The “U” Model: Reflective Practice Guidelines for Students

Engaged ✧ Inspired ✧ Transformed

Purpose: The purpose of this guideline is to help you develop the ability to demonstrate critical thinking and critical reflection skills. The desired outcome is that this process will help you to become comfortable uncovering and challenging your assumptions, opinions, thoughts, and knowledge. Investigation, experimentation, and exploration of your values and beliefs will help you discover who you are within this profession.

While there are different goals for reflective practice, this model focuses on the goal of transformation (Chapman & Shaw Anderson, 2005, p.543; Lyons, 2010, p. 16). It is the desire and hope that through reflection a competent, confident, compassionate, conscientious, committed, professional nurse emerges (Roach, 1987/2002).

Rationale:

1. Reflection through self-awareness is an essential component of professional nursing practice (Canadian Nurses Association, 2008, p.5; College and Association of Registered Nurses of Alberta, 2008, p.2).

2.) Critical reflection provides an opportunity to understand, investigate, and integrate professional caring attributes (Taylor, 2008, p. 209; Taylor, 2010, p. 21; Bergdahl, Benzein, Ternestedt, & Andershed, 2011, p.119, 121)

3.) Critical reflection has been identified as a key component in developing critical thinking skills that is a requirement in today’s complex healthcare environments (Deane & Borg, 2011, p.44).

What is reflective practice?
Reflective practice is an intentional action driven by someone who wants to discover the purpose and meaning behind an interaction. It involves asking questions that ultimately explore your values, beliefs, assumptions, and perspectives. It requires taking responsibility for those values, beliefs, assumptions, and perspectives and either affirming them or intentionally seeking new knowledge to change or broaden the understanding of them. The final step in the reflective process is action that is based on this new understanding. True reflection results in transformation. It is about having an impact on humanity. You as “the reflector” are changed through the process, thereby creating an environment characterized by openness, respect, and understanding. This environment is necessary for client centered care. The following four steps within The “U” Model serve as a guide for your reflection.
**Why a “U” model?**

The “U” Model serves as a visual representation of the guidelines. The “U” has significance for two reasons. First, the title of the model reflects Dewey’s (1933) beliefs of reflection as a personal journey with the individual bearing the responsibility for the process. Reflection is about you (U)! Secondly, the shape of the “U” symbolizes depth. Staying on the surface, mulling over interactions will not result in transformation.

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<tr>
<th>Intentional Thought</th>
<th>Description of Your Day (Brief description)</th>
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<td>Your reflection begins with a brief summary of an experience, interaction or observation. What happened? What did you see? What did you hear? What did you do? What were you trying to achieve? Why is this interaction important to you?</td>
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<th>Practice: The Act of Questioning</th>
<th>Identified Learning</th>
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<td>As part of your reflection, highlight something you learned. You may choose to reflect on knowledge gained (nursing science) (i.e. an immunization procedure, bilirubin testing, epidemiology, key course concepts). Was there a topic covered you were unfamiliar with and what did you learn about it? How does this new information impact your practice? Or the learning may be something you learned about yourself. This is called self-reflection. This is where you examine yourself (values, beliefs, assumptions, perspectives) in the situation (art of nursing). Did you identify any assumptions, thoughts, biases, opinions, or conclusions? How do those influence the situation? Do these need to be challenged to move you to client centered care? Could you have dealt with the interaction in a different manner?</td>
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<th>Awareness/Understanding</th>
<th>Resource/Research Supported Learning (VERY IMPORTANT PART!!)</th>
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<td>Critical reflection and critical thinking are what you do to challenge your current knowledge and perspectives. Here you will summarize the relevancy of your findings to the situation you described. What resources (actual SOURCES of information such as journal articles, best practice guidelines, etc.) did you use to challenge your knowledge and perspectives? How is this information informing your practice? Do you need to change some of your values, beliefs, assumptions, and perspectives? How has this new information/awareness changed or reinforced your original knowledge and perspective?</td>
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<th>Action</th>
<th>Implications for Future Practice</th>
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<td>In this section you will need to think about what this learning means for your future practice. What will you do in your future practice as a result of this new information/learning?</td>
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*Action leads to Transformation*

*It is important to note that even though four steps have been identified within the model, reflection is not a linear step by step process. It is an individual journey and the steps are identified as a guide.*
The “U” Model

Do you have the 4 attributes that are important for reflective practice?

✓ **Being Present** (Are you able to set aside your own thoughts, cares and concerns in order to be fully engaged with another?)

✓ **Open mindedness** (Do you have a sense of curiosity to learn more about the way you see yourself and the world? Are you willing to explore the concept that other people see the world differently? Are you willing to hear the viewpoints of others?)

✓ **Whole Heartedness** (Are you passionately engaged in the process? Are you willing to do the work in order to understand others?)

✓ **Responsibility** (Are you willing to be responsible for your thoughts, opinions, and assumptions that result in actions and choices that impact the world around you.

(Dewey, 1933; Rodgers, 2002)
“Who is thinking for you?”

(Brookfield, 1995; Mezirow, 1998; Nairn, Chambers, Thompson, McGarry, & Chambers, 2010)
Author Note

This work is the result of a collaborative effort between Linda J.M. Cavanaugh BScN, RN and Leanne M. Topola MN, BScN, RN, BA, IBCLC, Bachelor of Science in Nursing Program, MacEwan University. Please reference as:


References


