

Reflective folios for dental hygiene students: what do they tell us about a residential aged care student placement experience?

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Abstract

Introduction: Community-based education programmes provide students with an experiential learning opportunity in a real-life context. The purpose of this study was to examine reflective journals to identify students' experiences and perceived learning during a 12-week placement programme in residential aged care facilities (RACF) on the NSW Central Coast, Australia.

Methodology: All final year dental hygiene students from the University of Newcastle, Australia attended an aged care orientation workshop prior to commencing the RACF student placement programme. Throughout the placement, students were asked to record their educational experiences in reflective journals. Student reflections were based on the 'Gibbs Reflective Cycle', diarising experiences and feelings. Qualitative data was analysed using the constant comparative method and unitised to identify emergent themes.

Results: Sixty-seven students completed reflective journals during the placement programme; emergent themes indicated students felt ill-prepared for the placement programme despite attending the orientation workshop. They were apprehensive and nervous prior to commencement of the placement. The general consensus after week 6 was that the placement became a more positive experience where students began to feel comfortable in the RACF environment and residents, and staff started to respond more positively to their presence. Overall, they thought the placement was challenging and confronting, but had improved their skills and knowledge in care of older people and increased their confidence in working with other healthcare professionals.

Conclusion: The reflective journals provided students with the opportunity to record and reflect on their experience and perceived learning during the placement programme. Student reflections identified negative experiences at the commencement of the placement, suggesting a need for additional orientation prior to the RACF programme.

Introduction

Community-based teaching programmes provide students with potential learning experiences to reflect on, enhance their knowledge and clinical skills whilst facilitating personal and professional development(1).

Moon (2) describes reflection as a 'generic term for those intellectual and affective activities in which individuals explore their experiences to lead to a new understanding and appreciation'. Reflection exceeds the gaining of knowledge itself by creating an understanding of the foundation of knowledge and increasing the awareness of the factors that influence

understanding. Schön (3) identified 'reflection in action' and 'reflection on action' as important aspects of reflective practice. He described reflection as the ability to look to our experiences, connect with our feelings and attend to theories in use, whilst building new understandings to inform our actions and respond in a situation that is unfolding. The focus on reflective practice is not recent within the health professions (4). Nursing has a long tradition of formal reflective practice and positive benefits to student learning have been reported, including enhancing student capacity to self-reflect and refine skills through the continuous process of setting and attaining revised goals. It allows students to gain new insights and understanding about themselves and their environment, whilst using reflective practice to consolidate their critical thinking skills and problem-solving expertise (5). Strauss et al. (6) have emphasised the importance of structured reflection as a mechanism that challenges students to achieve these goals. Structured reflection makes learning deliberate and active, enabling students to learn from their experiences and reduce the possibilities of repeating poor work practices. Most models of reflection (3, 7–9) contain critical reflection on experience and practice so that students can identify their learning needs. The use of a theoretical model (10) ensures that the reflective process is structured in a logical order and assists the user in making sense of their reflection, whilst enabling them to move towards a positive plan of action. Reflective practice also encourages development towards best practice outcomes for patients, and once this reflective process becomes part of daily thought and work practice, students potentially increase their ability to offer quality patient care. A reflective practitioner is therefore someone who consciously thinks about particular experiences, making the link between practice and theory (11).

The use of reflective journals to assist students in reflective practice can improve their ability to integrate theory with practice, encourage self-awareness and reflection and provides an opportunity for them to identify their learning needs (12).

Through continuous cycles of reflection and adjustment in practice, professionals maintain or improve their practice over potentially long careers. A lack of ability to reflect or adapt may result in poor insight and poor performance (13). Students will not always find the answers in their reflections; however, it may help them make sense of real-life practical experience, whilst understanding that in addition to theoretical practice other factors come into play, in the form of personal perspectives, beliefs, values and assumptions of need. Reflective inquiry is part of this process, whereby students learn to understand themselves and their work (14). Reflective practice can be confronting as students are required to reflect on their own abilities and skills and identify any deficiencies and this may put them outside their comfort zone. However, it is important to explain that reflective practice should not be a threatening experience, where individuals feel over scrutinised, but one that promotes self-improvement. Reflection opens the possibility for personal growth and professional development (15).

