Learning and Assessing Through Reflection:

a practical guide

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An introduction to the materials and information about how to use them

Welcome to "Learning and assessing through reflection: a practical guide." This self-guided learning resource was originally produced for student dietitians and their supervisors. It was then modified for generic use across the healthcare professions. Whilst all the practice examples relate to dietetic practice, the principles can easily be transferred to other healthcare disciplines.

Reflection has now become an integral part of student placements and continuing professional development. This pack can be used by students (at university or on placement) and qualified practitioners.

What is the overall purpose of this learning resource?
The aim of this self-guided learning pack is to offer a practical introduction to reflective learning and assessment.

What exactly can I hope to achieve by using this learning resource?
Working through the materials should help you develop both your knowledge and your skills. Individual application of the learning will vary and the pack does not always give you all the answers. You are expected to develop an approach to reflection that works for you.

What's in the resource?
The resource comprises a workbook with video-clips and a range of activities. The workbook is divided into five sections. Each section has some relevance to both students and qualified practitioners but certain sections are more important for each group respectively. Sections one to four have been written in a style that mainly addresses students. Section five has been written in a style that focuses on addressing supervisors of students in practice. However both groups should be able to adapt the information to meet their needs.

How long will it take me to do the work?
We all work at different speeds but the estimated minimum time required to complete the activities is indicated in bold at the introduction to each activity.

Important note for users

The video-clips do not necessarily depict optimal dietetic practice. Inclusion in this pack should not be taken as an indication that the practice shown is endorsed by the British Dietetic Association or the London Region Dietetic Managers’ group. Dietetics is not an exact science and we all have different approaches to practice. It is also important to remember that we practise in different ways under different circumstances and the presence of a camera can be intimidating. The production team would like to commend the professionalism of all who were involved and ask those who use this pack to treat contributors with the respect they deserve.
## LEARNING AND ASSESSING THROUGH REFLECTION

### Section One: What is reflection and why is it important?
- Identify uses for reflection in relation to their own practice.
- Identify barriers to reflection and make advanced plans to help minimise the effect of these barriers.

### Section Two: Preparing for placement and new placement experiences.
- Prepare effectively for new learning experiences by reflecting looking forward.
- Use a model of reflection to facilitate reflective writing.

### Section Three: Learning through reflection on placement.
- Use models to facilitate reflection in the midst of practice.
- Capture and benefit from learning that takes place in the midst of practice.
- Identify positive and negative critical incidents and learn from them.

### Section Four: Reflecting to obtain evidence of your competence.
- Identify critical incidents that demonstrate competence in relation to specific learning outcomes.
- Help students identify critical incidents that demonstrate competence in relation to specific learning outcomes.

### Section Five: Reflective feedback.
- Participate in reflective discussion about your practice after specific activities.
- Facilitate a process whereby students reflectively critique their practice.
- Participate in reflective discussion about your practice at the end of each week.
- Facilitate a process whereby students reflectively critique their progress week by week.
Reflection involves describing, analysing and evaluating our thoughts, assumptions, beliefs, theory base and actions. It includes:

1. Looking forward (prospective reflection).
2. Looking at what we are doing now (spective reflection).
3. Looking back (retrospective reflection).

Alsop and Ryan (1996) offer this useful metaphor to help us understand it better:

Reflecting by looking forward is like looking at a holiday brochure before we go away. We get ideas about what the location might be like, what we might do and whom we might meet.

Reflecting by looking at what we are doing now is like looking at ourselves in a pool of water or a mirror; it shows us as we are at that point in time.

Reflecting by looking back is like looking at a photograph or video when we return from our holiday. It tells us about where we went and what we did and whom we met.

Reflections can be expressed as verbal discussions or they can be written down in a reflective diary. An example of effective reflective writing can be found in appendix A. Reflection is important, as it helps us capture and understand practical learning experiences. This is essential for effective practice and can facilitate the improvement of patient care.

