Reflective Commentaries

In module 3 you will be expected to complete a 3,000 word reflective commentary, in which you reflect on a particular area of your performance. This could be an area for development, or an area that you feel you did particularly well at. We would like you to use the Rolfe model (Rolfe, Freshwater, & Jasper, 2001) to structure this and the following is guidance regarding reflective writing and structuring your piece.

Supporting reflective practice and writing reflective commentaries

As a practitioner it is not only important that you are able to learn the theory and skills involved in your work, but that you are able to reflect on how well you are developing these skills. Engaging in reflective practice is associated with the improvement of quality of health care, stimulating personal and professional growth and closing the gap between theory and practice. Some of you may be new to reflective writing; we have therefore produced this guidance document to help you with your assignment preparation.

What is reflective writing?

Schon (1983) states it is one of the defining characteristics of professional practice. It is a metacognitive strategy which can be used as a process for recapturing experience, considering what occurred and why, what may need to be done differently in the future and the implications of doing so. It is an active and individual process which should culminate into a personalised action plan.

The reflective system forms one of the key elements of the Declarative-Procedural-Reflective information processing model (DPR) of the CBT based practitioner skill development (Bennett-Levy, 2006, Bennett-Levy & Thwaites 2007). According to this model, practitioner development depends upon the interaction between 3 information processing systems. The declarative memory system stores facts and information about the intervention; the procedural system generates and stores practical skills of the intervention and the reflective system. It is the 'reflective system' that practitioners use to identify which aspects of their declarative knowledge and procedural skills need to be refined. This suggests that once basic skills are learnt, it is by reflecting on clinical experience that a practitioner will learn which particular skills to use at what time.

For the purposes of these assignments you will need to analyse your experience of undertaking the competency assessments.
You will need references to support the purpose and benefit of reflection from the literature such as Schon 1983, and more specifically linked to CBT based interventions (e.g. the work of James Bennet-Levy et al).

Initial skill development via modelling, rehearsal, feedback

Different levels of reflective writing

To help you develop your skills, the different levels of reflective writing are outlined below in a sequential order, from writing with no evidence of reflection to full reflective writing. There is an expectation that within the PG Cert course at Exeter University students will write using dialogic reflection and critical reflection as a minimum.

1) **Descriptive writing:** This is a description of events or literature reports. There is no discussion beyond description. The writing is considered not to show evidence of reflection.

   *During the assessment with my patient there were several occasions when she clearly became distressed, my patient disclosed having difficult thoughts such as “I’m useless”. It would have been appropriate at this point to show verbal empathy by giving an empathy statement such as “it sounds like you’ve been having some very distressing thoughts”.*

   **Descriptive writing would not be a sufficient for your reflective commentaries.**

2) **Descriptive reflective:** There is basic description of events, but shows there is also some evidence of deeper consideration in relatively descriptive language. There is no real evidence of the notion of alternative viewpoints being used.
During the assessment with my patient there were several occasions when she clearly became distressed, my patient disclosed having difficult thoughts such as “I’m useless”. It would have been appropriate at this point to show verbal empathy by giving an empathy statement such as “its sounds like you’ve been having some very distressing thoughts”. Not using verbal empathy appropriately may have impacted on the therapeutic relationship and patient engagement.

Although there is some evidence of reflection, descriptive reflection would not be a sufficient for your reflective commentaries.

3) Dialogic reflection: This writing suggests there is a ‘stepping back’ from the events and actions which leads to a different level of discourse. There is a sense of exploration of the role of self in events and actions. There is consideration of the qualities of judgements and possible alternatives for explaining and hypothesising. The reflection is analytical or integrative, linking factors and perspectives.

The quality of the therapist patient relationship is the most consistently reported predictor of treatment outcome (Norcross, 2002). Cahill et al (2008) proposes that 30% of outcome is due to ‘common factors’ which primarily involve the therapeutic relationship. This highlights the importance that I always display good common factor skills when working with patients. I believe however that my focus on getting the specific factors correct was to the detriment of my common factor skills.

There is however contradictory evidence to suggest that specific factors are more important to the therapeutic relationship (Blow, 2007). The significance of both common and specific factors to the therapeutic relationship has therefore been highlighted in the literature, indicating the importance of developing both.

