Experience based learning (EBL): Exploring professional teaching through critical reflection and reflexivity

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Summary
Utilising Rolfe’s [Rolfe, G., 1998. Expanding Nursing Knowledge: Understanding and Researching Your Own Practice. Butterworth-Heinemann, Oxford] reflexive action research, one novice nurse educator explored current teaching practice. The data were collected from a reflective journal and colleague feedback. Through this data collection and applying Rolfe’s (1998) understanding–action–evaluation (UAE) cycle an insight was gained within the community of practice regarding teaching methods. Didactic lecture methods were found to be the preferred option, arising from lack of confidence. Through personal reflection and sharing with colleagues overall teaching practice improved. It is suggested that models of reflective practice that focus on work based learning, rather than the individual are utilised within nurse education settings to develop localised theory and support novice teachers. Models of reflection and action research may be used within these frameworks to extrapolate in depth reflections as a basis for theory development.

Introduction

Nurse education at both undergraduate and postgraduate level has, and continues to undergo significant changes in many countries. At the same time there has been an increasing emphasis on the implementation of continuing professional development for nursing staff. Nurses working in some countries, such as the UK, USA and Australia are required to furnish evidence of continual professional development to the regulatory body in order to remain on the professional nursing register (Storey, 2001; Storey and Haigh, 2002; Hull et al., 2005). Continuing professional development is described as that which occurs after completion of initial preparatory nurse education programmes. It usually consists of planned activities which improve the knowledge, skills and attitudes of
the nurses to enhance nursing practice and patient care (An Bord Altranais, 1997). Furthermore, professional development also uses informal (unstructured) mechanisms of addressing educational deficits (NCNM, 2003).

While there is much emphasis in the literature on the professional development requirements of practicing nurses (Hull et al., 2005), there is little provision for the specific professional development needs of nurse educators. This has particular importance in contemporary nurse education settings which in many countries are aligned to universities. While much is devoted to initial preparation of nurse teachers, there is little reference to ongoing informal workplace learning that takes place. Boud et al. (2006a) suggest that valuable learning takes place within this setting; and that critical reflection and reflexivity are means to unlock this learning. Reflection and reflective practice are common discourse among today’s nursing student, practicing nurse and educator. However guidelines for the issue of reflection as a specific mode of inquiry for practicing nurse educators to learn from experience has received little attention in the literature on the topic. This paper aims to illuminate on method of work based learning that could be useful for ongoing professional development. Rolfe (1998) understanding—action—evaluation (UAE) Action Research Cycle is used to demonstrate the reflection of one novice nurse educator as a component of personal and professional development. It is hoped, through the explication of this paper, that collective knowledge development through reflection will be encouraged among communities of nurse educators as a method of theory development.

Reflection on practice

Increasingly since the advent of critical social theory humans have been encouraged to critically reflect upon their experiences in a social context as a means of knowledge procurement (Calhoun, 1995). While positivistic science sought factual information, critical theory began to explore people’s experiences of those facts, particularly in a social context (Calhoun, 1995). Within nursing the origins of reflection have their roots in the seminal work of Dewey (1933), Kolb (1984) and Schön (1983). From a historical perspective Dewey (1933) first began to articulate the need to think reflectively in order to solve problems (Rolfe et al., 2001; Höyrup and Elkjaer, 2006).

However, it was not until the 1980s that reflection began to emerge as a popular mechanism for professional development (Mackintosh, 1998; Høyrup and Elkjaer, 2006). Schön (1983) in particular, concerned with professionals’ development of skills and knowledge, outlines reflection in and on action. Schön (1983) conceptualisation of reflection has been influential within the nursing profession, suggesting less reliance on traditional and scientific forms of enquiry and encouraging practitioners to learn from reflecting both within practice and on their practice (Rolfe et al., 2001). Opposed to the dominance of positivism, Schön (1983) proposes reflection as an alternative method of practice theory generation. Schön (1983) seminal work subsequently underpinned many structured models of reflection for nursing practice (Rolfe et al., 2001).

