



SIXTH EDITION

BECOMING A REFLECTIVE PRACTITIONER

EDITED BY
CHRISTOPHER JOHNS

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PREFACE

Reflective practice *matters*. It matters because it opens a gateway for practitioners' to learn and grow towards realising their potential and their visions of practice as a lived reality. A reflective practitioner is someone who lives reflection naturally within everyday practice. It is a mindful way to practice whereby the practitioner pays attention within the unfolding experience, mindful of responding most appropriately in tune with their vision. It is a process of self-realisation. Rolling Thunder describes this as 'seeking and knowing one's own identity' [Boyd 1974:7].

Reflective practitioners learn through reflection on experience. In this way, the practitioner gains insights that inform future experiences within a reflexively spiral of being and becoming. I assume that the practitioner's practice matters to them and that values and vision are important. Hence realising one's vision of practice as a lived reality must be the aim of every practitioner who takes themselves seriously. Recipients of service deserve nothing less.

The emphasis of this book is on *becoming* a reflective practitioner. Becoming is a journey. No matter the practitioner's level of experience or status. It commences with the first reflection on experience. In the uncertainty and uniqueness of everyday practice, practitioners face situations that often feel chaotic. As Salzberg notes (2002:76)

No matter how much we want it to otherwise. The truth is that we are not in control of the unfolding of our experience. We can affect and influence and impact what happens, but we can't wake up in the morning and decide what we will encounter and feel and be confronted by during the day.

The experience becomes less chaotic as the practitioner becomes more able to ride with chaos rather than be thrown by it. Such learning isn't complex or difficult. Yet it does take commitment and discipline to learn in this way.

The spin-offs are great. We become more effective, more purposeful, more motivated and satisfied, more in control of ourselves and our practice. Our lives become richer with meaning, purpose and expertise. We become more satisfied and committed. For these reasons, reflection has become a normal learning approach within the professional curriculum and, as such, demands serious consideration.

I wrote against a background of social unrest following the death of George Floyd in May 2020, and the resurgence of Black Lives Matter into the social consciousness as a consequence. His death is a wake-up call for all people to be critically reflective of their own attitudes to ethnic minority peoples, most notably health care practitioners who espouse person-centred nursing. Hence *reflective practice matters* as the key to enable practitioners towards cultural safety to become aware, examine, understand and shift their attitudes to ensure peoples of all races feel culturally safe. Becoming culturally safe that must be a key aspect of person-centred practice. It is a massive challenge given the deeply embodied racism that most white people would deny and yet is reflected subconsciously in most aspects of daily life. Why is it that black people are ten times more likely to be stopped and searched than white people? [BBC News 8th July 2020].

The book is also set against an environmental background of climate change as a result of the way the planet has been exploited for economic growth. In response to the environmental crisis, there must be a radical shift in consciousness towards living in harmony with the planet resulting in healthier lives. Failure to do so will simply be extinction. Evidence is all about us. Take, for example, Covid 19. As such, practitioners, no matter what discipline, but perhaps especially health and social care practitioners, should reflect on their practice set against this background of creating healthier lives for themselves and for those they work with and care for. It is the *bigger* picture. It is our individual and collective responsibility to practice in harmony with the planet. It is a tough ask given the world we live in but, as Rolling Thunder (1974:7) notes -

mankind's strength and ultimate survival depend not upon an ability to manipulate and control, but upon an ability to harmonize with nature as an integral part of the system of life.

My approach to 'Becoming a Reflective Practitioner' ever since the first edition published in 2000, is to create a reflective text to engage and dialogue with its readers. As such, I use many stories and dialogue to illuminate ideas and give examples of reflective writing. This approach illustrates the reflective process and what the writer seeks to realise in their practice. Hence, the text is also a text on realising person-centred practice.

My inquiry into the nature of reflective practise commenced in 1989, resulting in an understanding of guided reflection (Johns [1998](#)) that has been continuously reflected on for its rigor, coherence and utility as presented throughout this book.

The book is designed to guide both student and registered practitioners at any level of professional learning, along

with their guides, teachers, and managers, to become reflective practitioners, not just clinical practitioners but also educators, managers, and most significantly, leaders able to enable others to grow and fulfil their potential. Although the book's background is healthcare, it is a resource for all professionals who aspire to offer a service to people.

Health care, no matter what discipline, is fundamentally concerned with the relationship between the practitioner and the person receiving health care to meet the person's health needs, whatever they may be. Nothing about this relationship can be assumed to be certain or predictable. Everything is an interpretation depending on context. As such, the practitioner's response to the patient is perceptive, seeking to understand the patient's experience and needs to inform an appropriate and effective response. This is the essence of person-centred health care that is unless the patient is viewed as an object to do things to. Then the patient is no more than of technical interest. Disembodied. Education and practice must radically shift to ways of learning and knowing that nurture person-centred health care rather than skid along the technical surface of things. We need to create opportunity to learn through experience to reveal the very depth of professional artistry. This is the way of reflective practice. And yet, if we are not *alert*, reflective practice too can skid along the surface of things. Most importantly, approach the book with a sense of play and curiosity to see where it takes you. Most of all, reflective practice is about YOU and nothing can be more interesting.

Like previous editions, this sixth edition has been extensively revised and reorganised to comprehensively guide students, practitioners, managers, and their guides across disciplines *no matter their level of experience* to learn through reflection on experience to become a

reflective practitioner. I have looked back through previous editions and associated books (Johns [2002](#), Johns [2010](#), Johns and Freshwater [2005](#)), reading and reflecting again on these published narratives resulting from my guidance of practitioners within the guided reflection. Some narratives are republished because they tell such vital stories of becoming a reflective practitioner. New guest authors give wider perspectives on reflective practice, including contributions from international authors.

