



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Reflecting on practice development school for pre-registration nurses: a student nurse perspective

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Abstract

Background: Practice development has been evolving as a movement in nursing for decades but was first conceptualised by Garbett and McCormack (2002). At its core are the principles that embody a shared intention of developing and improving both professional practice and patient care (McCormack et al., 2013). Through effective, supportive and motivational facilitation, practice development has the capacity to transform dominant and oppressive task-oriented cultures, run by hierarchical leaderships, into cultures that empower and value the contributions of all stakeholders, allowing for transformational and emancipatory learning (McCormack et al., 2013).

Aims: Today, there are nine defining principles of practice development (McCormack et al., 2013). Based loosely on Kolb's model of reflection (1998), this article is an in-depth critical evaluation of my own learning, which took place in the context of a practice development school for pre-registration nurses. I have chosen to focus on the practice development principle that I found to be most transformative. Principle number eight states: 'Practice development is associated with a set of processes including skilled facilitation that can be translated into a specific skill set required as near to the interface of care as possible'.

Conclusions and implications for practice: This journey has taught me that knowledge and experience will inevitably influence facilitation (Crisp and Wilson, 2011). However, the skills and attributes embodied by an effective facilitator are multifaceted and the evolution of my own facilitation expertise will continue alongside with my journey as a practice developer. On the journey so far, I have learned to appreciate the value of authentic and meaningful engagement, how to inspire and evoke it, and to what extent it has the potential to influence effective facilitation. I have learned to use various facilitation methods to create and sustain high levels of engagement, high challenge and high support, and ultimately, I have learned how skilled facilitation has the capacity to transform meaning perspectives to the benefit of all stakeholders, and to promote person-centred practice.

Keywords: Practice development, facilitation, engagement, transformational learning

Introduction to critical evaluation

*'As the tide washed in, the Dutch Tulip Man faced the ocean:
Conjoiner rejoinder poisoner concealer revelator.
Look at it, rising up and down, taking everything with it.'
'What's that?' I asked.
'Water,' the Dutchman said. 'Well, and time.'
(Green, 2012)*

The value of taking time to reflect on and critically evaluate our own perceptions, experiences and actions, as well as what can be gained from doing so, should never be underestimated as a component within the continuum of learning both in and from practice (Foundation of Nursing Studies, 2013). The central aim of critical evaluation is to challenge some current behaviours, gain newfound insights and build on personal and professional development (Jasper, 2011). In the pursuit of criticality, I have explored and questioned my own predisposed and prejudiced beliefs and perspectives, their consequences and how they are transformed in the light of newfound knowledge and experience. The following reflection, adapted from writing I did for an assignment for a BSc honours module, is an honest and authentic evaluation of my own learning in the context of practice development, focusing specifically on practice development principle number eight, I found to be most transformative and that I have been able to use and develop since:

'Practice development is associated with a set of processes including skilled facilitation that can be translated into a specific skill set required as near to the interface of care as possible' (McCormack et al., 2013).

In similar reflection tasks in the past, I have often opted to follow the structure and guidance of formally accredited and published models, such as Johns (2000) or Gibbs (1988). Although such models can be useful in terms of structuring my work and thinking, I also feel that in sticking to their confinements I may be hindering more elaborate thought processes. This notion is highly compatible with the underpinnings of another practice development principle, number five, which states:

'Practice development integrates creativity with cognition in order to blend mind, heart and soul energies, enabling practitioners to free their thinking and allow opportunities for human flourishing to emerge' (McCormack et al., 2013).

Practice development adheres to the ideology that one should embrace a worldview that is unique, personal and subjective, and this is something I have tried to portray in my own reflection. In order to find a balance between structured and free thinking I have chosen to guide my evaluation, to a certain extent, using the founding principles of Kolb's original model (1984), with reference to Mezirow's constructivist theory of adult learning and transforming meaning perspectives (1991). I felt that not only was Kolb's four-component model, based on the principle of experiential learning, highly relevant to the assignment brief, but it entailed far less rigidity than some of the more complex or extensively structured reflective models.

