Developing critical reflection within an interprofessional learning programme

Kate Karban & Sue Smith,, Leeds Metropolitan University

Abstract:

Reflective practice is accepted as being a key component of professional education and practice in health and social care. However an emphasis on self reflection frequently fails to broaden the lens to take into account wider issues of power and inequality, to move beyond technical rationalism and remains at the individual level rather than being embedded within relational notions of dialogue both within teams and across professions

This paper will challenge traditional uniprofessional models of reflection through the development of an approach to interprofessional learning informed by models of critical practice that seek to critique and transcend traditional professional boundaries. Attention will also be paid to the central importance of service users as the essential focus of collaborative team working.

The implications of embedding critical reflection as a key component of an integrated strategy for interprofessional learning will be discussed with reference to the development of a new interprofessional learning strategy for pre registration students within which reflective practice is introduced as both a discrete unit and a continuing theme throughout the curriculum.

The paper will conclude that a model of critical and reflective practice will enable future practitioners to respond to the transformation of previously compartmentalised ways of thinking and working and the challenge of new ways of working.

Introduction

The imperative for 'joined up working' in health and social care, seen as representing one of the cornerstones of the ‘modernisation’ agenda and health and social care policy in the United Kingdom, (DoH, 2000) has led to the need to promote skills and knowledge for interprofessional practice at all stages of professional education and training. (Barr, 1998) A wide range of approaches to developing interprofessional practice can be identified involving practice based and ‘formal’ education opportunities at all stages of the professional development continuum. Within education the majority of these incorporate interprofessional learning as one component of the overall curriculum alongside a primarily uniprofessional approach.

Reflective practice, traditionally viewed as underpinning the core uniprofessional curriculum has tended to remain a uniprofessional activity. However this paper will analyse the relevance of models of reflective practice as they relate to interprofessional learning, recognising the need to facilitate and integrate reflection on the process of

learning with the practice of interprofessional working by exploring some of the wider issues concerning identity, communities of practice and managing boundaries. In particular attention will be drawn to the nature of learning as a social and participatory activity founded on dialogue, thereby endorsing the nature of education as negotiated meaning rather than information transmission.

The central importance of the service user perspective and experience in the approach of the interprofessional team will be emphasised, linked to the need for a holistic and multi faceted model for understanding issues of health and welfare. This in turn will be placed in the wider context of issues of power and inequality, diversity and inclusion, manifest in the pubic health agenda that increasingly influences the planning, organisation and delivery of health and social care services in Britain.

The changing landscape of health and social care

Fundamental changes in health and social care policy are taking place. Within the past twenty five years there has been a move from institutional to community care and more recently an increasing role for primary care in the commissioning of services with a mixed economy of care including the growing influence of the private sector. The public involvement agenda, recognising the need to involve the service users and carers and the role in shaping services and in determining the type of care and treatment available, as well as the recognition of the service user as the 'expert' in their own care has also emerged, . A key strand within this changing landscape is also the recognition that the role and contribution of traditional professional groups is undergoing a significant transformation.

To focus particularly on the role of the professionals, a number of different aspects can be identified, together creating a dynamic and fast changing picture. These include, firstly, a challenge to what was traditionally seen as the expertise, authority and role of traditional professional groups, leading to the curtailment of the traditional expectations. For example the medical profession has come under public scrutiny leading to a less unquestioning approach to the power of doctors and concerns regarding the behaviour of individual practitioners, (Redfern, 2001; Smith, 2002).

Secondly, the roles and tasks associated with various professional groups can also be seen to be changing as the increase in numbers of nurse practitioners and consultants, as well as other senior practitioners such as physiotherapists take on tasks such as referral for specialist services and are trained to undertake non medical prescribing, with corresponding changes in the traditional role of doctors. The possible changes to the mental health legislation in extending the role of the Approved Social Worker to other mental health professionals also highlights changing roles and expectations. The increase in the numbers of support workers, assistant practitioners and others in many areas of health and social care has also been interpreted as a move towards 'deprofessionalisation' with a consequent eye on cheaper services and a training agenda focused on competences rather than years of professional training.

