Reflective practice in speech-language pathology: A scoping review

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Abstract

Purpose: Within the profession of speech-language pathology, there is limited information related to both conceptual and empirical perspectives of reflective practice. This review considers the key concepts and approaches to reflection and reflective practice that have been published in the speech-language pathology literature in order to identify potential research gaps.

Method: A scoping review was conducted using Arksey and O’Malley’s (2005) framework.

Result: A total of 42 relevant publications were selected for review. The resulting literature mapping revealed that scholarship on reflection and reflective practice in speech-language pathology is limited. Our conceptual mapping pointed to the use of both multiple and generic terms and a lack of conceptual clarity about reflection and reflective practice in speech-language pathology. Two predominant approaches to reflection and reflective practice were identified: written reflection and reflective discussion. Both educational and clinical practice contexts were associated with reflection and reflective practice. Publications reviewed were primarily concerned with reflection and reflective practice by novices and expert practitioners.

Conclusion: Based on this review, we posit that there is considerable need for conceptual and empirical work with a goal to support university- and work-based educational initiatives involving reflection and reflective practice in speech-language pathology.

Keywords: Reflective practice, speech-language pathology, scoping review

Introduction

Reflective practice is a concept that is increasingly being employed by numerous health care disciplines as part of continuing education and professional development programs (Mann, Gordon, & MacLeod, 2009). Reflective practice involves active, persistent, and careful consideration about what one does in practice, with the goal of facilitating more awareness and skill in one’s clinical performance (Dewey, 1910; Osterman & Kottkamp, 1993; Schön, 1987). Reflection and reflective practice are considered essential characteristics of professionally competent clinical practice (Epstein & Hundert, 2002; Mann et al., 2009). In the health sciences, interdisciplinary interest continues to grow and there is increasing acknowledgment of the role that reflection and reflective practice plays within the larger context of health care (Mann et al., 2009; Wald & Reis, 2010). This awareness has been demonstrated across several healthcare professions over the past two decades.

For example, nursing (e.g. Jarvis, 1992; Johns, 1995), occupational therapy (e.g. Kinsella, 2001; Parham, 1987), physiotherapy (e.g. Clouder, 2000; Higgs & Titchen, 1995) and medicine (e.g. Epstein, 1999; Mamede & Schmidt, 2004) have clearly acknowledged the value of reflection and reflective practice in their professions. In fact, nursing has utilized reflection and reflective practice for some time to improve clinical practice and practice development, education and clinical supervision, leadership and management, and research and scholarship ( Honour Society of Nursing, 2005). In occupational therapy, reflection and reflective practice have been recognized for their use to develop praxis, a balanced merger of reflection and action for ethical practice (e.g. Kinsella, 2001; Wilding & Whiteford, 2009), to integrate research evidence into the clinician’s decision-making process (e.g. Vachon, Durand, & LeBlanc, 2010), and to foster client-centered practice (e.g. Duggan, 2005). Similarly, in physiotherapy, reflection has been used to establish and sustain a client-centred approach to patient management, and has also found merit in efforts to more successfully implement clinical supervision (e.g. Clouder & Sellars, 2004), for coping with the complex demand of collaborative practice (e.g. Clouder, 2000), and to foster problem-solving and clinical reasoning (e.g. Donaghy & Morss, 2000). Finally, in medicine,
reflection and reflective practice have been used to develop doctors’ clinical reasoning skills and practical expertise (e.g. Moulton, Regehr, Mylopoulos, & MacRae, 2007), foster compassionate care and promote doctors’ well-being (e.g. Shapiro, 2008), and to improve diagnostic accuracy (e.g. Mamede, Schmidt, & Penaforte, 2008). While these professions have recognized and adopted reflective practice, little is known about the conceptual and empirical perspectives of reflection and reflective practice in speech-language pathology. Given the relative paucity of information on reflection and reflective practice in the context of speech-language pathology, and its inherent value to any clinical endeavor, efforts that seek to identify the state-of-the-art in speech-language pathology may offer valuable insights. Consequently, to address this gap, a scoping review was undertaken to examine the current published literature on reflective practice in the field of speech-language pathology.

