

Driscoll (or Borton/Driscoll) Reflective Model.

This reflective model was developed by Driscoll for use by healthcare practitioners. Coincidentally, the same headings had been used by Borton in 1970 in an education setting and so it is sometimes referred to as the Borton/Driscoll model. It is intended as an easy-to-use model for those new to reflection (Driscoll, 2006, p.44). It follows an experiential learning cycle approach common to many reflective models (see figure 1).

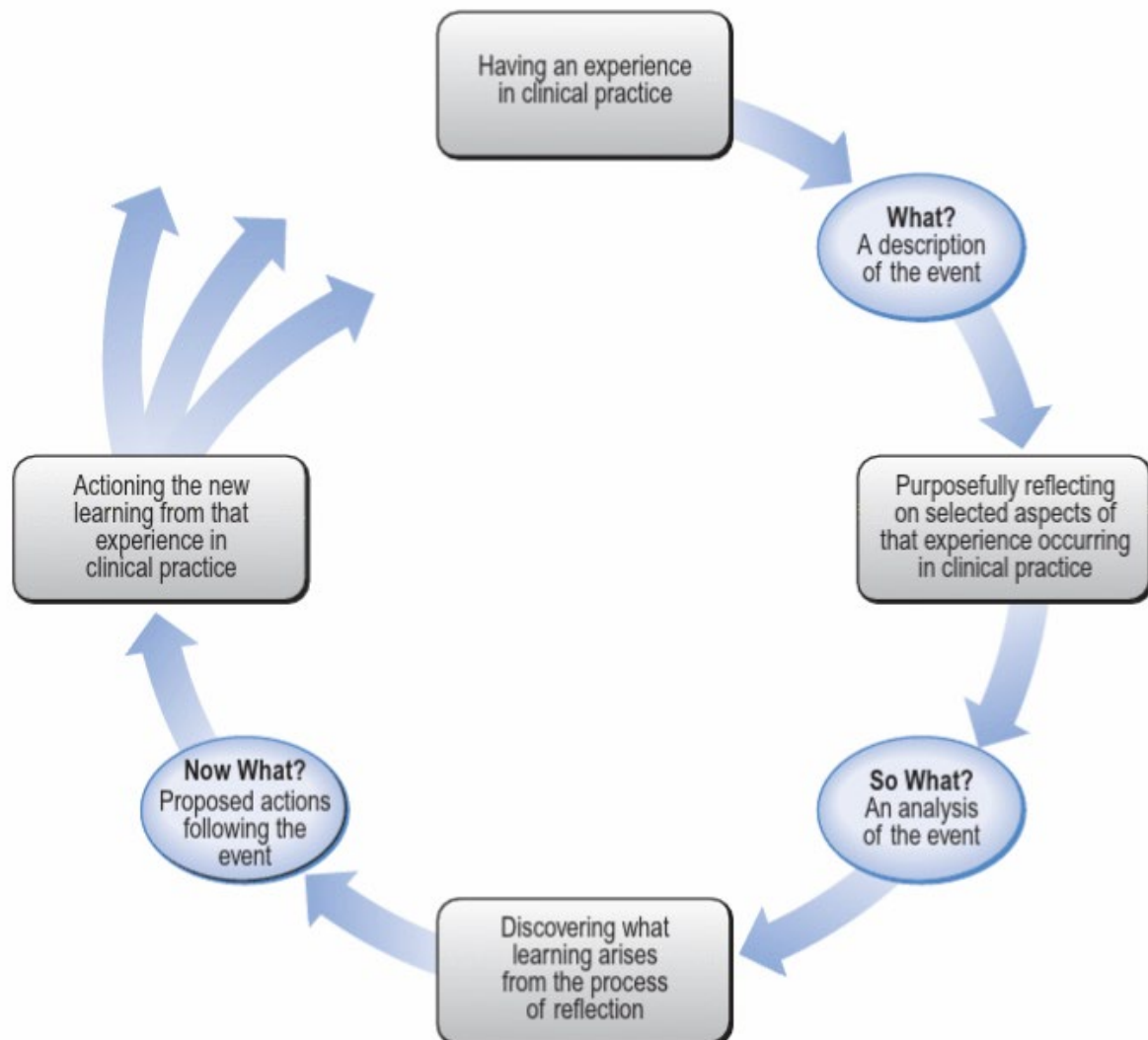


Figure 1 The What? Model of Structured Reflection and its relationship to an experiential learning cycle (Driscoll, 2006, p.44)

The model has three parts, each with suggested prompt questions to guide the reflection (Driscoll, 2006, p.45). The prompt questions are intended to promote reflection; it is not necessary to answer each and every prompt question and there may be other issues you wish to include which are not specifically covered by the prompt questions.

Learning Development

1. What? A description of the event

- What is the purpose of returning to this situation?
- What happened?
- What did I see/do?
- What was my reaction to it?
- What did other people do who were involved in this?

2. So What? An analysis of the event

- How did I feel at the time of the event?
- Were those feelings I had any different from those of other people who were also involved at the time?
- Are my feelings now, after the event, any different from what I experienced at the time?
- Do I still feel troubled, if so, in what way?
- What were the effects of what I did (or did not do)?
- What positive aspects now emerge for me from the event that happened in practice?
- What have I noticed about my behaviour in practice by taking a more measured look at it?
- What observations does any person helping me to reflect on my practice make of the way I acted at the time?

3. Now What? Proposed actions following the event

- What are the implications for me and others in clinical practice based on what I have described and analysed?
- What difference does it make if I choose to do nothing?
- Where can I get more information to face a similar situation again?
- How could I modify my practice if a similar situation was to happen again?
- What help do I need to help me 'action' the results of my reflections?
- Which aspect should be tackled first?
- How will I notice that I am any different in clinical practice?
- What is the main learning that I take from reflecting on my practice in this way?

Reference List:

Borton, T. (1970) *Reach, touch and teach*. London: Hutchinson.

Driscoll, J. (2006) *Practising Clinical Supervision : A Reflective Approach for Healthcare Professionals*. 2nd ed. London: Elsevier Health Sciences.

Further reading:

Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical reflection for nursing and the helping professions : a user's guide*. Basingstoke: Palgrave.

Tanguay, E., Hanratty, P. and Martin, B. (2020) *Reflective writing for nursing, health and social work*. London: Macmillan.