

Health Education Journal

<http://hej.sagepub.com>

Exploring the use of experiential learning workshops and reflective practice within professional practice development for post-graduate health promotion students

Mary Cronin and Claire Connolly
Health Education Journal 2007; 66; 286
DOI: 10.1177/0017896907080136

The online version of this article can be found at:
<http://hej.sagepub.com/cgi/content/abstract/66/3/286>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Health Education Journal* can be found at:

Email Alerts: <http://hej.sagepub.com/cgi/alerts>

Subscriptions: <http://hej.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.co.uk/journalsPermissions.nav>

Citations <http://hej.sagepub.com/cgi/content/refs/66/3/286>

Exploring the use of experiential learning workshops and reflective practice within professional practice development for post-graduate health promotion students

Mary Cronin^a and Claire Connolly^b

Abstract

Objective To explore and evaluate the use of two methods (1) experiential learning workshops and (2) reflective practice within post-graduate health promotion education, with a view to providing a foundation in professional practice based on health promotion principles and critical thinking.

Design This is an empirical study exploring the usefulness and outcomes of two methods within an educational process. The study is informed by a number of theoretical and pedagogical perspectives including reflective practice, adult learning, constructivism, as well as the principles of health promotion and Freire's concept of conscientization. It involves the design, pilot implementation and evaluation of experiential workshops and reflective practice.

Setting The study was undertaken within the postgraduate Masters / Higher Diploma in Health Promotion programme at the Department of Health Promotion, National University of Ireland, Galway (NUIG). Participants included 19 full-time students and six staff members.

Method The two educational methods were piloted during the academic year 2003–2004. They were evaluated by students and staff using a variety of quantitative and qualitative methods, including questionnaires, focus groups and discursive processes.

^a Department of Epidemiology and Public Health, University College, Cork.

^b Department of Health Promotion, National University of Ireland, Galway.

Correspondence to: Mary Cronin, Department of Epidemiology and Public Health, University College, Cork, Ireland. mary.cronin@ucc.ie

Health Education Journal copyright © SAGE 2007 www.sagepublications.com
[DOI: 10.1177/0017896907080136]

Findings The experiential workshops were evaluated very positively both in terms of effectiveness as educational methods and content. The introduction of reflective practice was modestly successful as a first attempt and showed potential to make a valuable contribution to professional development. There was some evidence of students adopting the principles of health promotion as a result of participation in these processes.

Conclusion The two methods were found to be complimentary and to display significant potential to enhance students' postgraduate health promotion education through the provision of a strong foundation in the principles of health promotion as well as knowledge, requisite skills and 'know-how'. This foundation will contribute positively to their future as health promotion practitioners.

Key words: health promotion education, principles, professional practice

Introduction

The nature of the determinants of health and the challenging practical, moral and political work of promoting health ensures that health promotion often involves working in 'indeterminate zones of practice', and dealing with 'situations of complexity and uncertainty', such as those discussed by Schon¹ in his seminal article on professional knowledge. Students enter post-graduate health promotion courses from a wide range of disciplines; some have an established sense of professional practice, however, many have yet to develop this. The concept of developing a professional practice based on principles such as empowerment and participation is new to many, as is the need to consider their personal and professional values in the context of health as a political issue. Health promotion educators must strive to ensure that post-graduate curricula prepare students for entry to this complex area of work, whilst also providing an excellent academic education.

St Ledger², in a challenging commentary in 2001, questioned whether health promotion education emphasized 'instrumental learning and, occasionally, interpretive/communicative learning' but 'rarely critical/emancipatory learning'. Ashton³ has argued that within the disciplines of public health and health promotion we need to reorient our value system towards sustainability and equity. Seedhouse⁴ has described health promotion as a moral endeavour. Ashton³ has also called for a reorientation of the structures through which health professionals are trained, emphasizing the need to learn to regard the public as partners in health promotion. This research process took cognisance of the thinking of these health promotion/public health leaders.

In 1998, Rivers et al⁵ identified a dearth of literature systematically evaluating education and training in health promotion. While many courses in Britain now dedicate significant time to professional development, publications in this area continue to be relatively rare. In Ireland post-graduate health promotion courses have been

changing more slowly. This article is an attempt to contribute to the literature on professional practice development within health promotion education. It presents a research based approach to the design, pilot implementation and evaluation of experiential learning workshops and reflective practice as methods of facilitating professional practice development; the research was undertaken on the Masters/Higher Diploma in Health Promotion, delivered by the Department of Health Promotion at the National University of Ireland, Galway (NUIG).