Purpose and research question

This scoping review considers the key concepts and approaches to reflection and reflective practice in the published literature and the potential gaps in the research literature. The central question guiding this review is: What is the current state of the published literature on reflective practice in the field of speech-language pathology?

Methods

Design

The present scoping review was undertaken based on the framework outlined by Arksey and O’Malley (2005), with consideration given to additional recommendations offered by Levac, Colquhoun, and O’Brien (2010). Briefly, scoping reviews (or studies) are rapid but comprehensive and rigorous surveys of the literature in terms of: (1) main sources and types of evidence and (2) key concepts underpinning a research area (Arksey & O’Malley, 2005; Levac et al., 2010; Mays, Pope, & Popay, 2005). According to the scoping review process, all of the literature within a defined set is summarized, regardless of its quality, in order to examine the range of studies that exist (Arksey & O’Malley, 2005; Levac et al., 2010). Such reviews have been increasingly used in a wide range of healthcare disciplines and proven to be particularly useful in identify the gaps in the evidence base and, thus, in establishing research priorities and core investigative issues to be addressed in complex or emergent research areas (Anderson, Allen, Peckham, & Goodwin, 2008; Arksey & O’Malley, 2005; Davis, Drey, & Gould, 2009). Scoping reviews are especially useful for mapping of an area of study which have not been reviewed comprehensively before (Arksey & O’Malley, 2005), which is the case for reflection and reflective practice in the field of speech-language pathology. By emphasizing the breadth of coverage of the available literature and illuminating the extent and context of a body of evidence, this approach to research and evidence synthesis also has the potential to influence policy and practice developments (Arskey & O’Malley 2005, Davis et al., 2009). For these reasons a broad scoping review provided an ideal means to explore reflection and reflective practice in speech-language pathology.

Arksey and O’Malley (2005) proposed five stages in conducting a scoping review: (1) identification of the purpose and the research question, (2) identification of relevant studies, (3) study selection, (4) charting of the data and (5) collating, summarizing and reporting the results. These five stages were adopted for the current scoping review and are depicted sequentially in Figure 1. The purpose and research question outlined in the present work (above) fulfil the first stage of the scoping review; following are descriptions of the other four stages.

Identifying relevant studies: Search strategy

Relevant peer reviewed papers were identified using a systematic search strategy across a range of computerized bibliographic databases. Prior to beginning the review the search strategy was pilot-tested to establish its efficacy. Based on this pilot, a time frame of 15 years (1997–2012) was established for the review. The search terms used were: [reflection] OR [reflective practice] AND [speech-language pathology] OR [speech]. These terms were chosen in consultation with experts in the field and a health sciences librarian. The following computerized bibliographic databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, EMBASE, SCOPUS and PsycINFO. These databases were chosen because they index a broad range of healthcare disciplines, including speech-language pathology.

Study selection

Criteria for the inclusion of articles were set broadly to include any publications that: (a) addressed the concepts of reflection or reflective practice, (b) provided examples of how reflective processes were used or (c) considered the use of reflective strategies for educational purposes or in practice. In the initial search of computerized bibliographic databases, 450 titles and abstracts were retrieved. Once this core database was identified, the first level of screening involved reviewing the title of the article, its abstract and key words to find inclusion of the words reflection and/or reflective practice. If relevance of the study was unclear, the full text was reviewed. Of these 450 articles reviewed in the first level of screening, 355 papers
Figure 1. Flow chart of the scoping review process on reflective practice in SLP. The five unique stages represented on the left of the figure and the 3 boxes that follow Stage 5 at the bottom of the figure (identified with an asterisk) are based on Arksey and O’Malley (2005, p. 22 and p. 27, respectively).

were identified as being non-relevant and 50 were duplicates. The remaining 45 articles were included in second level of screening, a process that involved review of the full text; this task eliminated 3 additional articles yielding 42 peer reviewed articles for the review. Reference lists of relevant articles were reviewed in an attempt to identify further references. This “snowball” method (Garrard, 2011, p. 84) did not yield for retrieving any further references.

