

Reflective Essay-Recognition and Accreditation of Learning

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Introduction

I have previously completed a degree which was entirely focussed on my clinical development. Developing my clinical practice had been my entire focus during the first twenty years in the Ambulance Service. Later in my career I started to gain opportunities to develop my career in operational management. I have never had any real career aspirations outside of my own clinical development but someone I respected as a manager said that I should 'have a go' when a vacancy unexpectedly came up. I took up the opportunity to manage an area on a temporary basis, this turned into a two year period due to ongoing changes and organisational change during a turbulent time in the services history.

As time passed, I began to gain knowledge and skills in this area but always felt as though I was just the caretaker waiting to handover to a more permanent replacement. Looking back on that time I think that being in a temporary position quite suited me. I was afforded the protection of always having a role I enjoyed to go back to in case anything happened but, was still in a position where I could deliver improvements and try to influence changes where I thought they were needed. In 2015 a national role was advertised and again I was approached to apply for the role. This time it was by a senior colleague who I had often worked with to deliver objectives, someone I respected and turned to for advice and guidance, a role model to me.

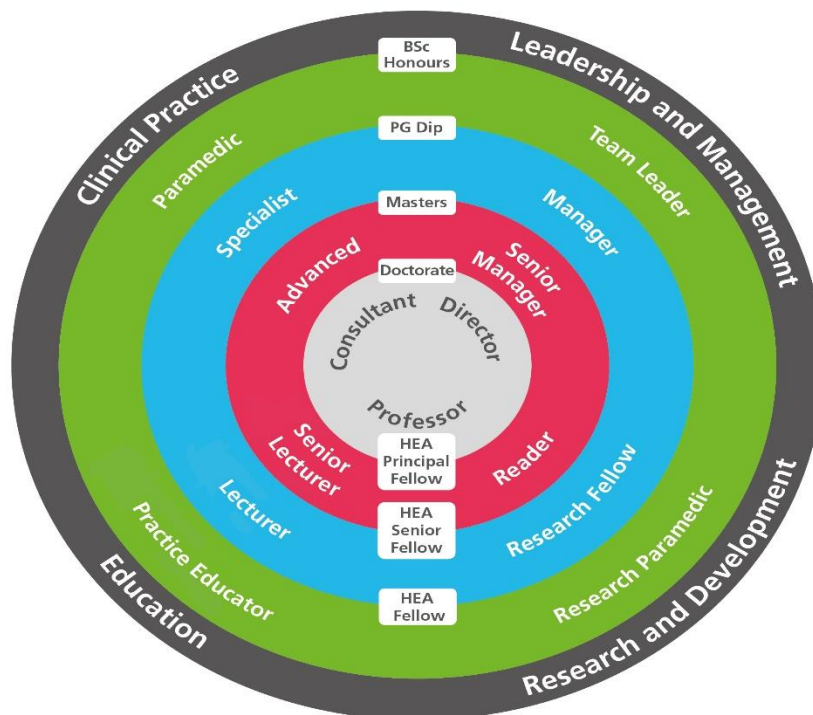
I was successful in getting the national role but it was a huge step for me personally and professionally. I would say that I am confident person, especially in my own areas of practice but this move would require me to develop a different kind of skill set to be successful in delivering multiple, organisational change. During the first year I felt out of my depth around other strategic leads, executives and politicians, always questioning the decisions I made and looking for some reassurance that they were the right decisions. Clance and Imes (1978) described this feeling of self-doubt, insecurity and incompetence as imposter syndrome despite the individual being skilled and successful.

My motivations for undertaking this degree are several fold. They include looking at my own experience to identify what knowledge and skills I have gained over a long career. Part of my motivation was also to push myself and, in a way, prove to

myself that even without a higher degree completed earlier in my career, I had developed myself and have gained a lot of experience during the past few years. Looking into it further a part of me still believes I need to prove to myself and others that I am credible in my role. Although this degree will not in itself prove credibility, it will pull together the areas of learning from my experience and identify new areas for future development. It will also put me back on the same academic footing as my peers and support my future development. I hadn't really thought much about this feeling before this module but clearly it is important to me and has probably been something I have wanted to attain for many years without really acknowledging why I have not completed it before.

The paramedic profession has a career pathway which is also influencing the career decisions I am making. The future of the paramedic profession is at an exciting time in its development. I am currently working in the consultant/associate director (clinical practice/leadership and management) space in my current role and have struggled with the decisions about higher education versus the experience I had gained over the years.

