

# Reflection as a Catalyst for Learning: A Practical Guide for Developmentally Supportive Care

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Reflective writing serves as a transformative tool, empowering clinicians to amalgamate insights, foster critical thinking, and crystallize their thoughts. This introspective process facilitates a holistic perspective on experiences and can build the resilience they need to cope with the emotional burden of work in newborn intensive care. It also cultivates skills crucial for future proficiency.

Historically, reflection has been a linchpin in learning paradigms, enabling individuals to dissect events, analyse activities, and assimilate knowledge. In an intensive care environment with a highly technical bias, the value of reflective practice is often overlooked. Engaging in reflective practice amplifies comprehension, bolsters subject mastery, and demystifies intricate subject matter.

There are numerous models available to guide reflective practice,<sup>1,2</sup> each with its unique approach. One such model, Gibbs' Reflective Cycle,<sup>3</sup> provides a structured framework that begins by outlining the experience to be reflected upon. It then encourages a deep exploration of our emotions, considering how we felt during the experience and afterward. The next step involves evaluating the experience—identifying what aspects were positive or negative from our perspective. This evaluation paves the way for a thorough analysis, where we seek to understand the situation and derive meaning from it. Based on this analysis, we draw conclusions, considering whether different actions might have led to alternative outcomes. The final stage involves developing an action plan, outlining steps to take if we encounter a similar situation in the future. Gibbs' Model is particularly useful for writing reports or making recommendations for changes in practice, helping healthcare professionals continually improve their approach to patient care.

## Using reflection in clinical practice

To put this into context, imagine you are observing a baby in the Newborn Intensive Care Unit (NICU). The baby is about to have their diaper changed by their mother, who is a first-time parent learning both about her infant's behaviour and the task at hand. A nurse is present to assist and support the mother as needed. Using the Gibbs Model the caregiver is guided in their reflection.

### Description: What happened?

At this stage, your task is to describe the situation without making any judgments or drawing conclusions. Focus on providing a detailed account of what occurred, being as specific as possible while maintaining a purely objective tone.



Reflecting on infant responses with parent

### Feelings: What were your reactions and feelings?

Here, you should explore your emotional response to the situation, without yet analyzing it. Describe what you felt, how your body reacted, and what you did, as well as how others responded to your actions.

### Evaluation: What was good or challenging about the experience?

Now, you can begin to consider the situation and your responses more objectively. Make initial value judgments and try to understand the experience from the perspectives of others involved. This will help you decide whether the situation was challenging or beneficial for everyone, or if it was particularly difficult for you alone.

### Analysis: What sense can you make of the situation? What was really going on? Were different people's experiences similar or different?

Having evaluated the situation, you can now delve deeper into its details. Consider the above questions to analyse the experience further. At this stage, you should incorporate insights from colleagues, peers, literature, and relevant theories to help make sense of what happened.

### Conclusions: What can be concluded from these experiences and the analyses you have undertaken? What can be concluded about your personal situation and your way of working?

When drawing conclusions, consider both the general applicability of your reflections and your specific situation. Reflect on what these conclusions mean for you personally, for your immediate context, and for others more broadly.

**Personal action plan:** What are you going to do differently in this type of situation next time? What steps are you going to take because of what you have learned?

Finally, outline the steps you will take to improve your approach in future situations. Based on what you've learned, plan how you'll apply these insights to similar circumstances going forward.

### Reflection as a four-dimension process

In the clinical setting reflection can manifest as a four-dimension process:<sup>4</sup> This enables reflection to move forward and be re-conceptualised to aid practice development and understanding.

**Reflection-before-action:** This involves anticipating and preparing for an event. Consider what you expect to happen and how you prepare for it. Reflect on what factors you need to consider beforehand. Think about your observations—how do you plan them? How do you involve the caregiver or family? Were there any prior events that might influence the outcome?

**Reflection-in-action:** This type of reflection occurs at once, during the experience itself. It involves a real-time introspective engagement, requiring a heightened level of self-awareness and the ability to evaluate and adjust actions as they happen.

**Reflection-on-action:** This retrospective form of reflection allows healthcare professionals to look back on observed events, critically assess their actions, and draw valuable insights. It offers an opportunity to identify lessons learned and develop strategies for improving future care.

**Reflection-for-action:** This forward-looking approach involves contemplating future actions, often informed by past experiences. It encourages professionals to consider various approaches, refine inclusive practices, and enhance communication strategies to build and keep effective relationships.

