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Reflection-Beyond-Action: A Modified Version of the Reflecting Phase of Tanner's Clinical Judgment Model

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Abstract

This paper explores the notion of reflection-beyond-action and its implications for the teaching and learning of novice nurses. This term emerged from the data analysis of a recent study that explored internationally educated nurses' experience and understanding of clinical judgment while engaged in High Fidelity Patient Simulation (HFPS), stimulated recall, and reflective practice. The findings and analysis of this study led to a modification of Tanner's Model of Clinical Judgment, in which the reflecting phase was expanded to include reflection-beyond-action. This form of reflection incorporates the concepts of unlearning and unknowing in order to critically reflect upon one's prior knowledge and beliefs and consider their impact on one's practice. A descriptive overview of the modified model—particularly the concept of reflection-beyond-action, its significance and implications to nursing education, and potential approaches to its application—is provided. This paper explores the findings of an earlier study, which illustrated how the acts of reflection and observation are integral to understanding clinical judgment and to developing professional learning and competence. Ultimately, this integration led participants to self-awareness and critical consciousness of the meaning of patient care and overall nursing practice, providing the practitioner with the ability to reflect beyond action.

Keywords

Reflection-in-Action, Reflection-on-Action, Reflection-Beyond-Action, Unlearning, Unknowing

1. Introduction

The Royal College of Nursing [1] describes nursing as "the use of clinical judgment in the provision of care" (p. 3). Clinical judgment and decision-making skills, then, are key attributes of nursing care and are central to the development of the professional practice of nurses and other healthcare professionals. According to Decker, Sportsman, Puetz, and Billings [2], "The National League for Nursing (2003) explicitly stated that nurse educators are to create 'learning environments that facilitate students' critical thinking, self-reflection,' and prepare 'graduates for practice in a complex, dynamic health care environment'" (p. 74).

The self-reflection that the National League for Nursing speaks of requires the personal examination of feelings, thoughts, and actions. The two fundamental forms of reflection commonly mentioned in the literature are reflection-in-action and reflection-on-action [3]–[6]. Another form, reflection-beyond-action, was recently identified and provides a new lens to the process of reflection. Reflection-beyond-action incorporates the notions of unknowing, unlearning, and self-observation in order to critically reflect upon one's prior knowledge and beliefs and consider their impact on one's practice. This concept emerged from the data analysis of a recent study that explored internationally educated nurses' (IENs) experience and understanding of clinical judgment when engaged in a simulated clinical environment [7]. Some of this study's findings on reflection will be explored in this research brief, which discusses the notion of reflection-beyond-action and its alignment with Tanner's Clinical Judgment Model.

2. Synopsis of Research Design

For the purposes of this paper, only a brief description of the study is provided (one that excludes methodology, ethical considerations, and limitations) as the purpose of this paper is to provide an introduction to the concept of reflection-beyond-action and its application to nursing education and practice. (For a complete discussion of the design of the earlier research, see [7].)

The research employed qualitative, descriptive, open-ended exploratory and interpretive methods informed by constructivism and transformative-learning theories. The participants in the study were IENs, aged 27–37, who were attending a university bridging program in Ontario. They participated in (a) a preliminary interview to assess their educational, clinical, and professional backgrounds; (b) three interactive simulated clinical activities, using high-fidelity SimMan™ manikins; and (c) three stimulated-recall sessions followed by three focus groups. The interactive simulated activities were videotaped and the stimulated-recall sessions and focus groups were audiotaped. Tanner's Clinical Judgment Model [6] provided the conceptual framework used to guide this process.

Tanner's model is composed of four factors: noticing, interpreting, responding, and reflecting. The model provides a blueprint of how a nurse is to think during clinical situations requiring proficient judgment and clinical decision making [6]. The reflection phase of this model comprises both reflection-in-action and reflection-on-action. The findings and analysis of this study led to a modification of Tanner's Model of Clinical Judgment, in which the reflecting phase was expanded to include reflection-beyond-action—a form of reflection that incorporates the concepts of unlearning and unknowing. This paper provides a descriptive overview of the modified model, particularly the concept of reflection-beyond-action, its significance and implications to nursing education, and potential approaches to its application.

