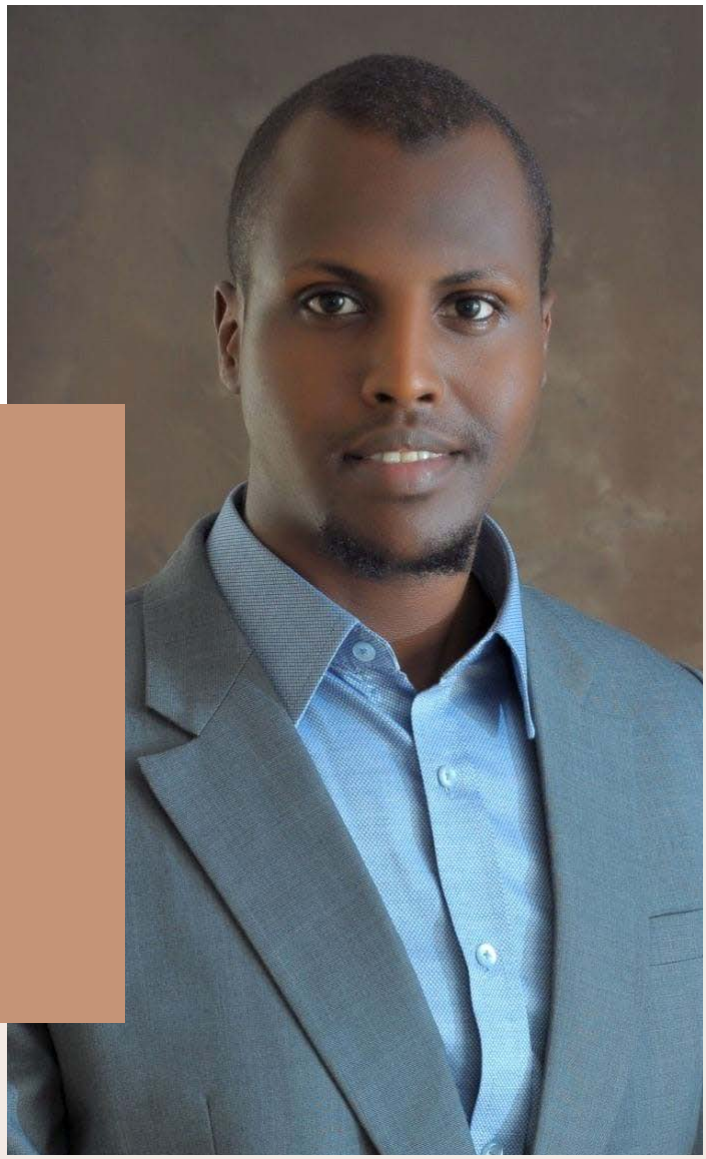
REFLECTIVE PRACTICES IN HEALTH PROFESSIONALS



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"And as one realizes that one is a dream figure in another person's dream, that is self-awareness"

- Timothy Levitch, poet,philosopher

In the physical world, reflection refers to the reflection of energy from a surface, such as heat, sound, or light. We can broaden the notion of human reflection to include the recalling of ideas and memories through cognitive activities such as thinking, contemplation, meditation, and any other type of attentive examination, in order to make sense of them and make contextually relevant modifications if necessary.

We, humans, are conscious beings and yet most of our daily experience is unconscious, that's mostly because, like other life forms on earth, we take the path of least resistance. Being conscious implies that we can think about the world around us in the form of ideas using language, with the ability to abstract ideas beyond the physical realm with some limitations, and engage in the social and natural world around us. To understand the world around us and all of its endless peculiarities, we learn. The process of learning starts at the moment when a universe of its own comes into existence, implying a human baby. As we grow we start to learn different complexities of the external environment.