**Charting the data**

All selected articles were reviewed using the following organizational categories: authors, year of publication, country of origin, publication type or source, methodology, approaches (conceptual and practical) to reflection and reflective practice, context, and target group. An abridged version of the charting table for the computerized bibliographic databases is

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### Stage 1: Purpose and Research Question

<table>
<thead>
<tr>
<th>Purpose: Consider how reflective practice is addressed in the field of SLP by:</th>
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<tr>
<td>1) Identifying and broadly contextualizing the key concepts and approaches to reflection and reflective practice in the published literature;</td>
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<tr>
<td>2) Identifying potential research gaps in the research literature.</td>
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**Research Question:** What is the current state of the published literature on reflective practice in the field of SLP?

### Search Terms

- ‘reflection’ OR ‘reflective practice’ AND ‘speech-language pathology’ OR ‘speech’

<table>
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<th>Computerized Bibliographic Databases</th>
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<td>n = 450</td>
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### Stage 2: Identifying Relevant Studies

- 1st level screening for relevance:
  - titles, abstracts, keywords
  - Papers excluded n = 355
  - Duplicates excluded n = 50
  - n = 45

### Stage 3: Study Selection

- 2nd level screening for relevance:
  - full-text copies of publications
  - Further excluded n = 3
  - n = 42

<table>
<thead>
<tr>
<th>Authors/Year/Country</th>
<th>Publication Type</th>
<th>Methodology</th>
<th>Approaches (Conceptual; Practical)</th>
<th>Context</th>
<th>Target Group</th>
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<tr>
<td>Collating* Summarizing Analyzing Reporting* Discussing*: Meaning and Implications</td>
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1 CINAHL, PubMed, Embase, Scopus, PsycINFO
shown in the Supplementary appendix to be found online at http://informahealthcare.com/doi/abs/10.3109/17549507.2014.979870.

Collating, summarizing and analysing the data

First, a systematic count of the year of publication, the geographical distribution of publications, type of publication or source, and methodology employed was performed. This literature mapping that was primarily concerned with frequency of occurrence was conducted for the 42 studies selected from the computerized bibliographic databases. This process contributed to an initial overview of the distribution and type of literature addressing reflection and reflective practice in the field of speech-language pathology.

Next, a conceptual mapping of content was conducted by in depth analysis within and across columns of the data extraction chart for all studies included in the review. Thematic coding was undertaken as a first step in ordering these data (Namey, Guest, Thairu, & Johnson, 2008). Examining co-occurrences between terms and the frequencies of emergent themes assisted in identifying significant patterns (Krippendorff, 2013). Concept maps were then used to identify meaningful data clusters or to enhance data comparison and interpretation (Wheelon & Ahlberg, 2012). Re-reading of the texts was essential for considering contextual elements and for identifying further themes. This process contributed to conceptual mapping of key concepts and approaches to reflection and reflective practice identified in the speech-language pathology literature and afforded the opportunity to account for the varied contexts and populations targeted.

Specifically, five questions guided the analysis of reflection and reflective practice in the field of speech-language pathology. In relations to approaches, conceptual questions asked (1) “What terminology is used?” and (2) “Which theories and models inform conceptions of reflection and reflective practice?” and a practical question asked (3) “Which activities and methods are described as being used to facilitate reflection?” In relation to context, we asked (4) “Where does the literature suggest that reflection and reflective practice occurs?” In relation to the target group, we asked (5) “Who is identified as engaging in reflection or reflective practice?”

Results

Distribution of publications by year and country of origin

Publications retrieved from the computerized databases represented a time period from 1997 to 2012. With exception of 2009, five articles or less were found for any given year; no publications were identified for three of the years under evaluation (i.e. 1998, 1999 and 2003). A general increase in the number of publications addressing reflection and reflective practice was seen starting in 2004. The greatest number of publications (n=9) occurred in 2009, with a decline observed over the following three years.

