Applying Reflective Practice-Based Learning (RPL) Principles in Clinical Education

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Abstract

This paper explores how the six fundamental principles of Reflective Practice-Based Learning (RPL) (Horn et al., 2020) can be applied to clinical supervision in health education. Based on an action research project with clinical educators from physiotherapy and occupational therapy programmes, we examine how RPL can strengthen reflective learning processes during clinical placements.

A workshop was designed and facilitated following RPL's fundamental principles, using practice-based cases and structured dialogues to engage clinical educators in reflection on real-life supervisory challenges. The workshop aimed to foster educators' capacity to support students' professional development by creating reflective learning environments that integrate theory and practice.

Drawing on a social constructionist approach to knowledge and narrative analysis, we present empirical findings from a reflective team session and analyse the data through the lens of selected RPL fundamental principles. The narrative highlights how educators navigate the balance between dialogue, collaboration, and appropriate disturbance when guiding students from reflection to action.

Findings indicate that applying RPL principles enhances clinical educators' ability to tailor supervision to students' readiness, particularly when students hesitate to engage in practice. The study contributes to the development of supervision practices that recognise reflection as both a cognitive and practical process, requiring sensitivity, adaptability, and professional judgement.

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Keywords
Reflective practice-based learning, RPL fundamental principles, education, clinical education, higher education, practicum

Introduction

The healthcare system in Denmark is continually evolving, making it essential for graduates from health professional bachelor's programs to assess both theoretical and practical challenges (Holm, H. B., 2022). These challenges often have multiple solutions, requiring actions based on situational demands (Horn et al., 2020). The health professional bachelor's programs at UCN must prepare students for future healthcare roles by developing professional competencies. Bundgaard et al. (2023) point out that the transitional shock experienced by students undertaking a practicum can be regarded as both a suitable disturbance and a catalyst for developing reflection potential. This highlights the need for greater awareness of the reflection process from the supervisors.

This research project exemplifies the collaboration between theoretical lecturers and a network of clinical educators to support students' reflective practice-based learning (Horn et al., 2020) in clinical practice. This study responds to a need raised from within the clinical field, where educators seek concrete ways to support student reflection through RPL. The initiative originated from a network of clinical educators from physiotherapy and occupational therapy programs within hospital settings. The clinical educators are responsible for supporting students' learning during their clinical education periods and, therefore, seek methods to improve students' reflection. The students' clinical education periods vary in duration and progress continuously throughout the 3.5-year professional bachelor's program. This teaching responsibility is integral to the clinical educators' professional work portfolio. Both bachelor's programs follow a structure in which students transition between theoretical and practical education. During their clinical education, students encounter various practical situations, whether working with colleagues, fellow students, or independently. The clinical educators' role is to frame an appropriate learning level, ensuring tasks align with the student's learning prerequisites while achieving the learning outcomes set for the clinical education period.

To support students' learning and readiness for their first professional role in the clinical field, both theoretical and clinical educators must create learning conditions and acknowledge the importance of reflection on actions (Holm, 2022). Clinical educators aim to foster reflection in practice, thereby supporting students' ability to link theory and practice during their clinical education periods. Furthermore, the clinical educators also achieve a collective awareness of the concept of reflection. Consequently, we pose the following research question for this study: How can RPL help clinical educators better support students' ability to reflect during clinical education?

Theoretical Framework

Reflection plays a central role in the learning process when supervising students in clinical practice (Horn et al., 2020). It may be the student who must decide which intervention should be prioritised first in the rehabilitation process for a patient with multiple conditions. Within this context, supervisors are not only responsible for ensuring progression toward learning outcomes but also for facilitating reflective spaces that help students integrate theoretical knowledge with clinical experience. Donald Schön's theory of the reflective practitioner provides a conceptual framework for understanding how such reflection can support the development of professional judgment (Schön, 2001). Schön emphasises that knowledge from formal education becomes meaningful when applied in collaboration with experienced practitioners in authentic settings, in which theoretical insight and practical experience become linked (Schön, 2013).

The settings in clinical education are designed to align with the learning tasks that students are expected to master. Schön emphasises that clinical environments are often unpredictable. From a constructivist viewpoint, students face unique and ambiguous situations that challenge their existing knowledge and routines. Here, the clinical educator plays a crucial role in helping students navigate these moments by supporting new ways of thinking and acting. Schön distinguishes between two types of reflection relevant to this process: reflection-in-action and reflection-on-action (Schön, 2013).

Reflection-in-action occurs in the moment of practice, as students adjust their actions based on their immediate interpretation of the situa-

tion. Supporting this form of reflection requires the supervisor to engage students in real-time questioning that enhances their awareness of their reasoning and responses (Schön, 2013).

