critiquing their performance and "metabolizing" what happened instead of using all of their time practicing. The same is likely to be true in health professions education.

If we invite learners to reflect on and critique their work before we offer our reflections and feedback, learners can make their own discoveries and have the self-respect and dignity that come with identifying their own strengths and areas that need work. Hearing our learners' reflections also gives us important "diagnostic" information about their levels of candor, insight, and professional comfort as well as their capacity to be reflective and to accurately critique their work. This information enables us to better tailor what we do to their needs.

Students can learn to reflect not only *after* experiences but also during experiences. When reflecting *during* experience, they function on two levels: they are engaged in the tasks at hand, such as eliciting information or giving bad news, and they are observing, questioning, and assessing the tasks in which they are engaged, making continuous adjustments in what they do according to what they discern about the process. Among other benefits, this reflection can

help them be aware of what's working or not working in the process in which they're engaged, enabling them, perhaps, to make needed on-the-spot changes in what they're doing.

What can front-line educators do to help students become reflective practitioners? Following are some steps to consider.

Before Working with Learners

Ensure learners have worthy experiences on which to reflect. Particularly in the first part of some educational programs in the health professions, students spend too much time passively listening to lectures and trying to cram facts into their heads so they can pass exams. Such activities often are not worthy of reflection and can actually work against helping students become self-directed, reflective learners. Worthy experiences include having students practice the skills they need as practitioners, such as eliciting and providing information, identifying and solving problems, collecting and critically reviewing needed information, and communicating effectively with patients and families. In clinical settings students and residents have opportunities to do these things, although if they are working on particular skills you might need to arrange for them to have specific experiences. Even in the classroom though, students can practice the skills they'll need, for example, by role playing or jointly working through a paper-based case.

Try to observe your learners using the capabilities they are expected to develop while working with you. You and the learners can reflect together on experiences that they've had that you haven't witnessed. Directly observing learners from time to time, however, can give you a clearer sense of their capabilities, their areas of need, and how you can help them. You might also observe some important things that they failed to perceive or didn't think to bring to your attention.

Schedule times and places for reflection. During classroom activities, reflection time can be scheduled during and after activities. When you're teaching in high-pressured clinical and community environments, you may be able to include reflection during some activities. However, to ensure that students have opportunities for reflecting systematically on a range of issues, including personal issues, you may need to schedule a special time and private place for reflecting with individuals or groups of students.

Consider using video-recordings of the learners' work. There are numerous arguments for using video-recordings. First, you don't have to be present during the actual event, such as your student's encounter with a patient. Video-recordings enable learners to have some sense of how others see them. Learners are far more likely to gain value from watching themselves than by having someone else try to describe what they did. Video gives you and learners an objective record of what happened, so you don't have to spend time trying to

recall details, and you can avoid wasteful disputes that derive from different memories of the same event.

Watching themselves on video can even help learners recall invisible events: what they were thinking and feeling at the time. If they choose, they can replay sections of the interaction, each time focusing on a separate component. They can also stop the tape at key decision points, such as following a statement or other action by the patient. They can then reflect on what they did or said, and they can think through various options that were available at the time, enriching their repertoire for future encounters.

During Initial Encounters with Learners

Build trust. Our effectiveness in helping learners reflect accurately and appropriately critically on their work depends upon our ability to first earn their trust. Learners who don't trust us are likely to withhold observations about themselves. Even if they have good insights about their needs, they will probably share their concerns with us only if they are convinced we are truly their advocates and able to help them.

Virtually all learners who are new to self-assessment fear that if they are open about their areas of confusion and need, that information will be used against them. This potential impediment is likely to be particularly significant if you will be involved in grading them. Consequently, it's important to be candid about any part you will play in making formal judgments about their work. If it's true, let learners know that the information they provide about their areas of need will be used only by you and them, enabling you to jointly formulate a plan for helping them develop the capabilities they will need.

Determine the learners' prior experiences, comfort with, and attitudes toward reflection. In patient care, we don't begin an initial encounter with an intervention. First we gather information so we can adapt what we do and say uniquely to the patient's needs. Similarly, in educational encounters we need to begin by getting to know learners and their experience with and attitudes toward whatever we're planning to focus on with them.

Ensure learners understand the rationale and strategies for reflection. If learners don't understand why it's important to be reflective, engage them in an exercise or a discussion that puts them in touch with some of the rationale discussed above. Talk with them about when, where, and under what conditions you will be inviting their reflections.