Reflection is also utilized widely as a teaching and learning methodology for nursing students. Kolb (1984) describes a model for experiential learning within the classroom that is widely used in nurse education (Brackenreg, 2004). Kolb’s learning cycle (1984) is popular as a framework to promote learning, as it brings together theory (reflection/conceptualization) and practice (experience/testing out) (McMullan et al., 2003).

However, one drawback with commonly used models of reflection is their individualised focus (Boud et al. 2006b). Therefore, while personal learning may take, the extent to which this is shared with others or improves the community of practice is unclear. Rather than individualised reflection that is espoused in many reflective models, Boud et al. (2006b) suggest that: “reflection must be re-thought and re-contextualised so that it can fit more appropriately within group settings. It must also shift from its origins in concerns about individuals to learning within organisations” (Boud et al., 2006a, p. 3).

Ultimately ‘‘taking it beyond the individual’’ (Boud et al., 2006b, p. 29).

Consistent with the underpinning philosophy of critical theory, Boud and Walker (1990, 1993) present a new perspective on reflection termed learning from experience and more recently refer to specifically to workplace learning (Boud et al., 2006a). This workplace learning (Boud et al., 2006a), incorporating reflection upon practice, can result in a new type of theory development among nurse teachers. This type of theory development differs from the traditional view of theory as an explanatory framework that can generate descriptions, explanations and predications for events (Whitehead, 1999). Opposing the dominant discourse of positivism, reflection generates theory from observations and analysis of personal
thoughts and actions (Schön, 1983) rather than objective observation and systematic recording of events (Freshwater and Rolfe, 2001).

Boud and Middleton (2003) outline the importance of learning from others at work within the context of communities of practice (Wenger et al., 2002). Communities of practice are:

"groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. Communities of practice spend time together and share a common goal" (Wenger et al., 2002, p. 3).

Communities of practice grow naturally and can be sustained locally with good leadership. They:

"..ponder common issues, explore ideas, and act as sounding boards. They may create tools, standards, generic designs, manuals, and other documents- or they may simply develop tacit understanding that they find in learning together" (Wenger et al., 2002, p. 5).

Organisations can try to cultivate communities by bringing together carefully selected members with expertise or by linking people in connected activities. The form of communities can vary. They may be large or small, long-lived or short lived, homogenous or heterogeneous and may be within or across organisational units. They may or may not be recognised formally. Wenger et al. (2002) describe a structural model of a community of practice, suggesting that regardless of the form; all communities of practice share a basic structure. This comprises a domain of knowledge, a community of people who are concerned with this domain and shared practice within the domain.

It is the domain of knowledge that brings people together. It is an evolving set of circumstances where there is a shared understanding. It is practical and tangible and not abstract. The community has shared passion and interest in an area and membership is voluntary. Shared practice establishes a baseline of common knowledge and also strives to develop the body of knowledge by accumulating the latest advancements in the field. Practice denotes a "set of socially defined ways of doing things in a specific domain" (Wenger et al., 2002, p. 38). Communal resources include a

"variety of knowledge types: cases and stories, theories, rules, frameworks, models, principles, tools, experts, articles, lessons learned, best practices and heuristics. They include both tacit and the explicit aspects of the communities knowledge" (Wenger et al., 2002, p. 39).

Wenger et al. (2002, p. 8–10) place emphasis on tacit knowledge. Tacit knowledge may be described as follows:

"procedural knowledge that guides behaviour but is not readily available for introspection..often ..takes the form of rules of thumb for what to do under what circumstances" (Sternberg, 1999, p. 231).

Tacit knowledge exists within communities and is a valuable source of knowledge that is difficult to replicate. It consists of

"embodied expertise — a deep understanding of complex, interdependent systems that enables dynamic responses to context specific problems" (Wenger et al., 2002, p. 9).

