Reflection in Practica: A Clinical Education Mini Manual for Student OTs

Occupational Therapy Clinical Education & Practica

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What is reflection?

Reflection describes the exploration and analysis of experiences in order to increase knowledge and awareness (Schon, 1983). Reflection within clinical practice furthers learning and promotes integration and linking of new knowledge (Buckley et al, 2009; Hubbs & Brand, 2005). Reflective activities can be used for personal development such as to increase self awareness or develop emotional intelligence. Within clinical environment, reflection can also be used to enhance professional development and clinical reasoning (Buckley et al., 2009; Harrison & Fopma-Loy, 2009). Reflection also assists with establishing a connection between theory learned in the classroom and professional practice (Mann, Gordon & MacLeod, 2009).

The three types of reflection include:

- **Reflection-in-action**: Immediate reflection following a trigger event. On placement, this may include initiation of verbal reflection and feedback with your preceptor.

- **Knowing-in-action and surprise**: Surprise initiates reflection on a new or previously unrecognized problem. On placement, this “surprise” may facilitate verbal reflection with preceptor or provide critical incident for a written journal.

- **Reflection-on-action**: Incorporation of previous knowledge and experiences in order to develop a deeper or novel understanding. As this form requires more integration, written reflections may better support this exploration. (Mann et al., 2009)

Why do we reflect at McMaster?

The School of Rehabilitation Science at McMaster is established as a program that promotes problem based and lifelong learning. As a student of this program, your development is monitored through ongoing personal and group evaluation. By participating in reflective practices, you can demonstrate to your preceptor how you have connected prior knowledge and developed professionally throughout your placement. These reflections can provide in-depth self-assessment and lead to a more informed CBFE-OT evaluation.

What have your peers and preceptors said about reflection?

In early 2012, first and second McMaster OT students and preceptors affiliated with the McMaster OT program were interviewed to explore the experience and implementation of reflection and reflective journaling in clinical practice. While some students identified that reflective journaling can be time consuming and may not be a priority, all students identified reflection as valuable.

Many students highlighted the benefits of reflective journaling:

- As a communication tool with preceptors. Written reflections demonstrate to preceptors your thoughts, feelings and clinical rationale that may not emerge in day-to-day interactions. One student shared that through the use of reflective journaling the preceptor was better able to understand the student’s thought process, ultimately resulting in higher CBFE-OT scores (S04). Another student commented, “I think being a new student in the OT program and not having any experience in the area that you’re in it’s a good way of identifying issues that you come across without being afraid to say them out loud to your preceptor” (S06).

- To facilitate development of clinical reasoning. Through the use written reflections, students can draw connections between prior understanding, theory and academic and placement experiences. When removed from the original context, students can begin to “put some of the pieces together (S08) and “connect the dots” (S11). In other words, “you’re making what’s implicit, you’re making
- To increase personal and professional self-awareness. Students utilize written reflections for self-assessment, professional development and to inform future practice.

What do I have to do?

Reflective journaling is required for all placements.

During each placement:

- Each student will prepare a minimum of 2 written reflections per week of placement, with the exception of the final week in which the student will prepare a summary of her/his experience in reflective journaling and the mutual peer feedback process, her/his progress based on peer numeric ratings and qualitative feedback comments;
- Each student will be paired with a student OT colleague
- Mutual peer review and provision of constructive feedback summary about reflections
- Use of REFLECT guidelines for reflective journaling and peer feedback
- You will provide formal feedback to your partner on each entry on a weekly basis – partners can establish agreed upon timing for feedback provision
- Each student will be paired with another student for the purpose of mutual peer review and formal feedback about the practicum reflective journal process.
- Please see the Clinical Education Handbook for a journaling template sample. This is just one example of how students may organize such a journal, although other journal structures can be determined independently by students to select a format that suits them.

What do I write about?

Triggers for reflection can include concrete experiences, or more abstract concepts such as one’s assumptions, feelings, ideas or behaviour. Reflections are often written following a surprise, confusion, or an unexpected or unanticipated experience. These reflections are for you to reflect on what is meaningful to you and how this might impact you as a person and as a future OT.

How do I get the most out of reflecting?

As a developing clinician, feedback can validate what’s on your mind and maximize personal and professional growth.

Discuss mutual expectations with your preceptor early in placement to create open communication. This discussion should include whether your preceptor will or will not be involved in reviewing your reflections throughout placement. If your preceptor identifies that s/he would like to review your reflections, s/he will determine what feedback or response, if any, will be able to be provided to you. Either way, you will receive feedback through your peer partner mutual feedback process.