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This module has shone a light on this decision. My mindset over the last few years has been around the value that a higher degree would give me now versus the experience I have gained. I became quite steadfast in my view that a higher degree would not be of much value to me at this stage of my career. The problem was that I didn't really know what knowledge and skills I had gained and if they were good, bad or appropriate for my role. More importantly, I had not been able to identify what was missing, what was next. Reflecting on my feelings about the degree versus experience has made it a lot clearer to me now that my own reservations about my academic ability and fear of failure were probably the biggest factor in not enrolling years earlier in my career.

My experience of reflection

Using reflective models in clinical practice has proved useful to me in demonstrating learning to meet organisational and regulatory requirements but has been treated cursory and superficial by me. Moon (2004) propose a two stage process, the first being fairly descriptive and the second stage of deepening the reflection to maximise the learning experience. So far, I do not feel as though I have developed my reflective writing enough to meet a 'deeper' reflection so have been conscious of this whilst reflecting on the module.

Dewey first introduced reflection as a concept in 1938 describing it as deliberate and active process. It has continued to evolve over time but remains derived from our own experiences and the experimentation of ideas. Dewey (1983) proposed reflection as a useful way of making sense of a situation by splitting it into three distinct areas. The first being experiencing and recalling the event, secondly by exploring why things happened the way they did and thirdly by exploring different options and how they might have impacted on the outcome. Essentially this can be described as learning by doing and realising what came of what was done. Boud et al (1985) propose that experience alone doesn't warrant learning, arguing that without structured reflection learning does not take place. Harrison (1993) however, hypothesises that people have learnt something when they have acquired new or changed knowledge, skills or attitudes that stay with them becoming part of regular behaviour or performance.

Schön (1983) introduced the notion of reflective practitioner by building on Dewey's work and placing it at the core of professional knowledge and learning, he describes reflection as the capacity to reflect in and on action so to engage in a process of continuous learning. Reflection in action means thinking about and amending your actions whilst the task is being performed, I have always interpreted this as being able to think on my feet or access some sort of intuitive, gut instinct derived from previous experiences.

My first experience of using reflective models were with Gibbs' (1988) and Rolfe (2001). Gibbs' (1998) model is commonly used in nursing practice with a clear structured approach and a focus on personal thoughts and feelings. Writing down personal feelings is a real challenge for me which I found difficult to comprehend. I had always been comfortable talking about my feelings after a difficult incident but writing those feelings down was challenging. Boud et al (1993) argue that emotions and feelings can be both opportunities and barriers to learning and suggest that the acceptance of feelings can help the learning process. Using this model for reflecting on my clinical practice became too focussed on my feelings and lost the wider learning points, this is supported to an extent by Jasper (2013) who suggest that the Gibbs' (1998) model only takes into account the reflector's perspective.

Rolfe's (2001) reflective model seems to suit my reflective style in that it was simplistic and allowed me to consider what had happened, what the implications were and what the consequences for my future clinical practice were. The further questions on evaluations and synthesis seemed to complicate the reflective process for me but the simplicity of the model did allow me the scope to critically reflect and embed any learning into my future clinical practice. One of the questions I often encountered was-how could reflection inform practice in the future if the basis for practice is empirical research and not the learning from reflection? Rolfe (2002) suggests that reflective practice has become a tool to meet the mandatory requirements of continued professional development and argues for reflective practitioners stepping outside of the dominant paradigm of evidence-based practice.

This is the first time I have used a model to reflect on my managerial career and have chosen to use Kolb's (1984) learning cycle which according to Jordan et al (2008) represents a non-linear model for reflecting on experience. I have used other

models as described and felt as though the learning cycle would work well for me as it is a means of describing learning, particularly in training situations although it has been defined as more of a teaching model than a learning model (Moon, 1999).

I have chosen to use Kolbs' (1984) four stages of reflection to understand how I have learned from those experiences. Harrison (2002) suggest that Kolbs' theory does not make it clear that elements such as goals, purpose and decision-making fit into the learning cycle.



According to Kolb (1984), knowledge results from the interaction between theory and experience. This experiential encounter with a learning experience requires active, rather than passive engagement. The four stages allow you to investigate a topic through different experiences and views, they also allow for the accommodation of different learning styles. According to Kolb, these learning styles are a product of two pairs of variables, doing versus watching, and thinking versus feeling.

