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Title: Experiences of Recent Graduates: reframing reflection as purposeful, social activity

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Abstract

Background: During the Royal College of Veterinary Surgeons' (RCVS) Professional Development Phase (PDP), graduates are required to reflect on their progress. Reflection is often conceptualised as a solitary activity, which may contrast with day-to-day reflective activities in the workplace. This study drew on cultural-historical activity theory (CHAT) to understand how recently graduated veterinary surgeons engage in reflective activity.

Methods: Data comprised RCVS documentation and semi-structured interviews with fifteen recent graduates from one veterinary school. Thematic analysis was used to describe a collective system of reflective activity and to identify contradictions in the system with the potential to limit outcomes of reflective activity.

Results: Two overarching themes of contradictions were identified: "social reflection" and "formalising the informal". Graduates need opportunities for talking and/or writing to progress worries into purposeful reflection, underpinned by a shared understanding of reflective activity with colleagues, and by working practices which prioritise and normalise reflective interaction.

Conclusion: These findings identify potential avenues to better support veterinary graduates as they negotiate the transition to working life and suggest that reconsideration of the formal expectations of new veterinary graduates and their employers is timely.

Key Words: Reflection; Graduate support; Cultural-historical activity theory

Word count: 5055 (inclusive of approx. 750 words of quotes)

INTRODUCTION

The transition from the supported learning environment of university to professional practice can be a challenging time. New graduates must learn to apply theory to complex real-world situations, whilst negotiating the expectations of their clients, colleagues and regulators, and developing their own professional skills and identities (1). Whilst the transition can be interpreted as an opportunity for learning and positive personal challenge (2), for many veterinary graduates the transition is perceived as a stressful time (3-7), with some graduates reporting a lack of support within the workplace (8).

The Royal College of Veterinary Surgeons (RCVS) introduced the Professional Development Phase (PDP) in 2007, “to help newly qualified veterinary graduates make the transition from life as a veterinary student to working in clinical practice as a professional veterinary surgeon” (9). In order to progress through the PDP, recent graduates are required to complete and submit an online portfolio, recording and reflecting on their clinical work: the Professional Development Record (PDR). Once the portfolio (PDR) is completed, the graduate and their employer are required to sign a declaration that the graduate has taken part in the process and that their PDR has been discussed. An RCVS-appointed Post Graduate Dean reviews the PDR; if there is sufficient evidence of experience across the clinical areas, the graduate is issued with a certificate of completion of the PDP. The RCVS provides guidance and supporting resources for the PDP for veterinary graduates and employers (10). A recent evaluation of the PDP (11) indicated that whilst the profession values the purpose of the PDP, it is often perceived as a “tick-box” exercise. This study also highlighted a need for more employer support and increased understanding of the processes associated with the PDP.

Concepts of “reflection” and “reflective practice” are considered integral to pre- and post-qualification training in many professions (11-15). In the pragmatic, problem-solving environment of clinical practice, reflection may be perceived as a somewhat abstract concept, and may be a tacit process for experienced practitioners (16). Within healthcare literature, there is a focus on solitary reflective rituals used to evidence competence, and reflection as a competence itself which can be taught and assessed (15, 17); these themes are increasingly removed from the concepts of reflection originally articulated by authors such as Dewey (18), Schön (19) and Boud (20).

Reflection has gained prominence in the veterinary profession in recent years through inclusion as a Day One Competence (21), introduction of reflective portfolios in undergraduate and post-graduate training (22-24), the launch of the PDP in 2007 (25), and ongoing review of the Continuing Professional Development policy (26). It appears that whilst there is recognition of the value of

reflection in the profession, there is a need to explore ways of facilitating meaningful reflection in the workplace, both formally and informally (11).

The aim of the study was to understand how recently graduated small animal veterinary surgeons engage in reflective activity during the PDP, and to identify challenges which might limit the outcomes of their reflective activity.