Within the boundaries of the social world lie different domains and dimensions of human life. To sail in the domains of life we need an understanding and knowledge of the inner working of various dynamics. Throughout human history, 'what knowledge is' has been debated in various ways. Philosophy calls for critical evaluation of what is known, and further evaluation of what is gained by evaluation so that one does not delude oneself with one's assumptions. From a theological perspective, Saint Augustine, a Christian philosopher from late antiquity considered introspection for knowledge, as in to look inward, to reflect to seek knowledge. The Parable of Prophet Ayyub A.S in the Hebrew Bible & Islamic tradition also suggests the importance of reflection, as in one version of Hebrew Bible Prophet Ayyub A.S, who loses everything, his health, wealth, is beaten down by life. He initially complains to God for all the turmoil & suffering. However, upon reflection he bears all the suffering with fortitude, so as not to render himself a victim, a

lost cause, but rather he chose to reflect and learn that it is futile to complain and mourn; that he should submit to God's will. Modern cognitive psychology literature suggests that to easily interpret our environments and social dynamics, we **unconsciously** develop **schemas**, these schemas develop mostly from the experience that we gain while interacting with our environment and other people. Schemas help us organize information about the world, and help us navigate the world around us smoothly. We, humans, receive a large amount of information from our senses yet most get filtered out because of the Schemas, only the information meaningful to us is attended to.

These schemas serve us but they also let us down sometimes, we develop various cognitive biases, which can be helpful to ourselves sometimes but harmful to others. Why? Because of our schemas, we tend to discard conflicting information and keep the information that may help us have peace within ourselves. For example, **Fundamental attributional error** is a cognitive bias that can be described as judging others for their actions, but judging oneself by one's intentions.

These biases can hinder the process of learning in a myriad of ways. To avoid these biases and learn beyond one is ought to reflect, think, to inquire into tacit assumptions being held. Deliberate thinking is effortful, unlike schematic automatic thinking.

Reflective thinking:

John Dewey (1859-1952), philosopher of education, argued that knowledge can be gained via experience by challenging the assumptions developed from interaction with the environment and other people.

Reflection is probably closely related to mindfulness, although the difference between thinking, insight, reflection and realization is still debated, it can be argued that they are all cognitive processes. Although himself described reflective thinking;

"Reflective thinking is always more or less troublesome because it involves overcoming the inertia that inclines one to accept suggestions at their face value; it involves willingness to endure a condition of mental unrest."

(Dewey, How We Think (1910),p13)

This approach further developed into reflective practice as an approach to learning.

Reflective practice:
A pragmatic approach in practice, which advocates reflection upon one's actions. So that one can reflect, evaluate, and learn by reflecting upon how one's actions are affecting peers, and students, in the domainsof academic & professional life. In the last 20 years, one of the most prominent conceptions of professional knowledge has been reflective practice, which has been extensively accepted by the nursing, health, and social care professions.

Humans are the only beings on the planet who can engage in profound internal cognitive processes and then express those thoughts via language and behaviour. In this way, cognition elevates us beyond all other animal species because it allows us to direct our thoughts to make sense of the events of the present, our lives and connections with others, and the situations in which we interact.
Donald Schon popularized the term in his book 'The Reflective Practitioner and Educating the Reflective Practitioner' in 1983. Since then, several authors have attempted to explain the notion in a variety of ways.

The lack of conceptual clarity around the term 'reflective practice,' as well as the concept of reflection itself, has been questioned in the literature.

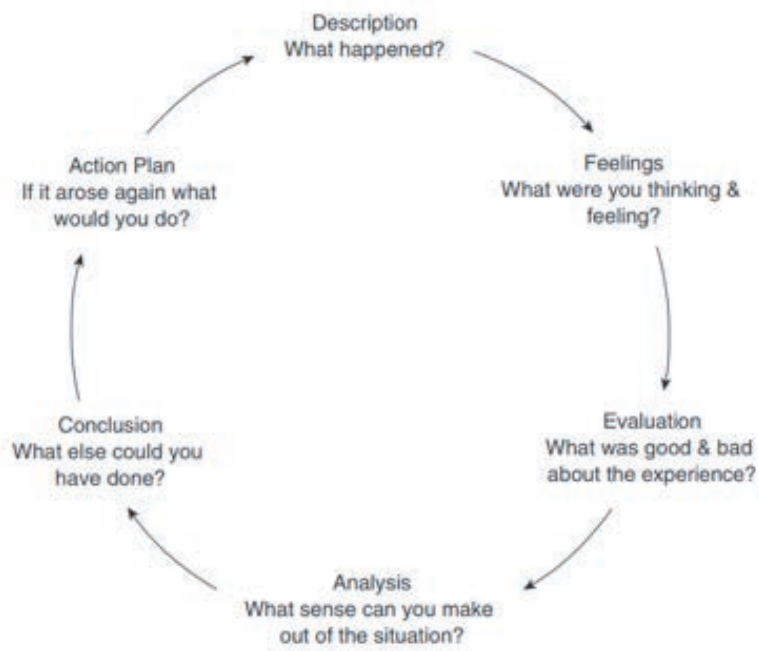
Lucas (1991) provides a good definition, arguing that it entails a methodical investigation to improve and expand our understanding of practice. The word systematic here suggests considerably more than simply thinking about things when driving home, for example. It implies that it should be done in a systematic and thorough manner in order to get the greatest advantage.

Reflection can happen at any time during or after an experience. Reflecting is frequently undertaken just after an event or scenario has occurred, but reflection before to action provides the benefit of approaching situations with a specific learning aim or view that may be questioned. This has the ability to lead to increased personal development and learning.

Over the years, several different types of reflection models have been produced. The manner in which you reflect will be determined by the type and nature of your work, the activity on which you are reflecting, and your unique learning style.
Regardless of the model used, models of reflection have common themes generally including a description of the event, how the event made the individual feel, an assessment of whether the experience was good or negative, and an analysis of an area for learning, reaching a conclusion, and evaluating modifications that may be necessary.

Two of the most famous models which are relevant and appropriate to education and medical practice are the Gibbs reflective cycle and the Kolb cycle.

The Gibbs Reflective Cycle, which was established in 1988, is a systematic, logical, and cyclical procedure with six steps, as shown below. A description of the experience is required in the first step, followed by the person's feelings and ideas about the encounter in the second stage. This is followed by a review of the experience, which includes both positive and negative aspects. The fourth step is Analysis, which allows the reflecting individual to make sense of the circumstances and go on to the fifth stage, Conclusion, where they may reflect on what they've learned and what they could have done better. These five steps lead to a sensible Action Plan for how the reflecting individual would handle similar events in the future, as well as potential modifications. The Action Plan's implementation might lead to more reflection and a return to the beginning of the cycle.



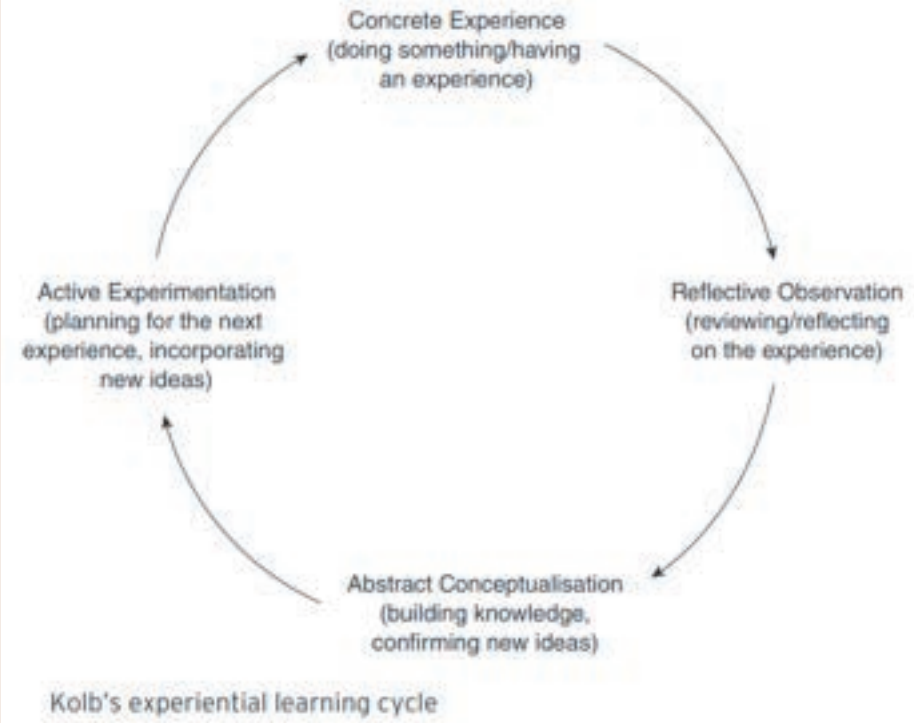
Gibbs' reflective cycle

Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation are the four stages of the Kolb cycle. The first level, Concrete Experience, begins with the person, team, or organization being given a job that demands active/physical participation. Kolb argues that learning cannot be accomplished just by observation or reading, but must also include activities

such as team games, practical exercises, and debate, which may not be appropriate for clinical reflection. This is in contrast to Gibbs' Reflective Cycle, which allows reflection to be solely dependent on observation. Reflective Observation is the second stage of the Kolb Cycle. This entails taking a break from the action, taking a step back, and reflecting on what has happened. The reflective approach requires verbalizing thoughts and debating the subject at hand. Abstract conceptualization, the third step, is the process of making meaning of what has happened, interpreting events, and comprehending relationships. The student must create comparisons between what they have done and what they already know, relying on theory from textbooks or any other information they have acquired. The learner evaluates what they've learned and how to put it into practice in the last step, Active Experimentation.

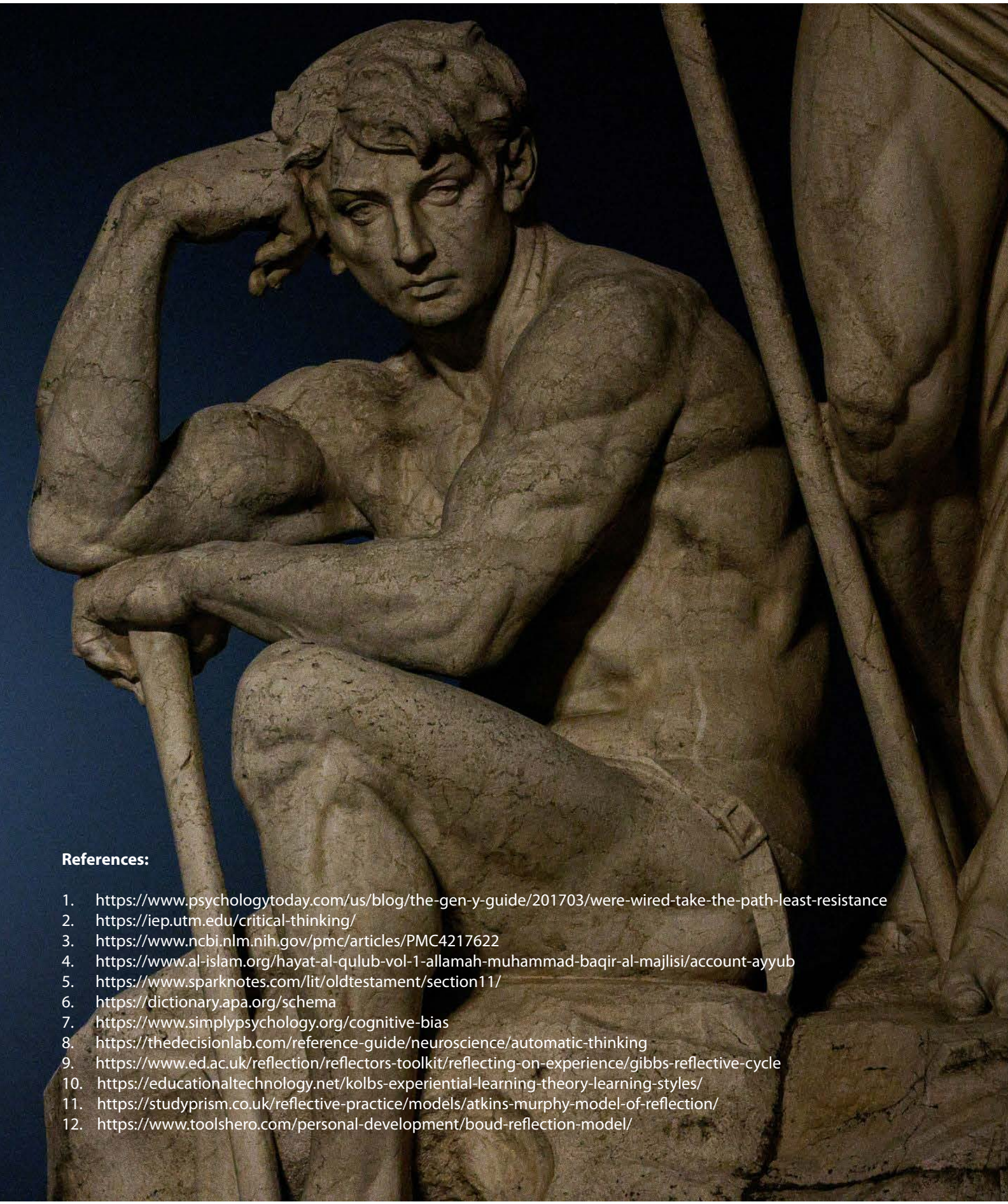
Gradual process of Reflection	Comparison of reflective methods			
	The Gibbs Reflective Cycle	**Kolb's Experiential Learning Cycle**	**Atkin and Murphy Model of Reflection**	**Boud's Reflective Learning Model**
	Description (what happened)	**Concrete Experience** (Doing something having an experience)	**Awareness** (Of discomfort, or action/experience)	**Experience** (Behavior, ideas & feelings)
	⬇	⬇	⬇	⬆⬇
	Feelings (what you were thinking & feeling)	**Reflective Observation** (Reviewing/Reflecting on the experience)	**Describe** (Include salient, feelings, thoughts, events or features)	**Reflective process** (Returning to experience, attending to feeling,re-evaluating experience)
	⬇	⬇	⬇	⬇
	Evaluation (what was good & bad about the experience)	**Abstract Conceptualization** (Building knowledge, confirming new ideas)	**Analyze** (feeling and knowledge, identify & challenge assumptions, imagine and explore alternatives)	**Outcomes** (New perspectives, Change for behavior, readiness for application, commitment toaction)
	⬇	⬇	⬇	
	Analysis (what sense can you make out of the situation?)	**Active Experimentation** (Planning for the next experience, incorporating new ideas)	**Evaluate** (Does it help to explain / resolve problem? How was your use of knowledge)	
	⬇	⬇	⬇	
	Conclusion (What else could you have done)	**Repeat**	**Identify** (What did you learn?)	
	⬇		⬇	
	Action Plan (If it arose again what would you do?)		**Repeat**	
	⬇			
	Repeat			