Dialogic reflection would be an average level of reflective writing. Critical reflection would be an enhanced level more suitable for clinical practice.

Remember this is a reflective piece; the emphasis should be on reflecting on your own practice. It is good to write from a critical stance where appropriate but do not do this to the detriment of your reflection.

4) Critical reflection: This form of reflection, in addition, shows evidence that the learner is aware that actions and events may be located in and influenced by multiple and socio–political contexts.
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There is however contradictory evidence to suggest that specific factors are more important to the therapeutic relationship (Blow, 2007). The importance of both common and specific factors to the therapeutic relationship has therefore been highlighted in the literature. This would indicate that if I display both common and specific factors sufficiently I will improve patient engagement and outcomes, which would contribute to better overall service recovery rates.

Critical reflection therefore has the added element of considering the implications of your actions for you, your patient and wider service implications. To achieve higher grades we would expect to see critical reflection in your writing.
Supporting reflective practice using the Rolfe et al (2001) framework

On this programme we ask you to adopt Rolfe’s et al (2001) model, given its suitability in supporting reflective practice amongst novice reflectors in particular.

Introduction

Your work should have an introduction which outlines the purpose of your assignment to the reader. It should state that you will be using the Rolfe et al (2001) model, include a rationale for why it is being used and give a brief outline of the structure of your work. This will include highlighting the benefits of reflection for you, your clinical work, the patients you see and wider service implications. We would not expect your introduction to be any longer than a paragraph.

The ‘what’, ‘so what’ and ‘now what’ sections in the Rolfe et al (2001) model, are used to inform and structure the reflective process. Outlined below are considerations when writing the content of these sections, and an example of each.

What

This identifies the main issue that you are focusing upon. It is better to focus on one issue at a time.

So...

What is the issue? What did I do well? Or what would I like to improve on?

“During my competency assessment of a subsequent contact treatment session there were several occasions when I did not display good eye contact.”
So What

In the ‘so what’ section you will focus on analysing your performance. Your writing needs to be analytical rather than descriptive, linking your practice to relevant literature. You should critically analyse what went well or where there are areas that could be improved or developed.

As mentioned, to describe what happened and state that a particular skill is good or bad would not be sufficient, this would be considered descriptive writing.

You are expected to refer to a specific skill, state why it is good/could be improved and why this is important linking it to a relevant literature as support, this is analytical writing.

So...

What is the issue? What does the literature suggest I did well / should do differently next time? What does the literature say about why it is important? What may be the possible consequence of this?

What are the implications of your actions for you, your patient and the wider service implications?

“Emerging research has shown that good eye contact enhanced perceived therapeutic alliance and treatment credibility when rated by external observers (Dowell & Berman, 2013). My lack of eye contact therefore may have detracted from the credibility of treatment, which ultimately could lead to the patient disengaging or having lower expectations around the efficacy of treatment (Schulte, 2008). This would suggest that always using good eye contact will increase perceived treatment credibility and engagement which would potentially lead to better patient outcomes on an individual and service level.”
Now what

You should discuss what you need to do to maintain the skills you have reflected on or address areas of improvement. The implications discussed in your ‘so what’ should directly link to your action plans and what you are going to do to stimulate your onward learning.

Consider ‘now what’ is my specific action plan? How will I develop / maintain the skill identified? What tools / techniques will I use to help me do this? How will I ensure my action plans are carried out?

Where possible consider what are the implications of your behaviour changes for you, your patient and the wider service implications?

Where possible add literature to support your action plans.

“Hojat (2009) identified video-taping sessions with patients as an approach to enhance common factor skills. The analysis of videos made medical students more aware of their behaviour when communicating with patients. While it may not be possible to video-tape patients in clinical practice, it might be a valuable learning experience to video role-plays, focussing particularly on my non-verbal behaviours. I will address any observations when working with patients which should improve patient engagement and outcomes.”

Conclusion
You should conclude by considering all aspects of your reflection(s), considering your experiences, action and decisions from an external perspective.