Activity 1.1
Time required: 15 mins.
Think about what you have read and seen and answer the questions below. If you are struggling try to find someone in your organisation/peer group who is an experienced reflective practitioner and ask them to facilitate a discussion session. Occupational therapists, nurses and psychologists are often experienced in this field. Your local student placement facilitator may also be able to help.

Q1. How could reflection help YOU in your practice?

Q2. What might stop you getting the most from reflection and what could you do about this? Look through the rest of the workbook and the appendices and try to prioritise the sections that will help you most.
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Section Two: Preparing for Placement and New Experiences

Models of reflection
Many people find that they can reflect more effectively if they use a model to help them. The model presented here may help you when trying to look forward in order to prepare for your placement or for the different parts of your placement, for example before you move into a primary care setting or before you start working with children. Once you are qualified, you could use it to reflect before any new learning experience such as shadowing a specialist or carrying out a project. The steps represent an amalgamation of ideas from several published models (Van Manen 1977, Fish, Twinn and Purr 1991, Durgahee 1996).

Read through the following steps, but don’t put them into action yet:

Step One
Get together all the information you have about your placement. Tell the story of what you might experience in as much detail as you can. Make sure you note anything that you are confident about as well as anything you might find difficult.

Step Two
Try to identify the main themes or issues. Take a step back from the detail and look holistically at what you have written. Think about everyone involved in the placement.

Step Three
Consider the factors that might influence your behaviour and experiences. Include your feelings, beliefs and assumptions as well as any factual information you have been given.

Step Four
Link your thoughts to your previous experiences. What happened the last time you went into a new learning/work environment. How might your placement reflect these experiences? Is it likely to be similar or different and why? How are you going to prepare for this new experience? Do you need any additional information? How will you get it?

Activity 2.1
Time required: 1 hour
Collect together all the information you have about your placement. Using the information you have try writing an entry for your reflective diary looking forward to your placement. This should help you prepare for your placement by highlighting anything you need to do or to get clarification about, before you arrive on day one. Use the proforma found in appendix B to remind you of the different steps. You may wish to copy the proforma to use on placement. Qualified practitioners may find it helpful to use the proforma to facilitate reflection before any new learning experience.

Cue questions
Other people find cue questions helpful for prompting reflective thinking. Appendices C and D gives some ideas for cue questions you might use once you have started putting your knowledge into practice. The next exercise gives some cue questions that might help you prepare for placement.

Activity 2.2
Time required: 1 hour
During your induction you will have the opportunity to watch qualified practitioners in action. As you observe their practice try to think about some of the following issues. If possible talk to students who have almost finished their placements and find out if there are any other issues they think you should consider. This will help you reflect on what your placement might be like.

- Are there any differences in the styles of the practitioners? How might this affect your placement experience?
- How long was the consultation? How many of these do you think you will eventually have to do in one session? How do you feel about this?
- When you feel ill do you want to talk to other people? How do you feel about talking to people in hospital who are feeling unwell?
- What areas of knowledge did the practitioner demonstrate? How does this link with what you have covered at university?
- What do you think patients will expect from you? How do you feel about this?
- What will your responsibilities be on placement?
- How much time do you think you will have to ask questions?
Section Three: Learning Through Reflection on Placement

Reflecting by looking at what you are doing now
This type of reflection is often referred to as “reflection in action.” Schon (1987) described how professionals reflect in action using three models. The information given below shows how you could modify Schon's ideas for use at different stages in your placement. Using these ideas will help you learn more effectively. Read through the following three models first before you try to put them into action.

Model One: Follow Me
This model can be used in the early stages of your placement or at any time when you need to build confidence. Try the following steps:

1. Look at your learning contract/action plan. Make sure you are clear about the areas you have prioritised for action. Once you have identified an area/areas to concentrate on, (eg you may have decided that you need to work on your communication skills,) arrange to observe your supervisor using these skills. As you watch make notes about anything that strikes you as important.

2. After the consultation discuss your notes with your supervisor. Look at the relevant learning outcome(s) and assessment tool(s). Ask your supervisor to explain what he/she did and point out how the practice you observed links to the learning outcomes and assessment criteria.