Concrete experience

I initially thought the module would be a process of simply identifying learning through courses, lectures and experiences I had gained and transferring them in a kind of tick box approach. That changed through the process of assembling the claim. There were areas such as project discipline, analysis of risk, data analysis etc which were tangible areas I could identify as new areas of learning. Other areas were more difficult to identify and made me question how and why a particular experience had contributed towards my learning.

Through the process of assembling my claim I identified that a lot of my learning were through the social interactive experiences that came from building relationships

in networks. These, coupled with how my own behaviour and influence impacted on others seem to be the key factor in each of the learning outcomes areas I examined. This made me question how I came to learn these skills or gain this knowledge as it wasn't something explicit or something I found easy to identify through the Recognition of Accredited Learning (RAL) module. The importance of this is relevant due to timing. I was successful in gaining the role and went straight into a strategic leadership role (including the command role without any formal development/learning). My strengths were that I had a lot of support from my peers and my learning preferences supported the approach of being immersed into a something new, a new challenge was exciting to me. My weaknesses were my lack of experience in this type of role, delivering large scale change and strategic leadership were both new to me.

An example was around project implementation of the major trauma network. I gained various knowledge and skills whilst delivering this project but what wasn't so easy is to identify was the learning that happens whilst observing or shadowing peers. Once all the evidence had been included in a business case there were discussions around the affordability of the business case. Some of the decisions around where the money was to be prioritised were straight forward and based on risk and outcomes etc but actually what happened seemed like a negotiation. There seemed to be an implicit understanding between organisational leads of how to get to agreement and put forward a new proposal. This was a vital learning area for me, I wasn't quite sure how discussions were moving forward but knew there was common understanding between others about delivering large scale change that I didn't know about. After this a discussion happened all the key project leads agreeing to review some elements of their business without impacting the ability for the project to go live. At the time I remember feeling confused and that I there was something that I was either not involved with or not picking up on. This started to reinforce my earlier descriptions of imposter syndrome, I kept these insecurities to myself and haven't really raised them previously. I thought they were just part of the learning process.

COVID-19 had a real impact on my ability to complete this module, not just in terms of priorities and time required but more to do with my own ability to actually provide the correct level of analysis in each of the areas. I think this is to do with

being in a constant state of readiness and response during the pandemic. I find myself still in a state ready to respond to the next issue, to provide answers or mitigations quickly, as I have done for the last 18 months. I feel like this whilst writing this essay, like I need a period of time to reflect on the years of learning but also to understand how COVID-19 has impacted and indeed revealed new areas of learning. A more 'normal' response to a major or critical incident is usually over quite quickly for ambulance services, at most in a few days (bar debrief and inquests etc). The actual length of time in response phase during COVID-19 is prolonged and unique. This required my ambulance trust to be in heightened levels of escalation for long periods of time and although the response phase to the pandemic is led by plans and protocols the duration and impact of being in this state has no doubt impacted on staff across the organisation. Balancing work and study commitments has also been impacted during the pandemic, with heightened and prolonged levels of escalation comes cancellation of study leave and changing priorities to maintain a safe and effective service.

Looking back, the other challenge to me was the effect the pandemic had on me and my colleagues, particularly on the module group meeting face to face. Although we had regular virtual meetings it wasn't the same for me. I had enjoyed the times we met up and more importantly the missed the conversations about the module, the different perspectives people had to learning, different styles, processes people were using. We were a small group but have been together for over a year. We are all from different backgrounds with experience across many sectors in health, social care and emergency services. Although we hadn't spent a lot of time together we had already formed close bonds and trusted each other's judgements and viewpoints.

I initially thought each of the four learning outcomes identified would require a lot more evidence than I had so spent a lot of time searching through previous learning experiences. Looking back on this my assumptions were wrong, they did not require more evidence, I had more evidence than I realised. This was one of the issues I encountered whilst putting the claim together. On one hand I felt the need to put as much evidence in as possible in support of my claim and on the other hand it was challenging to identify the learning with all the evidence I gathered the first time. The process I followed was to gather evidence then identify the learning which, didn't

work for me. I went back and forth with the learning outcomes, taking evidence out and putting it back in again until I changed the approach and spent more time on identifying learning then gathering the evidence to support my claim. A lot of time was focussed on the actual outcome rather than careful consideration of the content. In summary, I have a lot of experience in the role I am currently but as Benner (1984) suggests that the number of years in the job may produce competence but not the expert status I was trying to achieve. Salmon (1985) put it more bluntly in that twenty years' experience may be no more than one year experienced twenty times. Boud et al (1985) propose that experience alone doesn't warrant learning, arguing that without structured reflection learning does not take place. Harrison (1993) however, hypothesises that people have learnt something when they have acquired new or changed knowledge, skills or attitudes that stay with them becoming part of regular behaviour or performance.