3. Literature Review

The Clinical Judgment Model developed by Tanner is synthesized from research on clinical reasoning in nursing and is relevant for clinical situations that may be "rapidly changing and require reasoning in transitions and continuous reappraisal response as the situation unfolds" [6]. By applying Tanner's model in clinical learning environments, educators afford students the opportunity to refine their patient-management skills in order to resolve common clinical problems and transfer knowledge while adhering to what is most essential when faced with a complex situation. By integrating Tanner's Clinical Judgment Model into the clinical education of nurses, educators are able to adequately identify and better understand potential challenges for students in the areas of critical thinking and knowledge acquisition.

Tanner's model suggests a link between reflection and clinical judgment. Reflection is the essence of clinical experience, as through reflection actions become meaningful and lead to learning for salience [3], [8]. During reflection, the nurse analyzes and evaluates the choices and decisions made. Reflection on the outcomes of actions allows for narrative thinking and reflection—both in action and on action—leading to the acquisition of clinical learning and, thus, contributing to future clinical judgment [6]. The following questions exemplify reflection-in-action: How is this patient responding to my intervention? Do I need to change what I am doing? In contrast, the following questions illustrate reflection-on-action: Did my actions influence the outcome? How? What might I have done differently if I had the opportunity? In what parts of the clinical judgment process could my thinking have been clearer?

Donald Schön [4] initially introduced the idea of the reflective practitioner, stressing the notion of reflection as the centre of understanding. His work derives from John Dewey's work on reflective practice. Dewey [9] views reflection as an active, rigorous, and emotional activity that promotes learning by building new knowledge on past experiences. He notes that "reflection is not only a rational, intellectual act but also an act that involves the whole person including his or her emotions" (cited in [10], p. 498) and that reflection is brought about through open-mindedness and willingness to engage in the process.

Schön's *The Reflective Practitioner* [4] provides an understanding of how practitioners reflect on their practice through reflection-in-action and reflection-on-action. According to Schön, reflective practice entails building new understandings that inform one's actions in unfolding situations. The use of reflective practice provides nurses with the tools to properly intervene and make sound clinical decisions; it is critical for safe practice and promotes autonomy, personal and professional growth, and quality of patient care.

Support for reflection, both in action and on action, is vital and should be employed to expand one's clinical-knowledge base, especially given that students generally struggle with applying theory to real-life situations [3], [5], [6]. Reflection requires one to look back and examine one's personal, ethical, aesthetic, and empirical knowledge in the context of knowledge acquisition [5].

Nursing is a profession that requires the development of multiple ways of knowing and the capacity to apply the resulting knowledge to complex situations. Carper [11] identifies four ways of knowing in developing nursing knowledge: empirical, moral, personal, and aesthetic knowledge. These four components of Carper's model represent a dimension of the whole or total epistemology for nursing and are essential to the development of the professional nurse.

Munhall [12] proposes that the concept of knowing, as indicated in Carper's model, may lead practitioners to form a confidence in their own interpretation of knowledge that could, potentially, impede contemplation of alternatives. Further, Munhall identifies a fifth pattern of knowing: *unknowing*. This concept suggests that all knowledge is tentative and dynamic; elevates the importance of questions over answers; and releases preconceptions, stereotypes, assumptions, and biases

[12]. Enacting unknowing as part of the teaching and learning process initiates relatedness, attentiveness, and generosity.

Unknowing can be considered a prerequisite for knowing. From this view, unknowing can be defined as a process of understanding and recognition or a condition of openness that provides meaning to an experience. Cultural understanding can also provide meaning to an experience. According to Burchum [13], "Through cultural understanding, one comes to recognize that with multiple perspectives come multiple truths, solutions, and ways of knowing" (p. 7).

Unknowing represents the idea of openness, of qualitative receptivity, to what may be learned and also allows for the possibility for open and caring human interaction during patient encounters [14], [15], which is a critical component in the delivery of nursing care. Unknowing is aligned with the notion of reflection as, in concert with the process of reflection-in-action and reflection-on-action, it may provide a better understanding of oneself in the context of professional practice. In this manner, unknowing can lead to both transformation and a more complete understanding of clinical judgment.

The notion of unknowing focuses on the need to remain open to possibilities and change. Unknowing stems from the idea that "we don't know what we don't know" and can be considered a prerequisite for knowing or coming to know. Seen through this lens, unknowing enables the "process of 'coming to know' the other in an authentic, empathic way"; it does not mean "being ignorant, unwitting, careless, or being without hope or confidence that a person might resolve their problems, rather…[it] requires an openness and sensitivity to the lived experience in balance with other ways of knowing" [15] (p. 385). From this perspective, unknowing plays an essential part in the learning process and can be tied in to the philosophy of unlearning.

