

Author's response

Is there a place for reflection in the nursing curriculum? A reply to Newell [Nurse Education in Practice 2 (1), 2002, 21–29]

In a recent *Commentary*, Newell (2002) expresses the opinion that reflective practice should be justified by evidence from research, preferably from experimental research methods such as RCTs. I believe that he is wrong in this assertion, and wish to argue that he is making what philosophers call a category mistake (Ryle 1963). He is viewing reflective practice as a specific clinical intervention, rather than as a broad principle or paradigm like evidence-based practice. 'Reflective practice' is not the name of a specific intervention like, for example, cognitive behavioural therapy, whose effects can be simply tested in a RCT. It makes no more sense to say 'I am going to treat this patient with reflective practice' than it does to say 'I am going to treat this patient with evidence-based practice'. To say that I am a reflective practitioner or an evidence-based practitioner tells you nothing about the therapeutic tools or interventions I employ in my practice. Rather, it makes a statement about my belief in the kind of knowledge that underpins it.

Reflective practice and evidence-based practice are both 'grand theories' (Chinn & Jacobs 1987), no more amenable to testing through experimental research than any other theoretical model or paradigm. As Trinder (2000) points out, whilst we might ask for evidence to support *specific* nursing interventions, 'there is not, nor is likely to be, any empirical evaluation of the effectiveness of evidence-based practice itself' (p. 213). Thus, even the advocates of EBP admit that 'Any critical appraisal of evidence-based practice can therefore only be based on opinion' (Trinder 2000, p. 213). And if we do not expect to find any research evidence for evidence-based practice, then why do we continue to demand it for reflective practice?

Newell concludes his paper by asking two questions: firstly, 'how would patients feel about being told that the nursing curriculum is 'based on almost no evidence that it made a difference to their well-being'; and secondly, 'how would students feel about having failed an assignment 'examining something for which there is no evidence of client improvement [and] no evidence that it will make them a better practitioner'. The answers to both questions are the same. There is no evidence to support education and practice based on *any* paradigm or grand theory of practice, whether it is reflective practice, evidence-based practice, critical theory or whatever, if by evidence, we mean findings from experimental research. Furthermore, if we restrict the curriculum to what *can* be proved by RCTs, then we would not be teaching very much at all: no evidence-based practice, no reflective practice, no sociological theory, no psychological theory, no nursing theory, no anatomy, no physiology. Do we *really* need to carry out a RCT to show that teaching physiology or psychology improves patient outcome? If the answer is yes, then we need to suspend nurse education and get to work, for there is an overwhelming number of RCTs to conduct. And if the answer is no, then why single out reflective practice for special treatment? As Newell himself stated, 'I see no reason why reflection should be a special case in this matter'. I couldn't agree more.

REFERENCES

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