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1 **The role of reflective practice in professional development**

2 **Introduction**

3 There are many definitions of reflective practice (RP) in the literature, however in general terms it is
4 when an individual thinks critically about an event in order to understand how it made them feel,
5 why they behaved the way they did, what other factors influenced the event, and what they might
6 have done differently. This process allows the individual to learn from their experiences and can
7 result in changed perception and behaviour (Bulman, 2013).

8 Individuals can reflect on positive or negative experiences, or on the mundane habitual aspects of
9 practice (Asadoorian & Batty, 2005). There are many published benefits of performing RP. A concept
10 analysis of 50 published works revealed that nurses who undertook reflection had a heightened
11 understanding of self and practice, improved ability to provide excellent patient care, improved
12 communication with colleagues and patients, and enhanced self-directed learning (SDL) and
13 professional maturity (Tashiro et al, 2013). This literature review aims to explore in more detail
14 these latter benefits of RP and how they can be applied to support the professional development of
15 Registered Veterinary Nurses (RVNs).

16 **Continuing professional development**

17 The science of veterinary medicine is constantly evolving with an ever-growing body of knowledge
18 and a rapid rate of technological change. In addition, there are regulatory and societal expectations
19 that veterinary nurses are professionally accountable. Consequently, RVNs are required to engage in
20 a process of life-long learning (LLL), and personal and professional development in order to maintain
21 and improve professional ability (Branscombe & Lumbis, 2010). One way of evidencing this process
22 is for RVNs to undertake continuing professional development (CPD) throughout their careers (Royal
23 College of Veterinary Surgeons (RCVS), 2018a).

24 The RCVS (2018a) defines CPD as:

25 *“the process of continually maintaining, improving and broadening your skills and knowledge, as well*
26 *as developing personal qualities which help to ensure you remain professionally competent.”*

27 CPD is strongly bound to professional activity and participation may be intrinsically and extrinsically
28 motivated (Cole, 2000; Dale, Pierce & May, 2010; Friedman & Woodhead, 2008):

- 29 • It improves an RVNs technical and scientific knowledge (Intrinsic)
- 30 • It improves an RVNs ethical and personal capacity (Intrinsic)
- 31 • It is integral to the development of professional status and fulfils professional
32 responsibilities (Intrinsic)
- 33 • It is a key way that RVNs can develop their specialisms and their careers by allowing them to
34 improve their performance in their current role, to take on new roles, and to improve career
35 prospects and progression with their current, or a new employer (Extrinsic)
- 36 • It helps maintain quality of professional service, thereby reassuring the recipients and
37 purchasers of those services (Intrinsic)
- 38 • It improves the possibility of increased earning potential (Extrinsic)

39 There are also social motivators for participating in CPD including the opportunity to meet friends,
40 have fun with colleagues, be able to network with others, and be able to exchange ideas with peers
41 (Dale, Pierce & May, 2010).

42 Regardless of the motivation, CPD participation requires a commitment to SDL, where one takes the
43 initiative to identify their learning needs and how they will address them (Jennings, 2007). SDL is an
44 important element of LLL and can have positive effects on practice including improved practical skills
45 in critical thinking, understanding, retention/recall, and decision-making (Jennings, 2007). There can
46 also be improvements in personal attributes including increased motivation, satisfaction, confidence
47 and competence (Jennings, 2007).

48 **The current model of CPD**

49 CPD is mandatory for all RVNs, and requires participation in a minimum of 45 hours over 3 years. The
50 completed activities are logged as hours in a CPD record, which is used as evidence for professional
51 registration (RCVS, 2018a). CPD is traditionally undertaken following the input-based CPD model.
52 This model acknowledges that an RVN has undertaken some sort of prescribed didactic CPD activity,
53 usually by attending a conference or lecture-style meeting. It does not require them to reflect upon
54 what learning has taken place, nor how this can be applied to their practice (Friedman & Woodhead,
55 2008; Wallace & May, 2016).

56 It is argued that merely undertaking input-based CPD does not necessarily make the individual
57 competent, nor lead to improvements in professional practice (Friedman & Woodhead, 2008;
58 McDougall, Epstein & Hight, 2017). In addition, the input-based CPD model does not readily
59 encompass learning through experience and action, which is considered to be an important
60 component of both adult learning and LLL (Cole, 2000). Neither does this model encourage
61 reflection, which can lead to deeper learning, self-awareness, and enhanced personal and
62 professional development (Jayatilleke & Mackie, 2012).