Reflection-on-action, on the other hand, takes place retrospectively and allows students to explore the reasoning, emotions, and alternatives behind their actions. This often unfolds through follow-up dialogues or structured reflection activities guided by the clinical educator (Schön, 2001). Both forms of reflection are integral to students' development, and both rely on the clinical educator's ability to shape and hold space for critical thinking within practice.

By framing supervision as a reflective practice in itself, Schön's (2001) theory offers a foundation for examining how educators work with reflection, and how this work can be further supported by approaches such as RPL.

Dewey describes experience as the basis for reflection, with experiences being related to both thinking and action. He explains learning as a circular process that moves from pre-reflection to post-reflection, thereby progressing from hesitation and doubt to greater confidence in the situation (Horn, et al., 2020).

The White Paper on Reflective Practice-Based Learning (Horn et al., 2020) outlines six fundamental principles that serve as a framework for fostering better conditions for reflection. In this Short Paper, we will focus on three of these six principles, as they were intuitively chosen by the clinical educators. The selected principles are; no. 2) Teaching and learning activities designed to include appropriate disturbances, no. 5) Lectures and students work together on learning processes, and no. 6) Lectures and students create room for dialogue (Horn, et al., 2020).

Methodological considerations

This project is based on a dialogical methodology, which in itself could merit further exploration. However, this short paper aims to investigate how the fundamental principles of RPL can be applied in clinical education as a foundation for reflection. The project is grounded in a social constructionist understanding of knowledge, in which knowledge is seen as co-created through language and relationships (Gergen, 2010).

Consequently, dialogue, co-creation, and equal collaboration between researchers and clinical educators have been central to the study.
We have chosen action research as our methodological approach, as learning is here understood as a complex phenomenon connected to participation, the formation of social communities, and experimental actions. Action research enables us to explore the relationship between reflection and action, as well as the interplay between theory and practice among participants, including our roles as both facilitators and participants in the research process (Frimann, Jensen & Sunesen, 2020). Despite the equal collaboration, we have been responsible for designing and framing the process.
In total, the group consisted of eight clinical educators, and we met with them twice over the course of one year, supplemented by ongoing dialogue. The meeting investigated in this paper was organised as a reflective team session (Andersen, 1994), where three participants, selected as focus persons, shared their experiences with their actions and received perspectives from the other participants. The session was audio-recorded and subsequently transcribed. This transcription forms the empirical basis for the analysis. Based on the data, a narrative has been constructed and interpreted through the lens of the fundamental principles of RPL.
The purpose of the analysis was to demonstrate, apply, and discuss the clinical educators' use of RPL and the six fundamental principles in their clinical teaching with students from both the physiotherapy and occupational therapy education programs. The analysis is structured thematically with the chosen RPL fundamental principles as a framework.

Analysis, findings and discussions

To explore the processes and actions involved in our understanding of the clinical educators' practice, we have, as a natural extension of our social constructionist view, chosen to construct our practice account in the form of a narrative. As Bruner (1999) puts it:

> *There is a kind of human "readiness" for narrative [...] similar to our readiness to transform our visual world into figure and ground [...] a tendency to organise experience into narrative form, into plots and so forth (Bruner, 1999, s. 54).*

Our aim is, through storytelling, to identify deviations and connections between the unusual and the ordinary rather than to search for any final or objective truth about reflection in clinical education. By using the dramatic qualities of narrative, we seek to identify possible points of development and, in doing so, generate knowledge that is both meaningful and applicable for future work with the RPL principles as a framework for reflection in clinical education.

Practice Narrative: When the Will Is There, but the Courage to Act Is Missing

> *I had a student in the final part of clinical education who wanted to work with patients with respiratory difficulties. He saw it as a valuable learning opportunity but was clearly unsure about how to handle such vulnerable patients.*
>
> *When we began working with pulmonary physiotherapy, he asked to start as an observer. He followed a colleague with experience, but when she suggested he try a small part of the treatment, he said no. He wasn't ready. I suggested pairing him with another student to see if that might make him feel safer, but he didn't want that either. And I could sense that observation no longer moved him forward.*
>
> *We built it up over three or four sessions. Gradually, he started taking on more of the treatment. That's when I could begin to step back. I constantly had to sense where he was and how to support him without taking over.*

He succeeded. It became a good experience for him. But it was only with that one patient. I was left with a clear insight: it takes a lot when someone can only act once everything feels completely safe. The narrative illustrates a learning process where reflection is given room to unfold, while action proves more difficult. The student is described as someone who *wanted to work with patients with respiratory difficulties* and saw it as *a valuable learning opportunity*, yet at the same time, he *wasn't ready* to act. The educator's task is to balance support for reflection with creating opportunities for the student to take that step from thought to action.