Thirdly, the increasing recognition of the contribution of service users and carers in many and various aspects of care and treatment delivery can be seen as a challenge to a definition of professionalism that was premised on a form of benign paternalism, founded, as Hugman has suggested, '*….on the exclusion of users from the definition of need or appropriate responses to its remedy*.' (1998: 137)

A final point concerning what it means to be a professional at the beginning of the 21st century, can be found in the continuing imperative to 'work together' manifest in a number of different ways and contexts with 'joined up working' in health and social care viewed as one of the cornerstones of the 'modernisation' agenda in health and social care policy, (DoH, 2000). The need for closer working and greater collaboration, co-ordination and communication between different professional groups has also been highlighted by a number of major inquiries into varying aspects of health and social care, especially child protection and mental health. This is summed up by Margaret Hodge, Minister for Children, in the wake of the Inquiry into the death of Victoria Climbie:
That sort of lack of mutual trust and respect for the different professional backgrounds….not sharing the same vocabulary and language, certainly not sharing the same sort of understanding of child development and child protection – is an enormous problem. Changing that culture so that people value each other's professional competence and recognise each other's work is a hugely difficult and complex thing to achieve…. (Hodge, 2004)

These wider trends influencing the role of the various professional groups involved in health and social care have raised concerns relating to the future of the professions as the pace and direction of change continues to unfold. The nature of training and education for the professions, whether at the pre registration stage or in terms of continuing professional development is also affected, recognising that students and practitioners will need to tolerate and work with change and uncertainty**.** At the same time, there is a need to promote skills and knowledge for interprofessional practice at all stages of professional education and training. (Barr, 1998) Fundamentally, there is also a need to challenge traditional barriers, compartmentalised thinking and professional 'tribalism' (Carlisle et al, 2004; Smith & Roberts, 2005).

Furthermore, in order to work together and to develop interpersonal and team working skills, students will also require opportunities to recognise and value the diversity of others' beliefs and prior life and learning experiences. The recognition of service users as the central focus of this collaborative enterprise is paramount as is the identification of multiple perspectives, personal and professional, within and outwith disciplines. In addition, as the public health, rather than illness, agenda gathers momentum, it has been suggested that models of health and well being that acknowledge the impact of inequalities, poverty and oppression will be necessary to provide the raw material for critical analysis of theory and practice requiring reflexion as well as reflection. (Fook, 2002)

These changes to the traditional expectations of distinct professions have not been unfolding without, at times, vociferous, opposition and an underlying anxiety. The

concept of 'role overlap' has been seen as offering a challenge to role security (Booth & Hewison, 2002) which, at its extreme, leading to the notion of generic workers, has been met by an increased emphasis on professional uniqueness through role delineation.

Reflective practice

To clarify what is meant by reflective practice, a working definition for the purpose of this discussion will be based on Clouder's view that:
'In its broadest sense reflective practice involves the critical analysis of everyday working practices to improve competence and promote professional development. '
(2000: 211)
Within this general meaning, reflective practice is accepted as being a key component of professional education and practice in health and social care, adopted by traditional models of professional education as a fundamental foundation of professional development, essential for the integration of theory and practice. However such approaches have tended to be located within uniprofessional frameworks albeit drawing on some key theoretical underpinnings. Additionally, whilst the notion of reflective practice is almost universally agreed to be a 'good thing', it has been suggested that reflective practice has taken on a 'common sense' meaning, 'used in common sense terms rather than with reference to the literature.' Dyke (2006:115) In reality variations in meaning and practice within and between professions have the potential to obfuscate rather than promote effective communication and sharing of thinking and practice.

Within the uniprofessional context the main reference points appear to be educational models of reflection, originating with Dewey (1933) and further developments highlighting the importance of experiential learning eg. Kolb's (1984) experiential learning cycle. Schon's (1998) model of reflective practice, frequently cited within professional education, highlighted the need to negotiate the theory-practice gap in dealing with 'messy' problems and the distinction between 'reflection –in-action' and 'reflection-on-action'. The application of Schon's model has however been seen as limited, particularly in terms of the context for learning within which he was located (Kember, 2001). Other models are viewed as more profession-specific, including, for example, Johns, (2000) and Gibbs (1988) for nursing and allied health professions and parallel developments found in social work (Yelloly & Henkel, 1995; Gould & Taylor, 1996). The extent to which the emotional / affective component of reflection is acknowledged within these models is variable although is an important element originally acknowledged by Dewey (1933) and more recently by Boud (1993).