MATERIALS AND METHODS

A qualitative study (27) was chosen to explore recent graduates' experiences of reflective activity. Qualitative researchers aim to understand and interpret human behaviour and experience, and the ways in which people construct meaning, believing that everyone has "a story to tell" (28, p. xiii). Specifically, the study was framed by the use of cultural-historical activity theory (CHAT), a research tradition evolving from early 20th century Soviet schools of cultural-historical psychology and philosophy (29, 30). From a CHAT perspective, all human activity is inherently social, driven by a collective object (or purpose), and influenced by local and wider cultural contexts and the historical experiences of the individual and their community. In CHAT, a triangle heuristic is commonly used to provide a visual representation of an activity system (31). The triangle heuristic facilitates description of the system in terms of the subject, object, outcome, mediating tools, rules, community and division of labour. Through CHAT, interactions and contradictions within the system are then explored. Data collection and analysis was undertaken by the author, a qualified veterinary surgeon working as a clinical teacher whilst undertaking a Doctorate in Education. The study received ethical approval from the University of Bristol's Graduate School of Education (Project Number 35421).

Definitions

In this study, building on a previous definition of reflection (32, 33), reflective activity during the PDP was defined as encompassing a set of interconnected actions carried out individually or in interaction with others, before, during and after experiences, with the goal of developing greater understanding of the experience, self and others, so that future experiences are informed from previous encounters. Reflective actions were understood as goal-directed actions such as talking, thinking or writing, undertaken in response to specific situations.

Data collection

Two types of data were used in this qualitative study: documentary data, and semi-structured interviews. Documentary data facilitated understanding of the context of the PDP within the UK veterinary profession, as well as giving access to the "voice" of the RCVS; interviews with recent graduates enabled exploration of participants experiences of reflective activity during the PDP.

Documents included PDP Guidance (25), subsequently updated (10), as well as online resources including example PDP notes and an online webinar. Versions available to 2013 graduates were accessed, either online (<https://archive.org/web>) or directly from the RCVS Education Department.

Interview participants were recruited during the spring of 2016 from the 2013 cohort of graduates from a single UK veterinary school, working predominantly (>70%) in small animal practice. A sample size of 15 was chosen based on review of the literature (34-36) and feasibility considerations (27). The study was publicised in the UK veterinary media, asking potential participants to register their interest; respondents (n=22) were asked to complete a brief demographic questionnaire to enable purposive selection of 15 participants whose gender and workplace experience (independent, corporate or referral settings) were broadly representative of their cohort and the wider profession (8, 37). Thirteen female and two male participants were then recruited; collectively, their workplace experience was representative of independent practice (65%), corporate (25%), and referral (10%) settings. Geographically, participants were located at a median distance of 137 miles from their graduating university. Participants provided written consent and no incentives were provided. The author had previously worked with participants during their undergraduate training.

A semi-structured interview guide (available on request) was piloted and used to explore examples of specific situations experienced by participants during their PDP, and related reflective actions. The interview process drew out details of the participants' perspectives on the wider system of the PDP, by exploring why, with whom, and how they chose to engage in reflective activity. Participants provided access to their online PDR, which was available for reference during the interview. All interviews were undertaken by the author, at the participants' home or a mutually agreed workplace, without observers, and were audio-recorded. The interview guide was followed, with additional probing questions to seek examples or clarify meaning. Interviews ranged in length from 75 to 119 minutes (median 89 minutes). Field notes were made immediately following each interview. All interviews were transcribed verbatim, by the author or a commercial transcription service; all transcripts were then anonymised by removing any names of people or places. To enhance anonymity, all participants were given a gender-neutral pseudonym. Thirteen participants took up the offer of reading the transcript of their interview; only one provided further comment; no repeat interviews were undertaken.

Data analysis

Following initial familiarisation with all the data, analysis took place in two phases. In the first phase, the system of reflective activity during the PDP was described in detail from the perspectives of both

the RCVS and participants, and mapped onto a triangle heuristic (31). In the second phase, reflective actions which did not achieve their anticipated goal were identified, drawing loosely on linguistic cues such as “but”, “no/not”, use of metaphor and expressions of helplessness (38); and by consideration of aspects of affect (feelings) (39). Thematic analysis of these actions then enabled underlying contradictions within the system to be identified.

A template approach to thematic analysis was undertaken; this is a systematic and hierarchical form of thematic analysis, allowing for themes to emerge both from the data as well as from a theoretical framework (30, 40) . In each phase, analysis of the RCVS guidelines and five of the transcripts was used to generate an initial thematic template, which was then iteratively reviewed during analysis of the remaining transcripts to create a final thematic template. During both phases, data were managed manually through annotation of paper copies of the triangle heuristic. In phase 2, concept maps (41) were also used to summarise themes, and link associated codes (identified by participant number and transcript page) back to the original data.