Keep in mind that an honest and truthful reflection will accurately identify to the reader your perceived strengths and areas for improvement, leading to more meaningful feedback.
REFLECT Rubric

The REFLECT is a theory-informed and evidence based rubric developed by Wald, Borkun, Scott Taylor, Anthony, & Reis (2012). It is used within the McMaster OT program as a means of providing meaningful and individualized feedback on reflective journals. When writing a reflective journal, keeping components of the rubric in mind will support your development towards becoming a reflective clinician. The levels of reflection included in the rubric range from habitual action (non-reflective) to critical reflection. See attached for REFLECT rubric and sample reflections.

FAQ

How do I bring reflective journaling up with my preceptor?

When your preceptor is providing you with an orientation to the placement, this would be a good time to discuss reflective journaling. Some preceptors will opt to review your reflections and provide verbal or written responses, some will not be involved with review of your reflections, and some will review and perhaps not provide regular or any responses. Each person forms their own approaches based on factors such as belief in whether reflections are meant to have a response from someone in a supervision relationship, time and workload, as examples. The beginning of placement is a great time to discuss mutual expectations with your preceptor about all types of communication and interactions you will have together.

Do I have to use the template?

NO! The template is to be used as you feel necessary. This means you can use it exactly as it is presented or to use it to create your own form. Or you may not use it at all!

Do I have to write about a specific event?

NO! The trigger for a reflective journal may be a concrete event, however, it could also simply something more abstract such as a thought, feeling, or behaviour you wish to reflect on. It does not need to be a dramatic or life-altering event.

How will I be marked?

This activity is not intended to result in a “mark” but is a process through which we each go in becoming mindful and reflective OTs. You will not receive a grade but will receive individual feedback through the RUBRIC numeric and qualitative feedback comments, from your peer, regarding your level of reflection, as you will provide to her/him.

Who is going to see my journal?

As a requirement, you will submit your reflections to your identified peer on a weekly basis. At the end of each placement, you will chronologically compile your journal entries, the peer feedback for each entry by cutting and pasting these into one document. You will cut and paste the RUBRIC chart onto this same document, and finally will add a 1-2 page summary about the process you underwent in reflection throughout the placement. This one compiled document will be submitted through Avenue to Learn Dropbox for review by the Director of Clinical Education – OT, and / or by a TA assigned to the Clinical Education Courses.

Consider discussing with your peer (and your preceptor, if applicable) confidentiality considerations such as whether your journals will be destroyed after the placement, whether they will keep the journals etc.
Do I do this within my placement hours or as homework?

This is something that will vary from placement to placement. Most preceptors expect students to complete journals outside of placement time. You should discuss this with your preceptor at the beginning of placement. The School generally identifies this activity as being homework which supports your learning and professional progress and development.

Where do I go for more information?

Additional information can be accessed through the reflective journaling online module, the Professional Practice Coordinator and the references below:


Application of the REFLECT Rubric

The following two reflection samples are provided for you to practice applying the REFLECT rubric.

Sample Reflection #1

Being in my third week of placement, I have observed many situations where patients’ lives have been changed forever. The other day, a woman around the same age was admitted to the unit, currently unable to use her arms or her legs. This made me realize that anything can happen at any time. In term 1 Foundational Knowledge, we learned about the ASIA Scale for classifying spinal cord injuries. As this client’s injury is at the level of C4, she would have use of her neck and shoulder muscles, however, she would not have use of her elbow flexors and elbow or wrist extensors. Furthermore, this client would be unable to walk. In PBT, my group discussed a case scenario of a middle-aged man with an incomplete spinal cord injury at C6. While, compared to my current client, this man would have more use of and greater range of motion in his upper extremities, through my PBT research I have an idea of how an OT may assess a client with a spinal cord injury and the evidence supporting the assessments. I do not,
However, I do not know how to complete manual muscle testing or any standardized physical assessments. This is something that I hope to learn in the coming days.

After completing the academic portion of term 1, another tool that I can now draw on is the Person-Environment-Occupation (PEO) model. With this specific client, the person factors such as her physical self may be the focus of the OT assessment and intervention. However, it is also important to consider other person factors that may be overlooked by other healthcare professions. My preceptor has discussed the emotional and spiritual aspects of other clients that we have seen with spinal cord injuries and I believe that gaining an understanding of what is meaningful to the client and her current affect will be an important component of our care. While we have not seen this client yet, my preceptor and I have read her chart. She currently lives with her mother and brother in a two story house. Therefore, the environment is a poor fit with the client’s physical abilities, as she would be unable to use the second floor where her bedroom and bathroom are located.