Concrete experience

The essence of practice development was shared with my BSc honours degree cohort at a school that took place over five intense yet enthralling and enlightening days. While the school has been delivered through the International Practice Development Collaborative in different countries to many registered practitioners, this was the first time it had been offered to pre-registration nursing students. The school itself was provided as part of the BSc module entitled 'Leadership and developing professional practice'. With each day of practice development school, I was challenged to participate and engage in various learning sessions, while being introduced to several underpinning theoretical frameworks

that helped further reinforce this unique and exciting new concept. Facilitators leading the school embraced the technique of active learning, a process that in the context of practice development involves an assembly of intelligences, including that of skilled facilitation (Dewing, 2010).

Practice development lends itself to a more liberal way of working than traditional teaching methods (McCormack et al., 2013). Adopting an inclusive, participative and collaborative approach, some of the learning sessions provided my peers and me with opportunities to gain invaluable experience as novice facilitators ourselves. These sessions within our active learning groups were pivotal for me. Such facilitation expertise involved active listening, asking enabling questions, giving and receiving constructive feedback, and doing so with the ongoing task of offering high challenge and high support harmoniously (Titchen et al., 2013). Effective, supportive and motivational facilitation are attributes that I was personally able to fulfil and develop further in my contribution and leadership within the second component of the degree module: the production, development and presentation of a hypothetical, nurse-led innovation.

Reflective observation and abstract conceptualisation

Sophisticated and reputable self-reflection is subject to honesty and authenticity (Jasper, 2011). Looking back, I am now able to recognise how my initial attitude towards practice development was one of scepticism and low expectation. I recall thinking it was another cumbersome and laborious task involving tick-box exercises and PowerPoints aplenty, not to mention the reflective assignment that would inevitably follow. Or so I thought. This unjustified viewpoint undoubtedly had a negative impact on the way in which I was able to initially engage in the practice development school and consequently on my ability to provide facilitation. Putting myself in the best place to engage was about challenging my own preconceptions, shaped by sociocultural influences, and about keeping an open mind. I realised that this could strengthen my role in the bigger picture and increase the potential value of my contribution towards more effective practice. Dewing and McCormack (2015) place emphasis on the reciprocal and inextricable relationship between engagement and creating cultures of person-centred practice. This relationship is based on a person's willingness to invest in themselves and others; Dewing and McCormack (2015, p 6) point to the potential for detrimental consequences for 'vitality, learning and transformation' where there is a lack of engagement.

As mentioned, my perceptions completely changed during an experience within a small active learning group where I found myself striving – unsuccessfully – to personify the role of a skilled facilitator. I was able to recognise and truly appreciate for the first time the link between skilled facilitation, stakeholder engagement and transformational learning (Mezirow, 1991). I believe I had somewhat naïvely underestimated the level of skill required for truly effective facilitation until this point. The pivotal moment came to me during a group exercise, in which I found myself trying to 'solve' other people's problems in discussions about disorientating dilemmas. While giving others my thoughts and opinions, it struck me that this was in no way proving to be constructive or helpful. I received a far more positive and transformational response when personifying the facilitative principles of practice development, instead encouraging my peers to reflect back on their past experiences and seeking to ask enabling questions about how they could use such experiences going forward. This was my own unforeseen realisation that the role of an effective facilitator is not to 'solve' people's problems. Mezirow's theory (1991), would suggest that culturally prescribed values and belief systems acquired through previous socialisation may have led me to formulate my own meaning perspectives; my perceptions of the role of a facilitator were primarily associated with authority, control and dictatorship. My initial approach to facilitation was one of task orientation and limited awareness – behaviours and thoughts that are consistent with the preliminary stage of facilitation development according to Crisp and Wilson (2011). Facilitators who present within this stage of development are said to be somewhat egocentric in nature and tend to reflect a limited awareness of how their engagement is potentially experienced by others (Crisp and Wilson, 2011).