Many authors have made reference to the lack of research and academic literature on the topic of unlearning and have noted that further research should be conducted in this area [16]–[19]. The process of unlearning has been debated in the adult-learning literature, and a number of scholars, including Hedberg, Prahalad and Bettis, and Starbuck, have proposed related, key definitions. For example, Hedberg [20] defines unlearning as new knowledge that overrides old knowledge, as changing situations render old knowledge obsolete. Prahalad and Bettis [21] view unlearning as a process by which old logic is eliminated to make room for new behaviours. Starbuck [22] proposes that unlearning is a process that shows "people they should no longer rely on their current beliefs and methods" (p. 727).

The literature suggests that unlearning does not recognize the potential of previous knowledge to impact the learning process [23]–[26]. However, Klein [27] makes reference to unlearning as a *parenthetic model* and proposes that knowledge is not erased but is retained for situations where the new knowledge may not apply; one, then, considers the context of the situation when deciding on the most appropriate behavior [28], [29].

4. Reflection-Beyond-Action

Unknowing and unlearning play a pertinent role within the context of reflection and contribute to the understanding of clinical judgment. The notions of unknowing and unlearning provide a more inclusive understanding of the reflecting phase of Tanner's model, as they highlight the role of reflection-beyond-action in developing clinical judgment.

Reflection-beyond-action is an approach that provides one with the ability to interpret and view practice as a holistic approach to care. Through this lens, the process of reflection elicits interpretations by gaining access to thoughts, feelings, values, and actions. In doing so, it leads one to recognize the challenges one faces while transitioning to practice, and the impact both prior knowledge and underexposure to situations and circumstances can have on this practice. Reflection-beyond-action is illustrated by the following questions: What did I bring to the situation that had an impact? What did I not bring (knowledge, openness) to the situation that may have made the situation different? How can this be applied to me as a person and a professional? How do I make sense of these factors to allow me to recognize what has been learned and what changes can be made for future situations? Through this type of reflection, individuals are able to acknowledge change in the context of their reality and to see how their beliefs, values, views, or opinions changed within this context.

In terms of the modified Tanner's Clinical Judgment Model, both unknowing and unlearning can be identified as forms of learning or as means of reflection. For unlearning to occur, one is required to reflect on the "unproductive nature of the old knowledge or frame of reference" [19], (p. 8). Moreover, unknowing and unlearning provide the novice practitioner with the ability to self-assess, reflect, and evaluate the learning that occurs, as opposed to following or adhering to a set of skills or rules (i.e., textbook knowledge). This becomes relevant to understanding one's experience of clinical judgment, as the need for self-reflection plays an important role in developing expertise and fluency in transitioning to practice [30]. Indeed, the use of reflection-beyond-action is an important mechanism by which practitioners develop clinical judgment.

While reflection-beyond-action is part of the modified reflection phase of Tanner's Clinical Judgment Model, it also impacts the other three phases. During the noticing phase, findings regarding a given clinical situation are gathered. Nurses in this phase exhibit the ability to sufficiently understand the situation and use this understanding to compare it with what the patient is manifesting in order to determine an appropriate course of action. In other words, noticing incorporates nurses' knowledge gained through both past clinical experiences and theoretical knowledge. As reflection-beyond-action encourages critical reflection on one's prior knowledge, it informs and extends the knowledge used during this phase.

In the interpreting phase, the nurse uses information to make sound decisions about a potential course of action.

Reflection-beyond-action can influence one's awareness of others' points of view; in concert with the notions of unlearning and unknowing, this awareness can augment the ability to construe, explain, and translate clinical situations. In this manner, reflection-beyond-action may enhance a nurse's ability to interpret a patient's behavior in a given context.

Once the nurse interprets the situation, an action is taken to respond to it. In the responding phase of the model, the nurse uses both noticing and interpreting abilities to determine the most effective action or reaction to a circumstance and, thus, individualize a patient's care. Reflection-beyond-action reinforces this phase as it solidifies an understanding of why "we act the way we do" and of how this can impact circumstances or outcomes.

