

# Assignment Types: Reflection

## Reflective journals



## Strategies to guide your journal entries

### Strategy 1: Sentence Stems

Sentence stems work to guide and focus your writing by providing the start or end of a sentence which you need to complete.

#### Useful phrases for learning goals

- Today I hope...
- I am most anxious/ uncertain/ concerned about...
- By the end of this session, I should...

#### Useful phrases for identifying

- One important incident was...
- ... was a crucial point in this process.
- This stands out because...
- The importance of this was...
- I made a decision to...
- As a result, I have...

#### Useful phrases for responding

- With hindsight, I should have...
- If I had to do it again, I would...
- I wish I had known about...
- It would have been very different if...
- I would have benefited more if...
- A better way to do it would have been to...

## Strategy 2

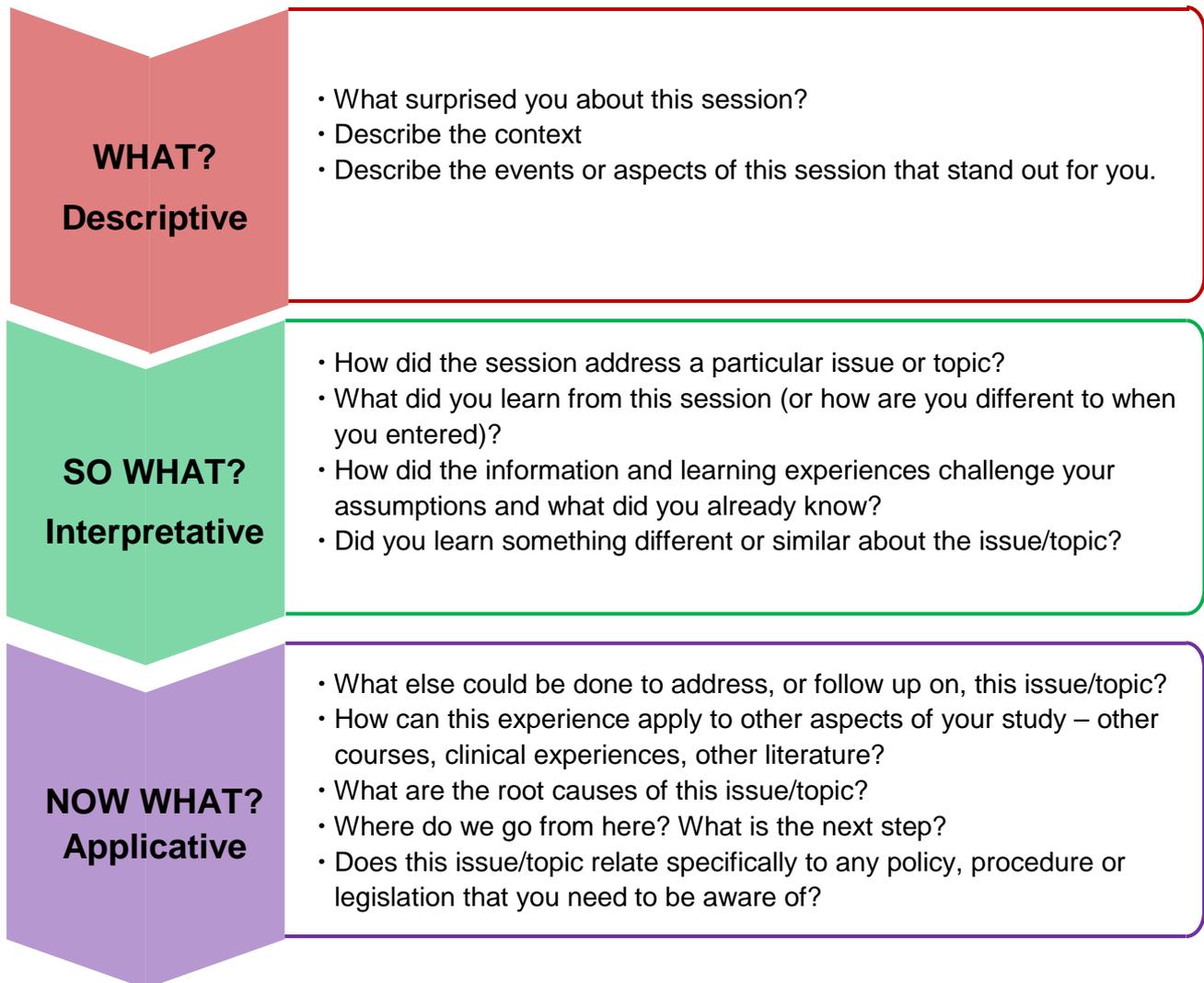
- Step 1: Prior to class, write your own learning goal for the session
- Step 2: After class, record the learning experiences you participated in
- Step 3: Explain if you were, or were not, able to meet your goal for the session.
- Step 4: Reflect on your learning using some of the following questions.
- What could you do different or similar in the future to achieve your learning goal?
  - How does what you have learnt apply to a clinical setting?
  - What might this involve in the clinical setting?
  - What else do I need to know about this topic?

Adapted from Taylor-Haslip, V. (2009). The use of guided reflective journals in clinical nursing courses. *Transit: The LaGuardia Journal of Teaching and Learning*, 4 (1). 28-39.

## Strategy 3: O.R.I.D.

Objective – Describe the environment / people	Reflective – How did you feel when you initially entered the session? Why?
<ul style="list-style-type: none"> <li>- What did you hear/ see / touch/ smell?</li> <li>- What actions did you perform or notice other people performing?</li> <li>- What was the focus of the session?</li> <li>- What service does this speaker or organisation provide?</li> </ul>	<ul style="list-style-type: none"> <li>- Was there anything that surprised you about your experience?</li> <li>- What was the most powerful part of your experience? Why?</li> <li>- What was the general feeling of the employees/ clients?</li> </ul>
Interpretive – What issues does this speaker or organisation address?	Decisional – What benefits did you gain from attending today's session?
<ul style="list-style-type: none"> <li>- Are their services/information/ demonstration/ etc. effective? Why or why not?</li> <li>- What expectations did you have coming into this experience? Were they challenged or confirmed?</li> <li>- In what ways are you like and unlike the people you have met today?</li> <li>- What did you learn from this experience?</li> </ul>	<ul style="list-style-type: none"> <li>- How might you apply the skills and knowledge learned in the classroom?</li> <li>- What are some additional social issues that you are interested in?</li> <li>- Brainstorm some ways that a university student might get involved with the professional community.</li> <li>- What did this speaker or organisation have to offer?</li> </ul>

#### Strategy 4: What? So what? Now what?



Adapted from: Reed, J. (2003). *Reflection Manual*. <http://www.uvm.edu/~dewey>.

## Samples of reflective writing for Health

### Example one: Reflective Journal by 'Chrissy'

Source: Calabretto, H. & Kokkinn, B. (Eds). (2004). Strategies for success in nursing studies (2<sup>nd</sup> ed.). Adelaide, South Australia: School of Nursing and Midwifery, University of South Australia, p. 57.

Here are extracts from a sample reflective journal written by 'Chrissy' for a first year nursing course. Read the example paying attention to the structure and language used. How could these journal entries be improved?

Journal entries: Week 1 except	Comments
<p>Defining nursing is a tough one. I am not sure about the ins and the outs of it yet. But I will write what I think of it now. This should make for some good laughs when I read back at the end of the semester. It is about caring for people. I guess I see it as a job where you have to give of yourself physically, and by physically I mean doing things like making beds. But you also have to give a lot of yourself emotionally. Dealing with people a lot of the time, this is not really surprising. I see nurses as being privileged in a way. I mean you are allowed to share some intimate moments with people. Births, deaths. All this is not to say I have romanticised the whole occupation. I do realise you have to wipe people's bums too! Now I'll try to incorporate some of what we have learnt this week into this definition.</p> <p>All of this is underlined with the premise that the role of the nurse is to guide people on the path to wellness. Not simply cure their illness. I really enjoyed the reading on wellness and I am pleased to see that this program is so... how do I put this? – new age? My mother has been a believer in the wellness idea for a long time. She is a physio. She will probably be mentioned quite a bit in this journal, as she is a very influential person in my life. (Incidentally, I see nursing as a craft, an art and a vocation)</p>	<p>Here Chrissy in her first week of the nursing program writes about what nursing means to her at the time. Each week she responds to questions set in her course outline.</p> <p>Notice the use of personal writing with "I".</p> <p>Chrissy makes a link to one of the reasons on 'wellness' set in the course outline.</p> <p>Note: She should have referenced the reading properly.</p>

Journal entries: Week 2 except	Comments
<p>I love history and see great value in it for the following reasons. It is fascinating. Nothing is more valuable or wonderful than immersing yourself in all the different beliefs that people held in former ages. Not only what their beliefs were, but how they changed over a period of time, and why. And perhaps the most important reason for the study of history can be summed up in one sentence – ‘The key to understanding our present is in the understanding of our past.’ Perhaps we are hoping that in learning where we have been, we will also learn where is that we are going. We hope, also, to learn from our mistakes.</p> <p>To me then, I see great value in the study of history. Or perhaps I should say not only the value in the study of history, but the understanding of it all. The history of nursing is fascinating. Last year I did a project on Midwifery from 1500 to 1700. Some of the ancient writing now only on microfilm is just fantastic. Some of the things they did in the name of medicine. All I can say is that I am glad that it’s all only history now!</p>	<p>Again Chrissy responds to the course information question and to her reading.</p> <p>Chrissy relates the topic to a previous life experience.</p> <p>Chrissy relates topic to previous part of her study.</p>

Example two: Establishing a new service of nurse-led heart failure outpatient clinics  
Source: Rolfe, G. Freshwater, D. & Jasper, M. (2001). *Critical reflection for nursing and the helping professions: A user’s guide*. Basingstoke : Palgrave. p.69.