There are a number of limitations and critiques that have been offered concerning many of these models of reflective practice. In particular two concerns will be examined here. The first is that reflective practice does not necessarily result in reflexive practice, that is putting oneself into the picture and the second is that reflective practice may fail to take account of wider social relations including dimensions of power and inequalities that may be significant influences in the overall picture. A third issue concerns the extent to which reflection itself is an individual activity.

Reflexivity is frequently confused with reflection although some would argue that the two are inextricably linked. Payne explains this by referring to the process of circularity whereby the process of reflection itself influences future action in an ongoing feedback mechanism.

Reflexivity means that we constantly get evidence about how effective or worthwhile our actions are, and we can change what we are doing according to the evidence of its value. To do so, of course, requires being reflective….. (2002: 127)

In comparing this to Clouder's definition of reflective practice above, it can be seen that the purpose of reflection in order to 'improve competence' would suggest that the two are inseparable. This point is also made by Fook (2002) who comments that although the notions of reflection and reflexion may have different origins, they are not mutually exclusive and that the process of the former may assist the latter.

A further dimension however concerns the extent to which the presence and action of the practitioner in the practice is also included in the reflection, including not only the emotional component but also wider issues of power which may be present in any communication whether that be related to the role and professional status of the practitioner vis-à-vis the service user or the personal components of this relating to issues such as gender, ethnicity and age. Ghaye (2005) suggests that a review of models of reflection suggests that an emphasis on self reflection may frequently be limited and fail to broaden the lens to take into account wider issues of power and inequality, to move beyond technical rationalism and remains at the individual level rather than being embedded within relational notions of dialogue both within teams and across professions. For example, Donaghy and Moss (2000) propose a framework based on systematic critical inquiry, deliberately eschewing reflection on beliefs and attitudes and focusing on the examination of the patient and the clinical reasoning process. through the use of personal reflective accounts.

Such critiques move further into the realm of critical reflection which has been seen by Fook (2002) as linking a reflective approach with a critical analysis. Fook (2004) also proposes that critical reflection can be of value in the analysis and making sense of power relationships within organisational structures. Such an understanding of power and power structures offers the potential for a transformational approach, allied to the concept of perspective transformation (Mezirow, 1991) and the development of *critical consciousness.* (Freire, 1972).

A discussion on the need to reflect on issues of power and inequality encountered within professional practice may also suggest that the extent to which students are able to develop their own self awareness drawing on critical theory and poststructuralism. From such a position Foucault's (1980) analysis of power as a dynamic force operating from the grass roots rather than top down highlights the notion that all groups are involved in multidirectional power relations with power shifting between different participants. Such a perspective, informed by notions of discourse and deconstruction can be seen to provide valuable components of critical reflection on practice, both in relation to the complex power relationships between practitioners and service user and also between practitioners within the multi professional team. Ghaye, (2005) links this to critical action referring to:

A team's capacity to see themselves in new ways and to do things different things… (2005: 24) inherently requiring a political dimension involving influencing empowerment and change at both the individual and team level.

Drawing on such an approach, Heron (2005) highlights the distinction between social location and subject position in discussing how wider socio-economic structures produce personal troubles, a premise clearly in line with today's public health agenda in which issues of inequality and social exclusion are seen to represent strong influences on health and access to health care. She argues that '*admitting one's privilege does not necessarily unsettle its operation*' (2005: 344) and that for those on the other side of the privilege coin, the citing of privilege by those in dominance amounts, however inadvertently, to a reinscription of marginalisation.'

Finally, the notion of interprofessional working itself needs to be opened up to the reflective process. Whilst models of reflection continue to be taught only as part of the uni professional curriculum, it is possible that professional boundaries and traditionally delineated roles may be re-enforced rather than reduced. In particular, they may encourage the 'othering 'of other professions within stereotyped expectations as individuals reflect on their experiences of colleagues from different backgrounds. Such a process is unlikely to promote questioning and critique of dominant discourses of uniprofessionalism. Heron's reference to *'claims of innocence*' (2005: 350) whilst made with reference to anti oppressive social work practice, may also apply to interprofessional working and the interprofessional team, requiring that the power relations of interprofessional working are themselves open to question. The condition for this require that, rather than being understood as an individual activity, reflection should instead be understood as suggested by Dyke, that:
Experiential learning benefits from constructive engagement with the experience and knowledge claims of others (2006: 112).

What are the issues?

