The use of a reflective grid to aid community nurse education

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Self-directed learning and reflective practice are key components of undergraduate, postgraduate and professional development for nurses. In the progression from student to practitioner, or from novice to expert, nurses are required to use independent study skills and reflection to identify their learning and professional needs. This article looks at the development of a reflective grid as a learning tool to support and facilitate reflective and self-directed learning. It is hoped that the techniques detailed here can help those students and nurses who are still developing their reflective and critical skills, or find reflection difficult. The grid was also designed to facilitate a quick and easy analysis before an in-depth study of an experience, or as a stand-alone model for short reflections.

KEYWORDS:
Education ■ Self-directed learning ■ Reflective practice

SELF-DIRECTED LEARNING

Self-directed learning is the best choice for adult students who, with some kind of facilitation or mentorship, are able to assess what knowledge and skills they already have from previous experience or courses and identify what new learning needs to take place to allow them to gain new competencies.

‘Self-directed study is a natural process for many nurses following education programmes, but for others it can be a steep learning curve.’

This progression to adult learning is a process leading from the individual being dependent on a teacher for instruction through to self-direction, and is not related to age or experience (Rogers, 2003). Therefore, it should not be assumed that mature students or registered nurses are skilled in self-directed learning.

DEVELOPMENT OF THE REFLECTIVE GRID

Against this backdrop, and based on experience as a mentor and practice teacher for child branch nurses and health visitors, the author developed the reflective grid.
as a learning tool to support and facilitate reflective and self-directed learning (Table 1).

There are a plethora of reflective models available, which facilitate reflective learning by taking the student through a list of cues or questions about a particular experience (Johns, 2004; Bulman and Schutz, 2008). Some models use in-depth searching cues to trigger analysis and critical thought, while others allow a freer and broader approach to the reflective process with very simple probing questions (Johns, 2004; Driscoll, 2007).

However, students who have not developed reflective skills can find the process long and time-consuming. The reflective grid was designed to help those students who were still developing their reflective and critical skills, or who found reflection difficult. It was also conceived as a way to facilitate quick and easy analysis before an in-depth study of an experience, or as a stand-alone model for short reflections.

The reflective grid can also be used for professional development or preceptorship as part of learning sets, or in preceptorship programmes where time is limited (Department of Health [DH], 2010).

HOW THE REFLECTIVE GRID WORKS

The grid comprises a single sheet of paper. It should be printed or copied so that students can write short answers in the empty boxes as they work through the reflective process. The layout of the grid (Table 1) is intended to provide a framework from which students can develop reflective and self-directed learning skills.

The space in the response column is intentionally limited, so as to encourage students to provide concise answers consisting of one or two sentences or bullet points. This helps to provide focus and prevents students from getting caught up in long descriptive accounts of a scenario, thereby clouding their critical thought.

<table>
<thead>
<tr>
<th>Table 1: The reflective grid</th>
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<tbody>
<tr>
<td>1. Identify learning experience</td>
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<tr>
<td>2. I am reflecting on this experience because...</td>
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<td>3. Which reflective approach am I going to take?</td>
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<td>4. Describe the experience</td>
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<tr>
<td>5. Identify the significant issues in your learning</td>
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<tr>
<td>6. Evaluate and analyse your learning issues</td>
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<tr>
<td>7. What is the outcome of this learning process?</td>
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<tr>
<td>8. What will you do differently in the future?</td>
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</tbody>
</table>

‘The layout of the grid is intended to provide a framework from which students can develop reflective learning.’

POINT 1

Point 1 requires the individual to summarise the particular learning experience, by asking three questions:

- What have I learned?
- What am I learning?
- What do I need to know?

Here, the student should be trying to isolate the specific learning ‘moment’ in the scenario, for example, the importance of body language in a particular communication, or the necessity of receiving updates on non-medical prescribing.

POINT 2

Even before engaging with the process of description, which can overwhelm and confuse the student, point 2 immediately requires a critical and analytical thought process.

Point 2 requires students to stand back and look critically at a scenario in terms of their learning objectives. Constructive alignment is an essential part of learning, particularly in self-directed learning, where the student links the experience to their learning outcomes or objectives. This means applying theory from the academic aspect of their study programmes to the practice setting (Biggs and Tang, 2007).

By identifying this link between the experience and their learning objectives early in the reflective process, students are critically evaluating their own learning needs.
This process should generate positive self-motivation and the ability to direct their own learning amid the minutiae of everyday practice and in the larger context of their ongoing lifelong learning. For example, in learning the importance of body language when communicating with patients, the student can link this to the learning objectives required by their learning contract, module or knowledge and skills framework (KSF), which, for instance, might be ‘developing communication skills in practice’.

POINT 3

For students to attain clinical excellence and improve practice, they need to establish in their own minds how reflection facilitates progression to expert level (Benner, 2001). This begins by students understanding what is actually happening when they are reflecting or thinking through their actions, thought processes or competencies.

In point 3, the student decides precisely how to reflect in the given situation and which method to use. New situations that result in the acquisition of fresh skills may require students to use a reflective model in conjunction with the grid, whereas for consolidation of practice, the student may only require short analysis to evaluate a skill or experience. In the latter case, the student might simply write: ‘I shall use the reflective grid.’