Rationale and context

The research was prompted by the following four factors:

I A comprehensive review of the MA/Higher Diploma in Health Promotion curriculum

Following ten years of course delivery a comprehensive curriculum review was undertaken during the period 2002–2004. The existing 16 taught modules had a predominantly academic orientation, however one module, taught by a senior health promotion practitioner, included group work theory and practice. In addition each student undertook a practice placement (one day per week over a five-month period) and gave a presentation on that experience.

II Information from student 'end of course' evaluations

Student evaluations for the period 1998–2002 were reviewed. They provided strong evidence of students' wish for a greater practice orientation within the course and more opportunities to develop practice oriented skills and knowledge.

III Information from health promotion practitioners

Ongoing contact with health promotion practitioners provided their perspective. Some identified the importance of gaining confidence and support in order to successfully advocate for health promotion within an environment where health is often reduced and misrepresented as health care (as has been described by Bambra et al⁶). Practitioners have also spoken of a need for additional skills and 'know-how' for partnership working, working more effectively with communities and undertaking 'up-stream', policy-level work if they are to address health determinants and tackle health inequalities.

These needs reflect the context in which health promotion in Ireland has been undertaken since 1987 when a national, formally-structured process of 'Social Partnership' was established. All major sectors in society including employers, unions, farmers and the community and voluntary sector, work with government on the development and evaluation of socio-economic policies and practices (Information on Social Partnership in Ireland is available at <http://www.taoiseach.gov.ie/index.asp?locID=179&docID=-1> and <http://www.nesc.ie/inside.asp?zoneId=5&catId=30&artId=51>). The concept of partnership has filtered through all levels of society and

presents both an opportunity and a challenge to health promotion practitioners as they and many others seek to influence policies and practices which determine health.

IV Involvement in the development of a European Masters in Health Promotion

Over the period 2000–2004, the Department of Health Promotion, NUIG, representing Ireland, participated in a feasibility study on the development of a European Masters in Health Promotion – the EUMAHP Project. This European Commission funded project involving a consortium of 15 European countries, addressed curriculum issues and recommended that such a course should address professional practice development. (Further information on EUMAHP is available at www.brighton.ac.uk/eumahp, also see Davies⁷ and Colomer et al⁸.)

The cumulative information indicated that the existing course did not provide adequate preparation for contemporary practice and the teaching team decided to develop a comprehensive, core module in Professional Practice Development within a new curriculum. The new module would retain the practice placement and placement presentation and during the academic year 2003/4 additional, complimentary methods would be researched. Experiential learning workshops and reflective practice were chosen on the basis that they are well established within courses in Ireland and Britain, which provide professional education for practitioners who engage with the complexities of societal issues (for example community and youth work, social work, teaching, nursing, general medical practice and health promotion).

Research methodology and methods

Two staff members led the research; both have substantial experience in professional health practice and in teaching mature students at tertiary education level. Their goal was to develop a more ‘multi-stranded’ approach to post-graduate professional practice development, echoing a suggestion made by Wimbush⁹ in relation to post-graduate research training.

Scope of the study

The research was undertaken with the co-operation of 19 full-time students; part-time students were not sufficiently available. Students were informed of the developmental nature of the process and asked to participate with a view to contributing to course improvements. During the research the existing curriculum, practice placement and placement presentation continued as before. As a result the new methods increased the students’ workload, necessitating careful timetabling to ensure that they were not overburdened. For that reason an assessment was not included.

Phase 1: Design

During this phase the philosophy and the aims and objectives of the use of experiential learning workshops and reflective practice were considered and articulated.

Philosophy

The concept of health promotion as a principle-led practice was fundamental to the philosophy; the values and five key action areas within health promotion as outlined in the Ottawa Charter¹⁰ and the principles as outlined by Rootman et al¹¹ were adopted as key points of reference in both the workshops and reflective practice. Freire's 'conscientization' (critical awareness raising) approach to education¹² was adopted with the intention that students would learn to question and problematize their work and that of their agency, within the political, social-economic and professional context. This approach was considered compatible with health promotion's focus on the determinants of health and its commitment to equity and the reduction of health inequalities.