Having briefly considered some of the issues concerning the relationship of models of reflective practice to interprofessional learning, it is possible to identify a number of key themes which might inform the development of an interprofessional approach to reflection and in turn promote reflection on interprofessional working. These include both the content and the process of reflection with a recognition that there is a dynamic, complex and closely interwoven relationship between these concepts and that each will inform the other. Firstly the scope and content of the reflection will be discussed and secondly the 'doing' of reflection will be considered with regard to the relevance of concepts of 'dialogue' and 'community', recognising the influence of professional and cultural context within which reflection takes place (Boud & Walker,1998)

As already suggested reflection needs to move beyond the individual level to include a critical perspective on wider issues beyond that of the individual practitioner, taking into account issues of power and inequality (Ghaye, 2005) and the '*impact of the social world'* (Dyke, 2006: 118) germane to both to the interpersonal encounters at the heart of

health and social care and wider societal issues that may frame and influence such encounters. With respect to the former, an acknowledgement of both social position and location, (Heron, 2005) may shed light on the unique dynamics of any interaction, whether that be between practitioners or with service users, recognising that factors such as race, age, class and gender may be influential in determining the level of ease or discomfort as well as effectiveness in such an encounter. Additionally, the requirement to promote health and well-being as well as to 'treat' illness or alleviate adversity, of necessity requires a broader lens to take into account issues such as nutrition and exercise, the impact of stress relating to, for example, social exclusion, poverty or homelessness and the consequences of such factors in determining access to and engagement with health and social care services.

In addition to this increasing complexity, engendered by the 'public health' agenda and the central importance of the user experience, practitioners are faced with yet another challenge in both working in and reflecting on the interprofessional team. This requires that practitioners are familiar and comfortable with wider issues than simply a level of technical knowledge and skill and can locate themselves and their practice within the political, social and economic world.

The process of reflection associated with this needs to move beyond the individual and is informed by Ghaye's (2005) notion of dialogue both within teams and across professions, a concept that Mezirow (1991) also refers as leading to perspective transformation. Such communication within and between teams also needs to be premised on a shared language as a means of overcoming the cultural and language differences that Wenger (2002) describes as existing between groups. Similarly, with reference to the development of critical reflection within human resources development, Corley & Eades (2006) refer to Gewirtz's (1995) naming of the negotiation of two or more sets of values and cultures as 'bilingualism' involving different discourses. The need for workers to demonstrate bilingualism would seem to be essential in the creation of interprofessional practices to facilitate effective communication and to manage dominant and other discourses including the 'languages' of other professions and of service users and carers.

In considering the concept of 'communities of practice' Wenger (1998) identifies some issues that are pertinent to the concept of interprofessional working and learning. In particular he refers to the nexus of multi membership defined as:
'*living experience of boundaries and that it involves 'creating bridges across the landscape of practice*' (1998:158-159).
In this sense professional identity entails both an experience of multi membership and the work of reconciliation to maintain identity across boundaries, all of which would be relevant to the experience of interprofessional learning when students frequently question whether the uniprofessional or the multiprofessional team is their primary allegiance. The notion of 'community' as the basis from which practitioners share experience and learn together is also highlighted by Dyke as providing: *a means whereby practitioners can share experience and learn from each other.* (Dyke, 2006:113). Developing a professional identity and learning to work as a member of an interprofessional team is therefore a dynamic process involving 'multi membership' and communication within an

interprofessional community, fostered by learning together in which '*building social relationships*' becomes the very '*enterprise of a community*' (Wenger,1998: 269)

Before considering the application of the various themes outlined above within a pre registration interprofessional learning programme, the notion of critical reflection will be drawn together as an underpinning framework, acknowledging the underlying theoretical contribution from critical theory which seeks to makes systems and structures of power visible. In particular, Barnett (1997) brings together three domains of critical practice comprising critical practice, these being critical analysis, critical reflexivity and critical action, whilst Fook refers to the potential of critical reflection for '*emancipatory practices'* (2002: 41).

These strands need to be embedded within shared frameworks for practice and learning, influencing both process and content of reflection. Together with notions of dialogue and community, these will inform an approach to promote the development of critically reflective practitioners, able to communicate and work together. A shared approach to facilitate reflection on and in practice will also require a rethinking of traditional and uniprofessional approaches to reflection in order that practitioners can engage in shared, critical reflective practice. In many respects, given the various histories, philosophies and theoretical frameworks of the various professions in health and social care, this may be an ambitious agenda; however the potential for embedding news ways of thinking and working at an early stage of professional education and development will be discussed further. An important aspect of this discussion also concerns the support and development needs of tutors involved in delivering the interprofessional learning programme and their capacity to endorse and promote the process of critical reflection.