POINT 4

In point 4 of the grid, the student describes the particular experience in one or two sentences or bullet points, which means there is little opportunity to get ‘bogged down’ in detail.

A brief summary is sufficient, for example: ‘I found that my knowledge of non-medical prescribing was out of date,’ or, ‘While assessing a patient I realised there was a difference between what she was saying to me with her words and with her facial expression and demeanour.’

POINT 5

Point 5 outlines the salient or significant learning issue, which is identified so that the student can focus on it. Students are asked to imagine a page of text and then ‘zoom in’ to an imaginary box, which explains in one or two sentences what they want to understand.

For example, this could be the salient moment in an assessment when the student realised that the patient’s body language was conveying much more than his or her verbal answers, or the realisation that up-to-date knowledge is the key to clinical excellence.

The reflective grid is designed to facilitate the understanding of one significant issue at a time. However, the learner may use the grid three times, for example, for three different learning issues, provided they are extrapolated from one scenario.

The aim is to provide students with clear, specific skills and the ability to identify their own needs. After students have used the reflective grid to help them critically identify their learning issues, these can all be combined into one reflective account.

POINT 6

In point 6, key policies, protocols or evidence that support and critically evaluate practice against the literature can be documented. This should be easily available in the workplace or on the trust’s intranet. It is important that students develop a working knowledge of the evidence and policy that informs their practice.

When completing point 6, the student should ask themselves questions such as: ‘What does the literature say?’; ‘What does the evidence say about what am I doing in practice?’; and, ‘What are the differences between what I am doing and what the protocol states?’

POINT 7

Point 7 contains an action plan and is designed to ascertain whether the student’s reflection process has highlighted the need for further training or study, or indicated a different approach to achieving competence or best practice.

For example, the student may identify the need to explore further the range of communication skills used by nurses to improve their assessment skills, or alternatively, conclude that their current knowledge of the prescribing framework is sufficient and further training is not indicated.

As students explore these ideas they are learning about themselves, their learning needs and how to critically evaluate their learning.

POINT 8

Finally, in point 8 students identify what needs to change — or, indeed, stay the same — as a result of their learning process if they are to achieve clinical excellence.

For example, they may feel that they are already operating at a ‘best practice level’ and that this does not need to change. Alternatively, they may feel that they need to be more aware of patients’ body language, for example.

THE GRID IN PRACTICE

In the author’s area, the reflective grid has been used to support pre-registration and post-registration student nurses and has so far enjoyed good evaluations. Nurses who have struggled with critical analysis and reflection have found that the grid asks questions that enable them to develop a critical paradigm.
Nurses need to become experts themselves if they are to deliver safe and excellent care in the community. In the wake of critical reports like the Francis inquiry (2013), nurses’ practice is under more scrutiny than ever before and they are increasingly being held to account for what they do. Against this background, knowledge of reflective practice has never been more important.

CONCLUSION

The reflective grid facilitates learning from experience using a focused and easy-to-use framework.

In the author’s opinion, rather than procrastinating over a time-consuming reflection process, it is far better for nurses to undertake a quick reflection on their practice as they begin the progression from competent, through proficient and on towards becoming expert practitioners (Benner, 2001).

Much worse would be a situation where nurses never actually reflected on their practice because they had difficulty finding the spare time, or simply found the process of reflection too complicated.

Nurses must reflect and self-direct their learning to gain clinical excellence and the author hopes that the reflective grid is a stepping stone on that journey.

Five-minute test

Answer the following questions about this article, either to test the new knowledge you have gained or to form part of your ongoing practice development portfolio.

1 – How would you describe self-directed learning?
2 – Can you explain what you understand by the term ‘reflective practice’?
3 – Can you outline why, in your opinion, the reflective grid might be useful?
4 – Can you write about a period of your own practice that you might have reflected on recently?
5 – What lessons might you have learned from using the reflective grid in that instance?

Mentors and practice teachers who have used it have also found it to be a useful tool in helping students to take ownership of their learning, as it provides a link to their learning outcomes.

This is still a developing concept and feedback and evaluations continue to be sought. The reflective grid is a simple tool with obvious limitations, and brief reflections are no substitute for in-depth analysis.

Nevertheless, as part of an evolving series of learning tools, the grid can be powerful in improving practice. The multiple questions and suggestions allow the student to grasp the essence and significance of the learning experience, integrate it with their own practice and act on it.

In Benner’s (2001) analysis of how practitioners reach expert level using a skills acquisition model, she points out that it is the use of a series of paradigms and thought processes, alongside performing skills and tasks, that enables nurses to develop clinical excellence.

REFERENCES


KEY POINTS

- Self-directed learning and reflective practice are crucial tools for the community nurse, who may often work in isolation and without the help or guidance of colleagues.
- Community nurses are required to use independent study skills and reflection to identify their learning and professional needs.
- The reflective grid facilitates learning from experience using a focused and easy-to-use framework.
- Nurses need to become experts themselves if they are to deliver safe and excellent care in the community.
- Rather than procrastinating over a time-consuming reflection process, it is far better for nurses to undertake a quick reflection on their practice.
- Mentors and practice teachers who have used it have also found it to be a useful tool in helping students to take ownership of their learning, as it provides a link to their learning outcomes.
- Nurses must reflect and self-direct their learning to gain clinical excellence and the reflective grid is a stepping stone on that journey.