



Public Health Nutrition Intervention Management



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ADDITIONAL COPIES

The complete suite of 18 Public Health Nutrition Workforce Development units developed by the JobNut Project and the related Educator's Guide are available for downloading at the following website:

<http://www.medicine.tcd.ie/nutrition-dietetics/jobnut/>

DISCLAIMER

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Unit 17 - Reflective Practice and Valorisation

Learning Objectives



On completion of this unit, students should be able to:

1. Describe the importance of reflective practice in public health nutrition intervention management
2. Apply a reflective practice framework to public health nutrition interventions to measure intervention efficiency
3. Identify and apply the tools and processes for valorisation of public health nutrition intervention outcomes

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Unit Readings

- Freshwater, D. Reflective Practice: the state of the art. In Freshwater, D., Taylor, B. and Sherwood, G. *International textbook of Reflective Practice in Nursing*. 2008. p. 2-18.
- Boutilier, M., Mason, R. and Rootman, I. Community action and reflective practice in health promotion research. *Health Promotion International*. 1997. 12(1): 69-78.
- Schober, J. and Farrington, A. *Trent Focus for Research and Development in Primary Health Care: Presenting and disseminating research*. 1998. Trent Focus Group.

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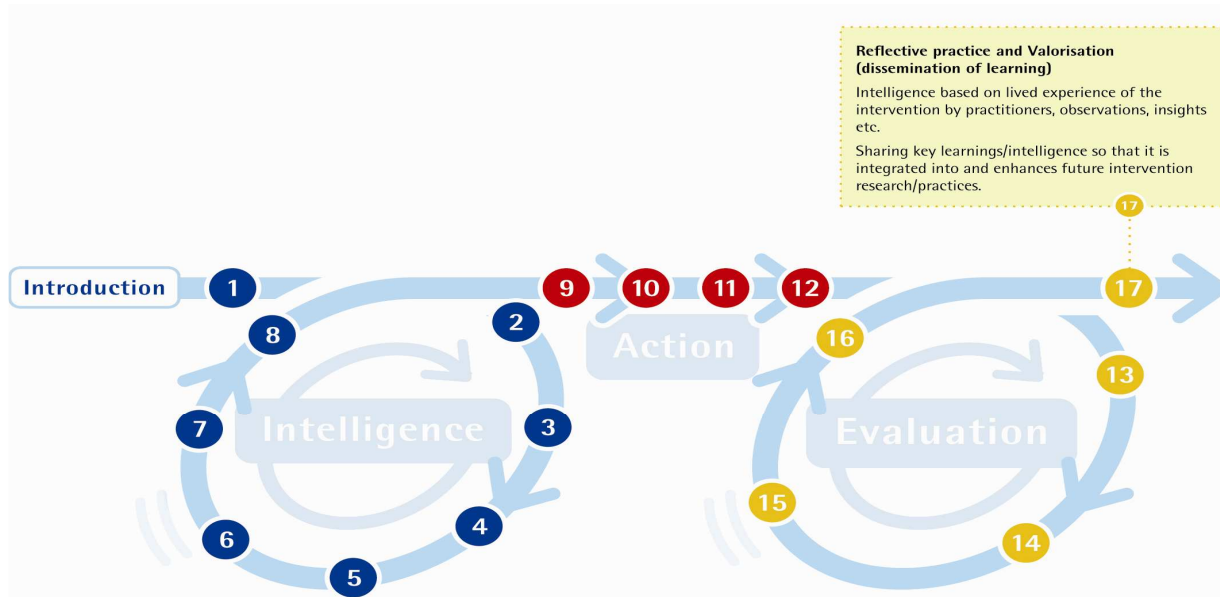
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From: Hughes R, Margetts B. *Public Health Nutrition: A Practitioners Handbook*. Blackwell Publishing, 2009.





Reflective Practice and Valorisation

Preamble

Evaluation and competent practice involves reflecting on what you have done or are doing as part of the professional learning process. At the end of the public health nutrition (PHN) intervention management bi-cycle the PHN practitioner should be looking ahead with the wealth of experience that looking behind has provided. Reflective practice prompts self evaluation that improves and heightens the quality of the activity undertaken.

What is Reflective Practice?

