



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A year on: a critical reflection on entering the world of practice development

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Abstract

Background and context: The Foundation of Nursing Studies, in collaboration with Mrs Elizabeth Tompkins, offered The Richard Tompkins Nurse Development Scholarship, a development opportunity to improve person-centred cultures of care. This paper reflects my experience of this scholarship year, which included attendance at a five-day residential International Practice Development Collaborative (IPDC) practice development school hosted by the England Centre for Practice Development, and 12 months' mentorship from FoNS.

Aims and objectives: To reflect on my learning during the scholarship year and on its impact on my professional and personal growth.

Conclusions: This experience has enabled me to examine my own values and beliefs about practice development, develop my facilitation skills and work towards becoming an effective nurse leader by integrating the principles of practice development into my everyday practice. It has been a year of challenge and meaningful reflection. The future involves engaging key individuals within the organisation to progress practice development across the workplace.

Implications for practice:

- The power of this mentorship experience has highlighted the importance of developing all staff, but ensuring potential mentors have had the right investment to develop the necessary skills and qualities to be effective in their role
- Practice development values and beliefs have the ability to support change in culture. Using its principles to underpin ways of working leads to an engaged and enthused workforce
- Being a facilitator of practice development requires energy, creativity and commitment

Keywords: Mentorship, facilitation, practice development, personal growth, reflection, learning

Introduction

This paper is a critical reflection on the experience of attending an international practice development school, a year of mentorship and its impact on my role as a nurse manager. The purpose of this article is to reflect on my learning and how I have applied this learning to my practice, using the stages of Gibbs reflective framework (Gibbs, 1988).

Description

The Richard Tompkins Nurse Development Scholarship

In January 2013, I had completed my second year as a manager for a day service providing care for people with life-limiting illness. During these two years I had driven a great deal of change in order to

transform the service into one that was modern, purposeful and equitable, in line with the rest of the organisation. While the changes to the service had been successful and welcomed by the majority of the team, I was aware that there were aspects that I could have facilitated better. I was keen to learn more about developing practice in a way that embraced the whole team in a more inclusive way. It was at this time that I saw the opportunity to apply for the Richard Tompkins Nurse Development Scholarship.

The scholarship is aimed at supporting nurses working at ward manager level who are keen to develop person-centred cultures of care. Having spent most of my career outside the NHS in the charitable hospice sector, I was really keen to connect with skills and ideas that were wider than my present influences, in order to improve patients' experiences of care. The scholarship included attendance at a five-day residential international practice development school hosted by the England Centre for Practice Development and 12 months' mentorship from one of Foundation of Nursing Studies' (FoNS) practice development facilitators.

My application was shortlisted and following a telephone interview I was very fortunate to be offered the scholarship.

Meeting with my mentor

Before attending the practice development school, I was able to meet my FoNS mentor in my workplace. She was one of the school facilitators and would also mentor me through the forthcoming year. It struck me that as a qualified practitioner, I had not been in a mentoring relationship for many years. I was nervous before the meeting but finding out more about the school and mentorship, her down to earth approach and genuine interest in my work and views on service development all reassured and enthused me about my forthcoming experience.

Practice development school

The practice development school was hosted by members of the International Practice Development Collaborative – a community of practice developers and researchers who are committed to working together to develop healthcare practice. It took the form of a residential week, held in a beautiful Victorian mansion near Tunbridge Wells, UK. It was the perfect environment for the interactive and creative approaches used by the school – the stunning grounds as much the interior. Here, practice development theory and practice were introduced with active learning groups, reflective practice and supervision. All the sessions were interactive and facilitated in such a way that we were learning and discovering our own values, but also learning how we could move forward and use the tools and techniques with our own teams.