The majority of the papers were written by scholars from Australia (n=11, 26%), the USA (n=11, 26%), and the UK (n=10, 24%). Other countries of publication origin noted were the Netherlands (n=3, 7%), Canada (n=2, 5%), South Africa (n=2, 5%) and China (n=1, 2%). Only one of the 42 reviewed articles (i.e. Brown, Worrall, Davidson, & Howe, 2011) represented an international collaboration (Australia and New Zealand).

Distribution by type of publications

Only 38% (n=16) of the publications reviewed were research articles, while 62% (n=26) represented other forms of scholarly work. Other forms of scholarly work represented included: program development and evaluation (n=10, 24%), issues and opinions (n=8, 19%), clinical/field reports (n=6, 14%), and instrument development and validation (n=2, 5%). Neither “theory or review articles” nor “tutorials” were retrieved.

Distribution by type of methodology

Of the 16 research articles retrieved, 13 involved qualitative research approaches (articles [1, 5, 14, 15, 19, 21, 23, 27, 31, 33, 36, 39, 40]) (appendix), while three adopted quantitative approaches (articles [11, 32, 42]) (appendix). A wide range of qualitative methodologies were identified: phenomenographic/phenomenology research (n=3, articles [21, 33, 40]), generic forms of qualitative research (n=2, articles [19, 23]), grounded theory (n=2, articles [31, 36]), linguistic discourse analysis (n=2, articles [1, 5]), qualitative content analysis (n=1, article [39]), case study (n=1, article [27]), participatory action research (n=1, article [14]) and biography (n=1, article [15]). The quantitative methodological designs noted were: quasi-experimental (n=2, articles [11, 32]) and content analysis (n=1, article [42]).

Approaches to reflection and reflective practice

Conceptual approaches to reflection and reflective practice. What terminology is used? Eight different terms were noted in papers addressing reflection and reflective practice. From the most to the least frequently used, the terms reflection (n=16), reflective practice (n=16), reflective learning (n=7), critical reflection (n=6), reflection-in-action (n=4), reflection-on-action (n=4), self-reflection (n=3) and visual reflection (n=1) were used. Throughout the speech-language pathology literature reviewed, the
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That neither term was operationally defined. For example, following participatory action research principles involving academic and clinical staff, Pascoe and Singh (2008) used reflective logs to design a new course in which the development of self-reflection skills in the students, among other things, was deemed an important component. Although their program report is highly valuable for anyone considering integrating reflective practice principles into a curriculum, no definition of reflective practice or of what self-reflection skills entailed was provided.

In other papers, a variety of different concepts were conflated. For example, Fronek, Kendall, Ungerer, Malt, Eugarde, and Geraghty (2009) reported that the “theme of reflective practice dominated the feedback” (p. 25, italics added) that was received from the participants in their Professional Boundaries for Health Professionals training program. Yet, these authors also concluded that “critical reflection was considered an essential skill in the management of professional boundary issues” (p. 25, italics added); clearly reflective practice and critical reflection are conflated. Moreover, and perhaps most germane to the present review is that neither term was operationally defined.

Which theories and models inform conceptions of reflection and reflective practice? From the 42 papers reviewed, 20 (48%) included a depiction of how they were conceptualizing reflection and reflective practice. Of these 20 papers, 15 (75%) drew from the seminal work of Schön, who coined the term reflective practice (articles [1–4, 6, 11, 21, 27, 29, 30, 33, 36, 39, 41, 42]) (appendix). Adult learning models (e.g. Knowles, 1984) and theories such as Kolb’s (1984) experiential learning theory and Boud, Keogh, and Walker’s (1985) reflective learning theory often overlapped with reflection and reflective practice conceptualizations. In a unique application, one model for speech-language pathology clinical practice and supervision integrated both reflection and reflective practice (Geller & Foley, 2009a, 2009b). Their relational and reflective model for clinical practice in speech-language pathology emphasizes the importance of working with families and addresses practitioners’ emotional and subjective experience as potentially influencing the therapeutic alliance. Chabon and Lee-Wilkerson (2006) presented another pedagogical model in which reflection was defined as playing a central role in the instructional process for a diversity course offered to speech-language pathology students. Finally, Schaub-de Jong et al. and her colleagues (2011) proposed a theoretical framework for the facilitation of reflective learning in small groups. Their framework aligns with educational theories and reflective learning literature and involves the trichotomy of: a) supporting self-insight, b) creating a safe environment and c) encouraging self-regulation.