Tacit knowledge is shared through interaction and informal learning. Baumard (1999) highlight that tacit knowledge may be pass directly from one person to the other in an active, inventive process within a community of practice. In order to develop this expertise they suggested that the practitioner needs to actively engage with others who face similar situations

"the knowledge of experts is an accumulation of experience — a kind of ‘residue’ of their actions, thinking and conversations..." (Wenger et al., 2002, p. 9).

Wenger et al. (2002, p. 10) also asserted that knowledge is social as well as individual. Thus a body of knowledge is developed through a "process of communal involvement". Thus knowledge is not necessarily the prerogative of individuals (although they have knowledge) knowledge within communities needs to be shared. The meaning of communities of practice to nurse educators will now be considered.

Communities of practice in nurse education

In the past, pathways for the development of nurse educators often followed a clearly defined pathway. Traditional Nurse Tutor programmes prepared nurses for the transition from practicing nurse, to the teacher of nursing. However, modern approaches to the education of nurses are primarily university based within many countries, and the pathways towards becoming a nurse teacher are less explicit. Teachers from a multiplicity of
educational backgrounds arrive to the teaching environment with various levels of preparation and experience. It is imperative therefore that Wenger et al. (2002) call for the formalisation of communities of practice are considered in these settings.

Formalising communities among groups of teachers, perhaps within teaching teams or modules, can begin to develop a concern with not only preparation of teaching and assessment, but with the development of the scholarship of teaching among individuals and groups through exploring the empirical evidence base, sharing personal experiences and tacit knowledge. Based upon Wenger et al. (2002) work and other expositions of knowledge, the following framework (Fig. 1) is proposed to explain knowledge generation among the communities of practice of nurse educators.

Tacit knowledge gained through reflection, action research or other means may be shared within the community to further develop both individual and collective knowledge. It is important however, in order to develop social knowledge, that reflection enquiry moves beyond the individual approach (Boud et al., 2006b) to one that embraces others within the community. Thus meaningful learning can take place.

Rolfe and Gardner (2005) recently examined the potential for a unique science of nursing. They argue that although this experiential knowledge is sometimes referred to as the ”artistry” of nursing, they view this as more scientific than that. They suggest in fact that there is an inherent sequence of scientific enquiry and theory development through informal hypothesis and theory generation. This is similar to the tacit knowledge of communities of practice. Their model suggests that:

"evidence-based practice is . . . a reflective/reflexive cycle in which we are gradually modifying our response in the light of immediate feedback”.

They advocate locally based small-scale research projects as important to nurses’ personal reflections. This model could similarly be applied to theory development within nurse education. This development of theory from local reflections contradicts (Flaming, 2000) the view of research and science as superior knowledge (Polanyi, 1969).

One method of extrapolating the tacit knowledge embedded in practice is through action research. As reflective professionals, teachers use action research methods to investigate questions about their practice and to develop workable solutions aimed at improving student learning (McNiff et al., 1996). Action research is a method of reflection that can be used to facilitate teacher learning in a specific area of their practice. The following describes the use of action research by a novice teacher within a community of practice.

**Methods**

In this study, Rolfe (1998) understanding—action—evaluation (UAE) is used by one novice teacher at a large university to collect data through informal discussions with nursing students and colleagues and through the use of a reflective journal, over a period of one teaching module. Rolfe (1998) UAE cycle consists of four phases: identification of the problem, understanding, action and evaluation. This reflexive action research process is cyclical in which the outcomes from one cycle informs and directs the next.

**Ethical issues**

Permission was obtained from the Course Director to undertake the personal research; ethical approval within the establishment was not required at the time. Names of all participants were kept anonymous and no revealing attributes were defined. Overall exposition of results was carried out with the principles of beneficence and non-maleficence in mind.