I had noticed from the participant list that the majority of others attending the school were in dedicated practice development roles within large NHS organisations; previous anxieties resurfaced and I wondered if I would struggle. However, the reality was we were all as nervous as each other. Regardless of our roles and backgrounds we had a new combined identity as nervous participants. My mentor had previously discussed with me the creative approach that the practice development school took to learning, with the small team of facilitators role modelling the techniques and concepts in a variety of creative ways. I realised by the second morning when the facilitators opened the day as aliens (identifying with some of the anxieties we had reflected back at the end of day 1), that this was going to be a learning opportunity like no other I had experienced.

Reflection was the key element of the residential week for me, and quite exhausting at times. Group work questioning the values and beliefs held by potential practice developers cannot but lead to questions about the values and beliefs of your workplace, and ultimately your own personal values and beliefs. This reflective process underpinned every new approach we used, whether it was reflecting on our own workplace culture via a visualisation or reflecting on previous projects and how we measured

success and evaluated them. It was both illuminating and draining. Exposure to different ways of working, such as using imagery on picture cards or sculpting in place of words, reactivated a creativity in me that had been dormant for years. Professional and personal inhibitions lessened with each day's new experiences. Practice development in this environment was a truly holistic experience; immerse yourself in it or miss out on opportunities for learning.

Ongoing mentorship

On completion of the school the mentorship began. My mentor and I discussed the purpose of the mentorship and formulated the basis of a contract for our year's work (I was a practice development school veteran now, and didn't bat an eyelid when we started this by modelling Play-Doh!). The contract covered the purpose of the mentorship, and how I hoped to develop the philosophy of practice development within our small hospice community. My aim was to work using an inclusive collaborative approach to ensure the team owned the changes that were to be made. We looked at the factors that would enable this to happen, which included an open and honest relationship, based on both support and challenge. My mentor would share her knowledge of practice development and signpost me to useful material; I would share my new experiences of practice development with my mentor, who would offer me guidance and advice as necessary. We aimed to meet every six to eight weeks with my mentor travelling to see me, but would also communicate via phone and email when appropriate.

When setting this contract I also described what a successful relationship would feel like for me, and what I hoped I would be able to do because of it. This included greater confidence in facilitation, working more creatively with a wider knowledge of tools to support facilitation and supporting a team to change their practice and own that change.

Moving forward

Shortly after the school an opportunity arose to interview for a more senior role within the organisation, taking the lead on managing clinical services and quality for a larger clinical team. Particular emphasis was needed on developing the culture within the team. At interview, I was given 30 minutes to prepare and then present on an unseen topic. It was based around 'introducing and managing change that supports patient and service user experience' and my presentation was so much more informed because of all my new learning. I was successful at interview and this new role commenced four months into my mentorship; it was such a bonus that I could have the support of my mentor while taking on this new challenge. The mentorship hugely supported the work based on reviewing the culture of the unit, but there have also been times when it has been a challenge trying to integrate the philosophies of practice development within the demands of managing a busy unit.

Feelings

The experiences over the past 12 months have been intense. Practice development literature focuses frequently on transformation and human flourishing (Manley et al., 2011; McCormack and Titchen, 2014). Whilst this year has enabled me to experience this in myself and, I believe, within my team, there have been times when I have felt out of my depth and exposed. This quote from contemporary author C. Joybell C. sums up my feelings from the last year:

'The only way that we can live is if we grow. The only way we can grow is if we change. The only way we can change is if we learn. The only way we can learn is if we are exposed. And the only way we can become exposed is if we throw ourselves out into the open. Do it. Throw yourself' (C. Joybell C., direct quote, spoken word).

Little did I know what 'throwing myself out into the open' would feel like! I reflected on the feelings I had experienced during the scholarship year by using Evoke cards, something I used while at practice development school. The cards offer images or words that can help prompt recall or bring to mind

emotions, feelings or memories when thinking about an issue or incident. Using the cards with printed words, I selected the following to represent my key feelings over the past year:

- Anxious
- Vulnerable
- Fortunate
- Pressured
- Hopeful/upbeat
- Compassionate/capable

Examples of how these feelings were experienced are given in Table 1.