Action plan
You have the option of including an action plan in your appendices, this should be presented in the form of a table and its content does not count towards your word limit. Your action plan will be referred to within your reflection, and will outline in greater detail how you will take your proposed developments into practice, completing the reflective cycle. The context of your actions should relate to all three sections of your reflection allowing the reader to easily follow the cycle. The action plan should be time limited, it should be clear what you need to do, how you will achieve this and when you will review/have it done by.
<table>
<thead>
<tr>
<th>Action Required</th>
<th>How will this be achieved</th>
<th>Impact if undertaken</th>
<th>How will I measure this</th>
<th>Will anyone be able to help with me this</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve my paraphrasing</td>
<td>Practice with supervisor and peers in clinical skills and in clinical sessions</td>
<td>Paraphrasing is a key common factor skill (Richards and Whyte, 2009) and improving this will aid expression of my understanding of the patients world view and perspective, and engagement</td>
<td>Taping clinical sessions and personal reviewing for paraphrasing, bringing tapes to supervision and to review with peer for review and feedback.</td>
<td>My supervisor and peers</td>
<td>June</td>
</tr>
</tbody>
</table>

**Important considerations for this assignment**

- Explicitly use ‘what’, ‘so what’ and ‘now what’ as subheadings through which to structure your reflective commentary.

- Reflective writing is written in the first person, for example ‘During my treatment session of a subsequent contact I missed several valuable opportunities to give empathy statements.

- The ‘what’ section should be no more than a few sentences to identify the main issue. The remainder of the reflective cycle should be split between the ‘so what’ and ‘now what’ sections.

- Where possible write critically; critical writing is not necessarily writing about the topic in a negative way. It is demonstrating that from your reading, you are able to provide evidence taken from a wide range of sources which both agree with and contradict an argument. It follows that you will give a more reliable view if you draw from different sources.
• You should pay particular attention to the word limit of 3,000 words as this cannot be exceeded without incurring penalty.

• Remember...whilst your reflective writing will be based on personal experience, it should also draw on other sources and types of evidence if you are to better understand this experience.

Reflective writing marking criteria

• Knowledge and understanding
  In this section students are expected to display a sound level of knowledge and understanding of the topic areas they have chosen to focus on. This will be displayed by giving them being able to give relevant and correct information about the chosen topic. Marks will vary dependent on the level and depth of this knowledge and the accuracy.

• Critical/reflective ability
  In this section students are expected to display the ability to engage with their discussion using a critical and evaluative stance. They are also expected to demonstrate the ability to reflect on their chosen area and to give appropriate action plans in response.

• Theory into practice
  In this section students are expected to use literature to enhance their discussion of their chosen topic area and make links between theory and their actual practice.

• Structure and organisation
  In this section students are expected to reference and utilise a reflective model (usually Rolfe et al, 2001) and adhere to this structure to support their reflective piece. Students often refer to the model but do not always use the structure well to enhance their reflections, with overlaps between the three sections (What?, So what? and Now what?). The ‘what’ section would usually include a description of the area of focus in the piece, the ‘so what’ section would be used to demonstrate an understanding of why what they did/didn’t do in their DVD scenario was important. This is the section where students are expected to use literature in support of their discussions (although this would be marked under the theory into practice and/or research informed literature sections). The ‘now what’ section would be used to reflect back on how they will now go on to adapt their practice as a result of their reflection and should include a concrete action plan.

• Use of research informed literature
  In this section students are expected to demonstrate reference to literature appropriate to their level of study e.g. to get a better grade students would be expected to read and
reference beyond the core texts for the programme that are readily available in ELE. There is an expectation that students will include a reference list rather than a bibliography. Students should adhere to the APA Style referencing guidance and again would lose marks if they do not adhere to this format.

**Referencing**

The referencing system to be used is that of APA. Please note that references are a part of your work and will be scrutinised. Only sources directly referred to in your work should be in your reference list. This is not a bibliography where you state what books you have read.

**Plagiarism**

If you have any doubts as to whether you would be committing an academic offence, you should read the guidance on the university website and consult your academic tutor before the submission of the work concerned.
References for Reflection and Reflective Practice

If you wish to review other models or find out more about general reflection in the healthcare context the following references may help:


