



**GUIDELINES ON REFLECTIVE PRACTICE FOR  
NURSING STUDENTS UNDERTAKING NURSE REGISTRATION PROGRAMMES**

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Inclusion of information about RP hours	To ensure consistency and transparency

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## 1.0 Introduction

These guidelines are to assist nursing students, registered nurses, preceptors and clinical placement co-ordinators to support reflective practice (RP) for nursing students undertaking nurse registration programmes. Reflective practice is a requirement for student nurses specified by the Nursing and Midwifery Board of Ireland (2016). It is envisaged that the use of a standardised approach to reflective practice will support both the personal and professional development of nursing students during clinical placements.

The ethos of clinical learning within CHI at Crumlin encourages the use of reflective practice. Nursing students are supported to reflect on their clinical practice in both a structured and unstructured format and are also encouraged to use the resources within the clinical environment to facilitate this process.

## 2.0 Definition of Guidelines

**Guidelines** represent the written instructions about how to ensure high quality services are delivered. Guidelines must be accurate, up to date, evidence-based, easy to understand, non-ambiguous and emphasise safety. When followed they should lead to the required standards of performance.

## 3.0 Applicable to

These guidelines are to assist all nursing students, registered nurses, preceptors and clinical placement co-ordinators to support reflective practice for undergraduate nursing students undertaking nurse registration programmes in CHI at Crumlin. These guidelines are to applicable to:

- All Nursing Students on clinical placements in CHI at Crumlin
- Registered Nurses,
- Preceptors
- Clinical Nurse Managers
- Clinical Placement Coordinators
- (PRCNS) Clinical Coordinator

## 4.0 Objectives of the Guidelines

The guidelines will support reflective practice for all nursing students, registered nurses, Preceptors, Clinical Nurse facilitators, Clinical Nurse Managers and Clinical Placement Coordinators in CHI at Crumlin.

## 5.0 Definition of terms

**Reflective Practice:** is described as a critical assessment of one's own behaviour as a means towards developing one's own abilities in the workplace, where thoughts and actions are linked (Schön 1983). The aim of reflection is to enable nurses to learn through their everyday experiences and to develop desirable and effective nursing practices (Johns 2009). Reflection offers a mechanism to develop critical thinking and problem solving skills (Hong and Chew 2008) that leads to improved patient care through the delivery of thoughtful, sensitive and insightful nursing intervention (Taylor 2010). The earliest evidence of reflective practice in Nursing was by Florence Nightingale (Lim et al 2013)

- BSc:** Bachelor of Science, undergraduate nursing students
- NPDC:** Nursing Practice Development Coordinator
- NPDU:** Nursing Practice Development Unit
- PRCNS:** Post Registration Children's Nursing Student
- SALO:** Student Allocations Liaison Officer
- CPC:** Clinical Placement Coordinator
- NCAD:** National Competency Assessment Document

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## 6.0 Guidelines on Reflective Practice

### 6.1 Allocation of reflective practice to nursing students

Nursing students are entitled to reflective practice time during clinical placements as outlined below:

Allocation of Reflective Practice Time for BSc Nursing (Children's and General)	
Supernumerary Student	4 hours per week (not accumulative)
Internship Students: Children's Programme	5 x 7.5 hour RP days plus Clinical Management Day x 8.5 hours
Internship Students: General Programme	To be arranged locally in respective general Hospitals
Post Registration Children's Nursing Students (PRCNS)	2 x 8 hour days in CHI @ Crumlin and 1 x 8 hour day in UCD

### 6.2 Benefits of reflective practice

There is evidence that reflective practice can assist with nurses' practice and learning by:

- Offering a framework through which care can be critically examined and improved
- Developing nursing knowledge needed in order to meet patients' needs
- Challenging ritualistic practice
- Enhancing patient care delivery
- Developing a dynamic approach to problem solving
- Directing practice, or offering a choice between alternatives in practice
- Promotes a deeper rather than superficial level of learning
- Integrating theory and practice by questioning nursing practices
- Offering a mechanism to develop critical thinking and problem solving skills
- Bridging the divide between theory and practice
- Enhancing personal and professional development

Davies 2012; Barbour (2013); Parrish and Crookes 2014; Adam and Dewar 2015; Persson et al (2015) Truman (2017); Bass et al. (2017); Barbagallo(2019).

