

Dewey,^{7,8} and Bandura,⁹⁻¹² leading into the next chapter on expertise in practice. Chapter 3 emphasizes the need for the ability to self-assess, integrate, and reintegrate one's CR abilities, and know one's own values and beliefs as a health care provider, to understand others' values and perspectives for person-centered care in patient and client management.^{13,14} SA is definitively linked with CR as a fundamental construct to apply current knowledge, theory, clinical judgment and the patient's/client's values, beliefs, and perspectives within the patient/client management model.

It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so. —Mark Twain

Reflection Moment

Reflect on this quote by Mark Twain for a moment, and then describe 2 assumptions and 2 challenges that you have regarding SA and CR. Discuss these with a peer or colleague. Keep these in mind as you continue your CR journey through the text, and especially this chapter, with respect to SA. Revisit at the end of the chapter to ascertain any changes or updates.

Assumptions

1. _____
2. _____

Challenges

1. _____
2. _____

SELF-ASSESSMENT FOR REFLECTIVE PRACTICE

Fundamentally, SA is the ability to assess one's own skills, to identify one's own educational needs, to evaluate one's own progress, and to determine one's performance.¹⁵ SA requires one to not just be minimally qualified, but also to be seeking an "ever-more perfect understanding and performance of one's work."^{16(p24)} To achieve the ability to be an RP,¹⁻³ one must be capable of honest SA as a stepping stone toward RP, with SA that is unencumbered by barriers.¹⁴

RP is rooted in the enlightenment theory and defined by Brookfield¹⁷ as being able to "stand outside of ourselves and come to a clearer understanding of what we do and who we are by freeing ourselves of distorted ways of reasoning and acting. There are also elements that allow us to be in objective discoverable limbo."^{17(p214)} Kirby and Teddlie¹⁸ take RP a step further for the developing professional, indicating that one must have the ability to "integrate research with practice in response to the uncertainty and complexity that qualifies the practitioner for professional status."^{18(p5)} This is vital in professions such as physical therapy, where theory is incomplete or where multiple, even conflicting, theories confront the practitioner.

According to Klevans et al,¹⁹ the purpose of SA is to guide professionals to "better understand their learning needs so they can tailor their plans for professional development."^{19(p17)} Using external profession-based criteria such as the American Physical Therapy Association (APTA) Clinical Performance Instrument (CPI), APTA Professionalism in Core Values Self-Assessment, and the Professional Behaviors for the 21st Century, provide learners a framework to begin to self-test against professional criteria to ascertain their learning needs. However, professional learners will initially be unconsciously incompetent in their SA abilities, as they have never before been professionals and do not have an appropriate barometer. Novice SA is generally over- or underestimated. Often revealing affective domain concerns, if it persists, it may likely be indicative of low self-esteem or inflated egos.

Self-esteem also relates back to self-regulation as a learner (see Figure 2-2) as a component of self-efficacy, which we use in the forethought phase of our clinical practice. Self-esteem is an important component of self-efficacy, for what motivates us to then perform again and again, then later reflect, in the regenerating cycle as a self-regulated learner. Hence, learners having challenges with self-esteem should seek assistance and guidance with their faculty, clinical faculty, student mental health services, and counseling as needed. Professionals in training should not hesitate to seek help for this fundamentally important aspect of their professional development. As many practicing professionals will also share with you, a little help goes a long way for a smart professional, and most of us need assistance in this area from time to time due to the many stressors of just being a day-to-day health care professional in today's complex health care systems.

Over time, with practice, those performing SA become more consciously competent and utilize their peers, faculty and clinical education faculty, mentors, and patients as collaborative partners, to guide their pathway toward RP. The constructive feedback from others calls for improvement of one's strengths, and identification and forthright feedback regarding one's areas for improvement. Learners must master SA relating to contemporary expectations of practice and meeting the needs and responsibilities of patients and clients.^{13,14,20-23} Learners should thrive on feedback and seek the gift of feedback in relation to their own SA.

In Chapter 5, Delany and Edwards will expound on the ethical aspects of professional practice for us. Westberg and Jason²⁴ also note how the process of SA is inextricably linked to achieving the maximum benefit from professional education for stu-