The Discipline of Oral Health at the University of Newcastle, NSW, Australia introduced a community student placement programme to provide final year dental hygiene students with an experiential learning environment in Residential Aged Care Facilities where they provided oral hygiene care to residents

and health education sessions to the staff. This article describes how student reflections were analysed to identify the experience and perceived learning during the programme.

Methodology

Final year dental hygiene students were allocated to one of 17 participating residential aged care facilities (RACFs) for a period of 4 h, one day per week for 12 weeks. The placement was a compulsory course component, and students were required to complete the placement to be eligible to receive their degree. In preparation of the placement students had to attend a pre-placement orientation workshop during which they were provided with medical and dental information specific to older people living in RACF's. Specific information relating to Dementia, Alzheimers disease and medical conditions common to the elderly and the specifics of the RACF environment were provided by visiting consultants.

During the placement, students were expected to initiate oral hygiene care for the residents and raise the profile of oral health with RACF staff. They were given a certain amount of autonomy as this was an experiential learning programme; however, a member of Faculty staff visited each facility on a number of occasions to provide guidance, and support was available by email or mobile phone.

Students were asked to record their experiences by self-reflection journaling immediately after each placement session. Based on the 'Gibbs Reflective Cycle' (10), students had to describe an event, consider their thoughts and feelings and evaluate the event. Each reflective report had a word limit of 250 and was kept in a journal. Prior to the placement, students received training on how to reflect, including looking at case studies and then having an open discussion about feelings, questions and the meaning of reflection. Feedback provided to students after each placement reflection was constructive and supportive, in that it was immediate (after each placement session), helpful, confidential, respectful and encouraging. Staff providing the feedback were trained in tertiary teaching, which covers feedback in its many forms. Their role was to support student learning however, at no stage did they assist with writing the reflections.

Qualitative data in reflective journals were analysed by two Faculty members, after unitising the data, using the constant comparative method in which newly collected data are compared with previous data collected in earlier studies as outlined by Lincoln and Guba (16). A previous study of student placement in RACF's (17) identified a number of emergent themes, which were then compared with the themes identified in this study. Students gave consent to analyse the data in their reflective journals in this study. Data were de-identified before the collation of student reflections commenced. Ethics approval was gained from the University of Newcastle, NSW, Australia.

Results

All 67 final year students completed a reflective journal for the duration of the placement programme. Analysis of the reflective journals identified emergent themes pertaining to the students' placement experience, including student ability to transition

from the classroom to the RACF placement, knowledge of the RACF environment, student awareness of oral hygiene care and oral health status of the older person living in RACF's and student willingness to provide oral hygiene care and work with the older person living in the RACF's. During the initial weeks, students reported feeling frightened and nervous about the placement, expressed concern at feeling ill-prepared, despite their participation in the pre-placement orientation workshop. They reported feeling very worried about dealing with residents with Dementia and Alzheimers disease in particular and expressed concerns at not being able to communicate with elderly residents. Students reported not knowing what to do during the placement sessions and feeling awkward and out of place (Table 1). They were particularly concerned and anxious about their lack of ability to provide oral hygiene care to residents with Dementia and Alzheimers disease and reported that even some carers were unable to get close to some of the residents. They reported feeling frustrated at the lack of oral health services within the facilities, and identified that complex medical conditions were impacting on the oral health status of residents.

Students expressed concern that staff had high workloads and that this contributed to the lack of oral hygiene care for residents. Several students reported a lack of referral pathways for dental care in the RACF and identified that it was often the family that had to organise dental visits for their older relatives (Table 2). Students also reported concerns that staff did not seem aware of the more common oral conditions suffered by

TABLE 1. Examples of student reflections about their ability to transition from the classroom to the residential aged care facilities environment

I didn't know enough about the elderly before the placement started
 It was really challenging because I had no experience with people who have Dementia and Alzheimers disease
 I felt frightened and started to worry about the task ahead
 At the beginning of the placement I didn't have confidence in myself
 I did learn from the experience, but I wouldn't want to do it again
 It was quite awkward in the beginning, I felt really out of place

TABLE 2. Examples of student reflections on their knowledge of the residential aged care facilities environment and the older person's oral hygiene care