![Figure 1](image_url)
Findings

UAE design cycle 1: identification of the problem

For us, the UAE commenced with the identification of the problem. This was framed with the personal practice-based developmental question: how can I improve my teaching methods? We initially realised a preference for didactic teaching approaches. It was recognised that upon reflection on the initial 3 months, each teaching session was prepared in advance, ready to directly impart to the students in lecture format. This concurs with Fuller (1969) hypothesis that novice teachers own concern about themselves predominates over class learning needs. While feeling ready to teach, as a novice concerned mostly with self, the consideration of student learning needs or particular nuances of the topic hadn’t taken place.

This self-concern and reliance on didactic methods are evidenced in the reflective diary related to this period: “I was very nervous with that group in the classroom setting. . . . I was conscious of the fact that these students were qualified [nurses] and that they may of known more than me. . . . I prepared an awful lot for this session in the hope that they would not ask me questions that I did not know. I just went in there and did the session in a direct and straightforward manner and hoped for the best” (Reflective Diary Extract 1).

Sharing within the community of novices revealed similar anxieties. Peers expressed feeling more comfortable during lecture-type sessions, although some reported some experimentation, again self-concern predominated. Sharing within the community of practicing nurse educators was a tremendous support, as colleagues advised that my apprehension was to be expected and they provided advice on suggested alternative teaching methods.

It was also noted that concern with self led to an initial lack of awareness about the didactic approach used, indeed the novice teacher professed a facilitative style approach: “This problem came to the forefront when the third year pre-registered diploma nursing students came into their teaching block. I remember saying to them in class, that I advocate a ‘facilitative style teaching approach’. However I don’t practice what I preach, I’m not facilitative in my teaching methods, . . . I notice that the students today were very bored and uninterested. . . . not one asked a question . . . . I think two were sleeping up the back, what does that say? . . . . something had to be done, I have to try something, anything is better then this reaction” (Reflective Diary Extract 2).

This latter statement indicated that as experience grew so too did the realisation of needs existing beyond that of the teacher (within the student) (Fuller, 1969). Thus understanding developed.

UAE design cycle 2: understanding

The next phase of UAE revolves around this developing understanding. Stark (1994) maintains that action can only be taken once one develops an understanding of what is really occurring in a situation. Rolfe (1998) asserts that the UAE design breaks into the positive feedback loop by first devising a personal theory which attempts to understand the problem. The novice had a number of personal theories, isolated within reflection in the diary that, prevented implementation of alternative teaching methods. The first related to control. Classroom control was paramount in order not to expose inadequacies. The students became passive learners. This was underpinned by lack of confidence: “I wanted at times to try something different in my sessions, I was nervous in case I made a complete mess of it, and I would get laughed at or made to look like an idiot. . . . I felt that I had to give the students as much as possible, handouts, reference lists. . . . they got to know me well, on a number of occasions students would ask me, do we need to write anything down or are you going to give us a handout. . . . they didn’t have to think, I did that for them” (Reflective Diary Extract 3).

Thus the use of the lecture format was a learned behaviour within that community. Nurse educators have traditionally utilised lecturing as a means of exercising authority and control over nursing students (Hurst, 1985). However, consultation with the literature on the topic reveals that the more control a teacher exercises over students’ learning, the less able students will be at directing their own learning and thinking critically for themselves (Freire, 1970). Furthermore, nursing student nurses favour teaching methods that are student-centred and that involve groups work (Harvey and Vaughan, 1990). Rather than relying on lecture format, the topic under consideration needs attention. As nursing is a practice-based profession the excess use of teacher-centred methods may not necessarily produce the required competence (Vaughan, 1990).
Personal theories (lack of self-confidence, and need to control) according to Rolfe (1998) were perpetuating the problem.