Table 1: How feelings were experienced	
Feelings identified from an Evoke card	Personal experiences related to the 'feelings' chosen
Anxious	I was aware of feeling anxious on several occasions throughout the year. The questions asked during the telephone interview (for the scholarship) were outside my main zone of knowledge, leaving me unsure and unable to judge whether my answers were appropriate. I put the phone down with no idea of how well I had interviewed. Arriving at the practice development school, I felt awkward and self-aware. Would my lack of experience make me stand out? Would I be the only one who didn't understand all the language in the preparatory reading, the only one not fluent in 'PD speak'? Taking on a new post and trying to practise new skills caused me anxiety. At times my facilitation skills have not felt effective, which has affected my already-shaky confidence. There were occasions when I have become uncertain about my new approach to facilitation, struggling not to revert to more 'comfortable' directive styles
Vulnerable	A sense of vulnerability has run through the year. Initially I felt quite ignorant and exposed in relation to my knowledge about practice development. Working closely with a mentor felt intense at times – not being able to hide behind a 'role' or be part of a wider group voice. The level of reflection that practice development promotes also led to considerable questioning of self, which at times was challenging
Fortunate	Throughout this experience I felt very fortunate to have been given the scholarship, that my management team was happy to support me and that the mentorship relationship has been so positive and beneficial. However, the main reason I feel fortunate is because I have been able to work collaboratively with such a committed team of caring and compassionate nurses within my workplace
Pressured	At times the scholarship felt like an added pressure. Taking on the new clinical role has been a steep learning curve, with a bigger workload. I manage a large team, and at the beginning of the role the balance of being a clinical manager with the personnel responsibilities it holds felt at odds with the more creative and facilitative role associated with practice development. However, as my knowledge and confidence have grown, the two are becoming more naturally interlinked
Hopeful/upbeat	I am beginning to sense a culture change within the team, with people voicing great ideas and taking responsibility for leading on new areas of development. I believe I am seeing and hearing things differently; I am more open and receptive in my approach. There are 'magic moments' (described as 'person-centred moments' by McCormack and McCance, 2010) when someone will be enthused by their own potential to do something differently or offer some brilliant solution to a nagging problem
Compassionate/capable	I feel my own development has been significant over the year. My learning about practice development has given me the encouragement to think about issues in a much wider context. I believe that improved facilitation skills, and a more inclusive approach are supporting me to become a more compassionate and capable nurse leader

Evaluation

The scholarship has been an immensely positive experience for me; the learning has changed my practice and will continue to do so. The understanding of practice development and some of the exercises I experienced in practice development school I am now experimenting with in practice.

The mentorship has encouraged me to reflect at a much deeper, more personal level than normal clinical reflection. The relationship has been that of an expert supporting a novice, guiding and advising (Garvey and Alred, 2003 cited by Robinson et al., 2012). It has made me question my 20-plus years of nursing experience and my values related to person-centred care. It has led to an increase in personal confidence, because I have been supported and at times challenged, helping me to understand what some of my own drivers are to why I want to be in a leadership role. It has made me less eager to look for answers and much more open to explore and listen to the team's ideas and views. Collaboration, inclusivity and participation truly is my new mantra (McCormack et al., 2013, p 7). The mentorship has left me rejuvenated and fully committed to nursing and to supporting nurses to excel in their roles.

There have been challenges. There were times when being in a new role and in a very reflective mindset felt exhausting. For example, dealing with a disciplinary procedure in the morning, then trying to engage staff in creative ways of working in the afternoon felt polarised and unmanageable. At times, practice development just couldn't be a priority – which was a challenge if I had agreed with my mentor to try a certain exercise with the team and I was due to meet her that week.

However, the mentorship always pushed me forwards and I felt re-enthused after every visit, or every email. My mentor appeared to sense when I was struggling, particularly in the first few months in my new role, once sending me a picture of a buoyancy aid and a yellow hat – the 'hat of positive thinking'. Quirky, but also perfect!