RESULTS

Figure 1 summarises the findings from the study, both describing the system of reflective activity and identifying key contradictions within the system. Findings from each of these phases of data analysis is presented below.

Describing the system of reflective activity

The triangle heuristic is annotated with examples of mediating tools, rules, communities and divisions of labour identified during phase 1 of data analysis, describing the system of reflective activity as outlined by the RCVS and as experienced by recent graduates. The purpose (or object) of reflective activity was understood to be the support of learning and development. Recent graduates engaged in a range of reflective actions including talk, writing and thought with colleagues, friends and family; many used online tools such as WhatsApp to share their experience and gain perspectives from others. Participants varied in their preferences for different reflective actions. Rules played a role, both the formal requirements of the PDP, and the often tacit rules within a workplace. Participants engaged with different communities as part of their reflective activity; they distinguished between colleagues with whom they had a friendly, trusting relationship and those from whom there was a perceived lack of support or by whom they felt judged. Many drew on support from beyond the workplace community, with non-veterinary friends and family often valued as providing new perspectives on non-clinical challenges. Most participants had limited interactions with their post-graduate dean, usually in the form of occasional feedback on the content of their

PDR. Regarding division of labour, whilst participants understood their own role in reflective activity, and within the formal PDP processes, the amount of support available or sought from others (such as colleagues and post-graduate dean) was very variable. For some participants, workplace cultures, hierarchies and working patterns meant that support was often limited.

Identifying the challenges

The second phase of analysis identified system-level contradictions grouped within two overarching themes: social reflection (contradictions 1a-1c) and formalising the informal (2a-2c). Each of these themes, with associated sub-themes, is discussed below, with representative quotes identified by participant pseudonym.

Social reflection (Figure 1: 1a-1c)

The key role of colleagues in supporting reflective activity was summarised by Hayden:

It's having a network of vets especially who also are open to reflection and open to case discussion, because I think if I didn't have the friends that I have here...I feel that I would probably be a very different vet than what I am now...I think it does matter how much support you get and I think it does help form the vet that you become (Hayden)

Three sub-themes relating to the importance of support from others were identified: the need for social interaction to convert worry to purposeful reflection; perceived attributes of others within the system inhibiting reflective activity; and workplace culture limiting access to resources.

Converting worry into goal-driven reflective action (Figure 1: 1a)

Firstly, many of the participants identified themselves as “worriers”, with a tendency to be over-critical of themselves, with some recognising that excessive worry, without a clear goal of purposeful reflection, was unhelpful:

I'm a worrier...I'd worry about it and then it would get pent up inside and I'd just worry about it lots (Eddie)

You know, you can worry too much. I think that can be detrimental. (Cameron)

Talking to colleagues or family/friends enabled better understanding of how to deal with a situation from others' experiences and perspectives, or an opportunity for closure, or reassurance

I think offloading and talking can help put closure on something. (Hayden)

Perceived attributes of others in the system (Figure 1: 1b)

Perceived attributes of individuals within the community affected participants' engagement in reflective discussions. In the workplace, a trusted mentor (employer or near-peer) with whom challenges could be discussed in a non-judgemental fashion was a highly valued resource. However, for some, reflective discussion was actively inhibited:

In my first job I felt a bit of a hindrance. I mean there were certain people you could go to but everybody went to them rather than the person they should be going to basically, the clinical lead wasn't very nice (Max)

Frequently, there was no specifically assigned mentor, with the employer signing the declaration at the point of submission despite very limited input into the process, in conflict with the PDP Guidance: "He didn't even know what he was signing" (Leigh). There was a perception that the different experiences of older vets compared to recent graduates meant that they could be sceptical of reflective activity:

...they [the bosses] became quite stuck in their ways...it would be good for them to reflect and I think that they probably hadn't, they are not used to reflecting, they haven't had to do any PDP or anything like that, so I think they would benefit from being more introduced to this, but then again I think a lot of them would probably have a negative opinion about it (Stacey)

For some, a perception that their more senior colleagues did not consider reflecting on feelings to be a priority influenced their own reflective activity:

...in those days, I would have thought that if I got emotional it would have made me a bad vet. So it was kind of not showing it to anyone.... There wasn't much emotional support because the two senior colleagues were men and sometimes I think they can be like oh yeah I'm fine even if they're feeling emotional themselves...The main lead guy was like well it was tough and rubbish in my day so it should be tough and rubbish in your day too. (Eddie)

Family and friends were often valued as a resource for discussion, particularly for non-clinical challenges. However, some participants shaped their discussions with family to avoid causing upset or worry; others commented that family and non-veterinary friends didn't understand the challenges: "with my partner it mostly goes over his head so he does the sort of classic nod and smile" (Kim).