Reflective practice is a constant process that involves thoughtful consideration of ones own experiences to learn from and enhance practice. Donald Schön (1983) suggested that the capacity to 'reflect on action' is to engage in a process of continuous learning was one of the defining characteristics of professional practice. Reflection on action occurs after the encounter or after an activity has been completed and may involve a practitioner writing records or a journal about the encounter or talking about the activity with a colleague or supervisor. The act of reflecting on action enables the practitioner to spent time exploring why he/she acted as they did, what occurred in the group, what was the response of participants and stakeholders and so on. This reflection develops a set of questions and ideas about the professional's activities and practice from which to learn and improve future activity and practice (2). In this manner, reflective practice becomes a source of intelligence that is as useful as objective intelligence and feeds into the continuation of the PHN intervention management bi-cycle into the next Intelligence stage.

As we think and act, questions arise that cannot be answered in the present. The space afforded by recording, supervision and conversation with out peers allows us to approach these questions. Reflections requires space in the present and the promise of space in the future

Source: (3)

Reflection is about exploration that demands rigor, self-discipline and self-critique. Reflecting on one's own practice provides autonomy to interpret events personally experienced. This freedom in experiential learning can bring about self-transformatory learning but will only take place if the insight gained is acted upon and the change is valued (4).

Transformatory Learning and Reflective Practice

Transformatory learning explains how our culturally framed assumptions and presuppositions become concepts within which we operate and which give meaning to our experiences and professional practice. Reflection can enable the practitioner to challenge previous ways of thinking, and may come to see the world differently and in turn come to act differently (5). Reflective practice and transformatory learning are particularly important when working with new population groups, a range of stakeholders and engaging in capacity building strategies where prior assumptions or expectations can be challenged or reconsidered.

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Exercise 1.



Think of times in your life when you jumped into situations without any models or theories about the situation at hand. What could you have done differently? Keep your response to one page.

Workshop/tutorial option
Whole of class debriefing

CPD option

Think of times in your career when you have been theoretical. How could you have been more open to feedback from the situation, from cues and clues that offered possibilities of learning and change?

Improving Practice through Reflection

Reflective practice is an essential element of professional development and expert practice. Competent practitioners are those actively involved in constructing and reconstructing concepts of good practice during and after the course of professional action (6). Expert practitioners are those with ‘conscious expertise’, who are willing to reflect, willing to learn from experience and is open minded and does not function in isolation (5). Self-evaluation through reflection creates self-awareness and intellectual growth and develops an understanding of what constitutes good practice and one’s own level of ability.

Reflective practice can be considered a companion or precursor to professional development by assessing the congruency of practice behaviour with personal/professional values and beliefs, and assisting autonomous practice through self-monitoring and accountability (5). Reflective practice has been explicitly linked with the development of competent practice and prevention of complacency on practice.

The goal of reflective practice is always in a positive direction, for the growth and discovery of self and one’s knowledge, progressing the ability to integrate into one’s deepening and expanded practice.

Source: (7)

The reading below by Freshwater (2008) provides an overview of reflective practice. While the text this chapter is taken from is intended for nurses and nursing students, the definitions and practice framework outlined is also relevant to other health care practices, including PHN.

Stages of Reflective Practice

Reflective practice requires the practitioner to actively engage in examining themselves, themselves in relation to others, and themselves in relation to their context. This form of reflection requires considerable self-monitoring, and discipline, but encourages autonomy by facilitating the ability to monitor one’s own development (5).





The process of reflection involves progressing through three key stages which are briefly outlined with an example in Table 1.

Table 1. Stages of reflection

| Stage | Description | Example |
|--------------|--|---|
| First stage | <p>Awareness of uncomfortable feelings and thoughts</p> <ul style="list-style-type: none"> ▪ Experience of surprise ▪ Inner discontent ▪ Affective, discriminant, judgemental reflectivity | A very unproductive intervention management committee meeting has left you feeling frustrated and surprised about the lack of agreement on intervention strategies, particularly the slogan and design of the social marketing strategy. |
| Second stage | <p>Critical analysis of the situation</p> <ul style="list-style-type: none"> ▪ Reflection and criticism ▪ Openness to new information and perspectives ▪ Resolution ▪ Conceptual, psychic and theoretical reflectivity ▪ Association, integration, validation and appropriation | You write a reflection about the meeting and how it made you feel. You then share and discuss the written reflection with a trusted colleague to question and critique your reflection and assist you consider the situation and your role more rationally. |
| Third stage | <p>Development of new perspective</p> <ul style="list-style-type: none"> ▪ Establishing continuity of self with past, present and future ▪ Deciding whether and how to take action ▪ Perspective transformation ▪ Cognitive, affective and behavioural changes ▪ Action | You decide on an appropriate course of action for future meetings and how you will present options and how you will react to criticism and approach disagreement amongst the key stakeholders. |

Adapted from: (5)

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Reading

Freshwater, D. Reflective Practice: the state of the art. In Freshwater, D., Taylor, B. and Sherwood, G. *International textbook of Reflective Practice in Nursing*. 2008. p. 2-18.