3. Once you have done this watch another full consultation and note the points that would help you practise in line with the competence criteria.

Model Two: Joint Experimentation
This model could be used as you start to progress. It can be divided into 2 stages; stage one works best in the first few weeks of placement and is easiest to use with inpatients. Stage two is more useful once you are more competent and feeling more confident. This second approach can be used when seeing outpatients or inpatients.

Stage one
1. Go to the ward with your supervisor and collect all the information you think you will need to carry out a particular consultation. To do this you will need to look at the medical and nursing notes, talk to relevant members of staff, look at computer databases, refer to bed end charts and talk to the patient and/or carer. Explain to the patient that you are a student and that you will be discussing possible interventions with your supervisor before returning to discuss the relevant options with them.

2. Once you have collected all the information go to a quiet place with your supervisor, discuss the possible interventions reflectively and agree a plan. To do this you will need to consider your previous experiences and practice you have observed as well as the theory you covered at university.

3. This plan could then be implemented by you or your supervisor depending on your stage of development and how confident you feel.

In the very early stages of your placement you may prefer to observe the information collection stage and then go to a quiet place to think through potential treatment plans alone. Later that day you could meet your supervisor to discuss them and compare them with what your supervisor actually did in practice. Remember that your plan may still be a good one, even if it differs from what the supervisor actually did.

Stage two
Collect all the relevant information as for approach one but this time ask your supervisor to ask you what you plan to do next. Think about the time you have left, the individual patient's needs and the theory you covered at university. Summarise the key points you intend to cover and allow your supervisor and/or the patient to make suggestions. This may seem a little awkward in front of the patient but it should help patients feel more confident that your supervisor considers your action plan appropriate and it should help you to feel confident that you are on the right tracks.
Model Three: Hall of mirrors
This model is useful when you are working with cases where there are several potentially acceptable courses of action. For example, you may be seeing a patient with Irritable Bowel Syndrome or a teenager with Cystic Fibrosis who is failing to grow normally. In cases like this, you will have to weigh up numerous factors before making a clinical decision and this is best achieved by talking the options through with your supervisor, other relevant members of the multi-disciplinary team and the patient too. It is best used at the end of your placement when you are trying to build on the confidence you already have from working with more straightforward cases. You could try it out with a group of students from different professions, rather than working "live" with qualified practitioners.

1. Carry out a full assessment collecting information from all relevant sources including the patient and relatives where appropriate.
2. Discuss this information reflectively with your supervisor and come up with a range of possible action plans. Make sure you are clear about the rationale for each plan.
3. Meet with the patient, your supervisor and other members of the team and present the various options being sure to explain the rationale behind each one.
4. Weigh up the views of the patient and other members of the team and talk everyone through what it would be like to try out each option. As you do this people will be able to make comments and suggestions as you bring the different options to life.
5. Make notes about the pros and cons of each option as you go and summarise them for everyone at the end of the discussion.
6. Once you have done this make your recommendation based on everyone's views. You will obviously then need to seek the patient's consent following standard procedures.

Activity 3.1
Time required: 20 mins plus (depending on the model chosen)
Choose one of the models outlined above and try it out in practice.

Reflecting by looking at what you have done.
This is usefully considered in three sections:

Reflecting immediately after an activity
This is important in the early stages of your placement or whenever you move into a new field of practice such as primary care work, health promotion, working with children or working in critical care. Once you have started to take responsibility for consultations or parts of consultations you will need to take time out, to consider what happened and how effective your were. Your supervisors may try to get you to do this by asking you “How do you feel that went?” Unfortunately you are unlikely to be able to respond in detail when you are put on the spot in this way. Your evaluation of your practice will be much better if you take time to go somewhere quiet to reflect (see appendix C).

Reflecting at the end of each week
This is essential at all stages of your placement. It will help you consider what you need to work on and how you learn best. It will also be an opportunity for you to review your progress and to think about what evidence you need for your assessment portfolio (see appendix D).

Reflecting after a “critical incident”
It is important that you are aware of the term “critical incident” as it is the one most commonly used in the research literature on reflection. However, you should note that the term is also used in relation to “risk management” where it has a quite different meaning. A critical incident that warrants reflection need not necessarily have anything to do with risk to patients or staff.

A critical incident is anything that seems important to you in relation to your development as a student dietitian. This includes times when things went well and times when you found dietetic practice particularly challenging.
In general students tend to devote more time to reflection when they are struggling but it is essential that you also reflect deeply when you have been successful. This will help you identify effective approaches for a wide range of circumstances and should boost your confidence. Remember low confidence can affect your competence.

**Activity 3.2 - Reflecting immediately after an activity**

*Time required: 20 minutes for personal reflection. 20 minutes for discussion*

Use the reflective cue questions in appendix C to help you think reflectively about a case you have seen recently. Discuss the issues this raises with your supervisor. You should be able to identify strengths, which demonstrate your competence and weaknesses, which you can use to make a learning contract.

**Activity 3.3 - Reflecting at the end of the week**

*Time required: As above.*

At the end of each week look at the list of questions in appendix D. Select questions that you think are relevant to your experiences. Ask your supervisor if they would like you to consider any additional questions. Work through the questions and make notes of the points you would like to discuss with your supervisor.
Section Four: Reflecting to Obtain Evidence of Your Competence

You will find it difficult to obtain evidence of your competence unless you identify and reflect on relevant critical incidents throughout your placement. It is easy to assess competence where it can be readily observed and captured but some aspects of practice are hard to see and so become hard to assess.

When this happens students often offer theoretical evidence. In other words they provide a summary of the themes in a particular document or they give answers based on information from textbooks. This type of evidence is not acceptable because it does not tell your supervisors anything about what you would actually do in practice.

Being reflective throughout your placement will help you show your supervisors that you understand abstract concepts such as professionalism.

Activity 4.1

Time required: 30 minutes for each piece of reflection. Allow time at the end of your placement to collate the evidence for each learning outcome listed.

At the end of every day on placement, ask yourself, “Have I seen anything today that relates to any of the following topics: team working, anti-discriminatory practice or professionalism.”

Think about your own practice and that of your supervisors and other members of the multi-disciplinary team. Note any relevant critical incidents in your diary.

Once you have a good number of reflective pieces, start to pull out key points in relation to specific competence/performance criteria. You could present these verbally in discussion with a supervisor or in the form of a presentation or written summary. Remember that you only have limited time for evidence collection so a verbal discussion or presentation may be best.
LEARNING AND ASSESSING THROUGH REFLECTION

Section Five: Facilitating Reflection

Note: This section addresses supervisors. However students should also find it helpful to read through the information.

Effective feedback is essential for student learning. Moore et al (1997) discuss the place of positive feedback and constructive criticism. They suggest that both types of feedback should aim to enhance learning but point out that learners quickly become demoralised if they are in receipt of criticism however constructive it is.

Knowles et al (1998) argue that adult learners have an inbuilt need to direct their own learning. One of the problems with this is that for most of us our primary experience of education has been didactic. In other words we have listened to a teacher and made notes, which we have then learnt and re-produced. For this reason most of us have little idea how to be self-directing despite the fact that this is what we feel we would like to do.

Students are likely to be quite heavily reliant on supervisors to facilitate the process of making a reflective critique of their practice. Hopefully as students progress through their placements they should become more and more autonomous in this respect. In order to help students develop these skills it is important that supervisors are able to ask students powerful and constructive questions to facilitate effective reflection. This questioning should enable students to identify their strengths and weaknesses and to devise an action plan to ensure good progress.

Reflection can be used after a particular activity and at the end of each week. You will need to dedicate time for this. Consequently you may need to reduce the number of patients students see. This may seem counter-productive but students will learn much more effectively if they have time to develop a full understanding of what they have seen and experienced.

There are two key factors that influence the success of facilitated reflection; timing and questioning style.

