Becoming a critically reflective clinical teacher

Stepping back to view clinical teaching activities from different vantage points is vital to educational decision-making.

This issue of REd considers how clinical educators can reflect on their own teaching experiences and plan for change. We look at some of the definitions and debates about critically reflective practice and outline some strategies you can try out.

Natalie Radomski, Manager, NWRMEU (natalie.radomski@monash.edu)

Pam Harvey, (pam.harvey@monash.edu)

…the origin of thinking is some perplexity, confusion, or doubt. Thinking is not a case of spontaneous combustion.”

John Dewey, 1910

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About REd

REd is published four times a year by the North West Rural Medical Education Unit of the Monash University School of Rural Health. It provides resources and practical tools for clinical educators. Back issues are available. Phone (03) 5440 9000 or see our web site: www.med.monash.edu.au/med/srh/medical-education/resources.html

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Critical reflection and reflective practice are now regarded as essential attributes for effective learning, teaching and health professional development. Evidence of reflection on clinical teaching is also becoming a core requirement in many supervisor training programs and for health professional accreditation.

There is no one approach to reflective practice and many different ways of defining it. At its centre, reflective teaching involves an active process of thinking about our own teaching experiences “to better understand, challenge and critique practice knowledge.” Important elements include: paying attention to our teaching strategies and how these impact on ourselves and others; awareness of how the broader context and power dynamics influence our educational goals; and efforts to strengthen teaching through deliberate change aimed improving educational practice. It is through these insights and re-frames that our professional identities as teachers are shaped.

Models for reflection suggest that critical reflection occurs following “awareness of a need or disruption in usual practice”, often in challenging situations where changes in strategy, learner engagement or problem-solving are needed. Reflecting on our teaching - what we aimed to do, what actually happened and why, is said to be activated by experiential triggers, which can generate new insights and follow up action, to try a new approach or do things differently in the future.

Reflection may have a technical, nuts and bolts focus as well as exploring conceptual understandings of teaching. Not in a deficit way, but to re-interpret our experiences and learning from them.

Some writers outline specific stages for professional reflection. Steps usually involve participants in describing specific learning and teaching events (verbally, or in reflective journals and work plans), identifying associated feelings about these events, evaluating the experience and planning for future action. The particular direction and outcomes of reflection can’t be predicted in advance, but depend on the situation at hand.

For example when students experience difficulty with what you assumed was a simple clinical task or when a problem-based learning activity goes unexpectedly off track.

Reflection as an isolated process of thinking about - how things went and why - takes us only so far and is not an end point by itself. “Reflection is something that leads to action, rather than the concluding action”. As Delany and Malloy note, simply describing and analysing our educational values and teaching activities alone, won’t necessarily “change or challenge practice.”

Reflecting on the underlying assumptions, values and constraints influencing our educational work helps us to design clinical learning experiences that support and improve student learning. Keeping a sense of openness towards questioning our teaching and how it fits into the broader workplace culture helps to reframe practice challenges. Exploring our teaching strategies with supportive teaching colleagues can create new opportunities for educational change. Sharing educational challenges and achievements also helps us keep a sense of perspective on the possibilities and limits of our educational work.
In Practice … take five

The main goal of critical reflection is to foster increased understanding of our teaching practice over time. Here are five practical strategies you can use to enhance your clinical learning and teaching.

Self-reflection
Aims to clarify the underlying theories, assumptions and values that shape teaching. Analysing teaching plans and student assessment results can generate new insights into educational work - including areas requiring change or consolidation. Video-taping selected teaching activities can help you review your teaching in a different way. Writing informal field notes can help capture your immediate impressions of teaching events including group dynamics and surrounding contextual factors.

Situational analysis
Looks into the underlying learning theories and relationships influencing how clinical placements are planned and implemented more broadly. For example, individual and shared views about the importance of particular clinical competencies, the value of simulation, professional mentoring or preferred methods of supervision. Reflecting on the way clinical teaching activities are structured can help clarify the feasibility and design of new teaching innovations in your work setting.

Feedback
Seeking formal and informal feedback from learners and work colleagues can enhance awareness of our teaching practice. Issue 18 of REd introduced the ideas of ‘turning the mirror on ourselves’ by gathering and documenting evidence of our teaching activities in the form of teaching portfolio. For further information http://www.med.monash.edu.au/srh/medical-education/documents/issue18red.pdf

Educational collaboration
Consider enlisting the involvement and support of workplace colleagues so that teaching and reflective practice is shared rather than an isolated, introspective process. Explaining your educational ideas to others helps clarify thinking and planning. It also allows others to contribute in a constructive way, building common understandings of teaching methods and concepts.

Professional development and networking activities
There are a growing number of health professional educations forums, conferences and networks that you can tap into to inform your teaching and test out your educational ideas. These networks aim to advance health professional education and strengthen communication among educators and program designers in the health professions.

Questions for guided reflection
- What was I aiming to achieve?
- What happened and why?
- What effect did the teaching session have on the learners involved?
- What went well?
- What were the constraints?
- What else could I have done?
- Did my practice improve?
- What changes in organisation or teaching strategies could I make?
- Who could I discuss this with?
- What will I do next?

Key Concepts

Theories in use:
the patterns and ideas learned and developed as part of day-to-day work. These ways of thinking and performing are privately developed, intuitively-based and context specific

Practices:
how people carry out their professional actions including the way people think about what they do in real situations.

Deliberate practice:
effortful activity aimed at improving performance.
**Book Review:**

**Educating Health Professionals: becoming a university teacher**  

Using the Australian context as its main examples, this book explores higher education teaching for those making the transition to academia. It is not a practical guidebook, but more a text that explores the concepts and theories linked to university teacher. Chapters include understanding the professional practice associated with higher education, professional identity as a teacher, communities of practice, contemporary student behaviours and workplace learning. The general requirements for a university career in teaching and research are discussed. Knowledge and effective use of technology in learning and teaching practice is emphasised, and concepts around blended learning are considered. This is a book for those who are new teachers and clinical educators linked to universities. Reading this will go a long way toward understanding the intricacies of higher education.

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**Find out more**

La Trobe University Library has a practical guide focused on *Reflective practice in the health sciences.*

While mainly designed for health professional students, it provides a helpful introduction to different models of reflection, guidelines to assist reflective writing and links to other current resources.

To access the guide visit the university library website at:

http://latrobe.libguides.com/print_content.php?pid=177292&sid=1492295&mode=g#top

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**Humanities in Health Care**

‘Humanities in Health Care’ submissions are original creative pieces that reflect the nature of a health professional’s work and the care of patients.

Direct all queries to pam.harvey@monash.edu

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"...unless the different critical reflection tasks are absorbed into the fabric of professional ways of learning, teaching and practising, their ability to be practically useful and to lead to sustainable habits of practice is limited".

Clare Delany & Elizabeth Malloy, 2009

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Birthlight by Kathryn Harrison