63 **An alternative model of CPD**

64 CPD that moves away from the traditional didactic lecture model to that which encourages a more
65 interactive approach is now considered preferable (Friedman & Woodhead, 2008). An alternative
66 outcome-based CPD model has therefore been proposed which encourages deeper learning through
67 exposure to mixed activities, as well as opportunities to practice skills, to close the theory-practice
68 gap, and to reflect on current and desired practice (Wallace & May, 2016). This model importantly
69 encourages individuals to analyse their own unique learning needs, and to identify or create suitable
70 learning opportunities (Cole, 2000). As such, this is the ideal model to assist with SDL. Within an
71 outcome-based model, one is also required to assess whether the activity satisfied their specific
72 learning needs or not (Cole, 2000). This final step ensures that the value of the CPD undertaken is
73 considered, and whether further learning activities are required.

74 An outcomes-based CPD cycle proposed by Friedman & Woodhead (2008) incorporates the stages of
75 planning, action, outcomes, and reflection. Outcomes include what change in knowledge and
76 behaviour occurred as a result of the learning activity, and what the results of these were to the
77 patients and the practice (Friedman & Woodhead, 2008). The RCVS, in recognition of the
78 weaknesses of input-led CPD, has proposed the implementation of a similar outcome-based

79 approach to CPD and LLL for RVNs which encompasses a cycle of planning, doing, recording and
80 reflecting (Fig. 1; RCVS, 2016a).

81 **The role of reflection in outcome-based CPD**

82 Brigley et al (1997) describe the role that RP plays in CPD. Although a dated article, the reasons given
83 are all currently applicable to RVNs:

- 84 • Promotes the development of self-awareness and critical thinking about practice.
- 85 • Relates theory and practice by offering a systematic way of educating professionals in their
86 everyday work.
- 87 • Enhances professionalism by placing responsibility with the individual practitioner to be
88 open-minded and committed to an enquiry-based approach.
- 89 • Places problems faced by practitioners in a wider organisational and social context.
- 90 • Facilitates multidisciplinary interaction as they negotiate, plan, and implement CPD.

91 The RCVS outcome-based CPD model only requires formal reflection to occur in the final stage;
92 however this author would argue that reflection forms an integral part of all four stages of the CPD
93 cycle.

94 **Stage 1: Planning**

95 The first step in the RCVS (2016a) CPD cycle is to plan learning needs and objectives by reflecting on
96 practice (Friedman & Woodhead, 2008). RP helps achieve better understanding of what you need to
97 know, or be able to do, through exploring activities or significant events at work. Brigley et al (1997)
98 recommend keeping a diary or journal to record and comment on these activities and events.
99 Structuring this diary around a model of reflection can help one critically explore events more
100 deeply. A simple model for this purpose is Rolfe's (2001) model of reflection which consists of three
101 main questions which are supplemented by additional sub-questions (Fig. 2). The three main
102 questions are:

- 103 1. What?
- 104 2. So what?
- 105 3. Now what?

106 The first question encourages one to describe the event in detail and consider the consequences of
107 the event. The second question prompts one to consider more critically the impact the event had,
108 and what they might have done differently. The final question helps one to formulate an action plan
109 that identifies additional skills, knowledge, or changes to practice that might be required. These are
110 essentially an individual's learning needs, and can be transferred to a development plan to create
111 specific objectives (RCVS, 2016a).

112 RP can also be used in a group context in the planning stage to reflect upon events that may help to
113 identify learning needs for both individuals and the wider practice team. There are a variety of
114 opportunities where RP can be used in this context including routine practice meetings, appraisal
115 meetings, critical incident analyses, action learning sets, practice improvement meetings, mentor
116 meetings, journal club, rounds/handovers, and morbidity and mortality rounds (Driscoll & Teh, 2001).

117 Self-assessment (SA) also forms an important part of the initial planning stage. SA has been
118 described as an active process of developing an awareness of personal learning needs in order to
119 guide participation in suitable learning activities (Asadoorian & Batty, 2005). The RCVS advises that
120 RVNs undertake regular SA and appraisals to plan their professional development and address any
121 performance issues (RCVS, 2018a). Conducting SA can motivate individuals to develop their
122 professional learning in order to implement the changes needed to enhance or improve their
123 performance. It can also help direct individuals to their required professional learning in a more
124 efficient and effective manner (Asadoorian & Batty, 2005). Completing CPD in an ad hoc fashion may
125 result in wasting time and money on activities that did not meet one's needs (RCVS, 2018a). SA and
126 planning ahead ensures learning opportunities are effective as one undertakes focussed activities.
127 This makes it more attractive for employers to fund the CPD activity, as it is clear what the benefits
128 to an individuals practice would be.