Timing
If reflection is delayed both you and the student will have forgotten the detail of the activity you are trying to reflect on. Noticing and recalling detail can give us excellent insights into our decision-making. However many supervisors attempt to facilitate reflection by asking students to evaluate their performance immediately after an activity. This tends to make students feel pressurised and you will probably find that they are unable to give a detailed response. Students say that their minds “go blank” when they are put on the spot in this way. However it may be helpful to give the student time to reflect independently as soon as possible after an activity. You could guide their reflections using the questions in appendix C.

Attempting to reflect more generally at the end of the week is also likely to be unproductive if the student has not been prompted regarding what they should be paying attention to during the week. Again you and the student could select some questions from the list in appendix D.

Questioning style
A common question used by supervisors when they are trying to get students to consider their practice seems to be “How do you feel that went?” At first sight this may seem to be an empowering question as you are asking the student for their opinion. Unfortunately general questions of this type do not seem to be effective for facilitating deep reflection. To facilitate effective reflection you will need to ask very specific questions and you will need to prompt students to notice issues such as body language and tone of voice as well as exactly what each person involved in the activity you are reflecting on said.

Appendices C and D give examples of reflective questions for students to consider after an activity and at the end of the week respectively.
As both you and the student become more skilled at reflecting you may find that you are able to have a reflective discussion without reference to the questions. However it is still essential that you give the student time to think about their performance before you have a discussion with them and that you prepare for the reflective discussion yourself. This thinking time should always be scheduled as near to the actual activity as possible, otherwise you may forget the detail.

**Activity 5.1 – Video-clips**

*Time required: Variable*

*If you are viewing this resource on-line* you will be able to access four video-clips to illustrate facilitated reflection with students:

1. Presentation about healthy eating for diabetics (20 mins).
2. Role-play of reflective feedback following this activity (7 mins).
3. Student carrying out an outpatient consultation concerning pre-conceptual advice about diet (5 mins).
4. Role-play showing a supervisor facilitating reflection after this activity (12 mins).

**NB. Due to the file sizes, please note that anyone trying to access them would be advised to have broadband (at the very least) or higher. Download times for those with only a regular phone connection to the internet are excessive.**

You can access the clips by clicking the relevant link here:

- Clip 1 - http://ihcs.bournemouth.ac.uk/dphealth/dphealthed.mpg
- Clip 2 – http://ihcs.bournemouth.ac.uk/dphealth/refdback.mpg
- Clip 3 – http://ihcs.bournemouth.ac.uk/dphealth/roleplay.mpg
- Clip 4 - http://ihcs.bournemouth.ac.uk/dphealth/rihealthed.mpg

You may need to watch the feedback role play several times in order to pick up a range of tips for your own practice. Please note that this section is intended to give a general overview of a reflective approach to feedback rather than a thorough guide to every point that the student should be made aware of.

**Activity 5.2 - Reflective feedback after an activity**

*Time required: 10-20 minutes for reflective feedback after an activity. 5 minutes at the end of each day with a student to review the list of reflective questions for discussion at the end of the week*

Next time you are supervising a student, note key points that you would like the student to consider reflectively.

Use the list of reflective questions in appendix C as a prompt. Use the proforma in appendix E to record specific observations. After the activity go through the list of reflective questions from appendix C with the student and highlight the questions you would like him or her to consider. Check whether the student would like to consider any additional questions. You will then need to give the student at least 20 minutes to reflect using the questions as a guide. Arrange to meet them later in the day for a discussion. Note that the reflection role play only lasts for about 10 minutes. You should be able to limit your reflective discussion to a 10-20 minute session. Agree how much time you will devote to the activity with the student before you start. You will not be able to do this every time a student completes an activity but intensive feedback of this type is particularly helpful at the beginning of a placement, when a student has just moved into a new field of practice or when a student is struggling.
At the end of each day with a student, take 5 minutes to review the list of reflective questions given in appendix C. Make a note of any observations or concerns. Remind the student at the beginning of the week that you will be asking them to select relevant questions from appendix D at the end of the week. Suggest that they review the list at the end of each day and make a note of any issues or concerns.

