



Utilizing Reflective Practice to Obtain Competency in Neonatal Nursing

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ABSTRACT

The ability to reflect is an important component for the development of competency. Reflection is a process that involves thinking about the thoughts that occur as a situation or event is unfolding. Reflection can also occur following the event. Using reflection as a learning tool, the progression from beginner practitioner to expert and proficient practitioner can be developed. As NICU nurses and healthcare professionals, we provide care to the most vulnerable patients that require a specific body of knowledge to ensure high quality. Such knowledge is acquired, maintained and advanced through lifelong learning in practice and research. The goal of this article is to provide the reader with a sound knowledge base of reflection that will help meet professional, organizational and individual demands of being a safe and competent neonatal nurse.

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Nursing has always included learning from experience, yet through the concept of reflection, there has been an increased sense of accountability and professional development. Using reflection as a learning tool, the progression from beginner practitioner to proficient and expert practitioner can be developed. Reflective practice is a learning process taught to professionals from a variety of disciplines with the aim of enhancing abilities to communicate and make informed decisions. There are a variety of approaches used in reflective learning, but in general, reflection enables nurses to look at actions, thoughts and feelings and is considered to be a means of learning from practice. From this perspective, learning from practice is the cornerstone of professional development, and it is a vital component of sustaining professional growth.¹ There is a danger that nursing practice can become habitual, routine, and simply task-oriented, if one does not challenge himself. The goal of this article is to provide the reader with a sound knowledge base of reflection that will help meet the professional, organizational and individual demands of being a safe and competent neonatal nurse. Although the term “nurse” is used throughout this article, it is meant to imply nurses as well as nursing students, representing a wide range of skills and experience.

As nurses establish their practices, they undertake the accumulation of ‘new’ neonatal nursing knowledge which helps bridge theory and experience. Providing students and nurses the opportunity to reflect is critical in achieving competency in specialized expert practice. Incorporating the reflective process in educational practice can contribute to a sense of ownership. As nurses compare their judgments in actual patient care situations, knowledge becomes embedded in clinical nursing practice.² The clinical reality in neonatal nursing

suggests that even as neonatal specialists, one can never overlook the power of intuition or “gut feeling” in guiding practice. Verbalized or written reflections make knowledge learned and more tangible, but for some it needs to be learned.^{3–5}

Reflective Thinking

The concept of reflection dates back to the time of Aristotle who mentions its use in his work on practical judgment and moral action.⁴ It was believed that reflective thinking arose from situations of doubt, hesitation, perplexity, and or mental difficulty, which encouraged the person to search, hunt or inquire to find material to resolve the doubt. The importance of past experience for reflective thinking was initially theorized by John Dewey in 1933, and it was argued that ideas and suggestions are dependent on retrospection, as they do not arise out of nothing.^{5–8}

Reflective thinking was further developed by Donald Schon (1983), who coined the term “reflective practice for a variety of professionals.”^{7,9} He identified two types of reflection: ‘reflection-in-action’ and ‘reflection-on-action’. Reflection-in-action takes place when an incident is occurring. Experienced nurses are able to reflect-in-action by showing their ability to explore and examine responses to a situation while actually being involved in it and can adapt their actions accordingly.⁹ It is the ability of a person to think on their feet. For example, during a neonatal resuscitation, a nurse is performing compressions, when she becomes aware on her own that the compressions are not producing adequate perfusion, demonstrated by poor color. She has the ability to think on her feet, adapting her practice immediately and re-evaluating perfusion.

Reflection-on-action takes place after an incident occurs. This is when a nurse become self-aware and identifies feelings in relation to certain nursing events after they have happened.¹⁰ It can be defined as thinking back on what we have done in order to discover how

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knowing in action may have contributed to an unexpected outcome. Utilizing the same scenario during a neonatal resuscitation, a nurse performed compressions, but the baby continued to be blue without adequate perfusion. Her peer noticed that she was not compressing effectively or at the appropriate rate; yet, her peer said nothing. Once the resuscitation was over, a debrief of the situation occurred when it was stated that compressions may not have been done according to guidelines. The nurse realized that the compressions performed were not at the appropriate rate or depth for adequate perfusion.

The aim of reflection-on-action is to value our strengths and to develop different, more effective ways of acting in the future, so reflection opens thinking up to reflecting on things that went well in addition to those that didn't. It is also important to reflect when an incident goes well to give confidence in knowledge already amassed. This may also encourage the student to seek out new knowledge in relation to the area of care under discussion, as this may help them see that they have proficiency in a certain area of care.