In the light of fundamental RPL principle no. 5, Collaboration, we see a clinical educator who consciously considers the student's stated learning goals while acknowledging and accommodating his uncertainty. The student is motivated, but not yet ready to act. He engages in reflective thinking about what he wants to learn, a form of pre-reflection in Dewey's (1933) terms, but lacks the courage and safety to move from thought to action. This situation can be seen as an example of what Schön (2013) terms reflection-in-action, where the clinical educator continuously senses and responds to the student's readiness in the moment, without necessarily verbalising the reflection.

While the student accepts observation as a starting point, he declines other forms of engagement, such as peer collaboration as ways to support progression, but the student declines. It becomes clear that collaboration is not simply about being part of a social setting, but about actively engaging in practice. The student is willing to reflect and talk about action, but not yet to engage in joint action. In this case, collaboration becomes an exposure that can inhibit progress if the student doesn't feel safe.

From the beginning, the clinical educator uses dialogue not to push progress, but to understand where the student is. When he *asked to start as an observer,* the clinical educator adapts rather than insists. Here, dialogue (fundamental principle no. 6) becomes a support for planning, allowing the clinical educator to gradually tailor the pace and format of the learning environment to the student's needs and readiness.

Collaboration, often seen as a central driver of learning in practice, here becomes a barrier for the student's development. This is clear when the student, despite observation and support from both supervisor and colleague, refuses even small attempts at action in a safe setting. The clinical educator tries different approaches: allowing observation, proposing peer work, and offering minor tasks. But each time, the pace must be adjusted. This requires the clinical educator to sense when shared engagement in practice becomes an unsuitable disturbance, and to hold it back until it makes sense for the student. In these subtle shifts, the clinical educator's professional judgement and the practical value of the fundamental RPL principles become visible.

It is through this careful adjustment that the principle of appropriate disturbance proves useful. It helps the clinical educator support forward movement, without crossing the student's emotional threshold. Progress doesn't emerge from structure alone, but from the clinical educator's

ongoing sensitivity to when and how the next step can be taken, as described in the fundamental RPL principle on appropriate disturbance.

It becomes *a good experience for him*, but *only with that one patient.* The clinical educator is left with a sense that learning has not fully taken root. How many times must an action be repeated before it becomes learning? What is the role of reflection if it isn't followed by action?

This highlights a key aspect of clinical education: it's not only about competence but also about courage and trust. And it requires a finely tuned facilitation by the clinical educator to balance safety, responsibility, and development.

One insight that has emerged from this project is the distinction between dialogue and collaboration. In this narrative, the student is willing to engage in discussions about the task; however, when it comes to actual collaboration and sharing responsibility, the student tends to withdraw. What is typically regarded within RPL as a supportive and structured factor can, in this instance, become overwhelming.

This situation challenges the notion that collaboration is inherently positive. For this student, the opportunity to choose not to collaborate is what ultimately facilitates progress. It becomes clear that action only begins when the clinical educator steps back and assigns small, individual tasks. Therefore, while collaboration is often seen as the driving force behind RPL, it must be moderated in this case for any meaningful progress to occur.

This leads us to consider whether it is the clinical educator's conscious application of the fundamental RPL principles, especially the principle of appropriate disturbance, that truly makes a difference. It also raises the question of whether engaging clinical educators in shared reflection on these principles could better prepare them to support a new generation of students. These students may increasingly prefer safe options, so clinical educators need to help them find the courage to act. This can be achieved not by forcing them, but by understanding how to **balance reflection with responsibility in practice.**

Conclusion

The case illustrates that reflection goes beyond merely thinking about practice; the process also involves navigating through practice, even when confronted with uncertainty. Central to this case is the interplay

between three chosen RPL principles: dialogue, collaboration, and appropriate disturbance.

The dialogue begins with the student expressing a desire to learn, while the educator listens and adjusts the plan accordingly. However, collaboration, defined as shared engagement in practice, must be paused, as the student feels it may be too disruptive. The challenge for the clinical educator is to maintain the reflective process while gently guiding the student through their transition into action. This approach is actively supported by the principles of RPL.

In the narrative, this process occurs through small, graded tasks that provide opportunities for reflection while gradually introducing action at a pace suitable for the student. This is where we witness reflection in motion, not just as conversation, but as tangible progress. Recognising RPL does not offer a one-size-fits-all approach; instead, it equips clinical educators with a language and a set of guiding principles to navigate the challenges that arise when students learn to act and reflect simultaneously. While the narrative presented here is based on a single case and focuses on three selected RPL principles, it offers insight into how these principles may be enacted in real-life supervisory situations. Future research could explore how a broader range of principles is experienced and interpreted by clinical educators across different contexts.

This short paper demonstrates that while RPL does not remove the complexities of clinical learning, it offers a framework for addressing these complexities in a sensitive and student-centred manner. This points to the need for further research into the application of RPL in clinical practice.

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