Practical approaches to reflection and reflective practice. Which activities and methods are described as being used to facilitate reflection? An analysis of practical approaches to reflection and reflective practice revealed that written reflection and reflective group discussion were the most reported practical approaches. Written methods identified include reflective journals or logs (e.g. Chabon & Lee-Wilkerson, 2006; Freeman, 2001; Hill, Davidson, & Theodoros, 2012) and reflective essays or written summaries (e.g. Goldberg, Richburgh, & Wood, 2006; Munoz & Jeris, 2005; Schaub-de Jong, Cohen-Schatanus, Dekker, & Verkerk, 2009). Several papers mentioned either reflective procedures (e.g. Chabon & Lee-Wilkerson, 2006) or a framework for reflection (e.g. Bruce, Parker, & Herbert, 2001). Ten publications reported on a guided approach to written reflection (articles [4, 6, 13, 15–18, 32, 33, 42]) (appendix), whereas eight reported unknown or non-guided approaches (articles [3, 14, 19, 20, 21, 23, 25, 27]) (appendix). Written reflection prevailed mostly in publications targeting speech-language pathology students (14 publications) (articles [3, 4, 6, 13–20, 23, 32, 33]) (appendix) vs speech-language pathologists (4 publications) (articles [21, 25, 27, 35]) (appendix).

Reflective group discussions with peers (e.g. Baxter & Gray, 2001), mentors, critical companions (e.g. Higgs & McAllister, 2007) or a supervisor (e.g. Geller & Foley, 2009b) were also identified as a predominant approach to foster the reflective process. A trend towards the use of small groups was noted. Reflection through group discussions was prompted by a range of materials such as: case studies (e.g. Johnston & Banks, 2000), clinical therapy data (e.g. Epstein, 2008), feedback on clinical performance (e.g. Bruce et al., 2001), scenarios and work-based dilemmas (e.g. Fronek et al., 2009), shared stories from practice (e.g. O’Halloran, Hersh, Laplante-Lévesque, & Worrall, 2010) and therapy video clips (e.g. Horton, Byng, Bunning, & Pring, 2004).

Context: Where does the literature suggest that reflection and reflective practice occur? The literature reviewed from the computerized bibliographic databases highlighted that both educational and clinical practice contexts in speech-language pathology were associated with reflection and reflective practice (23 articles for education (articles [2–4, 6, 7, 11, 13–21, 23–25, 30, 32, 33, 39, 41, 42]) (appendix) vs 19 articles for clinical practice (articles [1, 5, 8–10, 12, 17, 22, 26–29, 31, 34–38, 40]) (appendix). Educational contexts noted were: academic program and courses, clinical field placement, international course and university clinic. The majority were university-based (as opposed to work-based). Clinical supervision was frequently linked to educational contexts associated with reflection and inter-professional courses were the most frequently cited educational approach associated with reflection and reflective practice (e.g. Fronek et al., 2009; Muñoz & Jeris, 2005; Smith & Pilling, 2007).

Clinical practice contexts encompassed a wide variety of clinical populations including, for example,
early intervention services, dysphagia rehabilitation and head and neck cancer rehabilitation. Many of the articles addressed aphasia therapy. Regardless of the clinical population, when looking across clinical practice contexts, professional communication and speech-language pathology service delivery were issues that were most frequently associated with reflective practice in articles pertaining to clinical practice. For example, Hersh’s studies (2010a, 2010b) studies on the topic of discharge from therapy shed light on how both the acknowledgment of the speech-language pathologists’ feelings encountered in the process of ending therapy, as well as awareness of the challenges faced in the decision-making process, may “further reflective practice” (Hersh, 2010a, p. 290). Thus, the active process of reflection would appear to have broad applications to speech-language pathology service delivery from the onset of intervention through to its completion.