Crisp and Wilson (2011) constructed a model in which facilitation skills were divided into three stages: preliminary, progressive and propositional. I believe that the exercises in the practice development school whereby I was able to practice facilitation promoted my transition from the preliminary stage through to the early progressive stage of development, and that feedback I received from my colleagues helped support this process. Through critical reflection, the feedback allowed me to draw subsequent conclusions about weaknesses within my own personal practice that ultimately stemmed from a lack of ability to engage others authentically and to offer high support when proposing high challenge.

Skilled facilitation encompasses feedback that is inclusive, participative and collaborative but also an ability to use this feedback constructively to support greater personal and professional development (Titchen et al., 2013). As a maturing practice developer I learned that the value lies not in getting the feedback itself but in how this feedback can be used to allow for the constructive transformation of my own practice and for the formation of new meaning perspectives (Mezirow, 1991).

Active experimentation

My newfound knowledge has since been translated into group work involving the process of planning, developing and presenting a hypothetical nurse-led innovation, as well as work within other wider contexts. For example, while on practice placements, I believe I can enable other students to think in a transformative manner about how they can contribute towards creating an effective caring culture in contexts that they have found challenging. This I have achieved through encouraging them to reflect on their own experiences and analyse their meaning, not just for themselves but for others involved, and then offering feedback through asking enabling questions about how they could progress in a positive and constructive way. Heron's six-intervention analysis framework (1989), allowed me to question my own facilitation methods when attempting to offer both high challenge and high support. Constructing questions in a catalytic, cathartic or supportive manner encourages self-learning and self-reflection among my peers, which ultimately lead to the development of new meaning perspectives that are more inclusive, discriminating, permeable and integrative of experience (Mezirow, 1991).

Taking leadership into the development of our proposed innovation meant that I was able to explore potential new approaches to the roles, relationships and actions around facilitation. Building on previously acquired knowledge and experience, I was able to appreciate the level of engagement required of all stakeholders in order to maintain a workplace culture of effectiveness (Dewing and McCormack, 2015). I have explored methods to create and sustain such levels of engagement through the adherence to certain practice development principles and found three elements within my facilitative practice to be particularly successful in yielding desired outcomes: the incorporation of active learning, creativity and constructive feedback.

Figure 1: Blending creativity with cognition to facilitate engagement in practice development



Establishing a workplace culture in which engagement is valued and enabled is fundamental. Engagement energises people and it takes a highly skilled and experienced facilitator to incorporate this into practice development (Dewing and McCormack, 2015). While I am not yet in a position to lead on this in practice myself, I am now able to recognise and have a more comprehensive understanding of the skill set required. I can observe and learn from practitioners I see role-modelling these skills, and I believe that I will learn more quickly in the future.

As a voluntary facilitator for school pupils visiting the Health and Social Care Academy linked to my university, I have been able to exercise my skills as a practice development facilitator further. These sessions have taught me not to be afraid of creativity – for example, of integrating things such as craft materials or role play into learning activities. If such activities can contribute to transformational and emancipatory learning then they should be embraced, even if only for their potential to increase levels of engagement (Crisp and Wilson, 2011; Dewing and McCormack, 2015). For example, embodying the role of another person through role play proved engaging for the pupils when exploring the worldview of people with dementia. Feedback demonstrated that they had gained a deeper insight

and understanding into what daily life could entail, which naturally led on to a healthy discussion about the topic and what we could do to enrich the understanding of others.

Conclusion and future implications

According to the theoretical underpinnings of the framework Promoting Action on Research Implementation in Health Services (PARIHS), the development of skilled facilitation is absolutely critical to the successful implementation of evidence in practice (Rycroft-Malone, 2013). A practice developer requires an advanced level of cognition, self-awareness and insight. This is something I will strive to continue developing alongside my own facilitation skills. In my journey so far as a practice developer, I have developed newfound insights and an altered perspective on the enabling factors, attributes and consequences that are characteristically associated with effective and skilled facilitation. This is something I hope to be able to apply in my future practice experiences. Thinking forward, the evolution of my own facilitation expertise as a registered nurse might be aided by the support of a critical ally or critical friend – a more experienced and skilled facilitator who could observe in practice my own skills and support me to build on them (Hardiman and Dewing, 2014).

