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## Assess Reflective Practice

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In the first of this two part series Cindy Johnson and James Bird considered How to Teach Reflective Practice. Empirical evidence suggests it should be an essential lifelong skill for competent medical practitioners. They discussed the process as developmental and more challenging than simple contemplation and highlighted some of the underlying principles of reflection and how it might be taught.

*It is important to remember that reflection can take many forms. It may be thought, spoken, written or take less common forms like artistic media.*

As part of Medical Education and Continuing Professional Development (CPD), health professionals and students are increasingly required to participate in and provide evidence of reflective practice. Despite this, how we should assess it, and indeed whether to assess at all, remains contentious.

*"Reflection is a metacognitive process that creates greater understanding of self and situations to inform future action."* (Sandars, 2009, p.685)

Sandars' definition (2009) demonstrates that the process of reflection is focused on the learner's thoughts and feelings as well as their ability to utilise this learning in future situations. Reflection is normally prompted by a complex problem or situation.

Since assessment drives and motivates learning (Schuwirth and Vleuten, 2006) educationalists would generally advocate using some form of assessment, concentrating on the process of reflection (what is happening) rather than its product (outcome).

### Why assess?

There are many reasons to assess reflective practice. The overriding agenda in many learners will be to enable them to improve their practice. The care of patients will be central to their learning and will be the focus of their reflections as a first priority. Assessment can be both formative and so developmental, or summative and used to inform a high stakes, pass or fail examination.

**Formative assessments** can include motivation for learning and can be directed at improvement in the knowledge, skills or attitudes of the learners whether trainees or trainers; equipping both with transferrable reflective skills; encouraging good practice by promoting an environment conducive to reflective practice and providing focus and direction to reflection (Moon, 2004).

**Summative assessments** will include using reflection and reflective activities such as journals and reflective writing as requirements for revalidation purposes and in CPD activities across a number of disciplines; governing body recommendations, for example the GMC and the NMC; for institutional quality assurance requirements and for formal course or role requirements.

As a further benefit their summative uses may lead to the identification of learners who are in difficulty and are struggling in their roles, and they can highlight the need for the provision of additional support to assist their development.

## How to assess

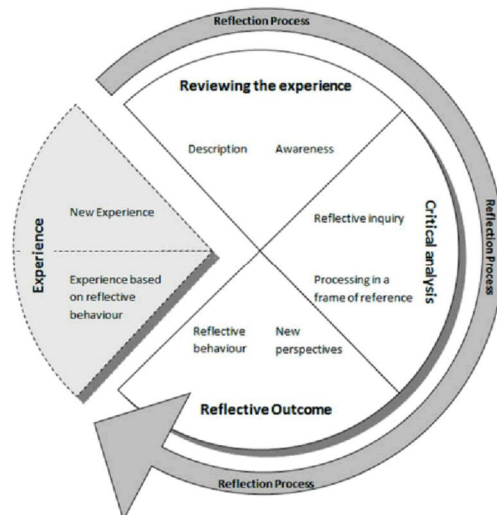
Reflective models vary from linear (Fowler, 2007), progressive (superficial descriptions to deeper levels of reflection and analysis) to cyclical (see Fig. 1). Some have developed tools to assign marks to reflective pieces of work. This is in an attempt to validate and increase reliability of assessment of the process. Koole et al (2011) have attempted to overcome the variation in models by amalgamating key features of many of them, reminding the learner and assessors of the iterative or cyclical nature of reflective practice. The context and environment of the reflection should inform the assessment method chosen, tailoring the assessment to the needs of the learner. Providing a degree of structure, such as a framework or mark scheme can inform the learner of the expectations of the process.

## Obstacles to assessing reflective practice

The five As:

- ▶ Absence of validated assessment tools
- ▶ Ambiguity of purpose; process (objective) vs. product (subjective)
- ▶ Assessor training and resources
- ▶ Authenticity - do learners adapt their reflections if they are to be assessed, how can we encourage honest reflections?
- ▶ Assessment fatigue

## Eclectic model Fig. 1



## Key considerations in assessing reflective practice: TINFOIL

- ▶ **T**rain the trainers - educationalists and senior practitioners must understand the principles of reflection and assessing reflective practice.
- ▶ **I**mprove the process - and hence the content; Practice makes perfect!
- ▶ **N**eeds assessment - the needs of the reflectors must be considered when choosing how to assess reflective practice.
- ▶ **F**ocus on the process - rather than the product.
- ▶ **O**utcomes of reflection linked to assessment - so learners are clear on what they will be assessed on.
- ▶ **I**terative process - development of the process should be on going.
- ▶ **L**inked to the literature in reflective practice and assessment.

## Further Information

Bourner, T. (2003) Assessing reflective learning. *Education and Training*, 45(5):267-272

Koole, S., Dornan, T., Aper, L., Scherpier, A., Valcke, M., Cohen-Schottanus, J., and Derese, A. (2011). Factors Confounding the Assessment of Reflection: a Critical Review. *BMC Medical Education* [Online], 11(104), 1-9. Available at: <http://www.biomedcentral.com/1472-6920/11/104> [Accessed: 15 May 2012].

Mann, K., Gordon J., MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances In Health Science Education* 14:595-621.

Moon, J.A. (2004). *A handbook of reflective and experiential learning: Theory and practice*. Abingdon: Routledge Falmer.

Sandars, J. (2009). The use of self-reflection in medical education: AMEE Guide No. 44. *Medical Teacher* 31:685-695.

Schuwirth, L and Vleuten, C. (2006). *How to design a useful test: The Principles of Assessment*. Association of the Study for Medical Education.

**The authors** are all clinicians in a variety of different specialties and this article was produced whilst they were students on the Cardiff University Postgraduate Masters Programme in Medical Education.

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