Exercise: This excerpt is from a nurse’s portfolio and illustrates the professional development of the writer. Read through it, paying attention to the use of language throughout. Then answer the questions at the end.

1. I stood there naked, no uniform to proclaim my nursing identity, no working base, no place within the hospital structure and no established role. All the rights of access and the support of institutional systems that allowed me to function as a Cardiac Care staff nurse were withdrawn when I left the Trust to commence a new role as Heart Failure Nurse Advisor, employed by an independent healthcare company. As I sought an empty desk at which I could begin to establish a base, I looked through the windows into the Cardiac Care Unit that was so familiar to me and felt a surge of mixed emotions. The excitement and pride that my hard work to obtain funding for this new role had finally borne fruit was tempered by this sense of nakedness and isolation. In addition, I was also aware of vestiges of the anger and disappointment that had previously threatened to overwhelm rational thinking when informed that, from the day of commencement of this new post, I would merely have the right to enter the building to work, the Trust ‘would have no further interest in me’.

2. Over the course of the succeeding eight weeks I started to organise this new service for a particular patient group. Centred around thrice weekly nurse-led outpatient clinics, the administrative mechanisms normally employed to bring patient, healthcare professional, medical notes and other resources together at an arranged time and in a suitable clinic environment were unknown to me. My first task therefore was to navigate myself through these various systems to seek out relevant information and the personnel in possession of the necessary authority to 'permit' me access to their administrative support services. However, as the administration was to be my responsibility I considered that the clinics would not constitute a great increase in demand upon the resources of the various departments; a point clarified in the few necessary requests for help. However in the refusals I received lay the suggestion that this was, in fact, the overriding concern. I assumed the managers would, in turn, have to account to their own superiors for any accommodation they afforded my clinics. Not to be thwarted, through the medium of developing relationships with the personnel who carry out the duties upon which I hope to prevail, I gained sufficient information and advice to develop an action plan to meet the needs of department heads and myself. In this way, one by one, I finally negotiated sanction and support for my requirements

3. As I critically reflected on my planning and actions during these experiences a common element became apparent. My learning had taken a new direction towards knowledge of management and working processes together with related budget and resource constraints. In each circumstance, it was this new understanding that allowed me to explore ways to negotiate the support I needed.

4. During this time, I was reading commentaries on the critical social theory *Knowledge and Human Interest* in which Habermas (1978) proposes that an individual's understanding of his function within social systems is shaped by the prevailing mechanisms, cultures and traditions in that society. Such structures serve to maintain the interested of those in positions of influence but militate against the fair and active participation of individuals who uncritically find these power bases acceptable. In this domain, Habermas (1978) believes that knowledge serves an emancipatory human interest for, through critical self-reflection, the individual becomes aware of the composition of these structures and how they impose unreasonable barriers. Thus, knowledge is emancipatory for through its acquisition the individual may also identify ways to challenge such constraining status quo.

5. As summarised here, these concepts did indeed help me make sense of my feelings and my actions. I recognise how I drew on this knowledge to negotiate agreements that not only facilitated my active participation in previously alien social structure, but enhanced the building of productive working relationships. These learning processes

not only served my primary interest to secure an effective clinic service, but the endeavour of setting up the clinics resulted in a confidence in my new abilities and, indeed, I felt emancipated by the whole experience.

6. Finally, my name is gradually becoming synonymous with the service; I am earning a nursing identity. New working relationships continually develop; I am gaining a support network. The naked and isolated view of myself is transformed to that of someone who values her new professional identity and colleague group. I once felt anger at the words 'the Trust will have no further interest in you' but I now appreciate that the person who uttered these words probably had insight into the pitfalls awaiting me and intended to alert me to the work ahead. Now rid of the handicap of negative feelings, I can move on to focus on developing the quality of the service and to finding effective ways to demonstrate its benefit to patients and the organisation.

## Questions

1. What elements of this experience demonstrate professional development?
2. What elements demonstrate personal development?
3. What elements demonstrate the development of critical thinking?
4. Has this resulted in new ideas or new understanding taking place?
5. What are the likely impacts on clinical practice?