Model reflection. A powerful way to describe reflection and to help convince learners of its helpfulness is by doing it yourself, in their presence. For example, if you're a practitioner you might discuss a current, difficult patient care situation that you are facing, reflecting aloud about your thoughts and feelings.

Clarify learning goals. Learners can reflect on anything that occurs during an experience. However, if learners are expected to develop certain skills during

their time with you or if they have their own goals, clarifying those learning goals can help focus their reflection. Usually it's not practical or even possible to address all of a course's learning goals every time you work with learners, so, prior to explicit experiences, such as doing a problem-solving exercise in the classroom or seeing patients during an afternoon clinic, invite learners to identify one or two learning goals that they particularly want to work on during that event. Also consider inviting them to reflect on where they are starting from—their current level of competency.

Encourage learners to have questions ready to ask themselves or suggest some to get them started. Constructive reflection is often stimulated by questions that we ask ourselves about experiences we're having or have had. Beginners may need guidance in formulating an initial set of questions to ask themselves. For example, you might prime a student who is working in a clinical setting to try being continually alert to such matters as the thoughts that are passing through her mind, the feelings she is experiencing, and what she imagines her patients are thinking and feeling at various times. If you are tutoring students in a problem-based learning group, one of the questions that you might suggest is, "What do I already know that I can bring to bear on this case?"

During Experiences

Invite the learners to tell you what they are thinking and doing, if appropriate. To help students get into the habit of reflecting on what they're doing you can ask them to talk aloud about what they are thinking and doing while they are engaged in activities, such as certain procedures, that leave them free to talk. With some activities you can also ask them to "stop action" for a moment, reflect on what they're doing, and then proceed, incorporating any lessons they are learning. If the learner is caring for a patient, it's important to inform the patient about what you are doing and to include them in the discussion, if appropriate.

If possible, help learners consider other approaches. Even if learners propose a reasonable approach, inviting them to explain their rationale and to consider their options can help them refine their thinking and establish the mindset of being routinely reflective. With some procedures, however, there may not be time for such an exchange, so you may need to simply give them immediate feedback, if needed.

After Experiences

Even if you interacted with learners during an activity, you can provide additional help by reflecting with them afterward on what transpired. A delayed discussion is particularly desirable if the learner was interacting with a

simulated or real patient and there were issues that you didn't want to bring up in the patient's presence.

Begin by inviting the learners' reflections.

Consider inviting learners to write down their reactions or fill out a form. Simply talking with learners about their experience can often work well. If, however, you or they would like a record of their immediate reflections, or if several learners have participated simultaneously in the same experience, consider asking them to write down their initial reflections before inviting discussion. Without this step in a group situation, those who don't talk first may lose access to their initial thoughts, and a potentially valuable learning opportunity will be diminished or lost.

Consider inviting learners to reflect on one or more of the following.

- *Their overall reflections.* Beginning with an open-ended approach encourages learners to acknowledge a range of feelings and thoughts, including negative ones that, if left unexplored, could get in the way of their learning.
- *Any new issues or learning goals that emerged.* Not uncommonly, unexpected issues emerge in learning events. Fruitful experiences can bring up sources of confusion, intriguing questions, and new areas of interest.
- *What they did well.* Too often review sessions focus exclusively on learners' problem areas. Although learners must recognize what needs their further attention, they also must know what they are doing well so that they can preserve, nurture, and build on these capabilities.
- *What they were thinking.* As practitioners, learners will need to routinely be aware of and reflect critically upon their thought processes so they can identify errors in their thinking and make needed changes or seek help.
- *Key decision points and options.* During problem-solving exercises, interviews, counseling sessions, and other patient care tasks there are key decision points at which experienced, reflective practitioners recognize that there are two or more options to choose among. For example, after a patient briefly states her reason for seeking help, reasonable options for the practitioner might include using an open-ended question to elicit further details or asking specific "closed" questions. Helping learners recognize decision points and the pros and cons of the options available to them can help them learn to provide reflective rather than reflexive care. If they aren't aware of some of the desirable options, this can be a time to help them expand their repertoires.
- *Any assumptions, values, or biases that might have affected their behavior.* All of us operate on the basis of assumptions and biases, which can lead to distorted impressions and faulty conclusions. For example, a student who thinks that most addicts are street people might miss the fact that his well-groomed, wealthy patient has an addiction. Particularly if you suspect that the learner is operating on the basis of unrecognized or unexamined assumptions, values or biases, ask questions such as, "You said that you

didn't think it was necessary to ask your patient any further questions about how she received the bruises on her face. Can you think of any assumptions that might underlie your decision?"

