

2024-04-08

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Woodman, Suzanne

Woodman, S. 'Reflective practitioner or unconsciously incompetent?', South West Clinical School Journal, 4, SE1

<https://pearl.plymouth.ac.uk/handle/10026.1/22344>

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<https://doi.org/10.24382/h7ew-m388>

University of Plymouth

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## Reflective practitioner or unconsciously incompetent?

Suzanne Woodman<sup>1</sup>

<sup>1</sup>First Contact Practitioner and MSK Specialist Physiotherapist, Cornwall Partnership NHS Foundation Trust, BODMIN, PL31 2QN, UK.

Email: [suzanne.woodman@nhs.net](mailto:suzanne.woodman@nhs.net)

Submitted for publication: 02 January 2024

Accepted for publication: 21 February 2024

Published: 08 April 2024

Ethical approval granted by University of Plymouth Faculty Research Ethics and Integrity Committee, Project ID: 3057.

### Background

Reflective practice is a valuable skill with professional, clinical, and personal benefits. The Chartered Society of Physiotherapy (CSP) incorporates reflective practice within professional standards (CSP, 2019). The Healthcare Professions Council standards of proficiency explicitly state: *reflect on and review practice* (HCPC, 2023), whilst Health Education England expects a clinician to be *critically reflective* when progressing into advanced practitioner roles (HEE, 2017).

This study aimed to gain an overview of reflective capacity of UK Chartered Physiotherapists and identify development themes across the population.

### Method

The Reflective Practice Questionnaire (RPQ) (Priddis and Rogers, 2018) was released across all UK CSP networks and on social media between 01 February to 01 May 2022 to a potential sample size of 53,000 UK Chartered Physiotherapists. The RPQ is a 40-item questionnaire, with responses collated into 10 sub-scales (Table 1). Responses were scored on a 6-point Likert scale, range 'Not-at-all' to 'Extremely'. The Reflective Capacity Scale (RCS) is calculated, maximum score 96, to provide an assessment of an individuals' reflective capacity. Statistical analysis of reliability using Cronbachs Alpha ( $\alpha$ ) correlation, and statistical significance was completed using SPSSv25 (Watson, 2013). Demographic data, such as location, clinical speciality, and length of HCPC registration allowed between group analysis.

### Results

Seventy-seven completed surveys were received, 62% from the South West region. 83% held HCPC registration for more than 8 years, 60% held postgraduate qualifications. 84% female, and 77% age range 30-50. Responses were received across many clinical specialities: MSK (58%), research or education (16%), paediatrics (2%).

Mean RCS score 68 (SD = 9.32, IQR 15 (62-77)) corresponding 'Moderately' and 'Very much' scores, indicating a higher reflective capacity. The 10 sub-scales of the RPQ calculated Cronbach's Alpha between  $\alpha=.606$  to  $\alpha=.896$  (1.0 being the very strongest), with the RCS sub-scales  $\alpha=.849$ , indicating strong internal consistency

A strong positive correlation was identified between RCS and Desire for Improvement ( $r=.559$ ,  $p<.01$ ), and between Desire for improvement and Uncertainty ( $r=.627$ ,  $p<.01$ ). Individuals scoring higher on RCS and Uncertainty, also indicating higher Desire to improve. Reflection with Others identified strong correlation with Self-Appraisal ( $r=.607$ ,  $p<.01$ ) which links with 86% respondents engaging in peer discussions and clinical supervisions. All respondents reported engaging in reflective activities, with the formal 'Learning Log' receiving least responses (34%). This indicates a preference for informal discussions, rather than formal written accounts.

**Table 1: Subscales of Reflective Practice Questionnaire**

Reflection-in-Action*	Reflection-on-Action*
Reflecting with Others*	Self-Appraisal*
Desire for Improvement	Confidence – General
Confidence - Communication	Uncertainty
Stress Interacting with Clients	Job Satisfaction

\* *Reflective Capacity Scale*

## Discussion and Conclusion

The RPQ and the RCS has provided a reliable insight into an experienced cohort of UK Chartered Physiotherapists. The strongest correlated finding shows that the respondents were reflectively aware of their own strengths and motivated to improve upon their weaknesses and knowledge gaps, thus broadening their scope of practice.

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