At the end of the week ask the student to select relevant questions from the list in appendix D for discussion. Add any additional questions that reflect the issues you have identified. Ensure that the student has time to consider these overnight or in a half hour session at work before you have a reflective discussion. If relevant, it is a good idea if the supervisor who is due to take the student next, sits in on this discussion. At the end of the discussion complete the “Weekly Progress Form.” The whole session should take no more than 1 hour and again you should agree the time you will spend with the student in advance.
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References


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Appendix A: An example of effective reflective writing

12th July 2002

 Tried to talk to an elderly patient on the ward about their food choices from the menu. The patient was very difficult to talk to. I was not sure that I had got all the information I needed. I was concerned that if I was needing to use this information to plan care, I might not have everything I needed. This seems to be about:

- My communication skills
- Communication barriers

In this case the patient was feeling unwell and probably did not want to talk. I was trying to remember everything we learnt in our communication skills lectures and I think I may have been trying too hard to “get it all right.”

I was asking lots of open questions as we had been taught. However this patient was unwell and needed to be able to give brief answers.

I was asking double questions eg “Do you find that you know what the words on the menu mean and is the print large enough for you to read?” By the time he had answered part one we had both forgotten what part two was.

Also the ward was noisy and it was hard to hear the patient. I expect he found it hard to hear me especially as he had hearing difficulties.

I thought I was a good communicator so I rushed into this task without planning. On reflection I could have chosen a quieter time or a quieter place for the discussion. I should also have jotted down key themes in a logical order as this might have stopped me asking double questions. I also needed to use a few key open questions supplemented by closed questions which the patient could answer easily.

I have learnt that although I am a confident communicator, talking to sick patients in the ward setting requires more thought and preparation.
Appendix B: Steps for reflection

**Step one:** Tell the story of what you might experience in as much details as you can. Make sure you note anything that you are confident about as well as anything you might find difficult.

**Step two:** Try to identify the main themes. Look holistically at what you have written. Think about everyone involved.

**Step three:** Consider the factors that might influence your behaviour and experiences. Include your feelings, beliefs and assumptions as well as any factual information you have been given.

**Step four:** Link your thoughts to your previous experiences. What happened the last time you went into a new learning/work environment. How might the new experience reflect these previous experiences? Is it likely to be similar or different and why? How are you going to prepare for this new experience? Do you need any additional information? How will you get it?

*Try using the proforma to help you reflect before each new learning experience.*
 Appendix C: Reflective questions to consider after an activity

It is important to reflect as soon as possible after each event. Your supervisor will select some questions from the following list for you to consider. You may also wish to consider some additional questions. This exercise is designed to help you learn. Before you can qualify you must demonstrate that you can analyse your practice in enough depth to identify both your strengths and areas for improvement. This is a skill you will need after you qualify too. Whenever you uncover things, which you would like to improve try to think about what learning activities might help you. Discuss these with your supervisor.

1. What were you aiming to achieve when you started out?
2. Did your aims change? Why?
3. What did the patient want to get out of the consultation? How do you know this?
4. Did you notice anything about the patient’s body language? How did you tackle this?
5. What questions did the patient ask? When did they ask them? How did you tackle this?
6. Who did you liaise with before the consultation? Was this helpful? Why/why not?
7. Do you think that you managed to collect all the information you needed to help the patient? If yes, what strategies helped you in this case? (Was it that the case was straightforward? Did you use a particular type of questioning ie open, closed, probing, rhetorical, hypothetical? Did you prepare in a particular way? If you didn’t get the information you needed, what got in your way?)
8. What if any were the patient’s barriers to change? How do you know this? How did you tackle them? Was your strategy successful? How do you know this?
9. Did you give any advice? Do you think this helped the patient? How do you know this? Did you help the patient in other ways? How do you know this?
10. Do you think your knowledge was adequate in this case? Do you have evidence (this could be from books or journals or from your experience of practice) to back your advice up? What was your rationale for each action you took? Was there anything you were unsure about? If yes, what could you do about this?
11. Does your record of the consultation represent all the information someone would need to follow this patient up? How do you know this? Summarise the consultation out loud, verbally to yourself. Does the record fully reflect this summary? Why/why not?
12. Have you used abbreviations? Are all of these in line with department guidelines?
13. Have you seen a patient with similar problems before? How did this consultation differ? Were you prepared for this?
14. Did you liaise with anyone after the consultation? Do you feel this communication was helpful to: the other person, the patient, yourself and how do you know this?
15. How did your communication with the patient differ from that with the other professionals or students. Do you feel that you used an appropriate communication style? What sort of terminology did you use? How would you describe your manner ie formal, informal, chatty, or serious? Was this appropriate? How do you know?