Consider this example from the original study: When the simulated patient tried to express himself by moaning, a participant continued to provide direct care but did not communicate with the patient. In explaining her rationale, the participant stated, "You stop communicating with a patient who cannot respond." However, the patient was clearly able to respond and communicate, as evidenced by his ability to moan. Although he was not able to express himself with words, he was verbal. In fact, the lack of interaction during the scenario was due to the participant's inability to understand the patient's way of communicating. After the scenario, the participant reflected on how her prior knowledge and assumptions may have influenced her response and, thus, the outcome. Through reflection-beyond-action, the participant observed that the patient had been able to communicate, but not in a way that she understood while she, perhaps, had been unable to communicate in a manner that the patient could understand. Through unlearning, the participant perceived that communication can occur at different levels and dimensions and that a lack of interaction could influence patient-care outcomes. Thus, this awareness, gained through reflection-beyond-action, may impact the participant's future responses to clinical situations.

The work of Rolfe also considers reflection; Rolfe [31] discusses the concept of mindful practice, which he refers to as being **"**beyond expertise" (p. 93). Rolfe also notes that, at this level, mindful practice informs theory: "The practitioner constructs informal theory out of practice, applies that theory back into practice, and reflexively modifies the theory as a result of the changed clinical situation" (p. 93).

Expanding on Rolfe's thoughts, I posit that mindful educators encourage the development of mindful learners. Such learners are more aware of themselves, their actions toward patients, and their interactions with interprofessional team members; this allows them to develop insights into how awareness, both of self and of others, shapes their thoughts, emotions, and actions [32].

Developing this notion of mindfulness is an essential bridge to higher level cognitive skills; it is a tool that encourages metacognitive skills and reflective learning, as it requires one to purposefully pay attention to thoughts, feelings, and judgments [5].

5. Discussion

The Carnegie Foundation calls for a transformation of nursing education in order to prepare learners for the complexities of health-care environments [8]. This transformation necessitates the implementation of teaching strategies that involve thinking in action and the ability to use reflection to provide care in unfolding situations [33]. As previously noted, the integration of unlearning and unknowing with reflection-in-action and reflection-on-action facilitates an expanded notion of reflection. This modification to the reflecting phase of Tanner's Model of Clinical Judgment is illustrated in Figure 1.

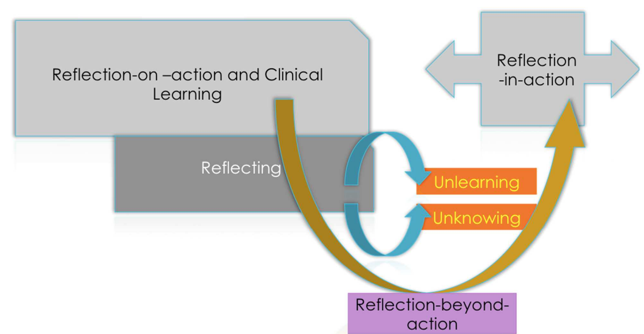

Fig. 1. *A Modified Version of Tanner's Model.*

In the context of the modified model, unlearning is considered to be a process of building expertise in which old knowledge is foundational to the creation of new knowledge; unlearning brings one closer to developing as a professional and to gaining professional competence, as it provides a broader perception of both the world and the individual's role in it. To further illustrate, this notion has emerged as participants, while watching video recordings of themselves interacting with the simulated patient, were able to reflect on and realize how their behaviour could be changed or improved when providing care. Through the mere act of self-observation, the significance and value of unknowing and unlearning as tools to enrich one's learning became apparent to both the participants and the researcher.

Through this lens, both unlearning and unknowing can be seen as integral to the education of novice practitioners [7], as they call upon the learner to examine prior beliefs and assumptions and to consider their implications for practice. Both unlearning and unknowing are rooted in values that shape experiences and understanding of the world and impact practice, as values reflect on who we are and how we perceive reality. This, in turn, impacts practice, as who we are is who we bring to practice [5].

The process of stimulated recall further facilitated self-observation as a tool for reflection [34], [35] and, thus, reinforced reflective practice; it provided participants with an opportunity to step outside of themselves, perceive the phenomenon from the vantage point of the Other, and make meaning of their practice through their interactions with the Other (both the other participants and the simulated patient). This illustrates how reflection and observation are integral to

both understanding clinical judgment and developing professional learning and competence. Ultimately, this integration led participants to self-awareness and critical consciousness of the meaning of patient care and overall nursing practice, providing the participants with the ability to reflect beyond action; further, it enhanced their worldview, as participants were able to gain a broader and more inclusive understanding of the influence of cultural differences and its overall impact on professional competence and clinical judgment.