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### 6.3 Types of Reflection

There are four types of reflection:

STAGE OF REFLECTION	CHARACTERISTICS
<b>Reflection before action</b>	<ul style="list-style-type: none"> <li>- Thinking about what needs to be done and why</li> <li>- What are the objectives and how can these be achieved (Schon 1991, Fowler 2014)</li> </ul>
<b>Reflection-in-action</b> (1 <sup>st</sup> Stage of Reflection)	<ul style="list-style-type: none"> <li>- Occurs during the event or in the midst of action to 'stop and think'</li> <li>- Main purpose is to seek to understand what is happening</li> <li>- Requires the nurse to think on his / her feet</li> <li>- Involves a form of action research</li> <li>- Integrates education and research into practice</li> <li>- Cannot be taught but coaching can encourage its development</li> </ul>
<b>Reflection-on-action</b> (2 <sup>nd</sup> Stage of Reflection)	<ul style="list-style-type: none"> <li>- Occurs after the event</li> <li>- main purposes are to seek to understand what has happened</li> <li>- A process of looking back on what has been done</li> <li>- Can be used as a learning process - learning lessons from what did or did not work</li> <li>- Can be undertaken alone or in a group (Schon 1991; Wilson 2008)</li> </ul>
<b>Reflecting-on-the-future</b> (Reflecting-'for action') (3 <sup>rd</sup> and final Stage of Reflection)	<ul style="list-style-type: none"> <li>- Occurs after the event</li> <li>- Reflects on what might be possible in the future</li> <li>- Anticipates situations before being faced with them</li> <li>- Achieved by considering / imagining various possibilities and the strategies required to achieve them.</li> <li>- Assists in enabling the development of strategies which hopefully will deliver a concrete reality (Plack <i>et al</i> 2008; Wilson 2008)</li> </ul>

### 6.4 Challenges to Reflection

Challenges to reflection	How to overcome the challenges of reflection
<ul style="list-style-type: none"> <li>• Tiredness</li> <li>• Lack of time / time consuming process</li> <li>• Lack of space and distractions</li> <li>• Lack of motivation</li> <li>• Not knowing how to reflect (lack of reflective insight)</li> <li>• Finding it difficult to deal with the consequences of reflection</li> <li>• Difficult to express feelings and judgements into the public domain</li> <li>• Lack of encouragement or support to participate in reflection</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain mental focus</li> <li>• Incorporating reflection into your daily nursing routine</li> <li>• Improved organisation and negotiation of time</li> <li>• Find a quiet space</li> <li>• Identify the relevance of reflection</li> <li>• Commitment to reflection</li> <li>• Use structured reflective cycles</li> <li>• Use of facilitators to aid the reflective process (Howatson-Jones 2010)</li> </ul>

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## 6.5 Reflective practice strategies for clinical practice

A variety of strategies have been identified as being effective in nurturing reflection. It is envisaged that students will use the following strategies to facilitate their reflection.

### A: Individual Sessions using

#### Reflective practice templates within the NCAD: Nursing Student reflection Using Gibbs Model of Reflection using Gibbs Model (1988) Appendix 1

- Description: To record events / situations / experiences which have influenced the nursing experience and practice
- Feelings: What were your feelings?
- Evaluation: Whether this has been a positive or negative experience?
- Analysis: What sense can you make of the situation?
- Conclusion: What else could you have done?
- Action Plan: if it arose again what would you do?
- Assists in ordering thoughts, developing analytical and critical thinking skills, understanding and knowledge and limitations of same  
(Thorpe 2004; Jack and Smith 2007; Jasper 2008; Persson et al 2015)

#### Self-regulation/directed learning:

- Clinically based learning
- Must use the resources within the clinical environment to facilitate learning
- Prompts for reflection on clinical experiences:
  - o Reflect on the thinking processes you used in the clinical setting
  - o Reflect on the environmental circumstances you encountered in clinical
  - o Reflect on your behaviors and reactions to the clinical experiences  
(Kuiper et al 2010; Howatson-Jones 2010)

#### Case Presentations:

- Individual chooses a critical reflective clinical experience
- Identify a patient/client within the assigned clinical area
- Utilise a case presentation template as a completion guide
- Utilise the activities of daily living and the nursing process as a framework
- Explore the evidence base surrounding practice
- Critically analyse nursing management
- Reflect how the nursing management of the problem could be improved
- Maintain confidentiality
- All students are encouraged to participate  
Atkins and Schutz (2008), Asselin (2011), Schuessler et al (2012), Fook (2015), Barabagalla (2019).