Communication with the post-graduate deans was limited by the structure of the online system rather than direct personal contact. Whilst the PDP Guidance highlights the supportive role of the post-graduate deans, the high ratio of graduates to deans meant that it was challenging for a

meaningful relationship to develop. The online system through which all communication took place was slow and impersonal: "It all comes through some sort of central server and it's full of really formulaic language." (Frankie).

Workplace culture (Figure 1: 1c)

A non-judgemental, supportive culture was valued by participants. Whilst for some, formal practice meetings were an opportunity for purposeful, supportive discussions, these meetings were devalued for others by a "blame culture" (Ronnie) and a lack of trust. Perceptions of practice hierarchy led some participants to believe that they should "toe the line" (Georgie) rather than engage in discussions. The importance of a supportive workplace culture facilitating reflective discussion was highlighted by those with experience of different extremes in different roles:

He [boss in first job] says "you do it like this" and there was a feeling in that practice that said "it's my practice, and your reputation is my reputation and you do what I say"...I end up reflecting more here [in second job] because I think I've got more choice about what to do here whereas in my old job, I've got less choice because there was one way to do it (Ronnie)

Working patterns restricted recent graduates' access to resources in a variety of ways. Very few new graduates had work time set aside for completion of their PDR; most completed it in their own time. Where time was protected for completing the PDR, it was much appreciated and led to more positive engagement in the PDR process. Long working hours and busy caseloads impacted on the availability of time for reflective activity. New graduates needed "time to breathe" (Georgie), which wasn't routinely built into their working patterns. Additionally, colleagues' work demands meant that several participants felt hindered in engaging others in reflective discussions.

I'm normally in at quarter to eight every morning...I'm supposed to finish at half six. I won't get home normally until about eight, half eight....so at work it is just, I don't have enough time to think unless there's been a big situation where I've gone "I'm taking five" and I'm going to go and sit down and calm down. (Jules)

There was kind of a guilt if I was asking questions in case it was wasting someone's time. (Eddie)

Lone-working, either in branch practices or out-of-hours, limited opportunities for reflective discussion with colleagues:

I was by myself and that you have got no-one else for back up, so you know you sort of feel a little bit helpless at that point...It makes a difference to know that there is someone at the other end of the phone (Hayden)

There was a contrast between the expectations of opportunities for reflective discussions, as outlined in the PDP guidance (such as incorporating discussion of the PDR into activities such as appraisals), and the reality of the busy clinical workplace. Lack of verbal discussion regarding written entries in the PDR limited the perceived value; the PDR had more value for those for whom it triggered conversations with colleagues:

“if somebody was actually interested [in my PDR] and actually wanted to talk about it and reflect with me, well I am more than happy to do that...but there was no-one.” (Stacey)

Formalising the informal (Figure 1: 2a-2c)

Three sub-themes of contradictions relating to formalisation of informal processes were identified.

Contradiction between purpose of reflective activity in PDP Guidance and the format of the PDR (Figure 1: 2a)

There were contradictions apparent between the PDP Guidance and the format of the PDR, regarding whether the purpose of the PDP was to evidence competence or encourage reflective activity, and whether it should evidence competence in just technical skills or in both technical and professional skills. Within the PDP Guidance, support of reflective activity across a wide range of professional skills contrasted with the foregrounding in the PDR of evidencing competence in almost exclusively technical competences. Consequently, a rather mechanistic approach to reflective activity was portrayed, a concern reinforced by the heading in the Guidance (and echoed by many participants): “Is completing the PDP just a matter of ticking boxes?” (25, p. 9) Many of the participants described the PDR as a tedious, time-consuming chore; some found the format unintuitive, and many found logging numbers of procedures unhelpful. There was a lack of opportunity in the PDR to reflect on emotional rather than purely clinical aspects of challenging situations.