Reflective observation

Assembling my claim has made me realise that a lot of my experience in a strategic leadership role has been through practice during regular incident/scenario exercises. Although there is a minimum requirement to maintain competence in the strategic command role I have put myself forward, and attended on more occasions than required. I enjoy this type of experience but didn't do this with the deliberate intention to learn, not really having an understanding or awareness of the learning process. I viewed this as non-formal learning which is identified by Eraut (2000) as an important type of learning during work with the level of intention being the fundamental distinction.

A cornerstone in my development as a paramedic was deliberate practice to attain high levels of dexterity, psychomotor skills and this was done with the intention to learn and tune skill acquisition and develop expertise. According to Ericsson (2006) deliberate practice theory is important but not sufficient on its own to reach expert levels of performance. I had approached my strategic commander development and immersed myself in undertaking exercises/scenarios in the same way I had with my paramedic development thinking that the more times I undertake an exercise the more accomplished I would get. The majority of studies in deliberate practice theory have been in elite performance of athletes, chess players and musicians not in

performance in different levels of incident command. Moon (2004) argues that there is difference between skills and knowledge with skills (or in my case the skills acquired during paramedic training which were mainly physical) being a form of the representation of learning.

Skill acquisition and practical and theory tests are the most familiar type of learning I experienced during my career, they were often a combination of all of these with practical scenarios testing my skill level, multiple choice and written exams. Jarvis et al (2003) explains the behaviourist theory by Pavlov in his work with dogs and unconditioned stimulus and response with conditioned response. This was later expanded on by Watson who extended this to human learning suggesting, the more frequently a stimulus and response are associated the stronger the habit. Measuring behavioural outcomes through learning outcomes has long been a part of my learning and the way I prepared was to memorise areas and complete multiple test papers. I still believe that this worked well and prepared me for certain situations, mainly those which are protocol driven but not for scenarios requiring more critical thinking, a trial and error approach.

A lot of the groups I was included in or led on to deliver change or implement a project were people in nominated senior roles so not selected specifically for their team roles within a group. Often, it was their role within an organisation that dictated their membership of a group (including me). An important claim by Belbin (1981) who identified eight key group roles as a result of a nine-year research project (a ninth role was added later) was that balanced groups made up of the eight group roles had superior performance to unbalanced groups. In a study of 459 students, Meslec and Cursue (2015) tested the group balance on team quality and performance and concluded when group role balance is conceptualised as a configural role instead of a sum of individual roles it positively predicts group performance, at least in the initial phases of the group work but links negativity with teamwork quality and does not predict later performance.

Reflecting on my earlier years in my role I felt a need to contribute as much as I could in senior team meetings. What I mean is that I probably talked too much and hadn't yet develop the art of timing my interventions and spend more time listening. Or as Belbin (2010) would classify me, the compulsive talker. This was an area that

has developed over the years, being honest it is probably still developing, but has quite a profound impact on my own feelings. These have ranged from embarrassment and disappointment at not being able to identify this sooner than this module and it is an area that I really need to give considered thoughts to during meetings.

Abstract conceptualism

One of the main areas of learning about myself was the learning style I had a preference toward. I had not thought how this had affected my team or any of the projects I have led on, I was quite comfortable at attending a last minute meeting for someone or having to assemble people together to resolve an issue quickly. What I hadn't catered for, nor given much thought before this module was how this might impact on my team. What if someone had different preferences, being more analytic, precise and needed the time to prepare, would people offer constructive arguments about other ways to progress?

