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THE ROLE OF REFLECTIVE PRACTICE IN CASE MANAGEMENT

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Abstract

Reflective activity can be obtained through refinement of the process of meaningfully recalling clinical events. Skills in self-awareness, critical analysis and integration of current knowledge into improved clinical strategies can facilitate a practitioner remaining informed about contemporary practice issues.

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Introduction

In many cases assumptions are made that reflective practice is something that requires little effort and that naturopathic practitioners already integrate in clinical practice. It is questionable whether true reflective practice is as embedded in practice as some might think.

True reflective practice amounts to more than just thinking about a case or mulling it over. Contemplating an event is not always purposeful and doesn't necessarily inform practice or lead to new ways of focusing or directing case management⁽¹⁾. In order to change their practice, complementary medicine practitioners must begin by thinking about what they do and what they could do better.

Reflective activity can be obtained through practice and refinement of the process of meaningfully recalling clinical events. Practitioners who regularly review their clinical performance, through reflection, are able to identify requirements for professional development. Not all practitioners work in a team environment alongside other health professionals. Many establish themselves as independent providers of health care. This compounds the issue of professional isolation for many practitioners. In order to remain informed about contemporary practice issues, practitioners must continue to engage in a process of professional inquiry.

Not only is reflective practice concerned with critical evaluation of clinical decision making, it is also concerned with the way the results of such evaluation are integrated into future clinical practice. In other words, reflective activity aims to enhance clinical performance 'Implicit within reflective activity is a need on the reflector's part to change behaviour'⁽¹⁾.

Background to Reflective Practice

'Following on from earlier ideas ... reflection on experience has been developed as a learning tool in professional education to help promote the integration of theory and practice....'⁽²⁾. Essentially reflective practice describes a methodology by which relevant practice issues can be identified, examined in relation to research and the relationship between the two, evaluated. From as early as the 1930's reflective activity was measured in regard to the acquisition of theory, as in learning to that of application or practice⁽²⁾. Today, nursing education stands at the forefront of reflective practice research.

According to Fernandez individuals can engage in the process of professional development by enhancing and applying skills using these five steps⁽²⁾:

1. Self-awareness

Honestly asking how did this situation affect me and how did I affect the situation?

2. Description

An ability to recognise, recollect and describe key features/events, including feelings and thoughts.

3. Critical Analysis

An examination, which includes challenging assumptions, exploring alternatives and asking how relevant certain knowledge is to a situation.

4. Synthesis

The amalgamation of new and previous knowledge in the move towards a new perspective.

5. Evaluation

Making value judgements involving the use of criteria and standards.

According to Lauterbach and Becker reflective practice is a dynamic process that turns and loops back on itself, much like a ribbon, focusing awareness on previous experience⁽³⁾. Through self-reflection and purposeful contemplation a heightened level of self-understanding emerges, leading to the individual becoming more informed about oneself 'Self reflection as a process is operationalized as a bending back

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of attention and a focus on self to uncover silence and meanings or essences of personal and professional experience⁽³⁾.

Essentially reflective practice is a means by which practice knowledge may be identified and reviewed before, during or after action⁽²⁾. Without reflection leading to new ways of approaching case management or leading to increased self-awareness, the process of reflecting about a case amounts to nothing more than just thinking about the nature of events in clinical practice. True reflective practice must amount to more, if past experiences are to be recalled in a meaningful way that facilitate changes in clinical perspectives.

The purpose of reflection on action is to:

- think about why certain actions were taken,
- decide whether they were appropriate and
- identify ways in which performance could have been improved⁽¹⁾.

In order to engage in reflective practice practitioners need to start with a clinical journal.

Clinical Journal Keeping

“How does a clinical journal differ from just keeping a diary?”. That’s a good question and one that a number of practitioners ask when first introduced to the concept of a clinical journal.

If at the end of each clinic session a practitioner briefly recorded clinical events, summing up the salient case details. Would that be reflective practice? One could argue that according to Fernandez one has described (step two) the events and used skills in self awareness (step one) to differentiate the saliency of the case information. But what about the remaining three steps in the process of professional inquiry ie critical analysis (step three), synthesis (step four) and evaluation (step five)?

If one fails to critically analyse performance, the practitioner will be unable to recognise quality indicators necessary to identify an aspect of your practice, upon which to focus professional development. Furthermore if the practitioner fails to complete the remaining steps involving synthesis of evidence and evaluation of performance, it is unlikely that the practitioner will engage in new ways of thinking or new ways of managing clinical cases based on current performance.

Through reflective activity and maintaining a journal, the practitioner will learn how to improve what to do and how to gain an increased awareness of the validity of the approach. These clinical benefits significantly outweigh the minimal time and effort it takes to complete the clinical journal.

How to Start a Clinical Journal

The following outline has been modeled on the approach to professional inquiry as proposed by Fernandez and involves self-awareness and description, critical analysis, synthesis and evaluation⁽²⁾.

Step One Self awareness

How did this situation affect me and how did I affect the situation?

