

The Role of Reflective Practice in Occupational Therapy Education

¹Malik J. Alharbi, ²Yasir A. Al Asiri

Ministry of National Guard Health Affairs - King
Abdulaziz Medical City

Rehabilitation Services Department- Riyadh, Saudi Arabia.

Paper Publication Date: 16th April 2020

INTRODUCTION:

Occupational Therapy (OT) is a dynamic and evolving field that demands continuous skill development and critical thinking from its practitioners. As the complexity of patient care increases, fostering competence and professional growth in OT students becomes crucial. Reflective practice, an educational approach involving the thoughtful consideration of experiences and actions, has been recognized as a valuable tool in this developmental journey. This paper explores the integration of reflective practice into occupational therapy curricula, examining its impact on student learning and competence. By analyzing various reflective techniques such as journaling, case discussions, and supervised reflections, this study aims to highlight the benefits and challenges of incorporating reflective practice into OT education, ultimately underscoring its importance in cultivating proficient and empathetic practitioners.

LITERATURE REVIEW:

Reflective practice has long been recognized as a critical component in professional education, fostering deeper learning and continuous professional development (Schön, 1983). In the context of Occupational Therapy (OT), reflective practice is widely incorporated in educational programs to enhance clinical reasoning, self-awareness, and competence among students.

Schön (1983) introduced the concept of the "reflective practitioner," emphasizing the role of reflection in bridging the gap between theory and practice. This framework has been adopted in OT education, where experiential learning is paramount (Gibbs, 1988). According to the Gibbs' Reflective Cycle, structured reflection helps students critically analyze their experiences, leading to improved clinical practice and decision-making skills.

Kinsella (2001) highlighted that reflective journaling enables OT students to internalize and apply theoretical knowledge in practical settings, promoting a deeper understanding of patient care. Similarly, a study by Plack and Driscoll (2011) demonstrated that reflective practice, through regular supervised reflections, enhances students' ability to self-assess and identify areas for professional growth.

Peer discussions and collaborative reflective sessions have also proven beneficial. According to Mann, Gordon, and MacLeod (2009), these interactive forms of reflection encourage diverse perspectives and shared learning, critical for developing a holistic view of patient care. Furthermore, Thompson and Pascal (2012) found that group reflective practice sessions foster a supportive learning environment, enhancing both personal and professional development.

However, the implementation of reflective practice in OT education is not without challenges. Rees (2013) pointed out that students often struggle with the abstract nature of reflection and require clear guidance and structure. Educators play a crucial role in facilitating effective reflective practice by providing constructive feedback and fostering an environment that encourages honest self-reflection.

In summary, the literature underscores the significant benefits of integrating reflective practice in OT education, highlighting its role in enhancing clinical competence, self-awareness, and professional growth.

Despite the challenges, with appropriate support and structure, reflective practice remains a cornerstone of effective OT training.

METHODOLOGY:

This study employed a mixed-methods approach to investigate the integration and impact of reflective practice in Occupational Therapy (OT) education. The research was conducted over one academic year across three accredited OT programs in different regions.

PARTICIPANTS

The study involved a total of 150 OT students and 12 educators. The students were in the final two years of their programs, ensuring they had sufficient clinical exposure. Educators who participated were experienced faculty members actively involved in teaching and clinical supervision.

Data Collection

1. Quantitative Data:

- Pre- and Post-Intervention Surveys: Students completed surveys at the beginning and end of the academic year. The surveys included Likert-scale questions designed to measure self-reported competence, clinical reasoning skills, and confidence in reflective practice.
- Assessment Scores: Students' scores on standardized practical assessments and written exams were collected to measure their competence before and after the intervention.

2. Qualitative Data:

- Reflective Journals: Students maintained weekly reflective journals throughout the year. These entries were analyzed to understand the depth and focus of reflection, as well as changes in reflective thinking over time.
- *IFocus Group Discussions: Two focus group discussions were conducted with students from each program, capturing their perceptions and experiences with reflective practice.
- Interviews: Semi-structured interviews were conducted with educators to gain insights into the effectiveness of implemented strategies and observed changes in student performance.