Target Group: Who is identified as engaging in reflection or reflective practice? The target groups identified in the literature as engaging in reflection or reflective practice include: undergraduate and graduate speech-language pathology students, other health professional students, newly graduated speech-language pathologists, speech-language pathology practitioners, clinical supervisors, faculty, other health professionals and support personnel.

An adaptation of the “novice to expert” model of skill acquisition (Benner, 2001; Dreyfus & Dreyfus, 1986) was used to organize these findings. The original model identifies five stages for the acquisition and development of expertise: novice, advanced beginner, competent, proficient, and expert. For the purpose of the present analysis, these five stages were condensed into three: (a) Novice-advanced beginner practitioners—referring to students adhering to taught rules or following guidelines for actions in need of supervision; (b) Competent practitioners—referring to newly graduated practitioners with good working knowledge able to achieve most tasks using own judgment; and (c) Proficient-expert practitioners—referring to experienced practitioners with a deep and tacit understanding of practice; those who deal confidently and holistically with complex situations. Of the 42 articles reviewed from the computerized bibliographic databases, 24 targeted novice-beginner practitioners (articles [2–7, 10, 11, 13–20, 23, 25, 30, 32, 33, 39, 41, 42]) (appendix), five competent practitioners (articles [22, 24, 28, 30, 40]) (appendix) and 21 proficient-expert practitioners (articles [1, 5–10, 12, 14, 21, 25–27, 29, 31, 34–38, 40]) (appendix). Eight articles addressed two of these stages (articles [5–7, 10, 14, 25, 30, 40]) (appendix).

Discussion

This scoping review has sought to describe the breadth of the speech-language pathology-specific literature published between 1997–2012 on reflective practice. In line with Arkesey and O’Malley’s framework (2005), the authors’ intent was to provide a descriptive account of the current knowledge base specific to issues of reflective practice. Based on the results, it appears that reflection and reflective practice are emergent concepts in the field of speech-language pathology. The body of literature reviewed, although little, is broadly supportive to the idea and importance of reflection and reflective practice. Most of the publications included in the review highlight opportunities and strategies for processes of reflection and/or reflective practice to contribute to learning and professional development in the context of speech-language pathology educational and clinical practices. An underlying assumption of much of this work is that processes of reflection inform successful and competent practice.

More specifically, this scoping review points to the use of multiple and generic terms, frequently used with implied rather than explicit meanings, and a lack of conceptual clarity regarding reflection and reflective practice in the speech-language pathology literature. Indeed, half of the speech-language pathology literature reviewed drew primarily on classic conceptualizations of reflective practice, while the other offered no conceptualization of these processes. This observation has the potential to generate confusion and misunderstanding in scholarly work about reflection and reflective practice in the field of speech-language pathology. Future works that explicitly draw on the classic conceptual work of Donald Schön (Kinsella, 2009; Schön, 1983, 1987), however tentative or incomplete, could potentially mediate such confusion about terminology as well as serve to reduce potential misunderstandings about theories of reflection and reflective practice. Schön’s (1983, 1987) formulation of the iterative process of reflective practice unfolds sequentially from knowing-in-action, to surprise, to framing the problem for reflection-in-action (on-the-spot reflection or “thinking on our feet” (Smith, 2001)), experimentation and, finally, reflection-on-action (retrospective or “looking back” on an experience). Operationalizing and clarifying such key concepts may be an important first step in moving forward with scholarship on reflective practice in the field of speech-language pathology. Such work could offer a common language for scholarly discussions concerning reflection and reflective practice. The importance of conceptual clarity for future scholarship in reflective practice cannot be over-stated.