Contradiction between subjects’ reflective preferences and PDR format (Figure 1: 2b)

There was a disconnect between participants’ preferred ways of reflecting, and the written format of the online PDR. Although several participants appreciated the role of the PDR in highlighting gaps in their experience and showing their development over time, writing in the PDR was often viewed as less helpful than talking or thinking:

I find a conversation is much more useful, so I almost never write useful PDP entries; they are all like bland and very uninformative (Frankie)

I don't find writing stuff down really helps me. I find it quite, almost more a frustrating process to write it all down than just to think about it myself. (Kim)

The positive affective experience associated with informal reflective conversation compared to formal writing was noted:

...we all have a very negative attitude towards PDP but we all have quite a positive view of when we sit down and have these conversations and we don't link the two. We don't necessarily realise they are the same thing and that is what PDP is trying to get at is these conversations, but it just fails to do that...emotionally one feels like a burden and one feels like a joy. (Frankie)

Impact of rules on purpose of reflective activity (Figure 1: 2c)

The rules associated with the PDP led to resentment of, and reduced engagement with, the PDR, thereby limiting potential to achieve its purpose. Whilst some participants acknowledged writing's value in providing structure and clarifying thoughts, there was often resentment of being required to reflect in the written format, limiting the contribution of the activity to learning:

"I was just doing it because I had to do it" (Leigh)

"It was more just angry writing" (Hayden)

For some, awareness that the PDR would be read by a post-graduate dean led to an emphasis on positive clinical results, rather than reflecting in a manner more likely to lead to learning:

I don't think I write about any bad things here, I think I didn't feel like that was the place to talk about things that went wrong...I felt that it was more "are you competent" and that was the questions that I was answering (Stacey)

The language within the PDP Guidance highlighted a contradiction which may underpin some of the challenges experienced by the graduates. Whilst the RCVS requires new graduates to comply with the PDP, the expectation on the employers to provide support is framed in language of negotiation rather than regulation. Graduates "are required to..." and "must engage...", whilst employers "should still make some time available on a regular basis to discuss how the graduate is progressing" (25, p. 8). There appears to be a less hierarchical relationship between the RCVS and the employers; the RCVS can suggest to employers how best to support their employees, for example by identifying a mentor, but does not require employers to provide evidence of commitment beyond a signature at

the point of PDP submission. This creates a significant contradiction: recent graduates are required to engage with the PDP process, but there is no requirement (merely expectation) of their employers to engage in providing support.

DISCUSSION

The aim of this study was to understand how recently graduated small animal veterinary surgeons engage in reflective activity during their professional development phase. Taking a cultural-historical activity theory approach enabled an understanding of the system of reflective activity to be developed, as described in RCVS documentation and interviews with recent graduates. Analysis of the system highlighted the importance of access to support from trusted others with a shared understanding of the purpose of reflective activity, and the importance of consideration of the impact of formalising often informal processes. The contradictions identified within these two themes provide empirical examples of wider concerns raised in healthcare education literature: that there has been excessive focus on reflection as solitary undertaking used to evidence competence, and an emphasis on reflection itself as a competence that can be taught and assessed (15, 17).

Viewing reflective activity as inherently social highlights how new graduates' learning and development happens with the wider social context. The findings suggest three contradictions highlighting the importance of social reflection to enhance outcomes of reflective activity: a need for externalised reflective activity (e.g. talking, writing) to convert worry into purposeful reflection; and challenges to achieving outcomes if colleagues' attributes are perceived as unsupportive of reflective activity or wider aspects of workplace culture limit opportunities for reflective actions. "Worrying" was often articulated as a component of reflective activity by participants. The stream of consciousness associated with worry is not equivalent to purposeful reflective activity (42-44). Externally-directed activities, such as talk and writing, can help convert worry into purposeful reflection, but require engagement from others in the community and a shared understanding of the purpose of reflection. Perceptions of some colleagues' scepticism of reflective talk and writing reduced the value of these interactions. Not all veterinary surgeons have been familiarised with reflection as an activity during their training (24); discomfort with a "new" expectation of professional practice may lead to a conflict between a role as mentor and an ability to engage effectively in reflective discussions. Those participants who had a near-peer as mentor, familiar with reflective activity in general and the PDR specifically, reported highly purposeful conversations and for some, deeper engagement with reflective writing.