Aims and objectives

The pilot process had two aims:

- (1) To design, pilot and evaluate new methods for inclusion in a comprehensive, post-graduate professional practice development module.
- (2) To provide students with a foundation for professional health promotion practice.

As the new methods were piloted in conjunction with the practice placement and the placement presentation the following objectives were identified.

On completion the student will:

- (a) have explored and begun to practise the knowledge, skills and principles necessary for health promotion practice.
- (b) understand the meaning of reflective practice, have gained experience in reflection using both individual and group methods and be prepared to develop strategies for its regular inclusion in her/his practice.
- (c) have gained relevant work experience in the field of health promotion and have presented on the experience to colleagues.

Phase 2: Pilot implementation

The pilot implementation of the experiential learning workshops and reflective practice are discussed, in turn, under the following headings:

- Theoretical and pedagogical influences
- Content and methods
- Evaluation: Methods and findings.

Experiential learning workshops (ELWs): Theoretical and pedagogical influences

Kaufman¹³ proposes that theories on adult learning, constructivism and reflective practice present an important resource for educators of practitioners. Rivers et al⁵, having undertaken a review of education methods within health promotion, strongly recommend the inclusion of experiential learning, including role plays. The chosen methods provided opportunities to operationalize some aspects of these theories. For example, the

ELWs sought to put into action Knowles first principle of adult education by providing a safe environment for students to experiment and develop their practice¹⁴. Workshops also enact the two core principles of the constructivist educational philosophy:

- (1) Learning is an active process of constructing rather than acquiring knowledge.
- (2) Instruction is a process of supporting that construction rather than a process of communicating knowledge¹⁵.

The use of group and team working is also a feature of constructivism; these methods support collaborative and interdependent self-directed learning, as described by Candy¹⁶. They also overcome a traditional shortcoming of academic courses, which is their emphasis on individual rather than collective working, leaving students relatively unpractised in methods commonly used in workplaces. Group and team working approaches were informed by the work of Mc Keachie¹⁷, Reynolds¹⁸, Corey and Corey¹⁹, Johnson and Johnson²⁰, Jones²¹ and Prendiville²².

ELWs: Content and methods

Unlike England where the 'National Occupational Standards for Professional Activity in Health Promotion and Care' in 1997²³ and the draft 'National Standards for Specialist Practice in Public Health'²⁴ have provided useful points of reference, in the Republic of Ireland no such standards exist. Therefore the workshop content was selected to reflect principle-based health promotion practice and to introduce generic, transferable skills in an integrated manner. The perspective of practitioners also informed the content; in addition, strategic consultation was undertaken with two senior practitioners during the design phase.

Two workshop groups were established, each with 9–10 members. Workshops of two hours duration were delivered monthly during the first six months of the year. Content and methods were designed to promote high levels of student participation. Conditions of confidentiality were agreed by participants and each facilitator worked with her group throughout, modelling good facilitation practice. Written reference materials were provided in order to free students from note taking and maximize active learning. *Table 1* provides an overview of content and methods.

ELWs evaluation: Methods and findings

Students and workshop facilitators evaluated the workshops; the placement and presentations were not included having featured in all previous course evaluations.

Student evaluation – Two methods were used with the students: a self-administered anonymous written questionnaire and a focus group. Both were undertaken during the closing workshop; 10 students participated ($N = 10$) representing 53 per cent of participants in the pilot process. The self-administered anonymous written questionnaire commenced with a 1–10 scale rating the usefulness of each workshop (1 = Useless and 10 = Very useful), and on this basis a mean rating was calculated for each workshop.

TABLE 1 ELW series

Topic	Content
1. Introduction to workshops, group process and practice development	Introductions exercise: students and staff Sharing exercise: why studying health promotion Practice placement: input / questions and answers / students consider placement possibilities / complete preference form Introduction to practice development and workshop series
2. Team working	Agree ground rules and confidentiality Share personal experiences of team membership Teamwork exercise: role play / decision making Advantages / disadvantages exercise
3. Introduction to reflective practice (RP)	Overview of concept and rationale Introduction to RP practice Sample RP recording sheet discussed
4. Presentation skills	Introduction to RP groups and facilitators Input on good presentation practice Small group work: presentation preparation Presentation exercise: each small group presents to full group
5. Developing a health promoting practice	Discussion of HP principles and application to practice Elaboration of 'empowerment' principle Active listening exercise Role play in pairs: empowering vs. disempowering practice
6. Closing workshop	<i>Note: two workshop groups combined</i> Student evaluation of new methods Caring for self: relaxation exercise Self-esteem / group closure exercise

