



Using a critical reflection process to create an effective learning community in the workplace

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SUMMARY

Learning circles are an enabling process to critically examine and reflect on practices with the purpose of promoting individual and organizational growth and change. The authors adapted and developed a learning circle strategy to facilitate open discourse between registered nurses, clinical leaders, clinical facilitators and students, to critically reflect on practice experiences to promote a positive learning environment. This paper reports on an analysis of field notes taken during a critical reflection process used to create an effective learning community in the workplace. A total of 19 learning circles were conducted during in-service periods (that is, the time allocated for professional education between morning and afternoon shifts) over a 3 month period with 56 nurses, 33 students and 1 university-employed clinical supervisor. Participation rates ranged from 3 to 12 individuals per discussion. Ten themes emerged from content analysis of the clinical learning issues identified through the four-step model of critical reflection used in learning circle discussions. The four-step model of critical reflection allowed participants to reflect on clinical learning issues, and raise them in a safe environment that enabled topics to be challenged and explored in a shared and cooperative manner.

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Introduction

Effective clinical learning experiences are strategic and crucial in assisting nursing students apply knowledge and skills learnt in the academic context. Students need to be responsive to diverse populations, different models of health care delivery, an aging population and increased incidence of chronic conditions. The ultimate goal of advancing clinical learning is the preparation of competent and safe nurses to provide high quality care for patients, families and communities in a rapidly changing health context.

Student engagement in practice communities enables them to learn about professional behaviour, attitudes and practice in the changing health care delivery landscape. Clinical learning models (e.g., preceptor, facilitation, clinical education units) identified the literature (Budgen and Gamroth, 2008; Henderson et al., 2006; Rowan and Barber, 2000) are varied and based on the organisation of care, costing

model and number of experienced staff willing to fulfil teaching roles. Facilitating student learning relies on the effectiveness of registered nurses (RNs) in the clinical settings who work with students on a day to day basis. RNs need to provide quality teaching/learning opportunities, appropriate support, role-model clinical leadership behaviours including effective in problem-solving and decision-making skills, organize for students to be part of a team and promote a positive work culture. We have argued elsewhere (Walker et al., 2011a), the factors central to successful clinical leadership in relation to undergraduate nursing education are transformative leadership principles, including active engagement by the nurse unit/ward manager, to enhance collaboration and build relationships to create teams that deliver quality patient care.

This paper outlines the adaptation and development of a learning circle strategy to facilitate open discourse between local RN clinical leaders, clinical facilitators and students, to critically reflect on practice experiences to promote a positive learning environment. An evaluation of the learning circle strategy with various stakeholders (Walker et al., 2011b) indicated that the four-step model of critical reflection assisted in supporting transformational leadership principles for enhancing the clinical learning environment. This paper reports on a sub-study of the larger program of research which aimed to identify the nature and outcomes of the critical reflection process.

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Literature

Learning circles have been used in a range of industries including health care for some time (Ishikawa, 1982; Scriven, 1984; Wade and Hammick, 1999), as an enabling process to critically examine and reflect on practices with the purpose of promoting individual and organizational growth and change. It is this critical reflection aspect of learning circles that sets them apart from other discussion forums. Noble et al. (2005) learning circle innovation and particularly their four-step model of critical reflection was adapted for use within the clinical setting involved in undergraduate nursing education. The four-step model of critical reflection is non-prescriptive and is aimed at challenging participants to *think otherwise* in relation to theory and practice (Noble et al., 2005). It is this open-ended interpretation of the model which enabled its easy adaptation to the context of clinical learning in nursing.

The four-step model of critical reflection presented by Noble et al. (2005) provides a practical approach to critical reflection. They describe critical reflection as “the ability to reflect honestly on one's own practice in a manner that allows multiple perspectives and approaches to inform [practice]” (Noble et al., 2005, p. 14). Thus a critically reflective practitioner is one who engages in the construction rather than reproduction of knowledge. The four-step model challenges participants to explore and develop critical reflection skills by deconstructing current practice, confronting issues, theorising by considering practices at all levels of the organisation; and thinking otherwise by considering approaches outside dominant discourses, to construct other ways of thinking about, and practising (Noble et al., 2005, p. 16).