Embedding critical reflection in interprofessional learning

Previous practice in promoting interprofessional learning within the Faculty of Health brought students together in a range of workshops at various points in their pre registration training. Whilst successful in a number of areas, the programme lacked overall integration and coherence and its 'bolt on' approach had the potential to lessen its value from a student perspective. Re-organisation within the Faculty and a reprioritisation of interprofessional learning as an essential and intrinsic element of the student's preprofessional experience led to a revised approach, embedded more explicitly within each professional groups curriculum and assessment strategy.

A key element of the revised programme is that multi professional workshops will be supported by small multiprofessional groups of students who will meet regularly during the year to provide opportunities for students to reflect the issues associated with working together within and across boundaries. An accompanying workbook will provide a focus for the analysis of practice and the process of interprofessional learning. A key aspect of the programme is that interprofessional learning is integrated and embedded throughout the students' journey before, during and following their pre-qualifying education. Whilst the evidence base for interprofessional learning is relatively undeveloped, (Freeth et al, 2002) this approach

is underpinned by the 'contact' theory (Allport, 1954) although it is suggested that this in and of itself may be only a necessary rather than a sufficient condition of success in creating positive working relationships and that complex social processes and dynamics require further understanding.

Working together, students can begin to develop their capacity for critical reflection, to acknowledge, explore and challenge their own values and assumptions. Challenging the theory-practice gap and promoting praxis will also facilitate critical thinking about the compartmentalisation of different professional disciplines and ways to move beyond the boundaries that both protect and defend traditional professional practices, (Holmes, 2005) thereby limiting the potential for integrated, creative and above all, user-centred practice. Within the small multi professional groups and the workshops students will have the opportunity to engage in 'situated learning' , developing uni professional identities as members of interprofessional communities through shared practice, communication and reflection that will mirror the reality of interprofessional practice.

This process needs to be supported and enhanced by appropriate pedagogic approaches that will enable students to develop the capacity to develop multi memberships, to form their own 'communities of practice' and to learn together. Strategies that will promote critical reflection and dialogue will need to move beyond notion of reflective accounts and journals, although these may be a valuable part of the process. For example, as student progress in their education, the use of 'real' case material from practice, critical incident analysis and frameworks such as the questions posed by Tate (2004) or Fook (2002) may be introduced to promote the critical discussion of wide ranging issues from a macro perspective. These will be incorporated into the student workbooks that will accompany the students at each stage of their learning.

The workbooks themselves are structured around key themes including reflection, team working, ethics and values and the assessment experience of service users, with area being introduced with associated material and exercises at the first stage, normally corresponding to the first year of the pre registration programme. The second and third stages will revisit each theme with increasing levels of complexity and criticality required as students increase their practice experience and gain confidence in working together. This may take the form of being joined by additional professional groups or working in various teams and roles as well as increasingly complex case scenarios. (D'eon, 2005) The use of the workbook, to be assessed at the end of the year will also offer an opportunity for co-operative learning and enterprise as a record of a shared journey, reflecting the experience of a multiprofessional team in practice.

An essential component is also to ensure that the perspectives of service users and carers are central to the process. This will include the involvement of simulated patients in role play activities, feedback from users and carers at workshops as well as the involvement of service users and carers in the development of case studies and 'checking' for authenticity. Promoting critical reflection on these encounters will move beyond the individual and their 'diagnosis' towards a wider perspective which will enable students to

share and compare their perspectives, locating individuals within wider social and political processes and enhancing their understanding of their own role within these.

Promoting shared learning and adopting a model of critical reflection amongst students also need to take into account the needs of those tutors involved as facilitators and a recognition of a parallel process that mirrors that of the students and incorporates the notions of dialogue and community. The importance of preparing teachers for interprofessional education has been broadly recognised (Barr, 2002) and the application of concepts such as complexity theory to interprofessional education have also drawn attention to the need to value diversity and to use the '*IPE [Inter Professional Education] facilitation team as a means of role modelling.*' (Cooper et al, 2004: 185) This complex mix of educational and professional agendas, including the fact that the teaching team themselves have also undergone a process of professional 'socialisation' and experienced, at first hand, the dynamics of team working in practice, suggests that the teaching experience merits attention. This point is also made by Page & Meerabeau, (2004) who comment on the lack of attention paid to the experiences of course facilitators within the multiprofessional literature.