### Insights into the use of reflection in practice

To further illustrate how reflection is used in clinical practice we would like to share with you some of the student's reflections during a foundational program in developmental care for Newborn Individualized Developmental Care and Assessment Program (NIDCAP). The Family and Infant Neurodevelopmental Education Foundation – Level 2 (FINE 2) places paramount importance on nurturing student learning through meticulous observations complemented by structured reflection. Within the neonatal unit, mentors adeptly steer students toward introspection about specific situations involving infants and their families.

**“By spotlighting participant experiences, we will show how reflection emerges as a potent pedagogical strategy, transcending the boundaries of traditional and online learning realms.”**

Drawing from the Program, this paper illuminates the thoughtful impact of reflection. By spotlighting participant experiences, we will show how reflection emerges as a potent pedagogical strategy, transcending the boundaries of traditional and online learning realms.

#### Each reflective quote sits within a theme.

##### Seeing the individual - Questioning assumptions

‘Reflecting on baby’s behaviour, I was surprised at how regulated he was for his birth gestation and corrected [age of] just 36 weeks. I expected him to be fussier and vocal particularly through the face wash and nappy change.’

##### Emotionally challenging - Connecting with the baby and living their experience

‘As I watched the baby turn pale then dusky, not breathing, his body completely stiff then limp, I grieved for him. The baby desperately needed a support person, preferably [his] mother or father. After the exam I held him for a long time, muttering my apologies for his pain, wishing his parents would come soon, as he lay spent in my arms’

##### In-tune with the baby - Trusting them to do their best

‘My pulse was getting rapid along with the baby's and I was about to reach into the incubator and help the baby when his foot touched the edge of the nest. Still sucking on the pacifier, he leaned his foot against the edge of the nest and soothed himself. I started silently cheering!’

##### Awareness of pain - and gaps in the way we manage it

‘This [observation] has highlighted the value of using pain tools for monitoring an infant's condition and recognising deterioration or increased pain, as well as evaluating the effectiveness of a pain-relieving intervention.’

## Realisation - Questioning practice

'I wondered why we don't often think of routine caregiving tasks as being stressful and difficult for the infant, despite frequently seeing a lot of observations during care that would indicate otherwise.'

## Mother's presence - and her key role in the baby's care team

'This observation also confirmed to me the power of a mother's observation, Annie has sat by Jenni's side for hours and hours every day since she was born. .... She is able to identify when Jenni is 'not right', more unsettled or in fact the opposite, doing better.'

## Talking with parents - Watching, wondering and listening

'Compared to the first week or so, I feel like I am also growing in confidence when discussing the baby's behaviour with parents, possibly because I have gained more knowledge on the subject since then, or maybe simply because I've had more practise at having these conversations.'

## Helplessness - and finding resilience

'[James] had just been born. He seemed disorientated, and his movements were all over the place. His bedside nurse had done her best to contain him in his nest, but he was still agitated and crying. This made me feel helpless. I thought about how awful it must have felt for him to be suddenly delivered, having to breathe independently.'

The reflections shared by students during their program vividly illustrate the impact that structured reflection can have on learning and practice in the newborn unit. By examining their experiences through the lens of reflection, these students have not only deepened their understanding of infant care but also developed a greater sensitivity to the needs and emotions of the babies and families they support. These reflections

highlight the importance of questioning assumptions, recognizing emotional challenges, and acknowledging the critical role of parents in the care team. They also underscore the value of being attuned to subtle cues from the infant, the need for effective prevention of or management of pain, and the growth of personal resilience in the face of difficult situations. Through these insights, reflection emerges as an invaluable tool for fostering compassionate, evidence-based care, ultimately enhancing both the student's learning experience and the quality of care provided to infants and their families.

In conclusion, the NIDCAP model of co-regulation demonstrates the benefits of incorporating reflection as a fundamental framework of practice. While this approach may seem unfamiliar in the typically action-oriented, fast-paced environment of intensive care, it is essential for the effective implementation of developmental care.<sup>5</sup> To truly support newborns and their families, healthcare professionals must cultivate a reflective, self-aware practice that not only hones their technical skills but also deepens their ability to engage in meaningful relationships. Through this integration of reflection, technical excellence, and relational engagement, the care provided becomes more attuned to the unique needs of each infant and their family, fostering better outcome and more compassionate care.

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## Mission

The NFI improves the future of all infants in hospitals and their families with individualized, developmental, family-centered, research-based NIDCAP care.

*Adopted by the NFI Board, June 29, 2022*

## Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

*Adopted by the NFI Board, October 20, 2017*