If yes think about how your practice demonstrates competence (or not) and make a record in your reflective diary.

17. What actions do you need to take after the consultation? Do you feel competent to tackle these?
18. Did you keep to time? If not what delayed you? How could you tackle this if it happened again?
19. What pleased you most about this consultation and why? What troubled you most about this consultation and why?
Now answer the following questions.

<table>
<thead>
<tr>
<th>Areas where I feel I practised competently.</th>
<th>Which learning outcome(s) does this relate to?</th>
<th>Could I use these reflections, a work product or a witness statement as evidence of my competence?</th>
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<tr>
<th>Areas where I need to improve.</th>
<th>Learning activities that might help me.</th>
<th>Are these activities already planned or do I need to negotiate with my supervisor?</th>
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**Learning and Assessing Through Reflection: A Practical Guide**
Appendix D: Reflective questions for use at the end of the week

Looking back on your reflections during the week:

1. Were the learning activities suitable for your learning style? If yes which learning activities helped you most? If no what activities might help you next week?

2. What experiences have you had this week that confirm that this is the right career for you?

3. Have you collected any evidence of competence this week? Were you clear about the standard that was expected? If you were what helped you understand what is required? If not how could we help clarify the ambiguity?

4. Are there any learning outcomes you are particularly concerned about? If yes why is this and what could we/you do to improve things?

5. Did you identify any gaps in your knowledge this week? How will you tackle these?

6. Did you identify any skills you found difficult to master this week? What could you do about this?

7. Have you been able to reflect in depth on your practice? If not what could you do to improve your skills?

8. Have you received any feedback this week, which contradicts what you have been told before? Can you think of any reason for this? How could we help you clarify any ambiguity?

9. Are you starting to develop your own style of practice? In what way? If not what is stopping you?

10. Did you identify any critical incidents this week? Have your recorded these in your reflective diary?
LEARNING AND ASSESSING THROUGH REFLECTION

Appendix E: Supervisor proforma for recording observations during an activity.

When completing this form have the list of reflective questions from appendix A with you to use as a prompt in case you need them. You can always fill the numbers of the relevant questions in afterwards if you prefer. In columns two and three note what different people involved in the activity said and did. Include examples of body language and exact quotes of statements or questions wherever you can. An example has been given in row one.

<table>
<thead>
<tr>
<th>Number of the relevant reflective question(s) from “Reflective questions to use after an activity.”</th>
<th>Observation</th>
<th>What effect this had</th>
</tr>
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<tbody>
<tr>
<td>3, 8, 11.</td>
<td>Patient: “I don’t really think I will ever be able to lose weight I’ve tried before and it didn’t work. Dr Smith says that I need to lose 4 stone. I think he’s having a laugh.” Student: Ignored and went straight into diet history.</td>
<td>The student never got around to tackling motivational issues.</td>
</tr>
</tbody>
</table>
PROJECT AIMS

The Project aims to make practitioners more effective at supporting & supervising students in the workplace across a range of healthcare disciplines.

The professions involved in the project are:

- Dietetics
- Nursing
- Occupational Therapy
- Physiotherapy
- Radiography

The principal questions to be addressed in this project are:

- What constitutes effective practice in placement education?
- How can effective practice be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement?
- How can this good practice be developed and embedded in the contexts of health and social care within a multicultural workforce?