While the literature reviewed was not suggestive of any more practical or favoured approach over another, it draws attention to the different modalities or methods that may serve reflection. The predominant approaches to reflection identified in the review were written reflection and reflective group discussion. Such approaches might benefit from the latest healthcare professional education research that focuses on the
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Finally, reflective processes were documented to take place along the entire professional development continuum, with most scholarly attention being directed to the early stages (i.e. novice–advanced beginner practitioners) and the later stages (i.e. proficient–expert practitioners). Yet little attention is currently directed towards reflection and reflective practice of competent practitioners in speech-language pathology. Among those are the newly-graduated speech-language pathologists facing the challenging time of transition from students to practitioners. This finding is surprising given that reflection is needed to further assist these less experienced practitioners in developing their professional knowledge and skills, becoming more proficient and gaining expertise in their field (Brumfitt, Enderby, & Hoben, 2005). This observation raises questions about what reflection can and should entail to ensure successful professional development of new clinicians. Clearly, more attention and research is needed on this topic and would support a professional development culture in the workplace such as mentoring (Hudson, 2010).

Research gaps and future directions

The following research gaps were identified in the literature on reflection and reflective practice in the field of speech-language pathology:

1. Little research focused directly on reflection or reflective practice; rather the majority of papers included these concepts as secondary areas of study.
2. In more than half the papers reviewed, reflection and reflective practice were not defined at all; in the remainder, there was a lack of conceptual clarity.
3. The available literature tends to focus on processes of reflection and reflective practice with novice–advanced beginners (speech-language pathology students) and proficient–expert practitioners, but a gap exists in the scholarship about competent practitioners.

Clearly, in addition to devoting more attention to the theory and conceptualization of reflection and reflective practice, there is an increasing need for more research evidence to support university-based and work-based educational initiatives involving reflection and reflective practice in speech-language pathology. This suggestion is in line with Ginsberg, Friberg, and Visconti’s (2012) call for evidence-based education in speech-language pathology. Much like evidence-based practice guides clinical decision-making to provide best patient outcomes, evidence-based education has the potential to provide us with valuable information from which to base our educational decisions (Ginsberg et al., 2012). Whether our educational decisions are based on quantitative or qualitative studies, program development and evaluation...
reports, or personal accounts that generate practice-based evidence, all types evidence is important and should be utilized, especially if our goal is to maximize learners’ outcomes from reflection and reflective practice. More specifically, future research exploring reflective interventions’ modalities and contexts in terms of acceptability, feasibility and educational and clinical impact would contribute greatly to ensuring optimal professional development of speech-language pathologists. Therefore, exploration of the interdisciplinary literature (i.e. nursing, medicine, OT, PT, and others) on reflective learning and practice could broaden scientific insights and support future research in the speech-language pathology field to develop and advance the scholarship relative to reflective practice.

Review strengths and limitations

The proposed strengths of the present review are borne in the fact that it was undertaken in a rigorous and systematic manner and that methodological details were provided in detail to ensure transparency and increase the reliability of the findings. In addition, the team members had significant levels of expertise in the scholarship of reflection and reflective practice in various allied health disciplines. In contrast, one clear limitation must be acknowledged. Specifically, while a systematic approach was used to review the literature, it has necessarily involved the process of interpretation which always carries consideration of its subjective nature. However, while variability in the interpretation of the data reviewed is potentially a limitation, it is an inherent limitation of how one views any data set. As such, the interpretations rendered are those of the current authors and are indicative and suggestive rather than definitive (Eichrich, Freeman, Richards, Robinson, & Shepperd, 2002).

Conclusion

In this scoping review, a total of 42 publications were examined in order to assess the current state of published literature on reflective practice in the field of speech-language pathology. Rigorous examination of the scholarly literature on reflection and reflective practice in speech-language pathology had not been undertaken previously. While speech-language pathology as a profession appears to have become interested in reflection and reflective practice as an important component of clinical education and practice and use of the terms are evident in the literature, the present mapping reveals that the scholarship on reflection and reflective practice in the field of speech-language pathology is limited. It is hoped that the present findings provide a foundation from which further research and scholarship on reflection and reflective practice in the speech-language pathology field can emerge.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

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