According to Fernandez’s model the first step requires the individual to ask themselves “how did this situation affect me and how did I affect the situation”⁽²⁾. In this case the ‘situation’ could be whatever the reflective practitioner chooses. For nurses, the ‘situation’ might relate to a clinical procedure in hospital. For educators the ‘situation’ might refer to a teaching method or technique. For practitioners of complementary medicine, the ‘situation’ could refer to anything that is of clinical interest including features of prescribing practices, efficacy of treatment, consultation procedures etc.

There is not anything mystical or difficult about this process — the beauty of reflective practice is that it allows each individual to focus on a ‘situation’ that is clinically relevant to them. How often do practitioners ask themselves:

1. What evidence exists to support my prescribing approach?
2. Is there any evidence to suggest that the use of herbal medicines, dietary supplements, massage therapy or any other complementary medicine treatment modality may be unsafe?

Step Two Description

An ability to recognize, recollect and describe key features/ events, including feelings and thoughts.

This is the stage where the practitioner actually starts recording case details in the clinical journal. At the end of each clinic session, summarise the key features of each case. It is recommended that this process be repeated several times. It is expected that each case summary amounts to little more than about ten lines. Don’t make the task arduous. Keep the comments simple. The following is an example of a journal entry:

Six year old male with a history of recurrent ear infections. His mother has exhausted all options, several trips to the doctor, referred to the paediatrician, tried natural products but nothing has attenuated the frequency or severity of the infections. Prescribed a herbal mixture — focus on immune support — made dietary recommendations and suggested a children’s dietary supplement containing vitamin C and zinc. Not sure about safety issues of using herbal medicines with children but have read some literature about the relationship between vitamin C and immunity. Don’t know how that relates to ear infections in children? How do I feel about these issues? I suppose I haven’t given a lot of thought to the issue of safety, herbal medicine and children.

Step Three Critical Analysis

An examination, which includes challenging assumptions, exploring alternatives and asking how relevant certain knowledge is to a situation.

Analysing the journal can be quite a lengthy process. The practitioner needs to carefully consider each journal entry, particularly in light of comments related to personal feelings. According to Fernandez critical analysis should allow the practitioner to determine the relevancy of one’s knowledge in re-

lation to prescribing practices⁽²⁾. Critical analysis may reveal that actual practice approaches may not in all cases be supported by validated evidence.

Critical analysis of a clinical journal allows emerging patterns or themes to be detected in relation to specific feelings. Furthermore, analysis of the journal provides clear evidence on which to justify or rationalise a plan. The journal contains the evidence that defines the direction for further research. Practitioners who regularly review their clinical performance, through reflection, are able to identify requirements for professional development.

In order to change their practice, practitioners must begin by thinking about what they do and what they would like to do better⁽¹⁾. Critical analysis of the clinical journal allows the practitioner to identify one particular aspect of clinical practice that they would like to further develop.

In this step the practitioner will need to thoughtfully analyse comments and identify one prevailing concern that appears to stand out more frequently than others. In a sense what the practitioner is looking for is a pattern or trend in the comments recorded in the journal. Identifying one particular trend on the basis of a number of journal entries might not be immediately obvious. However after a careful analysis of the journal the practitioner should be in a position to identify which particular professional issues are most evident.

For example the practitioner might observe:

- Uncertainty in prescribing of herbal medicines because of lack of evidence that supports such an approach or an unawareness of safety issues
- Uncertainty in prescribing dietary supplements because of lack of evidence to validate such an approach
- Implementation of dietary modifications when the practitioner is unsure about the evidence that supports such an approach.

The whole idea of reflective practice is that it leads to a modified, contemporary approach to clinical management. Through reflective activity the practitioner can determine whether the approach is consistent with current approaches.

Step Four Synthesis

The amalgamation of new and previous knowledge in the move towards a new perspective.

At this stage the practitioner will have identified one aspect of clinical practice that needs development. In order to complete step four, additional sources of information are needed eg journal articles or library books relevant to the area/issue/topic that has emerged from critical reflection on the journal.

These questions need to be asked:

- How does the contemporary perspective relate to what I do in practice?
- On the basis of the literature review how have these articles informed my practice?
- In the future what might I do differently now that I have gained a contemporary perspective relevant to my approach to practice?

Step Five Evaluation

Making value judgements involving the use of criteria and standards.

In this final step of reflective practice the practitioner needs to consolidate the whole process by considering how to utilise the approach to reflective practice as a component of ongoing professional development.

The practitioner needs to ask 'How has reflective practice developed my ability to determine my own professional development needs'?

This step concludes the process of reflective practice. This is when the practitioner considers the value of the exercise, the way in which future case management may be modified or informed as a result of examining current practice in relation to the literature and available evidence, and to continue to apply and refine skills in critical reflective practice.

Conclusion

It is critical that practitioners develop and apply skills in reflective activity in order to support on-going professional development. Not only is reflective practice concerned with critical evaluation of clinical decision making it is also concerned with the way the results of such evaluation are integrated into future clinical practice. In other words, reflective activity aims to lead to enhanced clinical performance based on contemporary practices supported by sound evidence.

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