I had used the Honey and Mumford (1982) questionnaire to self-assess my learning style. Two learning styles emerged as my preferred style, a moderate preference to activist and low preference to the pragmatist which seem to sit well with my belief around how I think I learn best. Reflector and Theorist were very low preferences. My career has many experiences from actually immersing myself into a situation and if I'm honest, sometimes acting before thinking the process through sufficiently. Problems are often addressed through my team coming together and brainstorming until we come up with a solution to the problem. I am also keen to try out new ideas, to see how they develop, how they work in practice. However one of my weaknesses when doing this is that I do get bored quite quickly as soon as the idea is implemented into practice. I encourage my team to try new ideas and if they are not going to work to take the learning on-board. One of the issues with type of approach is the influence I have on team learning. The theory is evolved from Kolbs' experiential learning theory and Torrington et al (1995) suggest that defining our strengths and weaknesses offers an opportunity to build on a weakness in the learning cycle. From my experience there are other forms of learning I have used, one of which is memorising protocols and other material to pass examinations.

I also took Fleming (2006) VARK test which is designed to help identify styles and strategies that inform learning. On completion of the questionnaire it emerged that my preference was stronger towards kinaesthetic (score of 7) and visual (score of 6) than reading (0 score) or listening (score of 3). Combining pictures, videos, graphs with practical experiences is how I prefer to learn but it is clear in my training needs analysis and personal development that I have steered my learning according to preferences through choice instead of focussing on the areas where I need to develop further which include data analysis and strategic planning.

Newton (2015) describes learning styles as a common 'neuromyth' and research literature has discredited its use in education yet an up to 89% of research papers endorse the use of learning styles. Good and Rossetti (2005) cite the work by Coffield et al (2004) who identified 71 models of learning styles, only three of these met the criteria for consistency, reliability and validity (Honey and Mumford and VARK were not included in these three). Good and Rossetti (2005) then expand on the work of Entwistle (1984) which implies that the way information enters through the senses matters less than how the learner tackles their learning.

I pointed to peer support and experiences of other senior managers as being an important factor in my development. However, this has only been identified as learning during this module. I had seen my need to get confirmation and support for my decision making as an insecurity of mine rather than a process of learning. Reflecting on my experience its clear to me that learning from peers and others has been such an important element. More implicit learning such as shadowing or experiencing how someone chairs meetings, times their interactions and knows what to say and what not to say, at just the right time. One example was during a meeting with some executive colleagues and Welsh assembly members who were asking detailed questions about how we responded as a service to certain groups. I wanted to make a good impression; this was the first time I had been in a meeting with this group of people. I became quite defensive of the organisation and tried to steer the conversation to some of our successes and started to list the reasons why we were under-performing in this area. The use of language from some of my executive colleagues was different to mine, less defensive, more constructive. No one said anything to me but I could tell that I had 'lost the room', I felt disappointed that I had let my colleagues and myself down. My colleagues guided the conversation back to

a more constructive discussion on what we could do to recognise and improve the issue. I discussed how I felt the meeting had gone with colleagues afterwards and he talked me through how he managed these difficult discussions, from accepting the issue raised, the impact on patients and more importantly what could be done about the situation. Jarvis et al (2003) recognises this type of supportive social learning and includes a social dimension or context in all learning.

Transformational learning was described by Mezirow (1990) as 'the process of learning through critical self-reflection, which results in the reformation of a meaning perspective to allow a more inclusive, discriminating, and integrative understanding of one's experience. Learning includes acting on those insights' (p.16). Mezirow (1991) as cited by Dochy et al (2011) describes three concepts as experience, critical reflection and development with experience alone not enough to affect transformation and breaks down critical reflection further into content, process and premise stating that only premise reflection can contribute to transformational learning. Rolfe (2011) suggest that in higher levels of practice, there is an expectation that practitioners are reflecting critically and suggests that the reflective process is an enabler of critical thinking which he states, 'is about weighing up all the possibilities for action and being able to make a reasoned and rationale choice' (p.68).

Reflecting on the RAL learning outcomes I can see now, particularly following the strategic command exercises that I did reflect on the content (actual experience) and how to implement strategies or responses (process) then discussed them with my peers and other strategic commanders to see if they were correct or how I might have done things differently. Schon (1983) describes this as Reflecting on action can be described as the careful process of looking back and examining in detail what happened and what could have been done differently to achieve a better outcome.

I didn't give any thoughts on how my long held beliefs and assumptions influenced my decisions or how they affected how I made sense of the experience. Although these assumptions clearly influence the decisions I make, I have never realised previously how conscious thought about those is an important factor in critical reflection.