Staff don't realise there is a connection between oral health and general health
 The residents were reluctant to speak about their teeth and dentures
 Some residents slip through the cracks as far as oral hygiene is concerned
 It's really frustrating to find oral health problems in residents mouths and most of which could be simply avoided by improved oral hygiene practices, yet staff don't have the time to make it a priority even when they have the information about oral health practices
 Oral hygiene care is a very low priority in the residential aged care facilities (RACF's) and there is no existing system for oral hygiene practices and no Dentist attached to the facility
 The RACF doesn't have a dentist, the family has to organise dental treatment

the residents and the availability of simple treatments. They reported that some residents were unwilling to participate in the oral hygiene programme, that sometimes they felt in the way and that staff were busy trying to manage everyday needs of the residents, often within unrealistic time frames and as a result oral hygiene practices were ad hoc. Student reflective journals identified a lack of available dental care and the seemingly low priority of oral hygiene practices within the RACF's (Table 3). Many students expressed feelings of frustration and sadness that at this vulnerable stage of their lives the residents were often not receiving appropriate oral hygiene care. Students were united in their feelings that the situation could be rectified by employing dental hygienists/oral health therapists in all residential aged care facilities and that this would especially benefit those residents in high dependency facilities coping with Dementia and Alzheimers disease. A final entry in one of the female student's reflective journals stated, 'I feel there is limited orientation prior to the placement and little instruction for dealing with residents' with disabilities and behavioural issues; perhaps a DVD could be created to demonstrate to students. This would help them feel more comfortable in providing care for residents in this challenging environment'.

By week six, students reported an improvement in their ability to communicate with residents and noticed that both residents and staff had started to respond more positively to their presence. They reported a reduction in their anxiety, whilst providing oral hygiene care and increased confidence in giving care for those residents with Alzheimers disease and Dementia. Students reported an improvement in their knowledge of medications and were able to identify the relationship between poly-pharmacy and its effect on the oral health of the older person. They also found an improved confidence in interacting with other health professionals within the aged care environment (Table 4).

As the placement further progressed, students reported an improved awareness of the older persons' oral hygiene needs, an increased ability to identifying their oral health conditions and an improvement in providing oral health advice for both the residents and staff. Students identified the necessity to build rapport with residents and developing a trusting relationship before being able to provide any oral hygiene care. By week six, there was a paradigm shift in the reflective journal entries, where students began to recognise and document an

TABLE 3. Examples of student reflections on their awareness of oral hygiene care and oral health status of older person living in residential aged care facilities

Many residents have unmet dental needs, they need hygienists/oral health therapists on staff to provide oral hygiene care for residents
 I discovered one of my residents had mobile upper incisors, she was in pain and scared to eat in case her teeth fell out, she needed help
 residential aged care facilities have a huge effect on the oral health status of residents
 Those residents with Dementia and Alzheimers disease need daily oral hygiene care
 Some of the residents didn't want us to look at their teeth
 Sometimes we felt like we were in the way of the staff

TABLE 4. Examples of student reflections on their willingness to work within residential aged care facilities and provide oral hygiene care to residents

Attending the residential aged care facilities (RACF) placement has been a great learning opportunity it has given me the opportunity to recognise the deficit in oral health care for residents and has allowed me to realise the importance of communication
I really believe all RACF should have a hygienist/oral health therapist on staff to care for the residents oral health
The placement has improved my knowledge of medications and highlighted the relationship between oral health and general health
This placement should continue for other students, it's a real win, win opportunity, staff and residents get specialised education sessions, whilst students gain valuable firsthand knowledge and skills, not just as hygienists, but as community minded compassionate people
This placement has taught me to work with other health professionals and has grown my confidence
The placement has opened my eyes and been extremely beneficial and a great learning experience

improvement of physical and emotional comfort during the placement, they acknowledged an increase in perceived knowledge and skills and an enjoyment of working with the residents and staff. The more positive comments seemed to be related to acceptance of the student presence within the facilities and the building of rapport with both residents and staff. Some reflections started to include reports of feeling pleased and proud to be able to help the residents improve their oral hygiene and a definite acknowledgement that the placement was a worthwhile learning opportunity that had increased their knowledge of the oral health needs of the elderly person. Final journal entries reported that although the placement had been challenging, it had been an experience they would not have gained from theoretical classroom teaching. One reflective journal entry expressed the following sentiments, 'I found this placement programme experience enlightening, educational, challenging and confronting all at the same time'. Another stated 'Upon reflection the placement was influential and improved my knowledge and oral health practices for the elderly, despite several elements being challenging and at times making the experience difficult.' At the conclusion of the 12-week placement, students acknowledged a better understanding of the educational value of the placement and expressed enthusiasm for the learning experience.