129 Reflecting on events in practice whilst performing SA helps one to identify weaknesses, and
130 consequently to set appropriate learning goals. It also helps one to identify strengths, and
131 encourages one to set challenging learning goals which pushes one's knowledge rather than just re-
132 iterates what is already known (Eva and Regehr, 2005). There are a variety of tools of reflection that
133 can help an individual to undertake SA include skills evaluation checklists, SWOT analysis,
134 professional development planning (PDP), and SMART objectives. Table 1 describes the use of these
135 tools in more detail.

136 The ability to recognise one's strengths and weaknesses is an important component of SDL, and a
137 criticism of SA is that it is easy for individuals to either over- or underestimate their competence in
138 certain areas (Eva et al, 2004). In order to address this, it has been recommended that prior to
139 actioning one's identified learning needs, a CPD plan should be discussed with others (for example
140 line manager, mentor, clinical coach, peers). This will help the individual to gain additional
141 viewpoints, which may in turn help eliminate subjective distortions, and will help broaden learning
142 priorities to include wider organisational requirements (Brigley et al, 1997).

143 The final consideration to undertake in the planning stage is for the RVN to reflect upon their job
144 role and to select CPD topics that are relevant to this, whilst also being mindful of the fact that it is
145 important to venture outside of one's 'comfort zone' every so often (Branscombe and Lumbis,
146 2010).

147 **Stage 2: Doing**

148 There are a range of different CPD activities that may be undertaken to meet the RVNs identified
149 learning needs (Table 2). Ideally the individual would reflect upon which specific activities may best
150 suit their preferred learning style, their lifestyle, and the level of support they are likely to receive
151 from their employer (e.g. funding of activity, time off work to attend).

152 **Stage 3: Recording**

153 Upon completion of the CPD activity a record should be completed, to include evidence such as
154 certificates or notes (RCVS, 2016a). Keeping a reflective diary to record an exploration of the
155 learning undertaken is ideal for this situation (Brigley et al, 1997). The diary can be structured
156 around a model of reflection in order to more deeply identify the learning and changes to behaviour

157 that have occurred. Reflection on the overall quality of the learning experience is also useful,
158 including whether the activity fitted with the individuals preferred learning style, and whether there
159 were any barriers to learning that need considered for the future (Brigley et al, 1997).

160 **Stage 4: Reflecting**

161 The final stage of any CPD activity is to reflect upon the impact of the learning activity and whether it
162 met the RVNs objectives in their development plan (RCVS, 2016a). The individual should reflect upon
163 the specific things they have learned, and how this learning aligns to their professional regulatory
164 frameworks, their current and desired practice, and their professional responsibilities (Brigley at al,
165 1997).

166 Within Brigley et al's (1997) CPD cycle, providing feedback on CPD to colleagues is considered
167 important. This can be used as a tool for reinforcing or consolidating the learning that has occurred
168 from participation in the CPD activity. One selects the new, important, or salient points from the
169 information they gathered during the activity, considers how these relate to their existing practice,
170 and determine whether changes to practice based on this new learning should/could occur. This
171 information is then disseminated to their colleagues either through verbal or written form, ideally at
172 multidisciplinary practice meetings. Through discussing how the learning from CPD can be used to
173 guide or influence current practice, individuals are encouraged to participate in evidence-based
174 veterinary medicine (Mann, 2017).

175 As the learning undertaken through outcome-based CPD is often multidimensional, the change in
176 knowledge or skills that have resulted from the CPD activity should be measured in some way.
177 Outcomes can be measured in the context of changes to professional behaviour, and the impact
178 these changes have had on the clients, patients, and the employer (Friedman & Woodhead, 2008;
179 Wallace & May, 2016). Measurements may be subjective, for example critical RP using a model of
180 reflection, completion of self-assessment tools, or gathering feedback from colleagues or clients.
181 Measurements may also be objective, for example conducting clinical, process, or financial audits, or
182 reviewing the results of formal assessment. Determining the outcome of CPD can be achieved
183 through reflecting upon exactly what you are doing differently now to before the learning was
184 undertaken. The exact things you choose to reflect upon will depend on the topic and type of CPD
185 undertaken, and Table 3 describes some examples. The process of participating in CPD activities and
186 then measuring the outcomes helps the RVN to meet many RCVS clinical governance
187 recommendations (RCVS 2018b). However, it is vital to note that measuring outcomes can be
188 difficult, and is time-consuming for the individual and/or practice (Cole, 2000; Wallace & May, 2016).