I finish this year knowing I have learned a lot, and that this will continue. Not only can I now translate some of the language of practice development, I have experienced its impact and most importantly its potential to improve the care we offer our patients by treating them as the unique individuals that they are. I now realise the time and commitment it will take to turn 'person-centred moments' into a person-centred culture (McCormack et al., 2011, p 1). I am fortunate that I work with a team with high commitment and the beginnings of a shared vision of what we can become and therefore what we can offer.

Analysis

This last year has had a profound impact on me, professionally and personally. Three significant areas of learning stand out for me:

- The principles of 'CIP': collaboration, inclusion and participation (Manley et al., 2013). They form the foundation for facilitating any change or development
- The skill of facilitation and the ability consciously to think which style to use and when
- The power of effective mentorship

Through my analysis, I have been able to identify a number of key insights in relation to these areas of learning, which are summarised in Boxes 1-4.

Collaboration, inclusion and participation (CIP)

Reflecting on learning during practice development school made me realise my own potential to improve practice by integrating the principles of CIP more into my ways of working. I thought of service developments I had previously led; while they had been successful, there were parts I could have facilitated better. A year on, with my increased respect for the CIP approach I understand why (see Box 1). Some of the tensions that arose may have been defused earlier had I sought more participation and collaboration from the stakeholders involved. With my new knowledge I would have encouraged all stakeholders to participate in:

- A claims, concerns and issues activity (Guba and Lincoln, 1989) early in the process, to enable them to express their views about change
- A SWOT (strengths, weaknesses, opportunities and threats) analysis to share and discuss new challenges in relation to new ways of working, potential strengths and difficulties of current systems and processes, and opportunities for practice development

Box 1: Insights into CIP

While I have always believed in the principles of engaging with and listening to the teams I work with, I realise I had been choosing the stage of the process at which I included them. This was often when I had already made distinct moves in the direction of my thinking; the temptation is then to listen more attentively to those who hold similar views. I now realise that engaging staff at the concept stage is far more effective, and unleashes unexpected creativity, knowledge and engagement, resulting in an ownership and energy for change in practice. Using CIP principles can at times feel very time intensive as they involve a lot more face-to-face interaction. However, the more I make it part of my daily practice, the more I realise it is the only effective means of engaging the team, and the immediate investment of time is a small price for the rewards that come from their ideas, energy and collaboration.

Facilitation styles

Key to my learning over the past year has been a greater awareness of the styles of facilitation that I use and the importance of these as either a practice developer or manager. Early in the mentorship I was asked to look at my own facilitation styles with the use of a situational facilitation framework (Hersey and Blanchard, 1996). I realised that I used different styles depending on the role I found myself in; for example an encouraging, coaching style when supervising, and a directing style at times as a manager. Having worked as a palliative care teacher and a counsellor in my past, I could relate to my dominant styles, but this exercise also exposed areas in my facilitation style that I felt I needed to concentrate on (see Box 2). It made me realise that while I had always enjoyed change and some level of challenge, others were less excited by it, and possibly came with negative experiences. Reflecting on some of the activities I engaged in at the practice development school made me realise that my enthusiastic style could be too dominant for some and therefore potentially detrimental to a team approach.

Box 2: Insights into facilitation styles

Reflection on facilitation styles has enabled me to identify my development needs: to be able to see the bigger picture; to be less eager to problem solve; and to really listen to everyone's views. The new post has given me opportunity to practice these skills as I contribute to many senior multidisciplinary meetings. At the beginning I was very conscious of thinking 'wider' and being less reactive, but this has become much easier to do over the 12 months. I have naturally seen the benefits of listening and reflecting on what is said more before I contribute to discussion. The other significant piece of learning from looking at facilitation styles was the realisation that while I have a very honest approach, to others this may come across as bluntness or too intense, so needs to be tempered at times. This is still a work in progress!