On a final note, I feel I am beginning to associate and abstractly visualise practice development with a deeper philosophical meaning and the value it carries with regard to transformational learning and person-centred care. This is something that I hope to share with others who may not have heard of practice development, to make them aware of my first-hand experience of the impact that it has had on creating workplace cultures of effectiveness.

Poem: Reflection of my journey so far as a practice developer

*Cumbersome laborious and PowerPoints aplenty
I bet you this task will be gruelling and lengthy,
Negative assumptions and unjust preconceptions
Yet this classroom and set-up has me starting to question:
Practice development what's in it for me?
Is there value embedded I cannot yet see?
Can we honestly learn from glitter and felt pens?
And then it struck me; it of course all depends
On what you put in, you've got to commit
Appreciate processes – we can all benefit.*

*Energise and engage, explore and empower,
Exercise these new skills, the opportunity's ours
To embrace this new concept and keep an open mind,
Stimulate and support, I've no doubt that you'll find
That this new way of learning is in fact way more,
Than glitter, felt pens and pictures on the floor.
You'll develop the art of skilled facilitation
Learn how curiosity leads to the creation
Of new meaning perspectives, that mean in fact way more,
Than glitter, felt pens and pictures on the floor.*

References

- Crisp, J. and Wilson, V. (2011) How do facilitators of practice development gain the expertise required to support vital transformation of practice and workplace cultures? *Nurse Education in Practice*. Vol. 11. No. 3. pp 173-178. doi: 10.1016/j.nepr.2010.08.005.
- Dewing, J. (2010) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 22-26. doi: 10.1016/j.nepr.2009.02.010.
- Dewing, J. and McCormack, B. (2015) Engagement: a critique of the concept and its application to person-centred care. *International Practice Development Journal*. Vol. 5. Suppl. No. 6. pp 1-9. Retrieved from: fons.org/library/journal/volume5-person-centredness-suppl/article6 (Last accessed 23rd March 2017).
- Foundation of Nursing Studies (2013) *Guidance for Critical Reflections on Practice Development*. Retrieved from: tinyurl.com/critical-reflection-resources (Last accessed 23rd March 2017).
- Garbett, R. and McCormack, B. (2002) A concept analysis of practice development. *Journal of Research in Nursing*. Vol. 7. No. 2. pp 87-100. doi: 10.1177/136140960200700203.
- Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Brookes University.
- Green, J. (2012) *The Fault in Our Stars*. New York: Dutton Books.
- Hardiman, M. and Dewing, J. (2014) Critical ally and critical friend: stepping stones to facilitating practice development. *International Practice Development Journal*. Vol. 4. No.1. pp 1-19. Retrieved from fons.org/library/journal/volume4-issue1/article3 (Last accessed 23rd March 2017).
- Heron, J. (1989) *Six-Category Intervention Analysis* (3rd edition). Surrey, UK: University of Surrey.
- Jasper, M. (2011) Understanding reflective writing. Chp 4 in Rolfe, G., Freshwater, D. and Jasper, M. (Eds.) (2011) *Critical Reflection in Practice: Generating Knowledge for Care* (2nd edition). Basingstoke: Palgrave Macmillan. pp 52-73.
- Johns, C. (2000) Guided reflection. In Palmer, A., Burns, S. and Bulman, C. (Eds.) (2000) *Reflective Practice in Nursing: The Growth of the Professional Practitioner* (2nd Edition). Oxford: Blackwell.
- Kolb, D. (1984) *Experiential Learning Experience as a Source of Learning and Development*. New Jersey, US: Prentice Hall.
- McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. (2nd edition). Chichester, UK: Wiley-Blackwell.
- Mezirow, J. (1991) *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass.
- Roycroft-Malone, J. (2013) How you might use PARIHS to deliver safe and effective care. Chp 7 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. (2nd edition). Chichester, UK: Wiley-Blackwell. pp 130-145.
- Titchen, A., Dewing, J. and Manley, K. (2013) Getting going with facilitation skills in practice development. Chp 6 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Health Care*. (2nd edition). Chichester, UK: Wiley-Blackwell. pp 109-129.

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