Intervention

The intervention consisted of structured reflective practice activities integrated into the curriculum:

- Reflective Journaling: Students were required to submit weekly reflective essays on their clinical experiences, guided by prompts based on Gibbs' Reflective Cycle (Gibbs, 1988).
- Peer Discussion Groups: Monthly peer-led group discussions were held to facilitate collaborative reflection and exchange of perspectives.
- Supervised Reflection: Students met with their clinical supervisors bi-monthly to discuss their reflective journals and receive feedback.

Data Analysis

Quantitative Analysis:

- Survey data and assessment scores were analyzed using paired t-tests to compare pre- and post-intervention results, assessing changes in self-reported competence and objective performance measurements.

Qualitative Analysis:

- Reflective journals, focus group transcripts, and interview data were analyzed using thematic analysis. This involved coding the data for recurring themes related to reflective practice, student learning, and clinical competence.

Ethical Considerations:

Ethical approval was obtained. Informed consent was secured from all participants, ensuring anonymity and confidentiality. Participants were informed about their right to withdraw from the study at any time.

Findings:

The findings from this study are presented in both quantitative and qualitative forms to provide a comprehensive view of the impact of reflective practice on Occupational Therapy (OT) education.

1. Quantitative Findings

Table 1: Pre- and Post-Intervention Survey Results

Measurement Category	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	t-value	p-value
Self-reported Clinical Competence	3.2 (0.68)	4.1 (0.62)	10.45	<0.001
Confidence in Reflective Practice	2.8 (0.75)	4.2 (0.70)	12.65	<0.001
Clinical Reasoning Skills	3.1 (0.70)	4.0 (0.65)	9.80	<0.001

Table 2: Assessment Scores

Assessment Type	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	t-value	p-value
Practical Skills Assessment	78.5 (8.4)	85.2 (7.9)	7.25	<0.001
Written Theoretical Exam	81.0 (7.2)	87.3 (6.8)	8.10	<0.001

The tables illustrate a significant improvement in all measured categories post-intervention, suggesting that reflective practice effectively enhances self-reported competence, confidence, and clinical reasoning skills.

2. Qualitative Findings

Through thematic analysis, several key themes emerged from the reflective journals, focus groups, and interviews:

Themes:

1. Enhanced Self-Awareness:

- Participant 1: "Reflective journaling has made me more aware of my actions and decisions during clinical practice. I now think more critically about how I interact with patients."

- Participant 2: "I've noticed patterns in my behavior and thought processes that I wasn't aware of before. This awareness has been crucial in my professional development."

2. Improved Clinical Reasoning:

- Participant 3: "Discussing my experiences with peers has helped me see different perspectives and think more comprehensively about patient cases."

- Educator: "Students' ability to link theory with practice improved significantly, and they became more proficient in clinical reasoning."

3. Challenges and Initial Resistance:

- Participant 4: "At first, I found reflective journaling abstract and difficult. It felt like just another assignment, but with time, I began to see its value."
- Participant 5: "Some students struggled to reflect deeply without structured prompts, highlighting the need for guidance."

4. Supportive Learning Environment:

- Participant 6: "Group discussions provided a safe space to share and learn from each other's experiences. It was encouraging to see how others approached similar challenges."
- Participant 7: "Receiving feedback from supervisors was invaluable. It helped me refine my reflective practice and apply it more effectively."

Illustrative Quotes and Reflective Excerpts

- Reflective Journal Excerpt: "This week's experience with a challenging case made me realize the importance of empathy in patient care. I initially felt frustrated, but reflecting on it helped me understand the patient's perspective and adjust my approach."

The combination of quantitative and qualitative findings strongly supports the hypothesis that reflective practice significantly enhances clinical competence, self-awareness, and clinical reasoning skills among OT students. Despite initial challenges, students and educators recognize the long-term benefits of incorporating reflective practice into the curriculum, marking it as a powerful tool for professional development.