TABLE 2 Mean rating of ELWs

Workshop	1. Introduction to practice development	2. Team working	3. Introduction to reflective practice	4. Presentation skills	5. Developing a health promoting practice
Mean rating out of 10	8.1	8.6	6.8	8.7	8.6

The rating was followed by six qualitative open-ended questions (responses in Table 3). In the focus groups, while students passed some comment on workshop content and methods, which concurred with their questionnaire responses, they largely focussed on the benefits of the collective process. It was said that the workshops provided a

TABLE 3 Responses to qualitative questions on ELWs

Most useful content/methods? (not limited to 1 answer)

N (%)	Content/Method	Sample responses
6 (60)	Role plays	'Role plays slightly intimidating but helped prepare for placement presentation'
6 (60)	Presentation skills	'Because we will apply this in real life'
5 (50)	Meeting/getting to know other students	'Vehicle for getting to know people' e.g. working in pairs
3 (30)	Team working	'Recognizing individuals strengths and weaknesses in group setting'
3 (30)	Reflective practice	'In the beginning found it awkward then began to realise it was good in terms of thinking about my work, skills etc.'
2 (20)	Building own confidence	'Through speaking out and role plays' 'Trial run builds confidence'

Least useful content/methods? (not limited to 1 answer)

N (%)	Content/Method	Sample responses
4* (40)	Reflective practice	*Least useful for 1 student because had previously covered 'Content good but ill-timed' 'Didn't really work for me'
1 (10)	Presentations	

Useful for future practice? (not limited to 1 answer)

N (%)	Content/Method	Sample responses
5 (50)	Acquisition of presentation skills	'Learned different approaches'
5 (50)	Acquisition of/ confidence in communication skills	'Experience of seeing workshops in action'
2 (20)	Experience of group/team working	'Learned importance of respect, confidentiality and listening in groups'

Quality of facilitation?

N (%)	Nature of response	Sample responses
8 (80)	Positive	'Participatory, inclusive, encouraging of all' 'Time for students views and feedback' 'Very clear, relaxed style, helped put students at their ease, supportive environment for students, very health promoting'.
1 (10)	Negative	'More vocal discussion from group' – less facilitator input
1 (10)	Mixed	Explanations 'a little drawn out – might be good for others?'

(Continued)

TABLE 3 (*Continued*)

Quality of content?

N (%)	Nature of response	Sample responses
10 (100)	Positive	'Very well prepared, researched and presented' 'Very thorough, in-depth insights into topics'

Suggestions for improvements

N (%)	
9 (90)	More skills workshops e.g. conflict resolution, negotiation, facilitation More workshops in other parts of course Have all workshops prior to placement and continue Reflective Practice Introduce Reflective Practice later More and earlier attention to student health and in-class relationships More chances for teamwork e.g. projects Shorten workshops by 30 minutes Block placement would be better

Any other comment?

N (%)	Content/Method	Sample responses
5 (50)	Positive only	'Very good'; 'Very beneficial'; 'Enjoyed' × 2 'Thank you' × 2

chance to apply 'teamwork to real life', demonstrated that 'more [is] achieved working as a team' and that there is 'knowledge [to be] gained from colleagues'. Students identified that group work helped one in 'recognizing [one's] own skills' and 'recognizing individual skills' of others. Learning was gained in relation to having responsibility to and respect for others.

ELW facilitator's evaluation: Methods and findings – The facilitators evaluated each workshop following its delivery and considered personal performance, content, methods and student participation. When the ELWs were completed, a summary evaluation used discursive and documentary processes to identify strengths and areas for improvement. The facilitators believed the workshop series was largely successful, which corresponded strongly with student feedback. Key findings related to the importance of:

- maximizing student participation.
- time management.
- adequate space for group work.

Reflective practice (RP): Theoretical and pedagogical influences

Schon¹, who is credited with developing the theory of reflective practice, argued that 'rational technical models' of knowledge are inadequate for conceptualizing problems and solutions within the reality of many types of professional practice. He promoted reflective practice as a method of addressing the challenges of real-world practice

issues. St Ledger² has suggested that health promoters need to learn through a 'critical or emancipatory' process which is focussed on 'review and reflection and the capacity to take action based on a meta perspective of issues related to our health and society'. Rivers et al⁵ argued for the inclusion of reflective practice in health promotion education in recognition of the complexity of contemporary practice. Its inclusion has also been advocated by Issitt²⁵⁻²⁷, Ewles and Simnett²⁸ and Perkins et al²⁹.