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Methods of Reflective Practice

Critical reflection is a developmental process because the ability to recognise, accept and value one’s own thinking often takes time and practice (6). While reflection may be a natural part of personal growth for some practitioners for others becoming a reflective practitioner may require motivation and support.

There are various methods employed to perform reflective practice and can be applied according to personal preference, reflective experience and the situation or context upon which the reflection is based. Descriptions of the key reflective methods are provided in Table 2.

Table 2. Methods and tools for Reflective Practice

| Method | Descriptions |
|-----------------------|---|
| Reflective journaling | Regularly written narratives and analysis of practice and professional experiences. Can enable the development of awareness and provide the opportunity to highlight habitual thinking. |
| Reflective writing | Any form of writing that can be used to assist with learning from experience. |
| Critique/ feedback | Non-judgemental feedback/questioning given by a supervisor or colleague on a professionals practice or reflective writing in an effort to promote further development of self-awareness and logical reasoning skills. |
| Mentoring | Formalised relationship between colleagues where the more senior colleague supports critical, innovative and explorative thinking through questioning and providing feedback to enhance professional practice and competence. |

Adapted from: (5, 6)

Research suggests that open-ended reflective journals encourage critical reflection and promote self-insight, self-development and an approach for life-long learning. However, journaling can also be perceived as difficult, time consuming and continuous exercise requiring much effort, particularly when there are competing commitments (6).

The critique/mentoring method is considered a motivational process because in a supportive environment professionals are encouraged to revisit their reflective writings, to offer justifications for positions taken and respond to open-ended questions and alternatives. As a result practitioners develop confidence in reflection and critical thinking skills (6).

Practitioners are encouraged to apply a combination of reflective practice methods because the methods are complementary and can further enhance practice when used together. Table 3 shows a model of reflection for practice development which highlights where each reflective practice method is generally applied.





Table 3. Model of reflection for practice development

| Level of reflection | Method of reflection | Stages of development |
|---------------------|--|--|
| Descriptive | Reflective journal Reflective writings | Practice becomes conscious |
| Dialogic | Discussion with peers in various arenas including supervisors or managers (feedback) | Practice becomes deliberate |
| Critical | Ability to provide reasoning for actions by engaging in critical conversation with mentor/ self/others | Transformation of practice Practice development Innovation |

Adapted from: (5)

Tools for Reflective Practice

Below are two tools that may be of use to a reflective PHN practitioner. The first tool includes a set of prompts that includes a series of questions to promote reflective thinking for reflective writing or reflective journaling. The second tool is a suite of guidelines and norms that can assist with reflective writing, feedback or critiquing.

Tool 1.



A questioning prompt

Suggested questions to encourage critical reflective thinking

- What do you think about this?
- What assumptions were you making at this point?
- Did you challenge the assumption of?
- Were you sceptical about the validity of this decision/conclusion?
- Which explanation is best supported by the intelligence?
- What other interventions could have been used?
- Was intuition involved in making this decision or coming to this conclusion?
- Did you reflect on the feasibility of?
- How did you arrive at this conclusion?
- How did you evaluate your thinking processes re?
- How did you evaluate your analysis of the data?
- How many other interventions/outcomes might have been considered in making your decision?
- What decisions would you make to manage this situation differently?
- What would the results look like?
- Did you trust your judgement?
- Did you consider other alternatives?
- What conclusions did you reach after examining your own critical, reflective thinking?

Source: (8)

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Tool 2.



Guidelines and norms for reflective writing, feedback and critiquing

- A reflective journal is meant to support critical reflective learning and promote critical reflective practice
- Reflections are neither right nor wrong, journals and reflective writings are about self-expression
- Reflective writings/journals take on the voice and style of the practitioner - there is no correct writing style
- Reflective writings often evoke more questions than answers. Questions help to focus on personal meaning and interpretation in the reflective moment.
- The question '*what are the implications of this reflection for my PHN practice?*' can assist with professional development
- Practitioners are encouraged to share and discuss chosen entries/writings with colleagues and others for feedback
- Reflections are a personal experience. Critiques and mentoring relationships should provide a safe and supportive environment where the practitioner can share only what they feel safe about sharing. Confidentiality should be maintained.
- Those who critique and mentor are not an evaluator but rather guide, promote and challenge critical reflective thinking
- The response of those who critique/mentor should be non-judgemental and focused on supporting, motivating and guiding reflections and critical thinking
- An arrangement regarding timing and respect between reflector and critique/mentor should be discussed and agreed to at the commencement of the relationship
- Consider using the questioning prompt (tool 1) to promote and validate critical reflective thinking

Adapted from: (6)

Exercise 2.