Access to colleagues as a resource for reflective discussion can be compromised by workplace culture and working patterns. If reflective activity is to become part of the culture of a workplace,

developmental or reflective space is needed, requiring attention to physical, organisational, and socio-affective aspects of context (13, 45-48). Limitations relating to time and opportunity for individual or collective reflective activity are recognised in a variety of professional settings including teaching (49) and medicine (50, 51). Commitment from the profession is necessary to bring about change in culture and working circumstances, supporting collaborative reflective activity and development and offering opportunities to identify new perspectives and further development needs (3, 44). Recent literature has described the importance of collaborative reflective activity through mentoring (52, 53), group discussions (3, 54, 55), and subsequent discussion of written reflections (53, 56-59). Despite encouragement in the PDP guidance that employers should provide mentorship and support whilst graduates complete the PDR, the data from the participants in this study and others indicates that it is not happening consistently within small animal practice (8, 11).

The PDP is, inevitably, shaped by rules and requirements. This formalisation of otherwise informal reflective activity leads to several contradictions, including uncertainty over the purpose of the PDP, the requirements of the RCVS PDP conflicting with participants' preferred reflective actions, and the impact of rules on reflective activity. For most participants completion of the PDR was a relatively peripheral part of their reflective activity. The perception of the PDR as a tick-box exercise, with an excessive focus on technical compared to professional competence, is consistent with recent findings (11). There are well recognised risks with "formalising the informal" (60, p. 165), and an emerging sense of concern regarding excessive formalisation of reflective activity in healthcare (15, 61, 62). Requiring people to reflect in a prescribed manner limits choice, risking resentment and disengagement, and limiting potential outcomes of reflective activity. For most participants in this study, talking and thinking were preferred reflective actions, a finding supported by studies from other professions (63-66), and by the findings of the RCVS consultation on CPD (67). Writing can add value to reflection by enabling clarification of thought; however formal requirements can lead to reflective writing becoming a resented chore, competing with patient care and personal activities (64). there is evidence that initial resentment of reflective writing can be overcome once individuals realise its value (68). The challenge lies in identifying ways in which requirements for reflective writing can be incorporated within, and support, broader reflective activity. An additional challenge arises from the requirement for a post-graduate dean to read and assess written reflections. It is recognised that learners will write what they perceive their assessor wants to read, playing a "reflective game" (13, 68-71), as highlighted by those participants who felt that the RCVS needed to see only evidence of competence. Writing for self, without fear of judgement, has been shown to be of intrinsic value to medical professionals (72); again, the challenge lies in creating space for, and motivating subjects to engage in, such activity.

There are several limitations to the study, if trying to generalise the results to all recent graduate veterinary surgeons, including the small sample size, focus on small animal practice, reliance of self-report interview data and a lack of longitudinal data collection. However, in qualitative research, generalisability is not an aim; rather enough detail must be provided so that readers can understand what aspects of the findings might relate to their own contexts; the transferability of the findings is supported by those from the wider evaluation of the PDP (11). The analytic focus on contradictions, inherent to CHAT, means that aspects of the system which positively impact outcomes can be overlooked. Additionally, it is acknowledged that changes were happening within the system and wider profession during and since the period of the study. An updated version of the PDP Guidance has been published (10), for example replacing “Year One Competences” with “PDP Competences”, and reflecting a new three-year limit for completion of the PDP. The landscape of the profession is evolving, with high levels of corporatisation of practices, the emergence of both corporate- and independent-led new graduate support schemes, and the recent Graduate Outcomes consultation (73).

Within this wider context, this study supports ongoing review of the expectations of graduates, their employers and the wider profession during the PDP. It suggests that a socially-mediated understanding of reflective activity is important to optimise outcomes: graduates need support, through opportunities for talking and/or writing, to progress worries into purposeful reflection. This is perhaps best underpinned by a shared understanding of reflective activity by professionals and their wider networks, and by working practices which facilitate, prioritise and normalise reflective interaction. Individuals’ preferences for reflective actions vary; this study supports a recommendation that any formal regulatory system needs to acknowledge these preferences and consider the impact of rules and hierarchies on formal requirements for reflective activity. The full recommendations from this study are available (see SUPPLEMENTARY FILE). If we can encourage veterinary professionals to engage in purposeful reflective activity as a “way of being” (15), through developing workplace cultures and practices that support collaborative activity, then the potential for individual and collective learning outcomes can be enhanced.

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FIGURE LEGEND

Figure 1: The system of reflective activity as outlined by the RCVS and as experienced by recent graduates in small animal practice. Lines 1a-1c and 2a-2c represent the contradictions identified in Phase 2 of data analysis (described in text).

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