The following examples from the original study [7] offer examples from participants' narratives about unlearning and unknowing; they highlight both how reflection-beyond-action emerged from the findings and how it contributes to other phases in Tanner's model. In these narratives, unknowing is exemplified by the participants being underexposed or unexposed to certain circumstances. As one participant noted,

I have so much I have to learn, many things to improve. I don't even know where to start. How can we react on this kind of situation? If I didn't have any clinical experience before and then I have patient like that I cannot imagine me there.

Moreover, these narratives highlight the effect a lack of clinical exposure has on the way patient care is delivered, which in turn has a considerable impact on the health-care system. Participants agreed that "not knowing" affects the "whole system." One participant noted,

I don't know that I have to talk to him [the patient] and it affects the whole idea of health care. For example, how I should establish my communication style with this kind of patient because I never did this and I did not see this in my practice. We had patients who were confused, but I did not have good examples how to establish communication, which we did here.

Participants noted that the way nursing practice is perceived across cultures is very different and requires a level of unlearning. They were able to provide examples on how they came to understand or unlearn the significance of patient-centred care in the context of patient-care outcomes. One participant commented:

Here [Canada] is more like treating the person as an individual. The way we think here is very different. It changed my perception of people and life…me as a person…and this scenario has already changed me. I have been in nursing for 15 years…but here I think I will see person more or a patient more as a person and not as one just getting care…

Participants also identified that the way patient care is provided varies across cultures and, in the context of the study, required a degree of unlearning. Their experience led them to recognize that the need to unlearn was important in understanding and developing clinical judgment. The participants acknowledged that their understanding of clinical judgment in relation to patient care changed based on their experiences in the study. Unlearning, in the context of the study, illustrates that existing knowledge needs to be addressed in order to facilitate cognitive, behavioural, and affective mechanisms; it is related to adopting a new practice or enhancing the view of certain situations. Additionally, the study identified that the process of unlearning is not a static and fragmented process but, rather, a dynamic process that reflects invisible cultural assumptions about the way the world works and functions as a catalyst for growth and development, leading to a new way of understanding oneself and the world. This suggests that the commonly cited definition of unlearning be revised from a description of a fragmented and disconnected process to one of an ongoing process of learning. In order to view the world or experience the world from a different position, there is a need to actively strive to see things from a different angle.

Through an explication of the findings, the notion of unlearning emerged as a means of changing and enhancing views—both of the importance of the affective and emotional component and of human interactions and their implications regarding how one perceives and is perceived by others. From this perspective, living systems can also be considered as learning systems. The findings show that the process of unlearning is not merely a deconstruction of knowledge, but also a creation and evolution towards new knowledge. In this context, reflection-beyond-action refers to an ability to recognize how the reflection of societal influences and the dynamics of culture and communication impact the way one perceives oneself and others.

The process of my research also offered me opportunities for self-reflection and, thus, for personal and professional growth. This placed me in a position to critically observe my own way of thinking and my perceptions of how things *are* or *should be*. The experience moved me through a series of cognitive and emotional changes, which led me to become more sensitive to others' ways of doing and thinking and, hence, being. This leads me to posit that nursing educators should reflect on their teaching practice, as it may deepen their own understanding of clinical judgment.

6. Conclusion

The findings from the study provide a clearer understanding both of reflection as a collaborative process that requires engagement and participation and of the educator's integral role in this process. I learned that part of the educator's role is to be able to reflect on situations introduced in the classroom and in practice and examine how his or her own presence or facilitation impacts student performance, leading to reflection-beyond-action. Additionally, the findings from the research highlight the importance of understanding that reflection is not merely a tool for looking back on an experience; rather, it is an experience in itself. Given that there is little research or literature related to actual outcomes of reflection, this is an area to consider from an education and practice perspective. The findings call for further examination of how reflection impacts the role of the educator, which may lead to answers regarding how reflection is learned, taught, and implemented in daily nursing practice. This has implications not only for nursing educators but also for other educators in post-secondary institutions.

The modified version of the reflecting phase of Tanner's

Clinical Judgment Model contributes to the learning of novice practitioners and the process of their transition to practice and provides a deeper understanding of the meaning of reflective practice. In doing so, the notion of reflection-beyond-action highlights the need to acknowledge both the significance of reflection in nursing education and the complexity of nursing practice.

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