What could happen next, or what steps should be made to modify or alter existing behaviour, is a result of new understanding. It's crucial to note that Kolb's cycle is simply one explanation for how we learn from experience, and that it, like any other model, should be critiqued. The arrows on the cycle only go in one way, implying that each step is sequential; nevertheless, this is unlikely to happen every time we learn. While Kolb claims that the cycle usually begins with the Concrete Experience, our learning methods may also influence where we start on the cycle.



Today's health-care professionals must work in complicated and evolving health-care systems, keep their knowledge and abilities up to date, and frame and solve complex patient and healthcare problems thus necessitating the system to prepare professionals with these skills. Mamede and Schmidt (2004, 2005) surveyed 202 Brazilian physicians, to study the structure of reflection in practice, focusing on the process of encountering complex problems. Participants demonstrated individual differences in their orientation to and use of reflection. Two correlates of reflective practice emerged (Mamede and Schmidt 2005); reflective practice appeared to decrease with increased years in practice, and in practice settings where the scientific basis of clinical practice was not reinforced. Further, Mamede and Schmidt (2004) found that reflective practice in medicine in their study had a five-factor structure: deliberate induction, which involves the physician taking time to reflect upon an unfamiliar problem; deliberate deduction, which occurs when a physician logically deduces the consequences of a number of possible hypotheses; testing, which involves evaluating predictions against the problem being explored; openness to reflection, occurring when a physician is willing to engage in such constructive activity when faced with an unfamiliar situation; and, meta-reasoning, which means that a physician is able to think critically about his or her own thinking processes. This five-factor model is not a step-by step process; rather, each factor is a unique dimension, overlapping and occurring during and following an event. Klemola and Norros (1997, 2001) observed and interviewed anesthetists (n = 16, 8 respectively) to explore the role of the patient monitor in their operating room practice and to understand how they thought about their anesthetized patients and responded to information they received while caring for them. Their findings suggested two distinct approaches to practice, or "habits of action": the "interpretive orientation" guided

by a belief in an unpredictable world, and the "reactive orientation," guided by a belief in a predictable world. The authors suggested that the interpretive orientation contributed to the development of reflective and critical capabilities, but the reactive or objectivistic orientation hindered their development The intricacy of labor in the healthcare professions implies that being effective at your job is not an easy task. It's no surprise that practice may become chaotic and unpredictable when there are so many responsibilities, positions, expectations, and unanticipated factors to deal with. When life gets in the way, even the best-intentioned people abandon thoughtful practices. In reality, resolutions are about wishing for perfect conditions. Life seldom goes according to plan, and many unanticipated obstacles and problems might arise. When you make a resolution to continue reflection, life's challenges may get in the way, and your resolutions may not be realized. Even when the exact specificity of your objectives fades, it is critical that you keep your determination alive by hanging on to the concept of the notion



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