Both reflection-in-action and reflection-on-action are valuable processes that allow the learner to identify awareness and recognition of a situation that may involve some sort of discomfort or a need for some type of response or action. Reflection does not simply mean thinking about a situation: it is the systematic appraisal of events that occurred and examination of their individual components to learn from the experience and influence future practice.¹¹ Reflection requires a high level of self-awareness and conscious efforts which can develop into reflexivity, challenging beliefs and assumptions.¹²

Isolation, self-doubt, and insecurity are some of the feelings, which may arise during reflection. This is especially pertinent when the outcome is negative and causes a questioning of self. Therefore, a development of self is needed before engaging in reflective practice.¹³ Mature students or nurses may find reflection easier due to life experiences and also may be more comfortable with their innermost feelings whereas a younger learner or less experienced nurse may not.

Writing through reflective journaling enhances higher-level thinking by promoting the transformation of knowledge and critical thinking.¹⁴ Reflective journaling is used frequently in education to assist learners to recognize the learning that has occurred through clinical experiences. It can also help learners develop self-awareness and promote professional growth.¹⁵

Clinical Judgment

Clinical judgment has been defined by Tanner as “an interpretation or conclusion about a patient's needs, concerns, or health problems, and/or judgment to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response” (p. 204).¹⁶ Tanner's Model of Clinical Judgment describes four aspects of clinical judgment: noticing, interpreting, responding, and reflecting. Tanner's model suggests that when facing challenging clinical situations, experienced nurses use reflection-in-action and reflection-on-action, and this reflective process contributes to the development of their clinical knowledge and clinical reasoning abilities for future situations.¹⁶

Clinical judgment research demonstrates that nurses' judgments do not follow a linear pattern nor are they strictly based in cognitive understanding. Rather, they are fluid, using a variety of knowing, including theoretical knowledge, as well as that gained from experience. In any clinical situation, what captures the nurse's attention, or stands out as salient, depends both on the particular context and on what the nurse brings to the situation—deep knowledge, relationship with the patient/family, understanding of the families concerns, and what the nurse holds as excellent nursing care.¹⁷ Nurse educators and preceptors who work closely with new neonatal nurses are tasked with the role of facilitating learning and evaluation of skills and competencies, and the development of clinical judgment, that is, the marriage of knowledge and practical experi-

ence.¹⁸ A tool developed by Lasater assists educators in the evaluation of skills and competencies of learners by providing assessment and feedback of learners, using evidence based methodology.^{14,19,20}

Lasater Clinical Judgment Rubric

The Lasater Clinical Judgment Rubric (LCJR) is a valid and reliable tool to help educators and preceptors foster the development of clinical judgment.^{16,19,20} It was initially designed to provide language for students, nurses, and educators and offer a trajectory of clinical judgment development over time. The LCJR does not fully measure clinical judgment because clinical judgment involves much of what the individual learner brings to the unique patient situation. Although no single instrument can provide a comprehensive evaluation of a learner's performance or clinical judgment skill, evaluation data from the LCJR is a “snapshot in time”, which assists educators by providing some objective measurable parameters.

The Lasater Clinical Judgment Rubric describes four aspects of the Tanner Model of Clinical Judgment; the development of effective noticing, effective interpreting, effective responding, and effective reflecting through 11 clinical dimensions (See Table 1). For each aspect of the Tanner Model, the LCJR details several dimensions. For example, the effective noticing aspect includes three dimensions: focused observation, recognizing deviations from expected patterns, and information seeking. In addition, the rubric describes four levels of development for each dimension: (Beginning, Developing, Accomplished, and Exemplary). The expectation for new graduate nurses would be to reach the accomplished level; yet, experienced nurses are frequently able to transfer competence achieved from past experiences or careers; making them proficient at the Exemplary level.^{14,19,20}

Through the dimensions and level descriptions, the LCJR provides a common language for staff, nursing educators, and preceptors to discuss complex, but critical topics. As thinking is not always explicit in new nurses' actions, the common language can be useful to elicit and evaluate learners' current level of clinical judgment and set goals for professional development.^{21,22} Each dimension of the LCJR is scored from 1 point (Beginning), 2 points (Developing), 3 points (Accomplished), to 4 points (Exemplary), for a total overall score of 0 – 44.

High Level Questions

The formulation of high level questions by educators requires learners to think more deeply.^{21,22} Open-ended higher-level questions stimulate thinking and help learners make connections between their theoretical knowledge and their clinical thinking/actions.^{18,22} The LCJR dimensions offer educators a logical progression in devising questions that guide learners to think at a deeper level about patient care. Questions about each rubric's dimension can help learners link what they notice to what they know from their theoretical knowledge or background (Interpreting) before they intervene (Responding), and then Reflect on the effectiveness of their judgments. Table 2 shows the dimensions from the LCJR, linked to four aspects of clinical judgment from the Tanner Model, with examples of open-ended higher-level questions to stimulate thinking for learners.

Exemplar

In order for a change in practice to occur, new knowledge must mix with existing knowledge and practice. Although nursing knowledge is extremely complex and diverse, only actual clinical or simulated practice situations bring theory and formal knowledge together. Through reflection, the nurse can begin to understand the complexity of knowledge and express this knowledge in a systematic story. Reflective education provides the nurse with a vehicle through which they can communicate and justify the importance of practice

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