Chapters

The book is organised in two parts. Part 1 is written by myself with the exception of [Chapters 12](#) and [13](#) jointly written with Otter Rose. Part 2 is written by contributors who offer the reader wider perspectives on reflection and reflective practice.

Part 1

In [Chapter 1](#), I envisage reflection. Reflective practice is at risk of being a cliché with its multiple interpretations that begs the question ‘what exactly is reflection and reflective practice?’ How can we know it and apply it certain of its validity?’ If known, it can be applied with prediction and control, so everyone knows what it is. However, things are not that simple. Reflective practice will always be interpreted in different ways according to the interpreter’s perception and intentions. I give a brief overview of reflective theories that I have dialogued with over time and which, to a varying extent, have influenced my own conception of reflective practice. In describing reflection, I view learning as a movement through understanding, empowerment and transformation. At each level, insights can be gleaned.

I explore vision as fundamental to reflection. Vision sets out what the practitioner is striving towards. Vision sets up creative tension, the dynamic learning moment within reflection between vision and an understanding of our current reality. In understanding this tension, the practitioner can work towards resolving it so the vision can be more realised. Barriers that constrain are identified and worked towards overcoming. Without vision, reflection has no real meaning except perhaps as a superficial problem-solving tool. As such, reflection is always an exploration of values that constitute vision and the assumptions and attitudes that support realising the vision as a lived reality.

In [Chapter 2](#), I set out the Six dialogical movements that structure the reflective learning process that is systematically explored through succeeding chapters. I set out the *reflective attitude* comprised of a number of attributes the practitioner needs to cultivate to engage reflection to gain maximum benefit. One of these attributes

is developing *bringing the mind home*. Bringing the mind home helps to prepare the practitioner to be fully present within-the-moment, whether in clinical practice or reflecting on experience.

In [Chapter 3](#), I explore the first dialogical movement concerned with paying attention to a particular experience with the intention to write or portray a description of that experience. This expression is the raw data reflection. Paying attention immediately cuts across the taken-for-granted nature of much of experience and habitual practice. Over time, through paying attention, the practitioner becomes increasingly self-aware, leading to mindfulness where nothing is taken for granted and the whole span of practice is an inquiry. I advocate keeping a reflective journal to write descriptions that becomes an ongoing and unfolding reflective record of experience.

In [Chapter 4](#), I explore reflection using the Model for Structured Reflection [MSR]. The MSR has been significantly revised from previous editions and is easy to apply. From feedback, I get the impression that many people think that simply using the MSR *is* reflective practice. Worse, they view a model of reflection as a prescription. It isn't! It is a heuristic, a means to an end towards gaining insight. I urge readers to dwell with the MSR, to feel the depth of the cues rather than view it superficially and skid along the surface of reflection. If so, reflection loses its vitality.

In [Chapter 5](#), I explore insight. Insights are the learning accrued through reflection. They are described as embodied learning because they change the person in some way so that they now view and respond to the world differently, however slight. They are not necessarily easy to identify because of their embodied nature. Insights are

initially tentative and held loosely. They are most often acknowledged reflexively through subsequent experiences.

In [Chapter 6](#), I explore the third dialogical movement between the practitioner's tentative insights and informing literature whereby relevant information from whatever source is accessed, critiqued, juxtaposed with insights and assimilated into personal knowing. I show how theory can be explored as theoretical mapping enabling practitioners to position themselves within the theory and plot movement towards a more desirable position.

The second part of this chapter is devoted to the fourth dialogical movement, the dialogue between the practitioner with a guide and peers. Guidance opens a learning space where the practitioner can share their experiences and insights, inviting the guide to offer their own perspectives. As a result of this dialogue, new insights emerge, deepened, and co-created. Guidance radically shifts the relationship between student and teacher and, as such, has profound implications for curriculum as explored in later chapters.

In [Chapter 7](#), I explore the fifth dialogical movement as weaving insights into threads and patterns represented in reflexive narrative form. The word 'narrative' has seeped into everyday speak. I wonder, have we moved beyond the technical rational to value experience and anecdote reflected in this seepage? Or is *narrative* simply a word to reflect 'the story' or 'vision'. Whatever, it does suggest a valuing of context and subjectivity; that people are not machines. People are human and that experience is human and unique. And that no matter the difficulty, learning through reflection is dynamic. Narrative is creative. The practitioner has a license to construct narrative in ways that best express their reflexive learning and journey, for example, through poetry, art, metaphor and images. It

cannot be prescribed even though academic institutions will nevertheless impose criteria about how it should be expressed.

In [Chapter 8](#), I apply the model for structured reflection to my description of being with Peggy one morning at the Day Hospice. I apply the MSR in a systematic way to illustrate my use and understanding of each cue and as an exemplar to readers.

In [Chapter 9](#), I set out my narrative of 'patients I do not give a therapy to' written as a series of prose poems about different patients who share the fact I did not give them a physical therapy, challenging myself about my role and the concept of therapy.

In [Chapter 10](#), I explore the sixth dialogical movement as the dialogue between the text and its audience. In doing so, I emphasise that the text is more than simply an account of the practitioner's journey. It offers an audience a focus for their own reflection and learning. The practitioner invites the audience to dialogue with an intent to stir the audience to draw and act on their own insights. With this idea in mind, the practitioner writes in a way to engage the audience and open this reflective space. Audience can be readers or listeners through performing the narrative.

In [Chapter 11](#), I explore the idea of performing narrative to an audience in contrast with an audience reading a narrative. I give an example of how one practitioner converted her written assignment into a play 'Musical chairs' that was performed at a reflective practise conference.

In [Chapter 12](#), I set out the performance narrative 'people are not numbers to crunch'. It was written from my perspective as a partner to witness Otter's experience of undergoing an angiogram. It exposes issues which reflect