Consider your experience of completing this learning package on PHN intervention management and write a reflection (maximum 2 pages) about this experience. Include how this learning process has challenged or confirmed your way of thinking about professional nutrition practice.

After completing your reflection briefly describe how you found the process of reflecting.

Workshop/tutorial option
Whole of class debriefing

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The reading below by Bouilier et al (1997) discusses a method of reflective practice labelled ‘community reflective action research’ that incorporates reflective practice methods in a capacity building approach to health promotion. Read this article to complete the exercise below.

Intelligence

Reading

Boutilier, M., Mason, R. and Rootman, I. Community action and reflective practice in health promotion research. *Health Promotion International*. 1997. 12(1): 69-78.



Exercise 3.

After reading the article by Boutilier et al (1997) and in light of the information above and your selected scenario describe the methodological approach you would take to reflect on your PHN practice during this intervention. Consider who you might engage to assist you with your reflection and when/how frequently you would approach them.

Workshop/tutorial option
Whole of class debriefing

CPD option:
Complete this exercise in the context of your current job role.



What is Valorisation?

Originally from the French verb ‘valoriser’ which means to make useful, to use, or to exploit (9), the term valorisation was generated by the European Commission to describe the concept of ‘building on achievements’. The European Commission define valorisations as:

‘the process of disseminating and exploiting the results of projects with the view to optimising their impact, transferring them, integrating them in a sustainable way and using them actively in systems and practices at local, regional, national and European levels.’

Source: (10)

In reference to PHN intervention management valorisation is the transfer of the intelligence, learnings and evaluation results gained from a PHN intervention to others, including the target population, key stakeholders, funding agencies and professional peers. Dissemination of intervention results may also involve local, regional or national media stories or advocacy to political and professional decision makers. The process and extent of valorisation vary according to the intervention size, target population and strategies implemented.

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Valorisation is an essential step in the PHN intervention management bi-cycle to ensure the active involvement of potential end-users and target groups during the intervention developments and to assist sustainability and progression of the intervention. Table 4 outlines the key reasons for developing the systematic dissemination and exploitation of results.

Table 4. Key reasons for valorisation

| Why have a valorisation plan? |
|---|
| <ul style="list-style-type: none"> • To improve/ ensure sustainability of the intervention results • To enhance intervention organisation and management • To generate savings from not ‘reinventing the wheel’ and improve intervention planning • To indicate where further research and action is needed • To capitalise on and offer recognition of capacity and financial investments • To assist secure additional funding or managerial support for on-going activities • To influence decision-makers by using evaluation results as advocacy evidence • To assist with policy innovation and feed the policy process • To provide information for publicity |

Adapted from: (10, 11)

Targets of Valorisation

Valorisation involves considering how best to communicate effectively and persuasively with a variety of groups and individuals. The process of valorisation largely seeks to influence people who are in a position to make decisions or take action that will impact on the PHN issue, the intervention or similar interventions in other areas. Such people may include the target population, professional peers or politicians. The amount of time and effort spent, the strategies adopted and the groups and individuals to target will be largely political decisions dependent on the situation and context - knowing who makes what decisions is a crucial for successful valorisation. Table 5 outlines several different groups who should be considered in valorisation.

Table 5. Different groups for consideration in valorisation

| Potential valorisation audience | Example - breastfeeding intervention |
|--|---|
| Users and potential users (including both primary and secondary target groups) | Participants - mothers and partners (1°) Maternal & child health nurses/pharmacists (2°) |
| Key stakeholders involved in intervention delivery | Community workers Health workers Community members |
| Managers in key organisations | Community health manager/s Manager non-for-profit community organisation Hospital executive |

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Table 5. Continued

| | |
|-------------------------------|---|
| Professional bodies and peers | Nutrition organisations Breastfeeding/nursing mothers association Nursing/ midwifery organisations Informal/formal professional networks |
| Policy makers and politicians | Local federal member Local government representatives Senior health/ family services bureaucrats |
| Funding agencies | National/ regional health board/department Health Research Institution Local philanthropic organisation |
| The media | Local newspaper Hospital/ Community Health newsletter Local/regional radio |