Reflective practice is not without its critics. Hannigan³⁰ provides a useful overview of critiques including those which have described RP as a 'bandwagon', a 'passing fad', fundamentally flawed because of problems associated with memory and hindsight bias, and problems related to truthfulness and confidentiality. Newman³¹ identified contradictions within Schon's theory and Stark et al³² have suggested that many of those who are in favour of RP may not have the relevant skills, time or resources. Issitt²⁷ has reported established practitioners identifying RP as being a 'superficial and mechanistic activity' in some workplaces. She has also cautioned that it could be reduced to a process of navel-gazing premised on individualism and has proposed 'making links with wider professional and political issues that impact on practice' as a counterbalance to this²⁷. The authors were aware of the challenges and limitations of RP and sought to address some of them through the methods adopted, as outlined below.

RP: Content and methods

The methods of reflection were predominantly informed by the work of Schon¹, Issitt²⁵ and Bolton³³. Issitt's²⁶ interpretation of RP was introduced, which involves:

- being systematic about reflecting on one's work;
- seeking to collectivize one's experience;
- making links with wider professional and political issues that impact on practice.

Students were also introduced to Schon's cycle of reflection¹:

- reflection – in – action;
- reflection on action;
- creating new understanding/knowledge.

RP commenced shortly after the 'Introduction to Reflective Practice' workshop and incorporated two mutually reinforcing processes: (a) Reflective Practice Group Work, and (b) Reflective Practice Writing.

(a) *RP Group Work*: Six lecturers, including the authors, agreed to facilitate a RP group. The facilitators met to discuss the theory and practice of RP and relevant readings were provided to all. Among the six, two had training in RP; two others expressed a strong interest. Five RP groups were established each with a maximum of four members; levels of experience, gender and age were mixed to maximize the learning potential. The groups met monthly for one hour; the facilitator encouraged confidential, reflective discussions with the aim of relating placement experiences and issues raised in the workshops to the wider context. Some discussions were based on student's RP writing, as outlined below.

(b) *RP Writing*: Students were encouraged to engage in individual reflective practice by writing in a structured manner, ideally at the end of each day on placement to avoid inaccurate recollection. Reflections were private but could be shared if so wished. Students were introduced to a 'Reflection Recording Sheet' in the RP workshop, a sample of which had been prepared by the facilitator. Use of the recording sheet was discussed further in the first RP group and as necessary thereafter. It was designed to assist students to identify learning incidents and to guide them to systematically reflect on their principles, skills and actions, along with challenges faced in practice. Rowland has described writing as 'a valuable mode of expressing, sharing, assessing and developing professional experience; it is one of the best ways of reflecting solo, and stimulating effective shared reflection with colleagues' (cited in Bolton³³ p.117). Bolton³³ discusses at length the importance of writing, describing it as a creative, explorative process in its own right – not only a tool in professional reflection. Perkins et al²⁹ take a somewhat less expansive approach but consider writing useful for developing skills in reflection.

The majority of students involved in the pilot module were young with little or no relevant work experience prior to their placement; some were graduates of courses which had provided a limited introduction to sociological or political analysis (for example laboratory based science courses, sports and leisure management courses). As a result the recording sheet was designed for introductory level reflective practice; it would not be appropriate for more experienced practitioners or for those with a developed critical awareness. The Reflection Recording Sheets contained these prompts and questions:

- (a) Describe a health promotion practice situation in which you participated.
- (b) Identify the skills you used and reflect on your ability, confidence and competence.
- (c) Identify the health promotion principles/values/concepts which informed your practice; describe how you acted on them.
- (d) Identify and explain any health promotion model/theory/approach which informed your practice and reflect on its suitability to this situation.
- (e) Identify any personal values/beliefs/attitudes/feelings which informed or impacted on your practice; describe how you acted on them.
- (f) Did any conflict or dilemma arise for you? Explain and consider its possible impact on your practice.
- (g) Based on your reflections, are you satisfied with your practice? Identify what (if anything) you would do differently; explain why.

RP evaluation: Methods and findings

Students evaluated the RP workshop through the workshop evaluation and the small group process through a self-administered anonymous written questionnaire which contained seven open-ended questions. This was completed by 15 students ($N = 15$) representing 79 per cent of participants in the pilot process.