- *What they were feeling.* Providing health care is more than a cognitive task. Learners' and practitioners' feelings affect how they interact with patients, family members, colleagues, and others and can even block them from being empathic and saying or doing what is needed. For example, a practitioner who is uncomfortable with strong emotions might change the subject or provide false reassurance if a patient with a newly discovered breast lump starts crying, and expresses her fear that the lump might be malignant. From time to time, all of us react to others with strong feelings that are out of proportion to the objective situation. These reactions are often linked to our prior experiences with important people in our lives. As part of helping learners become insightful professionals, we can assist them in looking for clues to the sources of any reactions they have that don't seem appropriate to the current situation. Learners also need to learn that their feelings can give them clues about what is going on with their patients. For example, it's not unusual to start feeling a little down when working with depressed patients. Self-aware practitioners can use themselves as instruments of diagnosis and therapy.
- *What they thought the patient, or others who were part of the experience, were thinking and feeling.* We can help learners become more sensitive to the needs and perspectives of patients and families by asking them to speculate about what the patient or family member was thinking and feeling at key times during a clinical encounter. We can also help them learn how to gather this information from those with whom they're interacting.
- *What they need to work on.* Students, even seasoned practitioners, need to know that learning to provide high-quality care is a never-ending challenge and that we expect all of them to have deficiencies and learning needs. When learners identify areas that they need to work on, we can congratulate them for being self-aware. If, however, some learners come up with an overwhelming list of areas they feel need attention, you might want to help them determine which areas need immediate attention and which can be deferred. If learners think they don't have anything to work on, you have an even greater challenge.

Stretch the learner. Comments and questions such as, "Good start. Anything else?" can help learners reflect more deeply on experiences, even recognizing issues they initially missed. You can use questions to engage and sustain learners' interest and stimulate, expand, and refine their thinking. After asking a question, pause and give learners sufficient time to respond.

Share your reflections and feedback. As you watch learners engage in an experience or even if you merely hear them describe the experience, you are likely to have observations, ideas, suggestions, assessments regarding that

experience that you'd like to share with them. As much as possible, try to help them make these discoveries for themselves. However, since the review process works best when it's a dialogue, not a monologue, share your thoughts at the appropriate times.

Reflect with learners on their reflections and self-assessments. As when learning any new skill, learners need to assess their progress in developing reflection skills. They are also likely to need your feedback on their reflections. Learners who are routinely overcritical of themselves and their work may need help in feeling better about themselves. Learners who have an inflated sense of their competence may need help becoming more aware of their limitations and learning needs.

If you and the learner independently complete parallel assessment forms, you and they can compare your responses. Discrepancies between your assessments can provide a good starting place for discussions about the learner's self-assessment skills.

Ask learners to identify their learning issues/needs and describe what steps they plan to take to address them.

Invite learners to identify lessons they've learned and discuss how they intend to use these new learnings.

Encourage learners to reflect in a journal or other written form.

Note

1. The ideas in this article are drawn from the book by J. Westberg and H. Jason, *Fostering reflection and providing feedback: helping others learn from experience*, to be published by Springer Publishing, September 2001.

Suggested Further Readings

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Without reflection, learning becomes only an activity – like viewing a reality TV show – which was never meant to have meaning, but was only meant to occupy time. Critical reflection is not meditation, rather it is mediation – an active, conversive, dialectical exercise that requires as much intellectual work as does every other aspect of the learning process, from analysis to synthesis to evaluation. When I entered my doctoral program, I was quickly introduced to David Schon’s Reflective Practitioner (in an adult learning course), and was immediately drawn to the importance of reflective practice. Later, as a counselor and teacher educator, I have held tightly onto the belief that good counselors and educators need to be engaged in ongoing reflective practice. Reflective practice is, in its simplest form, thinking about or reflecting on what you do. It is closely linked to the concept of learning from experience, in that you think about what you did, and what happened, and decide from that what you would do differently next time. Thinking about what has happened is part of being human. However, the difference between casual “thinking” and “reflective practice” is that reflective practice requires a conscious effort to think about events, and develop insights into them. Once you get into the habit of using reflective practice, you will probably find