



Reflective Writing

Reflective writing is not simply a journal of events, or an explanation of how you feel about these events. Instead, it requires you to apply evidence (such as theories or concepts you have learned in your course) to your experiences or observations in order to identify and understand what you have learned from them. Reflective writing therefore requires both lower order thinking skills (such as remembering and understanding) and higher order thinking skills (such as applying, analysing and evaluating).

Reflective Writing Scaffold:

WHAT?
(descriptive)

- Identifies the focus for the reflection
- What event or aspect from the clinical experience will you focus on? And, why?
- Describe the context
- Describe the events or aspects of this session that stand out to you
- Be specific with information

SO WHAT?
(interpretive)

- How did this event address a particular issue or topic?
- How does this event relate to evidence: theory, research, and best practice?
- What did you learn from participating in this event? (or how were you different from when you left than when you entered?)
- How did the information, observations and learning experiences challenge your assumptions and what you already knew from theory and evidence?
- Did you learn something different or similar about the issue or topic?

NOW WHAT?
(applicative)

- What could be done to address, or follow up on, this particular issue or topic?
- How can this experience apply to other aspects of your study, or to your future work experience?
- Where do we go from here? What is the next step?



The following example is colour-coded to help you identify what elements of the reflective cycle are being implemented. Notice how this example moves between the 1st person (your personal voice - “I”, “My” statements) and 3rd person (theories and references), and how it uses a mixture of past, present, and future tense.

<p>The main professional issue that arose from this audit was the significant deficit in patient documentation. There were clearly problems and lack of information logged in the patient notes such as stickers and falls risk assessments. For example, Ontario and Framp assessments, which let other members of the team know how the patients are progressing and whether the interventions are achieving their goals set by the multidisciplinary team (NSW Health, 2012), were not being filled out on all patients on the ward. I frequently required assistance from the physiotherapist because risk assessments had not been conducted for medium falls risk patients.</p>	<p>PAST/1st PERSON</p>
<p>Friesen, Hughes, and Zorn (2007) state that ineffective communication between healthcare teams is one of the main reasons behind falls in our hospital system, and alarmingly, patients receiving surgery to the wrong site. The writers go on to say that to be an effective advocate for a patient and adhere to the safety of your patient; all members of the team caring for the patient need to communicate effectively. Garon (2011) explains that communication within the multidisciplinary team results in positive patient outcomes, proper and safe care of the patient, and significantly improves patient interventions and falls risk prevention.</p>	<p>PRESENT/3rd PERSON</p>
<p>I feel that my documentation for the ward was within evidence-based guidelines and when performing risk assessments on patients.</p>	<p>PAST/1st PERSON</p>
<p>However, I now have a deeper understanding of how effective collaboration with other medical professionals will enable me to complete the required documentation more thoroughly in order to optimise patient safety.</p>	<p>FUTURE/1st PERSON</p>

A common mistake

- Don't write as if the evidence is talking about you. Instead, separate it out and explain how the evidence/theories relate to you, or your observations.
 - According to Bodrova and Leong (2007), Evan's over enthusiastic disposition for learning suggest that signs of minimal self-regulation may be evident, and that he only possessing the building blocks of cognition that he was born with. ❌
 - Evan's over enthusiastic disposition for learning suggest that signs of minimal self-regulation may be evident. According to Bodrova and Leong (2007), this type of minimal self-regulation results when children only possess the building blocks of cognition that they were born with. ✓
 - While I was on placement, I observed a number of falls resulting from ineffective communication between healthcare teams (Friesen, Hughes & Zorn, 2007). ❌
 - While I was on placement, I observed a number of falls resulting from ineffective communication between healthcare teams. This is of the main reasons behind falls in our hospital system (Friesen, Hughes & Zorn, 2007). ✓