TABLE 4 Responses to reflective practice questionnaire

Usefulness of reflective practice recording sheets?

Nature of response	N (%)	Sample responses
Positive	6 (40)	'Raised awareness of principles' 'Made you tease out answers and think'
Negative	6 (40)	'Nothing to reflect on at that stage' 'Missed the point in filling them out for each session'
Mixed	3 (20)	More useful later in course or career

Usefulness of reflective practice groups?

Nature of response	N (%)	Sample responses
Positive	7 (47)	'Opportunity to hear about others placements' Overview of the 'larger scheme of things'
Negative	7 (47)	Due to poor attendance, lack of structure, too much time in busy course
Mixed	1 (7)	

What (if anything) liked / disliked about the reflective practice groups?

Nature of response	N (%)	Sample responses
Positive	10 (66)	Opportunities provided in small group to speak, meet fellow students, listen to the perspectives of others
Negative	6 (40)	Dislike of listening to others Too much RP being provided Have less to speak about than others

Quality of Group Facilitation?

Nature of response	N (%)	Sample responses
Positive	11 (73)	Supportive, relaxed atmosphere Well organized Approachable
Negative	4 (20)	Lack of clarity Too much input from facilitator Too many timetable changes

Suggestions for improvements

- Better timetabling × 2
- Less frequent × 2
- Better attendance × 1
- RP linked to whole of course × 1
- RP groups should be disbanded × 1

(Continued)

TABLE 4 (*Continued*)

Attendance at RP group sessions	Stated reasons for non-attendance
All 5 sessions × 1 student	Medical or other appointments
4 sessions × 5 students	Part-time work
3 sessions × 5 students	Non-attendance of facilitator
2 sessions × 3 students	
No response × 1 student	

RP group facilitators' evaluation – RP group facilitators met twice to discuss and evaluate during the pilot process. On completion, the authors sought to undertake a reflective and discursive evaluation with individual facilitators but not all were available. Nonetheless significant learning was gained. For example, two facilitators had shared a facilitator's role due to workload demands and they regarded this as less than ideal. Another two group facilitators had found the role challenging as they did not have professional health practice experience to draw upon. There was also evidence of differing levels of interest in the role and process.

Discussion

This study yielded important learning regarding the usefulness of experiential learning workshops and reflective practice. However, it must be acknowledged that the absence of an assessment was a limitation because no objective evidence of students' individual or collective learning was produced (as previously mentioned students were not assessed because of the risk of over burdening them).

Experiential learning workshops

These were evaluated very positively in terms of their overall value and content by both students and staff; requests for more workshops and workshops in other aspects of the course are very positive findings. While student participation in the evaluation was lower than desired, the mean rating for the workshops was 8.1 out of 10, with a range of 6.8–8.7, indicating a significant level of satisfaction and agreement regarding their value. There was also a high level of consistency in the responses to broad questions (such as the rating of the workshops, quality of facilitation and quality of content), thus it's possible to consider this subgroup as representative of the full group in these areas.

The findings indicate that the chosen features of educational theories were successfully applied. There was evidence that students valued the participative, supportive and experiential approach of the workshop facilitators and that a safe and effective learning environment was created. Focus group feedback clearly indicated students' recognition of the benefits of these processes, although team work and group work were less popular than other aspects of skills acquisition in the questionnaire responses. (This apparent contradiction may reflect the fact that the questionnaire was completed on an individual basis, perhaps prompting individual-oriented

thinking, whereas the focus group may have prompted collective-oriented thinking.) Students valued most those methods through which they learned 'how to do things', for example role plays, presentations and communication skills, reflecting a desire common among mature students to gain experience and be competent. Meeting and getting to know fellow students also featured strongly, indicating that workshops may be a means of facilitating the development of health promoting social capital among a student group.

Reflective practice

The objective of introducing students to reflective practice was achieved; complimentary individual and collective processes were established and students were supported to begin to think critically about immediate/local concerns along with wider, political issues. Students' evaluation of the RP recording sheets and groups contained an equal number of positive and negative responses and also mixed responses. Positive responses indicated an appreciation of the collectivization of experiences and there was some evidence of critical awareness; for example, statements about gaining an overview of 'the larger scheme of things' and making one 'tease out answers and think'. Some negative responses focussed on the need for more experience before they could usefully engage in reflection, which indicates the importance of the timing of RP and the amount of time on placement. Some RP groups received negative comment in relation to organization and attendance. Unlike the ELWs, the timing of the RP groups varied as each facilitator agreed times with the group. This was necessary in the pilot but may have resulted in a less secure commitment among students and staff and indicates the need for a regular timetable slot.