Discussion

In this study, students attended placement for 12 weeks, during which they were required to complete reflective journals. The validity of student reporting was considered in reference to 'making up events', students were asked at the outset to be honest and open with regard to their reflective journals, and the entries were all taken at face value. Early reflective journal entries diarised that some students disputed the value of the RACF programme; expressing frustration at not knowing what to do, and not understanding the concept of an experiential service-learning opportunity. Many students expressed feelings of nervousness and anxiety at the thought of spending time at

a RACF and reported that even though they had participated in a pre-placement orientation workshop, they still felt ill-prepared, confused and unable to be self-directed. This theme continued to be reported by the majority of students until half way through the placement programme.

As the placement progressed students gained an understanding of the experiential teaching pedagogy and as a result, their reflections began to report positive perceived learning from the placement experience. They expressed feelings of ease in the RACF environment and documented their ability to communicate oral health messages. It seems that the students in this study required a 'settling in period' to enable them to feel at ease in their new environment. Once they felt accepted and comfortable their perceived learning, confidence and enjoyment of the placement was evident.

These results are consistent with an earlier study (17) of this RACF placement programme, where 78% of students acknowledged concerns about attending the placement programme, which included anxiety about getting sick, lack of confidence about what was expected during the placement, worry that the residents might not want to participate, nervousness about dealing with patients with Dementia, and fear of the unknown and being exposed to confronting situations. Although there are consistencies between these two sequential studies, the results cannot be generalised as applicable to other healthcare professions.

This study links academic course work and experiential learning in service learning and supports the use of reflective journals as a useful tool in promoting critical thinking professionals. Current research supports the connection between academic study, community service and structured reflection as contributing to learning that is deeper, longer lasting and more portable to new situations (18), and encourages students to use higher-order learning processes (19).

Students' reflective journal entries provided a valuable insight into student learning during the RACF placement and highlighted a number of additional positives for the placement including the enjoyment and value of working with other healthcare professionals. This supports research by Yoder (20) and Keselyak et al. (21), which acknowledges the benefits of learning from community partner mentors who are highly skilled in working with special populations and reported an increase in student confidence when communicating with people they met during placement.

Student reflective journals identified that students felt ill-prepared for the placement experience and that the pre-placement orientation workshop did not provide students with a realistic insight into the needs of the older person, nor did it provide sufficient information to help students communicate or provide oral care to residents with Dementia or Alzheimers disease.

The results of this study showed lack of student learning in the early stages of the RACF placement programme, confirming the results of a previous study (17). This issue needs to be addressed in order that students can commence learning from the very first week of placement and not have to wait until half way through the programme before nervousness and anxiety give way to comfort and confidence in providing oral hygiene care for the residents.

It may be beneficial for students to participate in a more comprehensive orientation workshop, where real-life scenarios of the placement programme are re-enacted to provide an observational learning experience (22). This would enable students to learn from the re-enactment and potentially model this behaviour during the early stages of the residential aged care student placement programme. However, it will be nigh on impossible to prepare a young person for very alien sights and smells consistent with the aged care environment in a one day workshop.

To make changes to the orientation process and improve the student experience, interviewing students who have successfully completed the placement to identify and further clarify the deficit in preparation would be advantageous. A series of focus groups held in an open forum to encourage student interaction and participation could potentially improve the student residential aged care student experience.

Conclusion

The reflective journals enabled students to identify inadequacies in the pre-placement orientation workshop and to journal both their experience and perceived learning during the placement. Data from the reflective journal entries indicated that the placement had many learning benefits, including reducing anxiety in the RACF environment, improvement in providing oral hygiene care to residents with Dementia and Alzheimers disease and a clearer understanding of oral health and medical needs of the older person. Nevertheless, a more comprehensive pre-placement orientation is required if students are to transition from the classroom to a real-life setting in a manner conducive to early placement learning.

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