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Critical Reflective Teaching Practice for Novice Nurse Educators¹

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ABSTRACT

The transition from clinical practice to a role of a novice academic nurse educator can be a challenge and potentially traumatic. A paucity of research can be found that supports the use of critical reflection to support this transition. This article presents a protocol based on Kim's Model of Critical Reflective Practice (Kim, 1999), as a means to support this role transition.

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Critical Reflection Teaching Practice for the Novice Nurse Educator

The transition to academia from clinical nursing is often a challenging and potentially traumatic event for the novice nurse educator. Mentoring, socialization, enculturation, and professional development are some methods that have been found to support the novice educator through this transition. Little research can be found in nursing literature supporting the use of critical reflection as a method of supporting this transition. This article presents a protocol, supported by Kim's model of Critical Reflective Practice (Kim, 1999), as a method to support the transition from a role of a clinical practitioner to one of an academic novice nurse educator.

Reflective Practice in Nursing Education

Reflective practice is not a new concept in nursing education. Borrowed from the field of psychology, reflective practice was found to gain momentum in nursing education in the late 2000s (Asselin, 2011). Its application has been most notably a teaching and learning strategy for use with nursing students (Asselin, Schwartz-Barcott, & Osterman, 2013; Drevdahl, Stackman, Purdy, & Louie, 2002). Other applications of reflective practice include staff development programs for nurses in clinical practice, licensed nurses

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transitioning into practice, and licensed nurses transitioning into an advanced practice role (Caldwell & Grobbel, 2013). Within these populations, it is used as a means of increasing comprehension and critical thinking and developing self-awareness and problem-solving abilities (Kuiper & Pesut, 2004). The most common tools or methods used for reflective practice in educational research include reflective journaling, focus groups, reflective essays, and case-based discussions (Tashiro, Shimpuku, Naruse, Matsutani, & Matsutani, 2013).

Reflective practice contributes to lifelong learning and professional development (Felver et al., 2010; Kuiper & Pesut, 2004; Miraglia & Asselin, 2015; National League for Nursing [NLN], 2012) and, thus, has been identified to be a measure of competency for nurses by many professional organizations, including the American Nurses Association and the NLN (American Nurses Association, 2013; Kuiper & Pesut, 2004; NLN, 2012; Tashiro et al., 2013). In spite of this identification as a priority, nursing literature lacks a universal definition of reflective practice (Asselin et al., 2013; Dube & Ducharme, 2015; Scanlan, Care, & Udod, 2002; Tashiro et al., 2013), and the terms *reflective practice, critical reflective inquiry, self-reflective practice* and, most recently, *mindfulness* have been found to be used interchangeably in nursing education literature. This lack of definitional clarity may limit the development of nursing science regarding reflective practice in both the clinical setting and in academia.

Reflective Teaching Practice in Nursing Education

Faculty who utilize reflective practice have found it to be valuable to their role as an educator (Drevdahl et al., 2002; Oldland, 2011), yet there is little research in the literature that specifically addresses the reflective practice of nurse educators or how nursing educators are to

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become reflective practitioners (Braine, 2009; Dube & Ducharme, 2015; Ruth-Sahd, 2003; Scanlan & Chernomas, 1997; Scanlan et al., 2002). The additional question of how nurse educators learn the process of self-reflection also remains unanswered (Braine, 2009). Current literature has not answered the question of how the use of critical reflective practice impacts the transition of novice nurse educators, as they move from a clinical role to one of academia. However, the implementation of reflective practice is thought to be vital for novice faculty as they transition into the educator role (Gazza & Shellenbarger, 2005). An established protocol using critical reflective practice would support this role transition, although it should not be viewed as a substitute for pedagogic nursing education knowledge (Drevdahl et al., 2002).

The benefits of reflective teaching practice (RTP) have been demonstrated in the nursing literature. Scanlan and Chernomas (1997) found small, structured, multidisciplinary groups where the novice educator can express successes and concerns that have arisen in their teaching practices to be an invaluable tool to explore and confirm their role and ability in teaching. Participation in a reflective practice group aids in the transition from expert clinician to novice educator by increasing camaraderie, intellectual growth, accountability of role as an educator, and enculturation into the institution they teach (Felver et al., 2010; Gazza & Shellenbarger, 2005). The use of reflection may also provide a bridge between theory and practice thereby contributing to professional development, within the discipline of nursing education (Dube & Ducharme, 2015). It is therefore an ideal method for novice faculty to use in the transition from clinical practice to the role of an academic nurse educator who may have theoretical knowledge, and through the use of RTP, a realistic transformative experience in their teaching practice may be realized.