Adapted from: (11)

Methods of Valorisation

The most common method of sharing the evaluation results of a PHN intervention is through a project report. However, with many issues competing for people’s attention an evaluation rarely is given a thorough reading. To be effective tools used in valorisation need to succeed in the challenging task of reaching and impacting on numerous and scattered audiences. Answering who needs to learn from the intervention experience and what it is different groups and individuals needs to know about the evaluation results will influence the method employed for valorisation (11). Using the information in Table 4 about the different uses of intervention evaluation findings and learnings, and Table 3 regarding who to target will clarify the range and nature of reaching the appropriate audiences.

Results from intervention evaluation can be either qualitative or quantitative measurement or a mix of both. It is important to be highly selective with evaluation findings and to select consciously on the basis of needs and interests of the particular audience (11). For example, a fellow public health nutritionist as a specialist working in the field is likely to be interested in the details of how the intervention was implemented (process evaluation), how the participants received and reacted to the intervention strategies (qualitative impact evaluation) as well as the impact on core nutrition-related behaviours, skills and knowledge. However, a journalist or policy-maker may only be interested in the intervention’s impact and what resulting action should be taken by decision-makers (quantitative impact/outcome evaluation and evaluation recommendations).

When thinking about who needs to know what, it is also important to respect the issue of time and areas of responsibility. The proportion of an individual’s time and commitment/ work-load allocated to the PHN issue in question will help determine whether to provide a full report, a summary or arrange a meeting/ presentation, and how best to focus the information being provided about the intervention results. Completing a flow of information matrix can assist with developing a valorisation plan. Table 6 provides an example of a flow of information matrix for a nutrition intervention in secondary schools.





Table 6. Flow of information matrix - example

| Who | Role in intervention/valorisation | What results | How |
|--|---|--|---|
| Teenagers and parents directly involved | Central in intervention planning and implementation | Full results and recommendations for future action | Meetings Newsletters Presentation |
| Teachers and school executive directly involved | Central in intervention planning and implementation | Full results and recommendations for future action | Meetings Newsletters Full or summary report Presentation |
| Neighbouring schools | Answer questions (control group) | Summary to create interest for potential action | Meetings Newsletters |
| Community workers | Co-ordinate and facilitate intervention planning, implementation and evaluation | Full results and recommendations for future action | Meetings Full project report |
| Local media | Can disseminate lessons learned | Summary of results | Media release Interviews |
| National-level education and health agencies and departments | Can disseminate lessons learned and support future action or policy change | Full results or summary | Meetings Presentations Summary report |
| Professional peers | Can support future action | Full results or summary | Conference presentations Professional networks Published papers |

Adapted from: (11)

Presenting Intervention Results

Presenting the evaluation findings of a PHN intervention involves using the information and intelligence gathered to add colour and realism conveying the impact and feelings of the intervention and the experience of the participants. Depending on the context and target group written reports, newsletter articles, press releases, speeches, slide shows and even the use of drama can all be appropriate ways of communicating intervention results. Presentations that do not rely on the written word will be especially useful and appropriate with young children, and populations where literacy is low (11).

Written Reporting

Valorisation will invariably involve some form of written report. The written intervention or project report introduces the PHN problem, the target population(s), explains the methodology of the intervention, displays the evaluation findings, concludes whether the intervention goals and objectives were met and provides final conclusions and recommendations.

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If the report is being submitted to a funding body the format of the report will usually be set. In other circumstances or for other audiences the length and structure of project reports will be determined by the project team or project management committee. When determining length and structure of a written project report it is wise to remember that the purpose of valorisation is to communicate the findings in a manner that evokes attention and credibility, not to switch off or drown the readers in a weight of words (11). It is also important to consider which aspects of evaluation (process, impact, outcome, capacity gains, economic assessment) are most of interest to the particular audience the report is targeted towards. Table 7 provides the general structure of a written intervention report.