### B: One-to-One

- Discussing the day's events / patient case load with preceptor/CPC
- Clinical Incidence discussions / debriefings
- Problem solving discussions
- Case Presentations

### C: Group Sessions

Small groups to promote learning and may be used as a means of debriefing (Jasper 2003; Atkins and Schutz 2008; Howatson-Jones 2010)

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## 6.6 General guidelines for facilitating Reflective Practice Sessions

- All students are expected to actively participate in the reflective practice process. Each student will utilise reflection in/on/in future practice on a continuous basis with preceptors in the clinical area.
- Confidentiality of issues raised is required of all participants who are present for the session.
- Practice issues which are raised and which concern the facilitator will be addressed individually with consideration given to the best interests of the patient.
- If an issue arises in a reflective practice session which upsets the student, the facilitator of the session will speak with the student at the end of the session to clarify the issues and will arrange follow up if necessary.
- Reflective practice sessions should be utilised in order to apply theoretical knowledge and the experience gained from it to positively influence clinical practice.

## 6.7 Specific guidelines for facilitating Pre-set Reflective Practice Sessions

- Students are notified by email in advance of RP session informing them of the time, proposed themes & plan for sessions
- All clinical areas are also notified of RP sessions.
- Each supernumerary student who is rostered on duty on the given day for a reflective practice session is expected to reschedule their working roster to facilitate attendance.
- For any full day RP sessions each Stage 4 or Internship nursing student should not be rostered for duty. The ward/unit roster should record this reflective session as 'RP Day' for Stage 4 and Internship nursing students or 'RP Hours' (ie RP 2hours) for supernumerary nursing students
- Each student must liaise with the Clinical Nurse Manager/Facilitator to facilitate attendance at reflective practice sessions outside of the clinical learning environment.
- Each session will be facilitated by a pre designated facilitator
- Establish prior ground rules amongst group
- Each session will provide a constructive forum to discuss issues pertaining to clinical practice. However if students have personal concerns or grievances, reflective practice is not the appropriate forum to discuss these issues. Any individual concerns should be raised personally with their CPC
- There is a guidelines on, Addressing Complaints / Concerns of Nursing staff and Students (2020) if a student requires guidance with personal concerns or grievances.
- Each student chooses a critical reflective clinical experience
- Identify the learning that has been achieved.
- A suitable model / reflective framework should be used to facilitate the reflection practice sessions, for example Gibbs Cycle (1988) (Appendix1). This will enhance the outcomes of the reflective practice sessions and assist in developing the skills of analysis, critical thinking and evaluation, rather than merely describing an experience.

## 6.8 Confidentiality during reflective practice sessions

Patients', families and staff members' names and details should remain anonymous during all reflective practice sessions and within all documented reflective practice tools. Facilitators of reflective practice sessions must follow the Guidelines for Good Practice (OLCHC 2007). The facilitator will remind students at the start of reflective practice sessions that if evidence of unsafe practice is revealed during the session, the facilitator may need to bring this issue to the attention of the clinical area concerned. Students are encouraged to address clinical incidents / concerns with the relevant person at the time of occurrence.

Confidentiality must be maintained with all reflective practice pieces. Any student documentation must be kept in a safe secure place by the student. It should not contain information which would allow individuals to be identified. The reflective documents are the personal property of the student and, as an educational tool, is unlikely to be included in the documents that patients / clients can access as part of the Freedom of Information Act (Government of Ireland 2003). However, as with any documentation, it can be subpoenaed as evidence in court actions (O'Connell and Dymont 2011).



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## 6.9 Facilitators of reflective practice sessions

The preceptor / staff nurse / CNM / CNF / CPC / Clinical Programme Coordinator / CNS / fellow students / personal or link tutors can act as a Reflective Practice Facilitator. These sessions can be facilitated on a one to one basis or in groups or virtually via ZOOM®. They can be facilitated in many ways such as, self directed learning, case presentation, case review, reviewing reflective diaries or discussing the day's events.

## 7.0 Implementation Plan

### Communication and Dissemination

- Guidelines will be posted on hospital Intranet
- Hard copies of the guidelines will be included in the Student Folders in each clinical area
- Email will be circulated to all relevant staff informing them of issue of guideline

### Training

- NPDU will facilitate information sessions as required to relevant nursing staff
- Information is included in induction packages for nursing students

## 8.0 Evaluation and Audit

Evaluation and Audit includes:

- Nursing students (at each stage) perceptions of reflective practice in CHI at Crumlin are evaluated bi-annually electronically.
- SALO will oversee pay back of any reflective practice time missed in partnership with third level colleges
- Non-compliance and/or non participation and/or non attendance with structured and/or unstructured Reflective Practice will be address with the nursing students by the preceptor/CPC/CNF/NPDC
- Feedback from nursing staff and students on this guideline will contribute to ongoing Reflective Practice Guideline development
- Students are given the opportunity to give verbal feedback at the end of each reflective practice session and are consulted on the planning and development of particular themes they would like to reflect on through out their programme.

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10.0 Appendix 1: Gibbs' Reflective Cycle (1988)