DISCUSSION:

The findings of this study indicate that the integration of reflective practice into Occupational Therapy (OT) education significantly enhances students' clinical competence, self-awareness, and clinical reasoning skills. These results align with previous literature that underscores the importance of reflective practice in professional healthcare education.

Interpretation of Findings

The quantitative data demonstrated significant improvements in self-reported clinical competence, confidence in reflective practice, and clinical reasoning skills, as well as in practical skills assessment and written exam scores (Table 1 and Table 2). The qualitative data further reinforced these findings, highlighting themes such as enhanced self-awareness, improved clinical reasoning, challenges and initial resistance, and a supportive learning environment.

Enhanced Self-Awareness and Clinical Reasoning

The increase in self-awareness and clinical reasoning skills observed in this study is consistent with the work of Kinsella (2001), who found that reflective journaling facilitates a deeper understanding of one's actions and thought processes. Similarly, Mann, Gordon, and MacLeod (2009) emphasized that reflective practice allows healthcare students to critically analyze their experiences, leading to improved clinical decision-making.

The themes identified in our study, particularly the benefits of peer discussions and supervisor feedback, are supported by Thompson and Pascal (2012), who highlighted the value of collaborative reflection in fostering a comprehensive understanding of patient care. The supportive learning environment provided by group discussions and supervised reflections helped students develop confidence in their clinical abilities, a finding echoed in similar studies (Plack & Driscoll, 2011).

Challenges and Initial Resistance

While the benefits of reflective practice are well-documented, this study also highlighted the initial challenges and resistance faced by students. Rees (2013) noted that students often struggle with the abstract nature of reflective activities, and this was confirmed by participant feedback in our study. Providing structured prompts and clear guidance, as suggested by Evans and Guile (2012), can mitigate these challenges and help students engage more meaningfully with reflective practice.

Comparisons with Previous Studies

The significant improvements in clinical competence and reasoning observed post-intervention in our study correspond with findings from other studies (Schön, 1983; Gibbs, 1988). Schön's seminal concept of the "reflective practitioner" has been instrumental in shaping reflective practice in healthcare education, emphasizing continuous learning through experience.

In a similar vein, a study by Plack and Driscoll (2011) demonstrated that regular supervised reflections enhance students' ability to self-assess, reinforcing our findings on the importance of feedback in reflective practice. The integration of reflective activities into the curriculum, as implemented in our research, aligns with these studies, confirming the effectiveness of structured reflective practice in developing competent and reflective practitioners.

Implications for Occupational Therapy Education:

The results of this study have significant implications for OT education. The integration of reflective practice should be considered a foundational component of OT curricula, given its demonstrated benefits in enhancing clinical skills and professional growth. Educators should provide clear guidelines and structured activities to support students in reflective practice, mitigating initial resistance and promoting deeper engagement.

Moreover, incorporating diverse reflective methods, such as journaling, peer discussions, and supervised reflections, can cater to different learning styles and preferences, fostering a more inclusive and effective learning environment.

CONCLUSION:

In conclusion, this study confirms the integral role of reflective practice in OT education, highlighting its positive impact on students' clinical competence, self-awareness, and clinical reasoning. While initial challenges exist, providing structured guidance and fostering a supportive learning environment can enhance students' engagement with reflective activities. Future research should focus on longitudinal studies to assess the long-term impact of reflective practice on professional development and patient outcomes.

REFERENCES:

1. Evans, K., & Guile, D. (2012). *Putting Knowledge to Work: Reconfiguring Knowledge in Workplaces and Higher Education*. Routledge.
2. Gibbs, G. (1988). *Learning by Doing: A Guide to Teaching and Learning Methods*. Further Education Unit.
3. Kinsella, E. A. (2001). Reflections on reflective practice. *Canadian Journal of Occupational Therapy*, 68(3), 195-204.
4. Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Sciences Education*, 14(4), 595-621.
5. Plack, M. M., & Driscoll, M. (2011). Teaching and measuring reflection in occupational therapy curricula. *Journal of Allied Health*, 40(4), e39-e44.
6. Rees, C. E. (2013). The problem with assessing reflection. *The Medical Teacher*, 35(7), 596-597.
7. Schön, D. A. (1983). *The Reflective Practitioner: How Professionals Think in Action*. Basic Books.
8. Thompson, N., & Pascal, J. (2012). Developing critically reflective practice. *Reflective Practice*, 13(2), 311-325.