Noble et al. (2005) tested the four-step model of critical reflection via a pilot project conducted in six child care centres that provided practice placements for 8 undergraduate (early childhood) students over one university semester (a total of 48 students). During this period regular time and space were allocated for open discourse between practitioners, academics and students, to critically reflect on learning experiences. Results indicated that students were more engaged in practice and their sense of professional identity revealed an enhanced understanding of: “engagement in collaboration and team building; development in critical thinking skills; acknowledgement that improved critical thinking skills led to enhancement of practice, and; development of advocacy, leadership and innovation” (Noble et al., 2005, p. 44).

Our use of the learning circle strategy also demonstrated positive results including enhanced communication and understanding in relation to undergraduate nursing student clinical education and improved organisation learning culture (Walker et al., 2011b).

Methods

This study sought to encourage nursing and student participants to actively deconstruct, confront and challenge existing ways of thinking to contribute to effective clinical learning through a learning circle strategy. The study received ethics approval from both Griffith University's and the participating Hospital's human research ethics committees.

The four-step model of critical reflection (Noble et al., 2005) utilised in the learning circle approach provided a practical framework for nursing and student participants to apply new ideas into their practice, enhance their own leadership capacity, and contribute to the clinical learning culture. The model was adapted and re-labeled to promote understanding by participants:

1. *Break apart* (or deconstruct) our practice into pieces and question what is considered ‘normal’, ‘proper’ or ‘accepted’.
2. *Confront* any of the difficult or ‘untouchable’ topics that these questions raise.

3. *Explore* (or theorise) these issues by asking yourself: what are the possibilities? How could we do this differently? Who or what can I refer to for advice?
4. Think of *alternatives* (think otherwise). Put their pieces back together to create better ways of thinking about and doing our practice.

Participants and setting

A series of learning circles were conducted during in-service periods (that is, the time allocated for professional education between morning and afternoon shifts) over a 3 month period between August and October 2009 (before, during and after scheduled semester undergraduate clinical placements). The use of the in-service period between the morning and afternoon shift was imperative to ensure interested staff were able to participate at their convenience during working hours.

A total of 19 learning circles discussions were conducted in the two acute care hospital wards. A total of 56 nurses, 33 students and 1 university-employed clinical supervisor consented to participate in the learning circle discussions. Participation rates ranged from 3 to 12 individuals per discussion. Staff and students could participate in as many learning circles as possible and many attended multiple times and as such 86 registered nurses (including some clinical nurses who have a greater leadership role in clinical settings) and 8 endorsed and/or enrolled nurses participated in 19 learning circles over a 12 week period. Thirty-seven final-semester third year students and 12 second-semester second year students participated in the learning circles while on clinical placement. One clinical facilitator supervising second year students on placement also attended a discussion.

Ward leaders such as the nurse unit manager and clinical nurses were supportive of the study, and promoted participation in the learning circles to nursing staff and students. Some clinical nurses were able to occasionally attend learning circle discussions. However, nurse unit managers were unable to attend due to the demands of their role during the change of shift.

Learning circle strategy

An intervention protocol was developed to guide learning circles (see Table 1). The protocol outlined a series of generic steps for the researcher to follow to ensure a process for facilitating the four steps of critical reflection was used consistently. The process allowed participants to share personal experiences, or discuss issues related to a scenario and/or published research prepared by the researcher. This was an important consideration, as it was possible for each discussion to involve staff and students who had not yet attended learning circles, as well as participants who had joined discussions on one or more occasions. Although the researcher facilitated the learning circles, the discussions were not prescribed as it was considered important that the format of learning circle discussions be flexible and open-ended to promote a welcoming and relaxed environment for participants. Guidelines regarding learning circle participation were outlined, and included use of appropriate language and respect for colleagues' opinions.

Data collection and analysis

Field notes were kept by the researcher during each learning circle. These hand written notes taken during the sessions documented the main discussion points for dissemination to participants via email. They provided a chronological record of events as well as a means for noting thoughts and ideas about the research process and people involved. The field notes summarized the content of the learning circle discussions as they related to the key issues identified from a critical appraisal of the content and were emailed to all participants for confirmation. This critical appraisal of the content was done using

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