Moon (2004) also describes how emotions (or feelings) are an essential element in all learning. I have been involved in many incidents where there people are injured and taken decisions on who gets treatment first, this may seem dispassionate especially in emotive incidents where one person has hurt another and who to treat first (the drink driver or assailant) and how would this affect the clinical teams. In all the training I have received it has been part of the teaching that you should take the emotions out of the decision making process. This is an impossible task but a better way would be to consider the impact of these emotions during the time or on or in reflection. This is something I need to include in future reflections as I have always considered emotions but only in the aspect of did I remove them from the decision making.

Active experimentation

I have since tried to experiment with this to some degree, in the project meetings I have put some specific timelines in on things like agenda items and actions, giving people enough time to review and prepare responses. One thing I have tried to change is putting people on the spot in meetings, when a query or issue is raised in a meeting I tend to try and resolve it straight away so fire out a number of questions to try and get a resolution. In a similar way I feel that my focus was on the outcome of this module, completing this essay rather than focusing on the content to some extent. I haven't completely stopped this but now do it in a different way by listening and asking for people to respond with the information and to think of any potential solutions to be discussed outside of the meeting and bring back proposals. I drew on all my previous experiences to work through these feelings and identified these in the second stage of the cycle, reflective observations. I have developed strategies for improving my knowledge and confidence through putting in general rules at the formulation of abstract concepts stage. These consisted of rules about asking and confirming points made in the meetings if I wasn't sure and asking questions to different leads. I also met with each of the work stream leads to improve my knowledge and understanding of the concepts being developed. The cycle continued as my knowledge and experience grew and I put myself forward to present at meetings and public forums about the changes to ensure that not only was I delivering on what was expected of me but also to ensure that I continued to learn all I could about the programme. As I continued the reflective cycle I found I was able

to adapt and modify a situation, a query or a question based on my improved knowledge and experience. Rolfe (2011) suggests there is a requirement for practitioners to experiment with their practice as part of the reflective cycle (P.41).

I have thought a lot about my behaviour, enthusiastic approach and expectations and how they may impact this may have had on my team so have and asked my team about it whilst undertaking this module. The feedback I received was split, some of the team were similar to me and had no issue with being put into a situation at short notice but others did. The people I relied on for ideas and actions seemed to have similar preferences to me but the people who I needed to deliver and evidence any change proposal were more analytical, needing preparation time, not wanting to take decisions straight from ideas without more precise analysis and planning. Feedback was that I was goal orientated, wanting solutions to problems too quickly without going through a process and giving time for people to explore other options.

These are the team members I really relied on to provide the expert advice, planning, risk identification and mitigation. I could argue that operational, tactical and strategic commanders in any emergency service or military need to be able to be put into a situation and implement actions relatively quickly but in my experience far better decisions are made with a range of experts providing expert evidence and or opinion. This is one area where I can demonstrate that critical thinking through careful analysis of relevant information and coming to reasoned decision. I haven't previously considered beliefs, assumptions and emotions to be part of that process but is another area I will take as consideration in the future.

Conclusion

My first thoughts about concluding the RAL module and this reflection is that it has been quite an enlightening experience. Some of the learning identified is more tangible and covers some areas where I knew I could identify learning. I believed that this reflection would be focussed on identifying gaps in my knowledge which would lead me to enrol on further courses. What I hadn't expected was to identify many areas about myself and how my behaviour and position in the organisation could impact on my team and the effectiveness of the projects I was leading on.

My previous experience with models of reflection have purposely stayed away from bringing in feelings. My motivations for completing the course revealed as my

own reservations and fear of failure. Beliefs, assumptions and emotions have been identified during this process as a vital element in making sense of an experience and critically reflecting on them. My previous learning experiences were based on behaviourist learning theory which I reacted to by memorising and deliberate practice. In the last few years I have undertaken a range of formal learning but the biggest influence on my development has been through social contexts with peers and other, often senior colleagues. Witnessing how they conduct themselves, the skill in chairing a meeting, language used, timing and knowing what to say and what not to say.

This has been a unique few years, the pandemic has put strains on time and ability to complete the module, even with an extension. Switching to remote tutorials without that time together as a group has had more of impact than I had realised. This experience has identified how my team might be affected also, their safety, job security, esteem, self-actualization and how they feel as we have switched to remote working.

I have identified several areas to take forward into my role and personal development in the future, as well as how I can introduce the learning into my organisation. Several themes were common to me personally, but I suspect this will be the similar for other colleagues new to the organisation or to a strategic command role.

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