In respect of critical reflection and the interprofessional learning, there is a particular need for tutors to engage in their own critical reflection (Brookfield, 1995) and to develop approaches based on mutual dialogue. (Brockbank & McGill, 1998) The need for a high level of engagement between students in interprofessional learning also requires that tutors take similar risks and the manage the uncertainty of changing roles, drawing on their own experience to facilitate learning and themselves '*being vulnerable in the classroom*' (hooks, 1994: 21) This requires that support and preparation for tutors is embedded within the programme, with clear mechanisms for recognising and valuing the essential contribution that is made, rather than this being merely an 'add-on' to the 'real' work of preparing students for their specific profession. Such a process also requires that tutors move beyond their own professional identities to form new identities and multimemberships and, as highlighted by Wenger, (1998) are able to form their own interprofessional communities of practice where the process and meaning of teaching is valued rather than simply the transmission of information.

Conclusion

Developing a critically reflective approach for interprofessional working offers a significant challenge in a number of ways. An important element of this goal concerns the need to embed learning and the application of learning within the seemingly constantly changing environment of health and social care services within which the experience of practitioners is that the only certainty is uncertainty, and the consequent anxiety that this can engender. For students engaged in the process of developing their skills and knowledge within a paradigm of uniprofessional practice and discourse, this is particularly complex.

The concept of critical reflection is also potentially problematic within the educational as well as the practice domain. A general acceptance and agreement amongst many

different professional groups that reflection is a fundamental and shared element of pre-registration programmes will, in all likelihood, conceal more deep-seated and diverse views and opinions concerning the relationship between a technical-rational approach to education and one where the examination of power relationships and the importance of process take priority over an instrumental concern for the transmission of knowledge. Related to this is the risk that critical reflection may itself be seen as a bolt-on concept for the interprofessional curriculum alone rather than permeating all aspects of students' learning, creating tensions for students and tutors alike in both uniprofessional and interprofessional aspects of the educational process.

Despite such concerns, it is argued here that that a model of critical and reflective practice offers a way forward drawing on an approach that will enable future practitioners to develop a shared understanding of the world and ways of working together based on creating shared dialogue within communities of practice that will enhance the experience of service users. In doing so, it is anticipated that previously compartmentalised ways of thinking and practice will be transformed enabling news ways of working to emerge.

References:

Allport, G.W. (1954). The Nature of Prejudice. Addison-Wesley, Reading, MA

Barnett, R. (1997). Higher Education: A Critical Business. Society for Research into Higher Education, Open University Press, Buckingham

Barr, H. (1998). Competent to collaborate: towards a competency-based model for interprofessional education. Journal of Interprofessional Care 12(2) 181-188

Barr, H. (2002). Interprofessional Education Today, Yesterday and Tomorrow: A Review, Learning, Teaching and Support Network, Centre for Health Sciences and Practice, London:

Booth, J. & Hewison, A. (2002). Role overlap between occupational therapy and physiotherapy during in-patient stroke rehabilitation: an exploratory study. Journal of Interprofessional Care 16(1)31-40

Boud, D., Cohen, R. & Walker, D. (1993), Using Experience for Learning. Open University Press, Bristol

Boud, D. & Walker, D. (1998). Promoting reflection in professional courses: The challenge of context. Studies in Higher Education, 23 (2) 191-206

Brockbank, A. & McGill, I. (1998). Facilitating Reflective Learning in Higher Education. SHRE & Open University Press, Buckingham

Brookfield, S. (1995). Becoming a Critically Reflective Teacher. Jossey-Bass, San Francisco

Carlisle, C., Cooper, H. & Watkins, C. (2004)."Do none of you talk to each other?" the challenges facing the implementation of interprofessional education. Medical Teacher 26 (6) 545-552

Clouder, L. (2000). Reflective Practice in Physiotherapy. Studies in Higher Education. 25 (2) 211-223.