Table 7. The general structure of a written report

| Section | Description |
|-----------------|---|
| Summary | Brief outline of the problem, target population, aim of the intervention, methodology of the intervention, key findings and recommendations Maximum of one page. |
| Introduction | Describes the background and importance of the PHN problem, the target group(s) involved and the economic, political and strategic context of this particular intervention. May include the determinant analysis diagram and state the goals and objectives of the intervention. |
| Methodology | Outlines how the intervention was carried out, providing details of the strategies used and why these particular strategies were selected. Involves describing the intervention and evaluation design, sample, measurements and analysis methods employed. |
| Results | Presents the quantitative and qualitative results, both in detail and in summary for clear comprehension. Use tables, graphs and diagrams to summarise the results |
| Conclusions | Outlines whether the goals and objectives of the intervention where met by providing a full interpretation of the intervention findings. Might involve answering: <ul style="list-style-type: none"> ▪ What broad conclusion can be made from the intervention results? ▪ Is the intervention of benefit? To whom? In what circumstances? ▪ Which aspects of the intervention were most and least effective? ▪ How do the results compare to other similar interventions? ▪ What are the key learnings about PHN interventions from this project? ▪ What gaps in knowledge and understanding have been revealed? ▪ What are the limitations of the intervention and/or evaluation and how do these limitations affect the conclusion? |
| Recommendations | Outlines what further action should be taken. Might involve answering: <ul style="list-style-type: none"> ▪ What are the five main changes or additions that should be considered to improve the intervention? ▪ Who would benefit most if the project were to be applied to another group? ▪ What objectives might be changed or added to the project to expand its scope or effectiveness? |

Adapted from: (11)

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Written reporting can also involve developing a press release, a newsletter article, a published paper or conference poster, and even a picture book or comic-strip (with illustrations and words are combined). As outlined above, the type of written reporting selected will vary according to the target audience where the size of the intervention.

Oral Reporting

An oral report can be a successful method of engaging an audience at once and conveying the findings of an intervention. Oral reporting commonly includes an account of some or all of the intervention objectives, the methodology and the main findings and recommendations. Visual aids such as slides, participant quotes or photos can be useful to help focus the audience on the key points. Visual aids should be clear, succinct and complement what is being said (11).

Practice Note

In some instances where an intervention has not been successful project partners and funding agencies may be reluctant to undertake thorough valorisation for fear that the intervention may be considered a 'failure' and reflect negatively upon the project partners and participants. It is important however to valorise and share inconclusive or negative findings and learnings from these interventions to contribute to the broader body of PHN intelligence about what strategies work and do not work in what situations. Adding to the broader intelligence bank is vital for more effective and efficient PHN intervention delivery in the future.



Intelligence

Reading

Schober, J. and Farrington, A. *Trent Focus for Research and Development in Primary Health Care: Presenting and disseminating research*. 1998. Trent Focus Group.



Exercise 4.

After reading the article by Schober et al (1998) and in light of the information above and your selected scenario describe the methodological approach you would take to valorise the findings of your intervention. It may help to develop a flow of information matrix to assist you with this exercise.

Workshop/tutorial option
Whole of class debriefing

CPD option:
Complete this exercise in the context of your current job role.



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Assessment

Using your responses to Exercises 3 and 4 complete the Reflective Practice and Valorisation sections of the Intervention Management Template.



Key Points

- Reflective practice is a constant process that involves thoughtful consideration of one's own experiences to learn from and enhance practice. By spending time exploring why he/she acted as they did, what occurred in the group, what was the response of participants and stakeholders, the practitioner can learn and improve future activity and practice.
- Reflective practice becomes a source of intelligence that is as useful as objective intelligence and feeds into the continuation of the PHN intervention management bi-cycle into the next Intelligence stage.
- Reflective practice is a companion or precursor to professional development by assessing the congruency of practice behaviour with personal/professional values and beliefs, and assisting autonomous practice through self-monitoring and accountability. Methods of reflective practice include reflective writing and journaling, critique and mentoring.
- Valorisation is the transfer of the intelligence, learnings and evaluation results gained from a PHN intervention to others, including the target population, key stakeholders, funding agencies and professional peers.
- Valorisation is an essential step in the PHN intervention management bi-cycle to ensure the active involvement of potential end-users and target groups during the intervention developments and to assist sustainability and progression of the intervention.



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Additional Resources and Readings

Reflective Practice

- Schon, D. *The Reflective Practitioner: How Professionals Think in Action*. 1983. Temple Smith: London.
- Van Aswegen, E. Action learning through journal writing. *Nursing Update* 2002. 26(1): 52-54.
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Valorisation

- European Commission, Directorate-General for Education and Culture. *Dissemination and exploitation of results*. Accessible from http://ec.europa.eu/dgs/education_culture/valorisation/doc/def_en.pdf

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