Sample Reflection #2

Being in my third week of placement, I have observed many situations where patients’ lives have been changed forever. The other day, a woman around the same age was admitted to the unit, currently unable to use her arms or legs. She was admitted after her car rolled over and severed her C4 meaning function below the neck and shoulders is impaired (no elbow extension or flexion, use of fingers, wrists, and down). Her family has been in frequently to visit, almost in a daze, as though completely taken by shock of what happened, yet think it’s going to be temporary. They watch as she is unable to independently feed or care for herself. Development is part of the McMaster lens, and important to consider when working with a client. Her physical abilities are also part of the person in PEO, so it is important to consider what overall effects this may have on her occupational performance. Walking into the room makes me wonder, could this happen to me? It isn’t a disease or hereditary, it was a car accident that has caused her decline in functional abilities. I think of what this picture would like if it were
me in the bed, being visited by my parents. I have to check my emotions when I walk in to her room because I feel like I wouldn’t be able to provide the best care if I continued to be sad for this woman’s situation.

The family continues to ask and is over-optimistic, always asking about the progress and commenting on things as though it’s a sign that she is going to fully recover. I can see the hope easily in their eyes and how they speak about their daughter. As a professional, I need remain hopeful (within reason) and provide what I know (or what my preceptor knows) to be based in the best evidence and supported by clinical experience. In this case it is also important to be truthful with the family and maintain a balance between hopeful and reality. Expectations that are out of reach are just as bad as having no expectations. It is important to keep up-to-date with the research and what is effective clinically. I can see how easy it may be to get wrapped up in repeated methods and routine treatment, however it really is important to be up-to-date. This will ensure that I know I am provided the best care possible, providing the optimal environment and opportunities for clients to return to function or establish a new level of functioning that can lead to participation in meaningful occupations.

Professionally, these are my responsibilities and what I will strive for.
# The REFLECT (Reflection Evaluation for Learners’ Enhanced Competencies Tool) Rubric

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<tr>
<td><strong>A. Writing spectrum</strong></td>
<td>Superficial descriptive writing approach (fact reporting, vague impressions) without reflection or introspection</td>
<td>Elaborated descriptive writing approach and impressions without reflection</td>
<td>Movement beyond reporting or descriptive writing to reflecting (i.e., attempting to understand, question, or analyze the event)</td>
<td>Exploration and critique of assumptions, values, beliefs, and/or biases, and the consequences of action (present and future)</td>
<td>Frames of reference or meaning structures are transformed. Requires critical reflection integration of new learning into one’s identity, informing future perceptions, emotions, attitudes, insights, meanings, and action.</td>
<td>Frames of reference or meaning structures are confirmed. Requires critical reflection</td>
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<td><strong>B. Presence</strong></td>
<td>Sense of writer being partially present</td>
<td>Sense of writer being fully present</td>
<td>Sense of writer being largely / fully present</td>
<td>Sense of writer being fully present</td>
<td>Full description of the disorienting dilemma, conflict, challenge, or issue of concern that includes multiple perspectives, exploring alternative explanations, and challenging assumptions</td>
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<td>C. Description of Conflict or disorienting dilemma</td>
<td>No description of the disorienting dilemma, conflict, challenge, or issue of concern</td>
<td>Absent or weak description of the disorienting dilemma, conflict, challenge, or issue of concern</td>
<td>Description of the disorienting dilemma, conflict, challenge, or issue of concern</td>
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<td><strong>D. Attending to emotions</strong></td>
<td>Little or no recognition or attention to emotions</td>
<td>Recognition but no exploration or attention to emotions</td>
<td>Recognition, exploration, and attention to emotions</td>
<td>Recognition, exploration, attention to emotions, and gain of emotional insight</td>
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<td><strong>E. Analysis and meaning making</strong></td>
<td>No analysis or meaning making</td>
<td>Little or unclear analysis or meaning making</td>
<td>Some analysis and meaning making</td>
<td>Comprehensive analysis and meaning making</td>
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<td><strong>F. Optional minor criterion: Attention to assignment (when relevant)</strong></td>
<td>Poorly addresses the assignment question</td>
<td>Partially unclear addressing of assignment question; does not provide a convincing rationale for choosing an alternative</td>
<td>Clearly answers the assignment question or, if relevant, provides a compelling rationale for choosing an alternative</td>
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