"On reflection, my lack of self-confidence in my teaching ability and my need to control the class prevented me from attempting anything remotely different by way of teaching methods. I realised that I was not nurturing a safe environment, which gave the students the opportunity to discuss and talk about their ideas, thoughts and beliefs. I wanted at times to try something different in my sessions, I was nervous in case I made a complete mess of it, and I would get laughed at or made to look like an idiot. I felt that I had to give the students as much as possible, handouts, reference lists...they got to know me well, on a number of occasions students would ask me, do we need to write anything down or are you going to give us a handout...they didn’t have to think, I did that for them" (Reflective Diary Extract 3).

Clearly, in this situation, the use of overly didactic teaching style, together with feelings of inadequacy led to a restricted class environment, where students lacked control over their own learning. The sessions with this teacher offered little by way of challenge, and ultimately were questionable in terms of competence development among budding practitioners. Once, through reflection, understanding had taken place, the novice teacher was able to share these reflections with experienced colleagues within the community of practice and develop action plans to remedy the situation. Stark (1994) maintains action research involves both self-reflection and human interaction. A supportive atmosphere needs to be fostered which enables individuals to feel safe and not defensive or threatened. To inform action, rather than static theories, dynamic theories in action were utilised, based on colleagues’ tacit learning. Colleagues revealed how their own personal theories influenced their practice. Some viewed that learning should ultimately be fun, and provided advice and guidance to the novice on interactive, fun, group learning methods.

**UAE design cycle 3: action**

In UAE 3, Rolfe (1998) maintains that once the reasons for the maladaptive response are understood, the action phase may begin prior to evaluation. This may involve actions such as complete cessation, or else the replacement of the maladaptive response. In addition to the tacit knowledge of the community, the empirical literature was consulted to underpin action. Working in small groups can assist students to develop interactive and collaborative skills that are vital for future employment (Brown, 1999). Furthermore, group work provides teachers with a chance for more intimate and rewarding activities with students than is possible in lectures (Quinn, 2000).

In this present study, a session was planned that utilised group work to teach the subject leadership with a group \((n=80)\) of final year undergraduate nursing students. The novices’ lack of experience permeated the experience; however, the support of the community of practice was invaluable in ensuring that the planned teaching took place. The students were immediately positive to the experience:

"I admit that I was nervous planning this leadership class. At the start of the session, I informed the students the aims of the group work and the group rules. The students appeared content to participate" (Reflective Diary Extract 4).

**UAE design cycle 3: evaluation**

The second phase of UAE 3 is evaluation. Rolfe (1998) advocates that once action is complete within the UAE design; its effect on the problem can then be evaluated. Evaluation revealed that this session on leadership went very well. The class gave their feedback and appeared full of enthusiasm regarding the content of the class. Evaluative comments from class included the following:

"really enjoyed the group work" (Participant 1)
"the group work made the session very interesting" (Participant 2)
"thought it was good working in groups as your ideas count" (Participant 3)

Journal entries revealed an overall positive experience:

"I was very pleased with the way this session went, initially I was very nervous about giving the class control as I thought I may look stupid if it does not go according to plan, but the class did appear happy with the impending group work.........guess they thought initially here comes another lecture, suppose some of them looked surprised that I changed my teaching strategy.........the next time I will get written feedback, but all in all, very pleased with the way it went, here’s ready for the next attempt.........thinking already about my next session".
Discussion

Teaching involves many elements, however instruction is central to the teaching process, and it is essential for teachers to refine their instructional skills continually (Freiberg and Driscoll, 1996). This is arduous for experienced teachers and a great challenge for novices (Freiberg and Driscoll, 1996). Action research has particular relevance for the personal development of novice teachers. Used within the context of communities of practice, learning can be thus shared to help shared development of teaching practice. The first year of teaching for many is a period of frantic activity involving many personal and professional adjustments aimed at classroom survival through coping strategies (Doyle, 1985; Griffin, 1985; Hall, 1982). Teachers develop their educational behaviours in an orderly manner that forms a predictable pattern as they gain experience (Fuller, 1969). Novices progress from a preoccupation about self, to a gradual awareness of student individual learning needs (Fuller, 1969). This can be ultimately supported within a developing community of practice using a reflexive action research approach.