An article about facilitation that particularly resonated with me is Dewar and Sharp's (2013) paper on appreciative dialogue. This paper discusses the 'how' of facilitation, something that has been important to me as I have begun to work with a new team and encourage them to look at their current practice and workplace culture. My identification with the appreciative dialogue paper involved the challenge of being both facilitator and line manager, which in the first few months of the post didn't always feel compatible. The paper uses a framework based on seven key attributes when interacting with someone, which Dewar and Sharp (2013 p 4) call 'caring conversations': 'be courageous, connect, be curious, collaborate, consider, compromise, celebrate'.

This framework has been key to supporting me in developing the management and facilitation style I respect, and makes me consciously examine the way I interact with others. The aim is to be open, honest, engaged, supportive and caring, while maintaining a vision and an opinion. I believe it works whether I am looking at ways of improving pressure ulcer care in a ward meeting or involved in a disciplinary hearing; it unifies my styles and roles whereas previously these could at times result in conflicting feelings (see Box 3).

Box 3: Insight into practice development as a way of being

When I started my involvement with FoNS and practice development, I was concerned that I was in a management role and not a practice development post. Now, however, I feel incredibly fortunate that I am able to use the principles of practice development in my role as nurse manager.

Effective mentorship

The third significant theme is the impact of mentorship. I hadn't realised what a unique and privileged experience it is to receive effective mentorship. While practice development school was a wonderful, creative learning experience, offering me tools and perspectives to take back to practice, the mentorship gave me the encouragement, support and challenge I needed to use and reflect on the tools in a real sense. The experience has been comparable to Dewing's (2010) description of facilitation of 'active learning', which shares many of the values and beliefs of practice development. Dewing (2010, p 24) describes the role of facilitators of active learning as encouraging the learner to 'unlearn taken for granted knowledge' and then to use new knowledge and perspectives to 'feel a sense of freedom to act differently' (see Box 4). I believe I am beginning to act differently; I am bringing more of myself and my values system into my facilitation style.

Box 4: Insights about mentorship

My mentor has used the philosophy of practice development consistently when working with me, mirroring the values of this approach. This has enabled me to learn 'from', but also learn 'how' to be a better mentor. My mentor was challenging at times but she was also a support and role model. Following the principles of active learning, she offered me opportunities to use new skills, getting me to reflect on what had gone well, what could be improved and at times challenging me to remember the theory to guide me into making more appropriate choices. She was consistently interested, person centred, and shared her own experiences, asking and valuing my feedback on them. At times, particularly in the first few months, it would have been easy to have fallen back into previously known ways of working, but my mentor's genuine interest kept me moving forwards. The process has made me be braver and more creative in my approach than I would have naturally been. This may not always be visible to the team working with me, but I know I have made an internal shift in how I have approached different issues.

The mentorship has impacted not only on my development, but also on the future development of the team. When recruiting two sisters and one manager in the past 12 months, the interview questions were far more about values, beliefs and vision than clinical skills or challenging scenarios. I feel confident that we are developing a team of committed, caring staff with a shared vision of delivering person-centred care.

It would be naïve to think it is all straightforward, but in my 'stuck' moments, I think 'what would my mentor say or do?' The answer is normally more creative than my original thought, less direct in approach, and moves us all forward. My experience of mentorship will leave a legacy: my greatest work satisfaction is developing the senior nurses I am working with, who in turn I hope will invest in and develop their teams, maximising the potential of this unique opportunity I have experienced.

Conclusion

Practice development is not about a job title or role but about a philosophy and a value system – an approach to care. This experience has provided me with the opportunity to re-examine and retrieve my values about nursing, person-centred care and getting in touch with what really matters. I will need to work hard to maintain the impetus that has grown without the encouragement of my mentor, but am confident that the shifts in culture that have already been made will help the momentum keep going. I hope that by role modelling the values and beliefs of practice development in my daily interactions with colleagues, and recruiting against those values, the culture will continue to shift towards one that offers exceptional person-centred care from a motivated, valued and questioning team.

There is no end to this scholarship in the real sense. It has placed me on an exciting and challenging path and I am very grateful to have been guided in the right direction.

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