Some RP group facilitators regarded the process very positively and others were less certain of its merit. Two facilitators identified a higher incidence of reflection and application of theory to practice among students in the oral examination than in previous years; this was an opinion with which the authors concurred. There were different levels of interest in the role of facilitator and it posed a particular challenge to those without relevant practice experience. It is very important to acknowledge the generosity of the lecturers and having six people involved also ensured a shared introduction to a process which might become a feature of the new curriculum.

Adoption of health promotion principles

Facilitating students to adopt principles is undoubtedly a challenge but there was some evidence of achievement in this regard. For example, it was positive to find that the 'Developing a Health Promoting Practice' workshop, which addressed putting principles into practice and had a particular focus on the principle of 'empowerment', received a rating of 8.6 out of 10. It was also positive that team and group working, through which the principles of participatory and inter-sectoral working may be enacted, were recognized as beneficial; for one student reflective writing 'raised

awareness of principles'. From the perspective of an inexperienced student, principles, unlike skills and knowledge, may be unfamiliar, are more esoteric and may be less clearly relevant to the future practice arena.

Resources

The pilot implementation required significant resources, particularly in terms of staff commitment and time. Securing the appropriate time allocations and space for experiential learning was a challenge, as has been previously reported by Rivers et al⁵. The additional materials required were not extensive and largely involved utilizing resources already available.

Conclusion and recommendations

The ELWs were well liked by students and assisted their acquisition of practice related skills, knowledge and confidence. The pilot content was, by necessity, limited and we suggest that the topics below also merit inclusion:

- Anti-discriminatory practice
- Participating in and running meetings
- Partnership working skills
- Programme planning
- Strategy development
- Assertiveness: Influencing and advocacy for health promotion
- Policy development in practice.

Undoubtedly the introduction of reflective practice was challenging but as a first attempt it was modestly successful. The educational setting provided a guided introduction to RP; it became part of students' formation as health promotion practitioners and there was some evidence of positive impact within a relatively short period. Students' negative responses were such that changes in timing of commencement of RP and the provision of a regular timetable slot could be introduced with the potential to yield notable improvements. In light of the concerns of Stark et al³² and on the evidence of this study, the authors recommend that RP group facilitators have:

- three or more years of practice experience;
- a thorough understanding of RP;
- a commitment to RP of their own professional practice;
- group facilitation skills;
- an interest in introducing RP to students.

There was also some evidence that students had begun to adopt the principles of health promotion. We suggest that the introduction, exploration and adoption of principles is best conceptualized and facilitated as a process, occurring over time and threaded not only through ELWs and RP, but consistently throughout the course.

As introduced in this study, experiential learning workshops and reflective practice complimented each other and demonstrated potential to add value to a practice

placement. They provided health promotion educators with opportunities to facilitate students to begin the process of constructing a personal commitment to health promotion practice which is focussed on ameliorating health inequalities and promoting more equitable societies. On the basis of this study we recommend their use in the development of professional practice with post-graduate health promotion students.

Acknowledgments

We would like to thank colleagues who provided constructive feedback on early drafts and we would particularly like to thank Professor Sylvia Tilford for her helpful and supportive comments.