189 Undertaking RP in this final stage of an outcomes-based CPD cycle would undoubtedly include
190 identification of the individual's current learning needs, and would help prioritise future CPD
191 activities (Brigley et al, 1997). At this point the whole CPD cycle would repeat again.

192 **The challenges of forcing reflection**

193 A consultation with the veterinary profession to the proposed RCVS outcome-based CPD model
194 revealed that despite over 50% of the 3,357 respondents agreeing with the model, less than half
195 agreed that there should be a requirement to perform reflection on the learning activities
196 undertaken (RCVS, 2016b). This response reveals a reticence to RP within the profession, perhaps

197 due to a lack of understanding about what this process is and how important it is within learning
198 (RCVS, 2016b). Concerns about the requirement for healthcare professionals to reflect on CPD have
199 also been made, which raises some important questions about forcing reflection in this context
200 (Macdougall, Epstein, and Highet, 2016):

- 201 • Are the reported benefits of RP lost as a consequence?
- 202 • Does it force the reluctant to become engaged in the process, or to merely undertake a box-
203 ticking exercise?
- 204 • Does it merely encourage individuals to reflect by rote, rather than truly critically exploring
205 the learning activity in order to undertake the deeper learning required for associated
206 behaviour changes to occur?

207 As the veterinary profession is currently not required to undertake formal reflection on CPD
208 activities, the answers to these questions will only become apparent over time if an outcomes-based
209 CPD model is implemented by the RCVS.

210 In addition to the concerns regarding forced reflection, several other concerns about the proposed
211 new CPD requirements were also identified (RCVS, 2016b):

- 212 • It would add stress and pressure to already busy/overworked professionals.
- 213 • It would be difficult to maintain a good work/life balance.
- 214 • The process is too bureaucratic, involving too much paperwork.

215 Other barriers to veterinary surgeons participation in CPD were identified by Dale, Pierce & May,
216 (2010), and it would be assumed that similar barriers for RVNs exist. These include:

- 217 • Inability of individuals to identify/admit to learning needs.
- 218 • Lack of available/interesting CPD
- 219 • Lack of motivation (no obvious benefits, dislike travelling, not held at convenient times).
- 220 • Lack of employer support (lack of funding, or time to attend).

221 It is important that the profession finds ways to overcome these barriers, and highlights the need for
222 education in RP and SA techniques, and in employers supporting their staff to participate in CPD
223 activities.

224 **Conclusion**

225 The requirement for RVNs to undertake CPD is regarded integral to the ongoing development of
226 their profession. In response to concerns that engagement in the traditional input-based model of
227 CPD does not guarantee competence, the RCVS (2016a) has proposed an outcome-based model.
228 This would be better aligned to the needs of the adult and experiential learner, as individuals are
229 able to explore their own learning needs, to self-direct their learning experiences, and to participate
230 in learning activities that are directly applicable to their own work contexts (Macdougall, Epstein &
231 Highet, 2016).

232 Reflective practice is considered an important component of modern CPD activities as it is at the
233 centre of professional learning (Schön, 1983). Reflection helps encourage deeper learning, and can

234 facilitate the individual learning from their own experiences, and in developing greater self-
235 awareness and self-examination (Kim et al, 2010).

236 Despite the concerns raised by the veterinary profession about the requirement to undertake RP
237 throughout the CPD cycle, and the wider concerns raised about forcing professional reflection, this
238 author would argue the potential benefits outweigh the concerns. A recent qualitative study
239 investigating opinions of early-career and mid-late career nurses by Price and Reichert (2017)
240 revealed that access to training and education were directly linked to increased career satisfaction.
241 This is an important finding as it directly relates to retention of the workforce. This study also
242 revealed that an employer that invests in CPD opportunities, either through providing the time or
243 finances to undertake the activities, was considered vital to ensuring their nurses undertook
244 continuous growth and provided optimal patient care. It would be hoped that similar outcomes
245 would be true for RVNs. Through participating in CPD, RVNs are ensuring they are behaving in a
246 manner which aligns directly to the RCVS Code of Professional Conduct for Veterinary Nurses which,
247 in turn, helps to improve the industry and public perception of their profession (RCVS, 2018b).

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