Appendix A: Pre- and Post-Intervention Survey

Section 1: Demographic Information**

1. Age: _____
2. Gender: _____
3. Year in Program: _____
4. Prior Clinical Experience (in months): _____

Section 2: Self-Assessment of Clinical Competence

Please rate your agreement with the following statements on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree).

1. I feel confident in my clinical skills. ()
2. I am capable of linking theoretical knowledge to practice. ()
3. I can assess and create effective treatment plans for patients. ()
4. I feel prepared to handle diverse clinical scenarios. ()
5. I am confident in my reflective practice abilities. ()

Section 3: Clinical Reasoning Skills

Please rate your agreement with the following statements on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree).

1. I can critically analyze patient cases. ()
2. I consistently apply clinical reasoning in my decision-making. ()
3. I can identify strengths and areas for improvement in my practice. ()
4. I regularly reflect on my clinical experiences. ()
5. I can integrate feedback into my practice effectively. ()

Appendix B: Reflective Journal Prompts

Weekly Prompts Based on Gibbs 'Reflective Cycle (Gibbs, 1988)

1. Description: Describe a significant event or experience from this week.
2. Feelings: What were you thinking and feeling during this experience?
3. Evaluation: What was good and bad about the experience? Why?
4. Analysis: What sense can you make of the situation? What insights did you gain?
5. Conclusion: What could have been done differently?
6. Action Plan: If a similar situation arises again, what would you do differently? How will this influence your future practice?

Appendix C: Focus Group Discussion Guide

Opening Questions

1. Can you describe your initial thoughts and feelings about reflective practice?
2. How did you engage with reflective journaling at the beginning of the program?

Core Questions

3. How has your perception of reflective practice changed over the course of the academic year?
4. In what ways did peer discussions enhance your reflective practice?
5. Can you share an example of a significant learning moment from a reflective activity?

Closing Questions

6. What challenges did you face in integrating reflective practice into your routine?
7. What suggestions do you have to improve the reflective practice activities in the curriculum?

Appendix D: Semi-Structured Interview Questions for Educators

General Questions

1. Can you describe your experience with integrating reflective practice into the OT curriculum?

2. What changes have you observed in students' clinical competence and reasoning skills since implementing these activities?

Reflective Practice Specific Questions

3. How do you facilitate and support reflective practice among students?
4. What challenges do you encounter in promoting reflective practice in your teaching?
5. Can you provide examples of how reflective practice has positively impacted student outcomes?

Feedback and Recommendations

6. How can the integration of reflective practice into the curriculum be improved?
7. What recommendations do you have for other educators aiming to implement reflective practice in their programs?

Appendix E: Thematic Analysis Coding Scheme

Codes for Enhanced Self-Awareness:

1. Increased Awareness of Actions - Noticing and reflecting on clinical actions.
2. Realizations of Patterns- Identifying recurring behaviors and thought processes.

Codes for Improved Clinical Reasoning:

1. Connecting Theory and Practice - Applying theoretical knowledge to practical scenarios.
2. Critical Analysis - Evaluating and analyzing patient cases and clinical decisions.

Codes for Challenges and Initial Resistance:

1. Abstract Nature of Reflection - Difficulty in engaging with reflective practice at the beginning.
2. Need for Structured Guidance - Requirement for clear prompts and organized reflection activities.

Codes for Supportive Learning Environment:**

1. Peer Discussion Benefits - Learning from others' experiences and perspectives.
2. Supervisor Feedback - Importance of constructive feedback in reflective practice development.