References

- 1 Schon D. The crisis of professional knowledge and the pursuit of an epistemology of practice. *Journal of Interprofessional Care*, 1992; **6**: 49–63.
- 2 St Ledger L. Building and finding the new leaders in health promotion: Where is the next wave of health promotion leaders and thinkers? Are they emerging from particular regions, and are they less than 40 years old? *Health Promotion International*, 2001; **16**: 301–3.
- 3 Ashton J. Policy perspectives. In: R Edmondson, C Kelleher (Eds), *Health Promotion: New Discipline or Multi-Discipline?* Dublin: Irish Academic Press, 2000.
- 4 Seedhouse D. *Health Promotion: Philosophy, Prejudice and Practice*. Chichester, Hoboken, NJ: Wiley, 2004.
- 5 Rivers K, Aggleton P, Whitty G. Professional preparation and development for health promotion: A review of the literature. *Health Education Journal*, 1998; **57**: 254–62.
- 6 Bamba C, Fox D, Scott-Samuel A. Towards a politics of health. *Health Promotion International*, 2005; **20**: 187–93.
- 7 Davies JK. Expanding European perspectives on health promotion. *Health Education Journal*, 2003; **62**: 125–32.
- 8 Colomer C, Hospers H, Barry MM et al. Training in health promotion: Quality assurance based on collaboration and empowerment. *Promotion and Education: The International Journal of Health Promotion and Education*, 2002; **9**: 52–4.
- 9 Wimbush E. Strengthening research capacity in health promotion practice settings. *Health Education Journal*, 1999; **4**: 169–76.
- 10 World Health Organization. *Ottawa Charter for Health Promotion*. Geneva: WHO, 1986.
- 11 Rootman I, Goodstadt M, McQueen DV, Potvin L, Springett J, Ziglio E. *Report of the WHO Working Group on Health Promotion Evaluation*. Copenhagen: WHO Europe, 1998.
- 12 Freire P. *Pedagogy of the Oppressed*. London: Penguin, 1972.

- 13 Kaufman DM. ABC of learning and teaching in medicine. Applying educational theory in practice. *BMJ*, 2003; **326**: 213–6.
- 14 Knowles M. *The Adult Learner – A Neglected Species*. Houston, TX: Gulf, 1978.
- 15 Duffy TM, Cunningham DJ. Constructivism: Implications for the design and delivery of instruction. In: DH Jonassen (Ed.), *Handbook of Educational Communications and Technology* (pp. 170–98). New York: Simon and Schuster Macmillan, 1996.
- 16 Candy P. *Self-Direction for Lifelong Learning: A Comprehensive Guide to Theory and Practice*. San Francisco, CA: Jossey-Bass, 1991.
- 17 Mc Keachie WJ. *Mc Keachie's Teaching Tips: Strategies, Research and Theory for College and University Teachers*. Eleventh Edition. Boston, MA: Houghton Mifflin, 2002.
- 18 Reynolds M. *Groupwork in Education and Training: Ideas in Practice*. London: Kogan Page, 1994.
- 19 Corey M, Corey G. *Groups – Process and Practice*. Albany, NY: Brooks/Cole Publishing, 1997.
- 20 Johnson DW, Johnson FF. *Joining Together – Group Theory and Group Skills*. Fifth Edition. Boston, MA: Allyn and Bacon, 1994.
- 21 Jones J. *Wellbeing through Group Work*. Galway: Western Health Board, 2003.
- 22 Prendiville P. *Developing Facilitation Skills: A Handbook for Group Facilitators*. Dublin: Combat Poverty Agency, 1995.
- 23 Care Sector Consortium. *National Occupational Standards for Professional Activity in Health Promotion and Care*. London: The Local Government Management Board, 1997.
- 24 Healthworks UK. *National Standards for Specialist Practice in Public Health: An Overview*. Approved Draft. London: Healthworks UK, 2001.
- 25 Issitt M. Occupational Standards and Reflective Practice. Professional Development News. Newsletter of the Health Education Authority Professional Development Programme, 1998: special issue.
- 26 Issitt M. Towards the development of anti-oppressive reflective practice: The challenge of multi-disciplinary working. *Journal of Practice Teaching in Health and Social Work*, 1999; **2**: 21–37.
- 27 Issitt M. Reflecting on reflective practice for professional education and development in health promotion. *Health Education Journal*, 2003; **62**: 173–88.
- 28 Ewles L, Simnett I. *Promoting Health – A Practical Guide*. Fifth Edition. Edinburgh: Bailliere Tindall, 2003.
- 29 Perkins ER, Simnett I, Wright L. *Evidence Based Health Promotion*. Chichester: John Wiley, 1999.
- 30 Hannigan B. A discussion of the strengths and weaknesses of 'reflection' in nursing practice and education. *Journal of Clinical Nursing*, 2001; **10**: 278–83.

- 31 Newman S. Constructing and critiquing reflective practice. *Educational Action Research*, 1999: 7: 145–61.
- 32 Stark S, Stronach I, Cooke P. Reflection and the gap between practice, education and research in nursing. *Journal of Practice Teaching in Health and Social Work*, 1999: 2: 6–20.
- 33 Bolton G. *Reflective Practice: Writing and Professional Development*. London: Macmillan Education, 2001.