Cooper, H., Braye, S. & Geyer, R. (2004). Complexity and interprofessional

education. Learning in Health and Social Care, 3 (4) 179-189
Corley, A. & Eades, E.(2006). Sustaining critically reflective practitioners: competing with the dominant discourse. International Journal of Training and Development, 10 (1) 30 - 40
Department of Health (2000). The NHS Plan. The Stationery Office, London
D'eon, M. (2005). A blueprint for interprofessional learning. Journal of Interprofessional Care, Supplement 1 (May) 49-59
Dewey, J. (1933). How We Think: A Restatement of the Relation of Reflective Thinking to the Educative Process. Heath & Company, Lexington, Massachusetts
Donaghy, M. & Morss, K. (2000). Guided reflection: A framework to facilitate and assess reflective practice within the discipline of physiotherapy. Physiotherapy Theory and Practice 16, 3-14
Dyke, M (2006). The role of the 'Other' in reflection, knowledge formation and action in a late modernity. International Journal of Lifelong Education, 25 (2) 105–123
Fook, J. (2002). Social Work: Critical Theory and Practice. Sage, London
Fook, J. (2004). Critical Reflection and Organisational Learning and Change: A Case Study. Gould, N. & Baldwin, M. (Eds.) (2004) Social Work, Critical Reflection and the Learning Organisation. Ashgate, Aldershot
Foucault, M. (1980). Power/Knowledge: Selected Interviews and other writings. Pantheon, New York
Freeth, D., Hammick, M., Koppel, I., Reeves, S. & Barr, H. (2002). A Critical Review of Evaluations of Interprofessional Education. Learning, Teaching and Support Network, Centre for Health Sciences and Practice, London
Freire, P. (1972). Pedagogy of the Oppressed. Penguin, London
Gewirtz, S., Ball, S., & Brown, R. (1995.) Markets, Choice and Equity in Education. Open University Press, Buckingham
Ghaye, T. (2005). Developing the Reflective Healthcare Team. Blackwell Publishing, Oxford
Gibbs, G. (1988. Learning By Doing: A Guide to Teaching and Learning Methods. Further Education Unit, Oxford Polytechnic, Oxford
Gould, N. & Taylor, I. (Eds.) (1996). Reflective Learning for Social Work. Arena, Aldershot
Heron, B. (2005). Self-reflection in critical social work practice: subjectivity and the possibilities of resistance. Reflective Practice 6 (3) 341-251
Hodge, M.(2004). Quoted in Guardian Society, 19.05.04
Holmes, C. (2002).Academics and practitioners: nurses as intellectuals. Nursing Inquiry 9(2): 73-83
Hooks,b. (1994). Teaching to Transgress. Routledge, London
Hugman, R. (1998). Social Welfare and Social Value – The role of caring professions. MacMillan, London
Kember, D. (2001). Reflective Teaching & Learning in the Health Professions. Blackwell, London
Kolb, D. (1984). Experiential Learning. Prentice Hall, Englewood Cliffs, NJ
Johns, C. (2000). Becoming a Reflective Practitioner. Blackwell Science, Oxford
Mezirow, J. (1991). Transformative Dimensions of Adult Learning. Jossey-Bass, San Francisco

Page, S. & Meerabeau, L. (2004). Hierarchies of evidence and hierarchies of education: reflections on a multiprofessional education initiative. Learning in Health and Social Care 3 (3) 118-218

Payne, M. (2002). Social Work Theories and Reflective Practice. Dominelli. L., Payne, M. & Adams, R. (Eds.) Social Work: Themes, Issues & Critical Debates. Second Edition. Palgrave / Open University, Basingstoke

Redfern, M. (2001). The Report of the Royal Liverpool Children's Inquiry. The Stationery Office, London

Schon.D (1998). The Reflective Practitioner: How Professionals Think in Action . Ashgate, Brookfield

Smith, J. (2002). Death Disguised: The First Report of the Shipman Inquiry. HMSO, London:

Smith, S and Roberts P (2005). An investigation of occupational therapy and physiotherapy roles in a community setting. International Journal of Therapy and Rehabilitation, 12, (1) 21-29.

Tate, S. (2004). Using critical reflection as a teaching tool. Tate, S. & Sills, M. The development of Critical Reflection In the Health Professions. Occasional Paper No. 4. www.healthacademy.ac.uk/publications/occasional paper

Wenger, E. (1998). Communities of PracticeCambridge University Press, Cambridge

Wenger, E., McDermott, R., & Snyder, W. (2002). Cultivating Communities of Practice. Harvard Business School Press, Boston

Yelloly, M. & Henkel, M. (Eds.) (1995). Learning and Teaching in Social Work: Towards Reflective Practice. Jessica Kingsley, London