Goodman (1984) contends meaningful teacher reflection needs to be deep. Rolfe (1998) reflexive action research cycle provides for in-depth reflection through a four stage action research cycle. In this situation, it provided a specific framework to examine specific teaching episodes. Through the use of a reflective diary the problem was identified. An over-reliance on didactic lecture type classes was revealed. While this finding in itself is not remarkable, the process through which awareness was reached warrants further consideration within nurse education settings. Currently reflection upon teaching practice forms the mainstay of many teacher preparation programmes. However, there is little evidence that this reflection or documented reflection extends beyond that into ongoing professional development. In keeping with Boud et al. (2006b) notion of workplace learning, and consistent with the notion of communities of practice, it is suggested that ongoing reflections take place, among group of teachers. In this present study, the novice shares her experiences with experienced teachers and vice versa, thus developing collective learning. Similar models of practice could be utilised in education settings to develop local theories that inform practice. Innovative designs, rather than residing permanently within the classrooms, memories and experiences of individual teachers, may be harnessed to develop and improve local teaching practice. Thus, realising the call away from personal to group reflection (Boud et al., 2006b).

The study also highlights that, in the current environment, more attention needs be given to the support and preparation of novice teachers in the workplace (Lock, 1977). Despite the overwhelming evidence that discipline and control form the basis of serious concern for new teachers, there does not seem to have been much attention paid to the assessment of the teacher’s confidence to deal with these problems during the initial or transition period of teaching (McArthur, 1978). These elements could be developed within the community of practice, through the sharing of tacit knowledge, reflections upon practices and further informed by an empirical evidence base. Lack of confidence as a potential underpinning theme in this group also emerges. Ways to support improve and develop new teachers confidence within the community of practice ought to be explored. This may prevent the typical fallback position of traditional lecture method and encourage more innovative teaching styles.

Obstacles to group based teaching methods exist within modern university settings for the education and preparation of nurses due to large class sizes. Furthermore even when group work is attempted, tiered lecture theatres may hamper attempts. These factors, together with lack of confidence may result in underperformance of students, as in this environment they may:

‘‘fail to learn how to gather, analyse, synthesise or assess information. They do not learn how to analyse the logic of questions and problems they face, and as a result, cannot adjust their thinking to them’’ (Garside, 1996, p. 212).

However, these environmental issues may not necessarily deter the movement towards group work, as experienced teachers within the community may be able to offer insights to variations on this method including buzz groups, project groups, debates, discussion groups (Oliver and Endersby, 1994) and role play (Ewan and White, 1996). These methods tend to be more student-centred and are used to increase students’ motivation, improve communication, foster collaboration between students and provide peer support.

Conclusion

Knowledge is social as well as individual. A body of knowledge can develop through a process of communal involvement (Wenger et al., 2002). Experts
within nurse education settings accumulate tacit knowledge through experience. Through developing communities of practice and using frameworks for reflection, this tacit knowledge may pass directly from expert to others (Baumard, 1999). Wodlinger (1996) maintains that exploring one’s own practice gives novice teachers a crucial head start in taking responsibility for professional growth and for accountability. It can facilitate aspirant teachers to make the move from thinking like students to thinking like teachers, by increasing their sense of autonomy and control of their own educational agenda.

There are many challenges facing novice nurse teachers and this study has attempted to address some of these issues through the use of action research. Action research can provide a way of methodically examining lessons, courses, introducing changes, and evaluating their effectiveness within teaching (Hendry and Farley, 1996). Teaching involves a lifetime process of learning. Therefore all teachers whether novice or expert should question and explore their teaching methods to identify ways of improving these within their local communities of practice. Ultimately nurse education results in imparting quality teaching to students to enable to deliver high quality care. In keeping with the general impetus of contemporary nursing practice, teaching needs to occur within the context of departmental and individual reflection on practice to ensure continuous knowledge development and skill improvement.

References