Connecting Reflective Practice to the Role of a Nurse Educator

A paucity of research specifically connecting faculty use of reflection as a tool for transitioning from the clinical nurse role to a novice nurse educator role can be found within nursing literature. An exception is one study reported by Murphy and Timmins (2008) of a novice nurse educator and the investigation of current teaching practices of her peers by use of critical reflection. Although limited in generalizability, results indicate that the use of reflection may impact the novice nurse educator's skill development and knowledge.

Reflective practice is a complex and learned skill (Braine, 2009). Nurses have been found to intuitively reflect on their individual practice, but there is little empirical research of faculty use of reflective practice to evaluate and improve their teaching capabilities (Dube & Ducharme, 2015). To be effective, a thoughtfully constructed and systematic approach should be implemented in educating educators about how to be reflective (Braine, 2009: Drevdahl et al., 2002; Kim, 1999; Scanlan & Chernomas, 1997; Taylor, 2010). Reflective practice is generally considered an individual or solitary activity, yet research has demonstrated the act of reflection occurring in a focused group setting with a facilitator to be beneficial for maximum transformation of professional practice (Asselin, 2011; Bulman et al., 2016; Burnard, 1995; Drevdahl et al., 2002; Felver et al., 2010; Kim, 1999; Schwind et al., 2014).

For a nurse educator to become confident in the process of reflection, it should be intentionally incorporated into ones daily schedule, linking past and current experiences to gain new knowledge and insight into their teaching practices (Scanlan & Chernomas, 1997; Shellenbarger, Palmer, Labant, & Kuzneski, 2005). This is especially important for the novice nurse educator transitioning into the role.

Theoretical Perspective

Dewey (1998), an American psychologist and philosopher, is credited with being the first to publish the processes of reflection.

He conceptualized the difference between the routine thinking about something and reflective processes. Dewey's work suggests that reflective thought is a deliberate process that leads to a solution of a challenge or perplexing situation.

The concept of reflective practice came into the realm of nursing education after Donald Schön (1983) published his research findings in *The Reflective Practitioner*. Schön (1983), another American philosopher, expanded upon Dewey's work. Schön believed that professionals intuitively perform actions without awareness of the thought processes involved in the action. He used the concepts of reflecting-in-action, which is this intuitive process of "thinking on your feet," and reflection-on-action, which occurs after the situation has ended, drawing upon past experiences and information to clarify what has happened (Findlay, 2008). Schön's model is easily adopted by the nursing profession as a means of developing metacognition skills (Kim, 1999).

Critical Reflective Practice

While reflective practice has been utilized to validate and explore personal teaching strategies and potentiates the development of new teaching knowledge (Drevdahl et al., 2002), the process of Critical Reflective Inquiry (CRI) is a specific approach to reflection that ultimately leads to the generation of nursing knowledge by "fusing and synthesizing knowledge for its application to practice" (Kim, 1999, p. 1205). CRI contributes to the activity of lifelong learning and professional growth that occurs when a practitioner is able to use reflective process to problem solve, facilitate learning (NLN, 2012) and, ultimately, change practice as it is reflected upon (Kim, 1999).

Kim's CRI Model (1999) uses narratives as a basis to critically examine a situation, leading to an understanding of the situation, a change in practice, or the development of new practice theories. Kim, a professor of nursing, based her model on action science, reflection theories, and critical philosophy (Kim, 1999). Originally developed with the clinical nurse in mind, this model provides a framework that can support RTP in the novice nurse educator during the transition to an academic role. The first step of Kim's model is the determination of a situation worthy of self-examination. Such a situation may be identified because of an uncomfortable, unfamiliar, or confused reaction after its occurrence. The individual writes a narrative description of their incident, and Kim's model then guides them through three phases: descriptive, reflective, and critical/ emancipatory.

Descriptive Phase

The written narrative is carefully examined in the descriptive phase of Kim's model. The situation is reviewed by looking into the past of the "actual experience in terms of thoughts, and feelings" (Kim, 1999, p. 1207). The narrative writer, often with the assistance of a facilitator or researcher, then examines the narrative for a candid and comprehensive written depiction of the event.

Reflective Phase

The narrative is reflected upon in this phase against the scientific theories, personal beliefs, and ethical or personal meanings and intentions originally attributed to the situation. To be successful in this phase, the nurse must first identify their personal beliefs and assumptions, compare these with established scientific, ethical meanings, and consolidate the results to identify the desired ideals of practice or the "inconsistencies and disparities between the practitioners' beliefs/intentions and actual practice" (Kim, 1999, p. 1209).

It is advised that a facilitator is used during the reflection phase of CRI (Kim, 1999). The facilitator role includes listening skills, reviewing and questioning the completeness of the narrative, presenting best practices in education and, perhaps, the relaying of

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